



DIABETESWATCH

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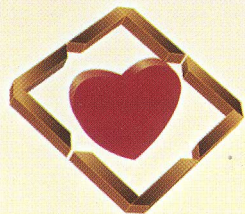
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- Cuzi K, Consoli A, DeFronzo RA. Metabolic effects of metformin on glucose and lactate metabolism in non-insulin dependent diabetes mellitus. *J Clin Endocrinol Metab* 1996; 81 (11): 4059-67.
- Landin K, Tengborn L, Smith U. Treating Insulin Resistance in hypertension with metformin reduces both blood pressure and metabolic risk factors. *J Intern Med* 1991 Feb; 229:181-7
- UK Prospective Diabetes Study (UKPDS) Group. Effect of intensive blood glucose control with metformin on complications in overweight patients with type 2 diabetes (UKPDS 34). *Lancet* 1998; 352: 854-865.



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FROM THE EDITOR'S DESK



It is with initial trepidation and humility that I accept the baton of the *The Diabetes Watch* from Dr. Teresa Plata-Que. Dra. Tippy has done a tremendous job in transforming this magazine to a world-class publication that it is today. She has done this task with passion, careful planning and vision. I salute her achievement and on behalf of the PDA members and this magazine's readers, I thank her very much for this important legacy. Of course, she will continue to contribute with her regular articles and important inputs.

The Diabetes Watch will carry on the same format, this time with specific issue themes. This issue will focus on Type 2 Diabetes and its various facets. Some interesting new columns will include a patient blog, vice alert and a special section on informatics. In this day and age of computers and electronic information, we all need to get in tune with this new technological advancement. We have expanded the list of the editorial board and have invited other related specialties to accommodate more topics and relevant issues.

To our dear readers, the diabetic patients and their family members and physicians, this is your magazine. I urge you to write us your comments and suggestions and, please tell us how you think, ask us your questions. Cheers for a new year ahead.

Elizabeth Paz-Pacheco
Elizabeth Paz-Pacheco, MD
Editor-in-chief



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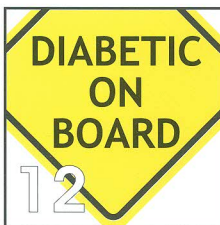
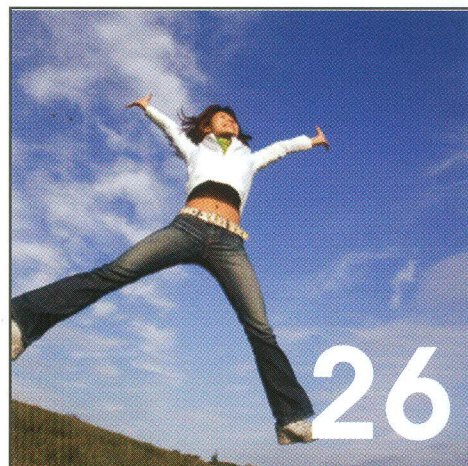
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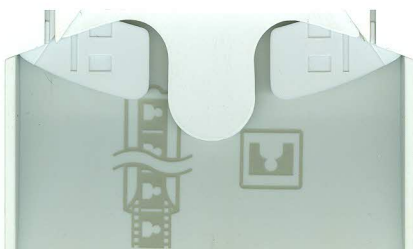
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MEANDERINGS



"The Anti-Inflammatory Diet"

Augusto D. Litonjua, MD
Editor Emeritus

"An 'anti-inflammatory diet' to reduce the increase in glucose, triglycerides and inflammatory stimuli after meal is hereby reproduced."

Last issue, I wrote about the International Diabetes Federation's call to pay attention to the post-meal glucose as playing an important part in the causation of the complications of diabetes mellitus. Dr. James H. O'Keefe from the Mid America Heart Institute and University of Missouri, Kansas City and his colleagues attributes one reason for the intense postmeal 'spikes' of the plasma glucose to a type of diet that many peoples around the world are using - the highly processed, calorie dense, nutrient depleted diet highly characteristic of the current American culture - and being adapted by developing nations of the world, like the Philippines. This type of diet, they say, induces 'immediate oxidant stress, which increases in proportion to the increases in glucose and triglycerides after meal.' This, of course, means that free radicals are immediately generated, and these cause changes that are conducive to the hardening of the arteries which eventually lead to heart disease.

An 'anti-inflammatory diet' to reduce the increase in glucose, triglycerides and inflammatory stimuli after meal is hereby reproduced, as recommendations from O'Keefe and colleagues:

Select high-fiber carbohydrates with low glycemic index, including vegetables, fruits, whole grains, legumes and nuts.

At all 3 meals, consume lean proteins.

Eat approximately 1 handful of nuts daily (using a closed fist), consumed with vegetables, grains, berries, or other fruits.

Eat salad daily, consisting of leafy greens with dressing of vinegar and virgin olive oil.



Avoid highly processed foods and beverages, particularly those containing sugar, high-fructose corn syrup, white flour, or transfat.

Limit portion sizes to modest quantities.

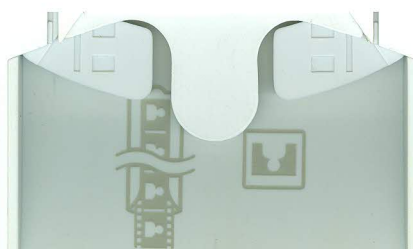
Maintain normal weight and avoid overweight or obesity. Waist circumference should be less than one half of height in inches.

Perform physical activity for at least 30 minutes or more daily, of at least moderate intensity.

For those with no history of substance abuse, consuming 1 alcoholic beverage before or with an evening meal may be considered.

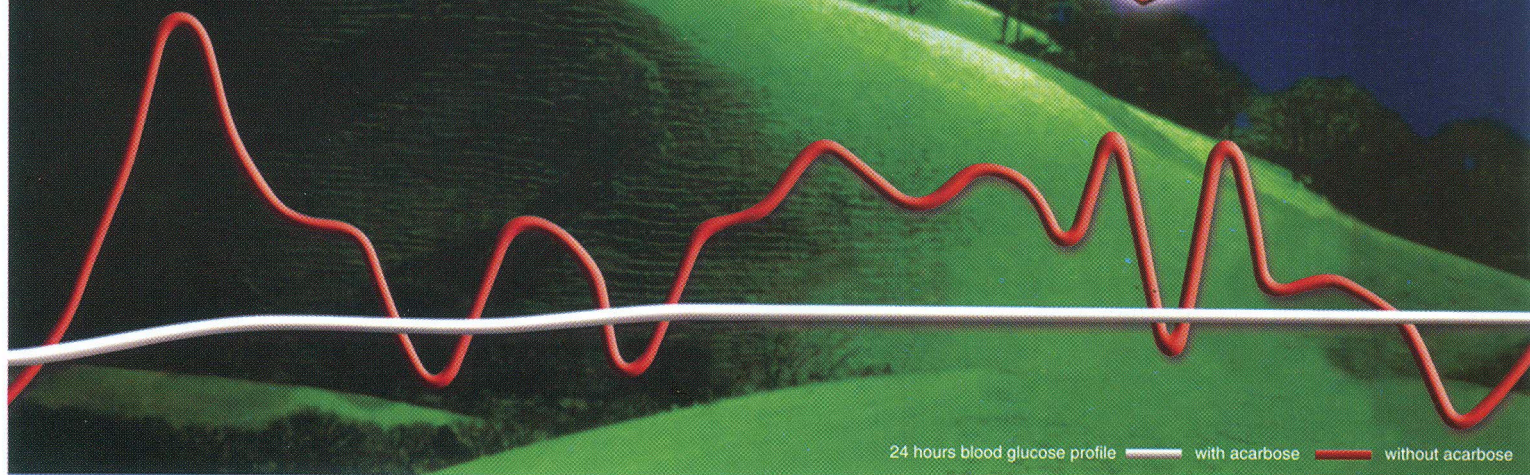
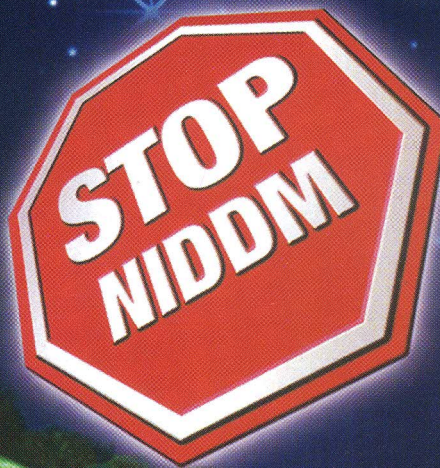
Diets which incorporate the above types of foods and beverages - like the traditional Mediterranean or Okinawan diets - reduce inflammation and cardiovascular risk. This anti-inflammatory diet should be considered for the primary and secondary prevention of coronary artery disease and diabetes, the authors state. (The above was gleaned from Diabetes in control.com)

Nuts have been characterized as 'good food.' To them have been attributed some characteristics that help prevent heart disease. They have been known to increase the levels of HDL, the good cholesterol, and to lower the total cholesterol levels and the LDL, the bad cholesterol. They have also been shown to decrease hunger, as in the case of walnuts, and therefore cause people to eat less and aid in weight control.



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

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EVERYTHING YOU ALWAYS WANTED TO KNOW ABOUT DIABETES (BUT WAS AFRAID TO ASK!)

Roberto C. Mirasol, MD
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Diet is one of the cornerstones in the treatment of diabetes. Doctors emphasize its importance in controlling your blood sugar and in making you lose weight. There are several diet recommendations available to us. Most of them however have no scientific basis and are totally useless. In this issue of Diabetes Watch we answer your questions on fad diets.



What are fad diets? A fad diet is a diet that promises quick weight loss through what is usually an unhealthy and unbalanced diet. Fad diets are targeted at people who want to lose weight quickly without exercise. Some fad diets claim that they make you lose fat, but it's really water weight you're losing. Fad diets that are restricted to certain foods may work, but most are boring or unappealing. This can make them difficult to follow on a long-term basis. And some fad diets can actually be harmful to your health.

How do we determine if a diet is a fad diet? A diet that severely restrict or advocate one food group maybe a fad diet. They often have claims without clear scientific evidence to support it. If a diet promises quick weight loss then you have to be wary. Be suspicious if the diet program relies on "chemical reactions". If a diet sounds too good to be true, it must be fad diet. Many of these diets will put your health at risk, so be very careful.

This diet is working; it's not a fad diet. Is this true? Some diets work initially but in the long run these may actually be harmful. Before starting on a diet regimen consult with your doctor or your dietician to help you out.

