VIRTUAL MEDICAL RESEARCH SYMP SIUM



MEDICAL RESEARCH DURING PANDEMIC: ADAPTING & INNOVATING IN ADVERSITY

14TH DECEMBER 2021

ABSTRACT BOOK







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PC193

CLINICAL AUDIT ON TYPE 2 DIABETES MELLITUS PATIENTS IN A TEACHING PRIMARY CARE CLINIC IN KUANTAN, PAHANG

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Introduction: Type 2 Diabetes Mellitus (DM) is an important risk factor for cardiovascular disease and microvascular complications. Patients with DM require ongoing evaluation and monitoring. The indicator for good DM control is HbA1c \leq 6.5%, targeting at \geq 30% of DM patients per clinic. This audit aims to describe the patients' profile and identify the clinic performance in DM management at IIUM Family Health Clinic, Kuantan. Materials and Methods: This audit was performed in September 2021 by universal sampling. MOH Clinical DM audit instrument was used for collecting data from patients' diabetic records. Results: A total of 72 active DM patients were included. The majority are female (53%) and aged between 40 to 59 years old (65%). The prevalence of comorbidities for hyperlipidaemia, hypertension and overweight were 90%, 60% and 70% respectively while the prevalence of DM complications were low except diabetic kidney disease (27.8%) and ischemic heart disease (9.7%). 18% of patients achieved HbA1c ≤6.5% with only 75% patients had done routine HbA1c test. The other indicators for clinical monitoring of diabetesrelated complications have achieved target except fundoscopy (13.9%) and foot examination (41.7%). Counselling sessions were given to all patients, with weight reduction was the least advice given (26.4%). Pharmacologically, 78% of patients were treated with oral glucose lowering drug (OGLD), 22% on combination therapy with insulin, 64.3% on antiproteinuric medication and 85.5% on statin. Conclusion: The target for good DM control was not achieved is contributed by non-optimal laboratory monitoring. Thus, a comprehensive patient database and a dedicated DM team need to be established.



Abstract ID: PC193

Clinical Audit on Type 2 Diabetes Mellitus Patients in a Teaching Primary Care Clinic in Kuantan, Pahang.

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INTRODUCTION

- Type 2 Diabetes Mellitus (DM) is an important risk factor for cardiovascular disease and microvascular complications. Patients with DM require ongoing evaluation and monitoring.
- Primary care serves as the first line of care and provides appropriate clinical management to delay T2DM complications, thus improve quality of life.
- This audit aims to describe patient's profile and identify clinic performance in DM management at IIUM Family Health Clinic. Kuantan.

METHODOLOGY

- A retrospective audit of secondary data was conducted at IIUM Family Health Clinic between 1/9/2020 31/8/2021
- MOH Clinical audit instrument were used for collecting data, and the standards were determine based on the national T2DM clinical practice guideline (CPG) 2021

DISCUSSION

- A total of 72 medical records of active diabetic patient were audited.
- Majority of patient were female (53%), age between 40-59 years old (65%), with multiple comorbidities such as hypertension (80%), hyperlipidaemia (75.4%) and obesity (80%).
- ➡ Prevalence for diabetic complications were low except for diabetic kidney disease (27.8%), and ischemic heart disease (9.7%).
- Overall, only 75% of patients had done routine annual HbA1c test, which resulted in low achievement (18%) of HbA1c ≤6.5%.
- Good clinical monitoring of diabetes-related complications, except funduscopic examination (13.9%), and foot examination (41.7%).
- Diabetic counselling were given to all patients, with weight reduction counselling were the least advice given (26.4%).
- Pharmacologically, 78% of patients were on oral medication, and another 22% were on insulin treatment

RESULT

No	INDICATOR	RESULT, N (%)
1.	ROUTINE ANNUAL HBA1C MONITORING	75%
2.	PATIENT ACHIEVED HBA1C < 6.5%	18%
3.	URINE ALBUMIN SCREENING	76.4%
4.	SERUM CHOLESTEROL (LDL-CHOL) MONITORING	80.4%
5.	SERUM CREATININE MONITORING	84.7%
6.	FUNDUS EXAMINATION	13.9%
7.	CLINICAL FOOT EXAMINATION	41.7
8.	COUNSELLING SESSIONS: i. DIET COUNSELLING ii. MEDICATION COUNSELLING iii. EXERCISE COUNSELLING iv. DIABETIC COMPLICATIONS COUNSELLING v. SMBG COUNSELLING vi. WEIGHT REDUCTION COUNSELLING	83.3% 84.7% 69.4% 69.4% 52.8% 26.4%
9.	DIABETIC COMPLICATIONS: i. DIABETIC KIDNEY DISEASE ii. DIABETIC RETINOPATHY iii. CEREBROVASCULAR ACCIDENT iv. ISCHEMIC HEART DISEASE v. DIABETIC NEUROPATHY vi. DIABETIC FOOT ULCER vii. ERECTILE DYSFUNCTION	27.8% 1.4% 1.4% 9.7% 1.4% 1.4%

CONCLUSION

- Target for good DM control was not achieved contributed by non-optimal laboratory monitoring.
- A comprehensive diabetic patient database, and dedicated DM team need to be established to improve diabetic care in IIUM Family Health Clinic.

REFERENCES

- 1. Ministry Of Health Malaysia, Clinical Practice Guideline (CPG) Management Of Type 2 Diabetes Mellitus (6th Edition).
- 2. Ministry Of Health Malaysia, National Diabetes Registry 2020.
- 3. Ministry Of Health Malaysia, User Manual Quality Diabetes Care 2009



MEDICAL RESEARCH S Y M P O S I U M

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