#### **RESULTS**

Five hundred patients were recorded with mean age of  $58.7\pm SD1.49$  years and 64% male. The mean HbA1c at recruitment was  $9.86\pm SD1.2\%$ . More than 70% of patients were on insulin therapy. 22.4% had retinopathy, 23.2% had nephropathy and 10.4% had neuropathy. At latest follow-up, there was significant HbA1c reduction compared to initial recruitment (1.23 $\pm SD2.7\%$ , p<0.01). There was a 5% mortality and 10% defaulter rates in the 3 years of follow-up. DOSC concept may seem ideal but many barriers were identified impeding its implementation.

## CONCLUSION

Despite better HbA1c control, there are limitations in implementation of DOSC. Sustaining the provision of care requires optimal resources and manpower and maintenance of patient interest in diabetes care.

#### **KEY WORDS**

diabetes one-stop centre, diabetes, mortality

# **OA-D-15**

PREVALENCE OF METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (MRSA) COLONIZATION, RISK FACTORS AND ANTIBIOTIC SUSCEPTIBILITY PROFILE AMONG PATIENTS WITH ASYMPTOMATIC DIABETES MELLITUS TYPE 2

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## INTRODUCTION

Infection is one of the major causes of increased morbidity and mortality in individuals with diabetes mellitus. One of the bacterial pathogens associated with these infections is the methicillin-resistant *Staphylococcus aureus* (MRSA). This is probably because diabetes mellitus is one of the significant risk factors for MRSA colonization. Colonization of the said organism may act as an endogenous reservoir which places carriers at a greater risk for future infection. This study aims to identify the prevalence and risk factors for MRSA nasal colonization among individuals with diabetes mellitus in our locality and to determine the antimicrobial susceptibility of this organism. This will guide clinicians in the prevention and proper treatment of MRSA-related infections.

## **METHODOLOGY**

This is a prospective cross-sectional study which included adult Filipino patients with diabetes mellitus type 2. Nasal swab samples were obtained and analyzed for the presence of MRSA.

#### **RESULTS**

Among 103 diabetic patients screened for MRSA nasal colonization, the prevalence rate is 6.8%. History of antibiotic use showed a positive correlation with the presence of MRSA nasal colonization. The isolates exhibited resistance to benzylpenicillin/oxacillin (100%), clindamycin (42.9%), quinupristin/dalfopristin, vancomycin, and cotrimoxazole (14.3%).

#### CONCLUSION

The prevalence of MRSA in this population is higher compared with other Asian countries. Contrary to other studies, there were no diabetes related risk factors identified. In this population, history of antibiotic use plays a significant role in MRSA nasal colonization. Therefore, clinicians should have a high level of suspicion of possible MRSA caused infection in diabetic patients with history of antibiotic use. The presence of antimicrobial resistance to B-lactams, clindamycin, cotrimoxazole, and vancomycin should prompt clinicians to be cautious in prescribing such antibiotics especially in high risk patients wherein inappropriate or delayed treatment is detrimental.

### **KEY WORDS**

diabetes mellitus type 2, methicillin resistant staphylococcus aureus, nasal mucosa, carrier state

# **OA-D-16**

# EFFECT OF EXTRA VIRGIN OLIVE OIL ON POSTPRANDIAL BLOOD GLUCOSE IN PATIENTS WITH TYPE 2 DIABETES MELLITUS

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## INTRODUCTION

The burden of diabetes continues to rise despite the emergence of new medications. Hence, all possible treatment modalities including the use of our readily available herbs and oils are explored. Extra virgin olive oil (EVOO) is known for its cardiovascular effects and its effect on glucose lowering. However, there has been no study on the efficacy of extra virgin olive oil on glucose lowering among Filipino patients with Type 2 Diabetes Mellitus. The primary objective of this study is to determine whether a significant difference exists in the 2-hour postprandial blood glucose of meals containing EVOO and meals without EVOO in patients with Type 2 Diabetes Mellitus.