Adult E-Poster

CONCLUSION
CME improved counselling rates in our clinics, but gaps in risk assessment persist. Implementing structured protocols in the future could further reduce risks during Ramadan fasting.

EP_A197

VALIDATION OF IDF-DAR RISK SCORE FOR FASTING IN RAMADAN FOR ADULTS WITH DIABETES MELLITUS IN PRIMARY CARE

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INTRODUCTION
Fasting during Ramadan is a religious obligation for Muslims but poses health risks for individuals with diabetes mellitus. The International Diabetes Federation–Diabetes and Ramadan Alliance (IDF-DAR) introduced a risk stratification tool in 2021 to guide clinicians, though its utility in primary care settings remains limited.

METHODOLOGY
We conducted a retrospective cohort study on adults with diabetes attending government health clinics in Malaysia from April 15 to June 15, 2024. Medical records of those who attempted fasting during Ramadan were reviewed. The primary outcome was a composite of hypoglycaemia, hyperglycaemia, diabetes-related hospitalization, or dehydration leading to breaking the fast. The discriminative performance of the IDF-DAR tool was evaluated using the area under the receiver operating characteristic curve (AUC). Calibration was assessed via the Hosmer-Lemeshow test.

RESULT
A total of 310 patients were included (99% with type 2 diabetes). The mean age was 61 years, and the median diabetes duration was 7 years. Adverse fasting outcomes were observed in 18.4% of patients, with hypoglycaemia being the most common (13.5%). The IDF-DAR risk stratification tool demonstrated good discriminative ability, achieving an area under the ROC curve (AUC) of 0.78 (95% CI: 0.72–0.84). At the recommended cut-off for distinguishing low-moderate from high-risk categories, the tool achieved a sensitivity of 92.9% and a specificity of 40.9%. The Hosmer-Lemeshow goodness-of-fit test indicated poor agreement between observed and predicted adverse outcomes, with a statistically significant result (p <0.05).

CONCLUSION
The IDF-DAR risk stratification tool identifies high-risk patients fasting during Ramadan in primary care. However, its poor calibration highlights the need to refine the model to improve its predictive accuracy. Enhancing the tool's calibration could allow for better individual risk estimation and more precise clinical decision-making in diverse primary care settings.

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INCIDENCE OF HYPOGLYCEMIA FOLLOWING "INSULIN CHASE:" A SINGLE-CENTER CLINICAL AUDIT

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INTRODUCTION
Hyperkalemia poses a significant threat due to its potential to induce fatal cardiac arrhythmias. "Insulin chase," or a combination of intravenous insulin, calcium gluconate, and dextrose, is given to rapidly lower serum potassium levels. Potential risks of this regime include hypoglycemia. This study aims to determine the incidence of hypoglycemia following the administration of "insulin chase" in our center, explore associated risk factors, and assess adherence to blood glucose (BG) monitoring when this regime is administered.

METHODOLOGY
This was a retrospective observational study. Medical records of all adult patients who received insulin chase treatment at Hospital Putrajaya between January 1, 2023, and December 31, 2024, were retrieved and reviewed.

RESULT
A total of 187 patients received insulin chase during the study period. The mean age was 58 years (SD 15.9). The