PP-26

WHAT MATTERS MOST TO PATIENTS BEFORE AND AFTER DIAGNOSIS OF THYROID DYSFUNCTION?

https://doi.org/10.15605/jafes.036.S52

Yap MY,[1] Mohd Azril M,[1] Ooi CP,[1] Abdul Hanif Khan A,[2] Rosliza A,[3] Norlaila M,[4] Norlela S,[4] Nor Azmi K[4]

[1]*Department of Medicine, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia*

[2]*Department of Neurology, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia*

[3]*Department of Community Medicine, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia, Malaysia*

[4]*Endocrine Unit, Department of Medicine, National University of Malaysia Medical Centre, Malaysia*

INTRODUCTION

Thyroid dysfunction (TD) has a prevalence of 3.4% in Malaysia. Although there are significant disparities in quality of life before and after diagnosis in many diseases, no study has been done to assess the impact of TD on patients before and after diagnosis. Thus, the objective of this analysis is to evaluate what matters most to patients before and after diagnosis of TD.

METHODOLOGY

This qualitative study utilised a Malay language version of the semi-structured interview guide in Malaysia. This is part of the larger research developed from interactive discussions with patients who have thyroid dysfunction. Data were collected using a dual-method approach, i.e.: face-to-face in-depth interviews in the endocrine clinic and online survey using the same set of questions in the interview guide. We analysed the responses guided by the question: What are the differences in patient experience and perspective before and after diagnosis of TD?

RESULTS

Responses from 96 patients were analysed. Most (>50%) patients had symptoms associated with TD, and a minority (15%) experienced neck swelling. These patients were unaware that their experience is related to TD. After being informed of the diagnosis of TD, 95% of patients are worried and burdened by the disease. Poor knowledge of the disease, treatment, and uncertainties of the progression of TD aggravated the emotion.

CONCLUSION

This analysis showed that the diagnosis of TD placed a significant burden on patients' lives. Our findings of the experience before and after diagnosis of TD provided a focus to address patient concerns. Thus, we need more research to provide insight into the patients' experiences and perspectives for developing management and support programmes in thyroid care.

PP-27

EFFICACY OF A WEIGHT MANAGEMENT PROGRAMME ON CLINICAL METABOLIC PARAMETERS – A SINGLE-CENTRE EXPERIENCE IN MALAYSIA

https://doi.org/10.15605/jafes.036.S53

Aimi Fadilah Mohamad,[1] Zaliha Ismail,[2] Sharifah Faradila Wan Muhamad Hatta,[1] Nuraini Eddy Warman,[1] Nur Aisyah Zainordin,[1] Fatimah Zaherah Mohamed Shah,[1] Rohana Abdul Ghani[1]

[1]*Endocrine Unit, Department of Internal Medicine, University Teknologi MARA (UiTM), Malaysia*

[2]*Department of Public Health Medicine (PHM), University Teknologi MARA (UiTM), Malaysia*

INTRODUCTION

Weight management clinics aim to reduce obesity-related effects particularly the metabolic complications. The UiTM weight management clinic comprises a 7-visit programme over a 1-year period involving various specialties such as primary care physicians, endocrinologist, nutritionist, psychologist, and rehabilitation medicine. Each provides different aspects of obesity management focusing predominantly on lifestyle modifications. The impact of this programme on clinical metabolic parameters such as weight, waist, hip, and neck circumferences were assessed.

METHODOLOGY

This is a retrospective analysis involving 59 patients who successfully completed the weight management programme in UiTM between June 2018 and December 2020. Completion of the programme was defined as attendance to all 7 visits. All data were acquired through patients' medical records. Changes in weight, waist circumference (WC), hip circumference (HC) and neck circumference (NC) at baseline, 6 months, and 12 months were analyzed. Paired t-test analysis was performed using SPSS version 22.

RESULTS

59 patients were evaluated. Baseline weight was 123.3 ± 26.0 kg. Weight change at 6 months was -3.74 ± 7.9 kg and at 12 months was -4.37 ± 11.7 kg. The mean difference in weight between 6 and 12 months was statistically significant with p=0.006. Significant differences were also seen in the other parameters as well. WC change at 6 months was -3.49 ± 7.8 cm and -4.26 ± 7.9 cm at 12 months (p<0.001). Change in HC was -2.46 ± 5.8 cm and -3.42 ± 7.7 cm at 6 months and 12 months respectively (p=0.001). Lastly, change in NC at 6 months was -0.75 ± 2.2 cm and -0.63 ± 2.1 cm (p=0.022).

