

Hypertriglyceridemia is a Dosedependent Risk Factor for Type 2 Diabetes Mellitus: A Systematic Review and Meta-analysis

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INTRODUCTION and AIM

The prevalence of type 2 diabetes (T2DM) has more than doubled in the past 20 years and most of these T2DM cases are preventable if risk factors are eliminated in time. Hypertriglyceridemia (HTG) may be a potential but modifiable risk factor of T2DM, and it also has a high prevalence.

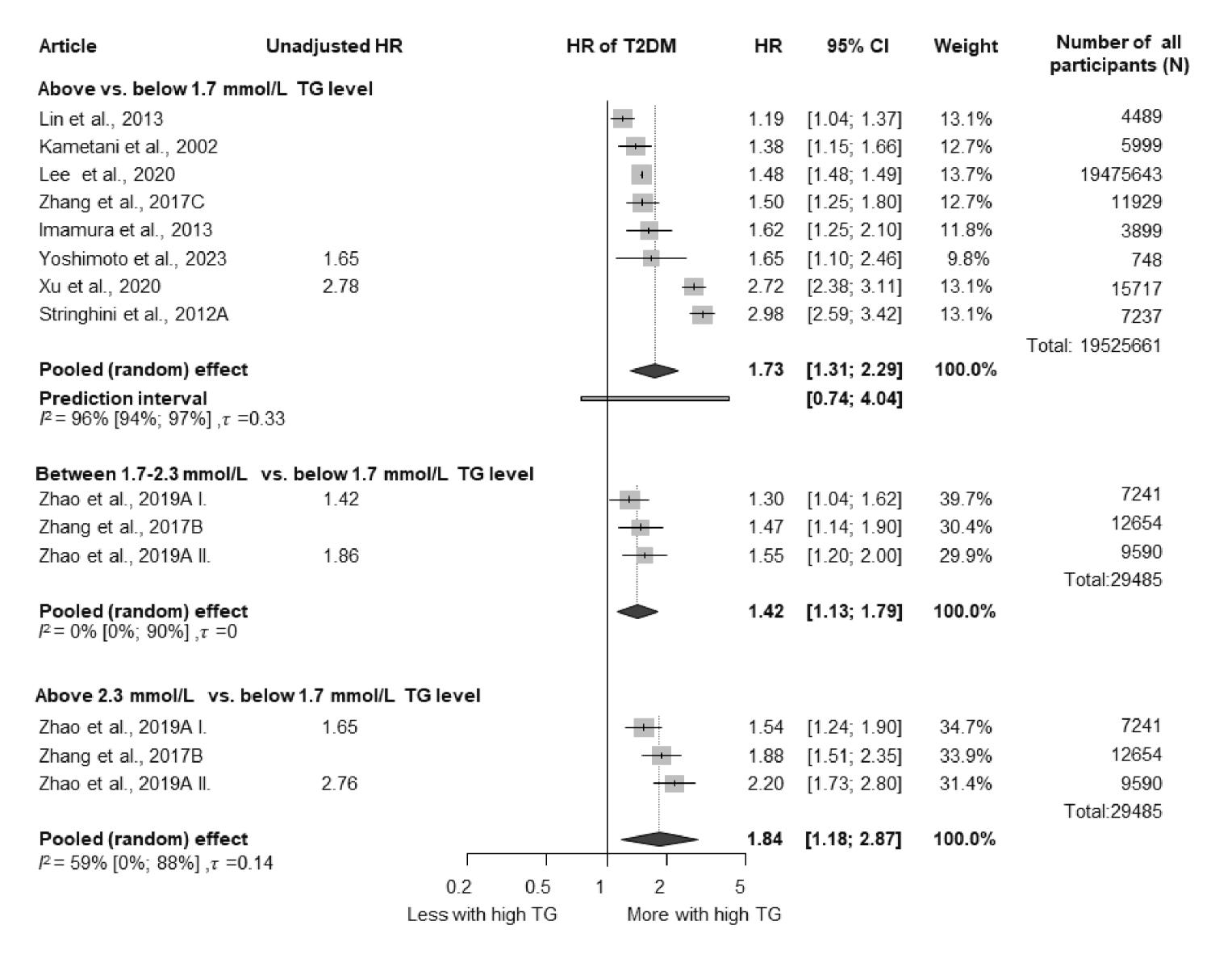
We aimed to investigate the dose-dependent effect of HTG on the development of T2DM.

METHODS

We carried out a systematic search in three databases (MEDLINE, Embase, and CENTRAL) on the 9th of November, 2023. We investigated adult population with different triglyceride levels and triglyceride-related indexes (exposure). The outcome of interest was the development of T2DM. Pooled hazard (HR), odds ratios (OR) and mean differences (MD) with 95% confidence intervals (CI) were calculated using a random-effect model.

