Member, International Committee of Diabetes Magazines, International Diabetes Federation

DiabetesWatch

A publication of the PHILIPPINE DIABETES ASSOCIATION, INC.

VOL. IX, No. 3 December 20, 1992

PDA Advisory No. 4

The presence of protein or albumin (proteinuria) in the urine is one of the earliest laboratory manifestations of diabetic kidney disease or complication. Recently, a new test has been introduced that would detect minute amounts of protein in the urine not detectable by the ordinary laboratory methods. This has been termed the microalbuminuria test.

Many studies have suggested that a positive microalbuminuria test identifies patients with very early, silent and perhaps reversible or 'incipient' kidney disease, especially if high blood pressure, urinary tract infection and poor diabetic control are not present, and if the urine was not collected after exercise. While more studies are still being conducted to determine if microalbuminuria will progress to renal insufficiency, there is a great body of opinion to suggest that such may predict the other blood vessel complication of diabetes, such as heart attack and stroke. Thus, patients should ask their physicians about this new test as an adjunct to their usual laboratory examinations.

Approved Amendments to Constitution

The membership attending the annual convention approved several amendments to the Constitution proposed by a committee composed of: Dr. Aurora Villegas-Cinco, Dr. Augusto D. Litonjua, Dr. Ricardo E. Fernando, Dr. Lina Lantion-Ang, Dr. Mary Ann Lim-Abrahan and Mr. Eddie Ang.

Among the amendments were:

1. Formalizing the change of the Association's permanent address and the recognition of the new seal.

2. The creation of the position of two executive directors - one for the medical and the other for the non-medical divisions of the Association. The two directors will serve as ex-officio members of the Board.

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New Board Elected

The membership of the Philippine Diabetes Association elected their new board at the recently concluded annual convention.

Reelected were: Dr. Ricardo E. Fernando, Dr. Mary Ann Lim-Abrahan, Dr. Lina Lantion-Ang, Dr. Ruby Go, Dr. Araceli Panelo.

Dr. Augusto D. Litonjua remains on the board by virtue of his incumbency as president. Dr. Teresa Plata-Que is the new member.

The lay membership also elected two members: Atty. Pablo G. Gimeno and Mrs. Teodora B. Reyes.

Making up the 10th and 11th members of the Board, as now mandated by the amendments, will be representatives from the corporate membership who will each serve for one year.

For 1993, the corporate members of the board will be:

Mr. Henry Ly (Bristol-Myers Squibb) and Mr. Ed Ocampo (Hoechst).

For 1994, the two members will be:

Mr. Jimmy Capuli (Farmitalia Carlo Erba) and Mr. Eddie Ang (Novo-Nordisk).

The Committee on Elections was composed of three past presidents of the Association: Dr. Gonzalo Austria, chairman; Dr. Aurora Villegas-Cinco and Dr. Nestor Santiago, members.

Four Day Activities Cap Year For Association

Prof. John Karam
Convention Speaker

Prof. John R. Turtle
Servier Lecturer

Starting with a 3-day postgraduate course for internists and general practitioners on December 7, the PDA's 1992 activities ended with its Annual Convention on December 10.

Held in Malolos, Bulacan, the 5th DiabetesWorkshop was attended by 49 physicians who favorably endorsed the course.

The First Servier Lecture on Diabetes was held on the evening of December 9 at the Hotel Intercontinental with Professor John R. Turtle of the University of Sydney, Australia as the Lecturer. His lecture, "New Approaches to the Management of Diabetes Mellitus" was well applauded by the audience composed of physicians and lay men. This was preceeded by an exhibit of paintings designed to generate funds for the Association and for the Diabetes Center.

The Annual Convention of the Association was held at the Hotel Nikko, and three simultaneous sessions were held. The main session for physicians had Prof. John Karam of the University of California at San Francisco discuss various aspects of the "The Other Side of Syndrome X," with case presentations to highlight coronary artery disease, hypertension, obesity, lipidemia and glucose intolerance by various participants. The other two sessions were for non-medical registrants and discussed different aspects of diabetes care. A total of 190 physicians and 112 laymen attended the convention.

