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DIABETESWATCH

A Publication of the Philippine Diabetes Association, Inc. September - December, 2006 YEAR XXIII, NO.3

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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.
2. Landin K, Tengborn L, Smith U. Treating Insulin Resistance in hypertension with metformin reduces both blood pressure and metabolic risk factors. J Intern Med 1991 Feb; 229:181-7
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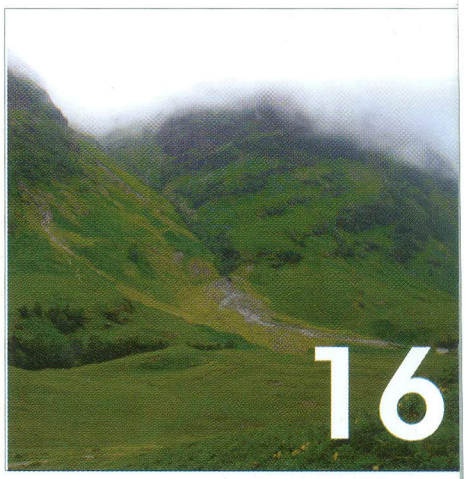
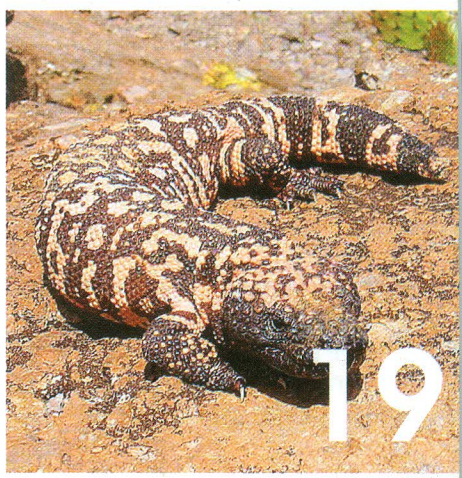
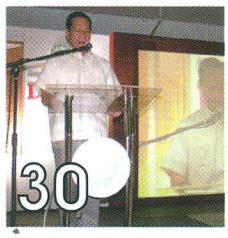
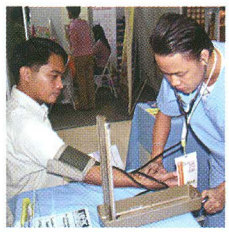




PDA Diabetes Expo 2006





Regular Articles

THE PRESIDENT SPEAKS

Last December 21, 2006, the United Nations General Assembly passed the landmark Resolution recognizing the global threat of the diabetes epidemic. For the first time, governments have acknowledged that a non-infectious disease poses as serious a threat to world health as infectious diseases like HIV/AIDS, Tuberculosis and Malaria.

Professor Martin Silink, IDF President and Chair of the campaign, explained the importance of the Resolution: "Today a key battle has been won in the fight against diabetes. The significance is monumental. It will inspire, energize and empower the diabetes world. People said it couldn't be done, but only six months since launching our campaign we have achieved our first goal. The struggle will now focus on helping and encouraging governments worldwide to develop national policies to improve diabetes care and prevention. I couldn't think of a better gift for the millions of families affected by diabetes."

The Unite for Diabetes campaign has brought together the largest ever diabetes coalition, including patient organizations from over 150 countries, the majority of the world's scientific and professional diabetes societies, many charitable foundations, service organizations and industry.

The People's Republic of Bangladesh steered the diplomatic process that resulted in the passing of the Resolution. The cause was taken up by the G77 (a coalition of 133 developing and transitional countries at the UN led by the Republic of South Africa). The ownership of the Resolution by this majority voting bloc convinced the countries of the developed world to throw their support behind the Resolution.

The Resolution designates World Diabetes Day, November 14th, as a Unite d Nations Day to be observed every year starting in 2007. Visit *www.unitefordiabetes.org* for more information.

MA. TERESA PLATA QUE, M.D.

