

there are 15,300 patients with YOD, estimated total cost due to productivity loss was projected to reach USD165 million annually.

Conclusion: Our study underscores the substantial impact on work productivity when diabetes is not well-managed for individuals with YOD. Healthy lifestyle choices significantly contribute to improved productivity, highlighting the importance of targeted interventions to reduce the economic burden of YOD in the workplace.

<https://doi.org/10.1016/j.diabres.2025.112763>

BA2025-1170

Quality vs quantity of rice intake: which criterion impacts glycemic control more in T2D patients in the RICH study?

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Background: Rice is a major carbohydrate source in Asia, where high glycemic index varieties are widely consumed, posing challenges for glycemic control in T2D patients. While most studies focus on total carbohydrate intake from rice, research is scarce comparing rice types and their portion sizes on glycemic outcomes in T2D patients.

Aim: To compare the impacts of different rice types and portion sizes on glycemic control in Malaysian T2D patients.

Method: This cross-sectional screening study involved 170 clinically diagnosed T2D patients recruited through the Rice Intervention in Chronic Health (RICH) clinical trial. Rice types and their portion sizes (cooked weight) were assessed by 3-day diet records (3DDR). General Linear Model (GLM) was conducted to determine the associations between HbA1c levels with rice types and their portion sizes, adjusting for age, gender, ethnicity, and total calorie intake. ROC analysis was performed to identify the rice portion size threshold associated with uncontrolled diabetes (HbA1c \geq 6.5 %).

Results: The majority of T2D patients consumed polished white rice (47.1 %), followed by long-grain specialty white rice (38.2 %), and wholegrain rice (14.7 %). The average portion size of rice consumption was 246 ± 132 g/d, with differences among rice types: polished white rice (266 ± 145 g/d), specialty white rice (233 ± 105 g/d), and whole grain rice (199 ± 115 g/d). GLM showed that both rice types ($p = 0.029$) and their portion sizes ($p = 0.032$) were significantly associated with HbA1c. Significant difference in HbA1c was observed between polished white rice and wholegrain rice (8.5 ± 0.3 % vs 7.0 ± 0.3 %, $p = 0.006$). Regardless of rice types, daily rice consumption of ≥ 255 g was significantly associated with uncontrolled diabetes ($p = 0.011$).

Conclusion: Both the quality and quantity of rice intakes are pivotal in glycemic control for T2D patients. Although wholegrain

rice shows superior glycemic benefits, its consumption remains low in T2D patients, underscoring the need for healthcare professionals in promoting the substitution of polished white rice with wholegrain rice while emphasizing portion size control.

<https://doi.org/10.1016/j.diabres.2025.112764>

BA2025-1267

The association between perceived discrimination and processes of care among older adults with diabetes in Brazil

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Background: Research on the influence of perceived discrimination on outcomes such as processes of care is limited, especially among older adults with diabetes in Brazil.

Aim: The study aims to assess the association between perceived discrimination and processes of care among older adults with diabetes in Brazil.

Method: Data for 1681 adults, 50 years of age and older from the Brazilian Longitudinal Study of Aging (ELSI-Brazil) (2019–2021) were analyzed. Outcomes included processes of care: flu shot, cholesterol checks, dental visits. Independent variables were six perceived discrimination factors: 1) less courtesy/respect, 2) worse services in restaurants/stores, 3) less smart, 4) afraid of you, 5) threatened/harassed, 6) poorer quality medical/hospital treatment. Unadjusted and adjusted logistic regression models were used to assess the association between perceived discrimination and processes of care with a p -value < 0.05 as statistically significant.

Results: When adjusting for sociodemographic characteristics and neighborhood factors, perceptions of being treated with less courtesy or respect was significantly associated with lower odds of flu shots (OR = 0.63; 95 % CI (0.41, 0.99)) and cholesterol checks (OR = 0.34; 95 % CI (0.18, 0.69)). After adjusting for all six discrimination variables, perceptions of being treated with less courtesy or respect was significantly associated with lower odds of cholesterol checks (OR = 0.34; 95 % CI (0.18, 0.69)). After adjusting for sociodemographic characteristics, neighborhood factors, and discrimination variables, perceptions of being treated with less courtesy or respect was significantly associated with lower odds of cholesterol checks (OR = 0.30; 95 % CI (0.14, 0.64)).

Conclusion: In this sample of older adults with diabetes in Brazil, significant associations were found between perceived discrimination and flu shot and cholesterol checks. These findings suggest the need for addressing perceptions of being treated with less courtesy and respect to improve processes of care in this population of older adults.

<https://doi.org/10.1016/j.diabres.2025.112765>

BA2025-1309

Diabetes stigma among adults with type 1 and type 2 diabetes: a multi-study, multi-country, secondary analysis

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