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# DIABETES WATCH

A Publication of the Philippine Diabetes Association, Inc.

May - August, 2006 YEAR XXIII, NO.2

## How can I quit smoking?

## Pushing for a UN resolution on diabetes

## Lean Talk: Pilates

## The Syndrome X-files

## Iridology: What the eye doctors say

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**References:**

1. Cuzi K, Consoli A, DeFronzo RA. Metabolic effects of metformin on glucose and lactate metabolism in non-insulin dependent diabetes mellitus. J Clin Endocrinol Metab 1996; 81 (11): 4059-67.
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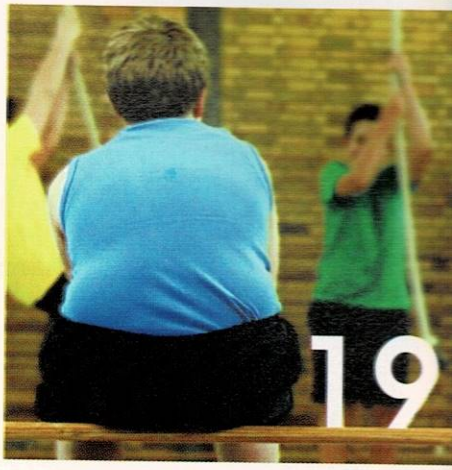


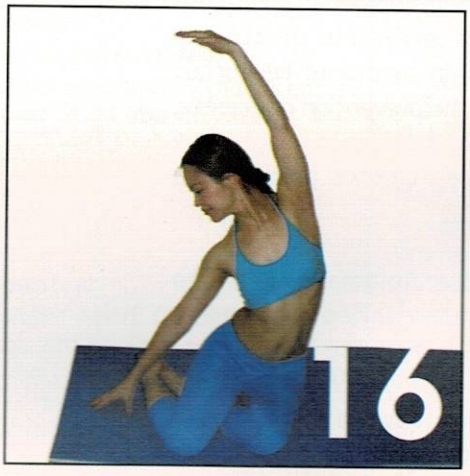


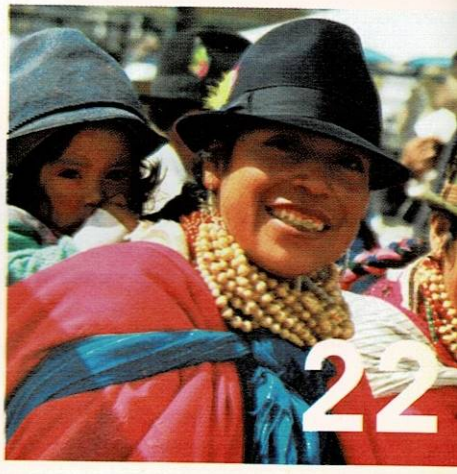






## Regular Articles

# The President speaks

The International Diabetes Federation is leading a campaign to pass a United Nations resolution which seeks to make the current World Diabetes Day (Nov. 14, 2006) a UN observed day. Member countries are encouraged to recognize the human, social and economic costs of the diabetes epidemic and to use cost effective strategies within available resources for the prevention of diabetic complications in people who have diabetes and for the prevention of diabetes itself.

The top- down approach will use diplomatic means to approach each Member State in the United Nations and will aim to secure a majority vote in the UN General Assembly. The bottom- up approach will create a global awareness campaign that will aim to reach 1 billion people using existing diabetes structures, IDF networks (Global, 7 Regional Councils and over 190 Diabetes Associations), and the extensive communications networks in industry, professional societies, community service organizations, etc.

The expected outcomes of this initiative include increased global awareness of diabetes, development of affordable public health strategies for the prevention of diabetes, individual nations making diabetes a health priority, and then eventually more research towards a cure for diabetes.

With this as a goal the four societies involved in diabetes care, the PDA, PSEM, ISDF and Diabetes Center are linking hands to support this IDF led initiative and joining the diabetes world in uniting for diabetes!

MA. TERESA PLATA QUE, M.D.


# DiabetesWatch

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"An affiliate society of the Philippine College of Physicians" (PCP)
"A member of the International Diabetes Federation" (IDF)





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MEANDERINGS

# Adiponectin, *the good fat hormone*

**Augusto D. Litonjua, MD**
*Editor Emeritus*

***A proper diet and regular exercises, through their weight reduction effects - will increase the levels of this fat hormone, adiponectin. A recent clinical study showed that oolong tea is also associated with a rise of adiponectin.***

Perhaps, the most talked about disease condition these days in the Metabolic Syndrome-a disease complex that involves two or more the following conditions: hypertension, type 2 diabetes or glucose intolerance, high triglycerides in the blood, and a low good cholesterol or high density lipoproteins ( HDL.1). The disease complex is bannered by a big waist circumference (more than 80 cm in women, and more than 90 cm in men). The big waist circumference suggests that much fat accumulated inside the abdomen.

When the subject is lean or of normal weight, the fat cells inside the abdomen produce a substance called adiponectin. This is a good hormone because it protects the person from acquiring diabetes mellitus and heart disease. The harmful hormones are held in check. But, when fats cells increase in size and number within the abdominal cavity, then a reverse phenomenon happens-the good hormone, adiponectin decreases in amount and the bad hormones which are responsible for hypertension, type 2 diabetes mellitus, disorders of the metabolism-increase in amount The person then acquires the Metabolic Syndrome which predisposes him to a heart disease.

Thus, in the near future, an easy way to the diagnosis of the metabolic Syndrome would be to demonstrate in the blood a low level of adiponectin. This is not being done at this time.

On the other hand, efforts are being made to increase the levels of adiponectin in the person with the Metabolic Syndrome, characterized by what is known as visceral obesity clinically measured as a big waist circumference.

N. N. Chan, et al, enumerates the present medications that can raise the adiponectin levels in the individual. (Medical Progress, June 2006):

1. The anti-diabetic drug, glimepiride, has been shown in 2 studies to increase adeponectin in type 2 diabetic patients, along with improving the glucose in the blood.

The drug has been shown to do this directly on the fat cells, independent of its glucose lowering effects. No other antidiabetic drug of the sulfonylurea type has been shown to produce this effect.

2. The thiazolidenediones (locally marketed as pioglitazone and rosiglitazone) have been shown to increase the circulating levels of adiponectin through their effects on the nuclei of certain cells. In a study of 136 patients in Japan, treatment with pioglitazone for 3 months, significantly increased plasma adiponectin concentrations, along with reducing the bad hormones produces by the abdominal fat cells.

3. Angiotensin II Receptor Antagonists - these are a class of medicines which help to lower the high blood pleasure of patients. Such drugs go by the name of candesartan, telmisartan, irbesartan, losartan - all of them have been shown in clinical trials to increase adiponectin levels.

Thus, patients with the Metabolic Syndrome with type 2 diabetes mellitus may have the added effects of adiponectin raisers if they use glimepiride and the thiazolidenediones to lower their blood sugars. In addition, if they have high blood pressure, the use of the aldactone receptor blockers will also impart the benefit of having their blood adiponectin go up. And finally, if there is a lipid abnormality, the use of statins will give the added benefit of having their adiponectin levels also elevated.

Of course, there is also a non-pharmacological (non use of drugs) way of increasing the adiponectin in the blood. A proper diet and regular exercises, through their weight reduction effects - will increase the levels of this fat hormone, adiponectin. A recent clinical study showed that oolong tea is also associated with a rise of adiponectin.

Thus, if you are overweight and obese, and may have the Metabolic Syndrome, ask your physician to review your medications, and probably switch over to those drugs which have been shown to increase the adiponectin in your body.

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# EVERYTHING YOU'VE ALWAYS WANTED TO KNOW ABOUT DIABETES (BUT WERE AFRAID TO ASK...)

**Roberto C. Mirasol, MD**
*St. Luke's Medical Center*

In this issue of DiabetesWatch, we talk about your cholesterol and other fats and how it can affect your health. These fats have gained importance in recent years because of several studies that show increase in heart disease with elevated levels. Oh, cholesterol! That which makes our food heaven to eat but will make us miserable in excess amounts.

**Q A What is cholesterol?**

*Cholesterol is made by the liver and it is the oily and waxy substance in our blood. It is also found in the food we eat. Foods from animals, such as egg yolks, beef meat, pork fat, poultry (especially chicken skin) and whole-milk dairy products are rich in cholesterol. We need cholesterol to make hormones and build cell membranes and other tissues. Too much LDL cholesterol (bad cholesterol) circulating in the bloodstream can lead to build up of fatty deposits in the inner walls of the arteries called atherosclerosis.*

**Q A I do not eat very fatty foods, why is my cholesterol still high? Do I get high cholesterol only from the food I eat?**

*No. You may have the genetic predisposition to high cholesterol levels. Your liver may be producing a lot of cholesterol. Typically the body makes all the cholesterol it needs, so we don't need to consume it. A greater percentage, however is absorbed from the food we eat. You may not be aware that there are hidden fats and consumption of these will increase your cholesterol as well. Saturated fatty acids are the main culprit in raising blood cholesterol, which increases your risk of heart disease.*

**Q A What is bad cholesterol?**

*Cholesterol and other fats can't dissolve in the blood. They have to be transported to and from the cells by special carriers called lipoproteins. Low-density-lipoprotein (LDL) cholesterol is called "bad" cholesterol. When too much LDL cholesterol is in your blood, it may be deposited in the inner walls of your arteries. Together with other substances, it can form plaque and cause your risk of heart disease to increase. A clot (thrombus) that forms near this plaque can block the blood flow to part of the heart muscle and cause a heart attack. If a clot blocks the blood flow to part of the brain, it results in a stroke. You will often times be prescribed a statin that would lower your bad cholesterol.*

**Q A What is good cholesterol?**

*High density- lipoprotein (HDL) cholesterol is called the good cholesterol. Higher levels of these are protective against heart attacks. About one-third to one-fourth of blood cholesterol is carried by HDL. Medical experts think HDL tends to carry cholesterol away from the arteries and back to the liver, where it's passed from the body. Some experts believe HDL removes excess cholesterol from plaques and thus slows their growth. The opposite is also true: a low HDL level (less than 40 mg/dL in men; less than 50 mg/dL in women) indicates a greater risk. A low HDL cholesterol level also may raise stroke risk.*

**Q A How about triglycerides? I have LDL levels which are good but my triglycerides are elevated. Should I be concerned with my triglyceride levels?**

*Triglycerides are the chemical form in which most fat exists in food as well as in the body. They're also present in blood plasma and, in association with cholesterol, form the plasma lipids. Normal levels should be less than 150 mg/dl. It is usually elevated in people who have uncontrolled diabetes. People who drink a lot of alcohol, do not exercise and who eat a lot of complex carbohydrates usually show elevated triglycerides. Several studies have shown that it is a risk factor as well.*

**Q A If both my LDL and triglycerides are elevated, will I need to take two medicines? They are quite expensive. Help!**

*A lot of it will really depend on you. You will be asked to go on a low fat diet. You will be asked to reduce the amount of saturated fats in your diet. These are the animal sourced fats. You also will be asked to use good oils - vegetable sourced oils and to decrease intake of fried, greasy foods. Avoid junk foods. Changes in lifestyle habits are the main therapy for dyslipidemia. Weight reduction is absolutely necessary. Refrain from alcohol and smoking. Be physically active. You may be started on statins and lipid profile will be repeated to determine adequacy of therapy. In certain instances two drugs maybe necessary.*

**Q A What numbers should I remember for LDL cholesterol?**

*People with diabetes have the same risk for heart disease and stroke as people who already have cardiovascular disease. So their target levels for LDL cholesterol are lower. So keep your LDL cholesterol level below 100 mg/dL. In some cases, if you have other cardiovascular risk factors, your healthcare provider may want your level to be below 70 mg/dl.*

Watch what you're eating! Enjoy life with fewer complications from diabetes!

Do you have questions? Call or fax us at 5311278 or e-mail me at *mbmirasol@yahoo.com*.

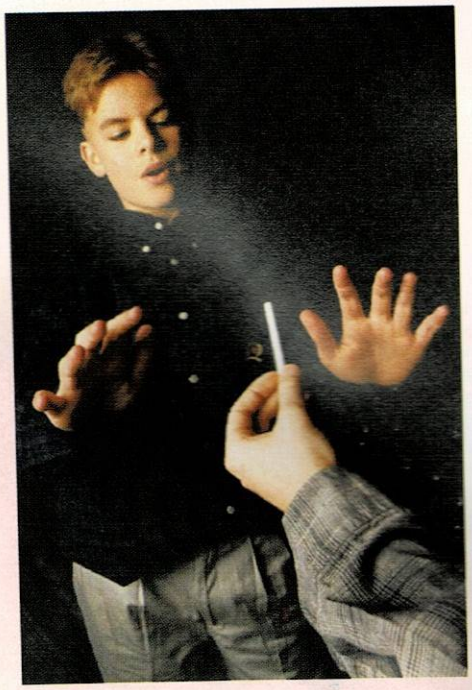
# Smoking and quitting

Luisito F. Idolor, MD
*Lung Center of the Philippines*

Almost everybody is aware of the ill effects of smoking. One person dies every ten seconds due to smoking-related diseases. Cigarette smoking is a major cause of cancer death and has been identified as a significant risk factor for the development of both respiratory symptoms and diseases. It is a major cause of atherosclerotic disease and is considered one of the three major risk factors for coronary heart disease, along with hypertension and cholesterol disorders.

