thromboembolic risk. Emerging data suggests these changes reflect improved renal function and support their benefits. This study aimed to assess the impact of SGLT2 inhibitors on haematocrit in our patients with T2DM.

METHODOLOGY

This retrospective observational study involved patients with T2DM initiated on SGLT2 inhibitors at our center between January 2024 and September 2024. Patients were included if they received continuous empagliflozin for more than 3 months. We collected data on hemoglobin (Hb) and hematocrit (Hct) levels at baseline and up to 6 months post-initiation. Erythrocytosis was defined according to the 2016 WHO criteria: Hb >16.5 g/dL and/or Hct >49% in men and Hb >16 g/dL and/or Hct >48% in women.

RESULT

This study included 88 patients with T2DM (45 men [51.1%], 43 women [48.9%]) with a median age of 62.0 years (IQR 53-70). The cohort had a median diabetes duration of 10.0 years (IQR 4-19) and a median baseline HbA1c of 7.9% (IQR 6.7-9.8). After a median follow-up of 6.0 months (IQR 6-9), we observed significant increases in hematologic parameters: hemoglobin (12.9 ± 1.8 to 13.5 ± 1.6 g/dL, p <0.001), hematocrit (40.10 ± 5.3% to 41.3 ± 4.7%, p <0.001), and RBC count (4.75 ± 0.77 to 4.98 ± 0.72 × 10^{12}/L, p <0.001). HbA1c decreased by a median of 0.5% (IQR -1.0 to 0.0, p <0.001). Despite these hematologic changes, post-treatment erythrocytosis prevalence remained low at 5.7% (5/88), and no treatment discontinuation was required.

CONCLUSION

These findings demonstrate that while SGLT2 inhibitors predictably increase hematologic indices, the risk of clinically significant erythrocytosis remains low. The observed hematologic changes likely represent adaptive physiological responses contributing to empagliflozin's cardiorenal protective effects.

EP_A201

WILL YOU CARE FOR ME: PROTOCOL AND BASELINE CHARACTERISTICS OF THE PILOT CARDIOLOGY-RENAL-METABOLIC (CaReMe) INTEGRATED CLINIC IN MALAYSIA

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INTRODUCTION

At least one in three Malaysians living with type 2 diabetes (T2D) develops cardio-renal complications. Current management strategies are fragmented. The pilot, Cardiology-Renal-Metabolic (CaReMe) Clinic in Malaysia, aims to integrate care of patients with T2D by focusing on patient-centred, guideline-directed medical therapy (GDMT) use.

METHODOLOGY

This is a pilot CaReMe clinic in Southeast Asia that was established at our centre. Patients with T2D and renal or cardiovascular complications were recruited for weekly virtual clinics. These clinics involve multidisciplinary meetings between cardiology, nephrology, and endocrinology specialists. Patients' cases and current issues were high-lighted, medications reviewed, and management plans formulated. Patients were followed up every six months with data collected at baseline and every six months for two years to assess metabolic, cardiovascular, and renal outcomes, including patient-related quality-of-life measures (SF 12). Patients in the CaReMe cohort were compared against standard care by propensity score matching methods.

RESULT

One hundred forty-two patients have been recruited (mean age: 62.9 ± 11.4 years, 55.6% men). The mean baseline HbA1c was 8.9 ± 1.7 %, with a mean duration of diabetes of 18.2 ± 10.0 years. The mean BMI and waist circumference were 29.6 ± 6.9 kg/m^2 and 101.5 ± 15.3 cm, respectively. Majority of patients had hypertension (96.4%) and dyslipidaemia (95.0%). In terms of ASCVD, 28.2% had coronary artery disease, 12.0% had stroke, while 2.8% had peripheral arterial

disease. Within this cohort, 66.2% had CKD with a mean eGFR of 61.4 ± 30.5 mL/min/1.73 m^2 and a median uACR of 30.8 (6.05 – 111.3) mg/mmol.19.4% had heart failure, 16.2% had retinopathy, and 3.5% had peripheral neuropathy. A large proportion of patients were on insulin (71.1%), and GDMT uptake were as follows: SGLT2- inhibitors (90.1%), GLP1-RA (28.1%), RAAS-blockade (88.0%), and statins (93.0%).

CONCLUSION

The pilot Malaysian CaReMe clinics adopt a holistic, patient-centred implementation of integrated care to address gaps and improve outcomes in T2D. These virtual multi-disciplinary clinics can easily be implemented within resource-limited settings.

EP_A202

GLYCAEMIC OUTCOMES FOLLOWING INSULIN DE-INTENSIFICATION IN PATIENTS WITH TYPE 2 DIABETES MELLITUS: A RETROSPECTIVE OBSERVATIONAL STUDY IN A MALAYSIAN TERTIARY CENTRE

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INTRODUCTION

Insulin deintensification is the reduction, simplification, or cessation of insulin therapy. Despite its potential benefits, there is limited local data on real-world insulin deintensification practices. We investigated the impact of insulin deintensification on glycemic control among patients with type 2 diabetes mellitus (T2DM) attending outpatient follow-up at a Malaysian tertiary hospital.

METHODOLOGY

We conducted a retrospective observational study at the outpatient clinic of Hospital Sungai Buloh from January to December 2024. Adults with T2DM who underwent insulin deintensification were included. Patients with type 1 diabetes, gestational diabetes, or incomplete follow-up data were excluded. Primary outcomes were changes in HbA1c and pre-breakfast blood glucose (BG) levels. Secondary outcomes examined associations between diabetes duration and baseline HbA1c with glycemic outcomes. Paired t-tests and correlation coefficient tests were used for statistical analyses.

RESULT

A total of 33 patients were included. Most (n = 22) were initially on a basal-bolus regimen and subsequently de-intensified to premixed human insulin (n = 12), premixed analogue insulin (n = 7), oral agents (n = 2), or basal-only insulin (n = 1).

Among nine patients initially on human premixed insulin, five were switched to a premixed analogue regimen, two to oral agents, one to basal-only insulin, and one to basal analogue. Of the two patients on basal insulin, one transitioned to oral agents and the other to a premixed analogue regimen.

Nineteen patients had complete paired HbA1c data, with mean HbA1c improving from 10.36% (SD 2.70) to 8.93% (SD 2.49) (mean change −1.43%, $p = 0.003$).

Fifteen patients had complete pre-breakfast BG data, showing a mean reduction from 12.07 mmol/L (SD 3.86) to 9.90 mmol/L (SD 3.22) ($p = 0.037$).

Baseline HbA1c strongly correlated with follow-up HbA1c ($r = 0.76$, $p < 0.001$). Meanwhile, diabetes duration showed no significant association ($r = -0.24$, $p = 0.365$).

CONCLUSION

Insulin deintensification was associated with significant improvements in HbA1c and pre-breakfast BG levels, supporting its safe implementation in selected patients with T2DM. Baseline HbA1c was a strong predictor of post-intervention control. These findings highlight the potential for regimen simplification with structured follow-up and monitoring.

EP_A203

AN AUDIT OF CONTINUOUS GLUCOSE MONITORING ON GLYCAEMIC CONTROL AND METABOLIC PROFILES OF PATIENTS WITH TYPE 1 DIABETES MELLITUS AT A TERTIARY CENTRE

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INTRODUCTION

Type 1 Diabetes Mellitus (T1DM) is a chronic autoimmune disorder that results in absolute insulin deficiency and an elevated risk of both microvascular and macrovascular complications. Achieving optimal glycemic control is essential for preventing these complications. Continuous