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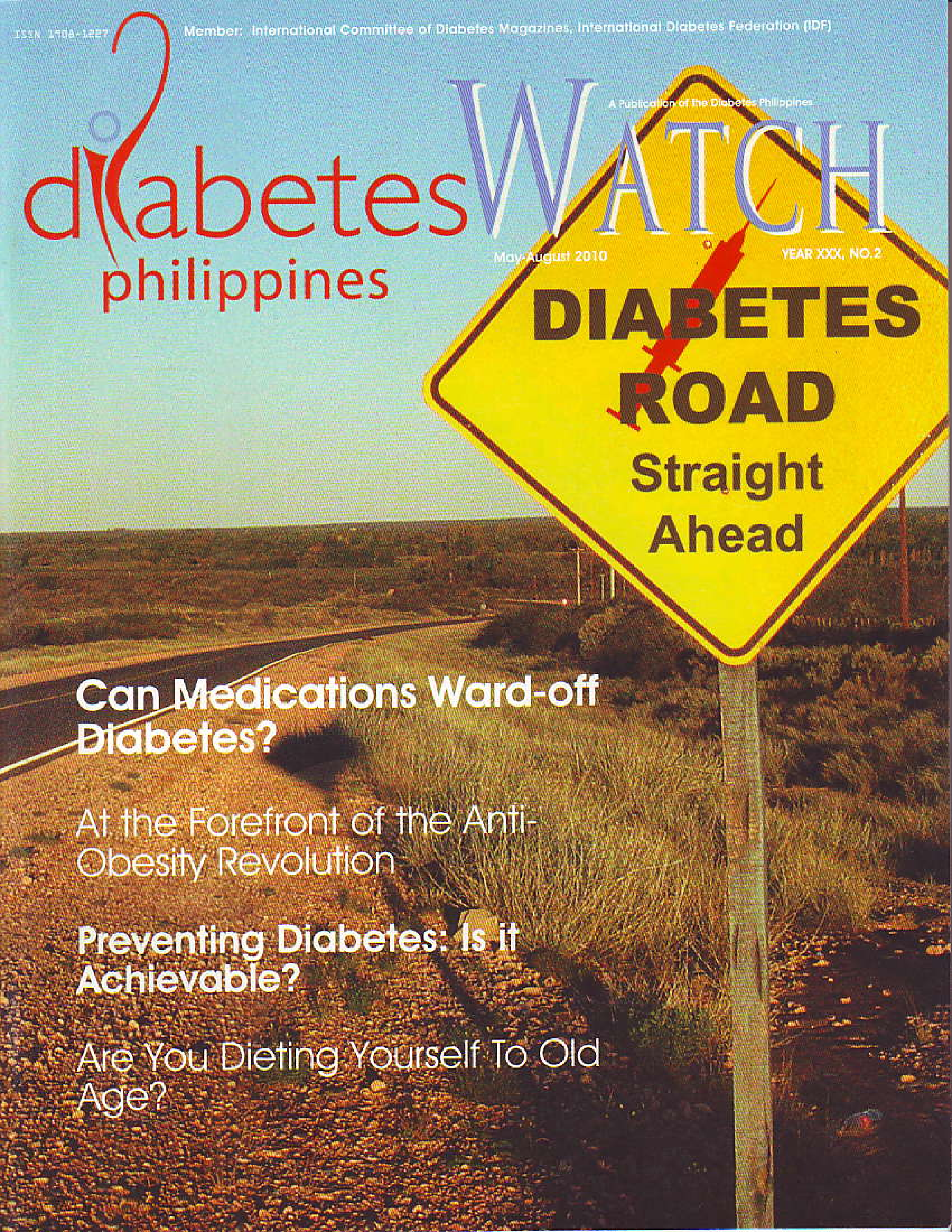

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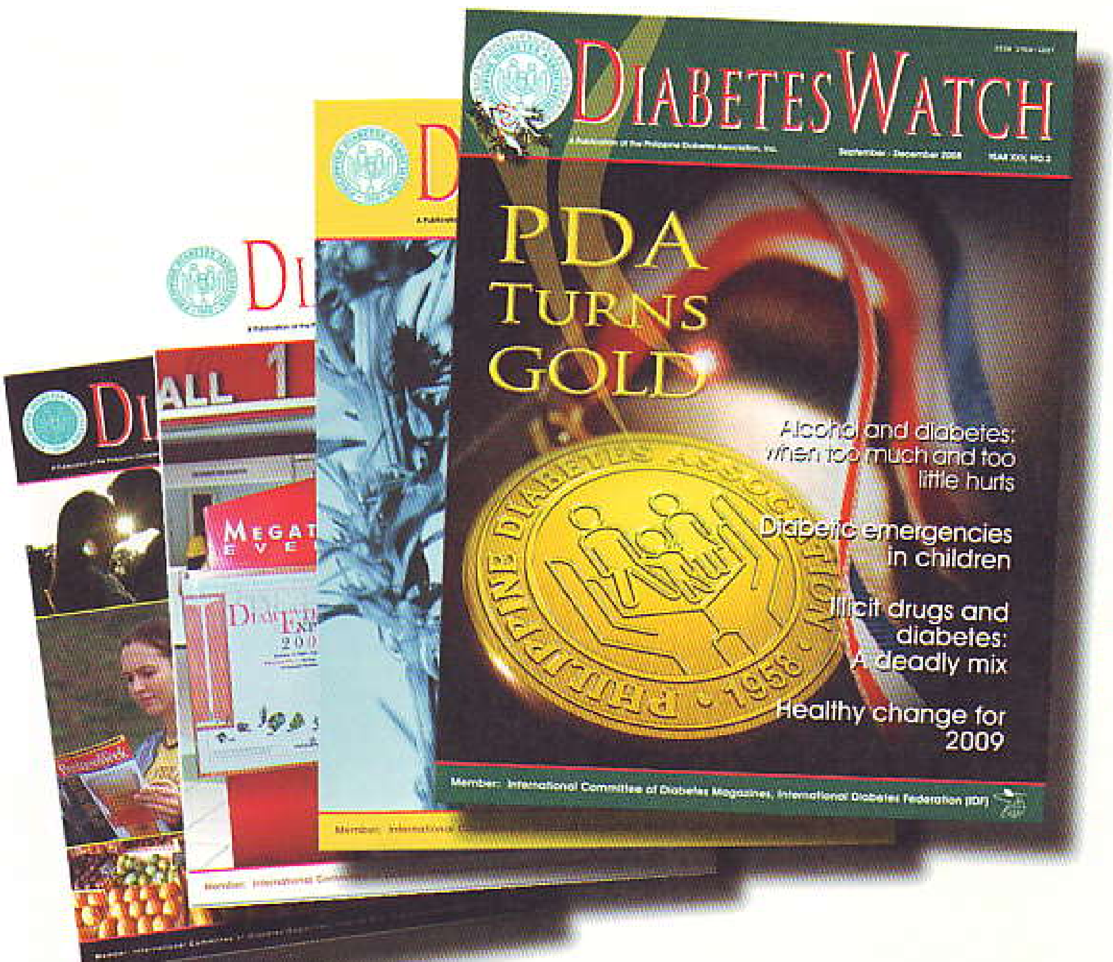

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From the EDITOR'S DESK

Can diabetes be prevented? The answer is YES. This is what I tell patients: No one needs to get this inheritance from a diabetic parent. Or in the vernacular: Puede ninyong hindi tanggapin ang manang ito!

Pre-diabetes is a disease category used for the period of time when an individual's blood sugar is no longer normal, but hasn't quite gotten into the blood sugar levels that are considered diagnostic of diabetes. The usual question is: Is this category less important or should the patient be glad because he hasn't gotten into diabetes yet?

Pre-diabetes includes impaired fasting hyperglycemia (IFG) and impaired glucose tolerance (IGT). At this time, there are defects of glucose homeostasis that are developing. Clinical data show that there is increased incidence of cardiovascular diseases at this time. Therefore, it is important to control blood sugars and bring them back to normal.

Being overweight and obese is another important risk factor. The morbidity and mortality associated with this is well known. The World Health Organization (WHO) recognizes obesity as one of the top 10 risk factors for the global burden of ill health. Evidences are clear that obesity is a precursor to diabetes and cardiovascular disease.

The challenges are clearly before us. The costs for treatment are enormous. The impact on quality of life is devastating. We, as a developing country, should channel our energies on PREVENTION and should put our act together to arrest the epidemic of diabetes and cardiovascular diseases.

Elizabeth Pz Pacheco

Elizabeth Paz-Pacheco, MD
Editor-in-chief

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Diabetes Philippines, Inc.

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

OUR MISSION

The prime mover of effective prevention and excellent diabetes care in the Philippines

OUR VISION

By 2020, we envision:

1. Fewer Filipinos with diabetes
2. Improved quality of life for Filipinos with diabetes

OUR VALUES

INTEGRITY *Above all, the nobility of our purpose.*
We serve patients, pursue education and conduct research with zeal and without regard for personal gain. Honesty and transparency rule our behavior in relating with fellow members, partners, supporters and other stakeholders of our organization.

EXCELLENCE *Passionate workers, we expect from ourselves only the best effort.*
We continuously upgrade our knowledge and skills, adopt ever-improving technologies, and expand the reach of our services to attain our vision. Our mentors, generous with their knowledge and time, model excellent leadership.

COOPERATION *We work as one for the common good,* enjoying the camaraderie, observing respect and maintaining loyalty even in dissent. We partner with institutions and other specialties that aim for the same goal. Caring for everyone's well being, we make work pleasant for members and staff.

COMMITMENT *Persistent in our search for solutions to diabetes.* We have selflessly devoted five decades to the improvement of diabetes care, education and research to prevent the onset of the disease in high risk individuals and the complications in those already afflicted by it. We take on responsibilities with diligence until their successful conclusion.

Your PRESIDENT SPEAKS

Former President Fidel Ramos proclaimed every 4th Sunday of July as "Diabetes Awareness Week". The theme this year is "STOP DIABETES, NOW NA!", an appropriate theme indeed considering that data from the National Health and Nutrition Survey has shown an increase in the prevalence of diabetes mellitus.

Among the risk factors for type 2 diabetes are: obesity and overweight, lack of exercise, previously identified glucose intolerance, unhealthy diet, age, high blood pressure and high cholesterol, family history of diabetes, history of gestational diabetes, and, Asian ethnicity. If you have any of the above risk factors, consult your doctor and help STOP DIABETES.

Tommy Ty Willing

Tommy S. Ty Willing, MD
President

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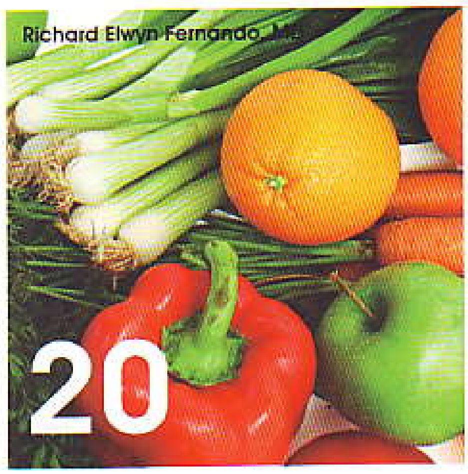

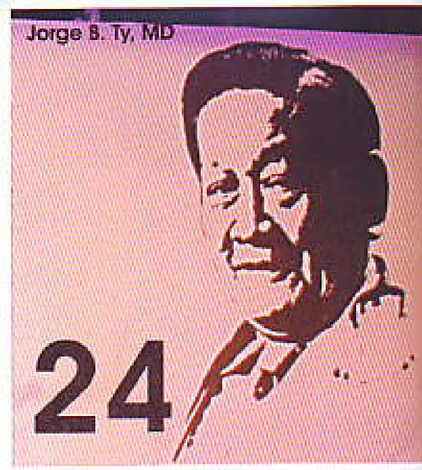

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MEANDERINGS

Is there a way to prevent diabetes in obese boys who cannot stop eating?

Augusto D. Litonjua, MD
Editor Emeritus

Prior to the study presented at the 70th meeting of the American Diabetes Association last June 2010 in Orlando, Florida, USA, the answer to the title question was a resounding NO! Obese boys should diet and exercise to prevent them from being diabetics.

However, Dr. So Jung Lee in her study gave some hope to obese boys to go ahead and eat - PROVIDED, however, that they exercise - to prevent the onset of diabetes mellitus. Quite surprising, isn't it?

Another surprising aspect of the study was that the benefit of exercise can be derived from either aerobic or resistance (or isometric) exercise! We had always emphasized that it is only the aerobic (or cardiac) form of exercise that is of benefit. But Dr. Lee's study says otherwise. Dr. Lee is assistant professor of pediatrics at the Children's Hospital of Pittsburgh in Pennsylvania, USA.