CONCLUSION
There were significant changes in weight and other clinical metabolic parameters with personalised lifestyle changes given through a structured weight management programme. These changes can be seen as early as 6 months and extends to 12 months. This correlates with current evidence that lifestyle changes require a minimum of 6 months' duration to achieve meaningful metabolic results.

PP-28

THYROXINE ABSORPTION TEST: A CASE SERIES OF PATIENTS WITH PERSISTENT PRIMARY HYPOTHYROIDISM

https://doi.org/10.15605/jafes.036.S54

Xh Lee, Azraai Nasruddin, Zanariah Hussein
Endocrine Unit, Department of Medicine, Hospital Putrajaya, Malaysia

INTRODUCTION
Persistent primary hypothyroidism of any etiology despite high doses of levothyroxine replacement is a common encounter in our clinical practice. It is important to distinguish nonadherence (pseudo-malabsorption) from malabsorption. Thyroxine absorption test is required to make this distinction before further evaluations for malabsorption. We present our review on our institution's experience with thyroxine absorption test and evaluate its role and clinical impact on management of persistent primary hypothyroidism.

RESULTS
All 5 patients tolerated the absorption test well and showed >100% rise in Free T4 level at the fourth hour. During subsequent visits, 4 out of 5 patients were able to achieve normal thyroid function with the same, if not, a lower dose of levothyroxine. Two patients continued to show fluctuations in TSH trend during follow-ups. There were discrepancies in the test protocol on levothyroxine dosage and sampling time.

CONCLUSION
Thyroxine absorption test is a useful tool to distinguish between nonadherence and malabsorption. It negates unnecessary extensive search for causes of malabsorption. It provides objective information to guide discussions between clinicians and patients in addressing the issue of nonadherence.

PP-29

PRIMARY ALDOSTERONISM UNVEILED BY PREGNANCY

https://doi.org/10.15605/jafes.036.S55

K Khor, NA Kamaruddin, N Sukor
Endocrine Unit, Department of Medicine, Hospital Canselor Tuanku Muhriz, Pusat Perubatan Universtiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia

INTRODUCTION
Primary aldosteronism (PA) with first presentation during pregnancy is rare. We hereby report 2 cases of PA which was unveiled by pregnancy.

RESULTS
Case 1: A 33-year-old female was diagnosed to have hypertension with hypokalaemia (lowest serum potassium of 2.3mmol/L) during early pregnancy. The pregnancy was complicated by intrauterine death at 29 weeks of gestation. Throughout pregnancy, her blood pressure (BP) and potassium levels were well-controlled with low-dose methyldopa` and potassium supplementation. Postpartum, she was normokalaemic without potassium supplementation and her BP was well-controlled with low-dose verapamil. She had a positive screening test for PA which was further confirmed with fludrocortisone suppression test (FST). Computed Tomography (CT) of the adrenal glands showed bulky appearance with no definite adenoma. Adrenal venous sampling (AVS) was suggestive of bilateral adrenal hyperplasia (BAH). Spironolactone was not started as she is planning for another pregnancy. To date, her BP was well-controlled with low-dose labetolol and she remained normokalaemic.

Case 2: A 40-year-old female was diagnosed to have hypertension at 18 weeks of gestation with concomitant hypokalaemia (lowest serum potassium of 3.3mmol/L). Throughout pregnancy (while not on any medications) her BP ranged between 130/90 to 150/90 and serum potassium levels between 3.5 to 3.8 mmol/L. She underwent emergency caesarean section for pre-eclampsia at 36 weeks of gestation. Postpartum ambulatory blood pressure monitoring revealed SBP of 111-158 mmHg, DBP of 64-102 mmHg. Her screening test for PA was positive and was further confirmed with fludrocortisone suppression test. CT adrenals showed bulky appearance with no definite adenoma. AVS was suggestive of BAH. Upon commencement of spironolactone 12.5 mg daily, her BP was maintained at 110/80-128/90 mmHg and serum potassium was 4.0mmol/L.

CONCLUSION
PA is associated with high rate of pregnancy-related complications. The course of PA during pregnancy is highly variable owing to the sequential changes in the renin-angiotensin-aldosterone system and plasma progesterone concentration.