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CATEGORY: DIABETES MANAGEMENT AND COMPLICATIONS**FORMAT: ORAL PRESENTATION**

AAE2021-A-1074

Occurrence of Celiac Disease and Socio-Demographic Parameters in Type-1 Diabetes Mellitus

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Background: Celiac disease is one of the most frequent autoimmune disorders occurring in type-1 Diabetes mellitus. The current study determined the frequency of celiac disease in patients with type-1 Diabetes Mellitus

Material(s) and Method(s): A cross-sectional study was undertaken at the medical department of one of the biggest tertiary care hospitals of Karachi, Pakistan. Patients diagnosed as type-1 Diabetes mellitus who gave consent for participation were enrolled. Patients underwent blood testing for Celiac serology. IgA level greater than 10U/ml was taken as positive for celiac disease. If IgA levels were low then Anti tTg-IgG was tested.

Result(s): The average age was 36.39 years. There were 109 (61.58%) male and 68 (38.2%) female. Frequency of celiac disease in patients with type-1 DM was observed in 8.47% patients. Frequency of celiac disease was not statistically significant among different age groups ($p=0.644$). Celiac disease was also not significantly associated with gender and duration of disease ($p>0.05$). However, celiac disease was more frequent in patients who had a family history of celiac disease but it was not statistically significant (25% vs. 7.7% ; $p=0.086$).

Conclusion(s): This study showed the higher prevalence of CD in patients with T1DM than the general population in our country and the data lend support to recommend regular screening for Celiac disease in all patients with Type 1 DM.

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CATEGORY: DIABETES MANAGEMENT AND COMPLICATIONS**FORMAT: ORAL PRESENTATION**

AAE2021-A-1066

Evaluation of Physicians' Approaches for the Management of Patients with Diabetes During Ramadan in Iraq

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Background: In Diabetes Mellitus, fasting Ramadan comes with several challenges for both patients and physicians (1). However, majority of Muslims with type 2 diabetes (T2D) fast Ramadan (2). Therefore, several guidelines have been developed to help physicians in managing their patients during Ramadan (1, 3). This survey

aims to investigate approaches adopted by Iraqi physicians for the management of diabetes during Ramadan.

Material(s) and Method(s): This was a cross-sectional online survey based study conducted via Google forms from March 20 through March 27, 2021. The participants were specialist doctors from different regions in Iraq who were directly involved in management of people with diabetes mellitus. The Google form was distributed to the intended specialist doctors through an invitation link via emails and WhatsApp groups exclusive for specialist doctors from Iraq. Repeat submissions from the same link were automatically blocked by the survey server. The survey was completely anonymous and participants' confidentiality was maintained throughout the study. A total of 140 responses collected in this study.

Result(s): Majority of the participants were family physicians followed by internal medicine physicians and endocrinologists in the following rates 29.2 %, 27.1 % and 16.4 % respectively. Among the respondents, 94.3% reported giving advice to their patients regarding Ramadan fasting; 84.3% of this advice was based on several factors (Table 1). Those who do not follow a specific guideline in their provision of care and depend on their experience represent 53%. Of them, family physicians were the predominant (70.2%). Pre-Ramadan education is provided by 75% of the participants. Minority (14.3%) allow patients with type 1 diabetes to fast Ramadan and 32.1% allow those with T2D on insulin to fast. Recent DKA and recent severe hypoglycemia were the main causes for not allowing people to fast Ramadan, 79.3% and 74.3% respectively (Table 2). Regarding treatment modification during fasting, 56.4 % of physicians change the frequency of administration. Lastly, 67.8 % scored 7/10 or above in the questions to test the familiarity of physicians with the established international guidelines.

Conclusion(s): This survey highlights the importance of medical education for doctors and the need for structural education programs directed to the family physicians, internists, and other treating physician regarding the current practical guidelines. Health care providers need to be familiar with current diabetes and Ramadan fasting guidelines.

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CATEGORY: DIABETES MANAGEMENT AND COMPLICATIONS**FORMAT: ORAL PRESENTATION**

AAE2021-A-1061

A High Incidence of New Onset Diabetes Among Patients with Covid-19 Admitted to Hospital

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Background: The early reports of COVID-19 came from Wuhan, China in early December, 2019 with clusters of cases of severe pneumonia (1). Since then, reports of new onset diabetes (NODM) and diabetic ketoacidosis have been published (2, 3). This study aims to estimate the incidence of NODM among patients with COVID-19 admitted to a hospital in Basra, southern Iraq.

Material(s) and Method(s): This was a retrospective cross-sectional study conducted at Al-Mawani Hospital from October to

December 2020 on 1011 patients. Data were extracted from records of patients admitted to COVID-19 wards and ICU. Patients were diagnosed as having NODM according to the American Diabetes Association (ADA) criteria (4). Place of admission (isolation wards or ICU), patients' outcome (alive or dead), plasma glucose and insulin use were documented.

