Supplementary Table 8. Diagnostic criteria of diabetic ketoacidosis and hyperglycemic hyperosmolar state

	DKA			HHS
	Mild	Moderate	Severe	
Blood glucose, mg/dL[a]	>250	>250	>250	>600
Arterial (venous) blood, pH	7.25–7.30	7.00–7.24	<7.00	>7.30
Serum bicarbonate, mEq/L	15–18	10–14	<10	>15
Serum β-hydroxybutyrate (B-OHB), mmol/L	>3	>3	>3	<3
Urine/plasma ketones	Positive	Positive	Negative	Negative/Positive
Effective osmolality, mOsmol/kg[b]	Varies	Varies	Varies	>320
Anion gap[c]	>10	>12	>12	<12
Level of consciousness	Alert	Alert/Lethargic	Stupor/Coma	Stupor/Coma

DKA, diabetic ketoacidosis; HHS, hyperglycemic hyperosmolar state.
[a]Individuals taking sodium-glucose cotransporter inhibitors, pregnant women, and those with alcohol abuse or impaired liver function may develop euglycemic DKA, [b]Effective osmolality: 2x [Na^+ (mEq/L)]+glucose (mg/dL)/18, [c]Anion gap: (Na^+)-[Cl^- + HCO_3^-].

Supplementary Table 9. Risk of comorbidities associated with body mass index and waist circumference in Koreans [855]

Classification[a]	Body mass index, kg/m^2	Risk of comorbidities according to waist circumference	
		<90 cm (men) <85 cm (women)	≥90 cm (men) ≥85 cm (women)
Underweight	<18.5	Low	Average
Normal	18.5–22.9	Average	Increased
Pre-obesity	23–24.9	Increased	High
Class 1 obesity	25–29.9	High	Severe
Class 2 obesity	30–34.9	Severe	Very severe
Class 3 obesity	≥35	Very severe	Very severe

[a]Pre-obesity may be defined as overweight or at-risk weight, and class 3 obesity may be defined as extreme obesity.