However, more people smoke today than at any other time in human history.

Data from a local newspaper claim that one in 3 adult Filipinos smoke (1999 study). The same study showed that 35 million Filipinos are passive smokers and 60% of all Philippine households are not smoke-free. 40% of adolescent boys (aged 10-14) while 19% of adolescent girls or about 2.5 million young Filipinos smoke. Majority of these young smokers, according to the report, said peer pressure was one reason why they started smoking. Most of them now wish they did not smoke and about 2/3 have tried to give up smoking.



People who quit smoking live longer than those who continue to smoke. Quitting smoking decreases the risk of acquiring lung cancer and many other cancers, heart disease, stroke, chronic lung diseases, and respiratory illness.

A variety of aids have been produced to help smokers in stopping smoking. The earliest materials were filters, stop-smoking books, guides and pamphlets, and quit kits. Later, audiotapes and smokeless cigarettes were marketed. More recently, videos and computer programs have become available to assist smokers in their predicament.

Formal smoking cessation programs using selected guides, printed materials, behavior modification techniques and trigger films presented by extensively-trained volunteers was eventually introduced. Stress management including hypnosis and acupuncture were also used. The effectiveness of hypnosis and acupuncture are generally poorly documented or anecdotal.

Pharmacologic approaches for smoking cessation are nicotine treatment and bupropion. NRT or nicotine replacement therapy is the first successful pharmacologic approach to smoking cessation. The effectiveness of nicotine treatment and bupropion, an antidepressant drug, depends upon their ability to suppress the nicotine withdrawal syndrome after smoking cessation.

Utilizing nicotine treatment and bupropion requires professional help (i.e. a doctor or somebody trained in the use of these medications). For smokers who might want to quit smoking on their own, here are some tips to follow:

First of all, assess your readiness to quit smoking. You must be motivated to quit and really want to stop smoking. Patients who are not ready to quit smoking may have difficulty in discontinuing the habit, more so if they are already addicted to nicotine.

Choose a quit date. This can be any day that you are prepared to stop. However, picking a date that has some significance in your life like your birthday, wedding anniversary... may be better.

You can stop "cold turkey". This means that on the chosen date that you want to quit, you don't smoke at all, not even a single stick. You can also cut down the number of cigarettes you smoke a day until you reach your quit date. Reports have shown that quitting abruptly or "cold turkey" may be more effective than the gradual reduction of the number of sticks you smoke a day.

Utilize strategies to cope with sudden urges to smoke (i.e. Stop-Think-Act technique). Say STOP to yourself when you feel the urge to smoke. THINK of the reason/s why you are quitting and be convinced that you can overcome the strong temptation to smoke. ACT, get up, move around, keep yourself occupied and your hands busy, talk to a friend, take a deep breath, relax or get out and engage in sports.

You may experience withdrawal symptoms after quitting. These symptoms may last for 2-4 weeks depending on the individual. Withdrawal symptoms may come and go and may get stronger or weaker or remain the same. What is important is to anticipate them and be prepared to handle them. If you have difficulty in overcoming these symptoms then it may be advisable to seek professional help.

Withdrawal symptoms may manifest as headache, tiredness, coughing (may be unexpected because you have stopped smoking), trouble with sleeping or insomnia, constipation, irritability, increased in appetite (food may taste better), lack of concentration and severe craving for cigarettes.

When quitting, it may help if you involve relatives and friends by informing them that you have decided to quit. Solicit their help, advice and understanding while you are in the process of quitting. Ask somebody close to you (family member of friend) for constant source of support.

"Buddy system" may be employed. Having a friend who may also want to quit smoking may prove advantageous by providing support to each other. Comparing notes and experiences with your buddy may reinforce your will to resolve your problem of smoking.

Get rid of cigarettes, lighters and matches, and ash trays in your house, bedroom and office.

Avoid the company of smokers. You may be tempted to smoke when you are with them and may have difficulty in resisting the temptation to light a cigarette once offered to you.

Avoid coffee and alcohol. Drinking coffee may strongly influence you to smoke because of the previous habit of smoking while drinking coffee. Alcohol can make you lose your self-control and you may end up smoking without even knowing it.

Three main tips in "Breaking the Habit":
1. Do something instead of smoking
2. Avoid tempting situations
3. Stick with your effort to stop smoking

A slip or relapse may occur especially in patients who are trying to quit for the first time. Smoking one cigarette in unguarded and unexpected moments does not end the effort to quit. Smokers sometimes slip but don't be distressed about this one-cigarette lapse. Don't feel defeated and give up the effort to quit altogether. Continue the effort to be nicotine-free and use this experience to learn more on how to handle similar or more difficult situations in the future.

Some patients are successful in quitting smoking in their initial attempt. This is more the exception than the rule. Many patients will experience that they are successful only after several attempts (average of 7 attempts) before they are successful.

A relapse is not a failure. It is a learning experience and opportunity to prepare for a future successful attempt. Trying to quit again after a relapse is the key to a successful quitting.

Better still, if you experience difficulty in quitting, seek professional help. Your doctor is the best person to approach if you want to increase your chances of quitting. There are smoking cessation clinics all over the country. You can ask your doctor for a referral in case you prefer to seek the help of these centers.

# FIELD

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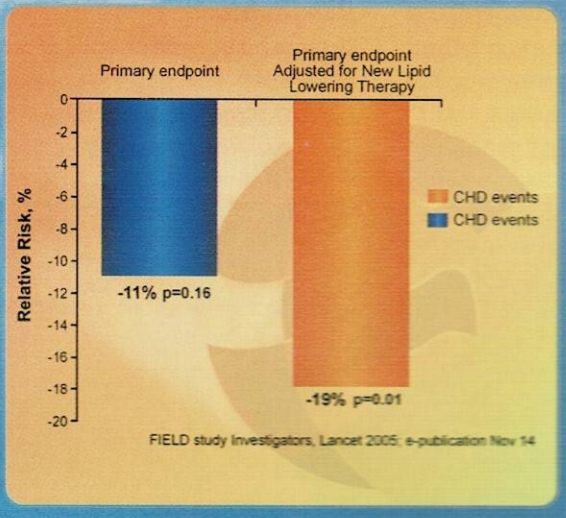
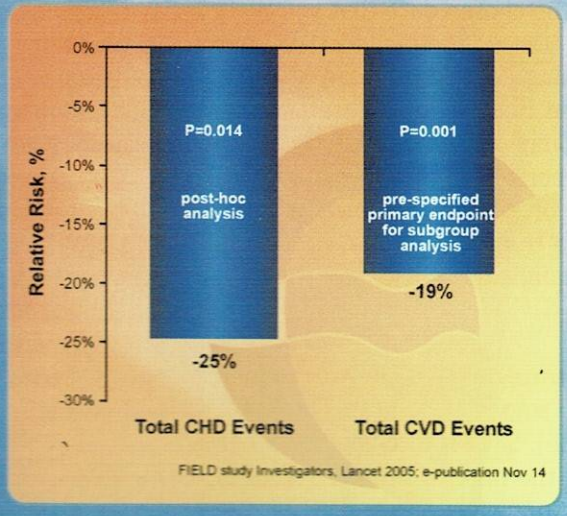



FIELD study Investigators, Lancet 2005; e-publication Nov 14

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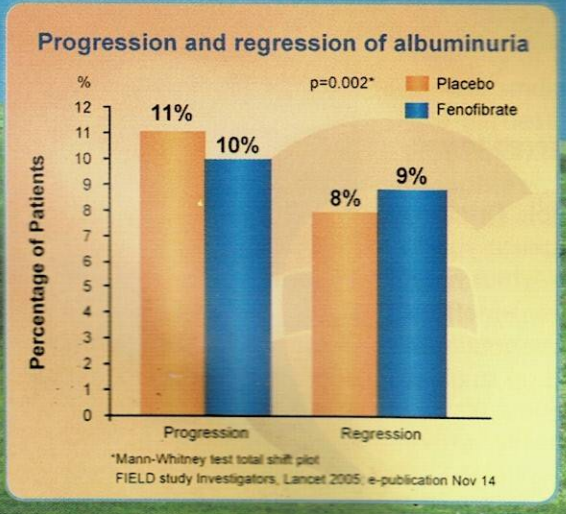
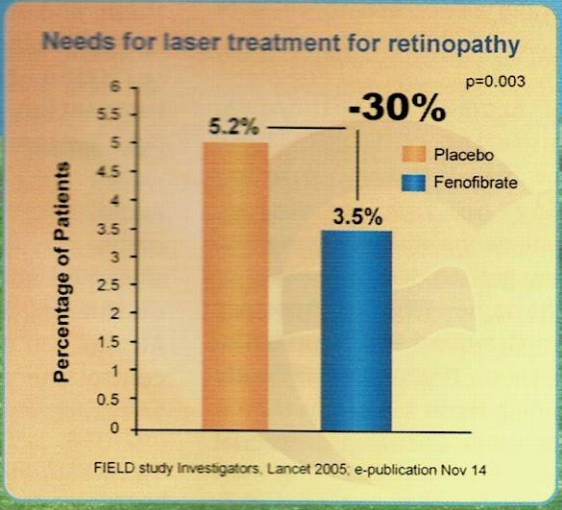
- **Fenofibrate significantly reduces progression of renal and eye disease**




*Mann-Whitney test total shift plot

FIELD study Investigators, Lancet 2005; e-publication Nov 14

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# Managing stress at work

Erlinda Eileen Lolarga
*Psychologist,*
*Ateneo de Manila University*

Have you been experiencing increasing dissatisfaction with your job? Do you get angered, frustrated, or irritated with people and things at the office lately? Or have you noticed these things creeping up on you as you go about your daily grind, i.e. boredom, burnout, fatigue, and a depressed mood? Do you find yourself eating too much, unable to relax or unable to sleep at night? Has the quality of your job performance been going down? Chances are high that you are exhibiting responses to stress in the work place. Work stress as defined by psychologists is a response to various activities and things that are present on the job that lead to negative consequences, physical or psychological, to the people who are exposed to them.

For diabetics, it is especially important to be aware and guard against the physical responses associated with stress such as increased blood pressure and cholesterol, raised levels of disease-causing catecholamine and uric acid, and peptic ulcers. Stress in the workplace might very well have triggered the onset of the disease in the first place. For better or for worse, stress is truly an inevitable part of work and organizational life. It cannot be handled by simply becoming inactive or by running away from the office because work is an important part of our daily lives. As workers and professionals, making a living and making life more meaningful often includes spending most of our time in the work place. How then could we effectively manage stress? What are simple, practical ways to manage stress in the workplace?

Establishing routines and following them in a disciplined way is actually very helpful to diabetics in the workplace. These routines include eating your meals on time, regular visits to your doctor, monitoring your fats and sugar count, taking prescribed medications without fail, and regularly engaging in physical activities that pump up your heart and increase blood circulation. Knowing that you are doing something about stress and that you are in control of things is helpful.

Stress-busting activities, depending on one's preferences could include walking, running, aerobic exercises such as belly-dancing, ballroom dancing, or hip-hop. More relaxing and mentally focusing activities to do could be yoga and shibashi. Enrolling in a gym where exercise facilities are available could be a very wise investment in the long run. For the sports-minded, there is swimming, biking, badminton, tennis or basketball to name a few. You could also treat yourself to a relaxing massage or an exhilarating spa experience. The important thing is that the activities you choose to engage in are something that takes your mind away from the worries of home and office. Doing the activities, moreover, makes you feel good about yourself and recharges your energies.

Activities are especially enjoyable if it is done in the company of loved ones such as family, office mates, and friends.

Social support is a valuable stress buster that helps ease emotional tensions and allows you to communicate hopes, fears, and uncertainties about life to people who will listen to you and offer soothing advice. Being alone for a while also helps one get a grip on things and not be overwhelmed by the workload ahead of you. Taking things one at a time instead of doing them all at the same time is also a good way to manage stress. Simple ways to take your mind off stressful things in the office could be making time to read a book or magazine of your choice, listening to soothing music, or just grabbing a quick nap over lunch time.

You could think of a host of other things that could help you manage stress. Many of the above-mentioned suggestions do depend on one's preferences and inclinations. There are many more things one could add to the list. But perhaps the most popular way of coping and managing stress for Filipinos lies in the realm of the spirit. Being able to pray to God who is always there for you as a source of strength, inspiration, renewal and guidance is one very assuring way to meet life's challenges and the many stresses that come our way.

