

Adult E-Poster

CONCLUSION

Although a significant number of RAR tests were performed, the majority yielded negative results, reinforcing the fact that primary aldosteronism remains a relatively rare condition compared to primary hypertension. The audit findings suggest that approximately one in ten tested cases were diagnosed with PA. These results highlight the importance of targeted screening to ensure appropriate patient selection for RAR testing, thereby optimizing resource utilization and timely intervention.

EP_A188

MELIOIDOSIS AND DIABETES MELLITUS IN HOSPITAL TELUK INTAN: AN AUDIT OF OUTCOMES AND THEIR ASSOCIATION WITH GLYCEMIC CONTROL

<https://doi.org/10.15605/jafes.040.S1.196>

Choon Peng Sun,¹ Nor Akmal Mokhtar,² Aida Syahirah Kamarudin²

¹Endocrine Unit, Medical Department, Hospital Teluk Intan, Perak, Malaysia

²Microbiology Unit, Pathology Department, Hospital Teluk Intan, Perak, Malaysia

INTRODUCTION

Melioidosis, caused by *Burkholderia pseudomallei*, is endemic in tropical climates and poses a heightened risk to individuals with diabetes mellitus, particularly those with poor glycemic control. Diabetes is a well-established risk factor for severe melioidosis, often resulting in worse clinical outcomes. This audit aims to assess the prevalence, clinical outcomes, and the relationship between glycemic control and melioidosis in patients treated at Hospital Teluk Intan in 2024. Notably, 42 cases of melioidosis were reported in Perak during the year.

METHODOLOGY

A retrospective audit was conducted on all confirmed melioidosis cases from January to December 2024. Data was collected from medical records and laboratory databases. Key variables include patient demographics, HbA1c levels, site of infection, length of hospital stay, ICU admission, and mortality. Patients were stratified based on HbA1c levels to assess glycemic control.

RESULT

In 2024, a total of 16 melioidosis cases were reported at Hospital Teluk Intan. The majority of patients were male (13), with 3 female patients. The mean age was 55 years. Of the cases, 12 patients were Malay, 1 was Indian, and 3 were foreign nationals. The mortality rate was 37.5% (6

patients), while 10 patients survived, aligning with reported mortality rates of 10–40% for melioidosis.

Among survivors, the average hospital length of stay was approximately 20 days. Of the 6 mortality cases, only 1 patient received ICU care due to limited bed availability. Type 2 diabetes mellitus (T2DM) was present in 13 out of 16 cases, with a mean HbA1c of 12.2%. Notably, 3 patients were newly diagnosed with diabetes during admission.

Melioidosis was diagnosed through blood cultures in 13 cases, while 3 cases were confirmed via tissue or swab cultures. Only 6 patients reported working in soil-related occupations, while the rest were pensioners or unemployed. Beyond T2DM, 2 patients had chronic kidney disease (CKD), and 1 patient had an underlying gastrointestinal malignancy.

CONCLUSION

This audit provides valuable insights into the burden of melioidosis in diabetic patients and the impact of glycemic control on disease severity. The findings may inform future clinical practices, emphasizing the importance of optimizing diabetes management to reduce melioidosis-related morbidity and mortality.

EP_A189

UNRAVELLING AN UNRECOGNIZED CAUSE OF DIABETES DISTRESS AMONGST DIABETES PATIENTS DURING WORLD DIABETES DAY 2024 SCREENING INITIATIVE

<https://doi.org/10.15605/jafes.040.S1.197>

Pei Sun Tan, Sue Wen Lim, Xin Yi Ooi, Hui Chin Wong, Jean Mun Cheah, Idris Diah, Saieehwaran Menon, Sy Liang Yong

Hospital Tengku Ampuan Rahimah, Klang, Malaysia

INTRODUCTION

In observance of World Diabetes Day 2024, with the theme Diabetes and Well-being: Physical, Mental, and Societal Health, a screening was conducted to assess diabetes distress among patients at the diabetes clinic of Hospital Tengku Ampuan Rahimah, Klang.

METHODOLOGY

A total of 34 patients participated in the Diabetes Distress Scale (DDS-17) screening, either self-administered or assisted by diabetes educators with informed consent. DDS-17 assesses four subscales: Emotional Burden, Physician-Related Distress, Regimen-Related Distress, and Interpersonal Distress. A mean score ≥ 3 indicated signifi-

Adult E-Poster

cant distress. Patients with significant Emotional Burden were further screened for depression and anxiety using the Patient Health Questionnaire-9 (PHQ-9) and General Anxiety Disorder-7 (GAD-7).