Heretofore, we believed that aerobic exercise plus a reducing diet are the only effective tools to decrease total body fat, visceral fat (fat inside the abdominal cavity) which produces a lot of noxious substances that can lead to diabetes mellitus, hypertension, abnormalities in the circulating fats in the blood- all of which comprise the so-called, Metabolic Syndrome and increase the

body's responses to our own insulin (insulin sensitivity). All these have changed with Dr. Lee's study - albeit small, but convincing enough. Dr. Lee's study suggests that the benefit are independent of the type of exercise - it suggests that a moderate increase in activity of 180 minutes/week can help prevent diabetes in obese boys. Obesity is considered a high-risk for developing diabetes.

This study enrolled a small group of obese boys, 26 to be exact, who ranged in ages from 12 to 18 years. Body mass index (BMI) was an average of 35 kg/m2 - certainly placing them in the obese category. The boys were assigned to either of 3 groups, as follows:

a. those who did aerobic exercises for 180 minutes/week - there were 9 boys in this group,

b. those who did resistance exercises for 180 minutes/week - there were 11 boys in this second group, and

c. those who did no exercises. There were 6 boys in this group who served as the control group.

There were no caloric restriction to their diet.

The result after 3 months were:

a. body weight: there were no significant changes in the aerobic (average of 1.0 kg loss) and the resistance groups (weight gain of 0.3 kg). Compare these to the average weight gain of 4 kg in the control group!

b. cardiorespiratory fitness: both exercise groups gained in fitness - 37.2 percent in the aerobic group and 24.9 percent in the resistance group, as compared to the controls.

c. total bofy fat: the aerobic group decreased by an average of 9.6 percent whereas the resistance group decreased by 4.7 percent - both in comparison to the control group.

d. visceral adipose tissue: this dropped 12.6 percent in the aerobic group and 13.3 percent in the resistance group.

e. insulin sensitivity: this increased by 23.3 percent in the aerobic group and 35.6 percent in the resistance group - these in comparison to the controls.

In conclusion, I quote the comments of Dr. Andrew W. Norris, MD, PhD, assistant professor of pediatrics at the Univeristy of Iowa in Iowa City - "The study suggests that exercise interventions can work in an at risk population such as this, particularly when children are given a choice. These results are particularly nice to see in boys, since it seems they can become highly motivated to do exercise training.In particular, it looked like the boys were quite interested in weight training, which may be nice modality to be able to treat them."

Worth trying in our environment, isn't it?

Everything you always wanted to know about diabetes (but was afraid to ask!)

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

The recent national health survey has shown an increase prevalence of overweight and obesity in the Philippines. It has raised an alarm among health authorities because of the risks associated with being overweight or obese. Among the diseases associated are- heart disease, stroke, high blood pressure, certain cancers and diabetes. Indeed, there is a connection between obesity and diabetes. Worldwide, both obesity and diabetes are increasing in incidence. We answer your questions on diabetes and obesity.

After giving birth, my weight has not gone down. I have family history of diabetes. Am I at risk for developing diabetes?
Yes, you are definitely at risk. Studies have shown that the greater the weight gain the greater risk for diabetes. To decrease the risk, you should lose weight and target your prepregnancy weight. Prevention studies have shown that half of all diabetes could be eliminated if weight gain is checked. Exercise more and watch what you are eating. If you have difficulty in losing weight seek professional help.

I am overweight and was diagnosed to have diabetes recently. If I lose weight will my diabetes go away?
Once you are diabetic you will always be diabetic. But, if you lose weight your sugars will surely be controlled. Take those excess pounds off by decreasing the amount of food you are eating and eating less of the saturated fats.

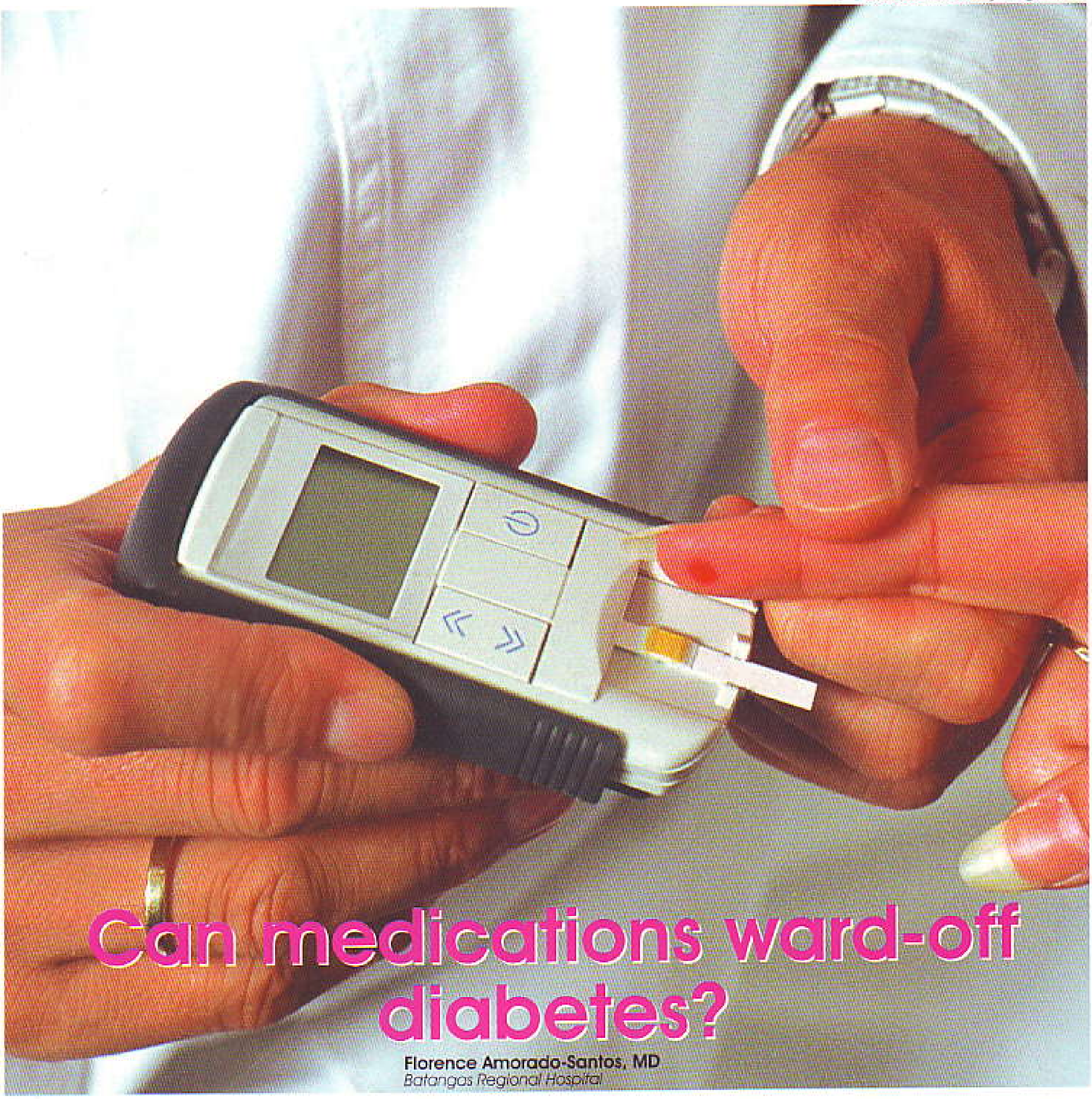
I have read somewhere that an increase in abdominal girth is more at risk than those who have increase weight in the hips. Is this correct? This is correct. It's not just the weight, but also where the fats are concentrated. The area around waist (apple shape) will put you at greater risk for problems associated with obesity than those who have more weight concentrated in their hips or thighs (pear shaped).

How much weight should I lose to be clinically significant?
You only need to lose only 5 to 10 percent of your body weight. This can make a big difference in terms of your blood sugar, blood pressure and blood cholesterol levels. Make that extra effort to lose that weight and feel the difference.

I have been exercising as prescribed by my doctor, still my weight does not go down. What should I do? I am desperate, please help me! Exercise recommendations include minimum of 30 minutes, moderate intensity of aerobic exercise most days of the week. You should also diet because exercise alone will not make you lose weight. Diet should be foremost.

My sugars are controlled but I have been gaining weight. I have been very good with my diet. What do you suggest I do? Weight gain is a result of several metabolic changes which happens when your sugars are controlled. Nutrients are now being used by your cells when sugars are controlled and the result is weight gain. Your medications may also increase your weight - sulfonylureas, thiazoledinediones and insulin are drugs which may increase weight. Continue with diet and exercise. Choose drugs which are weight neutral. Talk to your physician and ask him about weight neutral drugs.

We hope we were able to answer your questions. If you have more questions, suggestions or reactions, call or fax us at 5311278 or e mail me at mbmirasol@yahoo.com



Can medications ward-off diabetes?

Florence Amorado-Santos, MD
Batangas Regional Hospital

Diabetes may not be a curable disease but it can be prevented. Is it for real?

The occurrence of diabetes now doesn't seem to follow any predictable pattern anymore. Literatures would say that T2 diabetes mellitus (T2DM) is primarily inherited. But many patients now present with prediabetes and overt T2DM even in the absence of a family history. If it would be attributed to one's lifestyle aside from genetics, then an ounce of prevention would really be deemed more timely than a pound of cure.

PRE-DIABETES, also called impaired glucose tolerance (IGT) or impaired fasting glucose (IFG), is a condition in which your blood sugar levels are higher than normal but not high enough for a diagnosis of diabetes. Having pre-diabetes puts you at higher risk for developing type 2 diabetes. If you have pre-diabetes, you are also at increased risk for developing heart disease.

Lifestyle modification is already established as the cornerstone in the management of patients who have glucose impairment and those who are already diabetics. However, it seems to be easier said than done when it comes to diet and exercise. Patients would tend to under report their diet and over report their exercise. Common issue in our clinics.

Mainly because of the high failure rate of mere lifestyle intervention, many research studies focused on specific

Everything you always wanted to know about diabetes (but was afraid to ask!)

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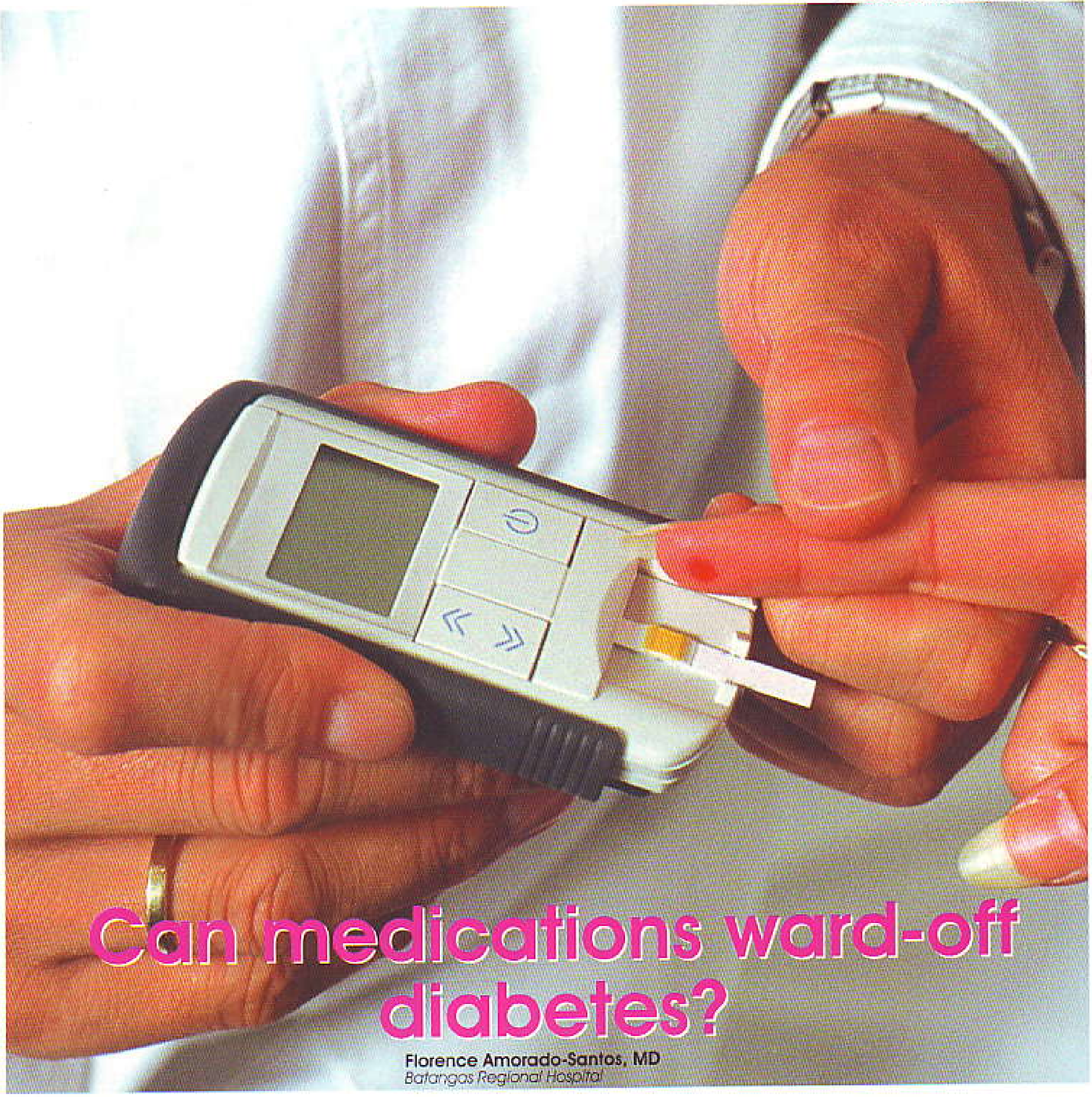

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Mainly because of the high failure rate of mere lifestyle intervention, many research studies focused on specific drugs that may help dissuade the onset of T2DM together with behavior modification.

