



## PP-D-35

### THE CORRELATION BETWEEN HYPERTENSION IN COMBINATION WITH PROTEINURIA AND HEART FAILURE EVENTS IN T2DM PATIENTS (BUITENZORG STUDY PRELIMINARY REPORT)

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#### OBJECTIVES

The contribution of proteinuria in combination with hypertension to heart failure events has been shown in previous study, but little information is available in developing countries, particularly in a low-resource setting. This pilot study aimed to evaluate the risk of a history of hypertension and proteinuria as a potential early recognition of heart failure in adults with type 2 diabetes mellitus.

#### METHODOLOGY

This study was a multicentre and observational study with cross-sectional design approach. A total of 153 T2DM were enrolled from three internal medicine clinics in Bogor, West Java, between January 2018 and March 2018. They had been controlled and treated with their routine glucose lowering drugs. Echocardiography was used to evaluate their heart function in a real-world setting. More data were collected from the integrated retrospective data reserve in electronic or written medical records of each clinic.

#### RESULTS

Correlative analysis between hypertension and heart failure events was analysed using Spearman test. The stratum analysis between hypertension, proteinuria and heart failure events was also conducted using Chi-Square. All the statistical analysis used the significance p value of <0.05.

#### CONCLUSION

There was significant correlation between hypertension in combination with proteinuria with heart failure events in type 2 diabetic patients.

## PP-D-36

### EVALUATION OF IN-PATIENT HYPERGLYCEMIA MANAGEMENT AMONG NON-CRITICALLY ILL PATIENTS AT THE UNIVERSITY OF SANTO TOMAS HOSPITAL (USTH): A PROSPECTIVE STUDY

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#### OBJECTIVES

Approximately 64% of in-patients with hyperglycemia had pre-existing diabetes. This study aimed to assess adherence to in-patient hyperglycemia management guidelines and outcomes in non-critically ill patients at the University of Santo Tomas Hospital

#### METHODOLOGY

A prospective analytical study of in-patients with hyperglycemia or diabetes mellitus type 2 from September-December 2021 was done. A checklist based on recent in-patient hyperglycemia recommendations was used to assess management and conformity to guidelines.

#### RESULTS

A total of 127 patients were included. HbA1c was measured in 57% of these patients. The incidence of in-patient hyperglycemia was 36% with highest proportion among admissions for infection. The most common (28%) regimen on admission was resumption of home medications with modified dose. Standard hospital glucose monitoring [USTH Point-of-Care (POC) testing] was applied, however, occasional delays in testing caused lack of coordination between insulin injections and meals. Eighty-eight percent of elective surgery patients received pre-admission treatment for hyperglycemia. Referral to endocrinologists was done in 76 patients. A shift to insulin therapy for persistent hyperglycemia (>180 mg/dL) was done in 15% of patients who were insulin naive. Overall, target capillary blood glucose (CBG) range of 140 to 180 mg/dL was achieved in 97% of patients. The median CBG of 145 mg/dl on admission was lowered to 132 mg/dL on discharge (p<0.00001). Compliance to discharge and follow-up instructions were poorer among non-endocrinologists (p<0.0001).