RESULT

The cohort comprised 8 males and 26 females, with a mean age of 47.5 years. The median DDS-17 score was 2.0, with Emotional Burden having the highest median score (2.81), followed by Regimen-Related Distress (2.40), Interpersonal Distress (1.67), and Physician-Related Distress (1.25). Notably, 13 patients (38.2%) reported significant Emotional Burden, of whom 8 (61.5%) screened positive for depression (PHQ-9 ≥ 5) and anxiety (GAD-7 ≥ 5). Among them, 4 had mild depression and anxiety (PHQ-9 and GAD-7: 5–9), 1 had moderate depression and mild anxiety (PHQ-9: 10–14, GAD-7: 5–9), 1 had moderate depression and anxiety (PHQ-9 and GAD-7: 10–14), and 2 had severe depression and anxiety (PHQ-9 and GAD-7: 20–27). These patients were referred for psychiatric assessment. Additionally, 6 patients (17.6%) had significant diabetes distress (DDS ≥ 3).

CONCLUSION

This screening revealed a significant emotional burden among diabetes patients, previously unrecognized. Further studies need to be conducted for future recommendations for screening for diabetes distress and emotional burden in diabetes patients to improve patient outcomes and well-being.

EP_A190

AUDIT ON ALDOSTERONE-TO-RENIN SAMPLING IN SCREENING FOR PRIMARY ALDOSTERONISM: SINGLE-CENTER, TERTIARY DISTRICT HOSPITAL EXPERIENCE

<https://doi.org/10.15605/jafes.040.S1.198>

Mohd Hafiz Mohd Padzil, Chee Keong See, Jin An Teo, Chia Hui Lau, Saiful Shahrizal Shudim
Hospital Sultan Haji Ahmad Shah, Temerloh, Malaysia

INTRODUCTION

Aldosterone-to-renin ratio (ARR) sampling is the first line investigation for detection of hyperaldosterone-driven hypertension. Clinical practice guidelines (CPG) advocate testing the ARR in specific indications with special consideration in confounding factors, especially types of antihypertensive medicine. We aimed to determine the adherence of ARR sampling as outlined by CPG.

METHODOLOGY

We retrospectively evaluated ARR requests taken from January 2020 till December 2024 in Hospital Sultan Haji

Ahmad Shah. Demographic data associated with or without hypertension, indication for screening, interfering medications and outcomes were extracted from medical records.

RESULT

Out of 287 tests retrieved, only 222 were qualified for analysis. The median age was 34 (interquartile range, IQR 11) with 133 (59.9%) males. The medical duration of hypertension was 5 years (IQR 7). The majority of ARR sampling was sent for onset of hypertension less than age 40 ($n = 150$, 67.6%). Other indications were resistant hypertension ($n = 28$, 12.6%), hypertension with hypokalemia ($n = 28$, 12.6%), hypertension with adrenal incidentaloma ($n = 4$, 1.8%) and family history with hypertension onset of less than 40 or cardiovascular disease (CVD), $n = 4$, (1.8%). The ARR were found to be positive or indeterminate in 23 samples (10.4%); highest among cohort of hypertension with hypokalemia, $n = 12$ (42.9%) then adrenal incidentaloma and family history of young onset hypertension/ CVD (25% each) and later was resistant hypertension, $n = 4$ (14.3%). Hypertension onset of less than 40 only yields a 3.3% positivity rate ($n = 5$). Interfering medicines did not significantly impact ARR results. Of 23 samples, 15 (65.2%) were confirmed primary hyperaldosteronism.

CONCLUSION

ARR sampling was overly investigated among hypertensive less than 40 years old. Adherence to indications as per guideline recommendations needs to be strengthened to prevent wasteful resources.

EP_A191

A CLINICAL AUDIT OF DIABETES CARE AMONG OLDER ADULTS ADMITTED TO MEDICAL WARDS: A SINGLE CENTRE EXPERIENCE

<https://doi.org/10.15605/jafes.040.S1.199>

Lim Tsu Min, Terence Ong Ing Wei, Lim Lee Ling
Pusat Perubatan Universiti Malaya, Kuala Lumpur, Malaysia

INTRODUCTION

Diabetes mellitus is a global health concern, the proportion of people living with diabetes mellitus increases every year, particularly in older adults. The adherence to inpatient glycaemic care guidelines is low. This study aims to assess compliance with inpatient glycaemic care guidelines in medical wards in a single centre and identify areas for improvement. Secondary objectives include assessing the association of achievement of glycaemic targets with 30-day readmission and inpatient mortality rates.