

# Hyperglycemia common in T1DM patients with COVID-19

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53.3 percent in suspected cases), elevated temperature (45.5 versus 36.7 percent), dry cough (39.4 versus 36.7 percent), excess fatigue (33.3 versus 23.3 percent), vomiting (33.3 versus 16.7 percent), shortness of breath (30.3 versus 23.3 percent), nausea (27.3 versus 33.3 percent), and body/headaches (21.2 versus 33.3 percent). The most common comorbidity among patients was obesity (39.4 percent in confirmed versus 40 percent in suspected cases), followed by hypertension or [cardiovascular disease](#) (12.1 versus 16.7 percent). The most common adverse outcome in COVID-19-positive [patients](#) was [diabetic ketoacidosis](#) (45.5 percent in confirmed versus 13.3 percent in suspected cases).

"To our knowledge, this is the first U.S.-based multicenter study that addresses these questions in a population with type 1 diabetes," the authors write.

(HealthDay)—Presentation patterns are similar in patients with type 1 diabetes admitted with confirmed or suspected COVID-19, according to a study published online June 5 in *Diabetes Care*.

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

Osagie A. Ebekozien, M.D., M.P.H., from the T1D Exchange in Boston, and colleagues assessed patient characteristics and [adverse outcomes](#) among patients with type 1 diabetes with confirmed COVID-19. Analysis included 33 COVID-19-positive and 31 suspected COVID-19 patients.

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In the confirmed COVID-19 group, 63.6 percent of patients were female and 36.4 percent were non-Hispanic white (mean age, 24.8 years) versus 58.1 percent female and 61.3 percent non-Hispanic white (mean age, 16.8 years) in the suspected group. Median hemoglobin A1c for confirmed COVID-19 patients was 8.5 percent, compared with 8.0 percent in the suspected group. The most common presenting symptom were similar: high blood glucose (48.5 percent in confirmed versus

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