

hospital-based diabetes clinics (Hospital Putrajaya, Hospital Selayang, Hospital Kuala Lumpur, and Hospital Tuanku Ja'afar). The primary outcome was HbA1c reduction at 6 months of dulaglutide therapy, while the secondary outcomes were HbA1c reduction at 12 months and weight loss at 6 and 12 months.

RESULTS

In this study, the patients' mean baseline age, HbA1c and weight were 54 years old, 8.33% and 91.2 kg, respectively. The mean absolute reduction of HbA1c at 6 months was -0.93% and -0.87% at 12 months. The percentage of patients that achieved $\geq 2\%$, 1-2% and 0.5-<1% HbA1c reductions were 16%, 28% and 21% at 6 months, respectively, and 17%, 33% and 11%, at 12 months, respectively. For the secondary outcome analyses, patients experienced a mean weight loss of 3.73 kg at 6 months, and 4.83 kg at 12 months. The percentage of patients that achieved ≥ 10 kg, 5-10 kg and 1-<5 kg weight reductions at 6 months were 13%, 25%, and 34%, respectively; and at 12 months, 16%, 22% and 41%, respectively.

CONCLUSION

Dulaglutide therapy was shown to be effective in reducing HbA1c and weight at 6 and 12 months of therapy in Malaysian patients with type 2 diabetes currently treated with at least two or more OGLDs, with or without insulin.

EP_A024

MINIMED™ 780G ADVANCED HYBRID CLOSED-LOOP SYSTEM IN TYPE 1 DIABETES DURING RAMADAN: A SINGLE CENTRE EXPERIENCE

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INTRODUCTION/BACKGROUND

The MiniMed™ 780G automated insulin delivery system has improved outcomes for people with type 1 diabetes. In Putrajaya Hospital, most patients with type 1 diabetes fall in the high-risk category and are advised to avoid fasting during Ramadan, yet many still choose to observe it.

METHODOLOGY

We aim to review the effectiveness and safety of the MiniMed™ 780G use during Ramadan. We report a prospective observational, single-centre study of Type 1 diabetes patients using the MiniMed™ 780G during Ramadan 2024. Four patients were selected and had

their CareLink personal data extracted before and during Ramadan to examine safety and glycemic metrics. Changes were made to their pump settings when necessary.

RESULTS

All patients were able to fast for more days with the MiniMed™ 780G compared to previous years, with a mean of 13.5 days (8-20 days) on the pump vs 8.3 days (3-12 days) on basal-bolus insulin. All our patients demonstrated hyperglycemia after Iftar which needed 4-5 hours to resolve. Three of 4 patients developed hypoglycemia 1-4 hours before iftar requiring intervention. One patient developed one episode of severe hypoglycemia requiring hospitalization. No patients developed diabetic ketoacidosis. The average TIR was 72% before Ramadan and 70% during Ramadan.

CONCLUSION

The MiniMed™ 780 G increased the number of days of completion in fasting among our patients. However, incidences of hypoglycemia and hyperglycemia persisted requiring adjustments in the pump settings throughout Ramadan. This system allowed our patients to fast confidently and safely. Improvement in the outcome is to be expected with continuous experience in the future.

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RECURRENT HYPOGLYCEMIA IN A TEENAGER WITH OBESITY: A CASE REPORT

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INTRODUCTION

Reactive hypoglycaemia is a condition of postprandial hypoglycemia occurring within 2 to 5 hours after meal intake. This condition is characterised by inappropriately increased blood insulin levels due to pancreatic over-activity to carbohydrates, most often refined sugars, thus producing hypoglycaemic symptoms. Recent studies have shown that the prevalence of T2D in obese children and adolescents is 0.18-7.9%, which is five times that in normal-weight individuals.

CASE

This is a case of a 16-year-old female with a BMI of 34.28 kg/m² who presented with frequent symptoms of hypoglycaemia, mainly palpitations, sweating, giddiness and syncopal attacks since January 2023. The frequency of symptoms was noted 5 to 6 times per week, commonly occurring 4 hours post-meal and after strenuous activity.