THE CHAPTERS OF THE PHILIPPINE DIABETES ASSOCIATION

The chapters of the Philippine Diabetes Association were started to be organized in 1987, with the first chapter established in Davao City. Sponsoring company was Med-Asia, Philippines which was later joined by Boehringer Mannheim, Becton Dickinson, Ames, and Eli Lilly.

The first activity of the chapter was to set up an educational clinic that would service the community, and later on, to put up sub-units in other parts of the province. Training of the trainors was accomplished through a 2-day course carried out by the staff of the Diabetes Educational Clinic of Makati Medical Center composed of Ms. Imelda Q. Cardino, teaching dietician; Ms. Susan Trinidad and Ms. Victoria Santiago, teaching nurses; and Dr. Augusto D. Litonjua, PDA president. Assisting at one time or another were various endocrine fellows of the Makati Medical Center and UP-PGH Medical Center.

To date, twenty six (26) chapters have been organized, although two of them - Iloilo and Tarlac - may need reorganization in the coming year. It is the hope of the PDA Board that each province in the Philippines would be represented by an active chapter.

The listing of the chapters continue from the last issue of ***DiabetesWatch.***

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Zamboanga City
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Co-Chairman
Dr. Gracia Hamoy
Vice President
Ms. Leticia Villanueva
Secretary

(Continued on page 6)

DIABETIC MUSLIMS and RAMADAN

Ma. HONOLINA S. GOMEZ, M.D.
Endocrinologist
Veterans Memorial Hospital

Diabetes affects anyone regardless of age, sex, race or creed. Treatment is the same although different cultures have different beliefs and traditions which may affect the treatment process. One such culture is that of our Muslim brothers who embrace the Islamic way of life and practices which in themselves are a complete code of life.

A basic duty of every devout Muslim is SAWM (fasting in Ramadan). From dawn to sunset everyday of the month of Ramadan, the ninth month of the islamic calendar, a Muslim refrains from eating, drinking, smoking and conjugal relations. A light meal is usually taken late at night by people intending to fast, and is eaten before dawn. This is known as "SUHOUR".

Who is required to fast

Fasting is obligatory upon every adult Muslim who is in his senses, can bear it, and is not travelling. Children don't have to fast but they are encouraged to do so, that they may get used to it. Women are also required to observe the fast unless they have their monthly period or have just given birth.

Who are excused from fasting

Excused from fasting are invalids such as the very elderly or persons having illness with no hope for recovery. Instead they compensate by offering "Kafarah." That is feeding a poor man until he is satisfied for a full day in respect of every missed day of the prescribed days of the fast.

Patients with mental disorders need not fast.

People befallen with a sudden illness and waiting for recovery may not fast if they find it too difficult to do so but they should compensate (by fasting) after their recovery.

Pregnant and feeding mothers as well as women having their monthly period (menses) or bleeding after childbirth, but they should compensate by fasting later on.

Fasting is not a mere abstinence from food and drink from dawn to sunset. It is a spiritual experience in forbearance and self-restraint from indulgence in legitimate pleasures. The purpose of fasting is to lead man to a deeper and richer perception of God and the obligations of human beings to their Maker. Thus, every Muslim, diabetic or not, will insist on doing it. The most important thing is that the physician should be aware of this situation. Some rules should be taken into consideration. These are: a). eating or drinking anything whether beneficial or harmful nullify the fast, b). taking the injections or dietary drugs which are used instead of food and drinks, - is prohibited, c). it is permissible to wet one's lips if they dry up or to wash the inside of the mouth with water without gargling, d). brushing of teeth by branches of trees (siwak) is not only permissible but desirable, during all hours of fasting.

