

RESULTS

A total of 40 patients completed the study, with 20 patients receiving Luseogliflozin and the rest were on standard medical therapy. The mean age and HbA1c for patients were 53.6 ± 7.6 years and $9.1 \pm 1.4\%$, respectively. There was a non-statistically significant increase in fasting blood ketones with the addition of Luseogliflozin compared to standard therapy (0.04 ± 0.12 vs 0.05 ± 0.15 mmol/L; $p = 0.735$). Similarly, there was a non-statistically significant increase in urine ketones (0.03 ± 0.3 vs 0.03 ± 0.1 mmol/L; $p = 1.00$). Correlation analysis demonstrated that the increased blood ketone levels were more likely to occur with higher HbA1c ($r = 0.324$; $p = 0.04$) and higher fasting blood glucose ($r = 0.447$; $p = 0.004$).

CONCLUSION

The addition of Luseogliflozin in T2D patients on moderate-dose insulin was not associated with a significant increase in fasting blood and urine ketone levels. However, those with higher HbA1c and FBS seemed to be more vulnerable to elevated blood ketone levels. Thus, this study suggests that Luseogliflozin is safe but should be used with caution in those with higher HbA1c and FBS.

EP_A043**RAMADAN FASTING AMONG TYPE 1 DIABETES MELLITUS PATIENTS IN A SINGLE TERTIARY CENTRE**

<https://doi.org/10.15605/jafes.039.S1.054>

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INTRODUCTION/BACKGROUND

Ramadan fasting among patients with Type 1 diabetes mellitus (T1DM) carries a higher risk given the nature of the disease and therapy used. Currently, Ramadan fasting practice among Muslim T1DM patients in our centre is not known.

METHODOLOGY

This is a questionnaire-based study done among Muslim patients attending the T1DM clinic in Hospital Putrajaya. All Muslim patients attending the clinic from January to April 2024 (before Eid) were given the questionnaire to fill out.

RESULTS

There were 56 respondents, 22 male and 34 female. The mean age was 30.2 years (± 8.04). The mean duration of illness was 13 years (± 8.39). The majority (79%) of the respondents received tertiary education. Most respondents (88%) have received advice from healthcare providers on

Ramadan fasting. Four out of 5 intended to fast during Ramadan. Out of those who intended to fast, 3 quarters had high risk based on the DAR-IDR (Diabetes and Ramadan-International Diabetes Federation) risk calculator. Among all the respondents, 80% had high risk, 18.2% had moderate risk and only 1.8% had low risk. In comparison to the actual risk, only about one-third of total respondents perceived themselves as having high risk, half perceived themselves as moderate risk and the rest felt they had low risk. Forty percent of the respondents correctly estimated their risk of fasting. In terms of diabetes disease knowledge, our respondents had a mean score of 11.7 (± 2.29). Two-thirds of the respondents achieved high scores, 30.4% had average scores and only 3.6% had low scores.

CONCLUSION

Among Muslim T1DM patients in our centre, the majority received tertiary education and had been advised on Ramadan fasting in the past. Despite having high risk, most opted to fast. Therefore, Ramadan fasting education must emphasize measures to fast safely.

EP_A044**CLINICAL UTILITY OF KIDNEY FAILURE RISK EQUATION IN DIABETES AND CHRONIC KIDNEY DISEASE**

<https://doi.org/10.15605/jafes.039.S1.055>

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INTRODUCTION/BACKGROUND

Heterogeneity in disease course and prognosis makes managing CKD difficult. An accurate risk stratification algorithm is crucial to predict CKD progression to ESKD for individualized management. The Kidney Failure Risk Equation (KFRE), developed in 2011, is the most widely validated prediction model for 2- and 5-year ESKD progression risk across multiple underlying etiologies with potential for clinical utility.