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## Supplementary Methods

## 2 STATISTICAL ANALYSES

3 Multiple logistic regression was chosen as the natural approach to model the probability of a binary outcome (death or ICU admission within 30 days of diagnosis). 4 To neutralise the effects of extreme values all continuous variables were winsorized, 5 at the 99% level in the case of the regression on all patients and at 97% in the case 6 of the cohort of patients with diabetes (given their reduced sample size). We ran the 7 first regression including all the potentially relevant predictors to avoid the problem of 8 omitted variable bias. Estimated coefficients can be inconsistent if a relevant 9 regressor is selected out of the model. Unlike in linear models, estimated coefficients 10 in logistic regressions cannot be interpreted as marginal effects. The latter can be 11 12 calculated alongside their standard errors. For example, the marginal effect of a generic regressor Xi measures the expected change on Pr (primary outcome 13

To enhance the interpretability and select the truly significant variables in our regression model, we have resorted to a regularised regression, which solves a general problem of the type:

measure) after a unit increase of Xi, holding all other Xs at their sample averages.

$$\min_{\beta_0,\beta} \left( \frac{1}{2n} \sum_{i=1}^{n} \left( y_i - \beta_0 - x_i^{\top} \beta \right)^2 + \sum_{j=1}^{p} p_{\lambda} \left( |\beta_j| \right) \right)$$

where yi is the response variable, xi is the vector of p predictors, n is the number of observations and the  $\beta$ s are the parameters to estimate. The main difference between Lasso and the standard minimization involved in least squares regressions is the presence of the "penalty"  $\lambda Pp j=1|\beta j|$ , where  $\lambda$  is a non-negative tuning parameter. This penalty reduces the number of regressors and, therefore, serves the purpose of regularizing the problem and selecting the important predictors at the same time.

One of the first examples of regularized regression techniques is LASSO, popularized in the statistical literature by Tibshirani [1] and used in medical statistics.[2, 3] In many empirically relevant scenarios, the LASSO has been shown to perform better than stepwise selection methods.[4] In this paper we have resorted

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- to the SCAD penalty proposed by Fan et al.,[5] which has two important advantages:
- 1. It doesn't penalize large coefficients; 2. It allows at the same time variable
- 32 selection, estimation and inference, hence avoiding the need to re-estimate the
- model after selecting the relevant important predictors and controlling the errors
- involved in variable selection, in contrast to stepwise methods.
- 35 The penalty function in this model is defined by:

$$p_{\lambda}'(|\beta|) = \lambda \left\{ I\left(|\beta| \le \lambda\right) = \frac{(a\lambda - |\beta|)_{+}}{(a-1)\lambda} I\left(|\beta| > \lambda\right) \right\}$$

- The choice of  $\lambda$  is crucial for the performance of the methodology. As  $\lambda$  increases,
- 40 the number of nonzero components in the vector β decreases. To avoid the danger
- of overfitting, we have used a tenfold cross validation technique to select  $\lambda$ .

## 42 Supplementary Tables

- 43 SUPPLEMENTARY TABLE S1 Demographic and Clinical Features of 889 Patients
- 44 Treated for COVID-19 Patients in ICHNT Between March and April 2020 (Univariate
- 45 Analysis for primary outcome of death or Intensive Care Unit admission within 30
- 46 days of swab positive diagnosis).

