

did not show any significant association between self-adjustment of medication and hypoglycaemia ($P = 0.085$).

CONCLUSION

HCPs need to be aware and do close follow-ups among T2DM patients to prevent self-adjustment of medications during Ramadan. Self-adjustment of medication during Ramadan has no significant impact on glycaemic outcomes. Further studies are needed to explore other factors like medication adherence and dietary and lifestyle changes that may affect such outcomes.

EP_A048

IMPACT OF ADVANCED CARBOHYDRATE COUNTING INTENSIVE PROGRAM IN TYPE 1 DIABETES THROUGH WHATSAPP-BASED MONITORING

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INTRODUCTION/BACKGROUND

Advanced carbohydrate counting is a meal planning method that allows better flexibility and glycaemic control. However, adopting and maintaining this nutritional therapy for long-term effectiveness can be highly challenging for individuals with type 1 diabetes (T1D).

METHODOLOGY

Using technology to facilitate patient access and offer real-time feedback, we aimed to assess the effectiveness of a multidisciplinary collaboration educational program known as the Advanced Carbohydrate Counting Intensive Program (ACCIP). This retrospective observational study involves T1D patients enrolled in ACCIP via a WhatsApp-based group monitoring from July 2020 to December 2022 in Hospital Queen Elizabeth II. The study included patients who could send food diary photographs and perform carbohydrate counting via WhatsApp Group for at least two meals a day for seven days. HbA1c measurements were recorded at initiation, 3-to-6 months and 9-to-12 months after the program ended.

RESULTS

The analysis included 62 patients with T1D who met the inclusion criteria. There were 22 (35.5%) men and 40 (64.5%) women. The median age of patients was 31.0 ± 10.2 years, with a median diabetes duration of 8.5 years ±

7.8 years and a median initial HbA1c of 9.2% ± 2.9. A total of 40 (64.5%) patients were able to maintain advanced carbohydrate counting (ACC) 12 months after the program ended. Overall, median HbA1c decreased significantly 3-to 6 months following the ACC intensive program (-1.1%, $P < 0.01$). Reductions were maintained at 9-to-12 months but were not significant (-0.6%, $P = 0.086$). Subgroup analysis showed significant HbA1c reduction in patients who maintain ACC at 3 to 6 months (-1.5%, $P = 0.01$) and 9 to 12 months (-1.4%, $P = 0.02$).

CONCLUSION

Early and real-time intensive education in advanced carbohydrate counting via digital platforms may provide a long-term positive impact on glucose control. Larger clinical trials with structured programs are warranted to validate this positive impact.

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CEREBELLAR ATAXIA PRESENTING WITH LATE-ONSET AUTOIMMUNE DIABETES MELLITUS: A CASE REPORT

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INTRODUCTION/BACKGROUND

Glutamic acid decarboxylase antibodies (GAD-Ab) are the predominant autoantibodies present in most adult-onset autoimmune diabetes cases. Furthermore, high levels of GAD-Ab have been associated with neurological syndromes such as stiff person syndrome, cerebellar ataxia, epilepsy, limbic encephalitis and other overlapping syndromes. We present a patient who exhibited symptoms of cerebellar ataxia and new-onset diabetes mellitus

CASE

A 38-year-old female with a medical history of endometrial polyps presented with a one-month history of progressive gait instability and vertigo resulting in difficulty ambulating. She had also experienced polydipsia and polyuria for two weeks. Neurological examination revealed staccato speech and gait ataxia with bilateral dysmetria and dysidiadochokinesia. No nystagmus or diplopia was observed. Power and tone were normal, with hyperreflexia in the left bicep and patella. Her glucose level at presentation was 28.9 mmol/L with no ketoacidosis. Cranial MRI was unremarkable, and CSF analysis showed lymphocytic