

METHODOLOGY

This cross-sectional study was conducted in HoSHAS, a tertiary hospital in Temerloh, Pahang, Malaysia, in March 2023. All patients on treatment were included in the study. Electronic medical records were reviewed for patient demographic data and glycemic control at initiation, and the latest follow-up data were collected. The study aimed to determine the demographic profile of patients on empagliflozin and the difference in glycemic control between full-tablet empagliflozin (25 mg) and half-tablet empagliflozin (12.5 mg) in this cohort.

RESULTS

There were 167 patients on empagliflozin, which reflected a three-fold increase compared to 2021. The majority of patients (83%) were on half-tablet empagliflozin. The median age of patients was 54 (IQR: 44-63). Most were male (62.9%) and of Malay ethnicity (76.6%). In this cohort, 21.6% had a prior myocardial infarction, 10.8% with congestive heart failure, 22.2% with obesity, 73.7% with hypertension, and 46.7% with dyslipidemia. 23.4% of patients had diabetic retinopathy, while 19.2% had incident nephropathy. 57.5% and 38.9% of patients on empagliflozin were on concomitant insulin therapy and sulphonylurea, respectively. At the latest follow-up, 51.5% of patients had HbA1c below 8.5% with a mean HbA1c of 8.65 (SD = 1.9). There was no statistical difference in mean HbA1c reduction from initiation to latest follow up in the group on full-tablet and half-tablet empagliflozin 1.48% vs - 1.65%, $p > 0.05$.

CONCLUSION

The use of SGLT2 inhibitors must be maximized further to provide cardio-renal and metabolic benefits to high-risk type 2 diabetes patients while balancing costs. This study demonstrated that the prescription of whole or half tablets did not cause differences in glycemic control. Therefore, such practice can be adopted, but further studies on the long-term effects of the dose on cardio-renal and metabolic outcomes need to be explored.

KEYWORDS

empagliflozin, type 2 diabetes, HbA1c

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HEMIBALLISMUS: A RARE PRESENTATION OF UNCONTROLLED DIABETES MELLITUS TYPE 2

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CASE

Diabetic striatopathy is a rare acute movement disorder with a prevalence of 1 in 100,000. This is characterized by sudden, non-purposeful jerking movements secondary to non-ketotic hyperglycemia.

We report a case of an 80-year-old female with type 2 diabetes who came in due to right-sided hemiballismus with behavioral changes. Initial blood glucose was elevated with normal serum ketones. Glycated hemoglobin (HbA1c) was 13.7%, consistent with poorly controlled diabetes mellitus. On evaluation, T1-weighted hyperintensity signals involving the left lentiform nucleus were seen on magnetic resonance imaging, which was suggestive of diabetic striatopathy. She was given insulin therapy for glucose control and supportive medical management for the neurologic symptoms. Symptom relief was achieved on the third hospital day after good glycemic control was attained.

Proper identification and diagnosis are essential in managing diabetic striatopathy, with adequate glycemic control as the most effective therapeutic management.

KEYWORDS

type 2 diabetes, uncontrolled diabetes, hemiballismus, diabetic striatopathy, elderly