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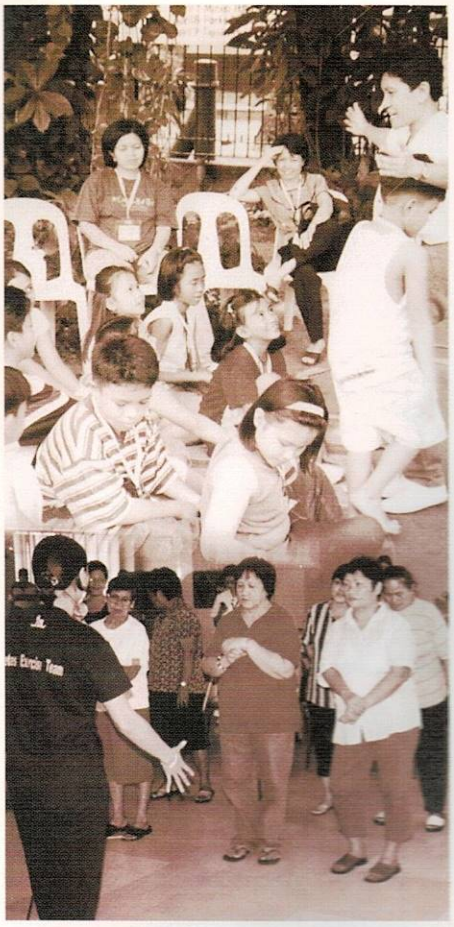
# Diabetes care just around the corner...
## *( find a diabetes clinic near you)*

Florence Amorado-Santos, MD



The increasing number of diabetics is overwhelming. Whether they are newly diagnosed or previously diagnosed, still, patients with diabetes are sprouting like mushrooms (as I always quote in my clinic), urban or rural setting alike. In reality it wouldn't be possible for just a bunch of primary care physicians or specialists to handle all these patients in terms of emphasizing awareness and prevention which are the most important aspects in the management of this disease.

From my personal experience, the first consultation with a diabetic patient would usually take at least 30 minutes or even more before you are able to cover everything (well, almost everything) that a diabetic should know...physical care from head to toe, diet, follow-ups and medication compliance. It could really be physically draining once you get off from the clinic after having several consults. But the dictum is, each patient must receive individualized attention but the same amount of information time and time again.

Fortunately, we now have the diabetes clinics ( and they are not just like your any ordinary clinics).

A diabetes clinic is usually found in a hospital set-up or a doctor's clinic. These satellite clinics are either affiliated with the Philippine Center for Diabetes Education Foundation, Inc. (PCDEFI) or the Consortium of Government Diabetes Clinics, Inc. under the Institute for Studies on Diabetes Foundation Inc.

All of these diabetes clinics have the thrust of providing adequate diabetes education to patients admitted in the hospital or even to outpatients. An example of this is the St. Thomas Diabetes Center of UST Hospital which offers different lecture modules covering the nature of diabetes, foot, skin and dental care, blood sugar monitoring, insulin injection instructions to patients and relatives, dietary counseling, oral hypoglycemic agents and gestational diabetes. A group of patients meet once a month ( the meetings are called Ugnayan) where they can avail of free blood sugar and cholesterol determination, foot screening and free lecture on different relevant topics on diabetes. Most private hospitals' diabetes clinics have the same set-up.

The Consortium of Government Diabetes Clinics Inc. is a conglomeration of full-pledged diabetes clinics of member government hospitals. Their services are focused on treatment, diabetes education, lay support groups, training lay educators and complications and risk assessment. They also follow a common protocol for optimal diabetes care with the goal of fighting diabetes through prevention. In some clinics, patients can have free glycosylated Hgb determination every 3 months, weekly free blood sugar determination, free consultation and foot screening.

With all these diabetes clinics under the supervision of dedicated doctors, nurse educators, dietitians and lay persons and the support of pharmaceutical companies which offer free glucose and cholesterol strips, microalbuminuria tests, foot screening devices, ECG, lay forum and sometimes starter doses of medicines, our goal of helping our patients meet their treatment targets will not go off-track.

Indeed, the responsibility seems to be overpowering. But, it is only thru joint efforts that we can be assured that our race against time to save our diabetics from the devastating complications and those at risk for diabetes to be educated on diabetes prevention, could definitely bring us to the finish line with flying colors.

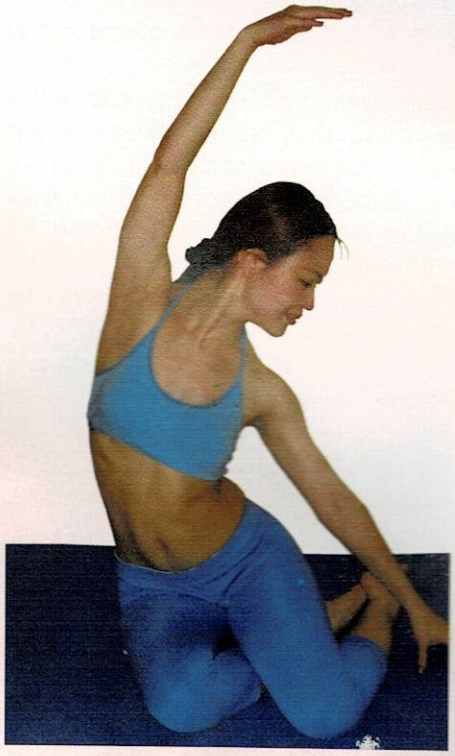
For a complete list of these diabetes clinics you can call the Philippine Center for Diabetes Education at 8936070 or the Consortium of Government Diabetes Clinics, Inc. at 9420313.

# Lean Talk: PILATES

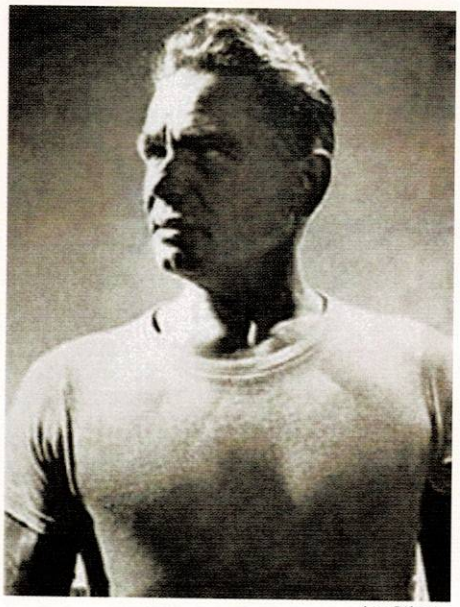
Rachelle Anne Que

The standard for beauty in our society today is heightened by Hollywood. Filipinos are constantly being bombarded by images of beautiful and sexy Hollywood celebrities -sexy being skinny. Whereas sexy, decades before meant voluptuous -giving you an image of Marilyn Monroe -today it means skinny, and an image of Cameron Diaz comes to mind. It is evident that media defines and depicts beauty, as it does almost everything else in pop culture. And media being the channel for communicating everything from education to advertising, the Filipinos have inescapably adopted the "skinny is beautiful" mindset. Because of this, people have turned to all kinds of diets, exercises, and even "cosmetic betterments" to achieve this goal for weight loss.

This interest in weight loss has given birth to so many gyms and fitness centers. These centers offer all kinds of exercises like: weight training, aerobics, cardio workouts, yoga, belly dancing, and Pilates, among others. Pilates has been one of the better alternatives of the Filipinos as their workout regimen. Unlike gym exercises -running on the treadmill and lifting weights -which can become repetitious, Pilates offers a workout program that not only exercises the muscles, but lets one relax at the same time. Also, it allows the practitioner know his body more in terms of flexibility and coordination. In contrast with gym workouts which focus on one body part at a time, Pilates works on muscles and joints in conjunction with other areas of the body that one would regularly use in his daily activities. This is one benefit Jill Ngo, a certified Pilates instructor and former professional dancer, stresses: "Pilates helps a lot 'cause you don't get bulky.



Pilates entails contrology, "the complete coordination of body, mind, and spirit." Doing the exercise involves the control of the movement of muscles in the body by the mind. Pilates can either be done on spring-rigged machines or on the mat; exercises on both improves the body's flexibility, stamina, and sense of balance. Because Pilates equipments are bought abroad, classes that offer the use of these machines are more pricey than the mat-based Pilates classes. The Pilates workout on the mat would be more enticing and suitable for those who wish to stay on a budget. That doesn't mean though that you would be getting less of the Pilates experience and its promising benefits. Aside from being offered to the market at a lower price, mat-based Pilates also guarantees the practitioner more control of his body movements. People would be able to stay on the program longer and frequency is a factor in Pilates because the more regularly Pilates is exercised, the better its benefits on the body will be.

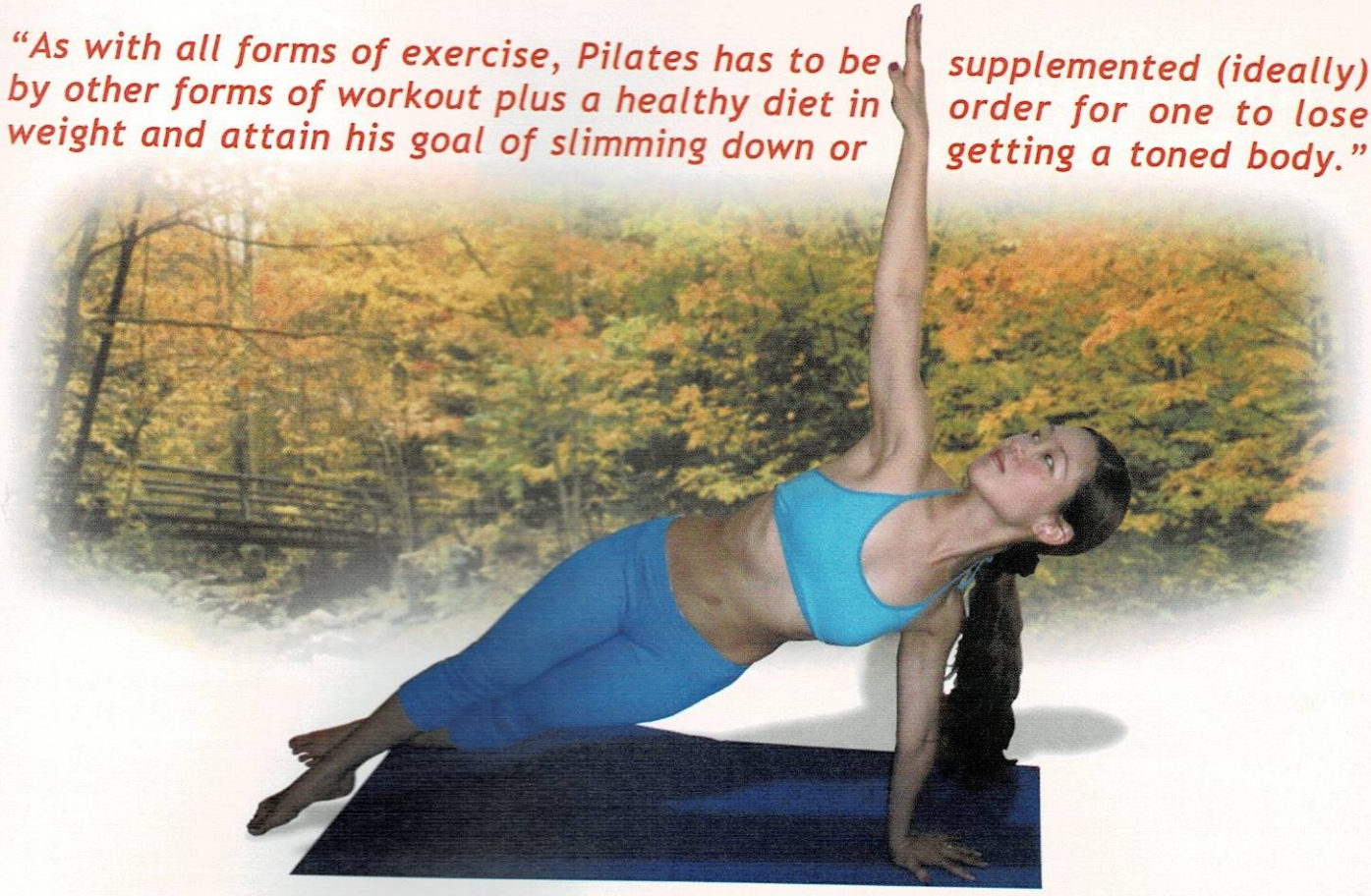


*Joe Pilates*

In the late 1900's, Joseph Hubertus Pilates created a body balancing system primarily to improve the condition of his fragile body. He was inspired by a variety of movement techniques; influences ranging from sports programs to yoga and different animal movements. In America, his experience with dance gurus like George Balanchine and Martha Graham further advanced his ideas for the exercise and developed it into a more preferred therapeutic exercise for the injured.

The Pilates exercises were designed to condition the body through stretching; strengthening and toning, uniting the body and mind to create a more streamlined body shape. It entails a working out of the mind and spirit as well as the body. A Pilates workout is energizing; it promotes flexibility without straining the joints. It slims

*"As with all forms of exercise, Pilates has to be supplemented (ideally) by other forms of workout plus a healthy diet in order for one to lose weight and attain his goal of slimming down or getting a toned body."*



down the midsection, improves the body's alignment and posture, and builds up stamina.

