

# UV FLUORESCENCE-BASED DETERMINATION OF URINARY ADVANCED GLYCATION END PRODUCTS IN PATIENTS WITH CHRONIC KIDNEY DISEASE

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## INTRODUCTION AND OBJECTIVE

**Advanced glycation end products (AGEs)** are a class of proteins or lipids that are non-enzymatically glycosylated and oxidized after contact with aldose sugars. The **accumulation** of AGEs results in **carbonyl stress**, which is characteristic for diabetes mellitus (DM), uremia, atherosclerosis and vascular dysfunction. In the present study, we evaluated the use of UV fluorescence as an **alternative tool** to detect urinary AGEs.

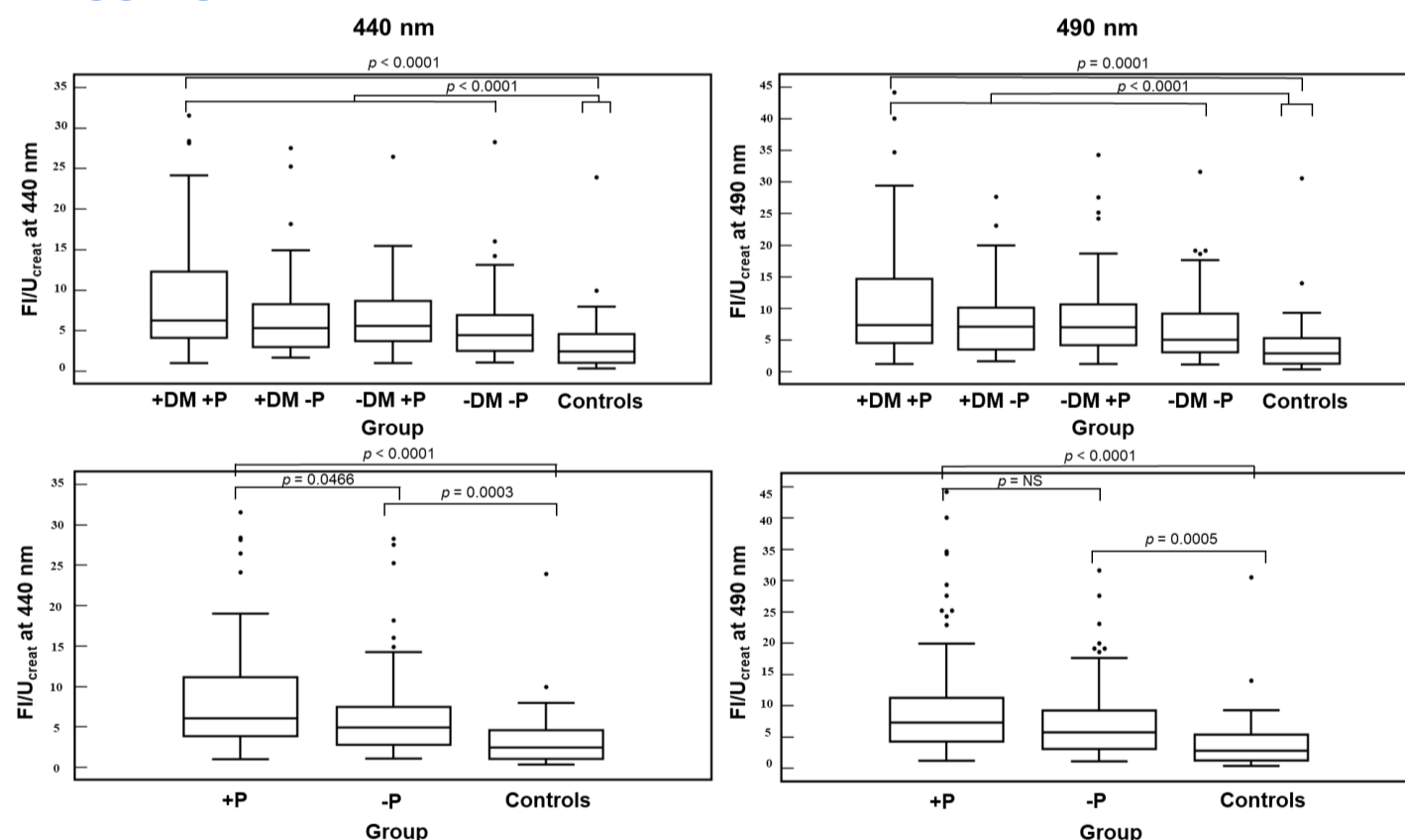
The aim of the study was to explore the possibilities of UV fluorescence spectrometry:

