

## Serum Chromium is Inversely Correlated with the Carotid Intima-Media Thickness in Type 2 Diabetic Subjects

Fatima Qureshi<sup>1</sup>, Haji Khan Khoharo<sup>2\*</sup>

<sup>1</sup>Assistant Professor, Department of Biochemistry Liaquat University of Medical and Health Sciences Jamshoro, Sindh, Pakistan.

<sup>2</sup>Consultant Physician Professor Faculty of Medicine and Allied Medical Sciences Isra University, Hyderabad, Sindh, Pakistan.

### Abstract

**Objective:** The aim of this study was to determine and correlate the serum chromium in Carotid intima - media thickness (CIMT) in type 2 Diabetes Mellitus (T2DM) subjects.

**Materials and Methods:** The present case – control study included 40 healthy controls and 45 T2DM subjects that were selected through non-probability (purposive) sampling by prior inclusion and exclusion criteria. Serum chromium (Cr) was detected and measured on inductively coupled “Plasma Optical Emission Spectrophotometer” (ICP- OES)- Carotid artery was examined with a 7.5-MHz linear-array transducer (Siemens Acuson x300) sonography. Data was analyzed by Student’s t test and Chi square test in the SPSS 22.0 (USA). Linear regression model was used for predicting carotid intima media thickness. Level of confidence interval of statistical significance was 95% ( $P \leq 0.05$ ).

**Results:** Serum Cr in controls and cases was noted 0.873 ( $\pm 0.162$ ) and 0.281 ( $\pm 0.240$ )  $\mu\text{g/ml}$  ( $P = 0.001$ ). Serum Cr proved negative correlation with random blood sugar ( $r = -0.145$ ,  $P = 0.185$ ), HbA1c ( $r = -0.145$ ,  $P = 0.0001$ ) and CIMT ( $r = -0.730$ ,  $P = 0.0001$ ). Multiple regression analysis model showed significant association of serum Cr ( $r = -0.730$ ,  $P < 0.0001$ ) and HbA1c ( $r = 0.754$ ,  $P < 0.0001$ ) with the CIMT.

**Conclusion:** The present study reported serum Cr was inversely correlated with the carotid intima - media thickness that is a marker of atherosclerosis. Cr supplements may be advised to diabetics in clinical management.


**Keywords:** Serum chromium, Carotid intima - media thickness, Atherosclerosis, Diabetes mellitus

QR Code:



**Citation:** Qureshi F, Khoharo H K. Serum Chromium is Inversely Correlated with the Carotid Intima-Media Thickness in Type 2 Diabetic Subjects. IJDO 2023; 15 (3) :175-180

**URL:** <https://ijdo.ssu.ac.ir/article-1-818-en.html>

 10.18502/ijdo.v15i3.13738

### Article info:

**Received:** 09 May 2023

**Accepted:** 10 August 2023

**Published in September 2023**



This is an open access article under the (CC BY 4.0)

### Corresponding Author:

**Haji Khan Khoharo**, Faculty of Medicine and Allied Medical Sciences Isra University, Hyderabad, Sindh, Pakistan.

**Tel:** (92) 331 266 2500

**Email:** drhajikhan786@gmail.com

**Orcid ID:** 0000-0002-7614-1200

## Introduction

Chromium (Cr) is one of the essential trace elements. Cr participates in glucose and lipid metabolism. Cr improves glucose intolerance and decreases blood lipid levels. Cr deficiency is characterized by abnormalities of glucose tolerance and blood lipid levels. Serum Cr is essential for normal homeostasis of both blood glucose and lipids (1). Cr deficiency is reported in type 2 diabetes mellitus (T2DM). Cr deficiency interferes with insulin receptor binding and decreased insulin receptors resulting in altered glucose homeostasis (2).

Chromomodulin is a peptide composed of amino acids glutamate, glycine, aspartate and cysteine (3). Chromomodulin is also termed the Low molecular weight chromium peptide (LMW- Cr). Chromomodulin is assumed to be an integral part of insulin signaling amplification cascades (4).

It is suggested that the Cr in its LMW-Cr form stabilizes the conformation of insulin receptor "tyrosine kinase" activity, this way it facilitates the insulin effects on glucose homeostasis (5). The supposed mechanism by which LMW-Cr increases insulin sensitivity through inhibition of "phosphotyrosine phosphatase" which inactivates insulin receptor "tyrosine kinase" activity (6).