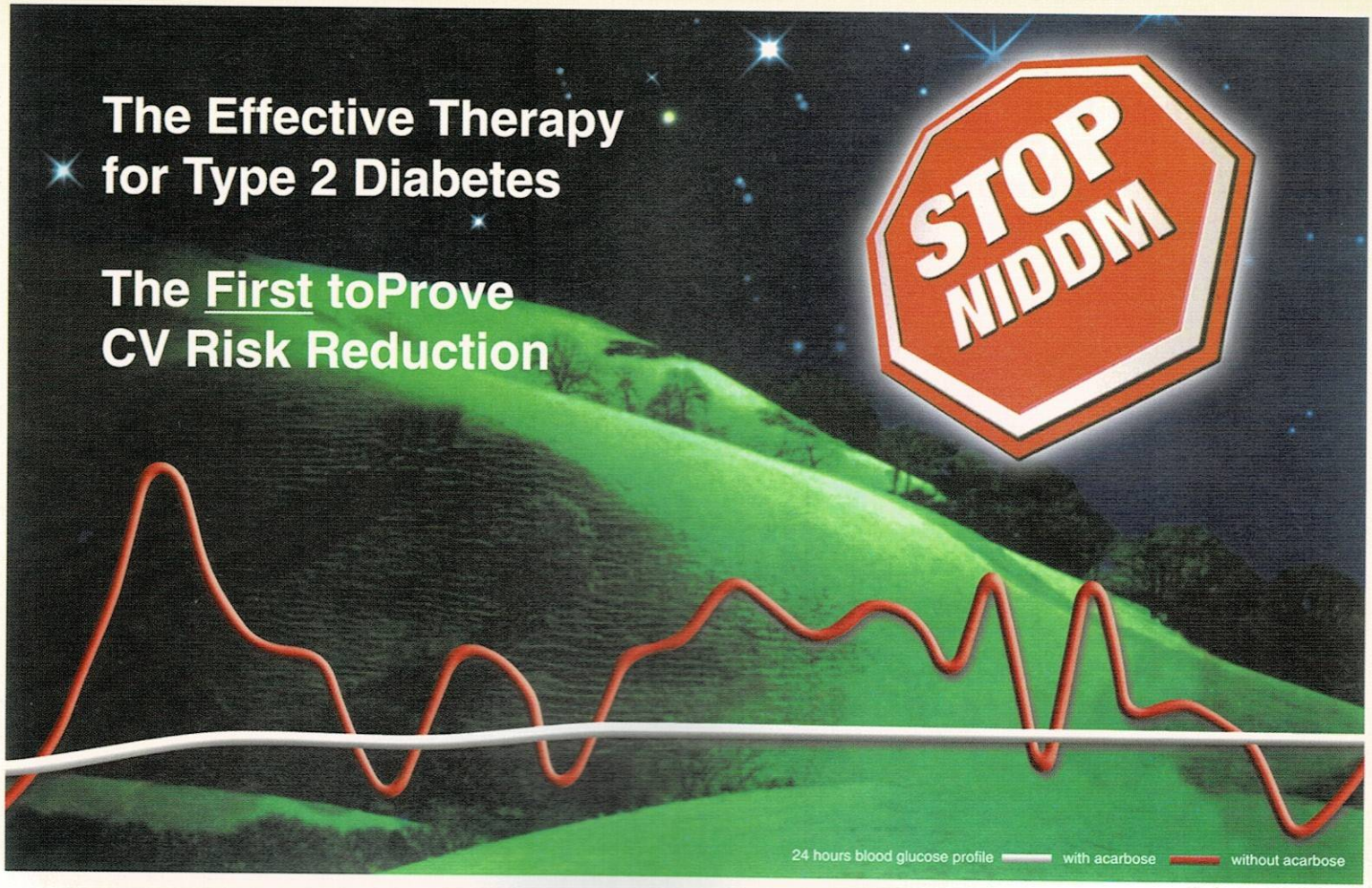
A number of physiological elements come into play in Pilates. The first, breathing, is important in order to do the exercises effectively. Proper breathing allows energy to move throughout the whole body, allowing it to do the movements easier. Control is also important in the art of Pilates. All movements are executed in a precise and flowing manner; never abruptly and unevenly for doing so eradicates the efficacy of the exercise and gives the risk of injuries. Form is also important for it also brings about proper execution and thus, the efficiency of the exercise.

As mentioned, Pilates not only helps one achieve his goals of a better physique, but improves the body's functions as well. It has been known to improve flexibility, breathing, coordination, and posture while also causing a more healthy respiratory and circulatory system. It lessens the incidence of back pain by helping the body's posture as it also increases bone density and joint mobility. Doing Pilates regularly gives a stronger, toned body and a healthy, relaxed state of mind and spirit.

However, one should not expect miracles. We see Hollywood celebrities here and there crediting Pilates for their buff and slim figures. Although Pilates does tone muscles and helps weight loss, it also has to work alongside other forms of workout or a healthy lifestyle for better and more significant effects on the body. "In any exercise, there's no guarantee. 'Cause if you go into that path thinking, 'Ang goal ko is to get thin', you'll just get disappointed and you will blame Pilates for it. You'll say, 'Ay, hindi pala siya effective.' But what if it's not effective for you? Different people (have) different dynamics (and) different effects. I always say you don't just stick to one type of exercise; if you want to do Pilates, you do other stuff as well -play badminton, jog, do bellydancing. Do everything that you can, kaysa 'yung you're just sticking to one thing and you think it's going to help you lose weight," Jill says. As with all forms of exercise, Pilates has to be supplemented (ideally) by other forms of workout plus a healthy diet in order for one to lose weight and attain his goal of slimming down or getting a toned body.

In the Philippines, more and more Pilates instructors are offering their services to interested consumers. It would be important to categorize, though, the certified instructors from the non-certified ones. Teaching Pilates entails great knowledge and mastery of the exercise form; thus, people should be careful to seek only classes under the instruction of certified Pilates teachers.

Pilates is fast becoming a major trend in our country. Alongside yoga, it is one of the most preferred stress-relieving exercises in the Philippines. With its very promising benefits on both mind and body, it sure is a very enticing and refreshing way to lose all that unnecessary flab!

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[1]Mertes G Diabetes Research and Clinical Practice 52 (2001) 193-204;[2]Chiasson J-L et al. JAMA 290 (2003) 486-494;[3]Hanefeld M et al. Eur Heart Journal 25 (2004) 10-16; [4]Chiasson J-L et al. Lancet 359 (2002) 2072-77; [5]Menelly GS et al. Diabetes Care 23 (2000) 1162; [6]Yang WY et al. Chin J Endocrinol Metabol 17 (2001) 131-136

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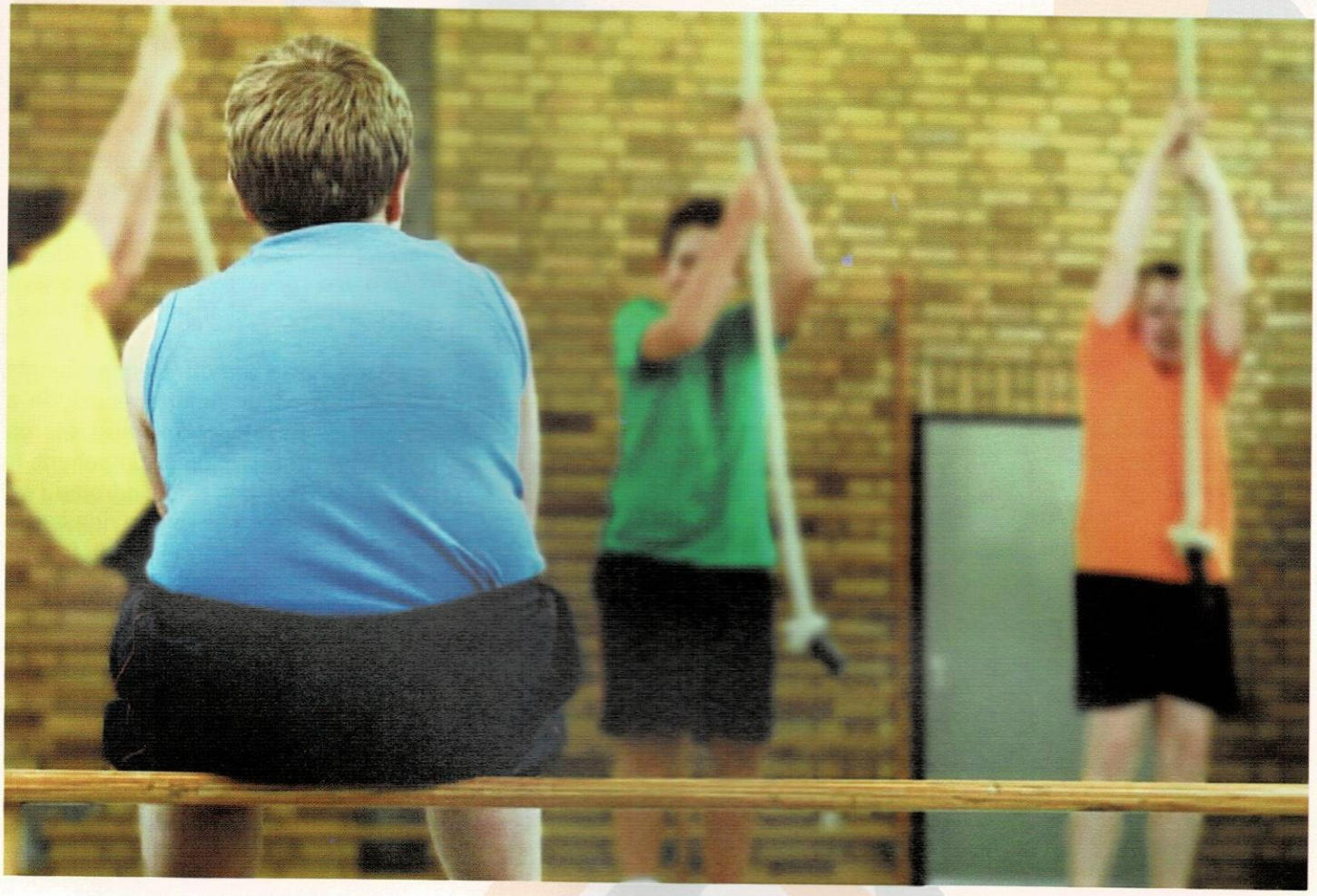
# The Syndrome X-files

**Patricia B. Gatbonton, MD**
*Our Lady of Lourdes Hospital*



The letter X means different things to different people. Talk to a mathematician and he will tell you that in algebra, 'X' stands for the unknown entity. To a pirate, X marks the spot that will lead him to treasure. To a couple in love, X represents kisses at the end of a lover's salutation.

To a physician, X means Syndrome X-the perplexing clustering of metabolic abnormalities with motley other cardiovascular and life-habit risk factors-that are a major cause of disease in this new millennium.

## What is the big deal about syndrome X?

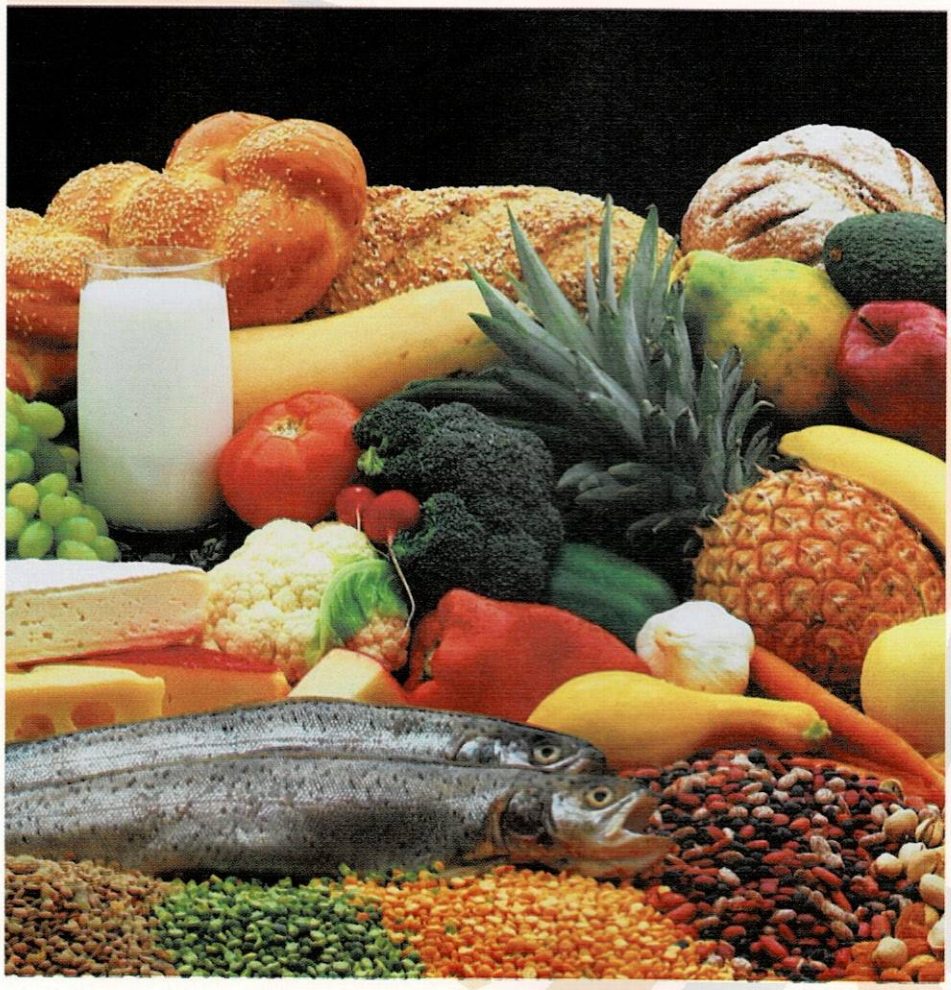
Having the dysmetabolic syndrome X or the insulin resistance syndrome increases a person's risk for cardiovascular disease and diabetes. And even if the syndrome is less of unknown than it was decade ago-it is bigger than anyone first realized and is near pandemic in occurrence. The good news is changes in diet and exercise that restore or maintain healthy body weight can help patients delay or prevent the onset of disease.

