



RESULTS

Ten RCTs were identified with a total of 3754 patients, 2468 intervention and 1284 control, and followed up for 4 to 52 weeks. The combined data showed that the primary endpoint, percent changes in LDL-C MD -25.81 [95 CI% -29.56, -22.06], was statically significant. Secondary endpoints were to assess the percent change from baseline for non-HDL-C -20.19 [95 CI% -23.42, -16.95] and apolipoprotein B -15.43 [95 CI% -17.09, -13.76] with a p value of <0.00. Two studies revealed that when adding it to dual therapy, 90% of patients achieved LDL-C <70 mg/dL, and 95% of patients had \geq 50% lower LDL-C from baseline to week 6; One study showed that adding PCSK9i lowered LDL-C by 30.3% vs placebo ($P<.001$).

CONCLUSION

Bempedoic acid significantly decreased LDL-C, non-HDL-C, and apolipoprotein B levels.

PP-OL-13

CORRELATION OF TG/HDL-C RATIO AND TyG INDEX WITH C-REACTIVE PROTEIN IN IMPAIRED FASTING GLUCOSE SUBJECTS

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OBJECTIVES

Prediabetes is an insulin resistant (IR) condition. The TG/HDL-C ratio and TyG index were associated with prediabetes and IR which are related to cardiovascular disease (CVD). HS-CRP is a marker of inflammation that is closely related to CVD. The aim of this study is to determine the correlation between TG/HDL-C ratio and TyG index with HS-CRP as a marker of chronic inflammation in impaired fasting glucose (IFG).

METHODOLOGY

Research subjects were taken from Makassar Lipid and Diabetes Study, an observational study which involved 92 prediabetic subjects aged 18-70 years old in Makassar City, Indonesia between January to April 2022. Triglyceride, HDL-C, FPG, and HS-CRP were examined. Level of HS-CRP >3-10 mg/L defined as a high risk of CVD. Impaired Fasting Glucose defined as fasting plasma glucose 100-125 mg/dL. Statistical analyses used were Kruskal-Wallis and Chi-Square tests.

RESULTS

The mean TG/HDL-C ratio was 4.88, TyG index was 4.92, and HS-CRP level was 4.53 ± 2.91 mg/L. The Chi Square test showed that there was no significant difference between TG/HDL-C ratio and TyG Index with high risk group of CVD (HS-CRP >3-10 mg/dL) among IFG subjects with $p=0.383$ and $p=0.584$, respectively.

CONCLUSION

Our results indicate that there is no statistically significant relationship between TG/HDL-C ratio and TyG index with HS-CRP in prediabetic IFG subjects.

PP-OL-14

OBESITY IN THE ASEAN REGION: INDONESIA'S PERSPECTIVE

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BACKGROUND

Obesity is a chronic, relapsing, multifactorial, treatable neurobehavioral disease in which an increase in fat mass causes adipose tissue dysfunction and physical fat mass abnormalities cause metabolic, biochemical, and psychosocial health problems. After smoking and armed violence, war, and terrorism, obesity is the third leading cause of social burden.

Indonesia, one of the countries with a large population of more than 270 million people, is the world's fourth most populous country. According to the Ministry of Health of the Republic of Indonesia's Basic Health Research, the prevalence of obesity in adults increased from 19.1 percent in 2007 to 26.3 percent in 2013 and 35.4 percent in 2018. Obesity is more prevalent in females than in males, at 44.4 percent and 26.6 percent, respectively. As a result, one in every three adults is obese. Overweight and obesity were prevalent in children at a rate of 20%, or one in every five children. According to the World Obesity Atlas (2022), Indonesia has 14 million females (14%) and 8 million males (8%) who are obese (BMI >30 kg/m²)

The situation is a health burden as well as a financial burden for individuals and the state. The potential impact of rising obesity rates is an increase in the prevalence of prediabetes (IGT) and diabetes in Indonesia, which were 10.2 percent and 5.7 percent in 2007, 29.9 percent and 6.9 percent in 2013, and 30.8 percent and 10.9 percent in 2018. According to the 2019 IDF Atlas, Indonesia has the world's third largest adult population with prediabetes, with 29.1 million people and



more recently, according to the 2021 IDF Atlas, Indonesia has the world's fifth largest population of adults with diabetes, with 19.5 million people. Overweight and obesity also contribute to the prevalence of diabetes, hypertension, and ischemic heart disease, which are 5,020,2 thousand, 11,147.5 thousand, and 282.7 thousand, respectively. Another burden is the loss of 6-10 productive years. This consumes about 8% to 16% of national healthcare, and the total cost (direct and indirect) for obesity in 2016 is USD 2-4 billion.

CONCLUSION

The Indonesian government is well aware of the situation and has made obesity and prediabetes prevention a priority. Obesity and prediabetes prevention and intervention programs have been developed by the Ministry of Health in collaboration with professional associations.

PP-OL-15

SERVICE EVALUATION OF A REAL-WORLD, DIGITALLY ENABLED, TIME RESTRICTED EATING PROGRAMME FOR ADULTS IN THE UK

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OBJECTIVE

Obesity and type 2 diabetes (T2D) remain global health challenges. Continuous energy restriction enables weight loss, but recently time-restricted eating (TRE) has gained traction. Limited data exists about its effectiveness in a real-world setting. Reset Health is a technology-enabled programme for people living with obesity and T2D delivered by clinicians and mentors. The aim of this service evaluation was to assess the impact of the Reset Health programme on weight, metabolic parameters, and other health-related outcomes.

METHODOLOGY

We enrolled 653 adults (mean age 46.3 ± 10.8 yrs, mean BMI 35.2 ± 6.4 kg/m², HbA1c 42.4 ± 12.5 mmol/mol; 61% White Ethnicity) with 114 having pre- (n = 59; 9.0%) or T2D (n = 56; 8.6%). Data were analysed at 12 and 24-weeks of the 244 completers and reported using mean \pm SD.

RESULTS

Members lost a significant amount of weight at 12- and 24-weeks, 7.7 ± 4.4 kg and 9.5 ± 5.9 kg respectively ($p < 0.001$). Waist circumference decreased by 11 ± 7.5 cm at 24 weeks ($p < 0.001$), with systolic blood pressure reducing by 6.6 ± 12.6 mm Hg ($p < 0.001$) and diastolic blood pressure by 4.2 ± 10.5 mm Hg ($p = 0.002$). HbA1c reduced by 4.5 ± 7.4 mmol/mol ($p = 0.05$) in all participants and 8.7 ± 9.2 ($p = 0.07$) in those with T2D. Quality of life improved over 24-weeks with significant reductions in depression (2.2 ± 3.4 , $p < 0.001$) and anxiety (1.9 ± 4.0 ; $p < 0.001$) scores. Eating behaviour improved with a reduction in binge eating and emotional eating scores (5.9 ± 8.1 ; $p < 0.001$; 0.69 ± 0.83 , $p < 0.001$, respectively), while restraint eating score increased (0.26 ± 0.62 ; $p = 0.001$).

CONCLUSION

Evaluation of a novel service using a clinically led, digitally enabled time restricted eating programme within a real-world population shows significant improvements in weight loss, health-related outcomes and eating behaviour.