		Wi	HOLE COHOR	Γ		
Clinical feature		Number of patients with data	Prevalence (n)	Odds ratio of primary outcome (OR)	95% confidence interval (CI)	p-value
Female		889	40% (355)	0.69	0.52 to 0.91	0.01
Age (years)		889	100((100))	2.40		
	18-49 50-59 60-69		18% (164) 18% (157) 17% (147)	0.40	0.24 to 0.67 REFERENCE 0.74 to 1.84	<b>&lt;0.0001</b> 0.55
			, ,			
	70-79		22% (193)	1.33	0.86 to 2.03	0.23
	>80		26% (228)	1.41	0.92 to 2.15	0.21
Weight (kg)	C0	693	100/ (104)	1.00	1.48 to 2.26	0.0001
	<60 60-90		19% (134) 58% (399)	1.83	REFERENCE	<0.0001
	>90		23% (160)	1.02	0.88 to 1.09	0.77
Ethnicity	White Black South Asian All non-White	865	38% (327) 17% (146) 11% (97) 62% (538)	1 1.21 1.04 1.35	REFERENCE 0.81 to 1.81 0.64 to 1.66 1.01 to 1.81	0.40 >0.9 <b>0.04</b>
Smoking status		484				
	Current/ex- smoker		189	1	REFERENCE	
	Never smoked		295	1.38	0.93 to 2.03	0.11
Co- morbidities		889		OR (co- morbidity vs without co- morbidity)		
	Hypertension Diabetes		47% (418) 38% (337)	2.41 1.68	1.82 to 3.20 1.27 to 2.21	<0.001 <0.001
	Hyperlipidaemia		33% (296)	1.56	1.16 to 2.08	0.04
	Ischaemic heart		16% (144)	2.25	1.58 to 3.23	<0.001

PATIENTS	<10 mmol/L	94% (369)	1	REFERENCE		
WITHOUT	≥10 mmol/L	6% (25)	3.56	1.60 to 8.62	0.004*	
DIABETES						

Supplementary Table S1: 889 patients with confirmed (swab positive) COVID-19 47 48 were analysed and univariate odds ratios (OR) against a defined comparator (REFERENCE) are provided for our predefined primary outcome of death or ICU 49 admission within 30 days of diagnosis. ACE inhibitor = angiotensin converting 50 enzyme inhibitor, CBG = capillary blood glucose, CFS = Clinical Frailty Scale, COPD 51 = Chronic obstructive pulmonary disease, DPPIV inhibitor = dipeptidyl peptidase-IV 52 inhibitor, eGFR = estimated glomerular filtration rate, GLP-1RA = glucagon-like 53 peptide-1 receptor agonist, HbA1c = glycated haemoglobin, SGLT2 inhibitor = 54 sodium-glucose co-transporter-2 inhibitor. Significant p-values for odds ratios using 55 Fishers' exact test are shown in **bold.** \*Survives correction for age and gender. 56

- 57 SUPPLEMENTARY TABLE S2 Demographic and Clinical Features of 337 Patients
- with Diabetes Mellitus treated for COVID-19 in ICHNT Between March and April
- 59 2020 (Univariate Analysis for primary outcome of death or Intensive Care Unit
- admission within 30 days of swab positive diagnosis).

		PATIEN	TS WITH DIAB	ETES		
Diabetes						
diagnosis		889			_	
	Patients without diabetes		62% (552)	1	REFERENCE	
	Patients with diabetes		38% (337)	1.68	1.27 to 2.12	0.0003
Type of						
diabetes		337				
	Type 2		96% (324)	1	REFERENCE	
	Type 1		4% (13)	0.37	0.11 to 1.27	0.16
Duration of diabetes		189				
	<10 years		47% (88)	1	REFERENCE	
	≥10 years		53% (101)	1.82	1.03 to 3.34	0.054
	•		, ,			
Diabetes medication at time of COVID-19 diagnosis				OR (taking specified medication vs not taking the		
		337		medication)		
	Insulin		31% (108)	0.88	0.55 to 1.42	0.64
	GLP-1RA		1% (5)	0.52	0.09 to 2.60	0.66
	Metformin		49% (169)	1.14	0.74 to 1.76	0.58
	Sulphonylurea		22% (74)	0.85	0.50 to 1.45	0.59
	SGLT2 inhibitor		7% (24)	0.66	0.30 to 1.52	0.40
	DPPIV inhibitor		27% (93)	1.27	0.79 to 2.05	0.39
	Total number of diabetes medications					
	0		18% (57)	1	REFERENCE	
	1		41% (139)	0.91	0.50 to 1.67	0.75
	2		28% (96)	0.97	0.49 to 1.83	>0.9
	≥3		13% (45)	0.95	0.42 to 2.13	>0.9
HbA1c		240				
	<58 mmol/mol		47% (112)	1	REFERENCE	
	≥58 mmol/mol		53% (128)	1.44	0.85 to 2.39	0.19
Glucose at time of		323				