## X equals millions

The latest statistics from the United States National Health and Nutrition Examination Survey database (NHANES-III) using the Adult Treatment Panel-III guidelines says the age-adjusted prevalence of the metabolic syndrome among adults was 23.7 percent. Rates were similar in men and women and increased with age. Translating this to hard numbers, some 47 million people in America likely have the metabolic syndrome.

The Philippines is in a similar situation. According to the Department of Health, lifestyle diseases like heart disease,

***The key change to make is to increase servings of fruits, vegetables, and high-fiber whole grains, fish and low-fat dairy products that are nutrient-dense and low energy foods to displace the intake of low-nutrient, high-calorie foods.***



disease of the vascular system (strokes, heart attack) and diabetes rank first, second and eight in the top 10 causes of death in the country.

### The history of X

A recent visitor to Manila, Gerald Reaven, the "father" of the metabolic syndrome was the Christopher Columbus of 1987-when during the prestigious Banting lecture of the American Diabetes Association convention-he ventured to describe the association in certain individuals between obesity, hypertension, diabetes and dyslipidemia as the 'Deadly Quartet.' To explain this clustering, Dr. Reaven proposed the common denominator of insulin resistance. The immense interest in his theory that followed revolutionized scientific thinking-and propelled the search for answers to the chicken and egg question of which came first: Insulin resistance or the metabolic syndrome?

Dr. Reaven candidly admits to calling the phenomenon Syndrome X-X for unknown, for want of a better term (and from a rudimentary understanding of algebra!), but now prefers metabolic syndrome or insulin resistance syndrome. The current definition includes: abdominal obesity, high blood pressure, abnormal blood sugars (not necessarily diabetic levels), high triglycerides, high bad cholesterol levels, low good cholesterol, elevated insulin levels, high uric acid levels among others.

Current thinking is that insulin resistance is the common soil from which these disorders spring. Evidence suggests that insulin resistance may link to atherosclerosis via all the manifestations of the metabolic syndrome. Of the 23 percent of men and women with the metabolic syndrome in the NHANES III cohort, Ford and colleagues found 50 percent had evidence of insulin resistance.

What's more, the different elements need not occur simultaneously in a patient, but physicians must search for the others if one component is present. To treat the syndrome, we need to target the underlying cause rather than prescribe different medicines for each problem and to use treatments that improve insulin resistance directly.

### X is due to metabolic evils

For most patients, the roots of these metabolic evils are improper nutrition, sedentary lifestyles and subsequent weight gain. Lifestyle diseases require us to change our lifestyles. It is reasonable that the cornerstones of treatment are weight loss and appropriate levels of physical activity.

Studies show that therapeutic lifestyle changes (TLCs) like changing your diet and increasing physical activity may delay or prevent the development of atherosclerosis, CVD, and the transition from prediabetes to type 2 diabetes.

### Do you have Syndrome X?

The only way to find out is to take the HealthNews quiz in the accompanying sidebar-if you have two of the criteria then get yourself to a physician for

further investigation. The diagnosis of the metabolic syndrome is easy using a combination of physical examination findings and metabolic parameters.

Once the diagnosis is made- remember this is not a disease but an evaluation of cardiovascular risk. Your physician will explain the risk factors you may have and how to reduce your risks. If you smoke, then the answer is obvious: Quit!

### X lb weight loss

Weight loss is huge. More than any lifestyle variable, the loss of even 5-10 percent of initial body weight improves and may even reverse all the risk factors of the metabolic syndrome. It improves blood pressure, lipid abnormalities and blood sugar control.

However, this is easy to say and hard to do. To lose weight, the body needs to burn more energy than we take in as food. We need to restrict the amount of food we eat overall.

What should we eat? Less fat, more protein, less carbohydrate or vice versa? The proliferation of the different fad diet and diet books in the market only confuse the would-be dieter.

The key change to make is to increase servings of fruits, vegetables, and high-fiber whole grains, fish and low-fat dairy products that are nutrient-dense and low energy foods to displace the intake of low-nutrient, high-calorie foods.

The goal of dietary therapy is an energy deficit of 500-1000 kcal/d, leading to a weight loss of no more than 1-2 lb/wk. This way you keep weight off slowly, but surely.

***For an exercise program to be sustainable the activity should be fun and something the patient enjoys, ideally incorporated into his daily activities.***

### X is for eXercise

Everyone benefits from regular physical exercise. By itself, exercise produces much less weight loss than restricting calories alone. Moderate physical exercise-between 30-60 minutes a day-optimizes maximum oxygen uptake, increases basal energy expenditure and improves cardiovascular fitness. The US Surgeon General advocates brisk walking of 3 miles a day and resistance training 3 times a week.

For an exercise program to be sustainable the activity should be fun and something the patient enjoys, ideally incorporated into his daily activities.

### X is for Rx

Lifestyle modification even in the most disciplined and dedicated of patients may not be enough. Many pharmacologic agents can address individual components of the syndrome: drugs to bring down the blood pressure, improve the lipid profile, help the patient lose weight, control the blood sugar and the other metabolic abnormalities are available in a physician's armamentarium.

Most patients will need chronic multiple drug therapy, and the main goals of management are to retard the progression of diabetes and clinically significant artery disease and improve quality of life.

### X-tra effort

The metabolic syndrome is a chronic but treatable condition. Early recognition of the syndrome and modification of risk factors is imperative to prevent complications of the syndrome like hypertension, diabetes, heart attacks and stroke.

If you have the metabolic syndrome or suspect you might have, make the extra effort to see a physician regularly and make the right lifestyle choices. It's not too late. The payoff for self-discipline and a little sacrifice is huge.

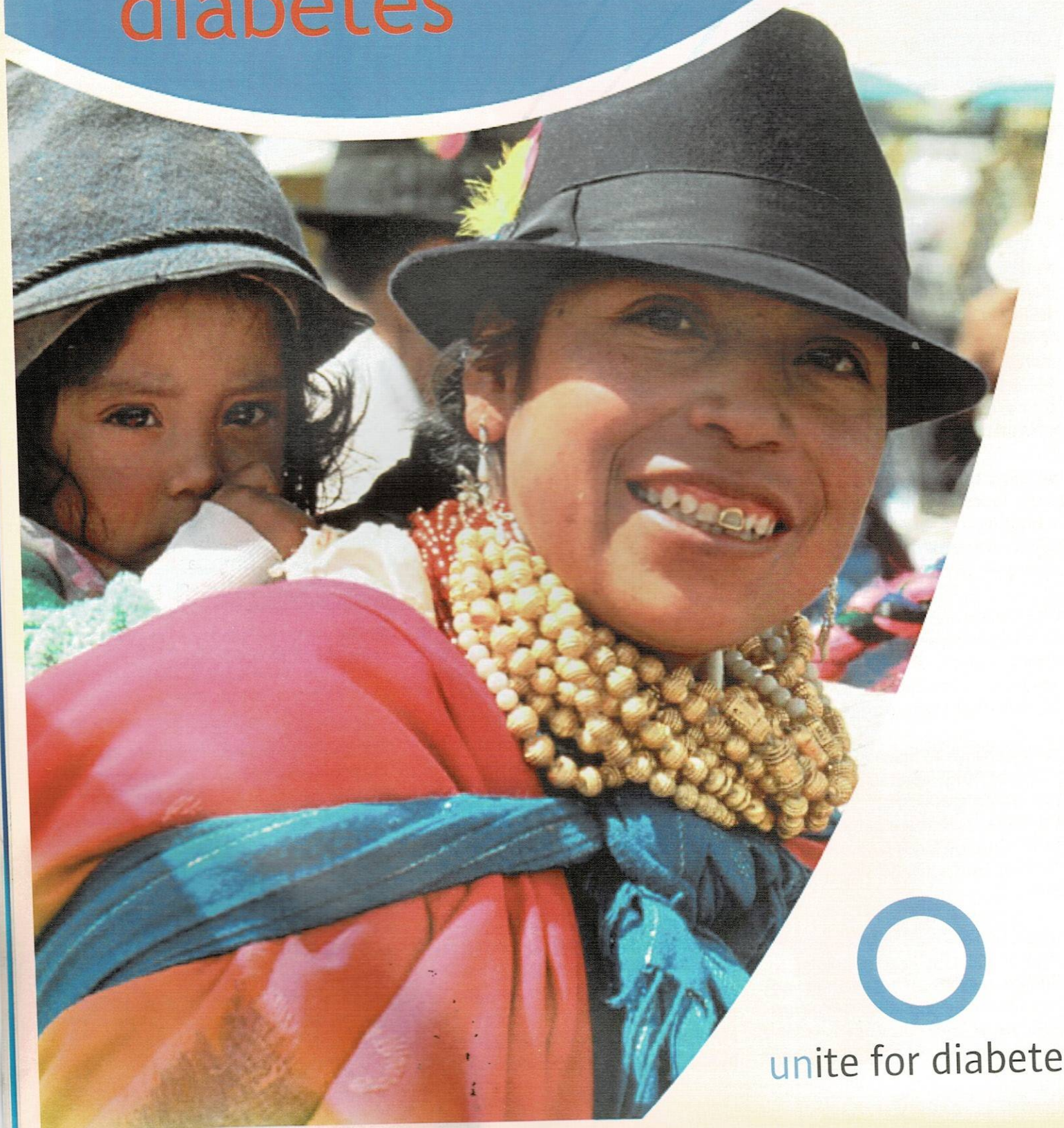
Remember, the quality of the rest of your life is in your hands.

***SIDEBAR 1:***

According to the Adult Treatment Panel III, you have the metabolic syndrome if you have 3 of the following:

- Are you on blood pressure medication or have BP 130/85
- Fasting blood sugar > 110 mg/dL and < 126 mg/dl
- Plasma triglycerides 150 mg/dL
- HDL cholesterol < 40 mg/dL in men and < 50 mg/dL in women.
- Big waist circumference o > 102 cm (40 in) in men and > 88 (35 in) cm in women

# A United Nations Resolution on diabetes



unite for diabetes

## Diabetes: the epidemic

Diabetes affects more than 230 million people worldwide and is expected to affect 350 million by 2025. Each year another 6 million people develop diabetes. Diabetes is a silent epidemic that claims as many lives each year as HIV/AIDS. Each year, over 3 million deaths are tied directly to diabetes, and an even greater number die from cardiovascular disease made worse by diabetes-related lipid disorders and hypertension. Every 10 seconds a person dies from diabetes-related causes. Every 10 seconds 2 people get diabetes. In 2007, diabetes will cause 3.5 million deaths globally. In many countries in Asia, the Middle East, Oceania and the Caribbean, diabetes affects 12-20% of the adult population. 7 out of 10 countries with the highest number of people living with diabetes are in the developing world. In 2025, 80% of all diabetes cases will be in low-and middle-income countries. India has the largest diabetes population in the world with an estimated 35 million people, amounting to 8% of the adult population. In China, where 2.7% of the population is affected by type 2 diabetes, the number of people with this conditionis expected to exceed 50 million within the next 25 years. Type 2 diabetes is responsible for 90-95% of diabetes cases. Type 1 diabetes, which predominantly affects youth, is rising alarmingly worldwide, at a rate of 3% per year. Indigenous populations are at high risk of type 2 diabetes. Over 50% of adults over age 35 in indigenous communities worldwide have diabetes.