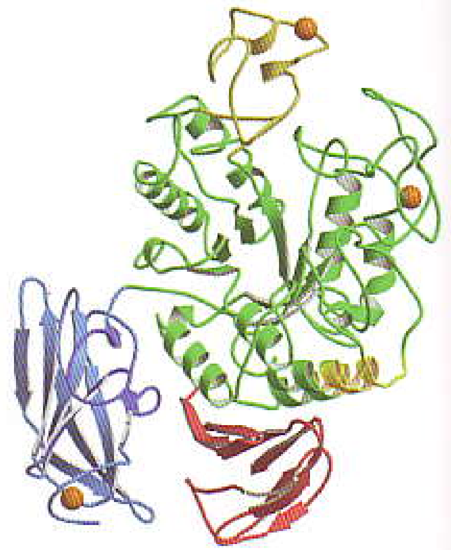
METFORMIN

Metformin is one of the oldest oral antidiabetes agents available. It acts by decreasing the glucose output from the liver and also as an insulin sensitizer, that is, increasing the utilization of insulin in the muscles, liver and adipose tissues which helps decrease blood sugar. Some studies have shown that metformin to some extent may also help decrease heart complications by decreasing body fats and improving blood circulation. All of these beneficial effects are seen in patients diagnosed with T2DM.

One of the major clinical trials, the Diabetes Prevention Program (DPP) aimed at discovering whether either diet and exercise or the oral diabetes drug metformin could prevent or delay the onset of type 2 diabetes in people with impaired glucose tolerance.

The first group in the study, called the lifestyle intervention group, received intensive training in diet, exercise, and behavior modification. By eating less fat and fewer calories and exercising for a total of 150 minutes a week, they aimed to lose 7 percent of their body weight and maintain that loss. The second group took 850 mg of metformin twice a day. The third group received placebo pills instead of metformin. The metformin and placebo groups also received information on diet and exercise, but no intensive counseling efforts. A fourth group was treated with the drug troglitazone (Rezulin), but this part of the study was discontinued after researchers discovered that troglitazone can cause serious liver damage.

Participants in the lifestyle intervention group -- those receiving intensive counseling on effective diet, exercise, and behavior modification -- reduced their risk of developing diabetes by 58 percent. This finding was true across all participating ethnic groups and for both men and women. Lifestyle changes worked particularly well for participants aged 60 and older, reducing their risk by 71 percent. About 5 percent of the lifestyle intervention group developed diabetes each year during the study period, compared with 11 percent in those who did not get the intervention. Researchers think



that weight loss -- achieved through better eating habits and exercise -- reduces the risk of diabetes by improving the ability of the body to use insulin and process glucose.

Participants taking metformin reduced their risk of developing diabetes by 31 percent. Metformin was effective for both men and women, but it was least effective in people aged 45 and older. Metformin was most effective in people 25 to 44 years old and in those with a body mass index of 35 or higher (at least 60 pounds overweight). About 7.8 percent of the metformin group developed diabetes each year during the study, compared with 11 percent of the group receiving the placebo.

The striking results of the Diabetes Prevention Program tell us that millions of people at risk for type 2 diabetes can use diet, exercise, and behavior modification to avoid the disease. The DPP also suggests that metformin is effective in delaying the onset of diabetes.

ACARBOSE

Acarbose, works by blocking alpha-glucosidase, the enzyme that chops up starches and complex sugars into their component glucose molecules. This results in starches and complex sugars passing largely undigested through the

Researchers found that pioglitazone may prevent or delay progression to diabetes for patients with pre-diabetes by as much as 81 percent after a 2.6 years of follow up comparing it to placebo in the large trial known as Actos Now for Prevention of Diabetes (ACTos NOW).

stomach and portions the small intestine rather than entering the bloodstream as glucose soon after eating.

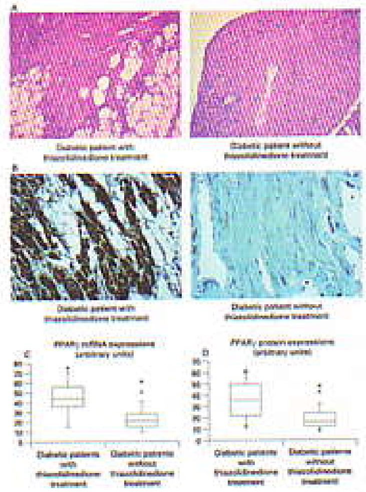
To see if acarbose could be used to prevent the progression of impaired glucose tolerance to diabetes the multiple-research centers participating in the STOP-NIDDM Trial administered 100 mg of Acarbose three times a day to 714 subjects while giving another 715 subjects a placebo. At the end of three years of the study a smaller percentage of the group taking Acarbose had developed diabetes than that of the controls. The researchers concluded that Acarbose could be used as an alternative or in addition to lifestyle change to significantly decrease the progression of IGT to diabetes.

In addition, patients on acarbose who have better control of postprandial glucose appeared to have half as great a risk of cardiovascular events (heart attack, death, heart failure, stroke or peripheral vascular disease) as controls. They also had less new cases of hypertension.

The benefit of using acarbose was centered not so in controlling fasting blood glucose but on its ability to prevent glucose excursions after a high carbohydrate diet. This could prevent organ damage and exhaustion of the beta cells in the pancreas hence, halting the progression of impaired glucose tolerance to T2DM.

THIAZOLIDINEDIONES

These agents, known as TZDs act by binding to PPAR's (peroxisome proliferator-activated receptors), a group of receptor molecules inside the



nucleus or the center of a cell. They improve the way cells in the body respond to insulin by lowering insulin resistance. Unlike some other medicines used to treat diabetes, they do not cause the pancreas to produce more insulin, hence episode of hypoglycemia is nil. TZDs which are available locally are rosiglitazone and pioglitazone.

Researchers found that pioglitazone may prevent or delay progression to diabetes for patients with pre-diabetes by as much as 81 percent after a 2.6 years of follow up comparing it to placebo in the large trial known as Actos Now for Prevention of Diabetes (ACTos NOW). The big question, though, is whether pioglitazone or any other agent could truly prevent diabetes, or if the benefits would erode as treatment ended. Since the required duration of intake to sustain normal glucose tolerance is still unknown, there would be issues regarding its possible adverse effects with long term use.

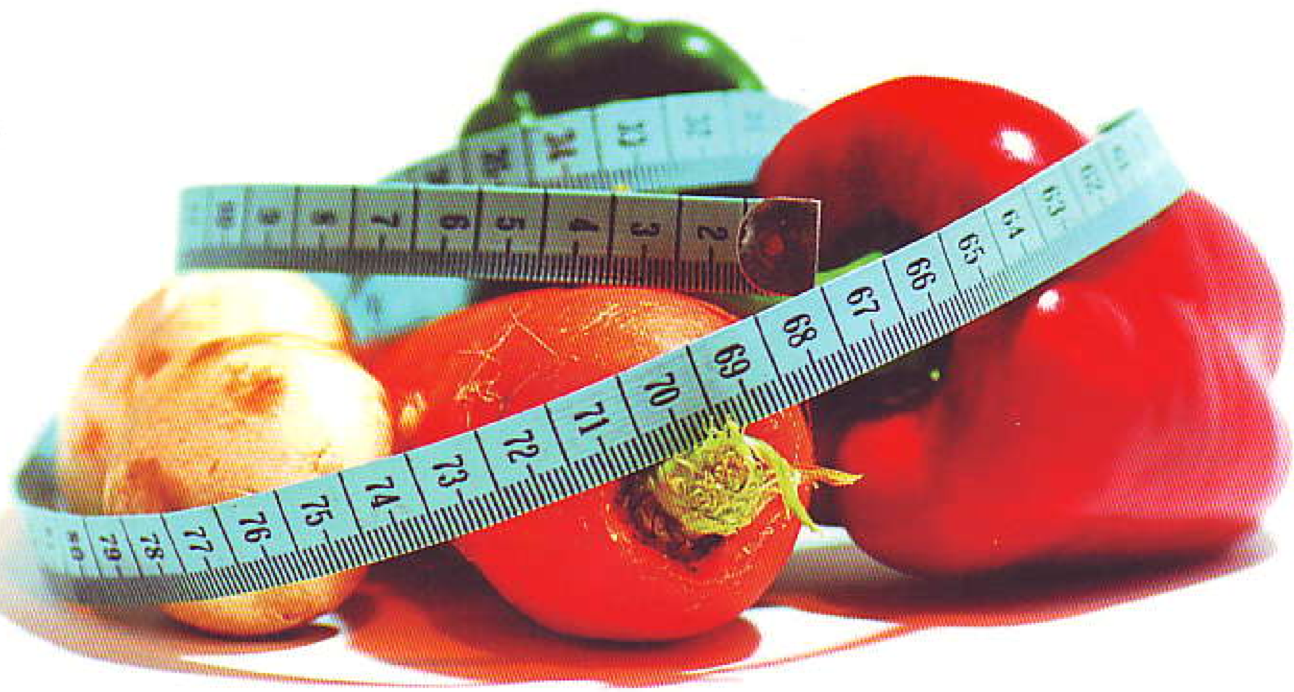
Similarly, another thiazolidinedione, Rosiglitazone showed comparable benefit with a 60 percent reduction in progression to diabetes in high risk patients in the DREAM trial (Diabetes REduction Assessment with Ramipril and Rosiglitazone Medication). Briefly, this large multicenter trial explored the potential to prevent diabetes using rosiglitazone and/or ramipril.

The benefit of rosiglitazone demonstrated in DREAM is likely due to its principal mechanism of action- the enhancement of insulin sensitivity and, as a consequence, a reduction in beta-cell work. With ramipril, in contrast, no significant reduction in the primary end point or in its separate components was demonstrated. Clearly, using drugs like ramipril should no longer be considered a potential diabetes prevention strategy.

Both for pioglitazone and rosiglitazone, important issues of consideration would be the cost, side effects and long-term disease outcomes since intake would be indefinite. Though studies showed that these agents were reasonably tolerated, its benefits were partially offset by increased weight gain and edema.

ORLISTAT

Orlistat (Xenical) is an inhibitor of lipase activity, with proven efficacy in body weight reduction and long-term management of obesity and favorable effects on carbohydrate metabolism. It was prospectively shown in XENDOS study (XENical in the Prevention of Diabetes in Obese Subjects) that orlistat promoted long-term weight loss and prevented T2DM onset in obese individuals with normal and impaired glucose tolerance at baseline over four years. Among subjects with impaired glucose tolerance at baseline, glucose levels normalized more in subjects who received orlistat (71 percent) with conventional weight loss regimen



compared to the placebo group (49 percent). This benefit could be associated to the weight loss itself, to the limited absorption of lipids and reduction of plasma free fatty acids, to increased production of incretins or to modulation of secretion of cytokines by adipocytes, all effects secondary to orlistat treatment.

Significant and sustained reductions in cardiovascular risk factors such as arterial blood pressure and lipid levels were also observed in the orlistat group as compared to the placebo group. XENDOS is the first study demonstrating that an antiobesity agent, like orlistat, is able to reduce the progression to diabetes in obese subjects as compared with lifestyle changes alone. This follows that by preventing burgeoning rate of obesity, incidence of T2DM can also be prevented to some extent.