Is Atkin's Diet a fad diet? Atkin's Diet allows large amounts of fat and protein to be consumed but severely restricting carbohydrates. Appetite is suppressed, but nausea, fatigue and fluid loss can all increase. Weight loss may be due more to total calorie restrictions than low carbohydrates per se. There are some evidences that this diet could actually make you lose weight more than the conventional low fat diet. People on this diet could not however stay on this diet for long because of the emphasis on fats and proteins. In this instance, it is a fad diet.

How about the very popular South Beach Diet? The aim of the South Beach Diet is to clear your diet of the types of carbohydrates and fats that can lead to weight gain. The diet distinguishes "good" carbohydrates from "bad" carbohydrates. Cutting the bad carbs will lower your body's levels of cholesterol and insulin, which will ultimately lead to weight loss. Again a rather boring diet and you will eventually go back and regain the weight you lost once you discontinue this diet. It is a fad diet.

What are other fad diets? Some are horrendously named like Hollywood Diet, Beverly Hills Diet or Wedding Dress Diet. Some are named on the predominant type of food of the diet - Cabbage Soup Diet or the Grapefruit Diet. There are others based on the time the food is taken - 3- day diet or the After Six diet. None of these diets work.

What are the health consequences of fad diets? Among the known consequences is poor long term weight control, increased risk of chronic diseases such as heart disease, cancer, hypertension, and osteoporosis. Kidney stones and gout may be unwanted consequences. Ketosis (a breakdown of fats) may happen. It may produce more harm.

What should I do? Here are some tips which could be helpful. Eat breakfast every day and don't skip meals. Eat whole grains, vegetables and fruits to ensure that you get all of your daily nutrients. Limit your daily intake of saturated fat, cholesterol and sodium. Limit the amount of sugar in your diet. High-sugar foods are often high in calories and low in nutrients. Watch the size of your portions. Exercise.

We welcome your questions or comments. E-mail me your queries at PDA 5311278 or e-mail me at mbmirasol@yahoo.com.

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Classification of laser treatment for:

- macular edema
- proliferative retinopathy without macular involvement

1. International Diabetes Federation's World Diabetes Day 2002 Focuses On Eye Complications. <http://www.idf.org/home/index.cfm?node=535>. Last accessed November 2007.
2. FIELD study investigators. Effects of long-term fenofibrate therapy on cardiovascular events in 9795 people with type 2 diabetes mellitus (the FIELD study): randomised controlled trial. *Lancet*. 2005;366:1849-61.
3. FIELD study investigators. Effect of fenofibrate on the need for laser treatment for diabetic retinopathy (FIELD study): a randomised controlled trial. *Lancet*. 2007;370:1687-97, published online November 6th, 2007.

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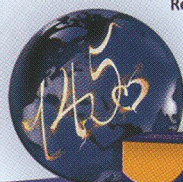
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Glutathione: The Wonder Pill?

Jade C. Vergara-Villaluz, MD
St. Luke's Medical Center



Glutathione is a sulfur-containing amino acid that is an important part of the body's antioxidant defense system. It is touted as the "Master Antioxidant". It is composed of three different amino acids: cysteine, glutamic acid, and glycine. Because of its antioxidant properties, glutathione neutralizes damaging free radicals and peroxide molecules, and recharges oxidized Vitamin C so that the body may reuse it. It is required for a variety of metabolic processes in our body. Several foods contain naturally occurring glutathione, including avocado, watermelon, asparagus, grapefruit, potato, acorn squash, strawberries, orange, tomato, cantaloupe, broccoli, okra, peach and spinach. Various herbs, like cinnamon and cardamom, have compounds that can restore healthy levels of glutathione. Certain nutrients help raise tissue levels of glutathione including acetylcysteine, alpha lipoic acid, Vitamin B6, B12, and riboflavin. Glutathione has several health benefits.

Optimal amounts of glutathione are necessary for supporting the immune system. It helps the liver to detoxify the chemicals, and it plays a role in eliminating many carcinogens and pollutants. Glutathione levels diminish as we age and many diseases normally linked with aging have been related to a glutathione deficiency. Research is currently exploring the potential benefits of glutathione for several conditions including cancer, heart diseases, memory loss, osteoarthritis, Parkinson's disease, cornea disorders, kidney dysfunction, liver disorders and immunodepression that occurs in diseases such as AIDS.

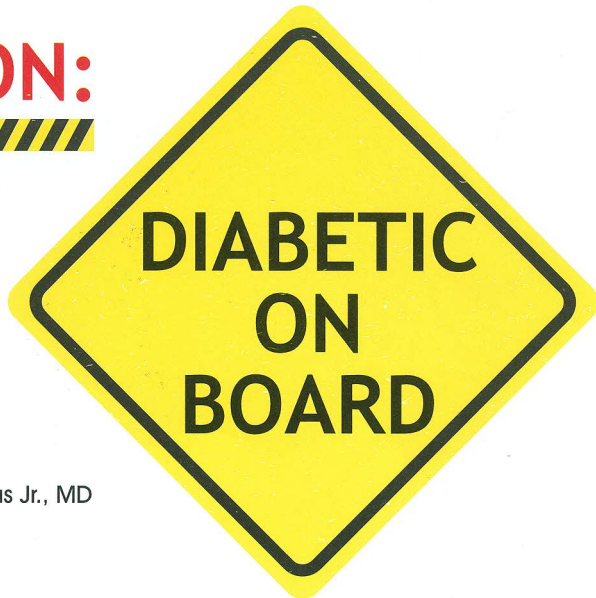
Scientists say that taking glutathione has no known side effects except for the skin whitening effect. This is the reason why it is very popular nowadays among Filipinos. Many dermatologic centers nationwide are prescribing high doses of oral and intravenous glutathione for its whitening effect. The anecdotal whitening dose is 500 mg twice a day to be taken with 1000

mg Vitamin C for better absorption. The average period where a consumer can see a visible change in his/her skin color takes about 8 to 12 weeks depending on the complexion. These glutathione pills are available as over-the-counter supplements. Anybody can purchase it without the doctor's prescription. Hence, they are very prone to misuse.

With regards to its safety and its long term effects on the body, at present, nobody can really say that glutathione is truly safe because no large human studies have been conducted on the use of high doses of glutathione.

Without the guidance of a physician, problems may arise from its use if the consumer has other concomitant illnesses which may be directly or indirectly affected by glutathione. It is best that you consult first your doctor before deciding to take this supplement.



CAUTION:

**DIABETIC
ON
BOARD**

Nemencio A. Nicodemus Jr., MD
Manila Doctors Hospital

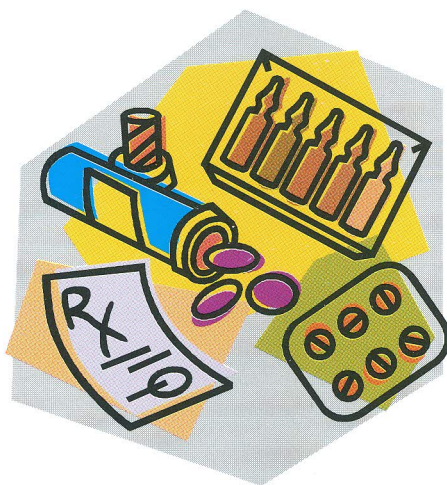
It was sensational news when one prominent celebrity was found by his wife unconscious, nearly comatose and with cold sweats, during one of their travels abroad for a concert. The reason for this was because the celebrity developed very low blood sugar (hypoglycaemia) after his concert, where the celebrity danced his way around while singing. Fortunately, he was brought to the hospital immediately, where he was given glucose through his veins and he woke up.

This sort of incident happens not just in the news or to celebrities but to ordinary men and women who have diabetes and who get to travel but are inadequately prepared for emergency situations. Fortunately, one does not need to go through the experience in order to know what to do to avoid being in such a predicament.

Here are some tips that someone with diabetes needs to know when preparing for a trip whether short or long-distance:

Make sure you bring your medications.

Blood glucose may go up especially when one is enjoying the time with friends during a trip. These are usually



the times when snacks are shared during the trip and hearty meals are served. The medications can at least help to prevent excessive increase in the blood sugar during these occasions. Patients who use insulin to control their blood sugar are especially prone to sudden increases in sugar levels even if they missed just one shot of their insulin. It is very important that injections be administered on time even during travels.

A glucometer may come in very handy.

It is hard to predict whether one has low or high blood sugar just by his appearance and symptoms alone. This is particularly true when the levels of blood sugar are not excessively high



Practical tips for the diabetic traveller

or low. Weakness and easy fatigability may be seen in both conditions. Thus, testing or monitoring the blood sugar with a glucometer will be able to provide fast and reliable information as far as glucose levels are concerned. By knowing the exact blood glucose level, the proper intervention can be made in a timely manner.

Store some candies or chocolates in your bags.

I know that your doctor has prevented you from eating chocolates and candies because they can easily increase the level of your blood sugar. But that exactly is the reason why you should have some stored nearby just in case you develop hypoglycaemia. Early signs of hypoglycaemia which warrant that you take in something sweet include



It is necessary that you keep yourself well hydrated during travels, whether by land, sea or air. Water helps to stabilize one's blood sugar levels. Bringing water is not a problem anymore because bottled water can be easily tucked in the side pockets of backpacks.

feeling of hunger (hunger pangs), hand tremors and cold sweats. When you have any of these, check your blood sugar at once using a glucometer and if it is low or below 70 mg/dl, you have hypoglycemia. Management of hypoglycemia involves the rapid delivery of a source of easily absorbed sugar. Regular soda, juice, candies, table sugar, and the like are good options. In general, 10-15 grams of glucose is used to increase blood sugar levels. This is equivalent to around 3 teaspoons of table sugar. These are times when your doctor won't get mad at you for eating chocolates. Do not wait until you get to your destination before eating something or just pass it off because the hypoglycemia might become severe and cause you to lose consciousness. That would definitely spoil the fun while travelling.

Hydrate yourself.

It is necessary that you keep yourself well hydrated during travels, whether by land, sea or air. Water helps to stabilize one's blood sugar levels. Bringing water is not a problem anymore because bottled water can



be easily tucked in the side pockets of backpacks. There are also fashionable jugs and water containers that can be carried around without hassle. When travelling by plane, because of the restrictions in airports regarding carrying any liquids, it may not be feasible to carry your own bottled water. Just request your friendly flight attendant for a glass of water every so often, especially during long haul flights. Hiking provides a special challenge because of the fast evaporation of sweat during the activity and these are the situations needing adequate water intake.

