

## Paediatrics E-Poster

many later showed elevated PTH levels, suggesting secondary hyperparathyroidism. None of the subjects were found to be vitamin D deficient. Prolonged fasting was identified as a significant risk factor for severe MBDP. Most subjects received low calcium levels alongside relatively high phosphate in parenteral nutrition. Less than 25% of the infants received Human Milk Fortifier (HMF) despite being primarily breastfed. Only two subjects received calcium supplements.

### CONCLUSION

The study highlights gaps in understanding mineral supplementation in MBDP and the underutilization of PTH screening. Routine phosphate supplementation without addressing calcium deficiency worsens secondary hyperparathyroidism and MBDP. The study recommends routine HMF usage, earlier PTH screening, and standardized guidelines to improve MBDP management.

## EP\_P003

### HEALTH SCREENING ANALYSIS OF HIGH-RISK PRIMARY SCHOOL STUDENTS OF SK SEKSYEN 7, BANGI

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### INTRODUCTION

Childhood obesity and metabolic disorders are growing concerns globally. This study examines the health status of primary school children in SK Seksyen 7, Bangi.

### METHODOLOGY

We conducted a cross-sectional study on 116 high-risk primary school students (aged 10 to 12 years old). Anthropometric measurements (weight, height, BMI, waist circumference) and physiological parameters (blood pressure, blood glucose) were recorded. We also performed BMI classification and assessed their metabolic risk.

### RESULT

Among the students, 78% were classified as obese, 13% were overweight, and only 9% had a normal body mass index (BMI). The glycemic results indicated that 97% of the students had normal glucose levels, while 3% were prediabetic. Additionally, only 20% of the students had a normal waist circumference measurement.

### CONCLUSION

The findings highlight the importance of routine health screenings to detect early endocrine disorders in children. Early intervention strategies, including lifestyle modifications, are essential to prevent future metabolic complications.

## EP\_P004

### VALIDATION OF DATA QUALITY IN THE MALAYSIAN PATIENT REGISTRY INFORMATION SYSTEM FOR TYPE I PAEDIATRIC DIABETES CASES

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### INTRODUCTION

Type 1 Diabetes Mellitus (T1DM) is a significant chronic condition in children, yet Malaysia lacks comprehensive population-based data on its prevalence and clinical features. To address this, the Patient Registry Information System – Non-Communicable Disease (PRIS-NCD) was developed within the Malaysian Health Data Warehouse (MyHDW) to enable longitudinal data collection. This study aimed to evaluate the validity of PRIS-NCD data following pilot implementation in a national paediatric referral centre.

### METHODOLOGY

One hundred twenty paediatric patients with T1DM under follow-up in Hospital Putrajaya were retrospectively notified into the PRIS-NCD registry. We assessed data validity by comparing 47 variables between registry entries and abstracted electronic medical records (EMR). The analysis focused on exact agreement rates and missing data percentages to determine concordance and completeness.

### RESULT

Of 120 cases, 115 were included in the analysis. The mean exact agreement between the registry and EMR data was 95.4% at diagnosis and 94.7% at follow-up. Most variables showed agreement rates exceeding 90%, except for BMI at diagnosis (86.8%), insulin test at diagnosis (88.6%), and microalbuminuria at follow-up (68.3%). Missing data were generally low in both datasets, with registry data showing slightly fewer missing values compared to EMR data despite being a secondary source.