

CONCLUSION

Insulin-induced peripheral neuropathy or TIDN is a rare condition. It is often misdiagnosed as other types of neuropathy, as TIDN presents similarly with diabetic peripheral neuropathy and many physicians may not be aware of this condition. The diagnosis of TIDN must be kept in mind when patients on high doses of antidiabetic agents present with severe neuropathic pain with or without autonomic dysfunction. This may be prevented by administering less aggressive therapy for sugar control.

PP-07

A TERTIARY CENTER EXPERIENCE IN USING THE 2021 IDF-DAR RISK CALCULATOR FOR PEOPLE WITH DIABETES BEFORE RAMADAN

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INTRODUCTION

Fasting during Ramadan carries considerable risks for patients with diabetes. Risk stratification identifies those at high risk for complications and guides our recommendations against fasting. Evolving from previous guidelines, the 2021 International Diabetes Federation - Diabetes and Ramadan (IDF-DAR) risk stratification system seeks to enable more personalized risk assessment by objectively evaluating 14 Ramadan-, disease- and patient-related risk variables.

METHODOLOGY

We used the new IDF-DAR risk calculator in Muslim patients with diabetes who attended usual follow-up at the diabetes clinic in Hospital Putrajaya starting five weeks prior to Ramadan 2021. Their intention to fast, baseline diabetes therapy and planned treatment adjustments for Ramadan were recorded. We also assessed the acceptance of this new tool among the attending doctors.

RESULTS

We assessed 210 patients (93.8% type 2 diabetes). Mean age was 54.6 years (range 16 to 82 years) and 59.5% were females. Majority had long-standing diabetes (69% ≥10 years), insulin-treated (69.5%) and had poor glycaemic control (57.6% with HbA1c ≥7.5%). Most were stratified into high (40.5%) and moderate risk (33.3%) categories which recommend against Ramadan fasting. Despite this, intention to fast was 98.6% and 81.2% in moderate and high risk patients, respectively. Of the 17 who opted not to fast, 94% (n=16) were assessed as high risk, 53% experienced hypoglycaemia and 35.2% had prior negative fasting experience. Attending doctors found the risk calculator to be simple and quick to administer.

CONCLUSION

The new IDF-DAR risk calculator is a comprehensive easy-to-use tool that considers numerous elements to provide a more complete and objective quantification of a patient's risk for complications during Ramadan. Intention to fast remains very high among those in high risk category. Attending doctors need to ensure appropriate recommendations against fasting are emphasized and practiced to reduce complications during Ramadan.

PP-08

SEX HORMONE DERANGEMENT IN POST-MENOPAUSAL CHRONIC LIVER DISEASE PATIENTS: A CASE SERIES

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INTRODUCTION

Healthy post-menopausal women will exhibit low estrogen, high follicle-stimulating hormone (FSH) and high luteinizing hormone (LH) levels. Abnormalities in these sex hormone levels will often trigger further investigations. Chronic liver disease is common in Malaysia, with chronic viral hepatitis as one of the most common causes. It is estimated that 1.17 percent of adult Malaysians have chronic hepatitis B (HBV) and 0.74% have chronic hepatitis C (HCV). High estrogen, low FSH and low LH are the common biochemical derangements among the patients with chronic liver disease.

RESULTS

The degree of post-menopausal sex hormone changes varied according to the degree of liver injury due to the underlying causes. In our case series, patients with higher Child-Pugh scoring and smaller liver size had higher estrogen and lower FSH and LH levels.

CONCLUSION

Sex hormone profiles for post-menopausal women with chronic liver disease show higher estrogen level with greater degree of liver cirrhosis. FSH and LH level then decrease as the degree of liver cirrhosis progresses.