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Perception, Awareness and Knowledge of Menopausal Transition in Malaysia

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Raha MN, Amini F, Seghayat MS
School of Healthy Aging, Medical Aesthetics, Regenerative Medicine, Faculty of Medicine and Health, Malaysia

INTRODUCTION
Perimenopause starts several years before the actual menopause and it is a difficult coping time in women's life. The fluctuating hormonal level causes physical, physiological and psychological changes in a woman. These symptoms coupled with socioeconomic factors may negatively affect the quality of life. Knowledge of perimenopause and menopause, symptoms management and positive perception may improve health, comfort and happiness. This study aims to find out the level of knowledge and awareness of menopause and its management, beside prevalence of menopausal symptoms in a perimenopausal group of women.

METHODOLOGY
A cross-sectional study was conducted. Self-administered questionnaires were distributed and retrieved from perimenopausal women aged 40 to 51 years old. They were enrolled during clinic visits in the General Practitioner clinic.

RESULTS
A total of 182 participants were recruited. Majority were Malay (77%), had secondary school education (36.3%), and were married (85.7%). Only 47.8% had normal BMI. The mean knowledge score was 11.60±3.63. 54% had good knowledge on definition of menopause and menopausal symptoms management. A significant association was observed between level of knowledge and marital status, (p=0.002), educational background (p=0.038), and number of children (p=0.02). Perimenopausal symptoms were prevalent, notably the musculoskeletal symptoms, lack of energy, sleep disturbances and mood swing. However, there was poor awareness in attributing these symptoms to perimenopause despite the high incidence reported. Only a mere 14.8% were aware of methods to help ease symptoms. Women of perimenopausal age perceive menopause more positively compared to younger women.

CONCLUSION
This study suggests that about half of participants had poor level of knowledge about perimenopause. Harnessing this knowledge will likely influence their health and treatment seeking behaviour. A concerted effort by media, magazines, educational programmes and active discussion with the health providers are invaluable.

PP-12

Continuous Glucose Monitoring Evaluation of Replacing Insulin Glargine U100 with Insulin Glargine U300 and Hypoglycemia in Type 2 Diabetes Mellitus (CERAH)

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Hui-Chin W, Kheng-Chiew C, Luqman I, Sharmila Sunita P, Jeyakantha R, Lee-Ling L, Shireene Ratna V, Siew-Pheng C, Alexander Tong-Boon T
Division of Endocrinology, Department of Medicine, University Malaya Medical Centre

INTRODUCTION
Despite being the most potent glucose-lowering agent, optimization of insulin therapy is often confounded by the risk of hypoglycemia. Insulin glargine U300 (Gla-300) has equivalent glycemic efficacy but with benefit of a lower risk of hypoglycemia than glargine U100 (Gla-100). There has been no prior study on the risk of hypoglycemia comparing Gla-100 and Gla-300 using continuous glucose monitoring system (CGMS) among T2DM patients.

METHODOLOGY
This pilot project was a prospective, single-arm study. We recruited patients with T2DM who had previously experienced hypoglycemia while on Gla-100 and then were switched to Gla-300. We assessed the differences in hypoglycemic events measured by CGMS, the percentage of time below target range (<3.9 mmol/L and <3.0 mmol/L) and time within target range (3.9 – 7.8 mmol/L), before and 4 weeks after switching Gla-100 to Gla-300. The secondary outcomes were the changes in glycemic variability, HbA1c level, fructosamine level, dose of basal insulin and body weight from baseline to prior and 4 weeks after insulin switch.

RESULTS
Among the 60 patients who consented, 48 (80%) completed the study (mean age 63.4 years, disease duration 22.9 years). After switching to Gla-300, the number of CGMS detected clinically significant nocturnal hypoglycemia (<3.0 mmol/L) was reduced (0.275 vs 0.126 events per patient day, P=0.032). In those with nocturnal hypoglycemia, the percentage of nocturnal period below 3.9 mmol/L was significantly reduced with Gla-300 (15.96 vs 7.99%, P=0.027). Both HbA1c (8.269 vs 7.99%, P<0.001) and fructosamine (280.063 vs 248.125 umol/L, P<0.001) improved during Gla-100 phase. HbA1c level further reduced significantly (7.99 vs 7.77%, P=0.001) with no change in insulin dose and weight after 4 weeks of Gla-300. There was no change in glycemic variability.

CONCLUSION
Gla300 (switch from Gla-100) is effective within a short duration (4 weeks) in reducing the risk of clinically significant nocturnal hypoglycemic events and the percentage of time below range during nocturnal hours.