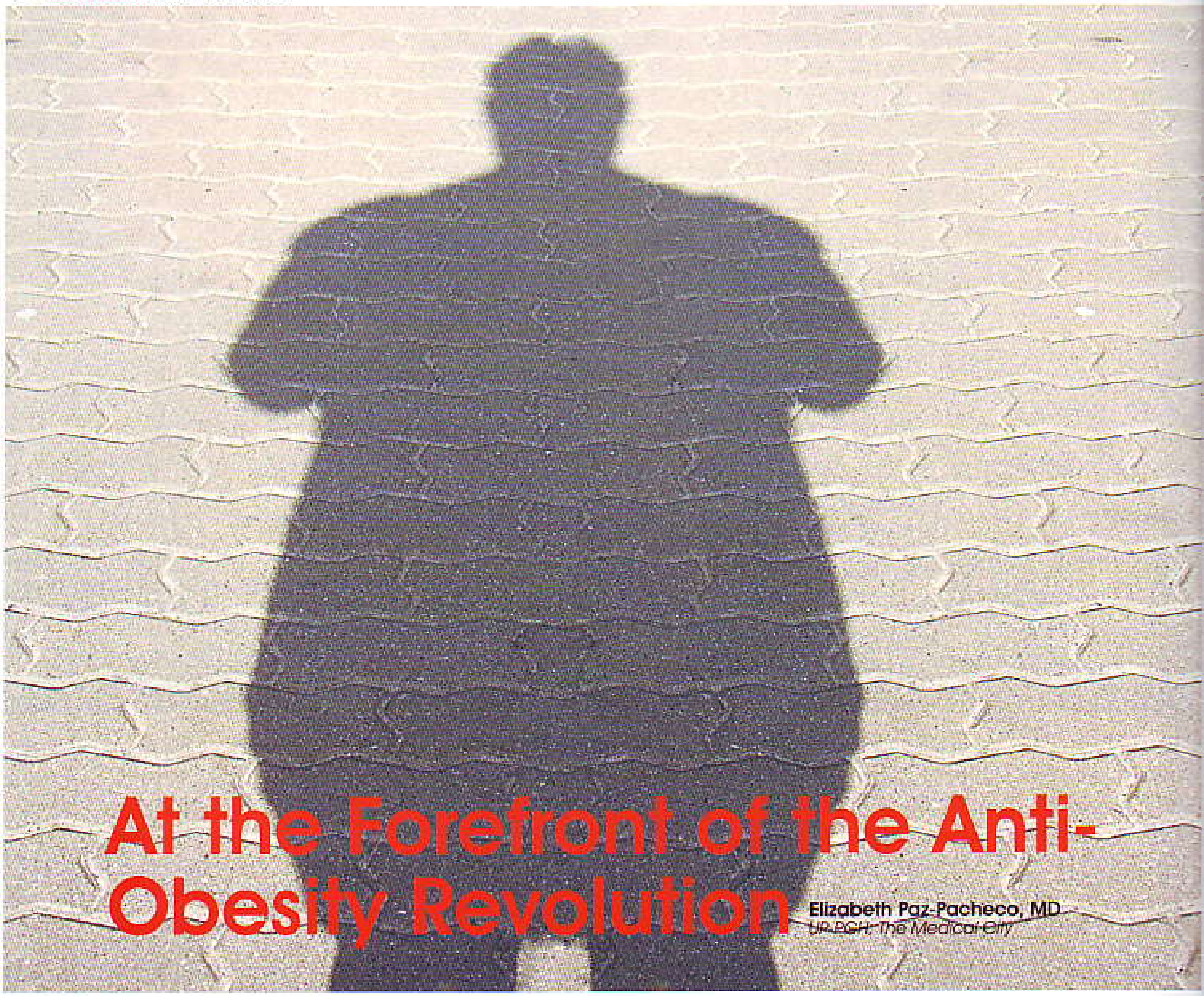
WEIGHING IN (COST-BENEFIT AND RISK-BENEFIT)

The increasing prevalence of type 2 diabetes has sparked growing interest in developing safe and successful strategies to prevent the disease. In the past when a patient is told that he has "borderline" blood glucose, not much attention is given to it. Now that dozens of patients present with "mildly" elevated blood sugar and knowing that progression to T2DM can happen in a few years, one would think twice if mere lifestyle modification would do the trick in preventing it to happen. Many individuals decline or cannot sustain the lifestyle alterations required to reduce the risk. Giving a once-daily tablet to augment the benefits of diet and exercise may be a convenient step to prevent a growing epidemic.

Preventive measures entail concomitant trade-offs. Many research trials on drugs used for diabetes prevention are noteworthy. However, the durability of these interventions, whether diabetes is really prevented or just being delayed in its onset is still unclear. Highly considered also would be the cost, adverse effect of long term use of the drug and the disease outcome. In high risk patients, pharmacological prevention of diabetes may offer as a real option if despite lifestyle change there is progressive hyperglycemia.

Lifestyle modification reduces the risk of progressing to overt T2DM by half. It calls for a multidisciplinary feat such as dietary knowledge, exercise and personal discipline (smoking cessation and weight loss). The benefits of healthy living remains unsurpassed including moderate calorie intake and increased physical activity. We always have to go back to the basics even in diabetes prevention. Further research and data are needed to better understand how to facilitate effective primary prevention of T2DM using different drugs. Data may be less robust at present but it won't hurt if we will be optimistic that the future is promise for all these agents.

[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



At the Forefront of the Anti-Obesity Revolution

Elizabeth Paz-Pacheco, MD
UP-PGH, The Medical City

The morbidity and mortality associated with being overweight or obese is well known. The World Health Organization (WHO) lists obesity as one of the top 10 risk factors for the global burden of ill health.

In the Philippines, the 2003-2004 National Nutrition and Health Survey (NNHeS) defined obesity using the BMI and the Waist-Hip Ratio (WHR). Based on a BMI > 30, the prevalence of obesity was 3.2 percent in men and 6.6 percent in women, with overall prevalence of 5 percent. When the WHR criteria were used, the prevalence rates were increased to 12.1 percent and 54.8 percent, respectively. These data suggest that abdominal obesity using the WHR is an important criterion for obesity among Asians in general and Filipinos in particular. Similar results have been shown by studies among Filipina-Americans in San Diego, CA, USA, by Dr. Ma. Rosario Araneta, where despite similar BMI and waist girth among Filipinas and Caucasians, the waist-hip ratio was higher among the Filipinas. Normoglycemic Filipinas had half the adiponectin concentration of Caucasians, even after adjusting for markers of obesity or insulin resistance. Adiponectin is an adipocytokine, a hormone produced by the adipose tissues and are known to have anti-inflammatory and anti-atherogenic effects and therefore favorable to humans. Data from the NNHeS survey demonstrated that Filipinos with diabetes mellitus have significantly lower adiponectin levels compared to normoglycemic subjects.

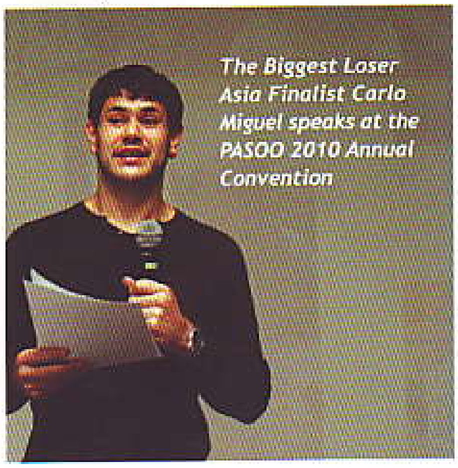
The challenges presented to us relate to the obesity epidemic worldwide. Obesity is due to increased westernization of diets and a decrease in physical activity. In the Philippines, while undernutrition is a major health problem, obesity is now a major health concern. Trends in the region are estimated to increase both obesity and diabetes, and thus present an alarming national problem.

What can we do? There should be recognition of obesity as a chronic disease requiring regular monitoring and control. A national screening program should be put in place. Obesity prevention should begin with children. National guidelines on optimal management should be put in place. There needs to be collaboration by different national organizations with the Department of Health to develop a national program to create strategic plans, avoid duplication and pool resources. Efforts should be carried out to enhance research on obesity among Filipinos.

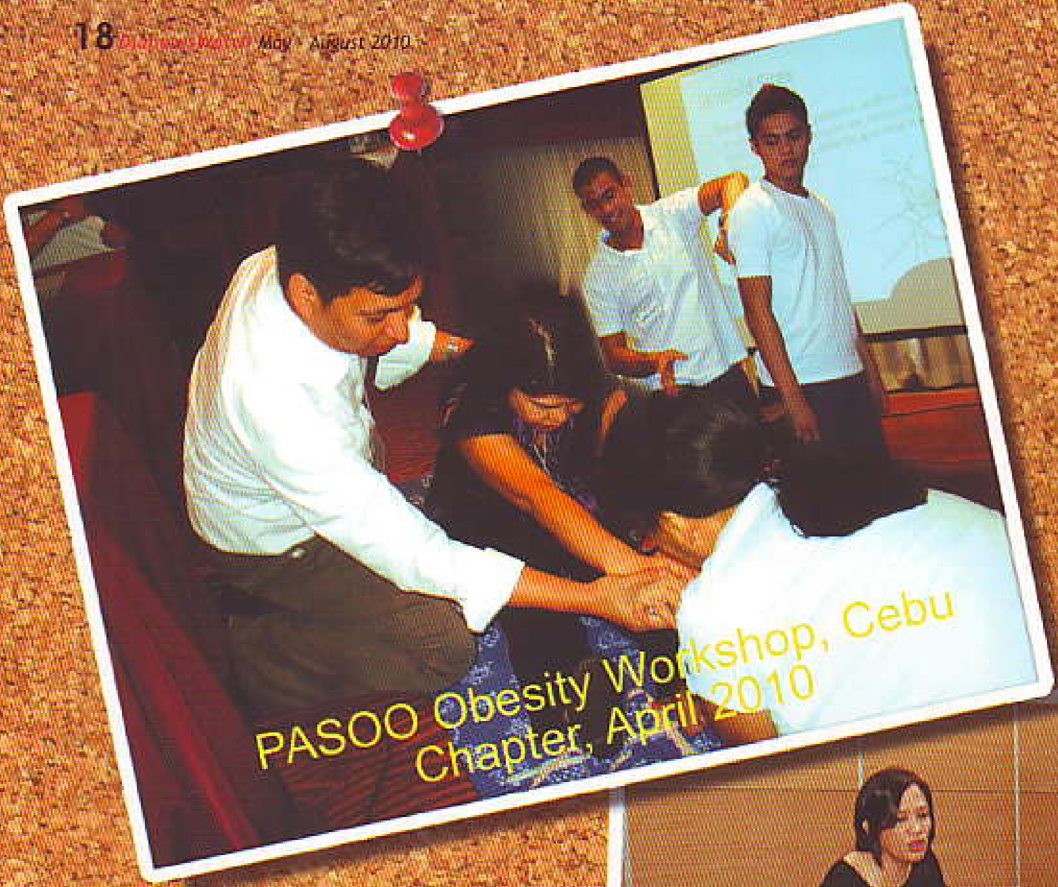
The Philippine Association for the Study of Overweight and Obesity (PASOO) was organized in 1994. Its mission is to be the pioneer in the prevention and control of obesity and its complications through education, research and advocacy. Its vision: an obesity risk-free nation. In 1999, then President Joseph Estrada declared the first week of September as the Obesity Awareness & Prevention Week. Every year, week-long activities are geared towards increasing awareness of obesity as a health problem. PASOO, now in its 16th year, has active working committees focused on advocacy, education and training, networking, organizational development, policy development and research.

Specific efforts are directed at providing programs to implement a healthy lifestyle with the formulation of the Philippine food pyramid, physical activity guide and algorithm to management of obesity. A variety of programs for the lay are held every year that includes a Wellness Summit in September, to provide fun educational activities to weight management. Programs focused on children are ongoing, with the Whiz Kids program, summer obesity camps and school symposia for obese children and their families. Training seminars for medical and paramedical groups are being carried out through Annual conventions and obesity workshops. A research agenda setting meeting is currently being organized to address urgent issues and concerns.

