are currently used, including those from the World Health Organization (WHO), International Association of Diabetes and Pregnancy Study Groups, Carpenter and Coustan, and the National Diabetes Data Group. Differences in glucose thresholds, testing protocols (one-step versus two-step), and universal versus risk-based screening contribute to heterogeneity in reported prevalence and healthcare burden. In multi-ethnic, middle-income settings such as Malaysia, identifying an evidence-informed and context-appropriate diagnostic approach is critical.

METHODOLOGY

This scoping review follows the Joanna Briggs Institute methodology and will be reported in accordance with the PRISMA Extension for Scoping Reviews (PRISMA-ScR). PubMed, Scopus, and ScienceDirect will be searched for English-language studies, reviews, guidelines, and consensus statements reporting GDM diagnostic criteria. Two reviewers will independently screen and select studies.

RESULTS

Data will be charted on country, study type, diagnostic criteria, gestational age at screening, and reported challenges. Findings will be synthesized descriptively and presented in tables and figures. No formal risk-of-bias assessment will be conducted.

CONCLUSION

This review will provide a comprehensive overview of global diagnostic practices, highlight variations and gaps, and support evidence-based selection of a suitable GDM screening and diagnostic strategy for Malaysia.

EP_A052

SURVEY OF AWARENESS OF ARTIFICIAL INTELLIGENCE IN DIABETES CARE AMONG ENDOCRINOLOGISTS IN MALAYSIA

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INTRODUCTION

Artificial intelligence (AI) and digital health technologies are increasingly integrated into diabetes care. However, data on awareness and adoption among endocrinologists in Malaysia remain limited.

METHODOLOGY

A cross-sectional survey was conducted among endocrinologists in Malaysia using a structured online questionnaire. Items assessed awareness of AI-based diabetes technologies, attitudes toward AI in clinical care, perceived barriers, and willingness to adopt AI tools. Multiple responses were permitted for selected items.

RESULTS

The cohort ($N = 65$) comprised 60% junior endocrinologists and 40% senior endocrinologists (72% government-based). Recognition was higher for monitoring and screening technologies, particularly continuous glucose monitoring (CGM) data analytics (66.2%) and automated retinopathy screening (33.8%) versus therapeutic AI tools, such as lifestyle coaching applications (43.1%) and insulin titration algorithms (30.8%). While approximately 60% endocrinologists reported familiarity with AI in diabetes care, 15.4% of them had no prior recognition of AI tools.

Attitudes toward AI were largely positive; 76% agreed that AI improves diabetes outcomes, 60% believed it reduces clinician workload, and 90% agreed that AI would complement diabetes care systems. However, approximately 50% remained neutral regarding its reliability and expressed concerns about ethics and data security.

In practice, only 40% endocrinologists reported using AI tools, most commonly CGM analytics with automated insights (46.4%), with generally low frequency of use. The main barriers to adoption were lack of formal training (78.5%) and high implementation costs (60%). Despite this, 90% expressed willingness to adopt AI in future practice.

CONCLUSION

Awareness of AI technologies in diabetes care among Malaysian endocrinologists is variable, with stronger recognition of tools already embedded in routine practice. While attitudes toward AI are favorable, significant educational and structural barriers must be addressed to facilitate broader implementation.

EP_A053

DIABETIC KETOACIDOSIS IN PREGNANCY: CLINICAL TRIGGERS, OUTCOMES, AND MISSED OPPORTUNITIES—A CASE SERIES

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INTRODUCTION

Diabetic ketoacidosis (DKA) in pregnancy is an uncommon yet life-threatening emergency, with disproportionate risks to both mother and fetus. Pregnancy-specific physiological changes predispose patients to rapid metabolic