Effects on Diabetes

A patient with diabetes who fasts without taking the proper precautions exposes himself to the dangers of ketoacidosis and hypoglycemia. The liver is the sole source of energy during short fast but after a prolonged fast, protein is depleted from the muscles to ensure continuous supply of the glucogenic amino acids. To counteract such a continuous drain, the brain adapts and uses the ketone bodies for energy in place of glucose. If persistent, ketoacidosis ensues.

With absence of meals and concommitant use of medications that lower the plasma glucose, hypoglycemia may occur. In some instances, patient may have tremors, palpitations and headaches around noontime, but random blood sugar may be very much elevated. Ignorance of the situation may miss the hypoglycemia because of the hyperglycemia noted at the time of test (Somogyi effect).

Guidelines during Ramadan

Muslim diabetics with uncontrolled blood sugar regardless of type should not fast. Likewise, pregnant diabetics, and those with diabetic complications such as autonomic neuropathy (unawareness of hypoglycemia), coronary heart disease, end-stage renal failure or cerebro-vascular deficit (stroke) should not fast.

Keep your physician informed!

A dietary consultation for an appropriate meal plan should be done prior to the fast.

Blood glucose monitoring should be done at least four times a day.

Check for ketones and sugar in the urine at least four times a day.

For type I patients: Never omit the daily dose of insulin. Consult your physician for the need to change the amount and timing of insulin.

Type II diabetics may have to discontinue or reduce the dose of their oral hypoglycemic drugs. Consult your doctor.

When nausea and vomiting occur, break the fast. Proceed to the nearby hospital.

Thus one could participate in this spiritual event without fears provided these precautions are observed.

As-salamu 'Alaikum (peace be on you).

EXERCISE !

'.... it will do you a lot of good

AUGUSTO D. LITONJUA, M.D.
President, PDA

What does exercise do? Below are listed some of the benefits of exercising regularly, regular meaning at least three times a week spaced on different days.

1. Aids in the control of blood glucose
2. Improves the efficacy of insulin in the body
3. Lowers the levels of triglycerides, increases the amount of good cholesterol (HDL) in the blood, and decreases the bad cholesterol (LDL)
4. Improves mild to moderate high blood pressure
5. Improves the functions of the heart and lungs
6. Increases muscle strength and flexibility
7. Improves the sense of well-being and quality of life

But what type of exercise, one might ask? Among the types of exercises, the most desirable would be the aerobic type of physical activity - which is one consisting of a continuous, rhythmic activity that uses a large group of muscles as typified by walking, running, swimming and cycling.

To improve the functions of the heart and lungs, one must exercise hard enough - an intensity that must push the pulse rate between 60 and 85% of the person's maximal heart rate. This can be estimated by subtracting one's age from 220. However, a cardiologist's approval must first be obtained, and a stress test may have to be performed, to determine one's activity level and fitness. More pieces of advice can be obtained from Dr. Myrlen Staten's reprinted article in **DiabetesWatch**, issue of 2 April 1989.

Corrected misbeliefs or superstitions regarding exercise are worth repeating from another reprinted article in the 2 December 1990 issue of **DiabetesWatch.**

1. One does not have to perspire to achieve good exercise. Perspiration is water. It is not water that we want to lose, but fat. In fact, excessive perspiration may be bad for certain diabetics, as the loss of water could increase the levels of blood sugar further.

2. One must not overdo exercise - for example, exercising excessively especially only on weekdays. The exercises must be started out slowly and gradually increased, then done on a regular basis.

3. Electric stimulation of muscles will not give the same benefits as physical activity.

4. Spot reducing is not always desirable, especially if done incorrectly. Again, this is just toning some muscles, and does not involve groups of muscles which is what aerobic exercise tries to achieve.

5. Exercise - if done moderately and regularly - will not stimulate appetite. In fact, physical activity of 60 minutes or less, will suppress appetite for 1-2 hours. It is the undesired excessive exercise that may produce hunger.

6. Exercise should not be the alibi to forego the prescribed diet. Remember that diabetes mellitus is best managed by the triad of diet, physical activity and hypoglycemic agents. One cannot separate one from the other.

