

MISCELLANEOUS

PP-M-01

A NEW CARE DELIVERY MODEL: DRUG REFILL SERVICES (DRS) IN A BUSY ENDOCRINE CLINIC OF A TERTIARY MEDICAL CENTRE

<https://doi.org/10.15605/jafes.038.AFES.119>

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INTRODUCTION

A stable and trustworthy healthcare practitioner-patient relationship is of critical importance in chronic care delivery. The quality of outpatient health care services in the public sector is often limited by physician manpower which might be enhanced by a new care delivery model—Drug Refill Services (DRS) involving pharmacists taking on an active role in patient care in the outpatient clinics.

METHODOLOGY

DRS was delivered via a doctor-pharmacist team-based co-care delivery model. Patients fulfilling the DRS inclusion criteria would see a doctor at a more prolonged duration as compared to the usual non-DRS routine, with added regular interim consultations by pharmacists. Thereby, the doctor would be allowed more time to spend on other new and/or complex cases.

RESULTS

Since the inception of the DRS program in January 2018, 200 patients with endocrine diseases fulfilling the inclusion criteria were recruited until December 2022. A total of 669 pharmacist-DRS consultations (658 DRS clinic attendances and 11 telephone interviews during the COVID-19 pandemic) were recorded. Follow-up durations by doctors became longer, from 28 weeks to 62 weeks on average. The total number of pharmacist consultations with drug-related problems identified was 119 (17.7%). The number of episodes when a doctor was consulted by a pharmacist during pharmacist consultations was 18 (2.7%). The DRS led to enhanced drug compliance, reduced frequency of doctor visits, and lengthened follow-up duration by doctors.

CONCLUSION

With the help of pharmacists, the DRS has successfully improved the quality of patient care and lengthened the doctors' visit follow-up duration of stable patients with diabetes, thereby releasing the capacity for doctors to see more new/complex patients with endocrine diseases every week in the busy outpatient diabetic clinic in the public sector.

KEYWORDS

diabetes, pharmacist, team-based, drug-refill, endocrinologist

PP-M-02

ELEVATED LP(A) IS A RISK FACTOR FOR PREMATURE ISCHAEMIC HEART DISEASE IN A MULTI-ETHNIC COHORT

<https://doi.org/10.15605/jafes.038.AFES.120>

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INTRODUCTION

Elevated plasma lipoprotein(a) [Lp(a)] is a common inherited condition independently associated with ischaemic heart disease (IHD). A Mendelian randomisation study recently suggested that elevated plasma Lp(a) concentrations confer a similar causal risk as heterozygous familial hypercholesterolemia for premature IHD.

METHODOLOGY

This study was a cross-sectional analysis aimed to assess whether elevated Lp(a) concentrations were associated with premature IHD in a South-East Asian cohort. Plasma Lp(a) levels were measured in consecutively recruited patients with IHD who were admitted to the hospital. Information on the age of diagnosis of IHD and the presence of comorbidities at the time of initial diagnosis of IHD were obtained from history taking and electronic medical records. Premature IHD was defined as IHD diagnosed <45 years of age for males and <50 years for females. The relationship was examined by regression model adjusting for age, gender, ethnicity, diabetes, hypertension, hyperlipidaemia and smoking.

RESULTS

Of the total of 521 patients included, 82.2% were male, 46.5% were newly diagnosed with IHD, and 9.5% had premature IHD. The median age was 63.4 years while the median age of onset of IHD was 59.2 years. Our multi-ethnic cohort included Chinese (49.3%), Malay (31.3%), Indian (12.7%) and other (6.7%) ethnicities. The Lp(a) distribution was positively skewed to the right for all ethnicities. At the 90th and 95th percentiles, Lp(a) concentrations were ~155 nmol/L and 195 nmol/L, respectively. Univariable and multivariable regression analysis identified Lp(a) ≥155 nmol/L to be associated with premature IHD.

CONCLUSION

Elevated Lp(a) was associated with premature onset of IHD in our multi-ethnic cohort. Lp(a) levels should be routinely measured in all individuals with established or at high risk for IHD. More studies are required to evaluate the Lp(a) threshold that would be clinically useful to identify individuals at risk for premature IHD.

KEYWORDS

hypercholesterolemia, Lp(a), ischaemic heart disease, premature IHD

PP-M-03

WHEN THE ENEMY IS NOT HIDING: A CASE OF SEVERE CUSHING'S SYNDROME SECONDARY TO ACTH-SECRETING NASAL PARANGLIOMA

<https://doi.org/10.15605/jafes.038.AFES.121>

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CASE

Ectopic secretion of ACTH is often an endocrine emergency because of its intensity of hypercortisolism. Only 5% of paragangliomas of the head and neck region are hormonally active. A 35-year-old Malaysian female developed a generalized seizure. She had Cushingoid features with profound hypokalemia and hyperglycemia. She had elevated levels of morning cortisol (12,136 nmol/L, >19 times elevated) and 24-hour urine cortisol (71,442.6 nmol/day, >60 times elevated), unsuppressed cortisol following overnight dexamethasone test, and elevated ACTH (49.9 pmol/L). Imaging studies revealed a locally invasive sinonasal tumour extending into the cranium with bilateral adrenal gland hyperplasia. Ketoconazole and metyrapone combination therapy failed to control hypercortisolemia. Etomidate infusion was then started preoperatively in preparation for bilateral adrenalectomy. Tumour resection was performed successfully via endoscopic and transcranial approaches. Pathological examination confirmed neuroendocrine tumour cells of low Ki-67 proliferative index with positive staining for ACTH.

KEYWORDS

severe Cushing's syndrome, ectopic ACTH secretion, head and neck paraganglioma

PP-M-04

BILATERAL FEMORAL FRACTURE IN A YOUNG FILIPINO FEMALE WITH PROBABLE AUTOIMMUNE POLYENDOCRINE SYNDROME TYPE 4

<https://doi.org/10.15605/jafes.038.AFES.122>

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CASE

Autoimmune polyendocrine syndrome (APS) type 4 is a clustering of at least two or more endocrine diseases which do not fall into other APS categories. A 35-year-old Filipino female with a height of 127 cm sustained bilateral distal femoral pathologic fractures from a low-impact fall. She underwent bilateral minimally invasive plate osteosynthesis. Secondary osteoporosis was attributed to chronic steroid use (prednisone 10 mg for 24 months) for rheumatoid arthritis, premature ovarian failure at 20 years of age without hormone replacement therapy and persistently elevated TSH amid high-dose levothyroxine (4.25 µg/kg/day). A consideration of celiac disease was also made. APS is a rare complex syndrome which may lead to various complications. The presence of hypogonadism, hypothyroidism, celiac disease, rheumatoid arthritis, inadequately treated hypothyroidism and chronic steroid use further increased the risk for secondary osteoporosis. Early screening and treatment would have prevented the occurrence of pathologic fractures.

KEYWORDS

autoimmune polyendocrine syndrome, hypothyroidism, pathologic fracture, premature ovarian failure, primary hypothyroidism