

pleocytosis with elevated protein levels. CSF screening for infection, paraneoplastic antibodies and oligoclonal bands yielded negative results. Her CSF GAD-Ab was positive, and her serum GAD-Ab was markedly elevated (280 IU/L), as were her anti-islet cell antibodies (87.5 IU/mL). Her HbA1c was 10.9%, with evidence of proteinuria but no diabetic retinopathy. She was managed with intravenous (IV) immunoglobulin and methylprednisolone followed by oral steroids, with subsequent improvement in her ataxic gait. Her diabetes was managed with basal-bolus insulin.

#### CONCLUSION

Autoimmune cerebellar ataxia is a rare condition that can be associated with high levels of GAD-Ab and, frequently, autoimmune diabetes. As this condition may result in chronic disabling neurological impairment, prompt diagnosis to facilitate treatment is imperative.

### EP\_A050

#### UNDERPRESCRIPTION OF SGLT2i IN TYPE 2 DIABETES PATIENTS WITH CARDIORENAL DISEASE IN A PUBLICLY FUNDED TERTIARY CENTER IN MALAYSIA

<https://doi.org/10.15605/jafes.039.S1.061>

**Kuok Jie Luk, Tze Hau Ho, Sugenthiran Muagan, Nazri Ab Kahar, Ken Seng Chiew**

*Department of Internal Medicine, Hospital Sultan Ismail, Johor Bahru, Malaysia*

#### INTRODUCTION/BACKGROUND

Large-scale randomized controlled trials have proven that sodium-glucose cotransporter-2 inhibitors (SGLT2i) significantly reduce risks of atherosclerotic cardiovascular disease (ASCVD), heart failure (HF) and chronic kidney disease (CKD) in patients with type 2 diabetes (T2D). However, TARGET-T2D has shown that the use of guideline-directed medical therapy with SGLT2i is suboptimal even in Greater Kuala Lumpur, which has the highest mean household incomes in Malaysia.

#### METHODOLOGY

We hypothesize that the use is even lower in our centre. This cross-sectional clinical audit involves all patients aged 18 years and older with T2D who visited the general medicine clinic of Hospital Sultan Ismail from 31st March to 4th April 2024. Their electronic medical records were reviewed for the presence of ASCVD, HF and CKD, and SGLT2i prescriptions.

#### RESULTS

A total of 224 patients were included. After excluding those with eGFR <20 ml/min/1.73 m<sup>2</sup>, 175 patients were identified.

Among them, 116 (66.3%) have at least one cardiorenal disease. Fifty patients (28.6%) have ASCVD, 31 (17.7%) have HF and 92 (52.3%) have CKD. However, only 29 (25%) are on SGLT2i. Interestingly, it was higher than the 13.2% reported by TARGET-T2D for general medicine clinics in Greater Kuala Lumpur. Aside from 3 patients who received hospital-funded SGLT2i, most (89.7%) are self-funded.

Among the 87 patients with indications to start SGLT2i but are not on it, six were recommended to purchase the medication but could not afford it. The other 81 patients did not receive such advice. None had SGLT2i withheld due to urogenital tract infections or euglycemic diabetic ketoacidosis.

#### CONCLUSION

SGLT2i remains critically underused in T2D patients with cardiorenal disease. Increasing public funding for SGLT2i could help bridge the gap between evidence and clinical practice. Even if public funding is not sufficient, health professionals should advise patients with indications to start SGLT2i to self-purchase, considering its overwhelming clinical benefits.

### EP\_A051

#### ASSESSING THE IMPACT OF EXERCISE ON BLOOD SUGAR CONTROL: A STUDY AMONG HOSPITAL STAFF IN TELUK INTAN, MALAYSIA

<https://doi.org/10.15605/jafes.039.S1.062>

**Choon Peng Sun, Ahmad Affan Hassannuddin, Nalini Panerselvam**

*Hospital Teluk Intan, Malaysia*

#### INTRODUCTION/BACKGROUND

With Malaysia experiencing a high prevalence of diabetes mellitus and obesity, emphasis is placed on promoting healthy lifestyle interventions such as dietary modifications and, notably, exercise. Exercise enhances insulin sensitivity, aids in managing blood glucose levels and promotes weight reduction.

#### METHODOLOGY

This research aims to determine the impact of exercise on glycemic control by investigating the effect of a 3-kilometer walk on glucose levels. The study was exclusive to hospital staff. Blood glucose levels were measured using a glucometer before and after the 3-km walk. The walk was conducted without breaks, and participants refrained from consuming food or drinks during the activity.