

Table 1. Characteristics of women with type 2 diabetes mellitus and controls

	Type 2 diabetes mellitus	Controls without diabetes	p
	Mean \pm SD	Mean \pm SD	
n	22	421	
Age (years)	70.9 \pm 7.2	68.2 \pm 7.2	0.089
Weight (kg)	73.8 \pm 12.1	69.2 \pm 10.6	0.040
Height (cm)	159.5 \pm 7.8	162.0 \pm 6.3	0.232
Body mass index (kg/m ²)	29.0 \pm 4.8	26.4 \pm 4.0	0.006
Physical activity (hour/week)	2.5 \pm 1.7	2.5 \pm 1.6	0.877
Currently smoker, n (%)	2 (9.1)	51 (12.1)	0.892
Prevalent fracture, n (%)	9 (40.9)	202 (48.0)	0.513
Falls in last 12 months, n (%)	7 (31.8)	151 (35.9)	0.651
Self-reported good health, n (%)	11 (50.0)	301 (71.8)	0.045
Take calcium supplements, n (%)	3 (13.6)	69 (16.4)	0.710
Take vitamin D supplements, n (%)	16 (72.7)	313 (74.4)	0.866
Fasting serum glucose (mmol/L)	7.23 \pm 2.05	5.33 \pm 0.49	< 0.001
Fasting serum insulin (pmol/L) ^a	102 (27-1117)	55 (12-397)	< 0.001
HOMA-IR ^a	5.3 (1.1-114)	2.2 (0.4-21)	< 0.001
Fasting serum PINP (ng/mL)	40.4 \pm 13.7	46.8 \pm 16.6	0.100
Fasting serum CTX (ng/mL)	0.461 \pm 0.264	0.464 \pm 0.172	0.988
Serum Vitamin D (nmol/L)	67.6 \pm 21.2	80.4 \pm 24.7	0.012
Serum PTH (pmol/L)	4.98 \pm 1.81	4.31 \pm 2.14	0.206
eGFR (ml/min)	74.2 \pm 21.3	77.8 \pm 15.5	0.584
Total hip T-score	0.71 \pm 1.04	0.89 \pm 1.00	0.343
Total hip aBMD (mg/cm ²)	915 \pm 125	893 \pm 120	0.343
Femoral neck (FN) aBMD (mg/cm ²)	829 \pm 104	829 \pm 112	0.869
Femoral subtrochanteric architecture ^b			
Total bone vBMD (mg HA/cm ³)	783 \pm 110	715 \pm 105	0.002
Cortical vBMD (mg HA/cm ³)	1073 \pm 77.3	1041 \pm 66.3	0.029
Cortical thickness (mm)	4.25 \pm 0.50	4.21 \pm 0.58	0.716
Total cortical porosity (%)	40.9 \pm 4.39	42.8 \pm 3.97	0.029
Compact cortical porosity (%)	33.9 \pm 3.49	34.8 \pm 2.89	0.185
Outer transitional zone porosity (%)	45.6 \pm 2.58	45.4 \pm 2.28	0.630
Inner transitional zone porosity (%)	84.0 \pm 1.56	84.1 \pm 1.50	0.624
Trabecular BV/TV (%) ^a	0.13 (0.04-1.28)	0.17(0.01-1.82)	0.599

Women with type 2 diabetes mellitus were compared with controls (without diabetes) using ANCOVA, adjusted for age and fracture status.

^aMedian (range) are presented due to skewed distribution, otherwise numbers are mean \pm SD

^bAssessed using low-resolution clinical CT

SD, standard deviation; Prevalent fracture (≥ 1 vs 0); Falls in last 12 months (≥ 1 vs 0); HOMA-IR, homeostatic model assessment of Insulin Resistance; PINP, procollagen type I N-terminal propeptide; CTX, C-terminal cross-linking telopeptide of type I collagen; PTH, parathyroid hormone; eGFR, estimated glomerular filtration rate, aBMD, areal bone mineral density, vBMD, volumetric bone mineral density; BV/TV, bone volume/tissue volume.

