

and ICU admission. Mean length of hospital stay was 5.8 (SD 3.7) days and mortality rate was 6.8%. Upon discharge, 38.6% (n=17) followed-up in nearby health clinics, 20.4% (n=9) in medical outpatient department (OPD), 15.9% (n=7) in general OPD, 13.6% (n=6) in other hospitals and 4.5% (n=2) with private GPs. 6.8% (n=3) of patients defaulted their follow-up in Hospital Bentong (MOPD and OPD) with unknown outcomes. Patients who had follow-up in Hospital Bentong, had 6.25% readmission rate within 6-months of discharge with no documented mortality. Mean HbA1c was 10.67% (SD 3.68). 62.5% (n=10) of patients had documented proteinuria. 75% (n=12) of patients were on insulin therapy with mean total daily dose of 49.5 (SD 9.7) units.

#### CONCLUSION

There are significant pitfalls in follow-up of patients after hyperglycaemic emergency admission, evidently with poor glycaemic control. A standardized follow-up protocol with comprehensive monitoring is needed for these patients with continuous emphasis on glycaemic targets to prevent diabetic complications.

## PP-17

### Prevalence of Non-Alcoholic Fatty Liver Disease in Patients with Type 2 Diabetes Mellitus

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Elaine C,<sup>1</sup> Sue Wen L,<sup>1</sup> Fauzi Azizan AZ,<sup>1</sup> Athirah A,<sup>1</sup> Ahmad Hasif A,<sup>1</sup> Nur Adilah MN,<sup>1</sup> Shobhana S,<sup>2</sup> Jan C<sup>2</sup>

<sup>1</sup>Department of Medicine, Hospital Tuanku Ampuan Najijah, Kuala Pilah

<sup>2</sup>Department of Radiology, Hospital Tuanku Ampuan Najijah, Kuala Pilah

#### INTRODUCTION

The prevalence of NAFLD is increasing but has not been frequently studied in Malaysian population. NAFLD is associated with risks such as Type 2 Diabetes Mellitus (DM), obesity and dyslipidemia. We aim to study the prevalence of NAFLD amongst Type 2 DM patients and identify its correlation with Hba1c, Triglyceride, Low-Density Lipoprotein, High Density Lipoprotein levels and BMI.

#### METHODOLOGY

This is a cohort study reviewing patients with Type 2 DM who are under MOPD, HTAN follow-up from year 2012. Patients with Type 2 DM who met the inclusion criteria were selected and subjected to ultrasonography. Data analysis was done using chi square test.

#### RESULTS

A total of 525 patients were recruited, however there was a drop-out of 250 patients. 105 of 275 patients (38.2%) had NAFLD. In our study, we found that the prevalence of NAFLD was more in patients with higher BMI ( $\geq 23$  kg/m<sup>2</sup>). 40.2% of patients with BMI  $\geq 23$  kg/m<sup>2</sup> had NAFLD versus 20.7% of patients with BMI  $< 23$  kg/m<sup>2</sup> (p=0.040). The prevalence of NAFLD was also more in patients with higher triglyceride levels (triglyceride  $\geq 1.7$  mmol/L); 46.8% of patients with triglyceride  $\geq 1.7$  mmol/L had NAFLD versus 32.3% of patients with triglyceride  $< 1.7$  mmol/L (p=0.015). This was also the same for persons with diabetes with HbA1C level of  $\geq 6.5\%$ . 41.0% of patients with HbA1c level  $\geq 6.5\%$  had NAFLD as compared to 26.4% of patients with HbA1c  $< 6.5\%$  (p=0.050).

#### CONCLUSION

The prevalence of NAFLD was higher in patients with higher BMI ( $\geq 23$ kg/m<sup>2</sup>), triglyceride levels ( $\geq 1.7$  mmol/L), and Hba1c levels ( $\geq 6.5\%$ ). Therefore, it is vital to address these risk factors to reduce the prevalence of NAFLD in patients with type 2 DM.