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Vildagliptin Efficacy in Combination with Metformin for Early Treatment of T2DM (VERIFY): Baseline Characteristics of Enrolled Participants from Malaysia

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INTRODUCTION

Durable glycaemic control can delay diabetic complications and lead to improved quality of life in people with type 2 diabetes mellitus (T2DM). The ongoing VERIFY trial is the first study that aimed to determine the durability of glycaemic control with an early combination of vildagliptin and metformin versus metformin monotherapy in drug-naïve people with T2DM. Here we report the baseline characteristics of the subjects enrolled in the ongoing VERIFY study in Malaysia.

METHODOLOGY

VERIFY is a 5-year, recently concluded, multi-national, multi-ethnic, randomised, double-blind, two-arm, parallel-group study conducted across 34 countries in 254 centres. We randomised 28 participants from multi-ethnic population in Malaysia (global, n=2001), age ranged between 18–70 years, having glycated haemoglobin (HbA1c) levels between 48–58 mmol/mol (6.5–7.5%) and body mass index (BMI) 22–40 kg/m². Baseline measurements including HbA1c, fasting plasma glucose (FPG) and homeostasis model β -cell and insulin assessments were obtained at the screening visit, or at the next visit prior to initiation of metformin up-titration.

RESULTS

Among the patients randomized, there were 57.1% women; the median (\pm SD) disease duration was 1.1 \pm 3.22 months; mean (\pm SD) age was 49.9 \pm 10.04 years; weight 76.8 \pm 8.35 kg, and BMI 30.2 \pm 3.75 kg/m². A total of 7.1% of participants were smokers. Baseline HbA1c was 6.9 \pm 0.2% and FPG was 6.6 \pm 0.81 mmol/L. The global HOMA-% β and % sensitivity values were 84% (60, 116) and 46% (31, 68), respectively.

CONCLUSION

The population in this VERIFY study reflects the presence of insulin resistance with increased demand for insulin, and obesity. This study will provide information on opportunity for therapeutic intervention that focuses on durability of early glycaemic control.

PP-16

Hyperglycaemic Emergency Admission, Post-Discharge Care and 6-months Outcome in Hospital Bentong

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INTRODUCTION

Diabetic ketoacidosis (DKA) and hyperglycemic hyperosmolar state (HHS) are two acute complications of diabetes with increased morbidity and mortality if not treated appropriately. Outcome and follow-up care of patients after recovery and discharge for DKA/HHS is relatively under-reported and unknown. The aim of this study was to assess DKA and HHS admission and post-discharge care and outcome.

METHODOLOGY

This is a cross-sectional study including all patients with DKA and HHS admitted to Hospital Bentong from January 2017 to December 2018. Clinical records were reviewed for demographics, DKA/HHS characteristics, post-discharge care and diabetes control after 6 months.

RESULTS

44 patients with validated hyperglycemic emergency diagnosis were recorded during study period. 70.5% (n=31) for DKA and 29.5% (n=13) for HHS admission. Mean age of patients was 55.5 years old (SD 16) with predominantly females 55% (n=24). 90% (n=40) of patients had Type 2 diabetes mellitus. Two (4.5%) patients had diabetic emergency as first presentation of diabetes diagnosis. 6.8% (n=3) of the patients required ventilation