Carry some form of identification that you have diabetes.



A person with diabetes should not be embarrassed to inform his travel mates of his condition. Informing others might prove to be life-saving because they already have an idea on how to go about helping you should you develop signs of hypoglycemia or even very high blood sugar (hyperglycemia). Identification may be in the form of ID cards with a statement at the back that you are diabetic or even wrist bands that have become fashionable

which identify you as having diabetes. These forms of identification should be prominent or at least easily retrieved by people around.

Have the contact number of your doctor or healthcare provider with you always.



This will be very helpful when no one in your group knows what to do in cases of emergency. The number may be written in the ID above as the person to contact in such cases.

These six tips are the most important reminders that a person with diabetes preparing for travel should be aware of. Knowing them can prevent you from ruining a perfectly happy trip or in the extreme cases, be life-saving. It may be helpful to write these tips on a piece of paper and hang it on the back side of the door of the cabinet or some other place noticeable when you pack your things before a trip.

Travelling can be a lot of fun, especially if you are properly prepared for it. **D**

Diet sodas can cause weight gain?

Rogelio Tangco, MD
Philippine General Hospital

I logged in to Yahoo the other night, and I was intrigued by a newsbite: diet sodas can lead to weight gain. So I clicked on: Psychologists at Purdue University's Ingestive Behavior Research Center reported that rats given yogurt with saccharin later consumed more calories, gained more weight, put on more body fat relative to rats that ate yogurt with sugar. The Yahoo feature included a newsclip from ABC News with Diane Sawyer. You could see Diane Sawyer, still stunning after all these years, seemingly perplexed as she gestured to a stack of three hundred sixty five empty diet soda cans on the set, the average annual consumption of a diet soda addict like her. Corroborating the Purdue study, a substudy within the Atherosclerosis Risk in Communities Study published in *Circulation* January 2008: Diet soda also was positively associated with incident metabolic syndrome, with those in the highest tertile of intake at 34% greater risk than those in the lowest tertile. Also the Framingham Heart Study found a 56% increased risk of metabolic syndrome among those consuming 1 serving of diet soda per day. There is also a cross sectional study showing that diabetics who consumed diet soda had poorer glucose control than those who consumed none. Another study from the University of Texas San Antonio monitored the weight and soda-drinking

habits of more than 600 normal-weight patients aged 25-64 for eight years and reported that artificial sweeteners stimulate appetite, increase carbohydrate cravings, stimulate fat storage and weight gain. Experts theorize that people on diets with artificial sweeteners experience a physiological mismatch, the taste buds taste sweet but no calorie load comes with it. This mismatch leads to changes in brain chemistry, that drives them to overeat. In other words, one can fool the taste buds but not the brain.

Scientific consensus on human use of artificial sweeteners is inconclusive, with various studies finding

evidence of weight loss, weight gain or little effect. The Calorie Control Council in the USA issued a statement that disagreed with the findings of the Purdue study and noted that past studies indicated low-calorie

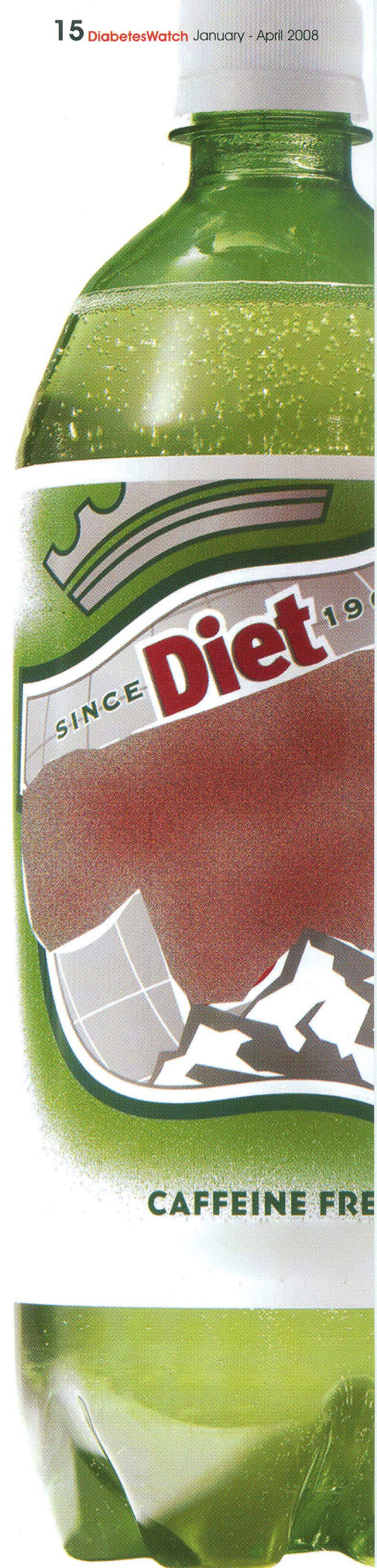


sweeteners benefit weight control. Sweeteners may still work when used as part of a conscious calorie-reduction plan even if they also unconsciously dull the sweetness-calories link. In our country, you see people sipping their diet soda while binging on a lauriat of high-calorie food. Diet soda, by itself, cannot be blamed for weight gain, it is still gluttony or the obsession for satiety. Compliance with dietary regimen, some impossible to maintain, might explain in part why obesity has risen in parallel with the use of artificial sweeteners. Other websites claim that aspartame as well as sucralose have other toxicities. But authorities have declared that artificial sweeteners have not been proven to be responsible for an epidemic of cancer, tumors, and multiple sclerosis. In the same vein, the consensus seems to be that more studies are needed to establish a more convincing causal relationship between diet soda, obesity, and metabolic syndrome.

Anything in the press and in the net, I have learned to swallow with a grain of salt. There was an ad, shown right before the Diane Sawyer newsclip, about flavored bottled water pumped up with vitamins and minerals. The juxtaposition of the news on diet soda with the ad seems to me a subtle way of saying: don't take diet soda take Propel instead! This Purdue study maybe a rehash of old news, but maybe power drinks like Propel needed a push. News is a commodity, it is not really for free. In fact, you can, within limits, publish or blog anything for a fee. So don't toss those diet sodas away, cutback perhaps, or better yet, drink more water, the original no calorie refresher.

Last week, by some quirk of fate, I found myself being interviewed by a television network as their original resource person had flown off abroad unexpectedly, they wanted me to talk on the cardiovascular consequences of obesity. The news team came with a boom mike and a big videocam, they

had sent the questions ahead and wanted to quickly tape my answers. I actually started off citing epidemiological forecasts that by the year 2020 the number of obese and diabetic people in the developing world will have tripled perhaps due to urbanization and industrialization, and to Western fast foods that replace the traditional diets in these developing countries. I told the interviewer that shifting to Western diet may trigger a genetic factor, a depravity gene as it were, that somehow turns lean Orientals to become obese once exposed to fatty fast food diet. I also got them intrigued by an instructional video on the atherosclerotic process, how fat enters a blood vessel enlarging the vessel and then slowly encroaching on its lumen and in time compromising blood flow and causing such dire events as stroke and heart attack. I have shown the video more than 50 times in several public fora, even in academic lectures to students. Anybody who sees the video is enthralled as it is a cartoonized version of the atherosclerotic process, like 50 years compressed to 15 secs. Perfect for TV actually, but the producer had copyright concerns. So they cut that segment! Instead, they showed a not so obese lady, a doctor at that, getting a spa treatment with her tummy fat being literally heated up with overlying towels set on fire! That's media for you, always out and out for the spectacular and magical; cold science does not sell. For all those shots, nearly half an hour of filming, including their suggested scenario where I show a model heart to fellow doctors (whom I had to drag out of their clinics), the soundbyte that went on air was a mere 15 seconds. They cut everything except the part when I told them that in obese people the heart has to work harder in order to perfuse a larger body mass. Somewhat oversimplified, but then television has no time for long explanations. **D**



A chocolate free Valentine's Day

Bien J. Matawaran, MD
UST Hospital

Aside from a dozen red roses, chocolates evoke the spirit of a romantic Valentine's Day. How then can you ask for an ardent and passionate VD celebration without a well known aphrodisiac like the ever reliable chocolates? Diabetics need not fret and worry; there are several ways to express your feelings in this season of love. The choices will surely tug your partner's heart.

♥ **Flowers galore!** As I mentioned earlier, flowers, especially roses can never fail in making your girl blush. The sight of a dozen red roses will definitely fire up your girlfriend's affection no end. Different kinds of flowers as well as different colors convey different emotions that will make sure that your feelings will not be lost in translation.

♥ **Love notes.** A heartfelt and sincere handwritten love note is a sure fire hit. The unmistakable shudder and tremor seen and felt in each stroke of your pen will in fact endear you to your partner. A bible passage that has blessed your relationship or a memorable movie line reappearing in your love notes will truly be special. Your partner will love you more, for you will "complete" her!

♥ **A whisper.** You will never go wrong with whispers of sweet nothings. The warmth of your breath as each small burst of air tickle her ears, accompanied by the electricity of each love line you murmur. It's romance

delivered closely and softly.

♥ **Sing your song.** Singing opens up a whole coffer of emotions. The quiver of your lips and the tremble in your voice as you look at your partner's eyes, tears building up as you passionately try to compose yourself.

♥ **A kiss.** Would you not agree that love is truly sealed only by a kiss? A kiss on the lips is the act that shows true intimacy.

If all of these fails and your partner demands for chocolate this Valentine's Day- then just tell her that chocolate is like medicine-but like medicine, the key is the proper dose. Don't overdo it!

