

## Adult E-Poster

outcomes using data extracted from the laboratory and hospital information systems (LIS and HIS).

### RESULT

Out of 882 ARR cases, 428 were reviewed. Excluded cases included those with patients aged over 70 or under 16, tests taken outside UMMC, incomplete data, and patients who chose follow-up elsewhere or underwent 4-hour post-saline suppression tests. The cohort consisted of 47.4% females (203) and 52.6% males (225). Confirmed primary aldosteronism (PA) was identified in 13.1% of ARR cases on two antihypertensives, 9.6% on three, and 10.5% on four or more antihypertensives, compared to 0.9% in those not on treatment. PA was also more frequent among those with adrenal incidentalomas (10.1% vs. 4.3%) and those with hypokalemia (20.0% vs. 1.5%). A total of 333 ARR tests were performed in patients taking concomitant medications known to interfere with ARR results. Additionally, 113 ARR tests (26.4%) were performed without concomitant potassium measurements, among which 4 cases with confirmed PA were identified. While ARR testing is recommended to be performed in the morning, this protocol was not consistently followed in our cohort. Of the 428 ARR tests conducted, 24 (5.6%) were confirmed to have primary aldosteronism (PA).

### CONCLUSION

Our findings highlight the variability in ARR testing practices, particularly regarding the timing of tests and the influence of interfering medications. The results underscore the importance of adhering to clinical guidelines to optimize the diagnostic accuracy of ARR testing for primary aldosteronism.

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### FINDINGS OF GLYCAEMIC CONTROL AND OTHER PARAMETERS AFTER INSULIN DEINTENSIFICATION EXERCISE AMID INSULIN SUPPLY INADEQUACY IN A TERTIARY CARE CENTRE

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### INTRODUCTION

Our country has recently experienced a period of human insulin supply challenges which prompted different centres all over the country to come up with plans to reduce insulin usage while avoiding diabetes management failure.

An assessment after adhering to this plan is necessary to decide the efficacy and safety of such actions.

### METHODOLOGY

We reviewed the records of patients with Type 2 Diabetes Mellitus managed under the diabetes clinic Hospital Tengku Ampuan Afzan, Kuantan from July 2024 to November 2024. These patients underwent insulin deintensification based on the Pahang insulin deintensification guideline 2024. Their weight, fasting blood sugar (FBS), HbA1c and total daily insulin dose were recorded at baseline and subsequent follow-up. Data were compared and analysed using Microsoft Excel 2024 and IBM SPSS Statistics Data Editor Version 23.

### RESULT

Nine patients were included. They had a median diabetes duration of 12 (1-21) years. Mean HbA1c was 9.6 ( $\pm 2.6$ )% and median total daily insulin dose (TDD) was 28 (10-86) units. After a median follow-up duration of 4 (3-9) months, there was an improvement in mean HbA1c to 8.6 ( $\pm 1.6$ )% while TDD dropped by 42.8%. There was no improvement in FBS. Patients' weight also dropped by 4%. None of the patients were admitted for diabetic ketoacidosis but two of them had episodes of mild hypoglycaemia after initiation of sulphonylureas.

### CONCLUSION

While insulin remains the most potent treatment in resolving hyperglycaemia in Type 2 DM, in some patients, there is always a risk of over-insulinisation which may sometimes impair their supply. Despite being limited due to small sample size and short duration of follow-up, these findings provide a glimpse into the potential benefits in glycaemic control by optimising use of oral glucose lowering drugs subsequently reducing the reliance on insulin. However, cautious use of sulphonylurea is vital as some patients may still have normal insulin reserves.