7. If the blood sugar is 250 mg% or more, exercise may increase the level further. Thus, exercise regularly below this level, especially in those who are insulin-dependent.

8. If one exercises regularly and gains weight, this might be a desirable side effect of the physical activity. It could mean an increase in muscle mass with a decline of fat mass.

Finally, if you hear it from friends, - ask your physician first. He knows better.

The DiabetesWorkshops

The DiabetesWorkshops were conceived to provide an intensive 3-day course in the various places of the country. This activity is to be coordinated with a chapter or chapters of the PDA, and usually, the medical members of the Board of Directors would be the faculty members of the Workshop. The first DiabetesWorkshop was held in Legaspi City, and so far, five have been organized, targetting two such courses in a year.

The Fourth DiabetesWorkshop

Site: Asian Institute of Tourism, Diliman, Quezon City
Cooperating Chapter: Quezon City Chapter
Coordinators: Dr. Honolina S. Gomez, Dr. Cynthia Chua, Dr. Lina Lantion-Ang, Mr. German Panghulan
Dates: October 28-30, 1992

Registrants

Absalon Sonny
Abuel Paulina
Agustin Josephine
Agustin Ma. Teresa
Africa Ma. Asuncion
Andal Georgina
Alampay Renato
Aquino Kathleen
Aspiras Susan
Baylon Norma
Beltran Jenny
Bersales Arnella
Bringas Carmen
Cabahug Irene
Candao Maimona
Carlos Jose Raymundo
Castillo Alicia
Cayetano James
Chua Jovet
Chua Polly
Concepcion Chona
Contreras Ma. Asuncion
Cortez Catherine
Cuaresma Cicilia
Cubillas-Calimlim Ma. Reylita
De la Cruz Florencia
De la Cruz Mary Anne
De la Pena Beverly
De Leon Madelene
De Leon Nancy
Diego Helena
Diga Josanni Florentina
Dimaano Lea
Dimaano Veronica
Duenas Roland
Dumlao Puritas
Dionisio Analiza
Dumdum Ma. Joji
Fontillas Raymund Alfredo
Garcia Jose
Garcia Mary Lou
Garin Emmanuel
Goco Ma. Christina Estrella
Gonzales Boenargeson
Gutierrez Evelyn
Ho Hospicio
Ibanez Ela
Ilagan Marivic
Isaguirre Ma. Clara Teresa
Jovellanos Eufrosina
Kuison Josefa
Lapuz Annabel
Lavina Ma. Elizabeth
Librojo Rene
Lim Rosie
Lim Wilson
Lorenzo Ma. Lilibeth
Macaraeg Jose
Malaga Ma. Consuelo
Mangohig-Abejo Rosita
Mamuric Janette
Masilungan Edita
Miranda Emma Concepcion
Montana Rowena Ruth
Mupas Julieta Andres
Naval Sulian Sy
Ocampo Cherry
Ocampo Frayda
O'hara Cynthia
Okol Ma. Dolores
Pamaran Guia
Patajo Jose
Paz Liza Marie
Pe Benito Ely
Rabuya Roberto, Jr.
Racelis Jacqueline
Rafael Dolores
Razon R.L.
Rodriguez Ana Marie
Santos Deana
Sanchez Ma. Norilin
Sison Narato Jovin
Sy-Saguil Ruth
Tan Florita
Tolentino Ma. Christy
Toreja-Cruz Teresa
Tucay Edwin
Uy Diosdado
Veloso Andrea
Veneracion Arlito
Villaraza Balthazar, Jr.
Yanuaria Maybelle
Yapendon Fresco
Zulueta Roxane

The Fifth Diabetes Workshop

Site: Paradise DJ Resort, Malolos, Bulacan
Cooperating Chapter: Bulacan Chapter
Coordinators: Dr. Nimfa E. de Guzman, Dr. Ma. Josefa C. Yanga, Dr. Lina Lantion-Ang, Mr. Jun-jun Monte de Ramos
Dates: December 7-9, 1992