D

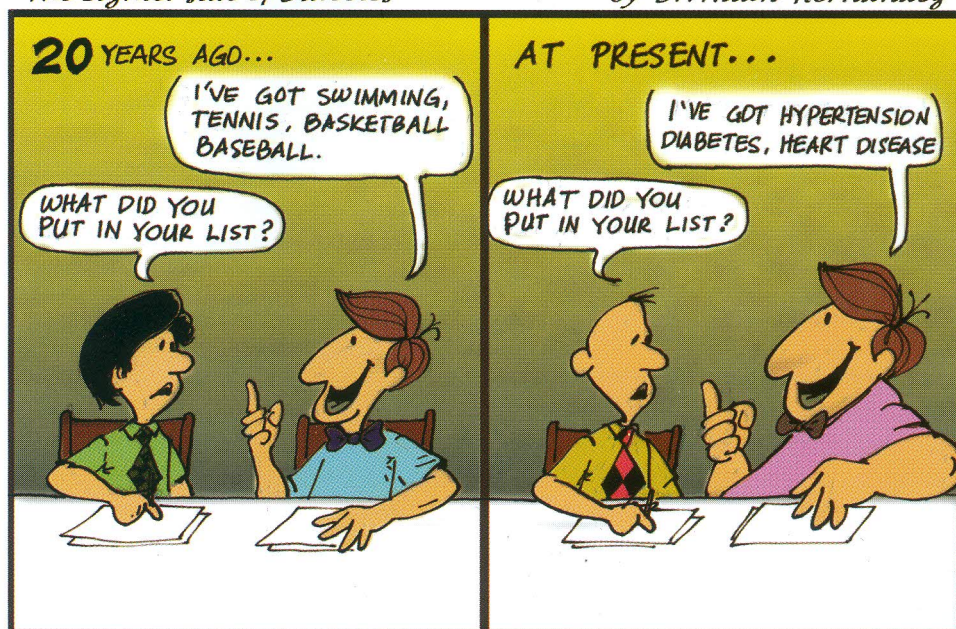
All I really need is love, but a little chocolate now and then doesn't hurt.



Lucy Van Pelt

The Lighter side of Diabetes

by Dr. Allan Hernandez





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*Reference: Physician Education Tracking Study, February 2003. Based on a study in the self-monitoring blood glucose (SMBG) industry involving 1,000 patients who contributed 91,339 samples over 27 months.

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RIGHT
FROM THE START**

for patients with **type 2 diabetes**



Insulin for life

Pete de la Pena, MD
East Avenue Medical Center

Diabetes mellitus currently affects 246 million people worldwide, and with developing countries beginning to lead the pack in disease prevalence, it is no surprise that it is considered a global epidemic. On the home front, however, it has finally been recognized as a public health disorder. The high disease burden is especially felt in developing and Third World countries like the Philippines, where health care costs can skyrocket up to 4 to 8 times higher for people with diabetes compared to non-diabetics (WHO/International Diabetes Federation, 2001). For an out-of-school youth like Honard C. Buena, a 19-year old type 1 diabetic who is maintained on insulin, hopes for a healthy future free from diabetic complications seems dim, indeed. "In using insulin it would of course be ideal if it could be supplied so as to imitate the natural process." "Insulin for Life" would like to change all that.

The Philippine Society of Endocrinology and Metabolism (PSEM), under immediate past president Dr. Rosa Allyn Sy and Dr. Laura Trajano-Acampado, vice president, and in partnership with Eli-Lilly, has spearheaded "Insulin for Life," a campaign to help Filipino diabetic patients who are insulin-requiring, maintain good control of their condition by providing a continuous supply of insulin throughout his/her life, at no cost. Beginning 2008, the program has endeavored to supply free insulin vials and syringes for life to ten (10) eligible patients. To be a qualified recipient, patients must:

1. require insulin treatment for



maintenance,

2. be a good Filipino citizen (male or female),

3. provide proof of income within program guidelines,

4. not have private or public prescription coverage,

5. be nominated by a PSEM member,

6. be approved by the PSEM board of directors (4), Eli-Lilly President (1) and a representative from the Department of Social Welfare and Development (DSWD) (1)

After proper evaluation, qualified recipients will be provided insulins and syringes on a quarterly basis by their attending physician, while assessment

and renewal of benefits shall be done on an annual basis.

10 deserving candidates were awarded the "Insulin for Life Program" last March 28, 2008 during the PSEM Annual Convention. The fight of 10 deserving Filipinos against diabetes has now been given an extra boost. The following patients join Honard C. Buena as recipients: Lorenzo L. Cayabyab, Jr, street vendor (20 years old, type 1 diabetic); Teresita S. Delampasig, housewife/laundrywoman (42 years old, type 2 diabetic); Jobelle R. Espares, out-of-school youth (18 years old, type 1 diabetic); Nerizza H. Gacutan, sari-sari store vendor (23 years old, type 1 diabetic); Lealyn Labay Garcia-Nicol, mother (20 years old, type 1 diabetic); Ivy Marie C. Maglalang, kakanin vendor (24 years old, type 1 diabetic); Mark Gil O.

Santos, cellphone technician (27 years old, type 1 diabetic); Marlyn S. Seladan, ex-OFW (34 years old, type 2 diabetic); and Junnel S. Tapel, automotive painter (25 years old, type 1 diabetic).

For PSEM, this will hopefully be the start of many more projects and collaborations to empower diabetic patients and give them a new lease on life. The achievements and contributions of the "Insulin for Life" campaign are made possible with the continuing support of Dr. Josephine Carlos-Raboca, current PSEM president, Mr. Meny C. Hernandez, Jr., president and general manager of Eli-Lilly, and Dr. Esperanza Cabral, secretary of the DSWD. After all the greatest science in the world ; in heaven and on earth is LOVE. **D**

When there's smoke, there's **diabetes** (not fire)!

The authors of the study further concluded that the association between smoking and TB disease appears to be causal. This means that smoking in itself, both active and passive, can cause pulmonary tuberculosis in predisposed individuals. It is really "Yosi, kadiri!"

Nemencio A. Nicodemus Jr., MD
Manila Doctors Hospital

Way back a few years ago, "Yosi Kadiri!" became a very popular slogan to scare away people from even trying smoking. For several years, doctors have always advised against cigarette smoking because of the hazards to health that it brings.

Several articles have been written about the association of smoking and the big "C." Among the different diseases associated with smoking, nothing has been more controversial and has evoked so much fear than cancer. In fact, from 216 studies that have been published, a recent meta-analysis revealed that the top three cancers associated with smoking are lung, voice box (laryngeal) and throat (pharyngeal) cancer. This particular study showed that people who are smoking are 900% more likely to develop lung cancer, 700% more likely to develop laryngeal cancer and 600% more likely to develop pharyngeal cancer. The next two most common cancers associated with smoking involve the stomach and intestines (upper digestive tract) and mouth (oral cavity).¹

In the local setting, one disease involving the lungs other than cancer that people associate with smoking and elicits a certain kind of anxiety and embarrassment is tuberculosis. People diagnosed with pulmonary TB are often discriminated in society and tend to carry with them the stigma even after they have already been

treated. Those applying for jobs have to postpone employment for at least six months, during which time they should be taking anti-tuberculosis medications daily. While those who have been diagnosed while working will have to take a leave for at least a month before they could resume work and have their salaries once again. This is to protect people around them from being exposed to the bacteria causing tuberculosis.

Scientific evidence has come out that there is a strong association between smoking and TB disease.² Even people who are not actively smoking but are only exposed to its smoke, called as passive smokers, are not safe from this risk. The same study has shown a moderate association between second-hand smoke exposure and TB disease. The authors of the study further concluded that the association between smoking and TB disease appears to be causal. This means that smoking in itself, both active and passive, can cause pulmonary tuberculosis in predisposed individuals. It is really "Yosi, kadiri!"

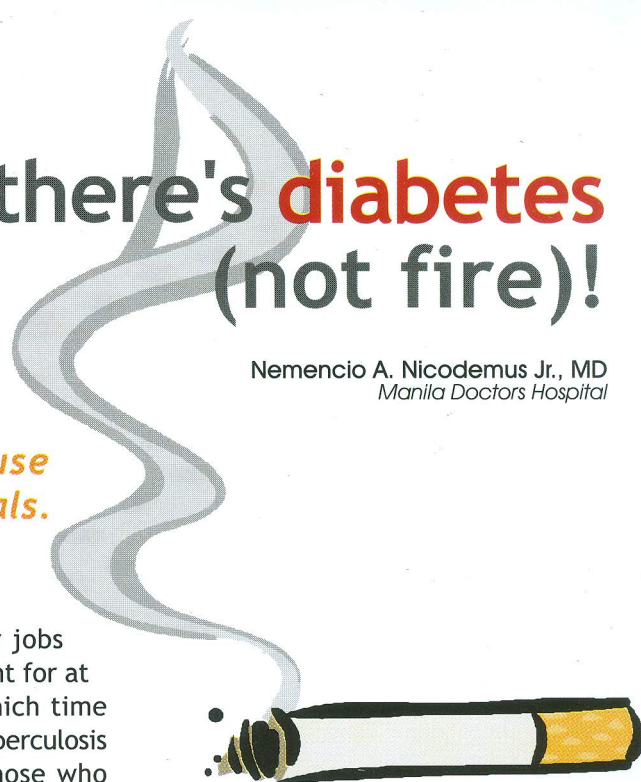
Unlike cancers and tuberculosis which carry a certain stigma, another disease which may not cause immediate death but brings about several complications and requires lifelong treatment is diabetes. Yes, you got it right! Smoking increases your risk of having diabetes!

A systematic review published last December 2007 in the Journal of the

American Medical Association showed that of the 1.2 million participants in the 25 studies that they have reviewed, smokers were 44% more likely to develop diabetes than non-smokers. Furthermore, there was a dose-response relationship seen. People who smoke 20 or more cigarette sticks a day are 61% more likely to develop diabetes while those who smoke less than this number are only 29% likely to develop diabetes. This association was consistent in both men and women.³

The same study has also reinforced the benefit of smoking cessation because compared to active smokers, people who are former smokers have lesser likelihood (23%) of developing diabetes. Interestingly, being in the older age group and being overweight and obese compounded the risk of developing diabetes among active smokers.

Although the studies included in the systematic review were observational studies, they meet several of the Hill criteria for causation,⁴ enough for us to strongly consider smoking as causing diabetes. First, there is an appropriate temporal relationship: the cigarette smoking preceded diabetes incidence in all studies. Second, the findings are consistent with a dose-response





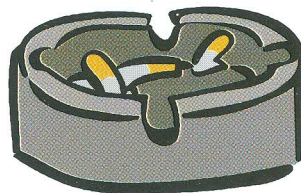
relationship, with stronger associations for heavy smokers relative to lighter smokers and for active smokers relative to former smokers. Third, there is theoretical biological plausibility for causality in that smoking may lead to insulin resistance or inadequate compensatory insulin secretion responses. This could be due to a direct effect of nicotine or other components of cigarette smoke on beta cells of the pancreas. Fourth, there is consistency of this association across 24 studies. Fifth, the strength of the association with diabetes is not negligible in the context of tobacco research. It is, thus, logical to say that smoking causes diabetes!