Result(s): Males represent 58.4% of the participants. Mean age was 55.6 years. Approximately, 1/5 (20.5%) of the participants were managed at ICU. NODM was reported in 26.7% of the patients (44.8% of those who do not have past history of diabetes). Pre-existing diabetes was reported in 40.4%. Accordingly, 679 (67.1%) were having diabetes both known and NODM. Mean plasma glucose for those with diabetes was = 334 mg/dL. Insulin therapy was used in 444 (65.3% of those with diabetes). Mortality rate was 24.3%. Those with NODM were more likely to be admitted to the isolation ward rather than ICU compared to those without (21.3% vs 18.5%, $p=0.0005$). In contrast, those with pre-existing diabetes were more likely to be admitted to ICU (22.4% vs 19.2%, $p=0.0005$). Mortality rate was higher among those with pre-existing diabetes than those with NODM (27.6% vs 21.1%, $p=0.0005$). Mortality rate among those with diabetes was more than those without (25% vs 22.8%, $p=0.0005$).

Conclusion(s): A high incidence rate of NODM and prevalence rate of diabetes were reported in this cohort of patients. Quarter of patients admitted to the hospital for moderate-severe COVID-19 died. Inpatients insulin therapy was suboptimal. Future studies which include pre-admission data on glucose profile as well studies on the incidence of NODM among mild-moderate cases of COVID-19 are required. Further prospective studies with a long follow up period are needed to better understand the outcome of NODM post COVID-19. Health Care Providers should screen for diabetes in all patients with COVID-19.

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CATEGORY: DIABETES MANAGEMENT AND COMPLICATIONS

FORMAT: ORAL PRESENTATION

AACE2021-A-1056

Assessment of Patient Satisfaction with on-Site Point-of-Care Hemoglobin A1c Testing: An Observational Study



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Background: Poor glycemic control is a serious challenge in successful diabetes management. Given the low adherence and compliance with HbA1c testing frequency and the corresponding delay in the appropriate medication adjustment, point-of-care testing (POCT) for HbA1c provides an opportunity for better control of diabetes and higher patient satisfaction. This study aims to assess the level of patient satisfaction associated with the POCT service implementation for HbA1c and evaluate the differences between the number of requested and conducted HbA1c tests before and after POCT implementation.

Material(s) and Method(s): We conducted a single-center ambispective descriptive cohort study at Prince Sultan Military Medical City (PSMMC), Saudi Arabia. This study had two phases; the

retrospective phase (January 2017 to December 2017) and the prospective phase (January 2018 to December 2018). The patient satisfaction was assessed using the patient satisfaction questionnaire short form (PSQ-18) and on-site HbA1c point of care testing (HbA1c-POCT) satisfaction questionnaire.

Result(s): This study included 75 diabetic patients (37% type 1 and 63% type 2) with a mean age of 44.35 (± 17.97) years. The adherence to physician recommendations for HbA1c testing frequency has increased from 24% to 85% (before and after POCT implementation, respectively). High levels of satisfaction across seven dimensions of PSQ-18 (77% to 88%) were reported towards the provided health-care service after POCT implementation. Furthermore, a high level of agreement on the statements of the on-site HbA1c-POCT satisfaction questionnaire was also observed. Finally, the mean HbA1c level has significantly improved after POCT implementation compared to the traditional HbA1c laboratory testing before POCT implementation [8.34 ± 0.67 and 8.06 ± 0.62 , respectively, p -value < 0.001).

Conclusion(s): HbA1c testing at POCT improved adherence to recommendations for HbA1c testing frequency for better glycemic control and higher patients satisfaction. POCT reduces turnaround time, improves glycemic control, and facilitates the decision-making process. HbA1c measurement with POC devices is recommended to be implemented in diabetes treatment centers.

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CATEGORY: DIABETES MANAGEMENT AND COMPLICATIONS

FORMAT: ORAL PRESENTATION

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Effect of Dietary Intake of Branched Chain Amino Acids on Type 2 Diabetic Patients Control



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Introduction: BCAAs up regulate glucose transporters and activate insulin secretion has been widely demonstrated. However, several researchers have suggested that excessive intake of amino acids could lead to inhibition of insulin signalling. BCAAs may induce insulin resistance through m TOR activation. Insulin resistance may be linked with high intake of BCAAs. Controversies remain on whether an increase in plasma BCAA levels is a cause or consequence of insulin resistance.

Material(s) and Method(s): The aim of the study is to measure the effect of consumption of BCAAs on lipid profile and glucose level in type 2 obese diabetic patients. Participants enrolled in the study 280 patients (139 male, 141 female) with type 2 diabetes for more than 5 years attending Endocrinology out patient clinic. Written consent was obtained from all participants. Anthropometric measurement (height, weight, waist circumference, body mass index) Dietary assessment participants had to complete food frequency questionnaire (24 hour recall) for 5 days and analysis for branched chain amino acid intake was performed using food composition table, life style, socio-demographic level, laboratory investigations including, fasting glucose, HbA1c, cholesterol, triglyceride, LDL, HDL.