1. to **detect urinary AGEs** in well-characterized patient groups with chronic kidney disease (CKD) in comparison with healthy individuals
2. to investigate the **determining parameters** of the AGE-specific fluorescence signal

## METHODS

STUDY COHORT	SAMPLING	METHODS
<b>Controls</b>  Healthy individuals n=31 <b>CKD stage 2-4</b>  <ul style="list-style-type: none"> <li>+DM +Proteinuria (P) n=46</li> <li>+DM -P n=27</li> <li>-DM +P n=45</li> <li>-DM -P n=46</li> </ul>	 Urine, n=195  Blood, n=195	 <b>Urinary AGEs</b> <ul style="list-style-type: none"> <li>- Using an excitation wavelength of 365 nm, the fluorescence spectra of urinary AGEs were recorded in the 400-620 nm emission range</li> <li>- Normalized spectra were adjusted for <math>U_{\text{creat}}</math></li> </ul>  <b>Determining parameters</b> <ul style="list-style-type: none"> <li>- Creatinine, albumin and total protein concentration</li> <li>- Hb, HbA1c, CRP, creatinine, total cholesterol, HDL-cholesterol and triglyceride concentration</li> <li>- <math>fx</math> Proteinuria, eGFR and LDL-cholesterol concentration</li> <li>-  Medication</li> </ul> <p><math>U_{\text{creat}}</math>: urinary creatinine; Hb: hemoglobin; HbA1c: glycated hemoglobin; CRP: C-reactive protein; HDL: high-density lipoproteins; eGFR: estimated glomerular filtration rate; LDL: low-density lipoproteins</p>

## RESULTS



**Figure 1.** Creatinine adjusted fluorescence intensities (FI)

- AGE fluorescence intensity in **CKD patients > healthy controls** (440 nm:  $p < 0.0001$ ; 490 nm:  $p = 0.0001$ )
- Fluorescence emission spectra in **CKD +P > CKD -P > healthy controls** (440 and 490 nm:  $p < 0.0001$ )

**Table 1.** Multiple regression model

Dependent Variable	Independent Variable	$\beta$ (SE)	p-Value
Ln(Fluorescence intensity at emission wavelength <b>440 nm</b> )	<b>Age (years)</b>	0.0107 (0.0046)	<b>0.0206</b>
	Ln(eGFR) (mL/min/1.73 m <sup>2</sup> )	-0.2565 (0.1429)	0.0743
	<b>Ln(CRP) (mg/L)</b>	0.1346 (0.0593)	<b>0.0245</b>
	<b>Insulin treatment</b>	0.2798 (0.0844)	<b>0.0011</b>
Ln(Fluorescence intensity at emission wavelength <b>490 nm</b> )	<b>Age (years)</b>	0.0155 (0.0040)	<b>0.0001</b>
	Ln(CRP) (mg/L)	0.1166 (0.0632)	0.0667
	<b>Insulin treatment</b>	0.2664 (0.0880)	<b>0.0028</b>

$R^2$ : coefficient of determination;  $\beta$ : standardized regression coefficient; SE: standard error

- Predictors
  - 440 nm: **age, CRP and insulin treatment**
  - 490 nm: **age and insulin**

## CONCLUSION

The presented method is a **fast, simple, cheap, non-invasive method** to monitor the urinary AGE-load in the CKD population and this over a wide range of kidney function.

### MORE INFO

Steenbeke M, De Bruyne S, Van Aken E, Glorieux G, Van Biesen W, Himpe J, et al. UV fluorescence-based determination of urinary advanced glycation end products in patients with chronic kidney disease. *DIAGNOSTICS*. 2020;10

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