RESULTS

We detected only seven osteoporotic women (10%) with T-scores <-2.5 and average BMD of 1027.6±87.4 g/cm^2. From our correlation analyses, age (r=-0.28), LM (35.2±5.6 kg, r=0.47) and sclerostin levels (49.4±17.0 pmol/L, r=0.25) were significantly correlated to T-score whereas daily calcium intake (256.7±243.2 mg), menopausal age (51.4±4.1 y), years of T2D (12.3±7.6 y) and HbA1c (9.08±2.3 %) were not significantly correlated. The multivariable regression model predicted 29% (F=9.01, p<0.001) of T-score outcomes from age, LM and sclerostin levels (0.081 muscle + 0.014 sclerostin – 0.07 age – 0.693).

CONCLUSION

One-in-ten postmenopausal T2D women were osteoporotic from our study. More in-depth investigations are needed to understand these novel results of sclerostin and lean mass influence on bone status in T2D postmenopausal women.

KEY WORDS

osteoporosis, sclerostin, lean mass

OP-14

ASSOCIATION OF GLYCAEMIC CONTROL WITH PREMATURE EJACULATION AMONG TYPE 2 DIABETES MELLITUS PATIENTS ATTENDING IN A TERTIARY CARE HOSPITAL OF BANGLADESH

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INTRODUCTION

Premature ejaculation is three times higher in diabetic population and its onset is 10 to 15 years earlier than persons without diabetes. The aim of this study was to find out the association of glycaemic control with premature ejaculation among patients with Type 2 DM attending in a tertiary care hospital of Bangladesh.

METHODOLOGY

This descriptive cross-sectional study was conducted in the outpatient department of BIRDEM general hospital from July 2017 to June 2018. A total of 225 adult patients with type 2 DM were recruited and diagnosis was confirmed as per ADA 2016 criteria. A face to face interview was conducted using premature ejaculation diagnostic tool (PEDT).

RESULTS

Mean age of patients having PE was 38.36±8.89 and age group of 60–69 years had higher incidence rate. Most of the respondents were married (73.3%). Among the study population, the prevalence of PE was 55.6%. The analysis also showed that duration of diabetes was associated with the increasing risk of PE. Almost half of PE patients (48%) were suffering from type 2 DM for more than 10 years. PE was significantly higher (p<0.001) among patients with poor glycaemic control (HbA1c >7).

CONCLUSION

The results provide evidence that PE is a highly prevalent sexual dysfunction among type 2 DM patients in Bangladesh. Moreover, PE largely remains underdiagnosed and untreated. The health system needs to develop appropriate strategies including early diagnosis, awareness, and health education programs for appropriate treatment.

KEY WORDS

glycaemic control, premature ejaculation, type 2 diabetes mellitus, tertiary care hospital, Bangladesh

OP-15

LIRAGLUTIDE 3.0 mg AS AN ADJUNCT TO INTENSIVE BEHAVIOR THERAPY IN INDIVIDUALS WITH OBESITY: SCALE IBT 56-WEEK RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED TRIAL

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INTRODUCTION

This 56-week, randomized, double-blind study investigated the effects of liraglutide 3.0 mg vs placebo, as adjunct to intensive behavior therapy. (IBT) and 23 counseling sessions. This reported the effects of treatment on weight change (co-primary endpoints: mean change in body weight [%] and proportion of individuals losing ≥5%), glycemic variables, cardiometabolic risk factors, safety and tolerability. Individuals aged ≥18 years with a body mass index (BMI) ≥30 kg/m^2 and without diabetes were randomized 1:1 to liraglutide 3.0 mg or placebo along with IBT.