Registrants

Abon Eloida
Abon Ferdinand
Alday Ricardo
Arellano Eufemia
Bacay Marcelina
Bordador Lourdes
Bordador Teodoro
Caballoso Benito
Carlos Raymundo
Capiral Helen Glocielyn
Castillo Marci
Custodio Violeta
Dabu Amado
De Guzman Elpidia
De Guzman Nimfa
De Lara Milagros
De Mesa Estelita
Dionisio Jomie*
Enriquez Rowena
Fabian Cynthia
Fulgencio Ricardo*
Garces Dennis
Gayagoy Cecilio
Gemarino Mike
Hermogenes Leticia
Hicaro Rey
Hilado Fe
Lopez Felicitas
Luciano Bonifacio
Medalla Concordia
Mendoza Criselda
Mendoza Ron*
Mesina Fe*
Morales Antonio
Ramirez Roberto
Ramos Evangelina
Regalado Roberta
Reyes Magdalena*
Rodriguez Ester
Roque Alipio*
San Gabriel Jasmin
San Pedro Alejandro
Santiago Josephine
Santiago Rene*
Santiago Roel*
Santos Sylivia
Santos Willy*
Tordesillas Juan
Tordesillas Virginia
Villacorta Lourdes*
Villacorta Juan
Villaluz Ma. Corazon
VillaricoLeila May
Visaya Marie
Yanga Ma. Josefa

* *Incomplete Attendance*

Chapters...

(From page 3)

Dr. Teresa Cabilin
Treasurer
Dr. Derick Acaylar
P.R.O.

Board of Directors:

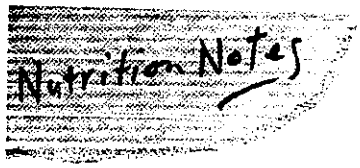
Dr. Nenita Lacaya
Ms. Imelda Adasa
Ms. Ruby Dalman
Dr. Carmencita Icao
Ms. Charissa Adasa
Dr. Tiburcio Macias
Dr. Johnny Franco
Dr. Rey Acis

Constitution....

(From page 1)

3. The expulsion of any member of the Board of Directors with two successive unjustified absences from the Board's meetings.

4. The submission of a quarterly written and audited financial report of the Association by the treasurer.



The American Diabetes Association (ADA) nutritional recommendations* call for a diet that contains: **Carbohydrates.** Ideally, up to 55 to 60 percent of calories from carbohydrates. Foods containing unrefined carbohydrates with fiber (cereals, beans and legumes, starchy vegetables) should be substituted for foods containing refined carbohydrates (cakes, cookies, and prepared foods containing significant amounts of sugar). Some people may be able to include small amounts of foods containing table sugar (sucrose) and other refined sugars in their diets.

Protein. 0.8 gram of protein per kilogram of body weight per day. This is about 43 grams for a 120-pound person, 54 grams for a 150-pound person, and 65 grams for a 180-pound person.

Fat. Less than 30 percent of calories from fat. Replacing saturated fat (meats and dairy products) with unsaturated fats (vegetable oils and margarine) may help lower cholesterol and help prevent heart disease.

Cholesterol. Less than 300 milligrams of cholesterol per day.

Fiber. Up to 40 grams per day of fiber, or 25 grams per 1,000 calories, particularly the soluble form of fiber that is found in beans, oat products, and fruits.

Sodium. Less than 1,000 milligrams of sodium per 1,000 calories, not to exceed 3,000 milligrams of sodium per day. 1,000 milligrams of sodium is equal to about 2,400 milligrams of salt (about 1/2 teaspoon).

