

CONCLUSION

Significant weight reduction was observed at 1 year, similar to other studies. Most patients reported the greatest weight loss during the first three months, possibly due to the diuretic effect of SGLT2i. Though HbA1c did not show a significant reduction in our cohort, the insulin TDD was slightly lower at 12 months, which may translate to a long-term reduction in healthcare costs. Limitations include fewer patients on dapagliflozin as this medication was only recently available in our facilities. Future studies should include a follow-up period with data on cardiovascular and renal outcomes.

EP_A057**NEVER TOO OLD FOR AUTOIMMUNE DIABETES: A CASE REPORT OF LADA DIAGNOSED IN AN ELDERLY PATIENT**

<https://doi.org/10.15605/jafes.039.S1.068>

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INTRODUCTION/BACKGROUND

Latent autoimmune diabetes of adults (LADA) is characterized by slow, progressive immune-mediated destruction of pancreatic islet cells, accounting for 2-12% of diabetes in adults. It is diagnosed in individuals more than 30 years old with positive diabetes-autoantibody. Diagnosis can be challenging and sometimes delayed as these patients fit neither type 1 nor type 2 diabetes phenotypes.

CASE

We report a case of late diagnosis of LADA in a 70-year-old male who was presumed to have type 2 diabetes mellitus (T2DM) and initially presented with multiple episodes of diabetic ketoacidosis (DKA) four years ago.

A 70-year-old Chinese male was diagnosed with T2DM 4 years ago and was started on treatment with metformin, vildagliptin and premixed human insulin. Despite good compliance with treatment, HbA1c remained very high (10-12%). He did not have a history of DKA, had no family history of autoimmune disease, no previous COVID infection. He was lean with a BMI of 17 kg/m² and there were no features of insulin resistance.

He presented to the hospital with severe DKA (blood sugar 26.8 mmol/L, pH 7.003, HCO₃ 5 mmol, ketone 7 mmol/L), attributed to atypical pneumonia. He responded to antibiotics and insulin with dextrose infusion and was subsequently

discharged well with oral antidiabetic medications and basal insulin. However, after seven days, he was admitted again for severe DKA and was given intravenous steroids for adrenal insufficiency (AI). Subsequent cosyntropin tests ruled out AI. Diabetes autoantibody was requested and came back positive for anti-GAD, anti-ICA and anti-IA2. Treatment was shifted to basal-bolus insulin, resulting in improved HbA1c and no recurrence of DKA.

CONCLUSION

Diagnosis of LADA can be challenging. However, features of insulinopaenia such as DKA and the absence of clinical features of insulin resistance should raise clinical suspicion regardless of the patient's age of presentation.

EP_A058**TIME TO DISCONTINUATION OF SGLT2 INHIBITORS AMONG ADULTS WITH TYPE 2 DIABETES AT UNIVERSITI MALAYA MEDICAL CENTRE**

<https://doi.org/10.15605/jafes.039.S1.069>

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INTRODUCTION

Sodium-glucose cotransporter-2 inhibitors (SGLT2i) have emerged as a new guideline-directed medical therapy (GDMT) for managing cardiovascular-kidney-metabolic (CKM) syndrome. Understanding the pattern of SGLT2i discontinuation can help prevent unwarranted discontinuation of this GDMT and simultaneously develop interventions to mitigate its possible adverse sequelae. We aimed to evaluate the time to discontinuation of SGLT2i based on patient-, clinical- and medication-related factors among adults with type 2 diabetes (T2D) at the Universiti Malaya Medical Centre, Kuala Lumpur, Malaysia.

METHODOLOGY

We conducted a retrospective cohort study involving adults aged 18 years and above with T2D who were initiated with SGLT2i between January 2016 and December 2021. We used the Kaplan-Meier curves with log-rank tests to estimate the median time to SGLT2i discontinuation.