Cr has also a role in normal nerve functions. Its deficiency manifests as impaired immune response, mental impairment, and neuropathy (7). It is suggested that the Cr content decreases in sweat, hair and blood with senility (7). Total body Cr is measured by serum levels. Low serum Cr levels in T2DM subjects have been reported in previous studies (8,9). Serum Cr deficiencies is associated with other trace element deficiency such as zinc and manganese (10). Cr deficiency has been reported in Gestational DM as well (11,12). Many of previous studies (13,14) had reported deficiency of Serum Cr in individuals with T2DM associated with glycemic poor control.

T2DM is a risk factor for the atherosclerotic coronary artery disease (CAD) and carotid

artery disease. The carotid intima-media thickness (CIMT) is actually a surrogate marker of atherosclerosis (15,16).

In this context, the present research was designed to determine serum Cr and glycemic control correlate with the CIMT in T2DM subjects.

## Material and methods

The study subjects of present case control study were selected from the Department of Medicine, Liaquat University Hospital Hyderabad/Jamshoro from November 2017-August 2019. A sample of 45 T2DM diagnosed cases and 40 healthy controls were included in study protocol. Cases and controls were age, gender and body weight grouped matched. Study subjects were selected through non-probability purposive sampling according to inclusion and exclusion criteria. Diabetic cases of age 40-70 years were randomly selected irrespective of sex, duration, glycemic control with or without hypertension and with or without diabetic macrovascular complication. Normal liver function test was also an inclusion criterion. Patients with alcoholism, acute illness, congestive cardiac failure, chronic lung disease, chronic renal disease, liver disease, and patients taking drugs –lipid lowering, vitamins, minerals, steroids, or hepatotoxic drugs were excluded. Volunteers were facilitated to comply with the study protocol. 8-12 hour fasting was ensured for blood samples. Blood lipids, serum creatinine, blood glucose and glycated HbA1 (HbA1c) were analyzed (Cobas e 411 analyzer- Roche Diagnosis GmbH, Mannheim, Germany). Blood glucose was estimated by glucose oxidase method, HbA1c by immuno Turbidometric immunoassay method and serum creatinine by Jaffe's method.

Triglycerides and cholesterol were determined by enzymatic colorimetric (CHOD-PAP & GPO-PAP) methods. Precipitant method was used for HDL-Cholesterol. Friedewald's formula ( $LDL-C =$

TC - HDL-C - (TG/5)) was used for LDL-Cholesterol (17). A 5ml of blood was collected in a trace element free vacutainer irrespective of when the last meal was taken. The sample was centrifuged at 2000g within one hour of collection. Serum Cr was detected and measured on inductively coupled "Plasma Optical Emission Spectrophotometer" (ICP-OES). ICP-OES is a sequential plasma emission device. Serum Cr concentration was estimated from the observed spectrophotometric values. Serum chromium values were expressed in µg/ml. Patients were positioned in supine with an extended neck. Pillow was put under the shoulder blades. The carotid artery was examined with a 7.5-MHz linear-array transducer (Siemens Acuson x300) sonography. The anterior and posterior walls of the carotid artery were displayed as 2 bright white lines separated by a hypoechogenic space on a longitudinal image. The CIMT was measured as the distance between first (lumen-intima interface) and second (media-adventitia interface) leading edge of bright lines. Three sites were

examined first the carotid artery bulb (1 cm proximal to the carotid bulb), second within the carotid bulb (maximum diameter) and third reading 1 cm distal to the carotid bulb in the direction of the internal carotid artery (18). Continuous and categorical data was analyzed by student's T-test and Chi square test respectively on the SPSS 22.0 (USA) and Graph Pad Prism. Pearson's correlation measured linear correlation of variables. Linear regression model was used for predicting carotid intima-media thickness. Data was analyzed at 99% Confidence interval and  $P \leq 0.05$  was considered significant.

### Ethical considerations

The study was approved by the ethical review committee (ERC) vide letter no.1786/2019/IU/0005. Research was conducted in accordance to the Helsinki's declaration for conducting the human research.

### Results

Table 1 shows the demographic and laboratory findings of study subjects.