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Tel. Nos. (632) 531-1278, (632) 534-9559
Fax No. (632) 531-1278
e-mail address: phildiab@pworld.net.ph
www.diabetesphil.org

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PDA Chapters

Albay Chapter
President: **JOSE C. COPE, MD**
Dr. Amando D. Cope Member Hospital
Tabaco City 4511
Tel. (052)830-1334
Mobile: 0917-4692984
cope_jo@yahoo.com

Bagiuo-Benguet Chapter
President: **FRANCIS M. PIZARRO, MD**
122 South Sanitary Camp,
Baguio City 2600
Tel. (074)443-3668
Mobile: 0917-7320107
fmpizarro@yahoo.com

Batangas Chapter
President: **GLENN DIMATATAC, MD**
Orchid St., Brgy. Homes Subd.,
Balintawak, Lipa City, Batangas 4217
Tel. (043)757-2347
Moble: 0918-9414345
jglenmd@yahoo.com

Bohol Chapter
President: **LOURDES M. GALLEGO, MD**
Dept. of Health Regional Health Office
No. 011 Gov. Celestino Gallares
Memorial Hospital *(Formerly Bohol Regional Hospital)* Tagbilaran City, Bohol 6300
Tel. (038)411-3102 / (038)411-4504
dr.lourdesgallego@yahoo.com.ph

Bulacan Chapter
President: **MA. JOSEFA YANGA, MD**
31 Hulo Meycauayan, Bulacan 3020
Telefax. (02)727-7690
Mobile: 0917-5169375
majosefay@yahoo.com

Cagayan De Oro Chapter
President: **ELVIS PABUA, MD**
Sabal Doctors Hospital
Don Apolinar Velez St.,
Cagayan De Oro City 9000
Tel. (082)272-7247
Mobile: 0920-8611283
ilay28@yahoo.com.ph

Cagayan Valley Chapter
President: **MAGNOLIA B. REYES, MD**
III Ugac Extension Luna St., Highway
Tuguegarao City, Cagayan 3500
Tel. (078)844-1571
Mobile: 0917-3269273
mbattubgreyes@yahoo.com

Camarines Norte Chapter
President: **PAUL LUIS G. PALENCIA, MD**
OLLH Vinzons Avenue,
Daet, Camarines Norte 4603
Tel. (054)721-2664 / Fax.(054)721-2610
Mobile: 0917-5312221

Camarines Sur Chapter
President: **UBALDO ACAYAN, MD**
San Isidro, Pili, Camarines Sur 4418
Tel. (054)477-3281
Mobile: 0920-5572203
ginaldy_ca@yahoo.com

Capiz/Roxas Chapter
President: **CONCEPCION PIZARRO-NOCHE**
St. Anthonny Hospital,
Roxas City, Capiz 5800
Tel. (036)621-1869
Mobile: 0918- 9207084
pdaroxaschapter@yahoo.com

Cebu Chapter
President: **MARIAN K. DENOPOL, MD**
Vicente Sotto Memorial Medical Center
E. Rodriguez St., Cebu City 6000
Tel. (032)235-4213
Fax. (032)262-2967
Mobile: 0918-9117737
mkdmd@lycos.com

Davao Chapter
President: **JUDY ANNE GATMIN, MD**
18 2nd Cor. 4th St. Phase 3
Hillside Subd., Bajada, Davao City 8000
Tel. (082)235-0872
judyanne88@yahoo.com

Ilocos Sur Chapter
President:
ESTRELLITA GARCIA-BRINGAS, MD
Gabriela Silang General Hospital
Vigan, Ilocos Sur 2700
Mobile: 0916-2697687
bchaigb@yahoo.com

Iloilo Chapter
President: **FRANCIS PASAPORTE, MD**
Fancom Medical Plaza
Quezon St., Iloilo City 5000
Tel. (033)509-4626
Mobile: 0917-3026543
fipasaporte@hotmail.com

Laguna Chapter Chapter
President: **ANTONIO S. CHUA, MD**
Laguna Provincial Hospital
J. de Leon St., Sta. Cruz, Laguna 4009
Tele. (049)808-1560
Fax. (049)808-1560
Mobile: 0917-4574128
doc_tonychua@yahoo.com

Leyte Chapter
President: **AVITO SALINAS, MD**
Divine Word University Hospital
Tacloban City, Leyte 6500
Tel. (053)321-4551
Fax. (053)321-2309
Mobile: 0920-9282435

Lucena Chapter
President:
MA. LOURDES REYES-GONZALES, MD
Lucena United Doctors Medical Hospital
Brgy. Isabang, Lucena City
Tel. (042)710-5112
Mobile: 0916-4364507

Negros Occidental Chapter
President:
MARIAN JOYCE GARCIA-CO, MD
Diabetes Clinic & Accu-Check Clinical
Laboratory Medical Lane
21st Street, Bacolod City,
Negros Occidental 6100
Tel. (034)434-1296
Mobile: 0920-9611838

Nueva Ecija Chapter
President: **RONALDO DE RAMOS, MD**
Emmanuel Specialty Clinic
Natividad St., Cabiao, Nueva Ecija 3107
Telefax: (044)486-3294
Mobile: 0920-9223328
doc_mcdo@yahoo.com

