

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.

EP_A190

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

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Mohd Hafiz Mohd Padzil, Chee Keong See, Jin An Teo, Chia Hui Lau, Saiful Shahrizal Shudim
Hospital Sultan Haji Ahmad Shah, Temerloh, Malaysia

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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Lim Tsu Min, Terence Ong Ing Wei, Lim Lee Ling
Pusat Perubatan Universiti Malaya, Kuala Lumpur, Malaysia

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.

Adult E-Poster

METHODOLOGY

A retrospective audit of the medical records was conducted for 348 patients living with diabetes admitted to wards 13 u and 11 u between 1st of April 2023 to 30th July 2023. Point of care standard was set based on Malaysia Endocrine and Metabolic Society inpatient glycaemic management guidelines. The definition of achievement of inpatient glycaemic target is when $\geq 80\%$ of blood glucose reading lies between 7.0 mmol/L and 10.0 mmol/L during the hospital stay. Statistical analyses were performed using SPSS version 28.0.

RESULT

Of the 348 patients, 142 (40.8%) of patients were Chinese, 101 (29%) Indians, 97 (27.9%) Malays with a mean age of 77. Overweight was seen in 151 (43.3%) of patients. Adherence to guidelines while using intravenous insulin was poor, highest at 40.6%. Inpatient glycaemic targets were achieved in 39% of patients admitted. Patients who did not achieve glycaemic goal targets had a higher rate of 30-day readmissions (67.3% versus 32.7%) and inpatient mortality (69.2% vs 30.8%), although statistically insignificant.

CONCLUSION

This study highlights low rates of compliance towards glycaemic care guidelines in medical wards 13 u and 11 u. There was inadequate monitoring, and more than half were found to be non-adherent to guidelines while patients were on continuous insulin infusion. This underscores the need for staff training and improved screening for diabetes complications. Future audits should focus on addressing these deficiencies to enhance patient outcomes.

EP_A192

A SURVEY ON PRACTICE OF INSULIN THERAPY AMONG HEALTHCARE PROVIDERS

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Mohd Fauzan Salleh, Khairunnisa' Jailani, Chin Voon Tong

Hospital Putrajaya, Putrajaya, Malaysia

INTRODUCTION

Effective insulin therapy is crucial in the management of type 2 diabetes mellitus (T2DM). While initiation and intensification are commonly practiced, insulin de-intensification—reducing or simplifying insulin regimens—remains less well described in clinical settings.

METHODOLOGY

This is a retrospective review of a cross-sectional survey conducted among healthcare providers who attended the

“Insulin Workshop for Healthcare Professionals 2024” at Hospital Putrajaya on November 14, 2024. All participants who completed the self-administered questionnaire were included. Data on professional background, insulin therapy practices, and pre- and post-workshop knowledge scores were analyzed.

RESULT

A total of 167 respondents participated in the survey, with 43% from hospitals and 57% from primary care. Most respondents had over 10 years of working experience (51.5%), followed by 5–10 years (38.3%), and less than 5 years (10.2%). The majority reported initiating insulin in outpatient settings (87.4%), intensifying therapy when appropriate (97%), and practicing insulin de-intensification (90%) in their practice. Additionally, 73.7% stopped insulin in selected patients. The mean knowledge score improved from 76.77% pre-test to 89.39% post-test following the workshop.

CONCLUSION

Insulin initiation and intensification are commonly practiced among local healthcare providers. A high proportion is also aware about insulin de-intensification and reported practicing insulin de-intensification and discontinuation, suggesting growing awareness of individualized diabetes care. The significant improvement in post-test scores highlights the effectiveness of structured educational interventions in enhancing knowledge related to insulin therapy and T2DM management. Despite limitations of the retrospective, self-reported design and lack of sample generalizability, these findings support the value of ongoing training to promote safe and evidence-based insulin use and promote safe de-intensification in clinical practice.

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PATIENTS' OUTCOME AND COMPLIANCE IN OBESITY CLINIC HOSPITAL KAJANG – A RETROSPECTIVE AUDIT OF WEIGHT LOSS INTERVENTIONS

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Varuna Shashti Dhevi Marimuthu, Elliyyin Katiman, Hazwani Aziz

Hospital Kajang, Selangor, Malaysia

INTRODUCTION

The primary goals of this audit were to assess outcome and compliance with the Obesity Clinic program Hospital Kajang. The outcomes were measured by weight change, blood pressure, low density lipoprotein (LDL), and glycaemic control. Compliance was assessed by the