**Table 1. Demography and biochemical findings of study subjects**

Variable	Study groups	Mean	SD	P
Age (years)	Controls	56.97	3.91	0.051
	T2DM	57.55	4.15	
Body weight (kg)	Controls	82.25	11.81	0.56
	T2DM	83.00	11.98	
Systolic BP (mmHg)	Controls	127.64	14.24	0.01
	T2DM	153.0	44.80	
Diastolic BP(mmHg)	Controls	94.00	13.01	0.001
	T2DM	77.4	14.56	
RBG (mg/dl)	Controls	150.90	17.48	0.037
	T2DM	206.40	61.29	
HbA1 (%)	Controls	5.37	0.72	0.0001
	T2DM	11.00	2.42	
Serum Creatinine (mg/dl)	Controls	0.873	0.14	0.021
	T2DM	1.054	0.27	
Serum Cholesterol (mg/dl)	Controls	170.52	28.17	0.0001
	T2DM	213.155	40.49	
Triglycerides (mg/dl)	Controls	197.85	22.07	0.0001
	T2DM	335.62	129.73	
LDL-c (mg/dl)	Controls	97.92	16.61	0.77
	T2DM	95.80	39.32	
HDL- c (mg/dl)	Controls	47.023	2.84	0.76
	T2DM	40.808	9.23	
CIMT (mm)	Controls	0.521	0.07	0.0001
	T2DM	0.754	0.06	
Serum Chromium (µg/ml)	Controls	0.873	0.16	0.0001
	T2DM	0.281	0.24	

BP- blood pressure, RBG- random blood glucose, HbA1c- glycated HbA1, LDL- low density lipoprotein, HDL- high density lipoprotein, CIMT- carotid intima media thickness.

Male and female in control and cases were 30 and 31, 10 and 14 respectively ( $P=0.632$ ). CIMT in controls and cases (T2DM) was noted as  $0.521 (\pm 0.078)$  and  $0.754 (\pm 0.067)$  mm ( $P=0.0001$ ) respectively. Significant serum Cr difference was noted between controls and cases;  $0.873 (\pm 0.162)$  and  $0.281 (\pm 0.240)$   $\mu\text{g/ml}$  respectively ( $P=0.001$ ). Serum Cr showed negative correlation with random blood glucose ( $r=-0.145$ ,  $P=0.0001$ ), HbA1c ( $r=-0.145$ ,  $P=0.0001$ ) and CIMT ( $r=-0.730$ ,  $P=0.0001$ ) (Table 2).

## Discussion

The present case control study is being reported that determined the serum Cr and its correlation with CIMT. The CIMT is a surrogate marker of atherosclerosis (15,16). The present study observed low serum Cr in T2DM subjects that is risk factor for the CIMT and atherosclerosis. Serum Cr in controls and cases was noted  $0.873 (\pm 0.162)$  and  $0.281 (\pm 0.240)$   $\mu\text{g/ml}$  respectively. The present study finds low serum Cr in T2DM subjects and negative correlation with Carotid intima-media thickness (Table 1 & 2). Table 2 shows the serum Cr negative correlated with random blood glucose, HbA1c and CIMT. Multiple regression analysis models showed significant inverse correlation of serum Cr, HbA1c and the CIMT. The finding of low serum Cr is in agreement with previous studies (17,19,20). The present study reports severely low serum Cr in T2DM subjects that is in contrast to previous studies from Western countries (18,21), but are in keeping with previous studies from Asia (18,20,22). Diwan et al (23) reported low serum Cr among the diabetics and concluded its role in the pathogenesis of diabetic vascular complications hence demands an elaborated research on its role.

In the present study; the serum Cr was

detected and measured by ICP- OES that is highly sensitive method, hence the serum Cr levels are validated. A previous study (18) studied serum Cr in normal healthy Indian subjects and reported high serum copper that is paradoxical. But the study reported this might be due to geographical, environmental, and dietary habits. In the present study, serum chromium was inversely associated with age which is in agreement with Ding et al (22). Chromium deficiency is reported worldwide (2).

Volpe et al reported controversial results on the chromium supplementation have no effect on the insulin and C-peptide concentrations in both normal controls and diabetic population (21). Another study reported the serum chromium declines severely in diabetics with complications (24). The findings of low serum chromium of present study are in agreement with above study as we have analyzed serum chromium from chronic diabetics developed the complication long before.

Finding of low serum Cr is supported by previous studies (25,26) Low serum Cr is reported in GDM (27) and postmenopausal women with T2DM (8). Previous studies (28,29) reported low serum Cr in diabetic retinopathy with increased oxidative stress. A previous experimental study (30) reported chromium supplementation improves diabetic retinopathy with up regulation of serum insulin, GLUT-1 and GLUT-3 and findings were reversed when chromium supplementations were stopped.