Other possible explanations for this high association between smoking and the development of diabetes include some social factors. Smoking is often associated with other unhealthy behaviour that favor weight gain and/or diabetes, such as lack of physical activity, poor fruit and vegetable intake, and high alcohol intake. Furthermore, even with a normal body mass index (BMI), smokers tend to have a greater risk of abdominal fat accumulation compared with non-smokers. This might be due to the anti-estrogenic effect of smoking which leads to a hormonal imbalance that could lead to central obesity. Obesity and weight gain are strong risk factors for developing type 2 diabetes and several studies also show that abdominal obesity is associated with the development of type 2 diabetes.

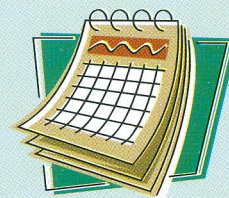
With the present evidence on diabetes risk, there is even stronger reason for us to be advocates of smoking cessation. Genetic factors in themselves already predispose a lot of people to this devastatingly expensive disease. However, we also know that modifiable risk factors are the triggers that increase the chances of manifesting the disease. Smoking is a risk factor that can be easily eliminated. It just needs the commitment to quit and the determination and motivation to live clean...and diabetes-free! **D**

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PDA 2008 SCHEDULE OF ACTIVITIES



35th DiabetesWorkshop

The Legend Palawan
March 14, 2008 (Friday)

Coordinators:

Dr. Editha Arceo-Dalisay
Dr. Belinda Palao
Mr. Ammiato Bacus

36th DiabetesWorkshop

Hotel Roma, Tuguegarao
May 9, 2008

Coordinator:

Dr. Elizabeth Paz-Pacheco
Dr. Magnolia Reyes
Ms. Maripée Genato

37th DiabetesWorkshop

Zamboanga
August 6 - 7, 2008

Coordinator:

Dr. Elizabeth Paz-Pacheco
Dr. Fatma Ibba-Tiu
Ms. Maripée Genato

Unite for Diabetes

Century Park Hotel, Manila
July 17 - 18, 2008

PDA Annual Convention and 50TH PDA ANNIVERSARY

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Quezon City

November 11 - 12, 2008

Coordinator:

Dr. Editha Arceo-Dalisay

PDA Lay Annual Convention/GIMIK DIABETES and World Diabetes Day TBA

4th Course on Diabetes and Vascular Disease

Century Park Hotel, Manila
December 2 - 3, 2008 (Tuesday & Wednesday)

KITCHEN CORNER

"Huwag mong itaktak !"Salt in your diet

Ma. Imelda Q. Cardino, MSFN
Makati Medical Center (Diabetes Clinic)

The 2003 National Nutrition and Health Survey (NNHS) of the Philippines revealed that about one out of five Filipino adults, 20 years and over, is hypertensive and that among the 20-29 years old two out of five are pre-hypertensive. The NNHS also revealed that among the **ten most commonly consumed "SANGKAP PINOY" Seal (SPS)-products** are the instant "mami" noodles, products which contain very significant amounts of sodium. Looking at the nutrition label of one of the more popular brands revealed that the product contained as much as **1,740 mgs** of sodium! The significance of this much sodium in the product will be explained later.

The American Heart Association stated that "elevated blood pressure (BP) remains an extraordinarily common and important risk factor for cardiovascular and renal diseases, including stroke, coronary heart disease, heart failure, and kidney failure. "The significant effect of modifying the total sodium content of the diet to prevent and manage hypertension has been dramatically illustrated by the **DASH** (Dietary Approaches to Stop Hypertension) study. Reduction in sodium intake is among the important factors that lowered the blood pressure, along with weight loss in the overweight individual. The DASH study recommended a total sodium intake of approximately 2000 mgs daily... this

amount being recommended when the blood pressure is significantly high or when other risk factors are present. Of course guidance by a registered clinical dietitian is necessary to limit levels to this extent.

Filipinos *love* salt. Proof? Filipinos usually go for "high salt" foods: smoked/dried/canned fish, processed meat like sausages/hot dog/"tocino"/corned beef, assorted bakery products/crackers/cookies. Moreover, there is the usual "sawsawan" on the table: "bagoong", patis, toyo, other seasonings with "v e t s i n" (monosodium glutamate). Remember the instant "mami" noodles which are among the products commonly consumed by Filipinos... and which contains a lot of salt? Remember the recommended amount of 2000 mgs sodium daily... and the amount of sodium in one bowl of the particular instant "mami" noodle which is 1740 mgs? Eighty seven percent of the daily sodium allowance has been contributed

by that single bowl of instant noodles! So what happens to the rest of the meals... and other foods will still contain sodium even if no salt has been added.

Definitely the palatability of food will be greatly affected by salt reduction.... and it really takes will power and discipline to effect that very important lifestyle change.... not to mention the difficulty of finding a fast food establishment that will reduce the salt in the meals they offer! So what can



Remove salt shakers, "patis" and soy sauce bottles from the dining table. Instead, make available vinegar, hot sauce, prepared mustard. Of course products like mustard and hot sauce do contain sodium but the amount you will consume will not contribute as much sodium as soy sauce, etc.

be done?

- Use spices and herbs. Play around with various flavors by using rosemary, thyme, lemongrass, basil, mint on soups, main course, vegetable dishes, everywhere!

- Remove salt shakers, "patis" and soy sauce bottles from the dining table. Instead, make available vinegar, hot sauce, prepared mustard. Of course products like mustard and hot sauce do contain sodium but the amount you will consume will not contribute as much sodium as soy sauce, etc.

- If possible, cook your own meals... and start from scratch. Meaning, don't use ready mixes, bouillon cubes, convenience foods.

- The usual snack items tend to be salty specially if they are in the form of chips. A better choice could be crackers with reduced salt, fresh garden salads with vinaigrette, "natural" foods like boiled corn-on-the cob (minus the butter and salt of course).

- Avoid ordering "value meals" since it would even be more difficult to "adjust" your overall salt (and calorie) intake as well.

- Be patient to read the nutrition labels on food products (specially the fine print):

Classic Caesar FAT FREE DRESSING			
Nutrition Facts		Amount/serving	
Serving Size 2 Tbsp (35g)		Amount/serving	
Servings 16		%	
Calories 50		Total Fat 0g	
Fat Cal 0		Sodium 350mg	
		Total Carb 11g	
		Fiber 0g	
		Sugars 3g	
		Protein <1g	
		Cholest 0mg	
		Vitamin A 0% • Vitamin C 0% • Calcium 0% • Iron 0% • Vitamin E 0%	

This product provides 50 calories for every 2 tablespoons and the sodium content is 175 mgs for each level tablespoon.

These two products similar calorie per pack (about 120) but the yellow pack has a higher sodium content (152 mgs) than the green pack (135 mgs) although the difference is only minimal (17 mgs).

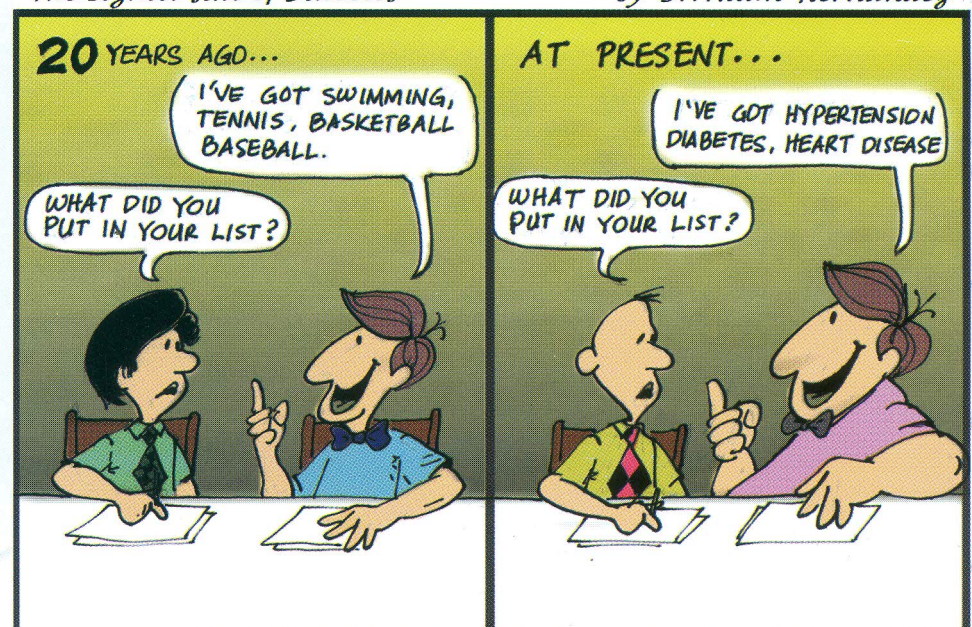
Nutrition Facts	
Serving Size 4 crackers (26g)	
Servings per Container 10	
Calories 120	
Calories from Fat 40	
Total Fat 4g	8%
Saturated Fat 3g	15%
Cholesterol 0mg	0%
Sodium 135mg	6%
Total Carbohydrate 17g	6%
Dietary Fiber less than 1g	2%
Sugars 1g	2%
Protein 3g	
Vitamin A 0%	Vitamin C 0%
Calcium 0%	Iron 0%

Nutrition Facts	
Serving Size: 25 grams	
Servings per Container: 1	
Calories 121	
Calories from Fat: 45	
Total Fat 9g	
Saturated Fat 4g	
Trans Fat 0g	
Sodium 152mg	
Total Carbohydrate 14g	
Dietary Fiber less than 1g	
Sugars less than 1g	
Protein 3g	

By the way, salt substitutes ARE NOT NECESSARY. Instead, "train" your taste buds to go for less salt ... for better health ! **D**

The Lighter side of Diabetes

by Dr. Allan Hernandez

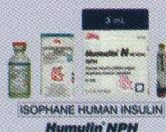


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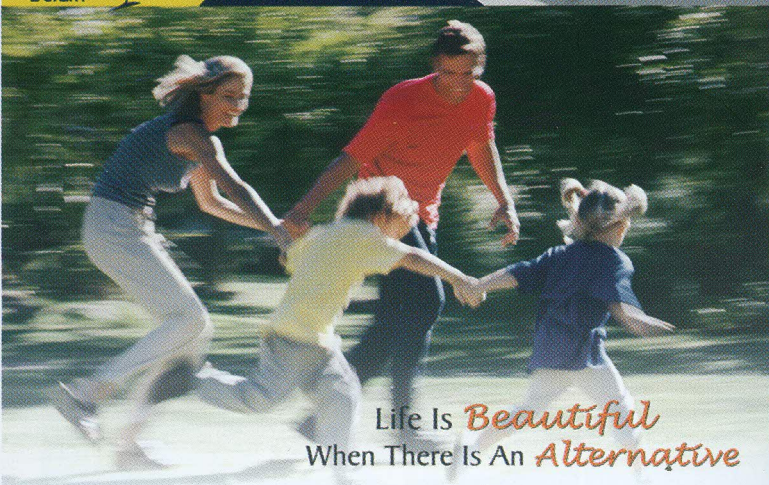


