

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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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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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

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number of defaulters and adherence to prescribed dietary recommendations.

METHODOLOGY

The audit was conducted by the Endocrine Team of Hospital Kajang starting from January till December 2024. A total of 37 patients who attended two or more sessions were included. Data was collected from patient records, including anthropometric, laboratory investigations and treatment adherence.

RESULT

The average baseline BMI of patients is 44.47 kg/m² and 37% of patients have diabetes. A total of 75.7% of patients achieved at least 5% weight loss throughout the follow-up. Mean weight reduction was 2.997 kg ($p = 0.012$). Systolic blood pressure ($p = 0.385$) and LDL ($p = 0.894$) did not show significant changes throughout follow-up. HbA1c among diabetes patients also showed no significant changes ($p = 0.243$). Adherence to treatment was reported in 75.7%, while 97.3% of patients returned for follow-up.

CONCLUSION

This audit demonstrates that the Obesity Clinic at Hospital Kajang is effective in facilitating weight reduction. While most patients achieved weight loss, clinical improvements in metabolic parameters were not statistically significant. Future interventions should focus on improving adherence to reinforce long-term outcomes.

EP_A194

AUDIT OF POST-THYROIDECTOMY COMPLICATIONS AT HOSPITAL TELUK INTAN

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INTRODUCTION

Thyroidectomy is a common surgical procedure performed for various thyroid conditions. While generally safe, evaluating post-thyroidectomy complications is crucial for improving patient outcomes. This study audits the incidence and types of complications following thyroidectomy at Hospital Teluk Intan.

METHODOLOGY

This retrospective audit analyzed medical records of patients who underwent thyroidectomy at Hospital Teluk Intan from January to December 2024. Data collected included patient demographics, surgical types, and complications within one year after surgery. Complications assessed were hypocalcemia, hemorrhage, vocal cord palsy, wound infection, and other rare events.

RESULT

A total of 33 thyroidectomy procedures were performed in 2024, comprising 21 total thyroidectomies and 12 hemithyroidectomies. The majority of patients were female (29 cases, 88%), with a mean age of 47 years.

The leading indication for surgery was suspicious nodules on fine-needle aspiration cytology (FNAC) (23 cases, 70%), followed by multinodular goiter (6 cases, 18%) and compressive symptoms (4 cases, 12%).

Histopathological analysis identified papillary carcinoma as the most common malignancy (12 cases, 36%), followed by follicular carcinoma (5 cases, 15%), secondary thyroid metastasis (1 case, 3%), and Hürthle cell carcinoma (1 case, 3%). Among benign cases, 12 were nodular hyperplasia (36%) and 2 were benign adenomas (6%).

Post-thyroidectomy complications occurred in 51% of cases, predominantly after total thyroidectomy. Hypocalcemia due to hypoparathyroidism was the most frequent complication (13 cases, 39%), with a strong correlation to thyroid mass size (9 cases). Vocal cord palsy occurred in 4 cases, with 2 involving larger thyroid mass. No cases of significant postoperative bleeding or infection requiring reoperation were reported. A Chi-square test revealed a significant association between the type of surgery, with total thyroidectomy being more frequently associated with postoperative hypocalcemia.

CONCLUSION

This audit highlights that post-thyroidectomy complications remain a significant concern, particularly following total thyroidectomy, with hypocalcemia being the most common adverse outcome. The findings underscore the importance of thorough preoperative assessment, surgical precision, and vigilant postoperative monitoring—especially for patients with larger thyroid masses or those undergoing total thyroidectomy.