

## PP\_A005

### GLYCAEMIC CONTROL AND UTILIZATION OF SODIUM-GLUCOSE COTRANSPORTER-2 INHIBITOR AND DIPEPTIDYL PEPTIDASE-4 INHIBITOR THERAPY IN A TERTIARY HOSPITAL DIABETES CLINIC IN PAHANG

<https://doi.org/10.15605/jafes.038.S2.12>

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#### INTRODUCTION

Holistic Type 2 Diabetes Mellitus (T2DM) management requires a multifactorial approach encompassing targeted lifestyle modification and diabetes education, glycaemic, blood pressure and lipid control and initiation of therapy with cardiovascular and renal benefits. The main aim of this multifactorial approach is to reduce microvascular and macrovascular complications in patients. The prescription of dipeptidyl peptidase-4 inhibitor (DPP4i) and sodium-glucose cotransporter-2 inhibitor (SGLT2i) therapy has been recommended in guidelines. Despite the increasing prescriptions, evaluation is needed to determine the true intended benefits of these drugs.

#### METHODOLOGY

This is a cross-sectional study which included all T2DM patients who attended the diabetes follow-up clinic in Hospital Sultan Haji Ahmad Shah Temerloh in 2022. Demographic data, HbA1c control and current diabetes treatments were reviewed and collected from the hospital health information system.

#### RESULT

There were 514 T2DM patients who attended the diabetes clinic, accounting for a total of 1346 clinic visits in 2022. Mean age of patients was 53.3 (SD 15.1) years and duration of follow-up in the clinic was 3.7 (SD 2.4) years. There were 52.5% (n=270) enrolled female patients and 81.9% (n=421) were of Malay ethnicity. Analysis of the latest HbA1c results revealed a median of 8.5% (IQR 3.4%). However slightly more than half of the patients had HbA1c more than 8.5% (50.7%, n=257). DPP4i treatment was present in only 17.2% (n=87) of the patients, of which only 39.1% achieved HbA1c levels below 8.5%. SGLT2i treatment was present in 28.6% (n=145) of patients with 51.7% achieving HbA1c level below 8.5%.

#### CONCLUSION

This study reflects a huge burden of care in achieving glycaemic control in T2DM patients with varying degrees of complications in a tertiary hospital in Pahang. Prioritizing and maximizing treatment with SGLT2 inhibitors therapy reflect the changing paradigm to achieve glycaemic control in patients with added cardio-renal benefits.