In summary the low serum Cr levels in T2DM subjects raises the need of Cr supplementation in diabetics to halt the atherosclerosis and associated vascular complications. Based on the observations it is suggested for large sample size studies to be conducted on the serum chromium and carotid

**Table 2. Correlation of serum chromium & random blood glucose, HbA1c**

Variable		RBG (mg/dl)	Glycated HbA1c (%)	CIMT (mm)
S. Chromium ( $\mu\text{g/mL}$ )	<i>r</i>	-0.145	-0.665**	-0.730**
	<i>P</i>	0.185	0.0001	0.0001
	Numbers		85	

\*. Correlation is significant at the 0.05 level (2-tailed).

\*\* Correlation is significant at the 0.01 level (2-tailed).

RBG- random blood glucose, CIMT- carotid intima media thickness

intima - media thickness. Strength of study lies in its case control design where normal healthy age and gender matched subjects were included for comparison, however; limitations are; a small sample size and a particular ethnic population therefore the findings cannot be generalized to other geographical and ethnicity. Hence the inverse correlation of serum chromium and carotid intima - media thickness may be interpreted cautiously for other ethnicity and geography population.

## Conclusions

The present study reports low serum chromium levels in T2DM and was negatively correlated with the carotid intima - media thickness that is a marker of atherosclerosis. Maintaining optimal serum Cr levels may help prevent atherosclerosis in T2DM subjects.

## Acknowledgments

We acknowledge the Laboratory staff for their help in conducting the biochemical analysis.

## Conflict of Interest

All authors declare no competing interests.

## References

1. Khodavirdipour A, Haddadi F, Keshavarzi S. Chromium supplementation; negotiation with diabetes mellitus, hyperlipidemia and depression. *Journal of Diabetes & Metabolic Disorders*. 2020;19(1):585-95.
2. Dworżański W, Sembratowicz I, Cholewińska E, Tutaj K, Fotschki B, Juśkiewicz J, et al. Effects of different chromium compounds on hematology and inflammatory cytokines in rats fed high-fat diet. *Frontiers in Immunology*. 2021;12:614000.
3. Asbaghi O, Naeini F, Ashtary-Larky D, Kaviani M, Kelishadi MR, Eslampour E, et al. Effects of chromium supplementation on blood pressure, body mass index, liver function enzymes and malondialdehyde in patients with type 2 diabetes: A systematic review and dose-response meta-analysis of randomized controlled trials. *Complementary Therapies in Medicine*. 2021;60:102755.
4. Lee YM, Wolf P, Hauner H, Skurk T. Effect of a fermented dietary supplement containing chromium and zinc on metabolic control in patients with type 2 diabetes: a randomized, placebo-controlled, double-blind cross-over study. *Food & nutrition research*. 2016;60(1):30298.
5. Bumrungpert A, Pavadhgul P, Chongsuwat R, Komindr S. Nutraceutical improves glycemic control, insulin sensitivity, and oxidative stress in hyperglycemic subjects: a randomized, double-blind, placebo-controlled clinical trial. *Natural Product Communications*. 2020;15(4):1934578X20918687.
6. Rabinovitz, Friedensohn, Leibovitz, Gabay, Rocas, Habot. Effect of chromium supplementation on blood glucose and lipid levels in type 2 diabetes mellitus elderly patients. *International journal for vitamin and nutrition research*. 2004;74(3):178-82.
7. Balk EM, Tatsioni A, Lichtenstein AH, Lau J, Pittas AG. Effect of chromium supplementation on glucose metabolism and lipids: a systematic review of randomized controlled trials. *Diabetes care*. 2007;30(8):2154-63.
8. Hasan HG, Ismael PA, Aziz NM. Evaluation of Serum Chromium Levels in Patients with Type1 and 2 Diabetes Mellitus and insulin resistance. *Int J Basic App Sci*. 2012;12(4):69-73.
9. Rajpathak S, Rimm EB, Li T, Morris JS, Stampfer MJ, Willett WC, et al. Lower toenail chromium in men with diabetes and cardiovascular disease compared with healthy men. *Diabetes Care*. 2004;27(9):2211-6.
10. Elabid BH, Ahmed AM. Serum Chromium, Manganese, Zinc and Hemoglobin A 1c% in Sudanese with Type 2 Diabetes. *Life Sciences Journal*. 2014;11(9):320-2.
11. Yeghiazaryan K, H Schild H, Golubnitschaja O. Chromium-picolinate therapy in diabetes care: individual outcomes require new guidelines and navigation by predictive diagnostics. *Infectious Disorders-Drug Targets (Formerly Current Drug Targets-Infectious Disorders)*. 2012;12(5):332-9.
12. Althuis MD, Jordan NE, Ludington EA, Wittes JT. Glucose and insulin responses to dietary chromium supplements: a meta-analysis. *The American journal of clinical nutrition*. 2002;76(1):148-55.
13. Mostafa HK. Effect of Diabetes Mellitus on the Structure of Skeletal Muscle in Adult Male Albino Rats and the Protective Role of Chromium: Histological and Immunohistochemical Study. *Egyptian Journal of Histology*. 2008;31(2):341-53.



