

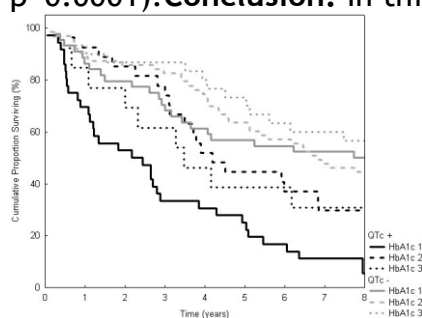
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Hemoglobin A1_c and prolonged QTc time as risk factors for all-cause mortality in patients with type 2 diabetes and foot ulcers

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Backgrounds and aims: Presence of diabetic foot ulcers is associated with increased mortality. Recommendations of optimal glyceic control have recently been debated as the ACCORD trial showed increased mortality among patients randomised to intensive glyceic control. Long QTc time, a well-known predictor of cardiovascular mortality, is related to several diabetes complications. The aim of this study is to evaluate the impact of HbA1c and QTc prolongation on all-cause mortality in the high-risk population of type 2 diabetes patients with foot ulcers.

Methods: All type 2 diabetes patients younger than 80 years with foot ulcer duration >4 weeks visiting our diabetic foot unit (DFU) during two years were screened for participation. Patients were grouped according HbA1c <7.5% (58 mmol/mol), 7.5-8.9% (58-74 mmol/mol) and >8.9% (>74 mmol/mol). QTc time prolongation was defined as QTc-time >440 ms. **Results:** 214 patients with a median age of 69.1 years (38 % females) were grouped according to HbA1c level. Overall eight-year mortality was 70.6 %. In a cox proportional hazard model adjusting for age, diabetes duration, gender, renal impairment, smoking habits, presence of heart failure and previous MI short and long term mortality was significantly higher in patients with HbA1c<7.5. Eight-year mortality in patients with HbA1c<7.5% was significantly higher in those with QTc prolongation (92 v.s 49%, p=0.0001). **Conclusion:** In this high population consisting of patients with type 2



diabetes and foot ulcers, those with a low HbA1c and prolonged QTc time were at highest mortality risk.