

ing (out of 9) compared to white rice (4.44 vs 4.87,  $p < 0.001$ ) after 2 weeks of consumption. Notably, these scores remained constant within each group across timepoints ( $P_{\text{Time}} > 0.05$ ). The intention to purchase UKMRC9 increased from 55.4% at baseline to 66.0% at 24th week and increased further to 85.1% after learning about its health benefits. FGDs identified 6 themes: 'Nutritional Awareness', 'Prior Exposure to Wholegrain Rice', 'Self-efficacy', and 'Rice Gatekeeper' as Facilitators, and 'Norm of White Rice as Staple Food' and 'Sensory Attributes' as Barriers, which triangulated and explained the quantitative findings.

**Conclusion:** Substituting white rice with UKMRC9 is feasible for Malaysian T2D patients, and its acceptance can be enhanced through increased nutritional awareness, underscoring the pivotal role of healthcare professionals in facilitating this dietary shift.

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#### BA2025-1139

**The role of time restricted eating on adiposity indices in multi-ethnic Asian T2D patients: analysis from the RICH study**

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**Background:** Time-restricted eating (TRE), which confines food intake to a specific eating window, has gained interest as potential strategies for improving body weight in T2D patients. However, research on the influence of TRE on adiposity indices in multi-ethnic Asian population is limited.

**Aim:** To determine the influence of TRE on adiposity indices in Malaysian T2D patients.

**Method:** This cross-sectional screening study included 177 patients clinically diagnosed with T2D recruited through the Rice Intervention in Chronic Health (RICH) clinical trial. Patients' BMI and waist circumference (WC) were measured by trained dietitians. Calorie intakes were assessed using 3-day diet records (3DDR). Eating patterns, including eating window duration, calorie midpoint (the time when 50% of daily calories was achieved) and meal skipping habits, were also evaluated through 3DDR. TRE was defined as having an eating window of 8–10 h. TRE

patients were further divided into early TRE (eTRE) and late TRE (lTRE) based on the mean calorie midpoint. General linear model was used to compare BMI and WC between TRE groups, controlled for age, gender, ethnicity and total calorie consumed.

**Results:** There was no significant difference in BMI and WC between TRE and non-TRE patients ( $p > 0.05$ ). However, further analysis of patients who met the TRE category ( $n = 34$ ) revealed that eTRE patients ( $n = 24$ ), who consumed  $\geq 50\%$  of their calories before 2:30 PM, had significant lower BMI ( $30.7 \text{ kg/m}^2 \pm 1.6$  vs  $37.4 \text{ kg/m}^2 \pm 2.1$ ,  $p = 0.03$ ) and WC ( $93.4 \text{ cm} \pm 3.0$  vs  $110.4 \text{ cm} \pm 4.0$ ,  $p = 0.01$ ) compared to lTRE patients ( $n = 10$ ). Additionally, among TRE patients, those who regularly consumed breakfast compared to breakfast skipper, had lower BMI ( $30.9 \text{ kg/m}^2 \pm 1.9$  vs  $36.3 \text{ kg/m}^2 \pm 2.1$ ,  $p = 0.37$ ) and WC ( $96.3 \text{ cm} \pm 3.7$  vs  $107.4 \text{ cm} \pm 4.5$ ,  $p = 0.33$ ) although not significant.

**Conclusion:** The influence of TRE on adiposity indices in T2D patients varies by type (early TRE vs late TRE), with the favourable potential of early TRE warranting further investigation.

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#### BA2025-1152

**Work productivity and associated costs in patients with young onset diabetes in Hong Kong**

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**Background:** Young-onset diabetes (YOD), defined as age of diagnosis before 40, is increasingly prevalent globally. Individuals with YOD have multiple unmet needs with work productivity implications.

**Aim:** We investigated risk factors associated with productivity and estimated annual indirect costs among individuals with YOD in Hong Kong.

**Method:** Chinese patients with YOD enrolled in the Precision Medicine to redefine Insulin Secretion and Monogenic diabetes (PRISM) Trial in Hong Kong completed surveys between June 2023 and September 2024. Overall productivity was measured by item "Using 0 (worst) to 10 (best) scale, how would you rate your overall performance on days you worked during past 4 weeks?" in World Health Organization Health and Performance Questionnaire. Multiple regression was conducted to evaluate association between productivity and risk factors, adjusting for potential confounders.