PASOO 16th Annual Convention 2010



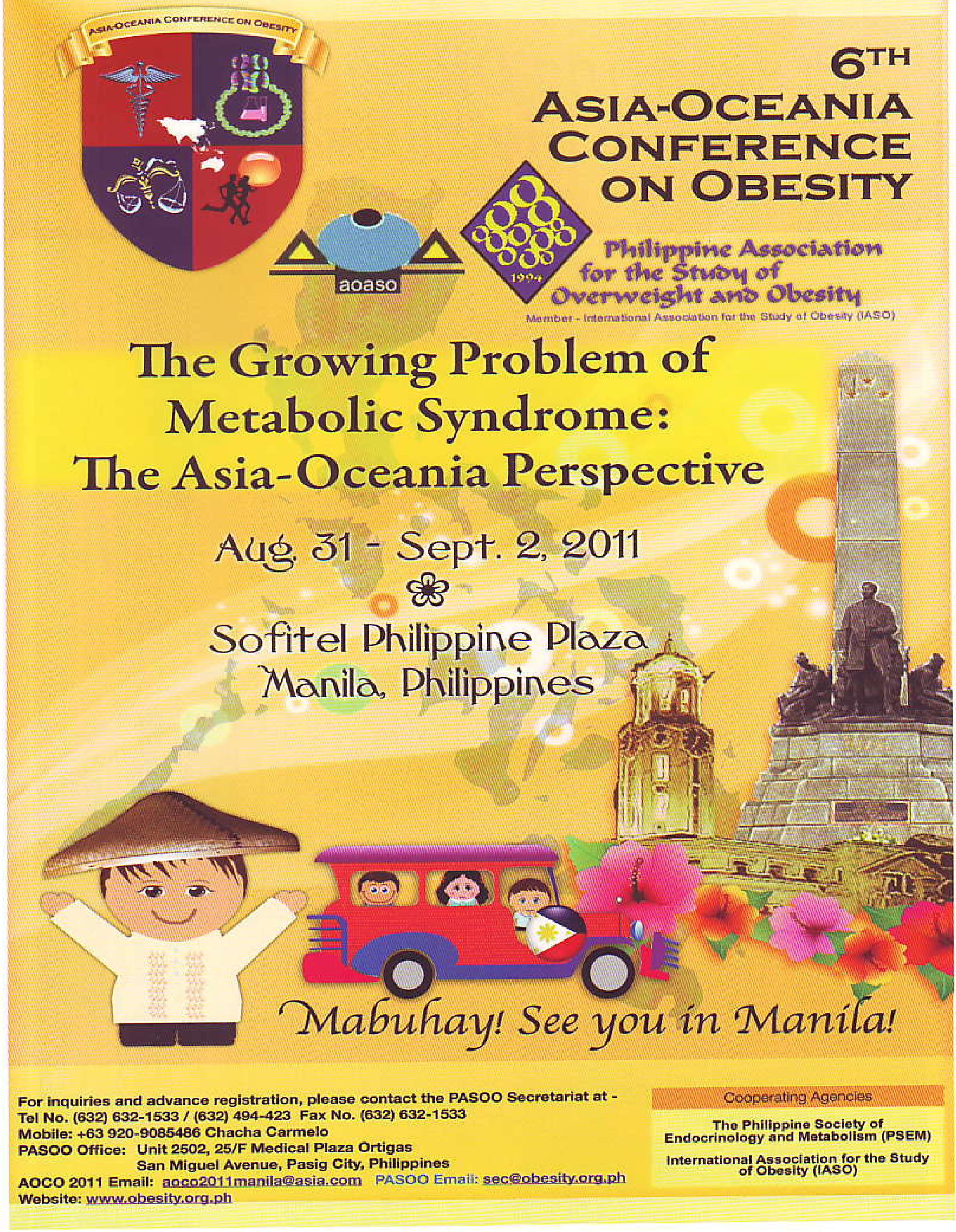
The Biggest Loser Asia Finalist Carlo Miguel speaks at the PASOO 2010 Annual Convention



PASOO Obesity Workshop, Cebu
Chapter, April 2010

PASOO Lay Forum
September 2010

Kids Lecture St. Scholastica's College
Manila, July 30, 2009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Mobile: +63 920-9085486 Chacha Carmelo
PASOO Office: Unit 2502, 25/F Medical Plaza Ortigas
San Miguel Avenue, Pasig City, Philippines
AOCO 2011 Email: aoco2011manila@asia.com PASOO Email: sec@obesity.org.ph
Website: www.obesity.org.ph
Cooperating Agencies
The Philippine Society of Endocrinology and Metabolism (PSEM)
International Association for the Study of Obesity (IASO)

Preventing Diabetes: Is it Achievable?

Richard Elwyn Fernando, MD
St. Luke's Medical Center

Mr. Santiago is 65 years old and is for dialysis. Last year, he lost his sight. Several toes had been amputated from his left foot, all due to diabetes. There seems to be no sign of getting any better. All these are what every individual with diabetes fear.

Mr. Santiago learned of his diabetes twenty years ago. He always thought that it was a mild condition until it was too late. Irreversible damage to the different organs had come slowly and insiduously, without any notice. Now, he reflects on the "good old days" when health abounded and he cared less. Those were the golden days when prevention could have been effective.

There are almost 7 to 8 million individuals among us in the Philippines today with diabetes. Without proper care, all will be like Mr. Santiago. The number of people with more disabilities escalates by the hour. If an ounce of prevention is better than a pound of cure, then we have to conquer diabetes before it conquers us. The battle against diabetes must not start only when it is diagnosed. The war must be initiated way before blood sugar elevates and while all the signs are still normal and health still seems to reign.

Jojo always accompanied his father Mr. Santiago. As a 40-year-old, he believes his health will never fail him. But he is overweight with a bulging belly. These features together with diabetes in the family increase his chances for acquiring diabetes himself. Some risk factors cannot be changed, like family history, race, age and gender. However, there are risk factors that can be reduced. These include weight, waistline, lack of physical activity, and unhealthy practices (e.g. smoking). Minimizing these risk factors will significantly reduce Jojo's chances of developing diabetes. Healthy food (mostly vegetables) and regular activities (physical exercise) are the best initial options at reducing these risks.

Today, there are evidences that some medicines can also prevent diabetes. Ask your doctor about acarbose, metformin, thiozolidinediones, orlistat, and more. Preventing diabetes is not easy and simple. Preventing diabetes requires adopting and implementing a healthy lifestyle continuously. It cannot be practiced just sporadically. Jojo may know his risks, but he also needs motivation to begin preventing diabetes. And while he aims to avoid diabetes, other diseases are also prevented: hypertension, abnormal cholesterol, obesity, heart problems, and even some forms of cancer. Regular healthy visits to the doctor for physical and laboratory exam are necessary to catch any disease in its ealiest stage. Among us, there may be millions of people like Jojo.

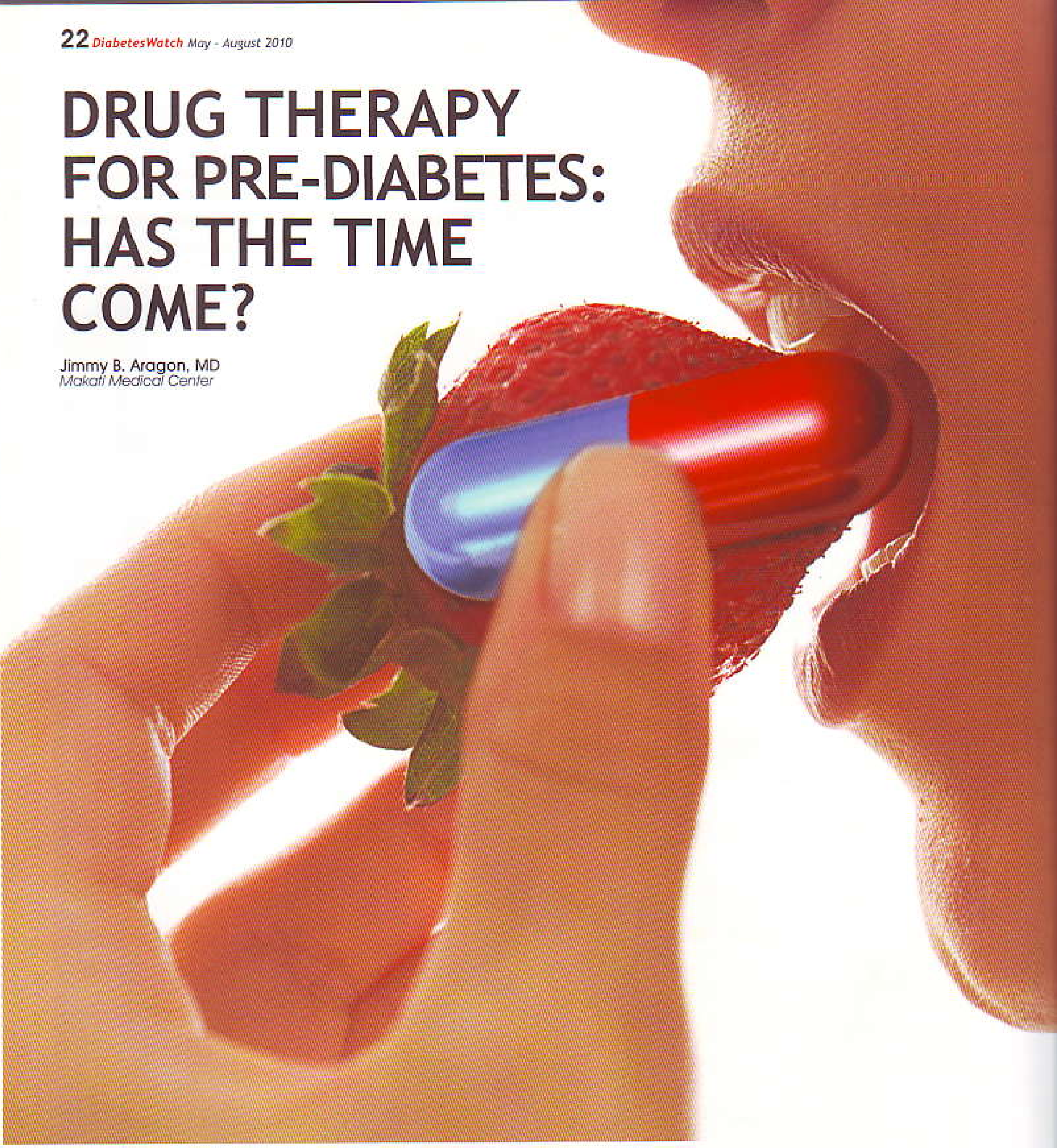
In our communities, identifying the individuals with high risk to develop diabetes is easy. They possess the following characteristics: diabetes in the family, overweight, increased waistline, age over forty. Cigarette smoking and being sedentary are added risk factors. The challenge is for all of us to be aware of our risks. Only then can we avoid diabetes by following these recommendations:

1. Maintain a weight close to ideal
2. Eat healthy foods
3. Engage in regular exercise
4. Adopt a healthy lifestyle
5. Regular medical check-ups

If we all unite against diabetes, we can realize a future without diabetes.

DRUG THERAPY FOR PRE-DIABETES: HAS THE TIME COME?

Jimmy B. Aragon, MD
Makati Medical Center



It is widely accepted that once a patient is diagnosed with impaired fasting glucose (IFG) or impaired glucose tolerance (IGT), the patient should implement weight loss and lifestyle changes. A moderate weight loss of as little as 5 percent may, in fact, help stop or at least delay diabetes. For exercise, it is customary to prescribe 150 minutes per week of moderate activity, such as walking. Easier said than done!

So what else can we offer patients who are at risk of developing diabetes? There are medicines and there are accompanying evidences.

Perhaps the most quoted would be the Diabetes Prevention Program or the DPP trial. The study used metformin with an average dose of 1700 mg/day compared to lifestyle changes and placebo. The result was a 31 percent reduction in progression to diabetes, better than placebo but not better than losing weight and engaging in regular activities (58 percent). Closer to home, the Indian DPP tried to answer the question, "what about if we combine metformin plus lifestyle change vs metformin alone?" Indeed, there was a relative risk reduction of 60 percent compared to lifestyle alone (38 percent) or metformin alone (28 percent). But this study had fewer subjects compared to the original American DPP study.

There are other drug trials that followed. All of them had different doses and theories: acarbose 100 mg three times a day, (reduction of post prandial hyperglycemia makes one less susceptible to diabetes); orlistat at 120 mg three times a day, (reducing weight prevents diabetes) and rosiglitazone 8 mg once a day or pioglitazone 45 mg once a day (decreasing insulin resistance curtails diabetes).

These studies offer good basis for starting medicines, mostly for IFG and/or IGT patients (in orlistat's case, for BMI > 30 kg/m2), the relative risk reduction is anywhere between 25-60 percent risk reduction. The newest kid in the block, ACT-NOW (ACTos NOW Study for the Prevention of Diabetes) may have an impressive 81 percent risk reduction (biggest so far in diabetes prevention studies) in halting diabetes but may be pricey for the lower income bracket.

And yet, diabetes organizations are reluctant to directly recommend drugs as initial line of management for diabetes prevention, perhaps because of the obvious advantage of lifestyle intervention over medicines. In the 2010 American Diabetes Association guideline, for example, metformin may be considered for high risk obese patients under 60 years old only.

