nephropathy being the most common (59.6%), followed by retinopathy and neuropathy. Approximately 5% of patients had macrovascular disease. More than two-thirds (70.8%) were on statin and half (56.9%) were on anti-proteinuria therapy.

CONCLUSION

Most patients with young-onset T2DM have poor glycaemic control despite being on intensive insulin therapy. Most patients fit the phenotype of obesity with metabolic syndrome suggesting possible insulin resistance, as opposed to depletion, as the key factor driving disease progression. Treatment strategies employed should focus on intensive lifestyle intervention and pharmacotherapy targeting weight reduction and insulin resistance as opposed to excessive insulin in this subgroup.

EP_A036

SCREENING AND TREATMENT OF DIABETIC KIDNEY DISEASE IN TYPE 2 DIABETES MELLITUS (T2DM) PATIENTS: A CLINICAL AUDIT AT HOSPITAL SULTAN HAJI AHMAD SHAH TEMERLOH, MALAYSIA

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INTRODUCTION/BACKGROUND

Diabetic kidney disease (DKD) is a global health challenge that has garnered increasing attention due to its significant impact on individuals and healthcare systems worldwide. In Malaysia, DKD accounted for the majority of new dialysis patients, increasing cardiovascular risk and hence, escalating healthcare expenses.

METHODOLOGY

This clinical audit aims to assess the screening and treatment of DKD among T2DM patients in Hospital Sultan Haji Ahmad Shah (HOSHAS), Temerloh, Pahang. All T2DM patients attending the diabetes clinic in HOSHAS from June to July 2023 were included in this clinical audit. Electronic medical records were assessed for demographic data, blood pressure and glycaemic targets, screening and treatment of macro- or microalbuminuria.

RESULTS

We included 141 patients in this audit. Of those, 63.8% were females, with a mean age of 52.8 ± 15.0 years and an average duration of diabetes of 13.0 ± 8.4 years. The screening rate for albuminuria was high (93.6%) but only 25.5% of the patients had further quantification of albuminuria. Overall, 31.9% achieved a blood pressure target of below 140/80 mmHg but only 19.0% with albuminuria achieved a BP target of below 130/80 mmHg. A total of 19.1% of patients achieved HbA1c of less than 7%. Among the patients with albuminuria, 71.2% were on ACE-i/ARB and 39% were prescribed SGLT2 inhibitors.

CONCLUSION

This audit highlights the importance of early detection and appropriate management of DKD in T2DM patients. Microalbuminuria assessment, optimal blood pressure and renal-modulation therapy are essential in preventing the progression of albuminuria and reducing the risk of ESKD in patients with diabetes.

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GLUTAMIC ACID DECARBOXYLASE (GAD) ANTIBODIES-ASSOCIATED LIMBIC ENCEPHALITIS AND DIABETES: A CASE REPORT

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INTRODUCTION/BACKGROUND

Glutamic acid decarboxylase (GAD) is an enzyme involved in producing the major inhibitory neurotransmitter Gamma-Aminobutyric Acid (GABA). GAD antibodies have been implicated in the pathogenesis of insulin-dependent diabetes mellitus (IDDM) and a few neurological diseases such as the case below.

CASE

A 24-year-old male presented with a one-week history of fever, gradual memory impairment, behavioural changes and seizure. On arrival, he was confused and disoriented. His blood glucose was 18 mmol/L, HbA1c of 12.3% with acidosis at pH 7.30, bicarbonate of 19.7, serum osmolarity of 282 mmol/L and urine FEME showed ketone 2+, glucose 3+.

The lumbar puncture CSF sample was acellular with normal cerebrospinal fluid protein. Serum autoimmune and paraneoplastic panels were negative. EEG showed seizure activity at the right frontotemporal region with clinical evidence of piloerection. His brain MRI was abnormal with hyperintensity and swelling of the right medial temporal lobe. Correlating the history, EEG and radiological changes, his diagnosis is supportive of limbic encephalitis with newly diagnosed diabetes mellitus. Intravenous