## Diabetes: the disease

Diabetes is a chronic disease marked by elevated blood glucose levels. It affects 5-6% of the global adult population. Insulin is a hormone made by the pancreas that helps 'sugar' (glucose) to leave the blood and enter the cells of the body to be used as 'fuel'. When a person has diabetes, either their pancreas does not produce the insulin they need (type 1 diabetes) or their body cannot make effective use of the insulin they produce (type 2 diabetes). Type 2 diabetes prevalence is rising at alarming rates worldwide because of increased urbanization, high cases of obesity, sedentary lifestyles and stress. The dramatic rise of type 2 diabetes in children and adolescents is causing worldwide alarm and requires a focus on increasing activity to fight obesity among youth. Up to 80% of type 2 diabetes is preventable by changing diet, increasing physical activity and by improving the living environment.

## The humanitarian, social and economic costs

The humanitarian, social and economic costs of diabetes are immense. The diabetes epidemic will outstrip resources everywhere if no action is taken. In 2007, the world is estimated to spend between 215 billion and 375 billion US dollars (USD) on the medical care costs of diabetes and its complications. Within a generation, these costs are expected to grow between 234 billion and a staggering 411 billion USD. Because of the scale of the problem, no single government or region is equipped to tackle the epidemic. Developing countries with the least resources are expected to bear the brunt of the major increases in diabetes cases and the burden of the costs. In many developing countries, the burden of diabetes care threatens to undermine the benefits of improving standards of living, education and economic growth. Type 1 diabetes is particularly costly in terms of mortality in poor countries, where many children die because access to life-saving insulin is not subsidized by governments (who instead tax it heavily) and is often not available at any price. Studies carried out recently in Zambia, Mali and Mozambique highlight a stark reality: a person requiring insulin for survival in Zambia will live an average of 11years; a person in Mali can expect to live for 30 months; in Mozambique a person requiring insulin will be dead within 12 months. Diabetes is responsible for over one million amputations each year, a large percentage of cataracts and at least 5% of worldwide blindness is due to diabetic retinal disease. Diabetes is the largest cause of kidney failure in developed countries and is responsible for huge dialysis costs. If nothing is done, healthcare budgets will be unable to cope with the cost of diabetes care. Societies will be unable to train enough nurses and doctors to care for the increased number of people with diabetes. In the past, type 2 diabetes was often thought of as a disease of the old. It is affecting people at a younger age, during their economically most productive years. This is particularly true in developing countries. In the poorest countries, people living with diabetes and their families bear almost the entire cost of whatever medical care they can afford. In Latin America, families pay 40-60% of diabetes care costs out of their own pockets. In India, for example, the poorest persons with diabetes spend an average of 25%of their income on private care. Most of this money is

unite for diabetes

used to stay alive by avoiding fatally high levels of bloodsugar. The economic opportunities that the United Nations wants to create for developing countries with its Millennium Development Goals will be greatly undermined by the economic impact of diabetes.

## A UN Resolution on diabetes

The International Diabetes Federation is leading a world-wide campaign on behalf of the global diabetes community to raise awareness of diabetes and have the United Nations and its member states recognize the global burden of the disease. Heightened awareness of diabetes is necessary because the disease is largely hidden and frequently misunderstood or dismissed as a 'touch of sugar' or a 'disease of affluence'. The campaign also aims to: recognize the special needs of diabetes in children and adolescents, the elderly, pregnant women, migrant populations and indigenous peoples recognize the need for prevention make diabetes a health priority unite the global diabetes community promote more research towards a cure. Diabetes is not yet curable. Most type 2 diabetes cases are preventable. If governments begin now by promoting proven low-cost strategies that alter diet, increase physical activity and modify lifestyle, the advance of this epidemic can be reversed. To do nothing is morally reprehensible and economically foolhardy. The projected increases in diabetes will out-strip the ability of health systems and governments to cope if action is not taken.A United Nations Resolution would focus world attention on the need to stop the growing epidemic of diabetes through urgent action. The solutions require the attention of the global family of nations. To do nothing is not an option; diabetes can only emerge from the shadows if the United Nations leads the way and declares a United Nations Resolution on diabetes. The aim is for the UN Resolution to be declared on World Diabetes Day 2007.

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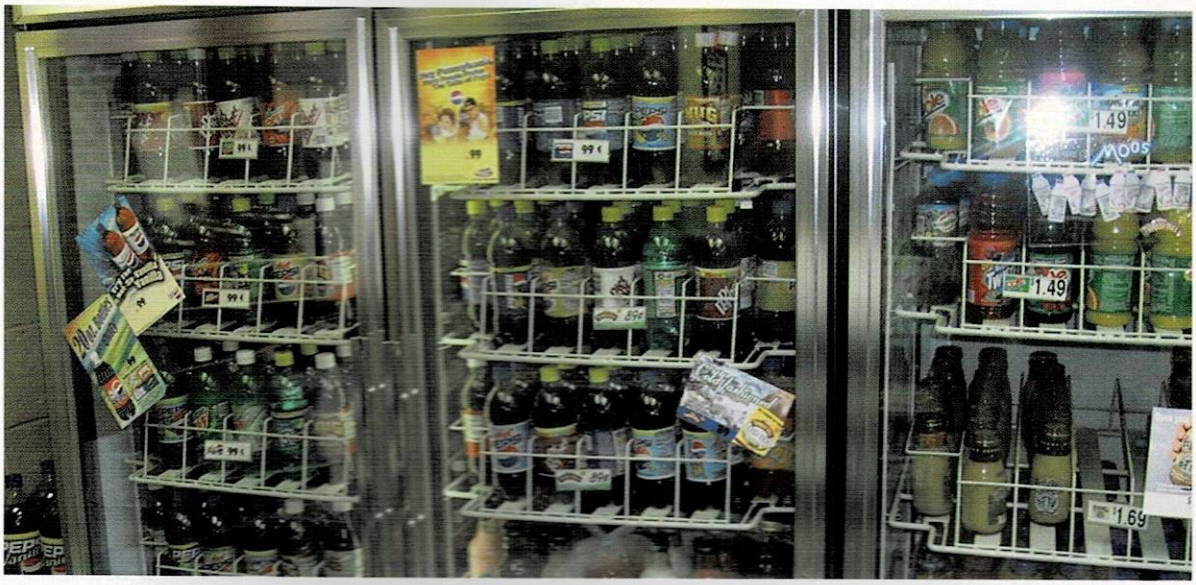
# KITCHEN CORNER

## Nutrition information regarding common beverages found in the supermarket




| | Cal. | Carb (g) | Fat (g) | Sat. fat (g) | Chol (mg) | Sod. (mg) | Fib. (g) | Prot (g) |
|---|---|---|---|---|---|---|---|---|
| Diet Coca Cola with aspartame | 4 | < 1 | 0 | 0 | 0 | 21 | 0 | <1 |
| Cherry coke( 8 oz.) | 104 | 28 | 0 | 0 | 0 | 4 | 0 | 0 |
| Coca Cola Classic (8 oz) | 97 | 27 | 0 | 0 | 0 | 9 | 0 | 0 |
| Diet Pepsi(12 oz) | 0 | 0 | 0 | 0 | 0 | 35 | 0 | 0 |
| Gatorade sports drink | 50 | 14 | 0 | 0 | 0 | 110 | 0 | 0 |
| Minute Maid Orange (8 0z) | 118 | 32 | 0 | 0 | 0 | 0 | 0 | 0 |
| Maxwell Coffee Mocha Cappuccino, sugar free | 60 | 7 | 3 | 1 | 0 | 80 | < 1 | 1 |
| Glucerna (8 oz) | 220 | 22 | 11 | 1 | <5 | 210 | 2 | 10 |
| Nestea Iced tea,Diet lemon (8 oz) | 2 | <1 | 0 | 0 | 0 | 25 | 0 | 0 |
| Snapple Pink lemonade(8 0z) | 120 | 29 | 0 | 0 | 0 | 10 | 0 | 0 |
| Tang, orange drink ( 8 0z) | 90 | 23 | 0 | 0 | 0 | 0 | 0 | 0 |
| Tang, orange,sugar free (8 oz.) | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

*Source: Lean Ann Holzmeister, RD, CDE American Diabetes Association*

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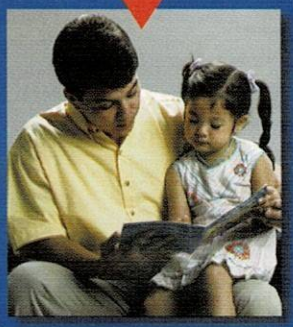

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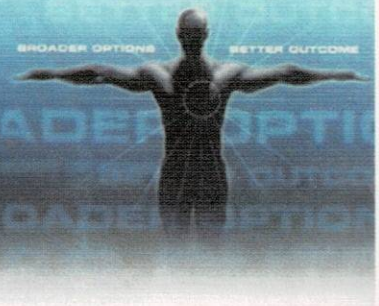


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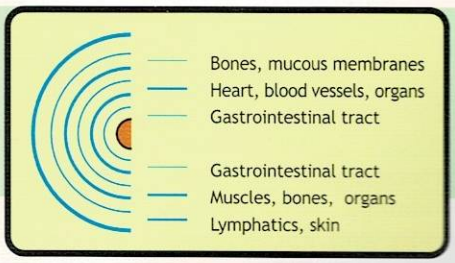
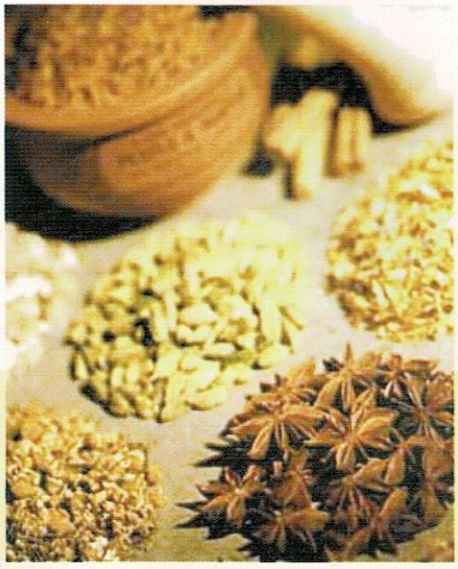
# Position statements on **Iridology**

**What is Iridology?**
Iridology is an alternative medicine practice in which patterns, colors and other




characteristics of stromal fibers of the iris are examined for information about a patient's systemic health. Practitioners match their observations to iris charts which divide the iris into many zones believed to correspond to specific parts of the human body and they claim that this system of iris analysis can detect subconscious tensions, hereditary weaknesses, and states of health and disease or "imbalances" which can be treated with vitamins, minerals or herbs.

**Increasing Popularity of Iridology**
The practice of traditional and alternative medicine has gained strong foothold in the Philippine health delivery system considering the expensive and inaccessible conventional medical treatment that most Filipinos cannot afford. It has been established that a very large number of Filipinos are aware of the medicinal values of a myriad of plants that grow abundantly in the country. Since traditional and alternative health care is abundant and therefore readily available, its viability as a much cheaper alternative presents itself as an extremely attractive option.[1]



The most popular alternative health care modality in the Philippines is iridology, where 78% of the household respondents said they had heard of it.[2] Advertisements and direct marketing have made iridology a highly visible & widely available industry to the general public, spawning a multibillion dollar business. Despite its popularity however, the prevalence rate of iridology users is not known.

In a study conducted by Pingoy[3], 81% of those surveyed resort to Complementary and Alternative Medicine (CAM). Three assumptions have been proposed to explain the increasing popularity of alternative medicine:[4]

1) *Dissatisfaction:* a growing number of patients are dissatisfied with conventional medical care because it has been ineffective or has produced adverse side effects. It is likewise regarded as too technologically-oriented, expensive and impersonal.
2) *Need for personal control:* alternative treatment appears to be less authoritarian and to provide patients more personal autonomy and control over their health care decisions.
3) Philosophical congruence: Alternative therapies are attractive because they are seen to be more compatible with patients' values and spiritual beliefs regarding the nature of health and illness. The term 'natural' is always perceived as safe and harmless.

**Supporting Evidence**
***For Position Statement (1):*** *Iridology is not a valid diagnostic method as available scientific evidence shows that diagnosis through iridology is no better than chance.*

• Iridologists claim that they are able to diagnose medical conditions through iris analysis. Therefore it is relevant to ask whether this method is valid. In order to evaluate the diagnostic validity of iridology, a systematic and exhaustive search was conducted using the following databases: Medline and the Cochrane Central Register of Controlled Trials. To establish the completeness of our searches and to identify and retrieve unpublished material, authors and experts were contacted. Two independent literature searches were performed to identify all blinded tests. A total of 150 titles and/or abstracts on Iridology were identified. Most of the available data were either retrospective or uncontrolled. Only three articles were found useful and valid.

• Of these three, the best available evidence to date is by Ernst E., Iridology: A Systematic Review, Forsch KomplementaErmed 1999;6:7-9. The study's objective was to systematically review all validity tests of iridology as a diagnostic tool. The study design included case-control, evaluator-blind or double-blind studies of diagnostic validity. The conduct of search assumed no language restriction. The results showed that iridology was neither selective nor specific, and the likelihood of correct detection was statistically no better than chance.