COVID-19						
diagnosis						
	<10 mmol/L		56% (181)	1	REFERENCE	
	≥10 mmol/L		44% (142)	1.65	1.07 to 2.56	0.03
Average CBG in 1 <sup>st</sup> 72hr after COVID-19 diagnosis		306				
	<10 mmol/L		64% (197)	1	REFERENCE	
	≥10 mmol/L		36% (109)	1.93	1.22 to 3.11	0.008
Interaction of Diabetes with IHD		337				
	Without IHD		73% (246)	1	REFERENCE	
	With IHD		27% (91)	1.18	1.03 to 1.37	0.02
Interaction of Diabetes with pre- COVID-19 eGFR (mL/kg/min)		337				
	eGFR >80		24% (82)	1	REFERENCE	
	eGFR ≤79		76% (255)	1.53	1.03 to 2.29	0.04
Interaction of Diabetes with Hypertension		337				
	Without hypertension		29% (99)	1	REFERENCE	
	With hypertension		71% (238)	1.12	0.80 to 1.58	0.54

61 Supplementary Table S2: Out of the 889 patients studied in total (see Table S1), this table shows the results for the 337 patients within that group who also had a 62 diagnosis of Diabetes Mellitus (DM). Patients with confirmed (swab positive) 63 COVID-19 were analysed and univariate odds ratios (OR) against a defined 64 comparator (REFERENCE) are provided for our predefined primary outcome of 65 death or ICU admission within 30 days of diagnosis. ACE inhibitor = angiotensin 66 converting enzyme inhibitor, CBG = capillary blood glucose, DPPIV inhibitor = 67 dipeptidyl peptidase-IV inhibitor, eGFR = estimated glomerular filtration rate, IHD = 68 ischaemic heart disease. Significant p-values for odds ratios using Fishers' exact 69 70 test are shown in bold.

- 71 SUPPLEMENTARY TABLE S3 Biochemical Measurements and Clinical
- Observations for 889 patients admitted with COVID-19 according to whether they met
- 73 the primary outcome of death or Intensive Care Unit admission within 30 days of
- 74 swab positive diagnosis.

	Measurement at time of diagnosis	(di	Primary outo ied/ICU adm within 30 da	ission	Survi	ved/no ICU	J admission	p-value (primary outcome vs survived/no ICU)
		n	mean	SD	n	mean	SD	
	FiO2 recorded on ABG	260	48.70	26.68	403	29.81	18.2	<0.0001
	Lactate (mmol/L)	260	1.83	1.78	403	1.536	1.028	0.0077
	pCO2 (kPa)	258	4.93	1.36	402	5.078	2.746	0.4618
Arterial Blood Gas (ABG)	pO2 (kPa)	255	8.81	5.97	397	8.208	5.596	0.1448
measurement	Base excess (mmol/L)	256	-0.41	17.52	397	-0.37	4.953	0.1049
	pH	259	7.41	0.097	401	7.421	0.08202	0.222
	Bicarbonate (mmol/L)	256	23.28	5.69	400	24.05	4.415	0.0962
	WCC (x10 <sup>9</sup> /L)	320	8.61	4.09	561	7.95	4.635	0.0015
	Hb (g/L)	320	125.70	23.15	562	129.3	20.96	0.0264
	Platelet count (x10 <sup>9</sup> /L)	319	218.20	104.70	562	238.4	105.5	0.0024
	Neutrophils (x10 <sup>9</sup> /L)	318	7.42	7.22	562	6.346	8.549	<0.0001
	Lymphocytes (x10 <sup>9</sup> /L)	317	0.98	0.997	562	1.219	1.206	<0.0001
	D-dimers (ng/ml)	221	3895	5292	332	2445	3671	<0.0001
	Ferritin (ng/mL)	233	2122	5214	358	1313	1824	<0.0001
	Na (mmol/L)	320	138.30	6.231	560	137	7.424	0.043
Laboratory	K (mmol/L)	309	4.33	0.75	534	4.213	0.5569	0.0783
results	eGFR (mL/min)	319	51.14	29.67	560	65.66	27.47	<0.0001
	eGFR pre-COVID19 baseline (mL/min)	236	60.38	29.93	457	72.64	46.48	<0.0001
	ALT (U/L)	295	53.08	155.10	515	39.28	57.06	0.6581
	CRP (mg/L)	314	156.9	104.40	542	94.33	88.34	<0.0001
	CK (U/L)	206	641.9	1184	311	391.8	1179	<0.0001
	LDH (U/L)	186	602.5	626	291	398.8	230.2	<0.0001
	BNP (pg/mL)	184	423.1	1451	267	192.2	762.7	<0.0001
	Procalcitonin (ng/mL)	33	20.5	69.04	49	0.538	1.527	<0.0001
	HbA1c - most recent (mmol/mol)	160	54.18	20.28	274	53.27	21.22	0.4003
Glucose	CBG – at time of COVID19 diagnosis Average CBG in first 72hr of COVID-	269 244	10.04 9.256	5.54 3.59	416 332	8.312 7.795	5.398 3.187	<0.0001
Clinical observations at	19 diagnosis Temperature (°C)	311	37.38	1.19	558	37.26	1.016	0.0441

