median LOS was 4 days (range: 1–11). 28.6% transitioned successfully to OGLDs while 71.4% resumed de-intensified insulin regime. Successful deprescribing was noted in older patients (median: 68 vs 64; *p*-value 0.178), patients with lower baseline HbA1c (median: 8.7 vs 12; *p*-value 0.288) and higher RBS (median: 20.4 vs 18.2 mmol/L, *p*-value=1.00).

CONCLUSION

Although statistically insignificant, lower HbA1c may favour deprescribing success. These preliminary trends may inform future studies on safer deprescribing practices to prevent adverse outcomes and hospitalisations.

EP_A208

DIABETES REMISSION POST-BARIATRIC SURGERY: A SABAH PERSPECTIVE

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INTRODUCTION

Bariatric surgery is not only effective for weight loss but also improves obesity-related complications, including inducing diabetes remission. We aimed to investigate the effects of bariatric surgery on diabetes remission in our centre.

METHODOLOGY

We conducted an observational retrospective study of patients with type 2 diabetes who underwent bariatric surgery (Laparoscopic Sleeve Gastrectomy, Laparoscopic Sleeve Gastrectomy with Proximal Jejunal Bypass, Roux-en-y Gastric Bypass or Mini Gastric Bypass) between March 2022 and February 2024 at Queen Elizabeth Hospital 2. We gathered data on the patients' preoperative weight, body mass index (BMI), HbA1c, antidiabetic medications, diabetes duration, postoperative weight loss and percentage total weight loss (%TWL). Diabetes remission at 1-year post-surgery was defined as having an HbA1c of <6.3% without antidiabetic medications.

RESULT

Thirty-five patients were recruited with mean preoperative weight of 122.0±23.2 kg, BMI of 47.0±7.5 kg/m^2, HbA1c 7.7±1.7%, and median diabetes duration of 4.38 years (range 0.3-19.9). Average postoperative weight loss at 1 year was 34.7±13.6 kg with mean %TWL of 27.8±7.6%. Diabetes remission was achieved in 17 patients (49%). Factors significantly associated with remission were shorter diabetes duration (median 1.92 years [IQR: 1–4.5], p <0.001) and absence of insulin use (Crude OR 4.8, 95% CI: 1.1–20.1). No significant associations were found for preoperative HbA1c, BMI, type of surgery, or %TWL. Multivariate analysis identified diabetes duration as the sole independent predictor of remission.

CONCLUSION

Our findings support the effectiveness of bariatric surgery in achieving diabetes remission in patients with obesity, aligning with evidence from the STAMPEDE trial and DiaRem score studies. Shorter diabetes duration emerged as the strongest predictor of remission, while the types of surgery were of comparable benefit. Longer-term follow-up is warranted to assess the durability of remission.

EP_A209

ACUPUNCTURE AS AN ADJUNCT THERAPY FOR INSULIN RESISTANCE IN TYPE 2 DIABETES: A RANDOMIZED CONTROLLED TRIAL

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INTRODUCTION

Type 2 diabetes (T2D) remains a major global health challenge, including in Malaysia. Pharmacological treatments often face issues such as poor adherence and clinical inertia. This study aimed to evaluate the effects of acupuncture on insulin resistance in patients with T2D

METHODOLOGY

Forty-six patients with T2D were recruited and randomized into either the acupuncture group or the placebo control group. Both groups received 10 sessions of acupuncture therapy using press needles or placebo needles applied to the abdominal area over a period of six weeks, while continuing their standard T2D treatment regimen. Insulin resistance, measured by HOMA-IR, was assessed at baseline and post-intervention. Adverse events were monitored at every visit. The trial adhered to The Consolidated Standards for Reporting of Trials Statement (CONSORT) reporting guideline.

RESULT

The mean age was 55.67 ± 9.41 years, and the mean duration of diabetes was 7.58 ± 5.85 years. Acupuncture significantly reduced insulin resistance by 31.74% (mean HOMA-IR 4.12 ± 1.08) compared to the placebo control group, which