

TPN-linked hyperglycemia ups death for non-critically ill

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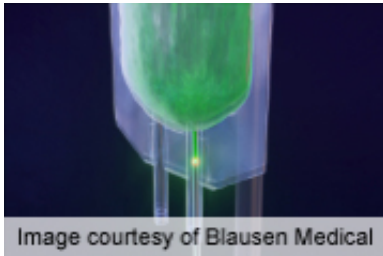


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associated with increased in-hospital mortality. The data suggest that the goal of metabolic control in non-critically ill patients (with or without diabetes) receiving TPN should be to reach a mean blood glucose level of

Non-critically ill hospitalized patients who develop hyperglycemia after total parenteral nutrition are more than five times more likely to die in the hospital, according to research published online Dec. 6 in *Diabetes Care*.

(HealthDay)—Non-critically ill hospitalized patients who develop hyperglycemia after total parenteral nutrition (TPN) are more than five times more likely to die in the hospital, according to research published online Dec. 6 in *Diabetes Care*.

Gabriel Oliveira, Ph.D., of the Carlos Haya University Hospital in Málaga, Spain, and colleagues conducted a prospective, multicenter study involving 605 non-critically ill hospitalized patients who were prescribed TPN.

The researchers found that non-critically ill hospitalized patients with average blood glucose levels above 180 mg/dL in response to TPN had a 5.6-fold increase in the risk of mortality, compared with those whose [blood glucose levels](#) remained below 140 mg/dL. This increased risk persisted even after accounting for numerous factors, including patient age, sex, nutritional status, diabetes or hyperglycemia prior to TPN, diagnosis, previous comorbidity, insulin units given, albumin, C-reactive protein, glycated [hemoglobin levels](#), or [infectious complications](#).

"In conclusion, the results show that hyperglycemia in non-critically ill patients receiving TPN is

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