Table 2. Associations of a 1 SD increment in body mass index (BMI), serum levels of glucose and insulin, and insulin resistance with bone turnover markers and femoral subtrochanteric architecture

	BMI (kg/m ²)		Glucose (mmol/L)		Insulin (pmol/L)		HOMA-IR	
	STB	p	STB	p	STB	p	STB	p
Bone turnover markers								
PINP (ng/mL)	-0.10	0.040	-0.12	0.012	-0.02	0.658	-0.03	0.546
CTX (ng/mL)	-0.18	< 0.001	-0.10	0.030	-0.10	0.042	-0.10	0.039
Femoral subtrochanteric architecture ^a								
Total vBMD (mg HA/cm ³)	0.19	< 0.001	0.19	< 0.001	0.12	0.007	0.12	0.007
Cortical thickness (mm)	0.19	< 0.001	0.08	0.090	0.08	0.086	0.07	0.114
Total cortical porosity (%)	-0.03	0.503	-0.13	0.006	-0.06	0.207	-0.08	0.077
Trabecular BV/TV ^b	0.12	0.010	0.06	0.177	0.07	0.138	0.06	0.235

SD, standard deviation; HOMA-IR, homeostatic model assessment of Insulin Resistance; PINP, procollagen type I N-terminal propeptide; CTX, C-terminal cross-linking telopeptide of type I collagen; vBMD, volumetric bone mineral density; BV/TV, bone volume/tissue volume.

STB, standardized beta coefficients using linear regression analyses and adjusted for age and fracture status.

^a Assessed using low-resolution clinical CT

^b Analyzed using log-transformed variables

Table 3. Characteristics of women with type 2 diabetes mellitus and controls stratified by fracture status

	Type 2 diabetes mellitus		Controls	
	With Fracture	Without fracture	With Fracture	Without fracture
n	9	13	202	219
Age (years)	69.2 ± 7.1	72.1 ± 7.3	68.4 ± 7.8	68.1 ± 6.7
Weight (kg)	74.1 ± 11.6	73.5 ± 12.9	68.6 ± 10.5	69.8 ± 10.7
Height (cm)	160.8 ± 10.9	158.7 ± 5.0	162.7 ± 5.8	161.4 ± 6.7 ^a
Body mass index (BMI) (kg/cm ²)	28.8 ± 4.5	29.2 ± 5.1	25.9 ± 3.7	26.8 ± 4.2 ^a
Physical activity (hours/week)	2.8 ± 1.9	2.3 ± 1.6	2.6 ± 1.6	2.5 ± 1.7
Fasting serum glucose (mmol/L)	7.19 ± 2.91	7.27 ± 1.30	5.29 ± 0.47	5.38 ± 0.51
Fasting serum insulin (pmol/L) ^d	103 (32-1117)	99 (27-160)	53 (12-316)	57 (14-397)
HOMA-IR ^d	5.2 (1.1-114)	5.4 (1.3-11.6)	2.1 (0.4-15)	2.2 (0.5-21)
Serum PINP (ng/ml)	48.2 ± 9.26	35.0 ± 14.0 ^a	49.7 ± 18.5	44.0 ± 14.0 ^c
Serum CTX (ng/ml)	0.46 ± 0.18	0.47 ± 0.32	0.49 ± 0.19	0.44 ± 0.16 ^a
Serum Vitamin D (nmol/L)	61.2 ± 21.6	72.1 ± 20.6	77.1 ± 22.4	83.5 ± 26.3 ^b
Serum PTH (pmol/L)	4.76 ± 1.75	5.13 ± 1.90	4.57 ± 2.43	4.07 ± 1.80 ^a
eGFR (ml/min)	68.4 ± 15.3	78.3 ± 24.4	77.8 ± 16.8	77.8 ± 14.2
Total hip aBMD (mg/cm ²)	864 ± 111	950 ± 126 ^a	853 ± 114	930 ± 115 ^c
Femoral neck (FN) aBMD (mg/cm ²)	798 ± 73.6	851 ± 119 ^a	794 ± 101	861 ± 112 ^c
Femoral subtrochanteric architecture ^e				
Total bone vBMD (mg HA/cm ³)	758 ± 143	800 ± 83.4	681 ± 110	747 ± 89.7 ^c
Cortical vBMD (mg HA/cm ³)	1050 ± 98.9	1088 ± 47.4	1024 ± 71.3	1057 ± 56.8 ^c
Cortical thickness (mm)	3.97 ± 0.41	4.44 ± 0.47 ^a	4.06 ± 0.58	4.35 ± 0.55 ^c
Total cortical porosity (%)	42.3 ± 5.92	40.0 ± 2.84	43.9 ± 4.27	41.8 ± 3.40 ^c

