

Supplement Table 1 Definitions of the diagnostic criteria

Diagnostic criteria	Definition
AP	abdominal pain consistent with AP; serum amylase and/or lipase ≥ 3 times the upper limit of normal; characteristic findings of AP on CT scan, magnetic resonance imaging, or transabdominal ultrasonography.
MAP	absence of organ failure and local or systemic complications
MSAP	presence of transient organ failure within 48 h with/or local/systemic complications
SAP	persistent organ failure over 48 h with/or local/systemic complications
Organ failure	
Pulmonary failure	$\text{PaO}_2 < 60$ mmHg despite FIO_2 of 0.30 or need for mechanical ventilation
Circulatory failure	Circulatory systolic blood pressure < 90 mmHg despite adequate fluid resuscitation or need for inotropic catecholamine support
Renal failure	Creatinine level > 177 $\mu\text{mol/L}$ after rehydration or new need for haemofiltration or haemodialysis
Necrotizing pancreatitis	The volume of the pancreas or pancreas was significantly diffuse, the edges were blurred, and the edema area was slightly enhanced after the scan. The necrotic area was not strengthened.
Etiologies	
Biliary pancreatitis	presence of at least one of the following criteria: gallstones and/or sludge on ultrasonography or CT; dilated CBD on ultrasonography or CT (diameter > 8

mm for age \leq 75 years and diameter $>$ 10 mm for age $>$ 75 years); two of the following three laboratory abnormalities: serum bilirubin level concentration higher than 2.3 mg/dL, alanine amino transferase (ALT) activity above 100 U/L with an ALT activity higher than the aspartate aminotransferase (AST) activity; alkaline phosphatase activity above 195 U/L with α -glutamyl-transferase (GGT) activity above 45 U/L.

Alcoholic pancreatitis Patient has a history of over 5 years of heavy alcohol consumption ($>$ 50 g /d)

Hypertriglyceridaemic pancreatitis Serum triglycerides rise above 1000 mg/dl in the absence of gallstones and / or history of significant history of alcohol use/ or other known cause of AP

Others patients who had pancreatitis with unclear etiology

Mortality Death due to acute pancreatitis-associated complications during hospitalization

DM

DM with typical diabetes symptom FBG is $>$ 7.0 mmol/L; Random blood glucose is $>$ 11.1 mmol/L; FBG is $<$ 7.0 mmol/L and 2hPG $>$ 11.1 mmol/L after a 75-g OGTT.

DM without classical diabetes symptom FPG $>$ 7.0 mmol/L for 2 times; 2hPG \geq 11.1 mmol/L for 2 times.

IGT FPG is $<$ 7.0 mmol/L and 7.8 mmol/L $<$ 2 h PG $<$ 11.1 mmol/L after a 75-g OGTT.

AP: Acute pancreatitis; MAP: Mild acute pancreatitis; MSAP: Moderate severe acute pancreatitis; SAP: Severe acute pancreatitis; DM: Diabetes; IGT: Impaired glucose tolerance; FBG: Fasting blood glucose.

Supplement Table 2 The morbidity of organ failure between normal glucose group and dysglycemia group

Organ failure	All patients (<i>n</i> = 137)	Normal glucose group (<i>n</i> = 53)	Dysglycemia group (<i>n</i> = 84)
respiratory failure only	61(44.5%)	30(56.6%)	31(36.9%)
renal failure only	12(8.7%)	5(9.4%)	7(8.3%)
circulatory failure only	2(1.45%)	1(1.9%)	1(1.2%)
multiple organ failure	62(45.3%)	17(32.1%)	45(53.6%)

Supplement Table 3 Comparison of endocrine pancreatic function between normal glucose group and dysglycemia group

Time of follow up	All patients(<i>n</i> = 361)	Normal glucose group (<i>n</i> = 211)	Dysglycemia group (<i>n</i> = 150)
3 mo-1 yr	211(58.4%)	141(66.8%)	70(46.7%)
1-3 yr	91(25.2%)	49(23.2%)	42(28.0%)
3-7 yr	59(16.3%)	21(10.0%)	38(25.3%)