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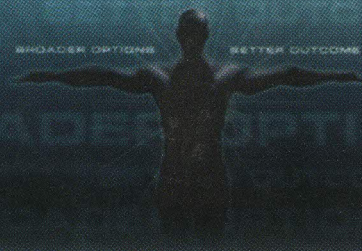
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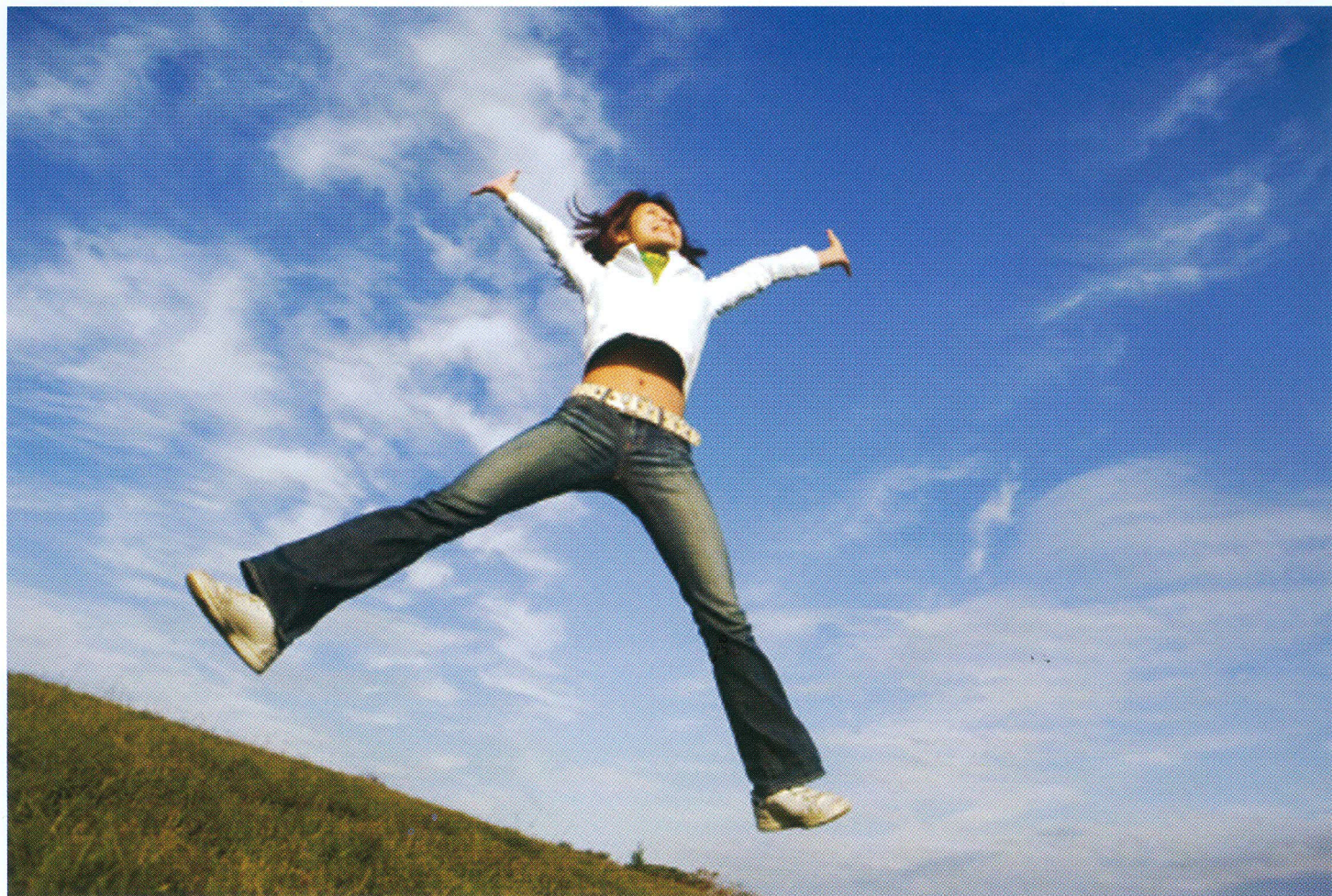
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DPP-4 inhibitors: *A breakthrough holds new promise for diabetes*

Florence Amorado-Santos, MD
Mary Mediatrix Medical Center

The past decade had witnessed the considerable progress in the pharmacotherapy of T2 diabetes. Goals are converging to getting patients' blood glucose close to normal as possible to prevent devastating complications. The milestones in diabetes treatments shows that medicine is coming up with more superior and specific agents for superior glucose control.

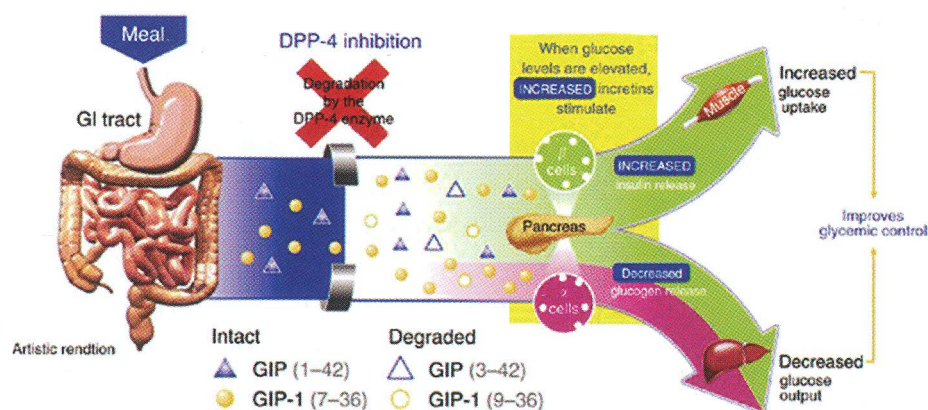
The gut hormone system shares in the limelight of diabetes etiology, making it a potential target for therapy. The intestinal hormones, *glucose-*

dependent insulinotropic polypeptide (gastric inhibitory polypeptide; GIP) and glucagon-like peptide-1 (GLP-1), collectively referred to as *incretins* (hormonal factors that transmit signals from the gut to the pancreatic beta cells or the insulin secreting cells), are released during a meal and stimulate insulin secretion in a glucose-dependent manner. The overall link between the gut and the endocrine pancreas also includes neural signals and nutrients and is termed the **enteroinsular axis** (Unger and Eisentraut in 1969). It has been estimated that 50-60% of the total insulin secreted during a meal results

from the incretin response; mainly the effects of GIP and GLP-1. But these two hormones have very short half-lives and are rapidly broken down to inactive metabolites by a major enzyme called *dipeptidyl-peptidase IV (DPP 4)*.

The hormone and enzyme in T2 diabetes

The multifaceted enzyme, DDP-4 or DPP IV, is a complex and ubiquitous molecule. It is widely distributed in the human body such as the endothelium (lining of blood vessels), bone marrow, brush border of the small intestinal wall and kidney proximal



tubules.

Nutrient ingestion causes secretion of GLP-1 and GIP, which act upon the pancreatic β cells to stimulate glucose-dependent insulin release. GLP-1 also suppresses glucagon (hormone that increases glucose production in the body) secretion, enhances glucose disposal, and slows gastric emptying. Furthermore, both GLP-1 and GIP have been shown in animal studies to expand β -cell mass (via promotion of islet-cell growth and inhibition of apoptosis or cell death), an effect that could potentially alter the natural history of T2DM. As both hormones are rapidly degraded by DPP4, selective inhibition of this enzyme, prolonging the existence of the incretins and enhancing the secretion of insulin has emerged as an antidiabetic strategy.

Inhibiting the DPP-4 enzyme

Studies in mice and rodents show that if GLP-1 and GIP are allowed to prolong their action by inhibiting the degradative action of DPP-4, it was shown to result in potentiated insulin responses and improved glucose handling in both normal weight and obese rodents. In humans, though there are few published reports available, inhibiting the step to incretin degradation leads to reduced glucose excursions and increased insulin

responses during a glucose tolerance test. Furthermore, blockade of this enzyme besides enhancing insulin action can also benefit patients by inhibition of gastric emptying (patients feel full for a longer time), important effects on beta cell differentiation resulting in beta cell preservation, something which most oral hypoglycemic agents have failed to achieve through these years.

The pill

Sitagliptin phosphate (Januvia; Merck, 100 or 200 mgs) approved for clinical use in the United States in October 2006 and already available here in the Philippines.

Vildagliptin (Galvus; Novartis, 50 or 100 mgs) approved by the USFDA in April 2007 and will be available locally by March 2008.

These two DPP-4 inhibitors can be used as monotherapy or in dual combination with metformin, a sulphonylurea (SU), a thiazolidinedione (TZD) or insulin when diet, exercise and a single antidiabetic agent do not result in adequate glycemic control. Caution should be observed when co-administered with agents which can cause hypoglycemia.

The lower doses should be administered once daily in the morning. The higher

doses can be given in two divided doses, one in the morning and one in the evening. They can be taken with or without a meal.

There is limited experience in patients with severe renal impairment and in patients with end stage renal disease on hemodialysis, therefore these agents are not recommended in these patients.

As per routine clinical practice, it is recommended that liver function tests be performed prior to the initiation of treatment and periodically thereafter.

No data exists with administration in pediatric patients (< 18 years old), therefore is not recommended at this point.

These agents do not have adequate well-controlled data for its use during pregnancy and lactation and is not recommended just like other oral antihyperglycemic drugs.

Most common side effects noted are dizziness, constipation, skin rash, arthralgia, upper respiratory tract infection, nasopharyngitis, headache, diarrhea and asthenia.

A New Hope

As the DPP-4 inhibitors find its niche in our antidiabetes armamentarium, unveiling its efficacy, tolerability, flexibility and dosing convenience, we all await for its long term safety and durability to our T2 diabetic patients. As in any case of any new drug, its safety profile is limited to Phase III trial results only and long-term DPP4 inhibition effect is still unknown.

