RESULTS
Sixty-one subjects completed the study. The mean age of participants was 53.07±7.74 years. The mean duration of diabetes was 11.76 ± 8.26 years. The baseline A1c was 8.48 ± 0.76%. Phase 1 study showed a mean reduction in A1c of 1.02% (95% CI: 0.74-1.30) in the tele-iPDM group and 0.48% (95% CI: 0.19-0.76) in the usual care group. The difference in A1c reduction between the 2 groups was 0.55% [95% CI: 0.15-0.95, p <0.05]. At 24 weeks of follow-up, the mean difference in A1c between the tele-iPDM and usual care groups is 0.72% [95% CI: 0.24-1.20, p <0.05]. There were no significant differences in body weight and body mass index and hypoglycemic events between both groups.

CONCLUSION
Telemonitoring can facilitate the iPDM care model in people with insulin-treated type 2 diabetes mellitus. It improves the efficiency of diabetes care and improves glycemic control at 12 weeks and can maintain glycemic control at 24 weeks.

KEYWORDS
telemonitoring, structured feedback loop, type 2 diabetes, insulin-treated

PP-D-09

IMPACT OF DIABETES AND SARCOPENIA ON MORTALITY

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INTRODUCTION
Diabetes mellitus (DM) and sarcopenia are growing public health threats in an aging society. They share common pathophysiological mechanisms and are associated with serious health consequences. We investigated the impact of DM and sarcopenia on all-cause and cardiovascular mortalities in a longitudinal nationwide population-based study.

METHODOLOGY
Subjects who participated in the Korea National Health and Nutrition Examination Survey conducted from 2008 to 2011 with available appendicular skeletal muscle mass data were analyzed. Mortality data up to December 2020 were retrieved from the National Death Registry.

RESULTS
Of the 17,920 subjects, 14,737 (82.2%) had neither DM nor sarcopenia (DM-/SP-), 1,349 (7.5%) had only DM (DM+/SP-), 1,425 (8.0%) had only sarcopenia (DM-/SP+), and 409 (2·3%) had both DM and sarcopenia (DM+/SP+). Compared to the DM-/SP- group, all-cause mortality was increased, with hazard ratios (HRs) of 1.29 (95% confidence interval [CI]: 0.97–1.73), 1.44 (95% CI: 1.12–1.85), and 1.88 (95% CI: 1.29–2.73) in the DM+/SP-, DM-/SP+, and DM+/SP+ groups, respectively, after adjusting for covariates. The data showed the DM+/SP+ group had the highest risk of overall mortality (p-for-trend = 0.042). Cardiovascular mortality was increased, with HRs of 1.34 (95% CI: 0.79–2.25), 1.39 (95% CI: 0.82–2.36), and 1.98 (95% CI: 1.04–3.77) in the DM+/SP-, DM-/SP+ and DM+/SP+ groups, respectively, compared to DM-/SP- group (p-for-trend 0.037).

CONCLUSION
The coexistence of DM and sarcopenia synergistically increased the risk of all-cause and cardiovascular mortality. Individuals with either disease may require more careful management to prevent the development of the other disease to reduce mortality.

KEYWORDS
diabetes, sarcopenia, mortality

PP-D-10

EFFECTIVENESS OF A DIABETES ONE-STOP CLINIC FOR TYPE 2 DIABETES PATIENTS IN A TERTIARY CARE HOSPITAL IN THAILAND

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INTRODUCTION
A multidisciplinary team approach is a strategy for optimizing care for patients with uncontrolled type 2 diabetes. However, the effectiveness of an integrated diabetes care team remains unclear.

METHODOLOGY
This study aims to evaluate the efficacy of a diabetes one-stop clinic, a multidisciplinary outpatient clinic that aims to provide integrated care for type 2 diabetes at Taksin Hospital. A multidisciplinary team, consisting of an endocrinologist, a certified nurse educator, a pharmacist, and a nutritionist, attended a weekly clinic at the Diabetes and Metabolic Care Center in Taksin Hospital. The integrated care team provides diabetes self-management and support, nutritional counseling, and diabetes management. To evaluate the change in their metabolic profile, a retrospective assessment of medical records for type 2 diabetes patients who visited a clinic between October 2021 and March 2022 and had HbA1c above 8%