But the reality is, patients have a hard time controlling their diet and doing regular physical activity. Giving them medicines will not harm them, so long that it is clear that lifestyle changes is still the best to really prevent diabetes. Medicines should not be offered as false hopes that pre-diabetes can be swept under the rug after taking them. They should just be instruments, like diet and exercise, which will eventually help the patient prevent diabetes.

Which medicine to pick? Metformin seems is plenty of to be the logical choice, if the patient has no contraindication. It is affordable and the re-evidence it shows . The other medicines mentioned here are also acceptable, but be sure to weigh the pros and cons, including economics. Don't forget other things like control of BP (preferably ACE inhibitor or Angiotensin 2 receptor antagonist, based on several studies that it reduces occurrence of diabetes), proper diet and weight reduction.

Augusto D. Litonjua: A doctor's doctor

Jorge B. Ty, MD
Metropolitan Medical Center

Last August 25, Dr. Augusto D. Litonjua turned 80. Who is Augusto D. Litonjua? To his legion of patients, he is a top-caliber endocrinologist who, on more than one occasion perhaps, had brought them back to health. To his colleagues in the medical profession, he is a doctor's doctor, an ace mentor whose well-researched lectures never fail to impress and mesmerize them, and whose counsel on scientifically-based management of patients' maladies is sought and heeded. To his family however, he is perhaps just a caring padre de familia more than anything else.

Augusto Dychoco Litonjua was born on August 25, 1930 in the rustic town of Pagbilao, Quezon. He is the eldest child of Salvador Litonjua, an accountant, and Agripina Dychoco, a pharmacist. Very early in life, his parents-his mother especially-initially wanted Augusto to be a priest. But fate would not have it. Even men of the cloth who on more than one occasion were invited to their house by his mother, to discreetly assess Augusto's potential for the religious vocation, left their home uniformly convinced that he was meant for something else. And they were correct in their assessment. Augusto was a brilliant student since he entered school. He was valedictorian, both in his elementary class in San Juan de Letran and his secondary class in North Provincial High School in Bacnotan, La Union. It was no surprise therefore that when he took up the two-year Associate in Arts course at the University of the Philippines, he also graduated with honors.

Augusto did not stop there. The moment he got the go-signal from his parents, he took up Medicine, also in UP, partly perhaps to respond to his father's wish that there be a "Dr. Litonjua" in his time. The elder Litonjua must have had fond memories of the fact that during the colonial era, Augusto's grandfather, cirujano ministrante to his contemporaries then, also "used a stethoscope, prescribed medicines and owned a drug store." In 1956, Tito, as his parents fondly called him, graduated from his medical course. Immediately thereafter, his desire to share his knowledge with the young prodded him to apply for the job of instructor in Physiology at the UP College of Medicine, and later as special resident at the Philippine General Hospital.

In 1957, the young Augusto aimed even higher. Courtesy of the Rockefeller Foundation, he went to America after being accepted as research fellow in Medicine at the Harvard Medical School and concurrently as clinical and research fellow in the Thyroid Clinic of the Department of Medicine, Massachusetts General Hospital. In the four years that he was in the U.S., he also served as resident physician in the Diabetes Clinic and assistant in Medicine and research fellow of the Thorndike Memorial Laboratories of the Boston City Hospital and Harvard Medical School.

In the affairs of the heart meantime, it was in Boston where Augusto's long-playing and at one time long-distance romance with Mary Peralta Ampil-a classmate in pre-med who served as sponsor during his initiation into the Phi Kappa Mu fraternity of the UP College of Medicine-would be happily consummated with the formal exchange of marriage vows. It was there 'too' where Augusto Maria, the first of their four sons, would be born. In time, the junior Augusto, a critical care pulmonologist, was followed by Emmanuel David, an architect, Patrick Paul, a US-based endocrinologist, and Luis Salvador, a dentist. That Dr. Litonjua's children are all accomplished professionals is a tribute to his and wife's effectiveness as parents and role models. Truly, the younger Litonjuas are all chips off the old block.

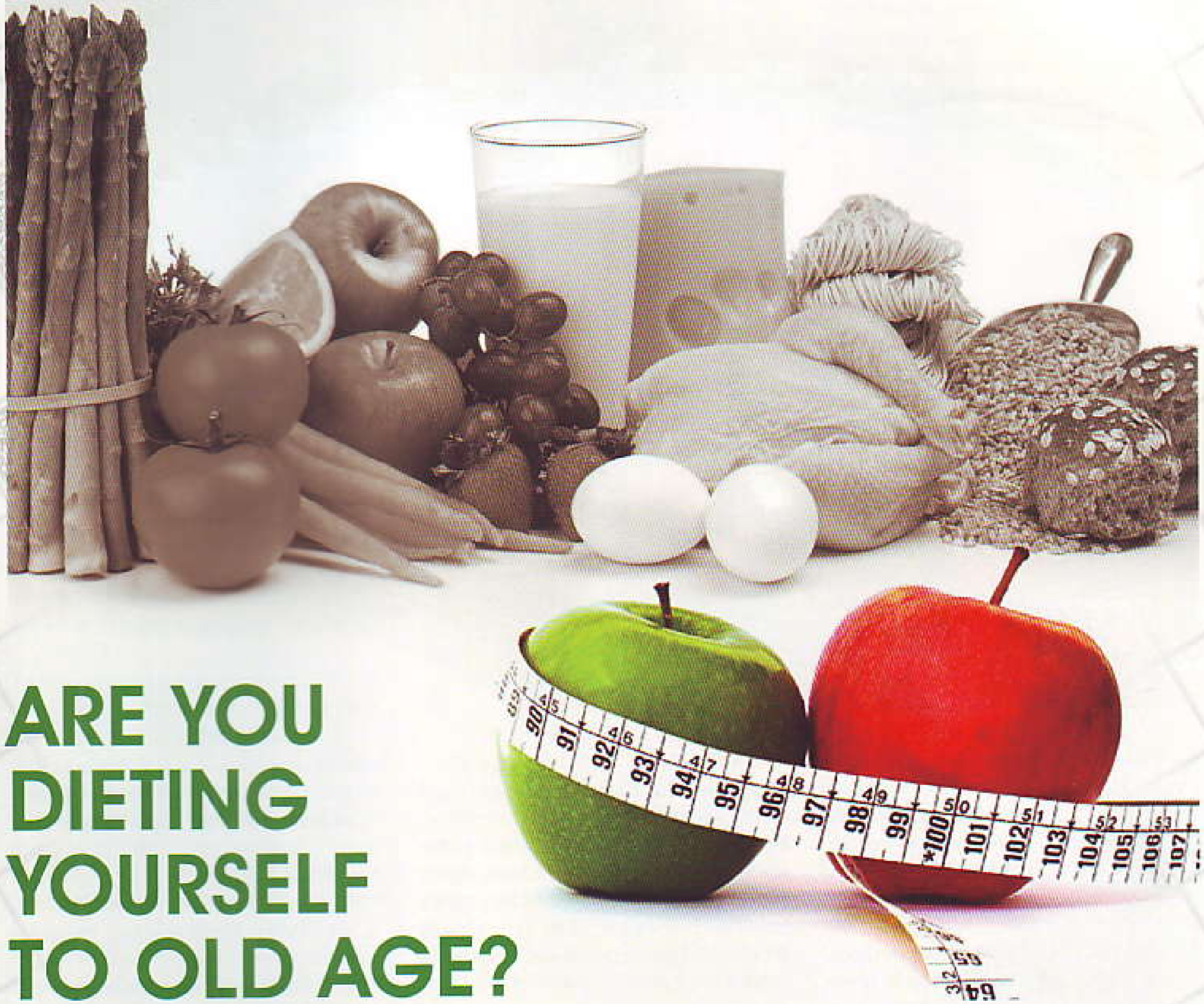
How Augusto became an endocrinologist is a story in itself. He

In 1957, the young Augusto aimed even higher. Courtesy of the Rockefeller Foundation, he went to America after being accepted as research fellow in Medicine at the Harvard Medical School and concurrently as clinical and research fellow in the Thyroid Clinic of the Department of Medicine, Massachusetts General Hospital.

wanted at first to specialize in surgery and his future partner-in-life knew it. That is why she specialized in anaesthesiology so that one day she could team-up with him in the operating room. Fate however would again have another design for Dr. Litonjua and the person who was responsible for his shift to internal medicine, and endocrinology in particular, was Dr. Paolo Campos. Dr. Campos was a senior colleague who at one time was previously the Dean of the UP College of Medicine. When Dr. Campos would go out of town, Dr. Litonjua would take over in his clinic and treat his patients. Much later, the two, joined by a few colleagues, would team up to set up the first radioactive iodine laboratory in the country. The rest is history.

In the course of his long stint as clinician and researcher, Dr. Litonjua would author many scientific papers that would see print in such prestigious publications as *Nature* (London), *Journal of Endocrinology* (US), and the *Journal of Obstetrics and Gynaecology*, and he would receive numerous awards and citations. And even at the comparatively ripe age of 80, this remarkable doctor who was an 11term past president of the Philippine Diabetes Association and who also founded and nurtured the Philippine Society of Endocrinology and Metabolism, Philippine Center for Diabetes Education Foundation, Inc. and the much younger Philippine Association for the Study of Overweight and Obesity-does not show any signs of slowing down. Patients still go in droves to him for treatment. Scientific conferences and convention organizers still enlist his services as speaker or lecturer. Retirement is simply NOT in his vocabulary and nobody is surprised. He is after all not called the "Father of Philippine Endocrinology" for nothing.

KITCHEN CORNER



ARE YOU DIETING YOURSELF TO OLD AGE?

Sanirose S. Orbeta, RD
Consulting Clinical and Sports Nutritionist Meralco; Magallanes Village

Starving yourself ages the body. The body needs proper food to stay fit and healthy. If you eat below your food requirement or Dietary Reference Intake (DRI), you'll have looks and bones as old as someone twice your age. This is why when people diet unscientifically, cut down on food, starve themselves or cut down all the fats in food, they look tired, drawn, unhealthy, unhappy, apathetic and sad.

Previously the word 'dieting' suggested food restrictions imposed on someone who wants to be thin, sexy and have a model-like figure. A Gallup Poll which surveyed 1,000 men and women who are cutting calories or are on some kind of diet found that majority of both men and women dieted for vanity and cosmetic reasons. However the real reason we should 'diet' is to be healthier and happier.

If you really want to 'diet' make sure your diet falls within the following acceptable modalities.

1. **Well-Balanced Low-Calories Diets.**

This is to be prescribed and supervised by a registered nutritionist-dietitian and endorsed by your attending physician. Complied with to the fullest, this form of dieting is effective and beneficial. A balanced low-calorie diet is a low-calorie intervention that nutritionist-dietitians study for years. They are usually prescribed according to one's individual needs and health status, especially in the presence of other metabolic disorders such as high-

through either personalized or group counseling sessions.

4. Scientifically Tested and Medically Approved Pharmacological Treatment

There are some recommended medications as a good adjunct to a diet and exercise program.

The efficacy of some drug has to be clinically tested. However, studies of some anti-obesity agent and clinical results have shown no ill effect in patients even with metabolic disorders

However the drug companies stresses that this drugs will not work unless partnered with correct diet and regular exercise.

5. Supervised Modified Fasts for Medical Reasons

This involves prescribed scientific dietary intervention necessary for some medical cases.

On the other hand if you want to diet, you should be aware that some methods are questionable and must be known to your physician.

These include:

1. Surgical procedures such as gastric stapling, jaw wiring, lipectomy, and other similarly invasive procedures.

2. Over-the-counter herbal pills, untested medications, bulking agents such as fiber supplements, appetite suppressants, anorectic agents, lipotropic agents and other ergogenic aids.

3. Psychotherapy or hypnosis.

4. Advertised gimmicks and other weight loss programs based solely on anecdotal claims such as "Lose 10 pounds in 10 days," "Lose weight while you sleep," "Body wraps that melt the fat away." All these have little or no scientific evidence to back their claims.

Finally these are forms of dieting that are totally unacceptable. These include:

1. Total fasts (Zen macrobiotic regimen)

2. Unsupervised and unbalanced very low-calorie diets such as meal replacement drinks and fluids, "diet cookies," and 600 kilocalorie meals

3. Marketed Fad diets, untested weight loss regimen (Cabbage Soup, 3-day diet) and more

4. Weight loss gadgets such as compression belts and vibrating machines

Don't be in weight loss wonderland. Don't be a laboratory rat for many weight management programs. Be sensible. Weigh your options right, then trust your basic instinct. Don't be bashful to ask yourself to ask yourself; has my weight loss program enhanced my image and self-confidence and given me youthful vitality for a healthier body, mind, and spirit?

