CONCLUSION

Increases in the median HbA1c and FBS were noted among the patients; however, only the increase in FBS was statistically significant. There was also a statistically significant lesser risk of having poor glycemic control when patients adhered to medications. Efforts toward addressing different factors in contingent times like these should be made. This study can serve as an example for future contingent situations (e.g., natural disasters or war).

KEYWORDS

diabetes, COVID-19, glycemic control

PP-D-03

ANTHROPOMETRIC, BIOCHEMICAL AND IMAGING CHARACTERISTICS OF FEMALES WITH DIABETES AND FAMILIAL PARTIAL LIPODYSTROPHY

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INTRODUCTION

Familial partial lipodystrophy (FPL) is an under-recognized condition characterized by an increased genetic predisposition to abnormalities in white adipose tissue function, quantity, and distribution, leading to young-onset metabolic syndrome including type 2 diabetes mellitus (T2DM). However, in clinical practice, there are no clear criteria to diagnose FPL. This pilot study aimed to determine clinical markers using skinfold measurements, DXA, and MRI scans to identify individuals with FPL and to characterize their adipose tissue distribution and fat phenotypes.

METHODOLOGY

In 8 females with FPL and 4 BMI-matched female controls, skinfold measurements, HOMA-IR, whole genome sequencing, and DXA were performed. MRI was used to measure abdominal subcutaneous adipose tissue (SAT), visceral adipose tissue (VAT), and femoral and calf SAT and muscle volumes.

RESULTS

Both groups' median BMI were 32-33 kg/m^2. All eight patients in the FPL group had T2DM with median disease onset at age 31 years. FPL, when compared to controls, had higher levels of HOMA-IR (p = 0.028), reduced thigh skinfold thickness (20.4 mm vs 51.4 mm, p = 0.008) with a correspondingly increased subscapular-to-thigh skinfold ratio (p = 0.004), and iliac-to-thigh skinfold ratio (p = 0.004). The FPL group had a reduced leg fat percentage (34.6 vs 48.1, p = 0.004) with an increased ratio of trunk-to-legs fat percentage (1.36 vs 0.98, p = 0.004), and android to gynoid ratio (1.21 vs 0.98, p = 0.008). The FPL group had decreased SAT volume in the femoral and calf.

KEYWORDS

lipodystrophy, severe insulin resistance, MRI, diabetes, obesity

PP-D-04

THE ABC TARGETS AND USE OF ORGAN-PROTECTIVE MEDICATIONS AMONG THAI PEOPLE WITH YOUNG-ONSET TYPE 2 DIABETES

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INTRODUCTION

Young-onset Type 2 Diabetes (YOD) is associated with premature death and worse microvascular and cardiovascular outcomes. Our recent study which recruited all individuals with the onset of DM before 30 years revealed that YOD had a three times higher prevalence of diabetic kidney disease (DKD) than young-onset T1D despite similar disease duration, glycemic control, and age. This study aimed to evaluate the rate of RAAS blockade (ACEi or ARB), SGLT2i, GLP-1 RA, and statin use among YOD. The proportion of patients who attained various multiple treatment targets was also evaluated.

METHODOLOGY

Data from all participants with T2D enrolled between 2022-2023 into the Thai Type 1 Diabetes and Diabetes Diagnosed Before Age 30 Years Registry, Care and Network (T1DDAR CN) from Theptarin Hospital, a tertiary diabetes center in Bangkok, were analyzed. The various ABC targets defined as standard targets (A1C <7.0%, BP <140/90 mmHg, and LDL <100 mg/dL), ADA-recommended targets (A1C <7.0%, BP <130/80 mmHg, and LDL <100 mg/dL) and tight targets (A1C ≤6.5%, BP <130/80 mmHg, and LDL <70 mg/dL) were examined.