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