PP-D-25

COMPARISON OF CLINICAL OUTCOMES OF TYPE 2 DM PATIENTS WITH OVERWEIGHT AND OBESITY VERSUS THOSE WITH NORMAL BMI

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Jennifer Lourdes Ng, Janine Audrei Pajimna, Margaret Encarnacion-Fernandez, Sweet Garllie Tappan, Gabriel Jasul Jr., Oliver Allan Dampil
Section of Endocrinology, Diabetes, and Metabolism, St. Luke's Medical Center, Quezon City, Philippines

OBJECTIVES
This study aimed to determine the difference in glycemic control, metabolic parameters (LDL, HDL, triglycerides, and blood pressure control) and the presence of retinopathy and/or nephropathy between overweight and obese versus normal body mass index (BMI) type 2 diabetes mellitus patients.

METHODOLOGY
This is an analytic cross-sectional study of type 2 diabetes mellitus patients from outpatient clinics at St. Luke's Medical Center, Quezon City. Available medical records and laboratory tests were reviewed. Data were analyzed and compared between those overweight and obese versus those with normal BMI based on Asia Pacific Guidelines.

RESULTS
A total of 248 patients with type 2 diabetes mellitus were included in the study. Patients who are overweight and obese have a significantly higher risk of having uncontrolled diabetes (p=0.011), low HDL (p=0.035) and albuminuria (p=0.027) compared to those with normal BMI. There were no significant difference between overweight and obese patients versus those with normal BMI with regard to BP control, high LDL, high triglycerides and retinopathy.

CONCLUSION
Type 2 diabetes mellitus patients who are overweight and obese have a higher risk of developing uncontrolled diabetes, low HDL and albuminuria compared to those with normal BMI.

PP-D-26

THE INFLUENCE OF RENAL FUNCTION ON EFFICACY AND SAFETY OF LUSEOGLIFOZIN ADDED TO EXISTING INTENSIVE INSULIN THERAPY

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Hazwani Aziz and Zanariah Hussein
Hospital Putrajaya, Putrajaya, Malaysia

OBJECTIVES
The primary objectives of this study were to determine the efficacy of luseoglifozin on reduction of blood glucose in different eGFR categories. The secondary objectives were to evaluate the changes in body weight, blood pressure, urine microalbumin and eGFR.

METHODOLOGY
This study is a multicenter, open-label, single arm, interventional cohort study. We assigned 105 type 2 diabetes patients on intensive insulin therapy. The patients were stratified to three groups according to baseline eGFR; normal/mild renal impairment group with eGFR >60 mL/min, mild-moderate impairment group with eGFR 45 to 60 mL/min and moderate-severe impairment group with eGFR 30 to 45 mL/min. All patients were treated with luseoglifozin and followed up for 24 weeks. This research was approved by an ethical committee.

RESULTS
There was significant HbA1c reduction at week 24 from baseline in normal/mild renal impairment group with median changes of -0.7% (± 1.4)(p<0.001). Fasting plasma glucose demonstrated significant reduction in normal/mild renal impairment group with mean difference of -1.69 mmol/L (-2.61, -0.77)(p<0.001) and in mild-moderate renal impairment group with mean difference of -1.69 mmol/L(-3.33,-0.06)(p 0.044). Body weight was significantly decreased in normal/mild renal impairment and mild-moderate renal impairment group with median change of -0.5 kg (±2.9)(p 0.011) and -0.75 kg (±2.0)(p 0.019) respectively. There was no significant change in blood pressure, urine microalbumin and eGFR. Hypoglycemia incidence was higher among patients in lower eGFR and all were mild hypoglycemia.

CONCLUSION
Significant improvement in glycaemic control and body weight reduction were observed after treatment with luseoglifozin, particularly in normal/mild renal impairment group.