diagnosis	Respiratory Rate (Breaths per minute)	312	25.54	8.82	556	22.03	6.049	<0.0001
	Heart Rate (beats per minute)	314	95.91	20.34	558	92.42	18.37	0.0093
	Systolic BP (mmHg)	316	134.8	27.49	560	131.2	23.74	0.0452
	Diastolic BP (mmHg)	316	73.53	16.06	559	75.67	13.81	0.0321
	NEWS at arrival	300	6	3.44	540	4.05	3.642	<0.0001

Supplementary Table S3: Unadjusted comparisons are shown for patients who met the primary outcome (death or ICU admission within 30 days of diagnosis) against those who survived and did not have an ICU admission: n = number of patients for whom that data set is available. Note the total number of patients arriving at the primary outcome was 323. ABG = arterial blood gas, ALT = alanine aminotransferase, BNP = brain natriuretic peptide, BP = blood pressure, CBG = capillary blood glucose, CRP = C-reactive protein, CK = creatinine kinase, eGFR = estimated glomerular filtration rate, FiO2 = fraction of inspired oxygen, Hb = haemoglobin, HbA1c = glycated haemoglobin, K = potassium, LDH = lactate dehydrogenase, Na = sodium, NEWS = National Early Warning Score, WCC = white cell count.

86 SUPPLEMENTARY TABLE S4 - Biochemical Measurements and Clinical 87 Observations for 889 patients admitted with COVID-19 according to whether or not 88 they had a pre-existing diagnosis of Diabetes Mellitus

