Adult E-Poster

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EARLY REAL-WORLD EVIDENCE FOR THE USE OF ORAL SEMAGLUTIDE IN A TERTIARY CENTRE IN MALAYSIA

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INTRODUCTION
The efficacy of oral semaglutide has been well-demonstrated in the randomized controlled trials (RCT) of the PIONEER programme, but real-world evidence is lacking. We aimed to analyze the effects of oral semaglutide after six months of use in a real-world setting.

METHODOLOGY
In this prospective single-centre study, we analyzed the metabolic and renal outcomes of patients commenced on oral semaglutide for six months. Patients were seen in specialized diabetes clinics, and all other targets were managed according to the standard of care.

RESULT
A total of 177 patients were analyzed (mean age 56.3 ± 12.82 years, 46% male, mean duration of diabetes 16.2 ± 4.8 years, 38.3% had ASCVD, mean eGFR 46.3 ± 14.8 ml/min/1.73 m^2, 58% on insulin, 78% on SGLT2i, 67% on RAAS blockade). Baseline HbA1c, FPG, weight, BMI, and UACR were 7.91 ± 1.60%, 7.53 ± 2.78 mmol/L, 85.1 ± 21.2 kg, 33.5 ± 12.6 kg/m^2, and 9.8 mg/mmol (IQR 2.1-40) respectively. 80.2% tolerated semaglutide at a full dose of 14 mg daily, whilst 18.1% tolerated 7 mg daily. The discontinuation rate was 8.5%, mainly due to gastrointestinal side effects. Significant weight reduction, SBP, and HbA1c were seen with a mean difference of 3.12 kg (95% CI: 1.1 – 4.2, p <0.01), 3.76 mm Hg (95% CI: 0.6 – 6.9, p = 0.02) and 0.31% (95% CI: 0.1 – 0.4, p = 0.04) respectively. FPG and UACR showed an improving trend despite missing statistical significance, FPG: -0.15mmol/L (95% CI: -0.3 – 0.6, p = 0.053) and UACR: -9.8 to 7.7 mg/mmol (IQR -4.1 to -20, p = 0.19).

CONCLUSION
Most patients tolerated oral semaglutide at 14 mg well, with follow-up data showing significant improvement in weight, SBP, and HbA1c, comparable to that of RCTs.

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PRE-RAMADAN COUNSELLING IN ADULTS WITH TYPE 2 DIABETES (T2D) IN INSTITUT ENDOKRIN HOSPITAL PUTRAJAYA

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INTRODUCTION
Pre-Ramadan counselling is essential for safe fasting in Muslims with Type 2 Diabetes (T2D). Structured education on risk stratification, glycaemic monitoring, and medication adjustments reduces hypoglycaemia, hyperglycaemia, and dehydration risks. We audited outcomes before and after implementing pre-Ramadan continuous medical education (CME) for clinicians at Institut Endokrin Hospital Putrajaya (IEHPJ) to assess its impact on patient counselling.

METHODOLOGY
We conducted a retrospective study to audit pre-Ramadan counselling practices before (December 2024) and after (February 2025) CME implementation at IEHPJ using universal sampling from electronic medical records. We retrieved and reviewed records of all Muslim patients attending T2D clinics during the study period.

RESULT
This study included 693 patients, 309 from the pre-CME period and 384 in the post-CME period. There were 48.3% male patients with a mean age of 57.5 years (±12). Diabetes duration was >10 years at 62.5%. The mean HbA1c of our patients was 8.4% (±2.0). The majority of patients (91.6%) had eGFR >30 mL/min/1.73m^2. Regarding medications, 20.3% were on non-sulphonylurea oral glucose-lowering drugs with or without GLP-1-RA, while the remaining were on insulin and/or sulphonylurea. 16.1% were on a basal insulin regime, and 48.9% were on more complex multiple daily injection regimes.

Pre-Ramadan counselling significantly increased from 33.9% (105/309) pre-CME to 58.4% (230/394) post-CME (p <0.001). Even though most patients were on treatment regimens that predisposed them to hypoglycaemia during fasting, IDF-DAR risk scoring assessment remained low in both groups. Although IDF-DAR risk scoring improved from 13 to 42 patients after the CME, this was not statistically significant.