Above all, remember: There is help for fatness. The trick is to know what methods work and what don't.

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Navigating the Net: Winning the Battle of the Bulge

Cecille R. dela Paz, MD
East Avenue Medical Center

Overweight and obesity is a growing national epidemic. We live in an environment that promotes increased food intake, unhealthy food and physical inactivity and it is no surprise that the number of obese and overweight adults and kids are increasing. Aside from the numerous health risks that come with increased body weight, including diabetes, heart disease, cancer and many others, obese people also grapple with emotional issues like depression and an unhealthy relationship with food. The preponderance of reality television shows like "The Biggest Loser" has put the battle of the bulge on the forefront and has inspired people to finally tackle their weight problem. Not everyone though can be a contestant on the show and have access to a personal trainer but everybody can go on the internet and be their own health advocate.

We are constantly bombarded with a lot of medical information online and it could get confusing sorting through the different websites out there. I have highlighted two websites for review - one is for the ordinary person who is interested in learning more about obesity, while the other is for the physicians who want to keep abreast on the latest developments in the field of obesity.

WebMD (www.webmd.com)

Just type in "obesity" on the search box and the website yields the different topics on obesity. It has excellent overview that discusses the definition and causes of obesity. There are modules to explain the different health risks associated with obesity and the health benefits that you can get from weight loss. There are discussions on the different weight loss programs and strategies. It tackles the different treatments for obesity, including medications and surgical procedures. There are also segments that tackle the aspect of healthy eating. One of the most noteworthy modules is the rundown on the different fad diets available - everything from the Atkin's Diet to the South Beach Diet and all the way down to the Zone Diet. It describes what the different diets consists of and most importantly, medical experts weigh in on the safety and efficacy of the different diet plans. The site also has useful interactive tools that can calculate amount of calories burned from different forms of exercises and daily physical activities. Aside from learning modules, there are also a lot of interesting obesity-related articles and references and links to other obesity-related diseases. The website has the HON code logo so you can be assured that the information on the website is accurate and and can be trusted.

Medscape (www.medscape.com)

This is a website that will require registration prior to access. But don't worry, it is available for free. It is an excellent website for health care professionals who want to keep abreast of the latest developments in the different specialty fields. For physicians who want to know more about obesity, click on "Diabetes and Endocrinology" on the left side of the screen under the heading of specialty sites. Then you click on Obesity and Weight Management. Clicking on this gives you access to the latest news and journal articles related to obesity.

There is also an Obesity and Weight Management Resource Center where you can access different modules on obesity. You can even test yourself on what you've learned by clicking on the different CME (Continuing Medical Education) activities. Links to clinical practice guidelines are also available.

First Consensus Panel Meeting of the UNITE for DM:

First Steps to Developing a Unified Guideline for the Management of Diabetes in the Philippines

diabetes philippines

INSTITUTE FOR STUDIES ON DIABETES FOUNDATION, INC. 1969

PHILIPPINE SOCIETY OF ENDOCRINOLOGY & METABOLISM

Philippine Center for Diabetes Education Foundation

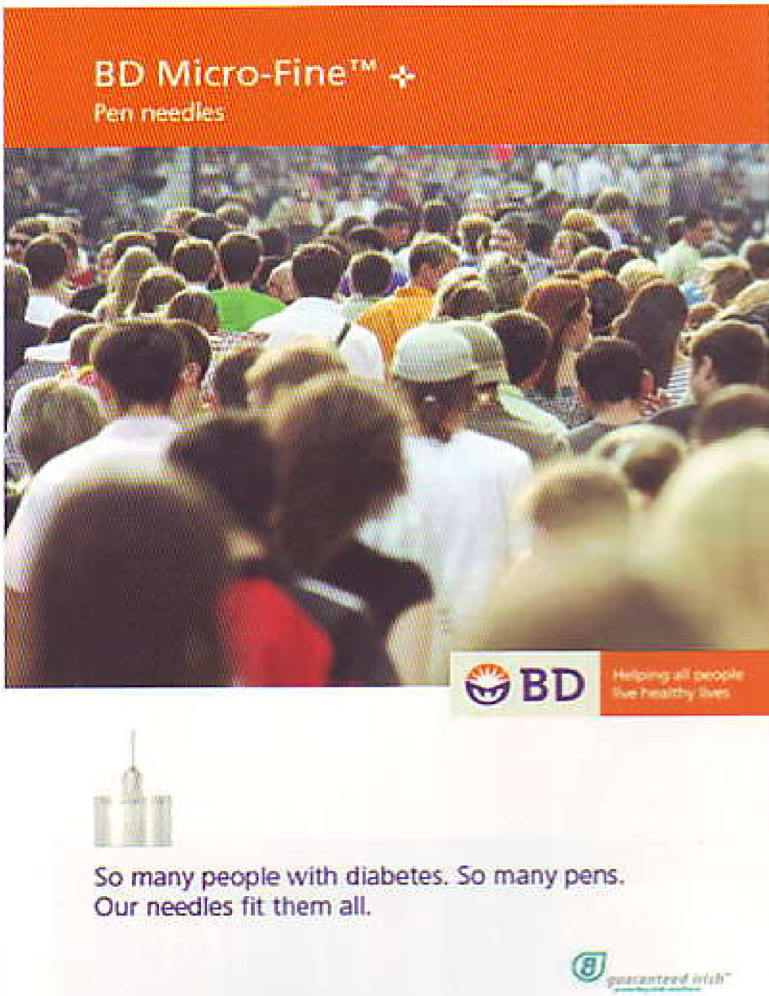
Cecilia A. Jimeno, MD
UP Philippine General Hospital

In July 2008, the four leading organizations involved in the care of patients with diabetes met to decide to develop clinical practice guidelines (CPG) for the management of diabetes in the Philippines. These diabetes organizations included the Diabetes Philippines (formerly the Philippine Diabetes Association), Institute for Studies on Diabetes Foundation, Inc (ISDFI), the Philippine Society for Endocrinology and Metabolism (PSEM) and the Philippine Center for Diabetes Education Foundation. The working groups for the development of the UNITE for DM Clinical Practice Guidelines were subsequently organized and work began after 2 workshops were done to define the scope and direction of the guideline. It was decided that the initial guidelines will be regarding the outpatient management of diabetes mellitus, focusing on Type 2 diabetes among adults.

CPG's are user-friendly statements that bring together the best external evidence and other knowledge or experience necessary for decision making about a specific health problem. In short, these practice guidelines bring together the best research evidence and the experience of experts in the field. These combined experiences, judgments and opinions are brought together during the consensus meeting to decide on the actual content of the recommendations (the so-called guideline statement), the correct interpretation and clinical implication of the research evidences, and finally the strength of the recommendations. The guideline statements will cover 3 general areas: (1) screening and diagnosis of diabetes mellitus; (2) screening for complications; and (3) prevention and treatment of diabetes mellitus. For each of these issues, special populations will be identified and statements will be crafted to cover the concerns of women with gestational diabetes, elderly diabetics and to some extent even children.

Last July 9, 2010 approximately 50 people representing the 4 lead organizations and 24 stakeholder groups attended the very first consensus guideline meeting of the UNITE for DM. This whole day session started with opening remarks from Dr. Tommy Ty Willing the President of Diabetes Philippines and UNITE for Diabetes. This was followed by an overview of the goals of the UNITE for DM, by Dr Leorino Sobrepeña. He explained that the primary motive for the development of this unified CPG is to encourage best diabetes practices among all physicians caring for diabetic individuals in the Philippines. Then an introduction of the project objectives, members of the working groups, the steps in guideline development and the methodology for consensus building was given by Dr Cecile A. Jimeno, the head of the technical research committee. The remainder of the day involved presentations of the different guideline recommendations and the summary of the evidence supporting the recommendation. The head of the TRC followed by each of the members, presented 5 different sets of recommendations covering the following areas: (1) Screening among adults; (2) Testing for diabetes in asymptomatic adults; (3) Screening for Diabetes in Children; (4) Diagnosis of Diabetes, and (5) Screening and Diagnosis of Diabetes in Pregnant Women.

The other members of the TRC are Dr. Lorna Abad, Dr. Aimee Andag-Silva, Dr. Elaine Cunanan, Dr. Richard Elwyn Fernando, Dr. Mia Fojas, Dr. Iris Thiele Isip-Tan and Dr. Leilani Mercado-Asis. The Administrative group were Dr. Tommy Ty Willing (Diabetes Philippines), Dr. Maria Honolina Gomez (PCDEF), Dr. Leorino M. Sobrepeña (ISDFI) and Dr. Gabriel V. Jasul, Jr. (PSEM). The organizations that were represented in the CPG consensus meeting included the AACE Philippine Chapter, ADNEP, AMHOP, PADE, PSPME, the DepEd, Department of Health, FNRI NDAP, PAFP, PAMET, PCOM, PHA, PhilHealth, PLAS, PMA, PPS, PSH, PSN and 2 lay members of the Diabetes Philippines who represented the concerns of diabetic patients. It was a long but very fruitful meeting that involved many discussions and debates, but more importantly many resolutions which hopefully will lead to better care of Filipino patients with diabetes mellitus. Here's looking forward to the next consensus meeting!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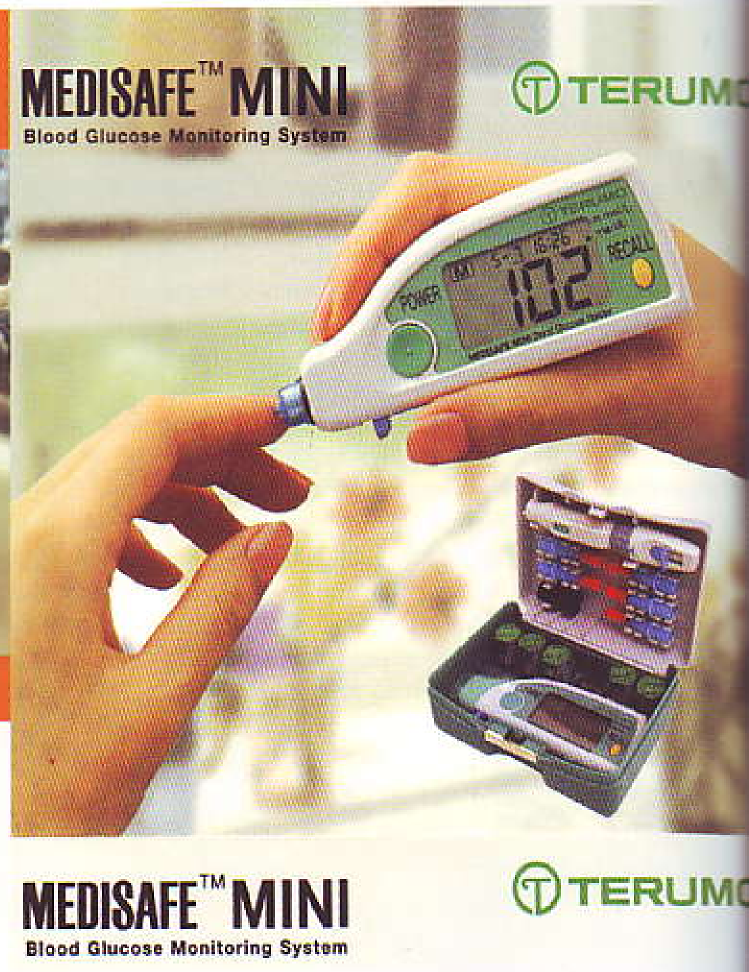
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diabetes philippines ON THE MOVE

40th Diabetes Workshop and 5th Diabetes Forum
(June 10 -11, 2010 - Cebu City)

- The historic city of Cebu was the venue for the 40th Diabetes Workshop last June 10, 2010 at the Casino Espanol de Cebu. Workshop coordinator Dr. Susan Yu-Gan, prepared topics which includes Pathophysiology of Diabetes, Focus on HbA1 C, Myths and Fallacies on diabetic diet and novel therapies for diabetes. The following day, the 5th Diabetes Forum for nurses and dietians was held at the Baseline restaurant. Rudiments on Diabetes, blood glucose monitoring, insulin therapy as well as lifestyle change were discussed. It was again a successful endeavor for the Diabetes Philippines as almost 200 physicians and 88 allied professionals attended the workshop. This could have not been possible without the indefatigable efforts by Dr. Evelyn Gamallo the Diabetes Philippines Cebu Chapter head.