1 *http://www.doh.gov.ph/pitahc/Malaysia2004.html*
2 *2003 National Demoraphic Health Survey*
3 *Pingoy. CAM Use...at the Cancer Inst. UPPGH Phil J. Int Med 42: 159-171, Jul-Aug 2004*
4 *Agrawal D. P. Review: CAM: An overview. Pal, S.K. 2002. Current Science 82 (5): 518-524*

The conclusion drawn from this review confirmed that the validity of iridology as a diagnostic tool is not supported by scientific evaluations so that patients and therapists should be discouraged from using this method.

• A literature appraisal done by the committee on Evidence-based Ophthalmology showed that the Systematic review by Ernst had the following strengths: the conduct of search was proper, the study design selected was correct, inclusion of controlled evaluator-blinded studies was appropriate, validity aspects were assessed and data were extracted in pre-defined, standardized fashion. However, the over-all rating was affected by the inadequate sample size & methodology rigor of the individual studies. Just the same, the study quality of this systematic review was rated "Fair," indicating that even as the number, quality and consistency of the studies had considerable limitations, evidence was sufficient to determine the effects on health outcomes.[5]

• Therefore, the best available evidence has shown that iridology is not valid and since the likelihood of a successful outcome is impossible to predict, patients should be aware of its associated risks.

**For Position Statement (2):** *Employment of iridology may deprive patients of the well-established benefits attendant to other effective methods of diagnosing & treating diseases.*

*a) Treatment based on inaccurate or false positive results can lead to emotional and economic burden of falsely labeling the healthy as having disease.*

*b) On the other hand, a false negative analysis has the potential for harm when patients who rely on iridology fail to receive timely and effective therapy.*

The incidence of harm associated with iridology is not known. But serious complications have been reported and documented to the PAO. Harm caused by iridology may be summarized as follows:

***1) DIRECT HARM:*** Therapy based on false positive results may cause direct harm when falsely labeling the healthy as sick. Philippine BFAD (FDA counterpart) is responsible for the registration and issuance of Certificates of Registration of dietary supplements that pass set standards and requirements. The BFAD however, has warned the public that dietary supplements sold in the country are oftentimes imported and without necessarily having the papers of substantiation. Claims that they are US FDA approved or Japan FDA approved do not ensure that these products are safe, potent or effective.[6] In fact, some dietary supplements have been reported to contain mercury, lead, arsenic or steroids in harmful amounts.[7]

***2) INDIRECT HARM*** (Harm of Omission): Incorrect, delayed or missed diagnosis may deprive the sick of timely & effective therapy. A more serious cause for concern is the false negative diagnosis, when patients who are sick are given a clean bill of health. Cases of glaucoma, Vogt-Koyanagi-Harada syndrome, Diabetic Retinopathy and Age Related Macular Degeneration that have led to irreversible blindness have been reported to the PAO.

***3)ECONOMIC HARM:*** It has been reported that more money is spent by

patients in iridology than in conventional medical consult. The unnecessary loss of resources imposes a heavy economic burden on the vulnerable and disadvantaged sectors of society.

***4)SOCIETAL HARM:*** The impact of groups advocating mistrust of established institutions, frequently supported by the media, legislative bodies, etc., distorts progress by altering expenditure of funds, delaying public health measures and formation of laws.

## RECOMMENDATIONS

***TO PHYSICIANS:*** The best way to help citizens make sense of non-standard health claims, while respecting freedom of choice, is through education. Offer patients reliable information. Stay current about the benefits & risks and best available evidence.

***TO CONSUMERS:*** Beware of misleading advertising claims made on behalf of iridology. Because laws are political tools and not scientific ones, the political process may respond to pressures independent of scientific evidence.

***TO IRIDOLOGISTS:*** Aim to have a clear understanding of the principles of healthcare and evidence-based medicine with the same rigor as is required of conventional medicine. Herbal preparations should be used with caution and recommended only on the advice of a practitioner familiar with conventional pharmacology.

## CONCLUSION

Let it be known that the Philippine Academy of Ophthalmology (PAO) is not against complementary and alternative medicine practices that have been proven effective and safe. While the PAO supports the integration of modalities that are scientifically validated by stringent research into the national health care delivery system, it is apparent from the evidence that iridology is not one of them. It is our ardent hope that this stand can inspire coalitions and not engender divisiveness among stakeholders. Where public healthcare is concerned, the common good calls for advocacy to yield to scientifically sound evidence of safety and efficacy.



[5] *U.S. Preventive Services Task Force. AAFP 2004 Scientific Assembly.*
[6] *http://www.doh.gov.ph/bfad2/index.htm*
[7] *Pal, S.K. CAM: An Overview. Mar. 2002, Current Science 82 (5): 518-524*

# PDA Sorsogon Chapter

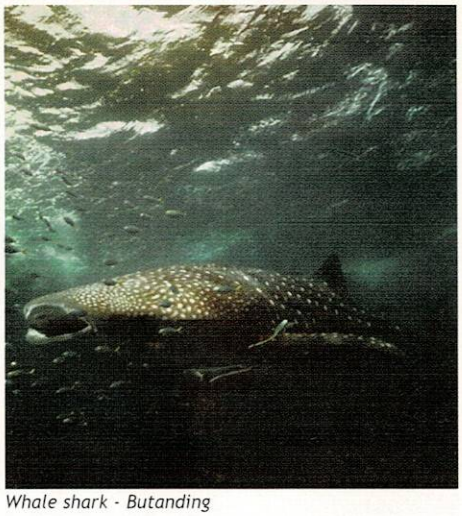
**MA. LIDUVINA F. DORION, MD**
*Chapter President*

EIGHT... AND COUNTING. . .

Eight is not how many years we have been with PDA. Neither is it our membership size - GOD FORBID! Rather, eight is the number of Lay Diabetes Clubs the chapter has organized in the Province of Sorsogon - in 7 municipalities and 1 city.

Diabetes care was officially included in the Public Health Programs in the province in 1996. Already devolved, the health care delivery system had neither funds nor plans to jumpstart the Diabetes Prevention and Control Program. In other words, you are on your own - task, tsk, tsk, tsk! I was "challenged" to start the program (ordered! Actually)... and who do I turn to? To colleagues, of course. The late Dr. Amorado Jose had a Diabetes Clinic at the Sts. Peter & Paul Hospital- oh, but it was a private establishment. Neighboring Albay had the Diabetes Clinic of the veritable Dr. Lina Asido. Before we could beg, Dr. Lina was just too enthusiastic to give the orientation on diabetes care to the Sorsogon public health workers. And so to start, all District Hospital Chiefs together with their Chief Nurses, and all Municipal Health Officers with one Public Health Nurse each, had the Orientation Seminar-Workshop on Diabetes. The harvest - a program plan and one diabetic MHO.

We put up a team - Mrs. Marlene Monje, a PHN, Mrs. Grace Pagayanan, a dietitian, and myself - and got ourselves invited to the Intensive Training Course for Diabetes Educators in 1998. We also started joining several workshops of the Bicol Consortium of Government Diabetes Clinics. It was, however, in 2001, in the incumbency of Dr. Rowan Estrellado as President of the Sorsogon Medical Society, together with out team from The Diabetes Center course, that we first organized the Sorsogon Diabetes Club of Lay People in Sorsogon City. Next to be established is the Bulan Diabetes Club, with its base at the St. John Hospital, continuously being nurtured by Mrs. Felly Rebustillo, the nurse owner. While strengthening the membership to 17, Gubat Diabetes Club was organized, under the care of Dr. Quiring. The outreach work of Dr. Asido gave birth to the Irosin and Pilar clubs. Donsol Diabetes Club was then organized by Dr. Owen De Guzman, an Internist who joined the Municipal health office. The next addition was the Matnog Diabetes Club, similarly organized by the MHO, Dr. Rosanna Galeria. Latest on the list is the club of Sta. Magdalena, under the baton of MHO Dr. Bernard San Jose. Each of these clubs has PDA members as coordinators. At the Provincial Health Office, Chief of Technical Services, Dr. Maricel Fajardo oversees integrated provincial activities.



*Whale shark - Butanding*


Because the Nutritionist and Dietitians Association of the Philippines (NDAP) Sorsogon Chapter has become a partner in our yearly celebration of Diabetes Awareness Week, with the legwork of our PHO Nutritionist, Dr. Ofelia Lopez, and the efforts of NDAP President, Ms. Angie Moralde, NDAP Sorsogon established the Diabetes Nutrition Clinic at the Grounds in 2004. Finally,


our dream of a nutrition consultation clinic for our diabetics has come true. Since then, the scheduled Friday afternoons of the Diabetes Nutrition Clinic is full, not of diabetics, but walk-in clients with heart, weight and arthritic problems.

Networking has also blossomed beautifully. All Sundays of July, since 2000, are devoted to Diabetes information in our 18-years-running program, Paalala 'lang Pangkalusugan, over DZGN-FM 102.3. Since I host the program there could be no quarrel there. Cajouling our MHO's to work harder, one of them, Dr. Salve Sapinoso, completed a Diploma program with ISDF and brought the ISDF Diabetes Workshop to Sorsogon in 2003 - our first. Caloy may have dampened the 31st PDA Workshop attendance last May 12 - 13, 2006, but finish we did. Watch out for the "pacquiaoesque" return bout! Yearly Diabetes Awareness Week celebrations are a joint activity of the chapter, the Lay Clubs, the Sorsogon Medical Society, NDAP Sorsogon and the Provincial Health Office. Diabetes exercise and diet components have been incorporated into the Healthy Lifestyle Program of the DOH Public Health activities. Free blood-sugar-determination- cum consultation clinics have become regular fare in both private and government hospitals, together with our pharmaceutical friends who have given their committed support. We have joined World Diabetes Day activities since 2004 locally. Our researcher-in-residence, Dr. Ofel Lopez, has conducted small prevalence surveys and we hope to bag a research grant from PDA come October.

Our latest effort is to federate our lay clubs and set up a drug distribution scheme to assure our indigent diabetics of help with their lifetime medications. We hope to achieve this by end of the Awareness Week this July 2006. Before the airwaves are filled with election frenzy, we hope to put diabetes information on our local TV scheduless, with a million thanks to the good SOMASCAN Fathers who own the TV facility, and who has a diabetic Father or two among them.

So, in the coming years, there will be nine. By July 26, in celebration of the Diabetes Awareness Week, the Castilla Diabetes Club will see light. Then, they will be ten...then eleven. But the magic number will be 15! These will be the number of active federated clubs, where diabetics and those who care for them, will be sweetly working together to ease the burden of this global affliction.

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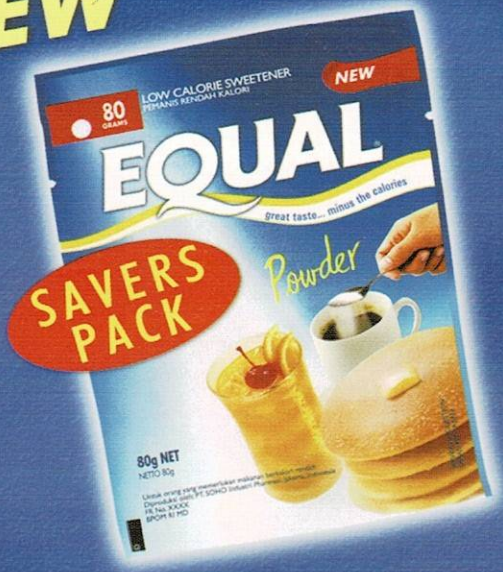


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References:
1. Raskin P *et al.* Initiating insulin therapy in type 2 diabetes. Diabetes Care 2005; 28(2): 260-65.
2. Niskanen L, Jensen LE, Råstam J *et al.* Randomized, multinational, open-label, 2-period, crossover comparison of biphasic insulin aspart 30 and lispro 25 and pen devices in adult patients with type 2 diabetes mellitus. Clin Ther 2004; 26(4): 531540.
3. Lawton S and Berg B. Comparative evaluation of FlexPen™, a new prefilled insulin delivery system, among patients and healthcare professionals. Diabetes 2001; 50(Suppl 2): A440.
4. Jain R *et al.* Patients with type 2 diabetes not achieving glycaemic targets with OADs with/without basal insulin can reach HbA1c targets with biphasic insulin aspart 30/70 Diabetologia (2005); 48 (Suppl.1): A304.


