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

Adult E-Poster

showed a 12.01% increase (mean HOMA-IR 5.57 ± 1.16) (p <0.05), regardless of baseline adjustments. Within-group analysis also showed a significant reduction in HOMA-IR in the acupuncture group (from 6.08 ± 1.27 to 4.12±1.08, p <0.05). However, no significant between-group differences were observed in the prevalence of poor HOMA-IR post-intervention, possibly due to the short intervention duration and the shorter needle lengths used. No adverse events were reported, except for one case of mild pain at the needle insertion site.

CONCLUSION

Acupuncture may serve as an effective adjunct therapy for improving insulin resistance in patients with T2D. Future studies with extended treatment duration and longer needles are recommended to validate these findings.

EP_A210

CLINICAL OUTCOMES OF A MULTIMODAL APPROACH COMBINING LOW-CARBOHYDRATE DIET AND PHARMACOTHERAPY FOR OBESITY MANAGEMENT

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INTRODUCTION

Obesity and metabolic syndrome increase the risk of cardiovascular disease and type 2 diabetes. Effective weight management strategies are essential, including dietary modifications and pharmacologic interventions. This study evaluates the impact of a structured low-carbohydrate diet combined with pharmacologic therapy on metabolic parameters in patients attending the Low-Carb Clinic at Hospital Al-Sultan Abdullah, Universiti Teknologi MARA (UiTM), Puncak Alam.

METHODOLOGY

Forty-six participants (mean age 50 years, BMI 43.68 kg/m²) attended the clinic for 11.6 months. The intervention involved a low-carbohydrate diet (less than 130 g/day). Pharmacologic treatments included GLP-1 receptor agonists (Ozempic, Saxenda, Rybelsus, Trulicity) and weight loss agents (Duromine, Orlistat) in selected cases. Key assessments included anthropometric indices, glycaemic control, lipid and renal profiles, liver function tests, and blood pressure.

RESULT

The participants' mean age was 50 ± 12 years. 56.5% were female. Thirty-nine patients received GLP-1 receptor agonists; while twelve of them received other weight loss agents (Duromine and Orlistat), and two underwent bariatric surgery. Post-intervention, participants showed significant weight loss (mean -6.49 kg, p <0.01) and BMI reduction (-2.47 kg/m², p <0.01). Central adiposity decreased, including waist (-5.5 cm, p <0.01) and neck circumference (-1.8 cm, p <0.01). HbA1c dropped by 0.35% (p = 0.05). ALT decreased (-6.41 mmol/L, p = 0.011), indicating improved liver function. LDL increased by 0.36 mmol/L (p = 0.04), possibly due to increased fat intake. Fasting glucose, triglycerides, and blood pressure remained unchanged.

CONCLUSION

A low-carbohydrate diet combined with pharmacologic therapy, particularly GLP-1 receptor agonists, significantly improved weight, glycaemic control, and liver function. These findings support combining dietary and pharmacologic strategies for sustainable obesity management.

EP_A211

SUCCESSFUL WEIGHT LOSS POST-BARIATRIC SURGERY: A RETROSPECTIVE STUDY

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INTRODUCTION

This study aims to determine the percentage of patients who achieved successful weight loss at 12 months post-bariatric surgery. Successful weight loss is defined as achieving at least 50% excess weight loss (EWL) within one to two years.

METHODOLOGY

We conducted a retrospective review on patients who underwent bariatric surgery at Hospital Raja Permaisuri Bainun Ipoh from 2015 to 2024. Patients' data were obtained from laboratory databases and medical records.

RESULT

A total of 298 patients underwent bariatric surgery between 2015 and 2024 in our center. Only 108 patients with weight recorded at month 12 post-operation were included in our