RESULTS

A total of 31 participants were recruited; 18 completed the study (11 intervention, 7 placebo). The cohort was predominantly elderly (median age 68 ± 12 years), male (51.6%), with long-standing diabetes (mean duration of 18.6 ± 8.2 years), and a mean hemoglobin A1c of 7.3 ± 0.6%. A statistically significant reduction in TCSS score was observed in the intervention arm (5.5 ± 3.8 vs 3.3 ± 3.4; $p = 0.002$), indicating improvement in neuropathic symptom severity in this chronic population. The SF MPQ scores showed a downward trend in both arms, but were not statistically significant. Among intervention participants who completed sural NCS, three patients demonstrated normalization, and five showed partial amplitude gains, indicating directional improvement in nerve function. Four patients with normal baseline studies exhibited further amplitude gains. Otherwise, limited improvements were observed in those with abnormal conduction velocity parameters. Bionerv E+ was well tolerated, with only mild and self-limiting adverse events reported.

CONCLUSION

Short-term supplementation with Bionerv E+ showed improvement in neuropathic symptoms among long-standing diabetic patients. However, longer-term studies with larger cohorts are necessary to determine its effects on patients with DSPN.

EP_A032

EFFICACY AND SAFETY OF SGLT2 INHIBITORS IN ELDERLY (≥75 YEARS) WITH TYPE 2 DIABETES: A REAL-WORLD STUDY

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INTRODUCTION

Sodium-glucose-linked-transporter inhibitors (SGLT2-i) have demonstrated cardiovascular and renal benefits in type 2 diabetes mellitus (T2DM), but patients aged ≥75 years remain underrepresented in major trials, creating uncertainty regarding their risk–benefit profile. Real-world data show mixed safety signals. In Malaysia, local evidence is limited despite a growing elderly diabetic population. This study evaluates the glycemic efficacy and safety of SGLT2-i in advanced elderly patients in a real-world public hospital setting.

METHODOLOGY

We conducted a retrospective observational cohort study of patients aged ≥75 years with T2DM initiated on SGLT2-i in Hospital Putrajaya (2020–2024). Electronic records were reviewed for demographics, comorbidities, medications, and biochemical parameters. Outcomes at 6–12 months assessed glycemic control and safety. Adverse events and discontinuation rates were recorded. Patients with incomplete data, type 1 diabetes, active malignancy, or severe renal impairment were excluded.

RESULTS

A total of 104 patients (mean age 78.2 years; 54% female) were included with a high proportion (76.9%) classified as at high cardiovascular risk due to established macrovascular disease (57.7%) or nephropathy (53.8%). Indications for SGLT2-i initiation were glycemic control alone (69.2%) and together with cardiorenal protection (58.7%). Glycemic control remained stable (hemoglobin A1c: 7.66–7.45%; $p = 0.076$), with preserved renal function (estimated glomerular filtration rate: 58.65–58.11 mL/min/1.73 m^2; $p = 0.575$). Overall safety was favorable, with 90.4% experiencing no adverse events. Minor adverse events included urinary tract infections (2.9%) and polyuria (1.9%). ASCVD-related hospitalizations occurred in 4.8% of patients, with a low discontinuation rate (7.7%). A statistically significant weight reduction was observed (baseline 66.67 kg, −1.01 kg; $p = 0.005$) but was not clinically significant. Proteinuria improvement was noted in 15.7% of patients.

CONCLUSION

SGLT2-i are safe and well-tolerated in elderly T2DM patients (≥75 years), with stable glycemic control, preserved renal function, and minimal adverse events, supporting their use in very elderly Asian populations.

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EXTREME GLYCEMIC SEVERITY AND MORTALITY RISK IN THE TB-DM CO-PANDEMIC: A RETROSPECTIVE ANALYSIS OF CLINICAL OUTCOMES

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INTRODUCTION

Tuberculosis patients with comorbid diabetes face a substantially higher risk of mortal outcomes. The "meta-inflammation" loop between hyperglycemia and tubercu-