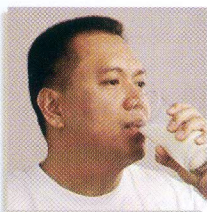
DPP-4 inhibitors with its unique mechanism in the pathophysiology of diabetes deserve their own merit. Whether these novel agents will or will not provide us the answer to the missing pieces of our diabetes regimen, it is a welcome addition to our list of alternative options for diabetes treatment.

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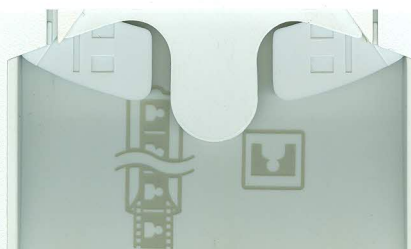
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INFORMATICS

Finding reliable health-related information on the World Wide Web

Iris Thiele Isip Tan, MD
San Juan De Dios Hospital



The amount of information you can find on the World Wide Web is truly amazing! No wonder, I increasingly encounter patients who at one point during the clinic visit will remark "I read on the Internet that ..." It then becomes my responsibility to either confirm that what they have read is true or to caution them that not all information on the Internet can be reliable. With the dizzying array of health-related websites available, it is often the case that I have not even come across the website the patient is referring to. How then can I advise the patient properly?

This is where the Health on the Net (HON) Foundation (<http://www.hon.ch>) comes in. This Swiss foundation operating out of Geneva is a non-profit, non-governmental organization affiliated with the Economic and Social Council of the United Nations. Its mission is "to guide Internet users by highlighting reliable, understandable, relevant and trustworthy sources of online health and medical information."

It does this by accrediting websites that adhere to the HONcode, a set of principles that serve as a yardstick in appraising a health-related website:

1. Authoritative. The website must indicate the qualifications of the authors. Patients may rely on health tips that they find on blogs for example, when the writer does not even have any medical training.

2. Complementarity. Information should support, not replace the doctor-patient relationship. There are websites that declare "the information in this website is provided as is, and is not intended to replace good medical advice." I have had patients anxiously rattling off diseases that they might

have, based on the Internet search that they did on their symptoms. Needless to say, diagnosis is best left to the doctor!

3. Privacy. The website must respect the privacy and confidentiality of personal data submitted to the site by the visitor. Some websites require some form of registration for access. Do you read the terms and conditions of use? Most of us don't bother. We just hit the "I accept" button right away. Somewhere in the small print there might be a statement that says the information you have supplied can be given to third parties or that you will receive advertisements through e-mail. Then you get annoyed when you start receiving what you think is spam e-mail on certain health products.

4. Attribution. The website must cite the source(s) of published information with the date. The information can be outdated and therefore obsolete. It will also be impossible to verify the information if you do not know the source.

5. Justifiability. The website must back up claims relating to benefit and performance. Websites on food supplements promising to cure all sorts of ailments abound. And when I tell patients that there isn't enough evidence that these supplements deliver what they promise, they often reply, "But it's on the Internet!"

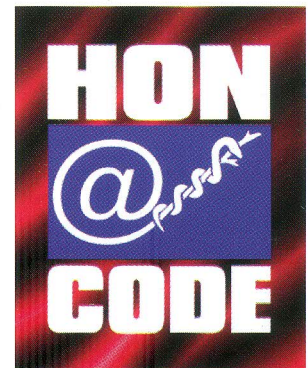
6. Transparency. The identities of the author and webmaster must be readily accessible and the contact e-mail address provided accurate. Websites that do not provide these are not to be trusted as you would not know who to contact if you needed more information.

7. Financial disclosure. The website should identify funding sources. A website may receive funding from pharmaceutical companies and the

information provided therein, even if they are written by doctors may be biased.

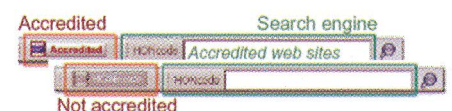
8. Advertising policy. Advertising must be clearly distinguished from editorial content. It is not unusual to find ads on a website, and it should be clearly indicated if these are being endorsed by the webmaster.

Websites that adhere to these HONcode principles will bear the HONcode logo.



You can also download the HONcode toolbar for your web browser. The HONcode logo appears in color when you are browsing an accredited website. You can also search the HON database of accredited websites.

To download the free HON Code toolbar, go to



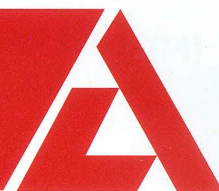
<http://www.hon.ch/HONcode/Plugin/Plugins.html>. Versions for Internet Explorer and Firefox are available.

To be useful, health-related information on the Web must be reliable and trustworthy. Be aware of the HONcode principles and look out for the HONcode logo next time you surf!



Navigating the Net: The ADA Website

Cecille R. dela Paz, MD
East Avenue Medical Center



Sir Francis Bacon once said "Knowledge is power." This saying is particularly true for people living with diabetes. Patient education is an important component of diabetes management and understanding the disease can literally save your life. While doctors have been the traditional resources patients turn to, more and more people are now using the internet to obtain health information. Type in the word "diabetes" on any search engine and literally thousands of websites will be available for your perusal. But not all websites are the same and there are no guarantees that the facts you get are accurate. It is not only important that you pick a site that is a credible, but it should also present the information in a way that is easy to navigate and understand.

The official website of the American Diabetes Association (ADA) (<http://www.diabetes.org/home.jsp>) is an excellent resource for the average

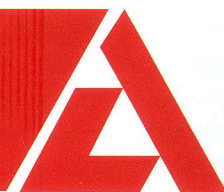
person. Want to know if you're at risk for diabetes? Click on "Take a Diabetes Risk Test". You find out that you are at risk and want to know how you can prevent it. There is a section on Diabetes Prevention. Were you recently diagnosed to be diabetic and you want to know what that means? Go to "All About Diabetes" and you will not only find out what the different kinds of diabetes there are, but also data on the different complications and treatment. Your doctor told you to go on a diet to help control your blood sugar. Click on "Nutrition and Recipes." It will help you how to make healthy food choices and even teach you how to prepare diabetes-friendly meals. Want to lose weight and start an exercise program? The website also contains information on how to go about that too. Are you a parent of a diabetic? There is a section devoted for parents and kids that will help you deal with the problems and issues that go with caring for a diabetic child or teenager.

Because the ADA is composed of many different kinds of health professionals, including doctors, nurses, dietitians, pharmacists, etc., you are assured that the discussions are comprehensive and are from the point-of-view of a team approach to diabetes management. The ADA is also involved in diabetes research so the data they have are relevant and current. The information are available free of charge and presented in modules that are easy to digest. The website is quite exhaustive and there are many topics that are available for review. The amount of reading materials can be overwhelming and it is advisable that you take your time reading through each section to prevent information overload.

Diabetes is a lifelong disease and indeed, it might take a lifetime to learn all that you can know. "Knowledge is of two kinds: we know a subject ourselves, or we know where we can find information on it." *Samuel Johnson*

Featured website: "The American Diabetes Association website for health professionals and scientists"

Cecilia A. Jimeno, MD
Manila Adventist Medical Center



One of the most useful websites for health care professionals caring for patients with diabetes, whether doctors, nurses, dietitians or diabetes educators is the URL of the American Diabetes Association. Actually, even for patients with diabetes or their families, it is not only useful but fun as well.

If you are going to look for the website through google (www.google.com) try not to type ADA in the space; or if you do, then don't open the first or the second hit because it will bring you to... tadaaahh ... the American Dental

Association. Or maybe even the American Dietetic Association or the Americans with Disabilities Act. Try to type "American Diabetes Association" in google and it will take you to this URL : www.diabetes.org. Just double click the blue highlighted words and your computer will take you to this interesting and comprehensive site which features everything you would like to know about diabetes. The homepage opens with a menu that contains the following sections: All about Diabetes, Nutrition and Recipes, Weight Loss and Exercise, Diabetes Prevention, Diabetes Research, For

Parents and Kids, For Health Professionals and Scientists, Support the Cause, Buy Books, Advocacy, Tools. Yes, there is something for everyone in this site, but for health professionals caring for patients with diabetes or scientists engaging in research about diabetes this site is sure to be a favorite. What are the specific utilities of this site for the health professional?

After clicking on the tabbed menu for health professionals and scientists, a submenu opens which allows you to search the site. The sections include clinical practice guidelines, journals,

web casts, meeting abstracts, posters, patient education, books, disease briefings, continuing education library, news and press room, and clinical terms. There is also a section on the most popular topics and a "search by topic" option. Apparently, the most popular article is entitled, "Tea Could Help Prevent Diabetes".

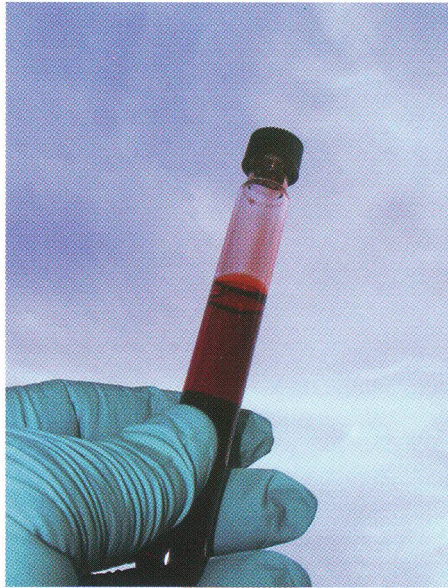
If you are in a hurry, you can also have the home page of ADA go straight to the section for health care professionals by typing this address: <http://professional.diabetes.org>.

Health care professionals who have accessed this site have had their own favorite sections. Medical residents and allied professionals like the "clinical practice guidelines" section because it gives readers a concise summary of the recommendations of the ADA on specific issues in the diagnosis and management of diabetes, plus a synopsis of the evidence behind the recommendations.

The "Journals section" on the other hand, gives not only abstracts but full text articles on back issues of the following publications: Diabetes Care, Diabetes, Clinical Diabetes, Diabetes Spectrum, and DOC News. This section is a favorite of diabetologists-in-training and of endocrine fellows who are always thrilled and excited in downloading the latest data for their reports, or to impress their consultants. As an educator and a clinician, I have two favorite sections. The first is the "multimedia bank."

The ADA Multimedia Bank is an online resource of animations about diabetes and related diseases (like atherosclerosis) to be used for reference, research and as teaching tools. Type "pancreas" in the blank and it will give you a nice-looking colored organ with its anatomical attachments that you can insert in your powerpoint slide presentations.