	Measurement at time of diagnosis	Patien	nts without d mellitus (no DM)	iabetes	Pat	ients with mellitus	diabetes (DM)	p-value (no DM vs DM)
		n	mean	SD	n	mean	SD	
	FiO2 recorded on ABG	403	36.4	23.2	260	38.51	24.64	0.2867
	Lactate (mmol/L)	402	1.58	1.4	261	1.765	1.347	0.0031
A	pCO2 (kPa)	401	4.96	1.28	259	5.117	3.321	0.8276
Arterial Blood Gas (ABG)	pO2 (kPa)	397	8.27	5.45	255	8.71	6.183	0.5349
measurement	Base excess (mmol/L)	397	0.0348	5.05	256	-2.048	6.781	0.0003
	рН	401	7.43	0.0813	259	7.401	0.09645	0.001
	Bicarbonate (mmol/L)	398	24.3	4.69	258	22.83	5.233	0.0022
	WCC (x10 <sup>9</sup> /L)	545	8.12	4.61	337	8.308	4.194	0.276
	Hb (g/L)	546	130	22.1	337	124.8	21.09	0.0006
	Platelet count (x10 <sup>9</sup> /L)	545	232	111	337	230.4	95.88	0.6622
	Neutrophils (x10 <sup>9</sup> /L)	545	6.28	4.18	336	7.472	11.98	0.0805
	Lymphocytes (x10 <sup>9</sup> /L)	545	1.17	1.34	335	1.079	0.7064	0.8785
	D-dimers (ng/ml)	336	2556	3714	218	3742	5305	0.0096
	Ferritin (ng/mL)	358	1553	2368	234	1751	4896	0.6944
	Na (mmol/L)	544	138	7.62	337	136.9	5.944	0.0008
Laboratory	K (mmol/L)	524	4.18	0.603	320	4.378	0.6716	<0.0001
results	eGFR (mL/min)	544	67	26.4	336	49.64	30.14	<0.0001
	eGFR pre-COVID19 baseline (mL/min)	411	75.4	47.2	283	58.38	30.34	<0.0001
	ALT (U/L)	494	46.7	113	317	40.54	88.75	0.0657
	CRP (mg/L)	527	106	94	330	135.8	104.3	<0.0001
	CK (U/L)	307	510	1320	211	464.5	960.5	0.6773
	LDH (U/L)	293	480	413	185	475.4	482.1	0.9935
	BNP (pg/mL)	279	201	754	173	422.4	1489	0.0688
	Procalcitonin (ng/mL)	55	8.96	49.4	27	7.774	33.11	0.0469
	HbA1c - most recent (mmol/mol)	194	39.8	7.14	240	64.73	21.66	<0.0001
	CBG – at time of COVID19 diagnosis	375	6.97	2.07	311	11.43	7.145	<0.0001
Glucose	Average CBG in first 72hr of COVID-19 diagnosis	273	6.9	1.77	303	9.776	3.969	<0.0001
Clinical observations at	Temperature (°C)	537	37.3	1.07	333	37.27	1.101	0.7922
diagnosis	Respiratory Rate (Breaths per	539	23.3	7.41	330	23.34	7.278	0.6356

minute)							
Heart Rate (beats per minute)	541	93	19.1	332	94.72	19.24	0.256
Systolic BP (mmHg)	543	130	24.5	334	136.1	25.99	0.0011
Diastolic BP (mmHg)	542	75.9	14.5	334	73.24	14.84	0.0053
NEWS at arrival	523	4.63	3.95	321	4.938	3.234	0.0515

Supplementary Table S4: Unadjusted comparisons are shown for patients who had diabetes mellitus (n=337) and those who did not (n=552). n = number of patients for whom that data set is available. Note the total number of patients arriving at the primary outcome was 323. ABG = arterial blood gas, ALT = alanine aminotransferase, BNP = brain natriuretic peptide, BP = blood pressure, CBG = capillary blood glucose, CRP = C-reactive protein, CK = creatinine kinase, eGFR = estimated glomerular filtration rate, FiO2 = fraction of inspired oxygen, Hb = haemoglobin, HbA1c = glycated haemoglobin, K = potassium, LDH = lactate dehydrogenase, Na = sodium, NEWS = National Early Warning Score, WCC = white cell count.

SUPPLEMENTARY TABLE S5 - Biochemical Measurements and Clinical Observations for 337 patients who had Diabetes Mellitus and were admitted with COVID-19, according to whether they met the primary outcome of death or Intensive Care Unit admission within 30 days of swab positive diagnosis.

