

PA-A-04

INITIATING/SWITCHING TO INSULIN DEGLUDEEC/INSULIN ASPART (IDEGASP) IN MALAYSIAN PATIENTS WITH TYPE 2 DIABETES IN REAL-WORLD SETTING

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INTRODUCTION

IDegAsp, a co-formulation of long acting basal (insulin degludec) and rapid-acting bolus (insulin aspart) insulin is used for treating patients with type 2 diabetes mellitus (T2DM) not adequately controlled by previous anti-hyperglycaemic treatments (AHTs). The current study is a subgroup analysis of the Malaysian cohort of patients from the earlier 26-week prospective, multicentre, non-interventional ARISE study that investigated the effect of IDegAsp on glycaemic control in patients with T2DM initiated or switched to IDegAsp from previous AHTs in a real world setting in six countries, including Malaysia.

METHODOLOGY

Adult patients (>18 years old) with T2DM using any AHTs except IDegAsp were enrolled. Patients received IDegAsp according to their physicians' discretion. Primary endpoint was change in glycosylated haemoglobin (HbA1c) levels from baseline to end of the study (EOS, 26 weeks).

RESULTS

Overall, 182 out of the 205 enrolled patients (mean [SD] age: 56.4 [11.9] years) completed the study (95 men, 52.2%). Mean (SD) duration of T2DM was 11.2 (7.99) years. A total of 93 (51.1%) patients received IDegAsp once daily and 89 (48.9%) patients received twice daily at treatment initiation (mean (SD) daily dose: 29.1 [19.7] U). HbA1c levels were significantly reduced from baseline to EOS (mean [SE] estimated change from baseline: -1.3% [0.18]; $p < 0.0001$). Consistent with this finding, FPG levels were also significantly reduced from baseline to EOS (mean [SE] estimated change from baseline: -1.8 [0.34] mmol/L; $p < 0.0001$). The incidence of overall and nocturnal non-severe and severe hypoglycaemic events and the number of patients experiencing these events were also reduced from baseline to EOS.

CONCLUSION

In the Malaysian cohort, initiating or switching to IDegAsp in patients with T2DM demonstrated significant improvements in glycaemic control and numerically lower rates of non-severe and severe hypoglycaemic events.

PA-A-05

CHALLENGES IN FLUID MANAGEMENT OF AN END-STAGE RENAL DISEASE PATIENT WITH COVID-19 PNEUMONIA AND STARVATION KETOACIDOSIS

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INTRODUCTION

Fluid management is a delicate process when it involves an anuric end-stage renal disease (ESRD) patient on regular hemodialysis, who has Coronavirus Disease-19 (COVID-19) pneumonia in acute respiratory distress syndrome (ARDS). The management is made even more challenging when the condition of the patient is complicated with starvation ketoacidosis. There is limited literature with regards to this issue.

CASE

We report the case of a 55-year-old male patient with ESRD, who is suffering from COVID-19 pneumonia in ARDS with concomitant starvation ketoacidosis.