My second favorite is the "Resources



for Professionals" section. Educational tools for providers and patients alike, and links to diabetes education resources can be found here. These resources include ready-made slide presentations for teachers, tool kits filled with both provider and patient materials, and enduring materials that include many multimedia self-learning opportunities. I especially like the "Diabetes Animations" portion which allows one to download video clips taken from the ADA's Link for Life animation on diabetes. Try to download for your patients the clip, "Insulin: The Movie" a 51 second file which describes very simply the function of insulin, how the body breaks food into sugar and uses it as a source of energy.

Of course, not everything in this site is useful. The website is in two languages, English and Mexican, which may be of special interest to Filipinos only because we used to love watching Mexican telenovelas. This website is primarily designed for those who are in the U.S. of A, so much of the content of the site is really for the American diabetic. The sample recipes are peculiar to their culture; for example, breakfast suggestions include banana raisin wheat muffins, cran apple oatmeal, morning rush-hour burrito and ricotta-filled blintzes. (.... by the way, what are blintzes?) While

navigating the site, you will be asked to donate for their diabetes programs in dollars and cents. Or to join their many advocacy programs like the "Tour de Cure," a bike race in the U.S. to support the mission of finding a cure for diabetes. And here is the challenge; maybe we also need a website specifically designed by Filipino health care and IT professionals for the Filipino diabetic whose weaknesses in the diet are rice and sweet spaghetti, suman and cornick, and mangoes that are now in season year round. And maybe, the site can be in six languages and dialects: English, Filipino, Ilocano, Cebuano, Ilongo, Chavacano ... maybe more.

The website of the Philippine Diabetes Association (<http://www.diabetesphil.org/>) already has many useful features, and plans are underway to make it more accessible and useful for the Filipino diabetic. The DiabetesWatch, for example, can already be read on-line through this site. Maybe in the future, there can be a "Nutrition and Recipes" section in the PDA website, and the first featured recipe could be pinakbet or laing.

I will close this website now and go back to the ever reliable google to look for the meaning of the word "blintzes". Here it is, the web definition of blintzes: thin pancakes usually filled with cheese and served with cream or apple puree. Bet you didn't know that!

Other useful terms:

URL: Universal Resource Locator or an Internet World Wide Web (www.) Address

Ricotta: a type of whey cheese, developed in Italy but manufactured and sold all over the world. This is a very flexible (?) and delicious dairy product (from www.wisegeek.com/what-is-ricotta.htm)



PDA ON THE MOVE

PLAS/PSH Lay Forum

Crowne Plaza Galleria Manila
February 10, 2008

A lay forum conducted by the PLAS and PSH was held last 10 Feb 2008 at the Crowne Plaza Galleria Manila. The numerous delegates purchased the PDA IEC materials which were made available during the forum.



PLAS/PSH Joint Annual Convention

Crowne Plaza Galleria Manila
February 13-15, 2008

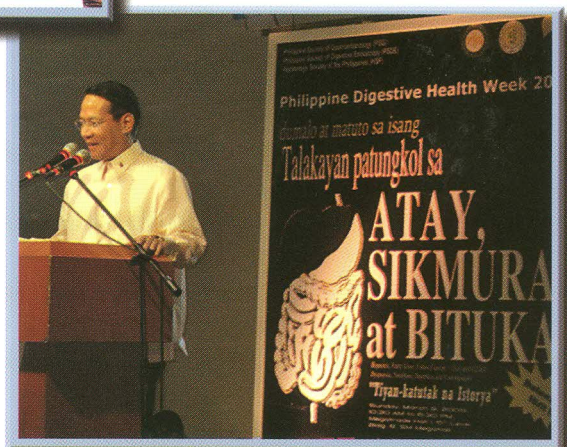
The PLAS and PSH's Joint Annual Convention last 13-15 Feb 2008 was held at the Crowne Plaza Galleria Manila. The PDA showcased its IEC materials during the said event.



PSG/PSDE Philippine Digestive Week

Megatrade Hall 1 SM Megamall Bldg B,
Mandaluyong City
March 09, 2008

The second PSG/PSDE Philippine Digestive Week with the theme, "Tiyon-Katutak na Istorya: Ikalawang Hirit", was held at the Megatrade Hall 1 of the SM Megamall Building B in Mandaluyong City on 09 March 2008. The PDA participated in the said activity as a promotion of its advocacy campaign. IEC materials were also sold during the activity.





35TH Diabetes Workshop

Legend Hotel, Puerto Princesa, Palawan
March 14, 2008

On 14 March 2008, a total of 54 health care professionals attended the 35th Diabetes Workshop held at the Legend Hotel in Puerto Princesa Palawan. The workshop coordinators were Dr. Editha Arceo-Dalisay, Mr. Ammiato Bacus of LRI and PDA Palawan Chapter President Dr. Belinda Palao. Simultaneous scientific lectures and a lay forum where 50 lay people attended were also held during the workshop.



PSEM Annual Convention

EDSA Shangri-La Hotel
March 26-28, 2008

The 1st PSEM Congress on Prediabetes and the Metabolic Syndrome was held at the EDSA Shangri-La Hotel on March 26, 2008 having the theme: "Clinical Implications of Prediabetes and the Metabolic Syndrome". Dr. Tim Davis and Dr. Harold Lebovitz were the international speakers who participated in the congress of a total of 776 delegates.

27-28 March 2008 marked the 2008 PSEM Annual Convention at the EDSA Shangri-La Hotel, Manila with the theme: "Evolving Care and Concepts in Endocrinology". There were a total of 882 delegates who listened to the international speakers namely Dr. Elizabeth Barrett-Connor, Dr. Karel Pacak, and Dr. Zachary Bloomgarden. The convention's Scientific Program included recent developments in the pathogenesis, diagnosis and management of the different endocrine diseases; meet-the-experts session where experts discussed clinical issues; and research presentations.



International Diabetes Federation Western Pacific Regional Council Meeting

Duxton Hotel, Wellington, New Zealand
March 29 - 30, 2008

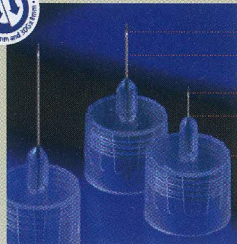
Dr. Tommy S. Ty Willing (PDA President) and Dr. Editha Arceo-Dalisay (PDA Vice-President) attended the recently concluded International Diabetes Federation Western Pacific Regional Council Meeting last March 29 - 30, 2008 at the Duxton Hotel, Wellington, New Zealand. Photo shows from left Dr. Editha Arceo-Dalisay, Professor Martin Silink (IDF President), and Dr. Tommy S. Ty Willing.



Certain things need special care.



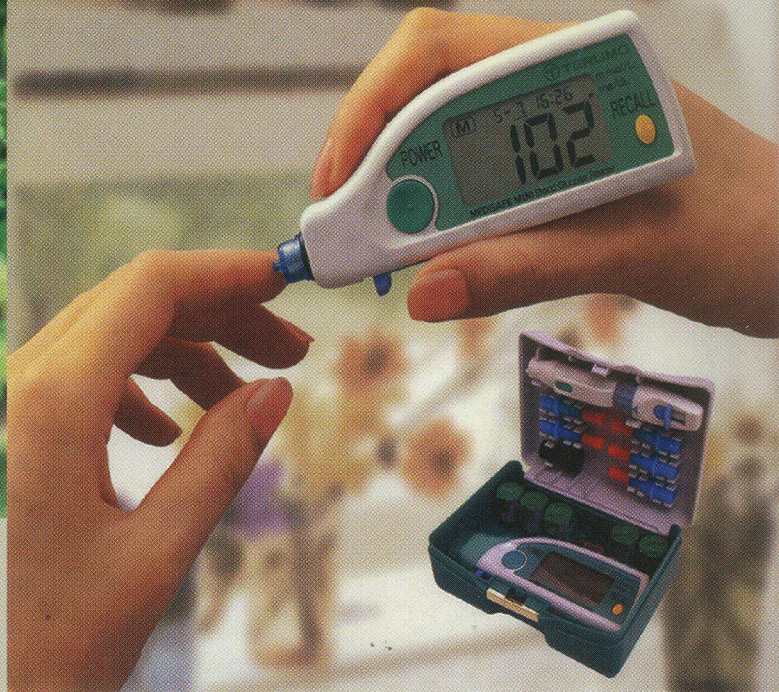
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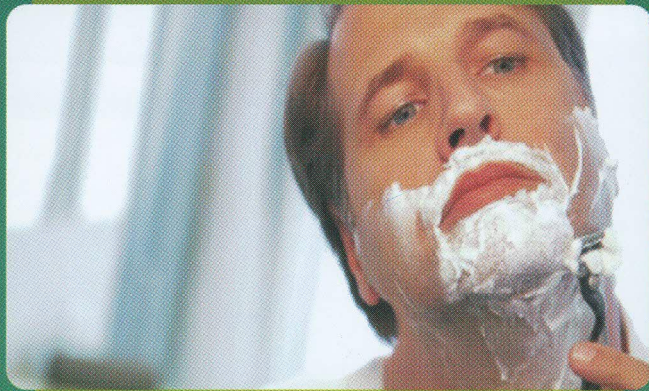
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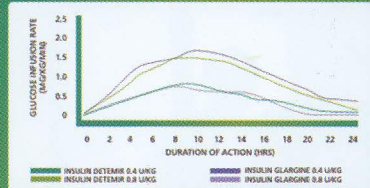
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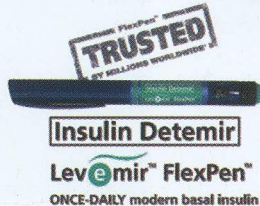
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References:
1. Kohn G et al. Albumin-bound basal insulin analogues (insulin detemir and N3044): comparable time-action profiles but less variability than insulin glargine in type 2 diabetes. Diabetes, Obesity and Metabolism 9, 2007:290-299.
2. Gierke R et al. Safety and efficacy of insulin detemir in clinical practice: 14-week follow-up data from type 1 and type 2 diabetes patients in the PREDICTIVE European cohort. Int Journal of Clin Practice 2007



Full prescribing information is available upon request
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1. Drouin P. and the Diamicron MR Study Group. *J Diabetes Complications*. 2000; 14 : 185-191
2. Gribble FM, Ashcroft. *Diabetologia* 1999; 42 : 845-848.
3. O'Brien R.J. *Diabetes Complications*. 2000; 14 : 201-206
4. Kimoto K, Susuki K, Kizaki T, et al. *Biochem Biophys Res Com*, 2003; 33 : 112-119

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