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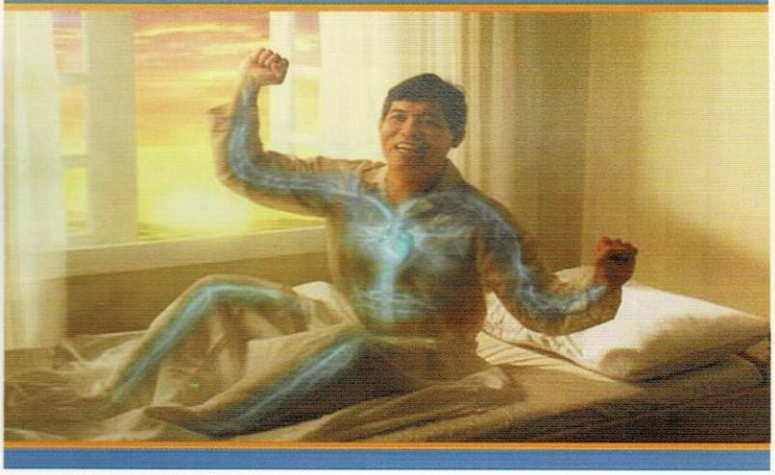

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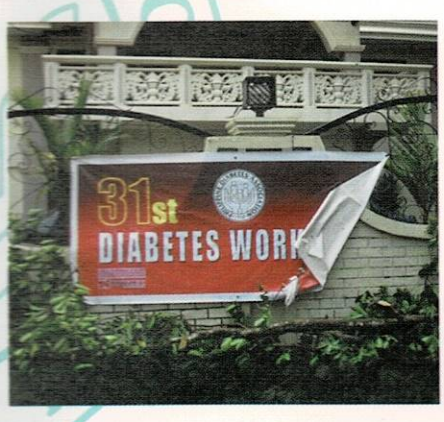
# PDA ON THE MOVE

**31st PDA Workshop in Sorsogon**
*May 12-13, 2006*

3 lecturers, 18 participants and a few noble friends from pharma carry on the work while Caloy howls and rages outside the lecture hall during the 31st PDA Workshop in Sorsogon.




**Advance Lay Forum**
*July 1, 2006*

A good number of active paritcipants attend this lay forum on special topics held at the Century Park Sheraton Hotel. Lots of take home information on insulin, painful diabetic neuropathy, food supplements, and discrimination at work due to diabetes were received by the eager audience.

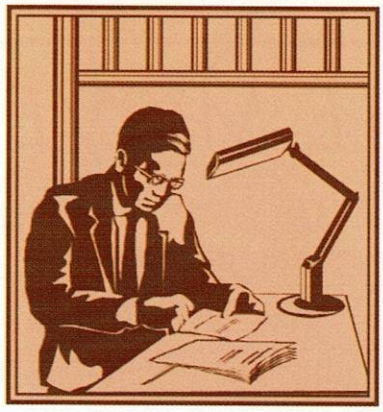
**Diabetes Awareness Week Celebrations**

•***Glorietta, Makati City, July 23, 2006***
Glorietta fills up once again with patients with diabetes and their doctors and friends from the pharma industry as they recognize achievers, award talented artists and extol the virtues of exercise in friendly competition.

•***Market Market, Taguig, July 30, 2006***
The closing ceremonies of Diabetes Awareness Week still packs a friendly crowd. Diabetes Center hosts this event annually in partnership with the PDA and PSEM.


**Diabetes Strategies for Primary Care Physicians**
*July 27-28, 2006*

The PDA holds a 2 day lecture for the community doctors to update them on some of the new strategies about diabetes. This activity which began in 2003 and has attracted general practitioners and family physicians is now a yearly event.



# THE DIABETES DICTIONARY

*Starting this issue, Diabetes Watch will feature this dictionary of diabetes terms which defines words that are often used when talking or writing about diabetes. It is designed for people who have diabetes and their families and friends. It provides basic information about the disease, its long-term effects and its care.*

Acetone - A chemical formed in the blood when the body uses fat instead of glucose (sugar) for energy. If acetone forms, it usually means that the cells do not have enough insulin, or cannot use the insulin that is in the blood to use glucose for energy. Acetone passes through the body into the urine. Someone with a lot of acetone in the body can have breath that smells fruity and is called "acetone breath".

Acidosis- Too much acid in the body. For a person with diabetes, this can lead to diabetic ketoacidosis. Acute - Happens for a limited period of time; abrupt onset; sharp, severe.

Adrenal Glands - Two organs that sit on top of the kidneys and make and release hormones such as adrenalin (epinephrine). This and other hormones, including insulin, control the body's use of glucose.

Adult-Onset Diabetes - Former term for non-insulin-dependent or type II diabetes.

Adverse Effect - a harmful result.

Albuminuria - More than normal amounts of a protein called albumin in the urine. Albuminuria may be a sign of kidney disease, a problem that can occur in people who have had diabetes for a long time.

Aldose Reductase Inhibitor - A class of drugs being studied as a way to prevent eye and nerve damage in people with diabetes. Aldose reductase is an enzyme that is normally present in the eye and in many other parts of the body. It helps change glucose into a sugar alcohol called sorbitol. Too much sorbitol trapped in eye and nerve cells can damage these cells, leading to retinopathy and neuropathy. Drugs that prevent or slow (inhibit) the action of aldose reductase are being studied as a way t prevent or delay these complications of diabetes.

Alpha Cell - A type of cell in the pancreas. Alpha cells make and release a hormone called glucagons, which raises the level of glucose in the blood.

Amino Acid - The building blocks of proteins; the main material of the body's cells. Insulin is made of 51 amino acids joined together.

Angiopathy - Disease of the blood vessels (arties, veins and capillaries) that occurs when someone has diabetes for a long time. There are two types of angiopathy: macroangiopathy, fat and blood clots build up in the large blood vessels, stick to the vessel walls, and block the flow of blood. In microangiopathy, the walls of the smaller blood vessels become so thick and weak that they bleed, leak protein, and slow the flow of blood through the body. Then the cells, for example, the ones in the center of the eye, do not get enough blood and may be damaged.

Antagonist - one agent that opposes or fights the action of another. For example, insulin lowers the levels of glucose in the blood, whereas glucagons raises it; therefore, insulin and glucagons are antagonists.

Antibodies - Proteins that the body makes to protect itself from foreign substances. In diabetes, the body sometimes makes antibodies to work against pork or beef insulin because they are not exactly the same as human insulin or because they have impurities. The antibodies can keep the insulin from working well and may even cause the person with diabetes to have an allergic or bad reaction to the beef or pork insulins.

Antidiabetic Agent - A substance that helps a person with diabetes control the level of glucose in the blood so that the body works as it should.

Antiseptic - An agent that kills bacteria. Alcohol is a common antiseptic. Before injecting insulin, many people use alcohol to clean their skin to avoid infection.

Arteriosclerosis - A group of diseases in which the walls of the arteries get thick and hard. In one type of arteriosclerosis, fat builds up inside the walls and slows the blood flow. These diseases often occur in people who have had diabetes for a long time.

Artery - A large blood vessel that carries blood from the heart to other parts of the body. Arteries are thicker and have walls that are stronger and more elastic than the walls of veins.

*Source: National Diabetes and Information Clearinghouse, US Department of Health and Human Services*

# Servier at the Forefront of Diabetes Research

Discovering and developing a new medicine is a complex process taking at least 10 to 15 years and typically requiring a very significant investment. On the average, only one out of every 10,000 molecules which is initially screened for therapeutic potential survives the full course to arrive in the hands of doctors.

Servier is a research-based pharmaceutical company, investing 25% of consolidated turnover in research and development. Diabetes, being a chronic disease affecting an estimated 170 million people worldwide, is a priority among the major areas of Servier research. Backed by an extensive research and development organization, Servier is confident of its high quality medicines available in 140 countries across five continents.

Servier's reputation in diabetes is largely based on the success of its well established drug for type 2 diabetes, Diamicron. Diamicron is the most trusted oral antidiabetic agent for several decades now.

Servier's latest innovation to Diamicron is the modified release Diamicron MR. Diamicron MR is a new formulation designed to control blood glucose levels in type 2 diabetes with a once-daily administration - helping patients follow their treatment more easily and avoid missing doses. Diamicron MR belongs to a class of drugs called sulfonylureas which work by helping the pancreas to secrete insulin. Unlike other sulfonylureas, Diamicron MR also reduces oxidative stress, a major factor in the development of diabetic vascular complications.

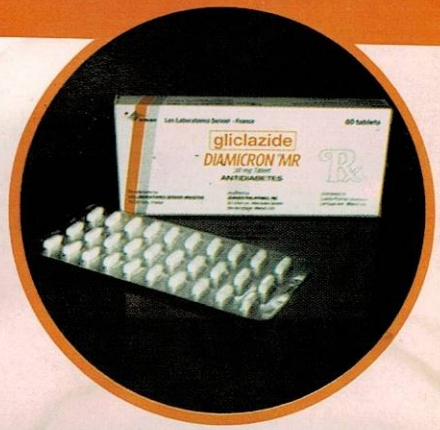
Diamicron MR has been chosen as first-line glucose-lowering therapy for the biggest bifactorial morbi-mortality study in type 2 diabetes. The ADVANCE study (Action in Diabetes and Vascular Disease: Preterax and Diamicron MR Controlled Evaluation), which enrolled 10,000 patients in four continents for this five year clinical trial, will contribute to world knowledge of type 2 diabetes, and answer important remaining questions about the optimal management of this common, expanding, and serious disease.

Acknowledging the need for improved awareness of type 2 diabetes, Servier has initiated a number of large-scale studies and screening programmes highlighting the importance of detecting and effectively treating the disease. This project is underway in many countries worldwide in line with Servier's global thrust of helping prevent, detect, and effectively manage diabetes. *Hence, with Diamicron MR, Servier helps diabetic patients lead normal lives.*

## GLICLAZIDE
## DIAMICRON MR

**2 to 4 tablets* once daily**

**in most patients*




***...helping diabetic patients lead normal lives.***

*This drug is approved for sale by BFAD as a prescription drug and should be bought only with a doctor's prescription. Ask your doctor for advice.*

SERVIER

*Life through Discovery*

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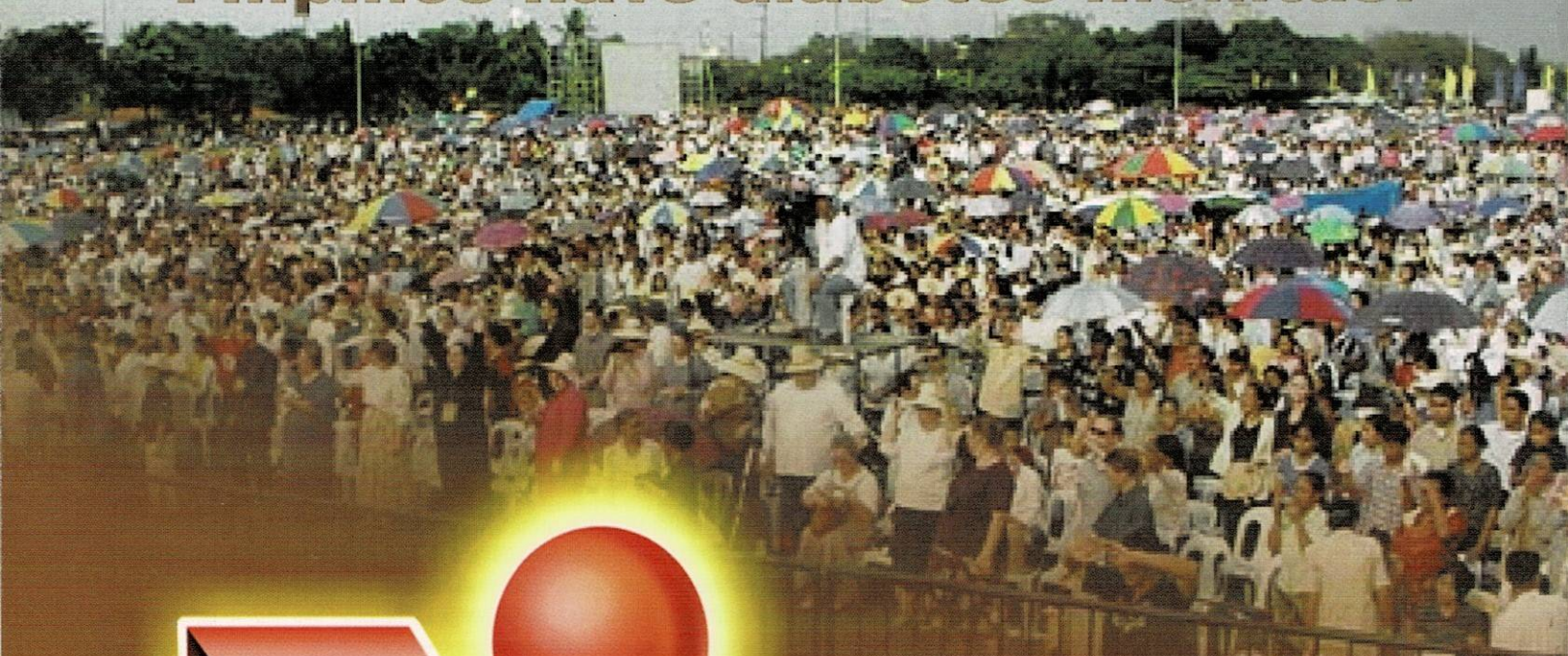
# 4 million
## Filipinos have diabetes mellitus.*



# A powerful commitment to their future

## POWERFUL & PRECISE GLYCEMIC CONTROL

## Glimepiride

NORIZEC

1mg 2mg 3mg tablet

therapharma

Cardio-Metabolic Partner for Life

* National Nutrition and Health Surveys (NNHeS:2003)