14. Hajra B, Orakzai SA, Faryal U, Hassan M, Rasheed S, Wazir S. Insulin sensitivity to trace metals (chromium, manganese) in type 2 diabetic patients and non diabetic individuals. *Journal of Ayub Medical College Abbottabad*. 2016;28(3):534-6.
15. Yoon HE, Kim ES, Mo EY, Shin SJ, Moon SD, Han JH. High normal albuminuria is associated with arterial stiffness and carotid atherosclerosis in Korean patients with type 2 diabetes. *Nutrition, Metabolism and Cardiovascular Diseases*. 2015;25(8):787-94.
16. Den Ruijter HM, Peters SA, Anderson TJ, Britton AR, Dekker JM, Eijkemans MJ, et al. Common carotid intima-media thickness measurements in cardiovascular risk prediction: a meta-analysis. *Jama*. 2012;308(8):796-803.
17. Rajendran K, Manikandan S, Nair LD, Karuthodiyil R, Vijayarajan N, Gnanasekar R, et al. Serum chromium levels in type 2 diabetic patients and its association with glycaemic control. *Journal of clinical and diagnostic research*. 2015;9(11):OC05.
18. Executive Summary of the Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III). *Journal of American Medical Association*. 2001;285(19):2486-97.
19. Prasad A. Role of chromium compounds in diabetes. *Indian J. Pharm. Pharmacol*. 2016;3(1):17-23.
20. Chen YL, Lin JD, Hsia TL, Mao FC, Hsu CH, Pei D. The effect of chromium on inflammatory markers, 1st and 2nd phase insulin secretion in type 2 diabetes. *European journal of nutrition*. 2014;53:127-33.
21. Volpe SL, Huang HW, Larpadisorn K, Lesser II. Effect of chromium supplementation and exercise on body composition, resting metabolic rate and selected biochemical parameters in moderately obese women following an exercise program. *Journal of the American College of Nutrition*. 2001;20(4):293-306.
22. Ding W, Chai Z, Duan P, Feng W, Qian Q. Serum and urine chromium concentrations in elderly diabetics. *Biological trace element research*. 1998;63:231-7.
23. Diwan AG, Pradhan AB, Lingojar D, Krishna KK, Singh P, Almelkar SI. Serum zinc, chromium and magnesium levels in Type 2 diabetes. *International Journal of Diabetes in Developing Countries*. 2006; 26(3):122-23.
24. Bahijri SM, Mufti AM. Beneficial effects of chromium in people with type 2 diabetes, and urinary chromium response to glucose load as a possible indicator of status. *Biological trace element research*. 2002;85:97-109.
25. Olsén L, Lind PM, Lind L. Gender differences for associations between circulating levels of metals and coronary risk in the elderly. *International journal of hygiene and environmental health*. 2012;215(3):411-7.
26. Nsonwu AC, Usoro CA, Etukudo MH, Usoro IN. Influence of Age, Gender and Duration of Diabetes on Serum and Urine Levels of Zinc, Magnesium, Selenium and Chromium in Type 2 Diabetics in Calabar, Nigeria. *Türk Biyokimya Dergisi*. 2006;31(3):107-14.
27. Sundararaman PG, Sridhar GR, Sujatha V, Anita V. Serum chromium levels in gestational diabetes mellitus. *Indian Journal of Endocrinology and Metabolism*. 2012;16(Suppl1):S70.
28. Ali NA, Ma Y, Reynolds J, Wise Sr JP, Inzucchi SE, Katz DL. Chromium effects on glucose tolerance and insulin sensitivity in persons at risk for diabetes mellitus. *Endocrine Practice*. 2011;17(1):16-25.
29. Rafiei R, Habyby Z, Fouladi L, Najafi S, Asgary S, Torabi Z. Chromium level in prediction of diabetes in pre-diabetic patients. *Advanced biomedical research*. 2014;3:235.
30. Ulas M, Orhan C, Tuzcu M, Ozercan IH, Sahin N, Gencoglu H, et al. Anti-diabetic potential of chromium histidinate in diabetic retinopathy rats. *BMC complementary and alternative medicine*. 2015;15:1-8.