Palawan Chapter
President: **BELINDA G. PALAO, MD**
157-C Manalo Extension,
Puerto Princesa City, Palawan 5300
Tel. (048)434-5651
Fax. (048) 433- 6137
Mobile: 0917-4144075
bellepalao@yahoo.com

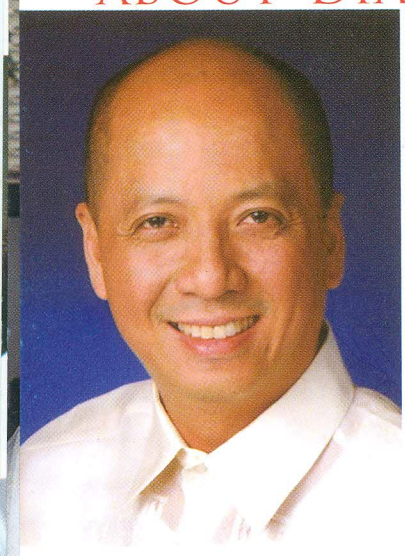
Pasig Chapter
President: **NICK VILLATUYA, MD**
8 West Capitol Drive
Kapitolyo, Pasig City 1603
Tel. (02)633-2389 / (02)632-9461
Mobile: 0919-3372002

Sorsogon Chapter
President: **MA. LIDUVINA F. DORION, MD**
Sorsogon Provincial Health Office
4700 Macabog, Sorsogon City
Tel. (056)211-1032
Mobile: 0919-4307003
lidu@globalink.net.ph

Zamboanga Chapter
President: **FATMA IBBA-TIU, MD**
Diabetes Clinic, Ultra Cinema Bldg.,
San Jose Road, Zamboanga City 7000
Tel. (062)992-2788
Mobile: 0917-7000625

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 Diabetes Watch we tackle one of the most dreaded complications arising from diabetes - kidney disease. This complication is preventable and there are ways of halting its progression. Thus it is important that we be made aware of this complication. Read on!

Q A What is kidney disease in diabetes?

Kidney disease is one of the long term complications associated with diabetes. The other complications are retinopathy (eye disease), neuropathy (nerve disease), heart disease and stroke. Kidney disease is perhaps one of the most dreaded and will be a big drain on your resources because of the expense associated with it.

Q A How do I know I have kidney disease? Are there specific tests which should be requested?

Your health care professional usually screens for kidney disease at least once a year. He will usually request for a blood test (blood urea nitrogen and creatinine). Your urine will be examined for proteins. Most of the time, your doctor will request for microalbuminuria (small amounts of protein in your urine). Other tests may include a creatinine clearance and sometimes an ultrasound of the kidneys.

Q A I have proteins in my urine. Is this alarming?

Diabetes kidney disease is just one reason for having proteins in your urine. You may have a urinary tract infection, in which case the proteins may resolve after treating the infection. This needs investigation and it is wise to seek the help of a qualified health professional.

Q A My doctor requests for microalbuminuria. My levels are above normal. Is there hope for me? Help!

Proteins are normally not excreted in your urine and presence of these is a marker for kidney disease. This is the stage wherein kidney disease is still reversible. There are several studies which have shown that treatment at this stage will prevent progression to more advanced kidney disease. You maybe prescribed an ace inhibitor or an angiotensin receptor blocking agent. These drugs are usually used for hypertension but have been found to be effective in reversing microalbuminuria.

Q A I'm worried and confused. My doctor tells me that I have chronic renal insufficiency and may progress to chronic renal failure and later on to end stage renal disease. What are these? Please enlighten me.

These are terms used to describe the various stages of kidney disease. Chronic renal insufficiency is the stage where there is damage to the kidney or impaired kidney function, but effects to the entire body are minimal. Chronic renal failure indicates that damage to the kidneys has progressed to a level that causes problems throughout the body. These problems can include a rise in the amount of waste products in the blood such as urea, creatinine, and phosphate (all of which are normally removed by the kidneys). This can also include effects such as anemia, bone disease, acidosis, and salt and fluid retention. Most patients with chronic renal failure progress to the final stage called end-stage renal disease. End-stage renal disease (ESRD) is generally an irreversible state. Renal replacement therapy (dialysis or kidney transplant) is needed to sustain life.

Q A Is kidney disease preventable?

In the early stages it is still preventable but in the late stages it is irreversible. Hence, it is important to catch it early. Screening should be done early.

Q A Are there ways which I could do to protect my kidneys from getting damaged by my diabetes?

