Poster Topical Area: Aging and Chronic Disease

Location: Auditorium

Poster Board Number: 41

## P01-020 - Older Adults with Type 2 Diabetes Have Higher Serum Hepcidin and Lower Serum Iron Levels Than Nondiabetics

🛗 Sunday, Jun 10 🛛 🕑 8:00 AM – 6:00 PM

Objectives: To explore if hepcidin levels are higher and s-iron levels are lower among OA with diabetes (OA-T2D) vs non-diabetes. A secondary objective was to explore if antidiabetic drugs are associated to lower hepcidin concentrations among OA with T2D.

**Methods:** 803 Mexican OA aged 60 years old or above, participated in a cross-sectional study from July-August 2015. Fasting serum samples were collected. S-hepcidin (ng/mL) was measured using a commercial ELISA kit. T2D was defined if it was previously diagnosed by a physician. Low serum iron (LSI) was defined as <65mcg/dL. Data about antidiabetic drugs were collected by self-report and by asking OA showing all the drugs they were taking with or without a doctor's prescription. Ordinal logistic regression model were used to associate T2D with tertiles of Log-hepcidin (Hep-tertiles), adjusting by sex, age, BMI, IL-6, s-retinol, s-ferritin, anemia, ethnicity, hypertension, SES, sarcopenia, drugs and frailty. Among OA-T2D (n=234), we explored the type of antidiabetic drug therapy with Hep-tertiles.

**Results:** Mean age was 71.5 years old. Prevalence of T2D was 30% and anemia 35.3%. OA-T2D had a higher median of hepcidin (16 vs 11 ng/mL, p=0.003) and higher proportion of LSI (11.4% vs 7.1%, p=0.043) than non-diabetics. OA-T2D were associated to higher odds of Hep-tertiles in comparison with non-diabetics (OR=1.6, 95%CI 1.26, 2.05). Among OA-T2D, those with insulin therapy were associated with lower odds to Hep-tertiles vs non-treated (OR=0.46, 95%CI 0.23, 0.94). No differences were found among OA-T2D taking other antidiabetic oral drugs vs non-treated. Higher duration of T2D were positively associated to Hep-tertiles (OR=1.57, 95%CI 1.54, 1.59).

**Conclusions:** OA-T2D shown higher hepcidin concentrations and LSI than non-diabetics population. Insulin therapy was associated to lower hepcidin levels among OA-T2D. The

high prevalence of T2D and anemia in Mexican elderly population, place hepcidin levels as a potential biomarker to improve therapies. Further longitudinal studies are needed to understand the role of s-hepcidin in the development of T2D and antidiabetic drugs as well in elderly population.

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