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

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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.

KEY WORDS
type 2 diabetes, Philippines, Nephropathy, retinopathy, chronic kidney disease, diabetic foot, stroke, diabetes registry

OP-17

MEDICATION COMPLIANCE AND METABOLIC CONTROL IN TYPE 2 DIABETES MELLITUS PATIENTS: THE BOGOR COHORT STUDY OF NON-COMMUNICABLE DISEASES RISK FACTORS

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INTRODUCTION
The prevalence of type 2 diabetes mellitus (T2DM) is increasing worldwide, including in Indonesia. Poor metabolic control in T2DM can lead to many devastating chronic complications. This study aims to evaluate the association between medication compliance with metabolic control in T2DM.

METHODOLOGY
This study is a part of the Cohort Study of Non-Communicable Diseases Risk Factors in Bogor, West Java, Indonesia. We recruited 4829 subjects without diabetes in 2011-2012, of whom we then followed-up for six years. Data collected included WHO STEP questionnaire, abdominal circumference, height, weight, blood pressure, fasting blood sugar, 2 hours glucose post 75 g glucose load, HDL-cholesterol, LDL-cholesterol, triglycerides.

RESULTS
Within 6 years of observation there were 577 (11.95%) new DM subjects. Those new cases of diabetes have a yearly increase of body mass index, abdominal circumference, blood pressure, fasting blood sugar and 2 hours glucose post 75 g glucose load and LDL-cholesterol $p<0.001$. Most newly diagnosed DM respondents had poor blood sugar control (84.6%). Even though 98.3% of respondents knew that DM needed to be treated, only 37.5% had been treated at a health center/clinic. Only 34.5% of respondents were taking medications, however, among this group of respondents, the routine drug consumption reached 95.5%.

CONCLUSION
Most newly diagnosed DM respondents had poor metabolic control due to low levels of adherence to treatment. Educational efforts are needed to improve compliance, in part by strengthening local initiatives on NCD prevention (Posbindu PTM).

KEY WORDS
medication compliance, diabetes mellitus, metabolic control, Posbindu PTM