In women with type 2 diabetes mellitus, those with and without fracture were compared, and similarly in controls, women with and without fracture were compared using ANCOVA adjusted for age and BMI.

^ap < 0.05, ^bp < 0.01, ^cp < 0.001

^dMedian (range) are presented due to skewed distribution, otherwise numbers are mean ± standard deviation.

^eUsing low-resolution clinical CT

HOMA-IR, homeostatic model assessment of Insulin Resistance; PINP, procollagen type I N-terminal propeptide; CTX, C-terminal cross-linking telopeptide of type I collagen; PTH, parathyroid hormone; eGFR, estimated glomerular filtration rate; aBMD, areal bone mineral density; vBMD, volumetric bone mineral density; BV/TV, bone volume/tissue volume.

Fig. 1. Cross-section image of proximal femur and its compartments. Segmented computed tomography image obtained at the proximal femur using StrAx1.0, a non-threshold-based segmentation algorithm, showing the total cortex (the area used for the cortical porosity measurements), consisting of the three cortical compartments: compact-appearing cortex, outer and inner (red) transitional zones, and trabecular bone area. Porosity was assessed from QCT slices distal to the lesser trochanter. (Reproduced with permission of John Wiley and Sons (Ref [32] Zebaze et al. *J Bone Miner Res.* 31 (2016) 1827–1834).

Fig. 2a. (A) Procollagen type I N-terminal propeptide (PINP), (B) C-terminal cross-linking telopeptide of type I collagen (CTX), and (C) femoral subtrochanteric porosity of the total cortex (compact-appearing cortex, inner and outer transitional zones) and (D) cortical thickness as a function of serum glucose. The standardized beta coefficients (STB) are estimated using linear regression analyses and adjusted for age and fracture status. Bone architecture was assessed using low-resolution clinical CT.

Fig. 2b. (A) Procollagen type I N-terminal propeptide (PINP), (B) C-terminal cross-linking telopeptide of type I collagen (CTX), and (C) femoral subtrochanteric porosity of the total cortex (compact-appearing cortex, inner and outer transitional zones) and (D) cortical thickness as a function of body mass index (BMI). The standardized beta coefficients (STB) are estimated using linear regression analyses and adjusted for age and fracture status. Bone architecture was assessed using low-resolution clinical CT.

Fig. 3. Femoral subtrochanteric porosity of the total cortex (compact-appearing cortex, inner and outer transitional zones) assessed using low-resolution clinical CT as a function of diabetes duration. The standardized beta coefficients (STB) are estimated using linear regression analyses and adjusted for age, body mass index and fracture status.

Fig. 4. Mean porosity with 95% confidence intervals (± 1.96 standard errors of the mean) of the total cortex (compact-appearing cortex, inner and outer transitional zones) in women with type 2 diabetes mellitus (T2DM) (yellow, $n = 22$) and controls (without diabetes) (white, $n = 421$), in women with fracture (black, $n = 211$) and without fracture (blue, $n = 232$). Porosity in stratified analysis, in women with T2DM with fracture ($n = 9$), in those with T2DM without fracture ($n = 13$), in controls with fracture ($n = 202$) and controls without fracture ($n = 219$). All comparisons of groups were adjusted for age and body mass index. Porosity was assessed using low-resolution clinical CT.