

Adult E-Poster

cant distress. Patients with significant Emotional Burden were further screened for depression and anxiety using the Patient Health Questionnaire-9 (PHQ-9) and General Anxiety Disorder-7 (GAD-7).

RESULT

The cohort comprised 8 males and 26 females, with a mean age of 47.5 years. The median DDS-17 score was 2.0, with Emotional Burden having the highest median score (2.81), followed by Regimen-Related Distress (2.40), Interpersonal Distress (1.67), and Physician-Related Distress (1.25). Notably, 13 patients (38.2%) reported significant Emotional Burden, of whom 8 (61.5%) screened positive for depression (PHQ-9 ≥ 5) and anxiety (GAD-7 ≥ 5). Among them, 4 had mild depression and anxiety (PHQ-9 and GAD-7: 5–9), 1 had moderate depression and mild anxiety (PHQ-9: 10–14, GAD-7: 5–9), 1 had moderate depression and anxiety (PHQ-9 and GAD-7: 10–14), and 2 had severe depression and anxiety (PHQ-9 and GAD-7: 20–27). These patients were referred for psychiatric assessment. Additionally, 6 patients (17.6%) had significant diabetes distress (DDS ≥ 3).

CONCLUSION

This screening revealed a significant emotional burden among diabetes patients, previously unrecognized. Further studies need to be conducted for future recommendations for screening for diabetes distress and emotional burden in diabetes patients to improve patient outcomes and well-being.

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AUDIT ON ALDOSTERONE-TO-RENIN SAMPLING IN SCREENING FOR PRIMARY ALDOSTERONISM: SINGLE-CENTER, TERTIARY DISTRICT HOSPITAL EXPERIENCE

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INTRODUCTION

Aldosterone-to-renin ratio (ARR) sampling is the first line investigation for detection of hyperaldosterone-driven hypertension. Clinical practice guidelines (CPG) advocate testing the ARR in specific indications with special consideration in confounding factors, especially types of antihypertensive medicine. We aimed to determine the adherence of ARR sampling as outlined by CPG.

METHODOLOGY

We retrospectively evaluated ARR requests taken from January 2020 till December 2024 in Hospital Sultan Haji

Ahmad Shah. Demographic data associated with or without hypertension, indication for screening, interfering medications and outcomes were extracted from medical records.

RESULT

Out of 287 tests retrieved, only 222 were qualified for analysis. The median age was 34 (interquartile range, IQR 11) with 133 (59.9%) males. The medical duration of hypertension was 5 years (IQR 7). The majority of ARR sampling was sent for onset of hypertension less than age 40 ($n = 150$, 67.6%). Other indications were resistant hypertension ($n = 28$, 12.6%), hypertension with hypokalemia ($n = 28$, 12.6%), hypertension with adrenal incidentaloma ($n = 4$, 1.8%) and family history with hypertension onset of less than 40 or cardiovascular disease (CVD), $n = 4$, (1.8%). The ARR were found to be positive or indeterminate in 23 samples (10.4%); highest among cohort of hypertension with hypokalemia, $n = 12$ (42.9%) then adrenal incidentaloma and family history of young onset hypertension/ CVD (25% each) and later was resistant hypertension, $n = 4$ (14.3%). Hypertension onset of less than 40 only yields a 3.3% positivity rate ($n = 5$). Interfering medicines did not significantly impact ARR results. Of 23 samples, 15 (65.2%) were confirmed primary hyperaldosteronism.

CONCLUSION

ARR sampling was overly investigated among hypertensive less than 40 years old. Adherence to indications as per guideline recommendations needs to be strengthened to prevent wasteful resources.

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A CLINICAL AUDIT OF DIABETES CARE AMONG OLDER ADULTS ADMITTED TO MEDICAL WARDS: A SINGLE CENTRE EXPERIENCE

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INTRODUCTION

Diabetes mellitus is a global health concern, the proportion of people living with diabetes mellitus increases every year, particularly in older adults. The adherence to inpatient glycaemic care guidelines is low. This study aims to assess compliance with inpatient glycaemic care guidelines in medical wards in a single centre and identify areas for improvement. Secondary objectives include assessing the association of achievement of glycaemic targets with 30-day readmission and inpatient mortality rates.