	Measurement at time of diagnosis	suf (die	. ,				abetes who admission 3)	p-value (primary outcome vs survived/no ICU)
		n	mean	SD	n	mean	SD	
	FiO2 recorded on	100	40.00	00.00	140	20.20	10.00	<0.0001
	ABG Lactate (mmol/L)	120	48.03	26.32	_	30.36	19.83	
	pCO2 (kPa)	120	1.868	1.608	141	1.678	1.075	0.5536
Arterial Blood		119	4.787	1.252	140	5.397	4.355	0.1177
Gas (ABG) measurement	pO2 (kPa) Base excess	117	10.04	7.493	138	7.583	4.533	0.003
measurement	(mmol/L)	118	-2.86	7.946	138	-1.354	5.533	0.1905
	рН	119	7.399	0.09554	140	7.403	0.09751	0.7566
	Bicarbonate	440	00.14	F 740	100	00.40	4.000	0.0050
	(mmol/L)	119	22.14	5.748	139	23.42	4.689	0.0853
	WCC (x10 <sup>9</sup> /L)	149	8.411	3.807	188	8.226	4.485	0.2624
	Hb (g/L)	149	123.4	22.92	188	126	19.51	0.2594
	Platelet count (x10 <sup>9</sup> /L)  Neutrophils	149	211.4	84.43	188	245.4	101.8	0.0011
	(x10 <sup>9</sup> /L)	148	7.732	9.643	188	7.267	13.56	0.008
	Lymphocytes (x10°/L)	147	0.9442	0.5931	188	1.184	0.7689	0.0006
	D-dimers (ng/ml)	108	4703	6244	110	2800	3995	0.0298
	Ferritin (ng/mL)	113	2230	6798	121	1304	1727	0.107
	Na (mmol/L)	149	137.7	6.015	188	136.3	5.834	0.0346
Laboratory results	K (mmol/L)	145	4.404	0.7085	175	4.357	0.6406	0.563
rodano	eGFR (mL/min)	148	43.41	29.4	188	54.55	29.89	0.0008
	ALT (U/L)	142	50.71	127.6	175	32.29	30.81	0.1423
	CRP (mg/L)	147	162.9	102	183	114.1	101.3	<0.0001
	CK (U/L)	102	716.6	1304	109	228.6	296.3	0.0002
	LDH (U/L)	87	584	658.6	98	379	190.7	0.0036
	BNP (pg/mL)	94	570.6	1944	80	248.4	592.5	0.0483
	Procalcitonin	16	12.68	42.85	11	0.64	1.096	0.0483
	(ng/mL) HbA1c - most recent (mmol/mol)	99	63.56	20.14	141	65.55	22.71	0.968
	CBG – at time of COVID19 diagnosis	140	12.28	6.537	171	10.74	7.555	0.0021
Glucose	Average CBG in first 72hr of COVID-19 diagnosis	141	10.5	3.937	162	9.141	3.898	0.0004
Clinical	Temperature (°C)	146	37.33	1.201	187	37.22	1.018	0.3678
observations at diagnosis	Respiratory Rate (Breaths per minute)	146	25.34	8.627	184	21.76	5.53	<0.0001

Heart Rate (beats per minute)	146	97.2	21.48	186	92.78	17.1	0.0376	
Systolic BP (mmHg)	147	137.3	27.68	187	135.1	24.62	0.4514	
Diastolic BP (mmHg)	147	72.5	15.78	187	73.82	14.07	0.4181	
NEWS at arrival	1/10	6.07	2 27	102	4.06	2 927	-0 0001	l

Supplementary Table S5: Unadjusted comparisons are shown for patients with diabetes (total n=337) who met the primary outcome (death or ICU admission within 30 days of diagnosis, n=149) against those who survived and did not have an ICU admission (n=188): n = number of patients for whom that data set is available. Note the total number of patients arriving at the primary outcome was 323. ABG = arterial blood gas, ALT = alanine aminotransferase, BNP = brain natriuretic peptide, BP = blood pressure, CBG = capillary blood glucose, CRP = C-reactive protein, CK = creatinine kinase, eGFR = estimated glomerular filtration rate, FiO2 = fraction of inspired oxygen, Hb = haemoglobin, HbA1c = glycated haemoglobin, K = potassium, LDH = lactate dehydrogenase, Na = sodium, NEWS = National Early Warning Score, WCC = white cell count.

SUPPLEMENTARY TABLE S6 - Multivariate Regression Analysis with SCAD sensitivity analysis to determine the important contributing regressors against the Primary Outcome of Death/ICU Admission within 30 Days of COVID-19 Diagnosis (n=719 patients)

