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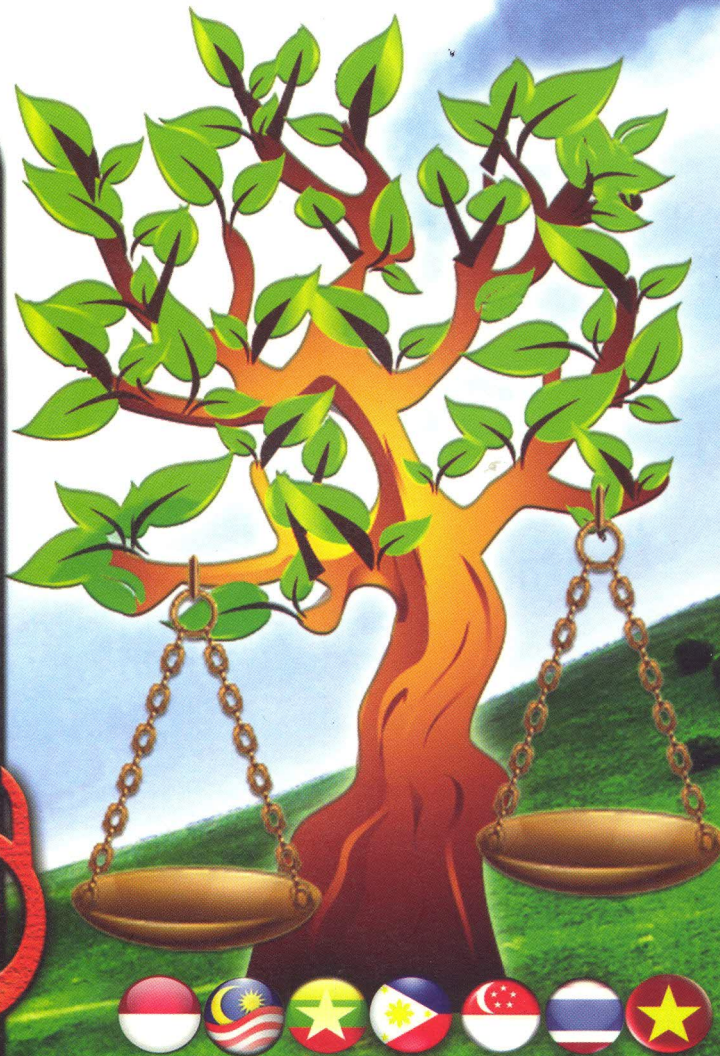
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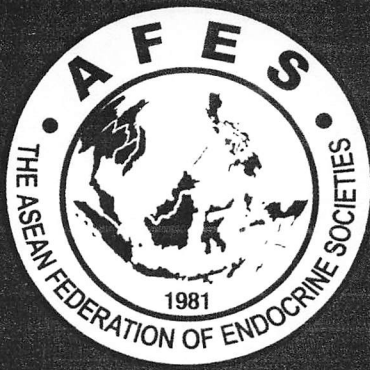
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determining sexual dysfunction among Malaysian women are not known. This study determined the influence of sociodemographic, marital and spouse's medical illness in predicting sexual dysfunction among menstruating women with and without diabetes.

Methods

This was a cross sectional study involving 101 married, premenopausal diabetic women and 89 non-diabetic women, aged between 25 to 50 years old. After exclusion of depressive disorders, a validated Malay version of the Female Sexual Function Index (FSFI) was administered to diagnose Female Sexual Dysfunction (FSD). The data on sociodemographic, marital and spouse's medical illnesses were obtained.

Results

The incidence of FSD was 23.8% in the diabetic group and 11.2% in non-diabetic group ($p = 0.025$). All domains of sexual function were affected in both groups, however sexual arousal was the only significant domain affected in diabetic group ($p = 0.009$). Within the diabetic group, risk factors for FSD were reduced frequency of sexual intercourse ($p = 0.002$) and spouses with diabetes ($p = 0.023$). In the non-diabetic group, risk factors for FSD were unhappy marriage ($p = 0.018$), spouses with diabetes ($p = 0.043$) and hypertension ($p = 0.036$).

Conclusion

Among premenopausal women, sexual dysfunction is more common in diabetic compared to non-diabetic. In both groups, marital relationship and having spouse with diabetes play major roles in determining sexual dysfunction among these women.

POSTER PRESENTATION DIABETES AND REPRODUCTIVE ENDOCRINOLOGY

PP082 - THERAPY MODELS FOR TYPE 2 DIABETES MELLITUS BASED ON ESR A POLYMORPHISM IN JAVANESE POSTMENOPAUSAL WOMEN INDONESIA

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Introduction

This research is motivated by the many cases of type 2 diabetes every year in postmenopausal women. It is thought to be related to decrease levels of estrogen in postmenopausal women because estrogen plays an important role in the pathogenesis of type 2 diabetes mellitus. Estrogen effects on glucose metabolism are mediated by estrogen receptors alpha (ESR α) in cells. ESR α receptor has been determined by ESR α gene with p and x polymorphism that can participate in the pathogenesis of type 2 diabetes mellitus. T (p) and A (x) allele of polymorphism of ESR α have associated with increased risk of osteoporosis, infarction, reduce osteoarthritis, hysterectomy, low BMI, age of menopause and lower risk of type 2 diabetes. So, it needs a new breakthrough in the treatment of type 2 diabetes based on α polymorphism ESR genes.

Methods

Of 17 patients with type 2 diabetes who have polymorphisms pp / xx or haplotype p / x with RFLP examination have given estrogen preparations for 2-4 weeks. Paired T test analysis using SPSS 17 software has been conducted.

Results

Around 11 variables compared, plasma LDL levels was only statistically significant different while other variables including blood sugar levels before and after the administration of estrogen preparations there was no statistical difference.

Conclusion

There is no difference glucose level before and after estrogen administration among diabetics Javanese postmenopausal women based on polymorphism of ESR α .

POSTER PRESENTATION DIABETES AND OTHER HYPOGLICEMIC AGENT

PP085 - LIRAGLUTIDE + METFORMIN IN TYPE 2 DIABETES: CLINICAL BENEFITS ASSOCIATED WITH SWITCH OR EARLY USE IN THE DISEASE PROCESS

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Introduction

No general consensus exists for advancing treatment when first-line metformin fails. The aim of this post-hoc analysis was to compare the clinical benefits associated with add-on liraglutide 1.8 mg in patients previously receiving metformin monotherapy (metformin-add-on group) vs. substitution of a sulfonylurea (SU) with liraglutide 1.8 mg in patients previously receiving metformin + SU combination therapy (SU-switch group).



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CERTIFICATE OF ATTENDANCE

This is to certify that

SYAEFUDIN ALI AKHMAD

has attended

The 17th AFES Congress 2013

Jakarta, Indonesia | November 13-16, 2013

As

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