

RESULTS

Of the 1114 participants with T2DM and cardiovascular comorbidities, 567 were female (50.9%), mean age of 69.6 years (SD 12.4), mean HbA1c 7.2% (SD 1.8) and 607 (54.5%) were obese. Within the period, the prevalence of SGLT2i and GLP-1RA prescriptions were 4.4% and 1.3% respectively. Most of these medications were prescribed by cardiologists (60.3%) and endocrinologists (39.6%). The prescription rate of these medications was low even if the rate of SGLT2i prescription has increased dramatically in 2020 ($p = 0.003$)

CONCLUSION

The prescription rates of SGLT2 inhibitors and GLP-1 receptor agonists were low, especially in type 2 diabetes mellitus patients with cardiovascular comorbidities, even with a proven benefit of reduced morbidity and mortality from cardiovascular events. These medications should be considered to be prescribed in high-risk patients to improve cardiovascular outcomes independent of A1C.

KEYWORDS

cardiovascular disease, Sodium-glucose co-transporter 2 inhibitors, glucagon-like peptide 1 receptor agonists

PP-D-13

DIRECT MEDICAL COSTS OF TREATING DIABETIC FOOT ULCERS AMONG ADULT FILIPINOS AT THE PHILIPPINE GENERAL HOSPITAL

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INTRODUCTION

Diabetic foot ulcers account for 16-20% of medicine admissions in the national referral center - the Philippine General Hospital (PGH). This study aimed to determine the direct medical costs of hospitalization for diabetic foot ulcers (DFU) among adult Filipinos.

METHODOLOGY

A cross-sectional analytic study design was used, with data taken from Filipino adults admitted for DFU from January to September 2019 and 2020.

RESULTS

There were 437 (308 from 2019, 127 from 2020) included patients, with 59% males, 45.31% from the National Capital Region, and 29.5% had hypertension as comorbidity. The mean age was 56.88 (range: 22-87, SD 11.66). The mean length of hospital stay was 15.5 days (1-102). Seventy

percent of the patients underwent surgery. The average cost per patient in 2019 was Php 60,925 (USD 1,177), and Php 82,610 (USD 1,595) in 2020. The highest cost was from medications (antibiotics), followed by diagnostics and then operation fees. For national health insurance (Philhealth) members, coverage is not sufficient for DFU admissions because it only subsidizes a maximum of 50-70% of the total cost among surgical cases. The most common operation done was below-the-knee amputation (45.7% in 2019, 41.6% in 2020), debridement (25.3% in 2019, 13.48% in 2020), and ray amputation (19.5% in 2019, 16.9% in 2020). Most cases were University of Texas Staging System IID (37% in 2019, and 44.6% in 2020).

CONCLUSION

The cost per DFU patient is financially catastrophic for the minimum wage Filipino because it costs at least 40% of the annual income.

KEYWORDS

diabetic foot ulcer, direct medical costs

PP-D-14

EFFECT OF MEAL SEQUENCING ON GLP-1 HORMONE AND POSTPRANDIAL GLUCOSE EXCURSION IN PRE-DIABETIC PATIENTS: A CROSSOVER TRIAL

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INTRODUCTION

Meal sequencing is a novel approach for improving postprandial GLP-1 and glycemic responses. Previous studies have found that consumption of a fiber-enriched diet, high-protein or high-fat diet before a high-carbohydrate diet increased GLP-1 secretion and lowered postprandial glucose excursion. To determine such responses in Thai pre-diabetic subjects, we performed meal sequencing patterns using common Thai meal viands including "boiled vegetables," "grilled pork," and "sticky rice."

METHODOLOGY

We conducted a crossover trial with a meal sequence test in 15 prediabetic adults aged 20 years or older. The participants ingested vegetables followed by meat and sticky rice (V-M-R) on day 1, vegetables with meat followed by sticky rice on day 2 (VM-R), and vegetables with meat and sticky rice on day 3 (VMR). GLP-1 levels and plasma glucose levels were measured at 0, 30, 60, and 120 min after ingestion.