Sugars. ADA also has made recommendations on the use of calorie-containing sweeteners. Along with sucrose or table sugar, these include honey, molasses, high-fructose corn syrup, sugar alcohols (sorbitol and mannitol), and hydrogenated starch hydrolysate. Recipes containing more than 1 teaspoon (5 grams) or less of caloric sweetener per saving may be included in a balanced meal plan. Recipes containing more than 1 teaspoon but less than 1 tablespoon (5-15 grams) are for occasional use only; try to limit the number of servings of these foods to one per day. Recipes containing more than 1 tablespoon (15 grams or more) of caloric sweetener are generally not recommended for people with diabetes. (Grams are based on the average value of all calorie-containing sweeteners.)

In deciding whether an advertised food would be appropriate for your diet, read the label carefully. The American Diabetes Association requires all food advertisers to comply with our Position Statement on Food Labelling** or to submit an acceptable plan to do so. In this way, the Association hopes to encourage manufacturers to provide complete and easy-to-understand nutritional information to help consumers make appropriate food choices.

In the meantime, careful label reading is your best bet to ensure healthy eating. You can use both current guidelines of the U.S. Food and Drug Administration (FDA) and guidelines in the ADA Position Statement on Food Labeling to decipher a label. (note that the FDA is currently revising labeling guidelines, so that standards soon may be tougher.)

Some label terms now have definitions set by the FDA. here is what comonly used label terms mean:

- *Low-calorie* foods can have no more than 40 calories per serving and 0.4 calorie per gram.
- *Reduced-calorie* products have at least one-third fewer calories than a regular product.
- *No added salt* means that no salt has been added in the preparation of the product. The sodium that is naturally in a product will still be there.
- *Sodium-free* means less than 5 milligrams of sodium per serving. *Very low sodium* means less than 35 milligrams per serving. *Low sodium* is less than 140 milligrams per serving.

Check that the serving size on a food label is reasonable and appropriate. ADA's Position

(Continued on page 8)

Nutrition... (From page 7)

Statement on Food labeling sets the following guidelines for serving sizes:

- Servings should be in a typically used size and given in a common household measure (such as cup) and in grams.
- Food packages advertised as single-serving containers should provide nutrient information based on the whole package.
- If packaged food requires the addition of another ingredient (such as the addition of milk to cereal), the nutritional label should be based on the content and portion size of both the packaged ingredients and the product as consumed.
- Any comparison with another product (for example, involving claims concerning a reduction in calories), must be based on the serving size and not the entire package.
- Calorie and nutrient content should be shown per serving and include: calories; carbohydrates; dietary fiber;fat, including both saturated and unsaturated fat; cholesterol; protein; and sodium.

One of the trickiest areas of label reading is understanding special terms used to describe foods. The following terms may be confusing:

- ADA has said that the terms low sugar, diabetic, dietetic, and lite or light have no generally accepted definitions and should not be used in labeling. However, FDA currently allows use of the terms dietetic or diet for foods that meet standards for low- or reduced-calorie foods.
- Current FDA guidelines say that the terms sugar-free, sugarless, and no sugar cannot be used to describe foods containing sweeteners such as sucrose,dextrose, fructose, lactose, maltose, honey, corn syrup, fruit juice, fruit juice concentrate, and molasses. ADA guidelines oppose use of the terms no sugar added, made without sugar, and unsweetened for foods containing these sweeteners.

FDA now allows products containing sugar alcohols (sorbitol, mannitol, or hydrogenated starch hydrolysate) to be labeled sugar-free or an equivalent term. These foods may raise your blood-glucose levels less than sucrose, but they contain the same number of calories and must be factored into your meal plan. Because consumers have a right to expect that something labeled sugar-free is low or reduced in calories, the label must alert them if this is not the case with a warning such as "Not a reduced-calorie food" or "Not for weight control."

ADA guidelines say that the terms reduced cholesterol, low cholesterol, or cholesterol free suggest that cholesterol has been removed from the food. Therefore, the terms should be used only for foods that have been processed to remove some or all the cholesterol, not for foods that are naturally free of cholesterol. The FDA has already stopped manufacturers from using the term "cholesterol free" to describe margarines because they naturally do not contain cholesterol.

From Diabetes Forecast, March 1992

DiabetesWatch

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PHILIPPINE
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