

Adult E-Poster

and favorable lipid profiles (HDL ≥ 1.2 mmol/L, LDL < 2.6 mmol/L) were protective. Moderate obesity (BMI 26.5–39.9) was universally associated with muscle gain, whereas severe obesity (BMI ≥ 40) showed mixed outcomes. Beta-blockers and hormones promoted muscle retention, while statins and protease inhibitors correlated with muscle decline.

CONCLUSION

Metabolic control, rather than BMI alone, plays a critical role in muscle retention among obese individuals. Glycemic and lipid optimization may be key in mitigating sarcopenia risk in metabolic obesity.

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EFFECTS OF SGLT2 INHIBITOR INITIATION ON INSULIN-TREATED TYPE 2 DIABETES PATIENTS: A SINGLE CENTRE EXPERIENCE

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INTRODUCTION

Sodium-glucose co-transporter-2 (SGLT2) inhibitors have revolutionized the management of type 2 diabetes mellitus (T2DM) by enhancing glycaemic control, promoting modest weight loss, and providing proven cardiovascular and renal benefits. The impact of SGLT2 inhibitors on insulin-treated T2DM patients has also been highlighted in major clinical trials. This study examines the effects of SGLT2 inhibitors in insulin-treated T2DM patients in a dedicated diabetes clinic, focusing on HbA1c, insulin dosage and regimen, and weight changes after six months of treatment.

METHODOLOGY

This retrospective study was conducted at the diabetes clinic of Hospital Sultan Haji Ahmad Shah. Insulin-treated T2DM patients who were initiated on SGLT2 inhibitors between June and August 2024 were included in the study. Patients on concomitant GLP-1 receptor agonist therapy were excluded. Electronic medical records were reviewed for patient follow-up records.

RESULT

Fifty patients were included in the study, with a mean age of 52.32 years, and a predominance of female patients (64%). 74% of the patients were initiated on empagliflozin. The initiation of SGLT2 inhibitors resulted in a 12% reduction in basal-bolus therapy, with insulin treatment being de-intensified to premixed insulin therapy. There was a modest reduction in total daily dose (TDD) of insulin

use (mean reduction 1.12 units, SD 19.4), HbA1c (mean reduction 0.36%, SD 1.8), and weight (mean reduction 1.02 kg, SD 7.5). 34% of patients experienced a reduction in TDD insulin use of more than 5 units, and 66% showed a reduction in HbA1c levels. In the empagliflozin-treated group, there was a greater reduction in TDD insulin and weight, while the dapagliflozin-treated group showed a greater reduction in HbA1c.

CONCLUSION

Initiation of SGLT2 inhibitors in insulin-treated T2DM patients has shown promising effects, supporting the initiative for insulin deintensification. However, further exploration and investigation are needed to assess the long-term metabolic effects and durability of SGLT2 inhibitor treatment.

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DIABETIC KETOACIDOSIS MANAGEMENT IN HOSPITAL SULTAN HAJI AHMAD SHAH (HOSHAS): A CLINICAL AUDIT

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INTRODUCTION

Diabetic ketoacidosis (DKA) is a serious condition and improper initial assessment and management may lead to undesirable outcomes and even death. This clinical audit aimed to evaluate adherence to DKA management in HoSHAS according to standardized national and local guidelines. The standards pre-determine by local standards were: (1) Severe DKA patients should be managed in an ICU/HDW setting; (2) All patients should be treated according to standardized guidelines (fluid and insulin therapy, observation) and achieve resolution of DKA within 24 hours of diagnosis; (3) All patients should be assessed by diabetes educators prior to discharge; (4) All patients should have a well-documented discharge and follow-up plan.

METHODOLOGY

This audit was conducted from November to December 2024, involving all adult patients (aged 18 years and above) who met the diagnostic criteria for DKA. Patients with concurrent cardiac disease, ESRD, elderly patients, and pregnancy were excluded. Patient demographics and clinical data were collected from electronic medical records.