
Abstract:

Unspecific symptoms often proceed a serious chronic disease condition long before the onset of the disease. The role of an unspecific premonitory symptom (UPMS) pattern as premonitory signs of subsequent type 2 diabetes mellitus (T2DM) diagnosis independent of established cardio-metabolic risk factors is unclear and therefore was examined in the present study. The study population consisted of 10,566 participants aged 25-74 years at baseline drawn from the population-based MONICA/KORA Cohort Study conducted in 1984-2009 in the Augsburg region (Germany). Unspecific premonitory symptoms were assessed following the Somatic Symptom Scale-8 (SSS-8). The impact of the score on T2DM risk within a mean follow-up time of 16 years was estimated by Cox regression. Within follow-up, 974 newly diagnosed T2DM cases were observed. The risk for T2DM increased by a hazard ratio (HR) of 1.03 (95% CI 1.01-1.04, p value< 0.001) for a one unit increase of the UPMS score in a Cox model adjusted for age, sex and survey. Additional adjustment for cardio-metabolic risk factors attenuated this effect (HR = 1.02) but significance remained (p value = 0.01). Suffering from an elevated burden of unspecific somatic symptoms is associated with T2DM long before the onset and independent
of established cardio-metabolic risk factors. Further research is needed to obtain insight in potential underlying pathophysiological mechanisms.

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