

# HbA1c, waist-to-height ratio predict dyslipidemia in T1DM

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male sex and higher WHtR AUC correlated with HDL-C progression. Due to small numbers, HDL-C regression was not modeled.

"A1C and WHtR are modifiable risk factors associated with change in [dyslipidemia](#) over time in youth with type 1 diabetes," the authors write.

**More information:** [Full Text \(subscription or payment may be required\)](#)

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(HealthDay)—For youth with type 1 diabetes, hemoglobin A1c (A1C) and waist-to-height ratio (WHtR) are modifiable risk factors that predict change in dyslipidemia, according to a study published online Jan. 26 in *Diabetes Care*.

Amy S. Shah, M.D., from Cincinnati Children's Hospital & University of Cincinnati, and colleagues examined the [risk factors](#) associated with progression and regression of dyslipidemia in 1,478 youths with type 1 diabetes at baseline and at a mean follow-up of 7.1 years.

The researchers found that 19, 5, 69, and 7 percent of youth with type 1 diabetes had non-high-density lipoprotein cholesterol (HDL-C) that progressed, regressed, was stable normal, and stable abnormal, respectively. For HDL-C, the corresponding percentages were 3, 3, 94, and 1 percent. Higher A1C area under the curve (AUC) and higher WHtR AUC in males were associated with non-HDL-C progression. Lower WHtR AUC was associated with non-HDL-regression, while

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