RESULTS
The study included 100 patients with the following breakdown in DM types: T1DM (n=42), T2DM (n=47) and DM in pregnancy (n=11). The mean duration of diabetes was 13 years. About 98% of patients find that the instruction for FS Libre was easy to understand. More than 91% of patients felt that it was easy to use, makes life easier and has a small glucose sensor. Only 17.7% of patients experienced local discomfort while wearing the glucose sensor. About 86.5% of patients felt that the glucose sensor did not interfere with daily activities. Around 88.8% of patients felt that the FS Libre could replace the finger-prick SMBG as a monitoring device. More that 97% of patients agreed that this method is faster, simplified and assisted in the adjustment of insulin dose. Majority of patients (95.8%) preferred FS Libre compared to their previous SMBG system.

CONCLUSION
The user experience of FS libre based on ease of use, application, operation and comfort, efficiency in disease management and patient satisfaction were demonstrated in this study.

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GROWTH HORMONE TREATMENT RESPONSE FOR CHILDREN WITH GROWTH HORMONE DEFICIENCY AND TURNER SYNDROME (TS) IN A TERTIARY CARE CENTER

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INTRODUCTION
Recombinant growth-hormone (rhGH) has been widely used to treat a variety of growth disorders. Although responses are generally satisfactory, evidence is increasing for a high rate of poor or unsatisfactory response.

This study aimed to evaluate the growth response to rhGH therapy in the patients in our tertiary centre and identify the poor responders.

METHODOLOGY
This is a cross-sectional study based on medical records of the patients still on rhGH in year 2019-2020. The growth parameters and rhGH doses recorded throughout the treatment were retrieved.

Poor response was defined as first-year increment in height standard-deviation-score (SDS) <0.5 for patients with severe growth hormone deficiency (GHD) or <0.3 for other diagnoses.

RESULTS
Thirty-five patients were included in the study with 20 (57%) diagnosed with GHD and 15 (43%) with Turner syndrome (TS).

Majority of the patients with GHD had severe organic GHD with peak GH level <5 μg/ml (52.4%). Most presented with significant short stature with height SDS of -4.15 ± 1.32 on initiation of treatment. The first-year height velocity (HV) was 10.0 ± 3.1 cm/year (3.42 ± 2.66 SDS) with median height increment of 0.74 (-0.57-2.83 SDS). The subsequent years, HV remained steady with average of >6 cm/year (0.62-2.94 SDS).

The patient with Turner Syndrome had a starting height of -3.52 ± 1.05 SDS. The first year HV was 7.5 ± 1.4 cm/year (1.65 ± 1.95 SDS) with median height increment of 0.31 (-1.32-0.74 SDS). HV for the subsequent years was on average 4-5.5cm/year (-2.51-0.61 SDS).

The average rhGH doses was 0.033 ± 0.003 mg/kg/day for patients with GHD and 0.046 ± 0.004 mg/kg/day for patients with TS.

Poor responders comprised 19% of patients with GHD and 21.4% of patients with TS.

CONCLUSION
Patients with severe GHD generally responded better to rhGH therapy as compared to those with idiopathic GHD and TS.

Awareness, recognition, and management of poor response to growth-promoting therapy will lead to better patient care, greater cost-effectiveness and improved clinical benefit.