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

https://doi.org/10.15605/jafes.034.02.S14

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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

https://doi.org/10.15605/jafes.034.02.S15

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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.

METHODOLOGY
Continuous and categorical variables were calculated using analysis of covariance (ANCOVA) and logistic regression respectively, with treatment, gender and BMI as factors and baseline endpoint as a covariate. Missing values were handled using a jump-to-reference multiple imputation model.

RESULTS
There were 282 individuals in the full analysis set; 142 were randomized to liraglutide 3.0 mg (45 y, 16% male, 109 kg, 39 kg/m^2) and 140 to placebo (49 y, 17% male, 107 kg, 39 kg/m^2); 99% and 93% completed the trial, respectively. The intention to treat analysis demonstrated weight loss at 56 weeks of 7.5% with liraglutide 3.0 mg and 4.0% with placebo (estimated treatment difference (ETD) [95% CI], 3.5% [5.3, 1.6]; *p*=0.0003). Weight loss in individuals on trial product at 56 weeks was 9.1% (n=114) and 4.8% (n=103), respectively. The proportion of individuals achieving ≥5% weight loss was 61.5% with liraglutide 3.0 mg and 38.8% with placebo (estimated odds ratio (OR) 2.5 [1.5, 4.1], *p*=0.0003). The proportion who lost >10% was 30.5% and 19.8% (OR 1.8 [1.01, 3.1], *p*=0.0469), and >15% was 18.1% and 8.9% (OR 2.3 [1.1, 4.7], *p*=0.0311, respectively. Change in waist circumference was -9.4 cm with liraglutide 3.0 mg vs -6.7 cm with placebo (ETD -2.7 cm [-4.7, -0.8], *p*=0.006). Significant improvements at 56 weeks were seen for liraglutide 3.0 mg vs placebo in both HbA_{1c} (ETD -0.10% [-0.16, -0.04], *p*=0.0008) and fasting plasma glucose (ETD -0.23 mmol/L [-0.36, -0.11] *p*=0.0002). Blood pressure (BP) reductions were observed in both treatment arms at 56 weeks, but there were no significant differences between groups in systolic (ETD -2.2 mmHg [-4.9, 0.5], *p*=0.11) or diastolic BP (ETD -0.2 mmHg [-2.2, 1.8], *p*=0.87), or heart rate (ETD 1.3 bpm [-0.8, 3.4], *p*=0.23). Lipids were improved vs baseline but no significant differences between treatment arms were observed at 56 weeks (all *p*>0.05).

CONCLUSION
Liraglutide 3.0 mg was generally well tolerated and no new safety signals were observed in this study. The most frequent adverse events were gastrointestinal (liraglutide 3.0 mg: 71%; placebo: 49%). In conclusion, liraglutide 3.0 mg as an adjunct to IBT resulted in significantly greater weight loss, as compared to IBT and placebo.

KEY WORDS
intensive behavior therapy, liraglutide, Scale-IBT obesity

OP-16

DISCOVER-PHILIPPINES REGISTRY: DIABETES CARE AND COMPLICATIONS AMONG PATIENTS WITH TYPE 2 DIABETES MELLITUS IN THE PHILIPPINES – A PRELIMINARY REPORT

https://doi.org/10.15605/jafes.034.02.S16

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INTRODUCTION
The DISCOVER Global Registry is an ongoing prospective observational database of patients with type 2 diabetes being managed by primary care physicians and specialists. This registry aims to collect real-world data on patient care in selected countries. In the Philippines, a similar survey on glycemic control and complications was last undertaken in 2008.

METHODOLOGY
A total of 518 patients were enrolled into the DISCOVER Registry from October 2018 to June 2019. Data were obtained through review of medical records: demographics (birth date, sex, educational status, health insurance), medical history (duration of diabetes, co-morbidities, therapies), physical measurements (weight, height, blood pressure), lifestyle (smoking, alcohol drinking), and laboratory tests.

RESULTS
The patient population was predominantly male (53.7%), at mean age 58 years, a BMI of 28.3 kg/m^2, retired (36.7%), and had a higher level of education (80.4%). Mean diabetes duration was 6.3 years. Mean HbA1c was 7.4%, with 56.1% achieving the target A1c <7%. History of hypertension and dyslipidemia were both 62.5%. The most common complications were nephropathy (7.1%), but mean eGFR was 84.7 mL/min/1.73 m^2, followed by retinopathy (4.8%), stroke (3.5%) and diabetic foot infections (2.5%). Treatment with Metformin as monotherapy was highest (30.3%), followed by a combination of metformin and dipeptidyl peptidase-4 inhibitor (24.0%).

CONCLUSION
These results suggest that over half of patients in the Philippines are achieving adequate glucose control, with a small proportion having associated complications. Future analyses, with inclusion of more patients from across the Philippines, may provide assessment of the generalisability of these findings.