Regressor	Estimate	SE	p-value	Marginal Effect (%)
Age	0.031	0.012	0.009	0.5
Gender	0.595	0.249	0.017	10.3
Ischaemic Heart Disease	0.002	0.017	0.893	0.04
Hypertension	0.147	0.331	0.657	2.6
Antiplatelet drug	-0.383	0.354	0.278	-6.7
Clinical Frailty Score	0.147	0.072	0.043	2.5
White cell count	0.035	0.049	0.472	0.6
Haemoglobin	-0.009	0.014	0.528	-0.2
Platelets	-0.004	0.002	0.038	-0.1
Neutrophils	0.000	0.015	0.977	<0.001
Serum sodium	0.044	0.025	0.077	0.8
Serum potassium	0.048	0.167	0.772	0.8
eGFR on diagnosis	-0.008	0.011	0.460	-0.1
C-reactive protein	0.002	0.002	0.298	0.0
Temperature at diagnosis	-0.052	0.276	0.851	-0.9
Respiratory rate on diagnosis	0.033	0.023	0.149	0.6
Heart Rate on diagnosis	0.006	0.008	0.427	0.1
Systolic Blood Pressure	0.011	0.006	0.041	0.2
Diastolic Blood Pressure	-0.004	0.010	0.657	-0.1
NEWS at diagnosis	-0.004	0.080	0.959	-0.1
Inspired Oxygen delivered at diagnosis	-0.013	0.007	0.087	-0.2
Oxygen saturations at diagnosis	-0.035	0.030	0.236	-0.6
Maximum inspired oxygen required	0.067	0.005	<0.0001	1.2

Supplementary Table S6: Unselected multivariate logistic (Logit) analysis of all variables that were collected for patients admitted with swab positive COVID 19 with the primary outcome of death or ICU admission within 30 days (719 patients) – that data is shown in Table 1. Thereafter a sensitivity analysis was performed to select the truly important variables in our regression. We used a Smoothly Clipped Absolute Deviation (SCAD) regularised regression technique which delivered 23 variables independently selected to be the most important drivers of the model, and new p-values are recreated to adjust for this analysis. Refer to Table 1 for details on the other statistical measures presented. eGFR = estimated glomerular filtration rate, NEWS = National Early Warning Score.

SUPPLEMENTARY TABLE S7 - Multivariate Regression Analysis with SCAD sensitivity analysis to determine the important contributing regressors against the Primary Outcome of Death/ICU Admission within 30 Days of COVID-19 Diagnosis in Patients with Diabetes Mellitus (n=268 patients)

Regressor	Estimate	SE	p-value	Marginal Effect (%)
Age	0.041	0.017	0.016	0.9
Gender	0.024	0.105	0.822	0.5
White cell count	-0.001	0.027	0.970	0.0
Haemoglobin	-0.012	0.011	0.265	-0.3
Platelets	-0.007	0.003	0.008	-0.2
Neutrophils	0.000	0.006	0.971	0.0
Serum sodium	0.000	0.008	0.982	0.0
eGFR on diagnosis	-0.008	0.007	0.236	-0.2
C-reactive protein	0.000	0.002	0.836	0.0
Capillary blood glucose on diagnosis	0.024	0.030	0.422	0.6
Temperature on diagnosis	-0.017	0.077	0.824	-0.4
Respiratory rate on diagnosis	0.040	0.031	0.196	0.9
Heart rate on diagnosis	-0.004	0.010	0.682	-0.1
Systolic blood pressure	0.004	0.011	0.713	0.1
Diastolic blood pressure	0.006	0.022	0.800	0.1
Inspired oxygen delivered at diagnosis	0.003	0.012	0.773	0.1
Oxygen saturations at diagnosis	-0.005	0.047	0.908	-0.1
Maximum inspired oxygen required	0.057	0.008	<0.0001	1.3

Supplementary Table S7: Unselected multivariate logistic (Logit) analysis of all variables that were collected for patients admitted with swab positive COVID 19 who had diabetes mellitus, as applied to the primary outcome of death or ICU admission within 30 days (268 patients) – that data is shown in Table 2. Thereafter a sensitivity analysis was performed to select the truly important variables in our regression. We used a Smoothly Clipped Absolute Deviation (SCAD) regularised regression technique which delivered 19 variables independently selected to be the most important drivers of the model, and new p-values are recreated to adjust for this analysis. Refer to Table 1 for details on the other statistical measures presented. eGFR = estimated glomerular filtration rate.

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