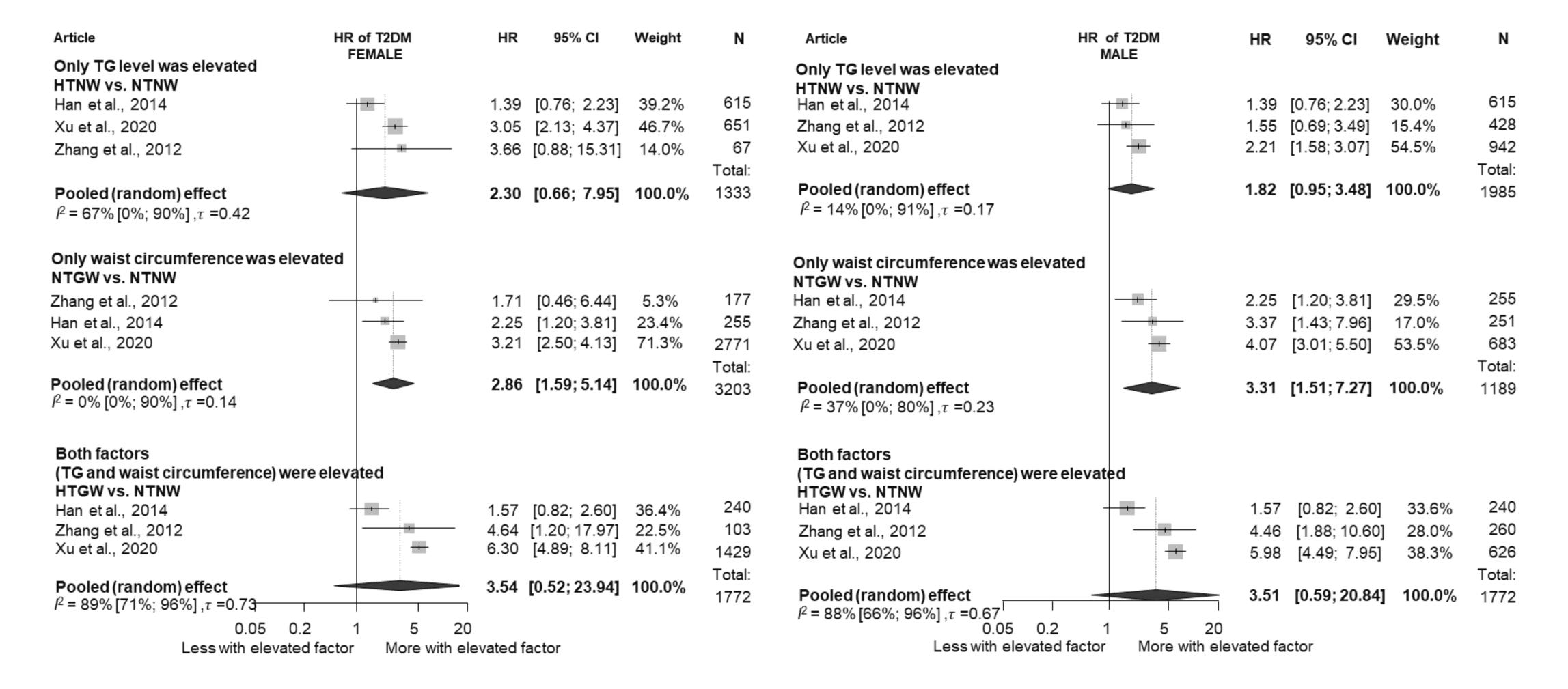
The risk of bias was assessed with the Quality In Prognosis Studies (QUIPS) tool. The protocol was registered in PROSPERO under the number CRD42023471288.

Figure 1. Hazard ratios for incident diabetes comparing groups with different baseline TG levels, results of three separate analyses (HR – hazard ratios)



RESULTS

Figure 2. Hazard ratios for incident diabetes in groups with elevated triglyceride or/and waist circumference We identified 31,098 articles and compared to neither elevated group (within hypertriglyceridemic waist phenotype (HTGW) groups), divided included 101 in our meta-analysis. by sex (female/male), results of six separate analyses



NTNW –Normal triglyceride level and waist circumference, HTNW – Elevated triglyceride level and normal waist circumference, NTGW – Normal triglyceride level and elevated waist circumference, HTGW: Elevated triglyceride level and waist circumference,

We found that those who had HTG had more than a 1.5-fold higher risk 1.73 [1.31;2.29]) development of T2DM.

Those who had their TG between 1.7-2.3 mmol/L had a 42% higher risk (HR: 1.42 [1.13; 1.79]), those who had a TG level above 2.3 mmol/L had an even higher risk for T2DM (HR: 1.82 [1.18; 2.87]) compared with patients with TG levels below 1.7 mmol/L.

When investigating hypertriglyceridemic-waist different from phenotype, phenotype groups, only those with circumference waist increased had a significantly higher risk in both sex groups (female: HR: 2.86 [1.59; 5.14], male: HR: 3.31 [1.57.7.27]).

CONCLUSIONS

HTG is a dose-dependent risk factor of T2DM.

Elevated waist circumference may have an even more important role in T2DM development than HTG.

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