Of course. Good blood glucose control is a must. Blood pressure should likewise be in excellent control. Your lipids (cholesterol and triglycerides) must be within acceptable limits. There is a greater chance that you would not have kidney disease if you are in good metabolic control.

We hope that we have helped you allay some of the fears associated with this disease.
Do you have questions? Call or fax us at 5311278 or e-mail me at *mbmirasol@yahoo.com*.

MEANDERINGS

Bad news for beta blockers

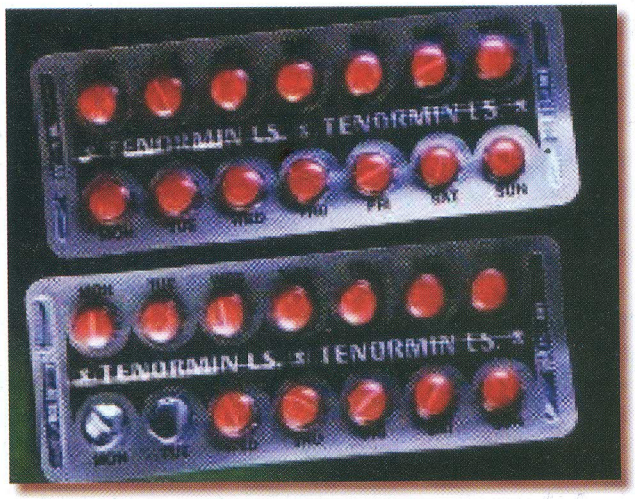
Augusto D. Litonjua, MD
Editor Emeritus

Researchers have warned that beta blocker drugs used to fight high blood pressure can bring on diabetes, a risk which is 50% higher than with newer drugs. The drugs, which 2 million Britons have been using, are being phased out.

I am a member of the Professional Section of the American Diabetes Association. As such, I receive on a regular basis "Diabetes E-News Now!". In its 14 September 2006 issue, my attention was caught by an item which said 'Blood pressure drug could cause 8,000 diabetes cases a year in Britain.' It goes on to say that researchers have warned that beta blocker drugs used to fight high blood pressure can bring on diabetes, a risk which is 50% higher than with newer drugs. The drugs, which 2 million Britons have been using, are being phased out.

The endocrine fellow in training, Dr. Edgar Lim, assigned to me at the Makati Medical Center looked up the original report from which the Diabetes E-News Now! item was derived. This was dated 07 September 2006, and the trial that exposed the diabetes risk of beta blockers was led by Professor Neil Poulter, co-director International Centre for Circulatory Health at Imperial College London. The trial results were released at the World Congress of Cardiology in Barcelona. The study consisted of a large number of patients (14,000) in the UK, Ireland and Scandinavia, half of whom were taking the old combination of the beta blocker, Atenolol, and a diuretic. The others were prescribed a calcium channel blocker, amlodipine, and the ace inhibitor, perindopril - in this latter group 34% fewer patients developed diabetes over a period of 3 years. Professor Poulter is quoted as saying that newer antihypertensive drugs are better than beta blockers and diuretics in preventing stroke, and are more cost effective, and don't give patients diabetes.

Professor Neil Poulter
Co-Director
International Centre for Circulatory Health, Imperial College London



***Atenolol**, a type of beta blocker drug*

Professor Poulter, however, suggests that patients on beta blockers should not suddenly stop taking them, as they are still the right drugs for some people, and the attending physician can be the best advisor on this. Beta blockers have use for people with angina or heart pains, arrhythmia and heart failure.

This is therefore a warning of the risk in the use of these drugs for lowering the blood pressure. There should be a study in our local setting to verify if these findings apply to Filipino patients, as well. The study is important, because there is a burgeoning increase in the prevalence of diabetes in our country.

The beta blockers available in the Philippines (MIMS, 109th edition, 2006) are available in their generic names aside from atenolol, are: metoprolol, bisoprolol, propranolol, betaxolol, and pindolol. Some of them are combined with a diuretic in the same tablet. Consult your physician if you are taking pills for high blood pressure.

