

individualized, evidence-related evaluation of patient-related and disease-related risk factors, incorporating modern diabetes technologies, including continuous glucose monitoring (CGM), automated insulin delivery (AID) systems, and advanced insulin formulations to enhance risk stratification. This tool allows medical professionals to tailor Ramadan practices based on overall factors toward promoting safe fasting.

METHODOLOGY

This prospective multicentre observational study recruited adults with Type 1 and Type 2 diabetes attending public hospitals nationwide. People with diabetes (PwD) intending to perform Ramadan fasting were invited to participate and assessed using the 2026 IDF-DAR Risk Calculator in the 6-week pre-Ramadan period between 30th January and 19th March 2026.

RESULTS

A total of 458 PwD were evaluated and stratified into low (15.7%), moderate (41%), and high risk (43.3%) categories. Most participants had Type 2 diabetes (83.6%), with 60.3% having a disease duration exceeding 10 years and 43% exhibiting poor glycemic control (hemoglobin A1c >9%). Insulin therapy was used by 76.4% of participants, including two individuals with Type 1 diabetes using AID systems. Most participants reported no recent hypoglycemia (76.4%), 81.0% performed glucose monitoring, and 3.3% used CGM. Severe comorbidities were uncommon, with 1.1% having unstable macrovascular disease and 4.4% advanced chronic kidney disease (estimated glomerular filtration rate <30). Notably, 72.2% received structured Ramadan education.

CONCLUSION

Majority of PwD attending tertiary diabetes clinics were in the moderate- to high-risk category and intended to fast despite medical advice against fasting in some cases. Although most participants were on insulin therapy, hypoglycemia was low in the pre-Ramadan period. Integration of modern technologies, advanced insulin therapies, and structured education may support safer fasting practices.

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EFFECTIVENESS OF ORAL SEMAGLUTIDE VERSUS INJECTABLE DULAGLUTIDE IN ADULTS WITH TYPE 2 DIABETES AND OBESITY: A SINGLE-CENTRE EXPERIENCE

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INTRODUCTION

Glucagon-like peptide-1 receptor agonists (GLP-1 RAs) are increasingly used in the management of type 2 diabetes mellitus (T2DM) and obesity because of their glucose-lowering and weight reduction benefits. However, real-world outcomes may differ from clinical trial data.

METHODOLOGY

This retrospective cohort study included adults with T2DM and obesity initiated on oral semaglutide or injectable dulaglutide at Hospital Sultan Haji Ahmad Shah between 2023 and 2025. Baseline and approximately 6-month follow-up data were obtained from electronic medical records. Outcomes included weight, body mass index (BMI), glycated hemoglobin A1c (HbA1c), total daily insulin dose (TDD), low-density lipoprotein (LDL), and gastrointestinal adverse effects. Results are presented as median (interquartile range, IQR).

RESULTS

A total of 22 patients were included, with a median age of 45 years (IQR 39.3–54.5); 13 (59.1%) were male. Thirteen patients (59.1%) received oral semaglutide and nine (40.9%) received injectable dulaglutide. In the semaglutide group, median HbA1c changed from 8.1% (7.4–9.1) to 8.2% (7.1–9.3), weight from 95.4 kg (84.0–99.1) to 89.6 kg (79.0–100.0), BMI from 33.9 kg/m² (31.4–40.8) to 33.6 kg/m² (31.2–35.6), TDD from 64 IU/day (20–82) to 46 IU/day (18–48), and LDL from 2.2 mmol/L (1.6–2.3) to 2.3 mmol/L (1.3–3.0). In the dulaglutide group, median HbA1c improved from 7.6% (7.4–9.6) to 6.9% (6.5–8.4), weight from 117.0 kg (101.0–121.0) to 111.0 kg (105.0–119.0), BMI from 41.0 kg/m² (40.0–49.0) to 42.5 kg/m² (38.0–48.0), TDD from 33 IU/day (30.5–34.0) to 34 IU/day (30.5–34.0), and LDL from 2.2 mmol/L (1.8–2.9) to 2.6 mmol/L (2.0–4.0). Gastrointestinal side effects occurred in 4/13 (30.8%) oral semaglutide users and 0/9 dulaglutide users.

CONCLUSION

Injectable dulaglutide showed greater improvement in HbA1c, while both groups demonstrated variable effects on weight, BMI, insulin requirement, and LDL in routine practice.