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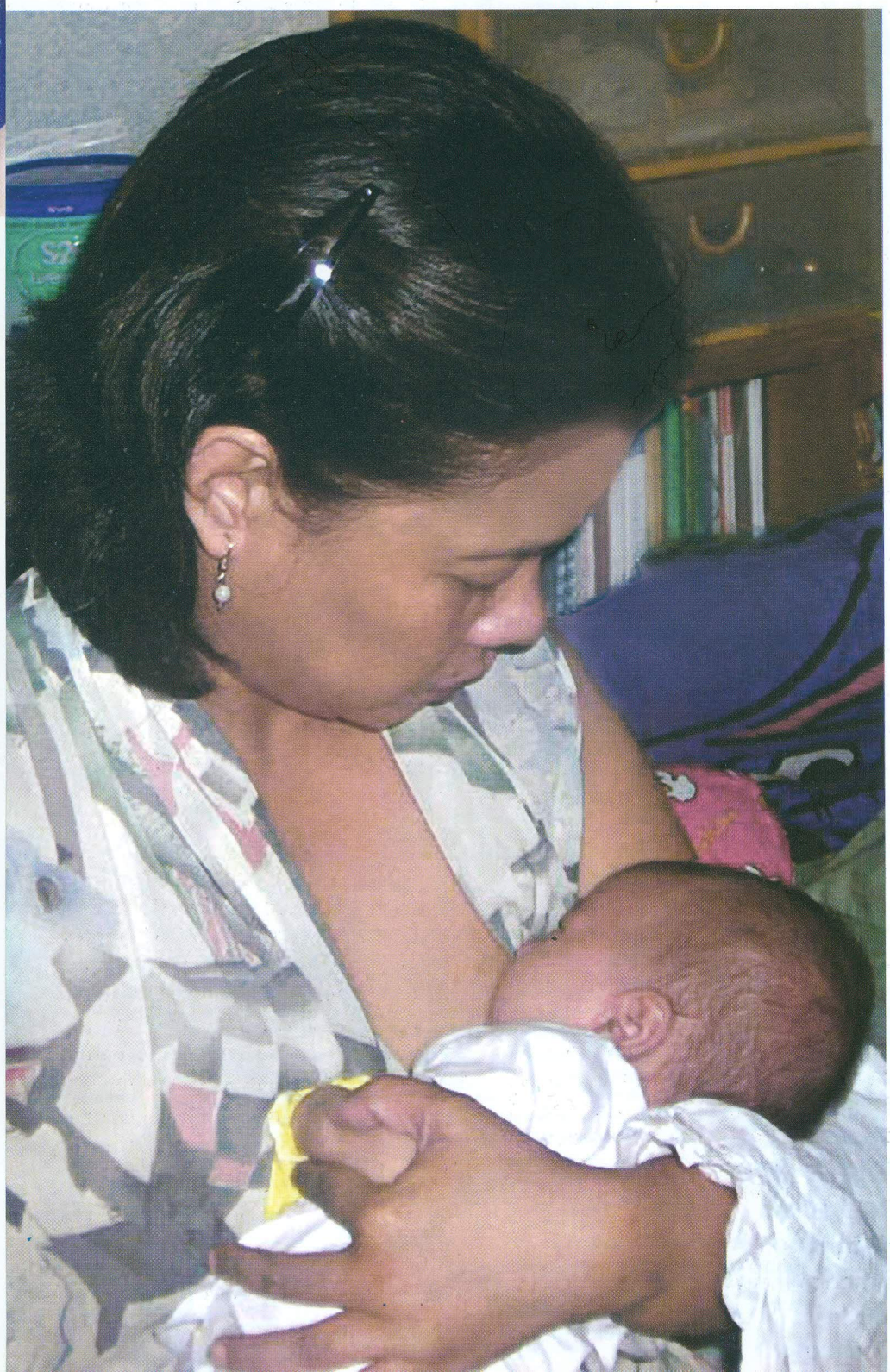
Preventing obesity at the beginnings of life: **The importance of promoting breastfeeding**

Maria Asuncion A. Silvestre, MD
St. Luke's Medical Center



It is a glaring paradox of our times that, although millions of Filipinos report experiencing hunger on a regular basis, obesity and its related disorders are also on the rise. Moreover, we are diagnosing obesity at younger and younger ages. Even as 3.1 million 0-5 year olds in the Philippines were reported to be underweight, 1.4 million were overweight (National Health and Demographic Survey (2003). Obesity at any age is a concern, but the impact of childhood obesity is the greatest because of its attendant health problems and the increased risk for adult obesity.

Why is this happening? We have become more knowledgeable about the perils of the fast food culture and sedentary lifestyles. Food pyramids have been "inverted" to de-emphasize the intake of carbohydrates. Weight reduction programs and special diets abound. Might we be missing something by targeting only adolescents and adults?

Why Exclusive Breastfeeding?
It might be argued that breastfeeding may just appear to prevent obesity because it is part of a family lifestyle that counteracts obesity; or that breast milk is just the right combination of proteins, fats and carbohydrates for optimal growth. If the latter were the only important reason, why is it that infants who are fed their mother's breast milk in a bottle tend to be obese too?

Exclusive breastfeeding (rather than