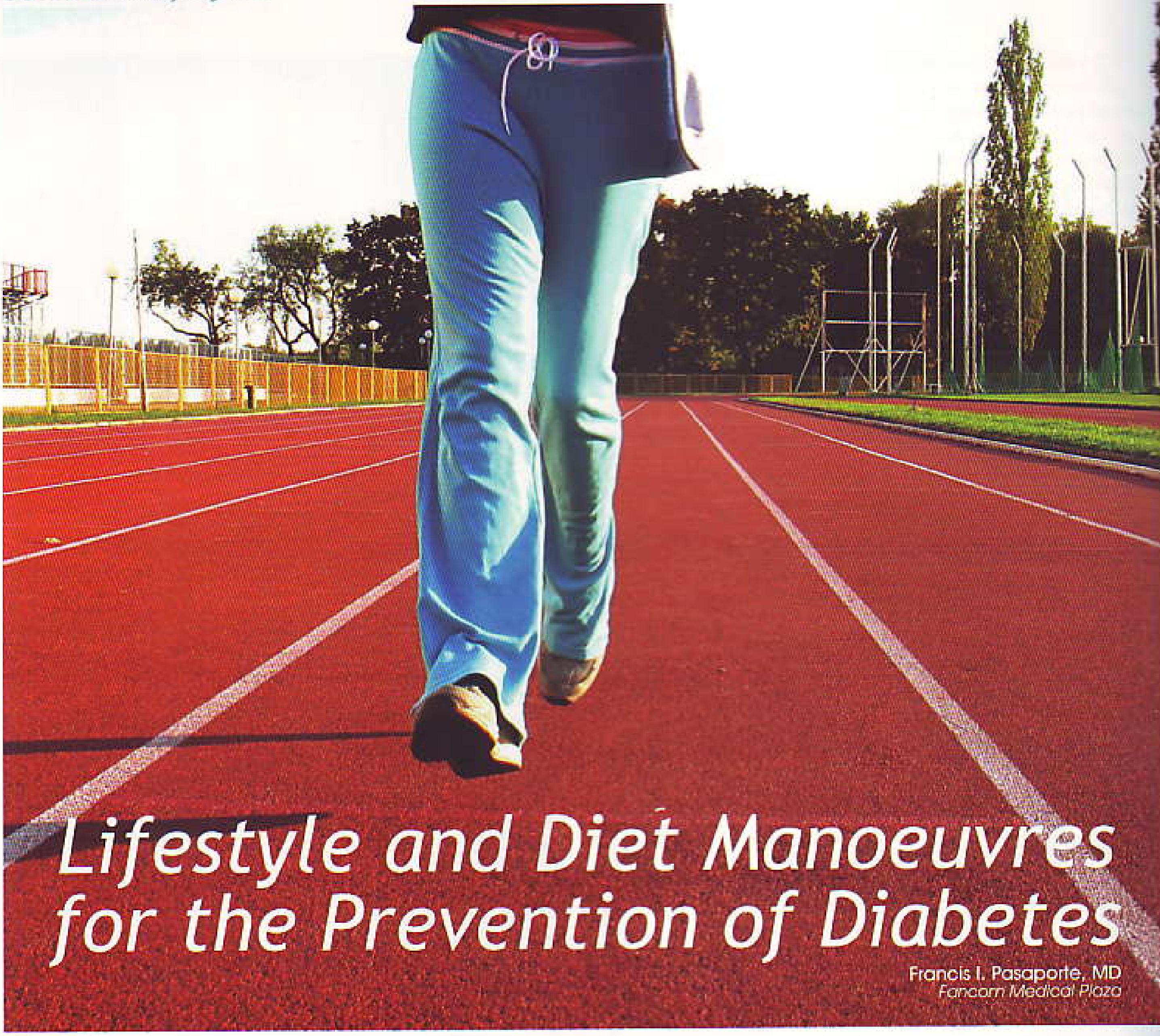
Episcopal Commission on Healthcare - Catholic Congress on Progressive Disease
(July 10, 2010, Paco Catholic School, Manila)

- The Catholic Bishops Conference of the Philippines (CBCP) conducted the Catholic Congress on Progressive Disease with a theme " Look Carefully, Act Mercifully" last July 10, 2010 at Paco Catholic School in Manila. "Awareness is the key to prevention" stressed by Ms. Carla Tapar, program coordinator of The Episcopal Commission on Health Care (ECHC), one of the arms of the (CBCP). As an old adage states "Old time kills us all, rich, poor, great and small. And tis therefore we rack our intervention. Throughout all our days. In finding out ways --- to kill by way of intervention." The conference tackled information related to the more common progressive diseases like Alzheim er`s disease , arthritis, diabetes, HIV- AIDS, multiple sclerosis, Parkinson`s disease and stroke. Different ways on how to prevent these diseases were also discussed. As the executive secretary of ECHC, Fr. Luke Moortgat reiterates that the symposium plans to improve advocacy of the commission by stressing the importance of awareness. True enough - The first step toward change is awareness!

Diabetes Philippines Pangasinan Chapter Diabetes Awareness Week Celebration and 3rd Scientific Symposium
(July 30, 2010 - CSI Mall and CSI Stadia)

Diabetes Philippines - Servier Research Grant in Diabetes MOA Signing
(August 17, 2010 - Cicou Restaurant, Hotel Celeste, Makati City)

- This was held at the Cicou Restaurant , Hotel Celeste in Makati City. The committee from Diabetes Philippines spearheaded by their president Dr. Tommy S. Ty Willing, and Dr. Richard Elwyn Fernando the Chair of the Research Committee together with the board of Servier Philippines led by Ms, Coulette Rouches their managing Director signed the Memorandum of agreement for the 2010 Diabetes Philippines - Servier Research Grant . Also in attendance who participated on the event were Mrs. Sanirose Orbeta , Mrs Ma. Imelda Cardino board of directors for Diabetes Philippines , as well as Ms. Marian Andaluz , (Corporate Relations Manager) and Ms. Maripee Genato (Senior Product Manager) for Servier Philippines.



Lifestyle and Diet Manoeuvres for the Prevention of Diabetes

Francis I. Pasaporte, MD
Fancom Medical Plaza

"Health is wealth" is a common saying which speaks of the importance of healthy living. Healthy living includes proper diet, health modification, physical fitness and stress-free environment. One of the growing health problems that affect a great number of Filipinos is diabetes mellitus. Diabetes is a lifestyle disease which is influenced by the way a person lives, the habits he inculcates and the way he deals with the various aspects of his life.

Let us not allow diabetes to ruin our lives. We can prevent it by subscribing to some important principles. Start with a healthy lifestyle by picking up healthy ideas and applying them to live healthier lives. We have to balance everything and manage our time to avoid stress.

The second aspect of a healthy lifestyle is regular physical activity or exercise. Increasing physical activity benefits a person at risk for diabetes by increasing the sensitivity of the body tissues to the effects of insulin to lower blood sugar levels. Frequent and routine exercise helps boost the immune system. It also improves mental health. Walking, jogging and cycling for 15 to 30 minutes daily are helpful. Take advantage of every opportunity to walk. Park your car at least 2 blocks from your office. Take the stairs instead of the escalator or elevator.

Another aspect of health lifestyle is avoidance of smoking. Smokers claim that smoking is the best way to release stress but, in reality, it can be the root of many diseases. Smoking is especially more dangerous to the second hand smokers.

Healthy living also entails proper diet by eating nutritious foods that would maintain health. We need to know how to select the food that we eat and establish a routine when eating. One recommendation is to take a glass of water before eating and chew and savour each bite of food for 30 seconds or more before swallowing. A balanced diet must contain carbohydrate, protein, fat, vitamins, mineral salts and fiber. It must also contain these nutrients in the correct proportions. Here are some facts about these nutrients:

*Carbohydrates: provide a source of energy in the body.

*Proteins: provide a source of materials for growth and repair.

*Fats: provide a source of energy and contain fat soluble vitamins.

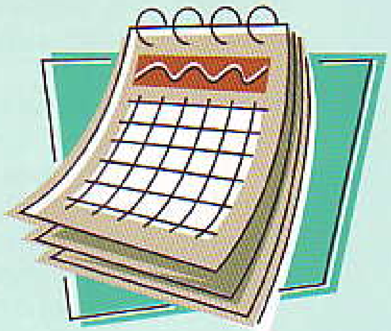
*Vitamins: required in very small quantities to keep you healthy.

*Mineral Salts: required for healthy teeth, bones and muscles.

*Fiber: required to help your intestines function correctly; it is not digested.

The two major interventions to prevent diabetes include a healthy lifestyle and balanced diet. These two require a lot of self-discipline. We must think ahead in order to maintain our health.

Remember that once we have diabetes, it could not be cured. It may lead to complications of the eyes, brain, heart, kidneys and the nerves. It will even out our lives in danger. So don't wait for tomorrow. Today is the best time to start investing in health. As a saying goes, "If you are healthy, it feels like a million dollars."



diabetes philippines

2010 SCHEDULE OF ACTIVITIES

2nd Diabetes Forum
February 23, 2010 (Tuesday)
Golden Palace Restaurant, Daet, Camarines Norte

3rd Diabetes Forum and Lay Forum
February 24, 2010 (Wednesday)
- Villa Caceres, Naga City, Camarines Sur
- Our Lady of Fatima Church, Tabuco, Naga City

39th DiabetesWorkshop and 4th Diabetes Forum
February 25-26, 2010
(Thursday-Friday)
Casablanca Hotel, Legazpi City, Albay

40th DiabetesWorkshop
Casino Español de Cebu, Cebu City
June 10, 2010 (Thursday)

5th Diabetes Forum
Baseline Restaurant, Juana Osmena, Cebu City
June 11, 2010 (Friday)

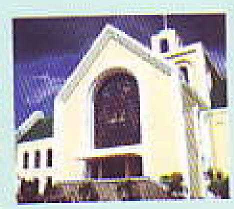
3rd UNITE for Diabetes
Crowne Plaza Galleria, Manila
September 3, 2010 (Friday)

27th Annual Convention of Diabetes Philippines
6th Course on Diabetes and Vascular Disease
Century Park Hotel
November 10 - 12, 2010 (Wednesday-Friday)

Gimik Diabetes Year 4
World Diabetes Day Celebration
November 13, 2010 (Saturday)
Venue: TBA








FOR INQUIRIES PLEASE CALL:Diabetes Philippine Secretariat
Telefax: (632) 531-1278 • Tel.: (632) 534-9559 • Email: diabetesphilippines@pldtdsl.net • Website: www.diabetesphil.org

St. Lukes Medical Center Obesity and Weight Management Center

WEIGHT MANAGEMENT CENTERS

ROBERTO C. MIRASOL, MD
St. Luke's Hospital

Obesity is increasing in prevalence in the Philippines. Most recent surveys bear me out on this. Obesity predisposes one to diabetes, hypertension, heart disease, gall bladder disease, osteoarthritis, pulmonary problems and certain cancers among others. Obesity is also becoming a problem among adolescents and children. They get the complications earlier and naturally affect their quality of life. A patient who is obese and is trying to lose weight will need all the help he needs to achieve his goals. What are the resources that are available for them? They can go to their friendly endocrinologists for help who will treat their obesity associated problems. They will be referred to a dietitian to sort out their dietary problems. They can go to a gym to exercise and shed the extra pounds. They can even go to a slimming salon to have those cold wraps. In extreme instances they can go to a derma clinic for radio frequency treatments, non surgical liposuction or non conventional therapies to lose the extra inches. A lot of resources are available and all of them have a common goal to help the obese patient.

What are our goals? The target goal is to reduce weight by 10% from baseline. Once this target is achieved, further weight loss can be attempted if indicated. The rationale for this initial goal of moderate weight loss is that it can reduce the metabolic effects associated with obesity and is realistic. This could be achieved in 6 months. What works? Evidence is strong that Low-calorie diets (LCD) are reasonable with decrease of fat intake as part of an LCD. This can reduce weight by 8% and actually impact abdominal fat. There is strong evidence that increased physical activity alone can create a calorie deficit and contribute modestly to weight loss. Efforts to achieve weight loss through physical activity alone generally produce an average of a 2 to 3 percent decrease in body weight. There is strong evidence however that increased physical activity increases cardio respiratory fitness, with or without weight loss. Improved cardiovascular fitness also improves the quality of life in overweight patients by improving mood, self-esteem, and physical function in daily activities. Various strategies involving behavior therapy have been used for weight loss and evidence is clear regarding its benefits. Unless a patient acquires a new set of eating and physical activity habits, long-term weight reduction is unlikely to succeed. The combination of diet, physical activity and behavior therapy has been found out to provide greater weight loss than each factor considered. Pharmacotherapy and surgical options to weight loss have also been found to benefit certain obese people.

These principles form the basis for the establishment of weight management centers such as the St. Luke's Weight Management Center. It adheres to a multidisciplinary (endocrinologists, pulmonologists, cardiologists, rehabilitation physicians, bariatric surgeons, psychiatrists and dietitians) team approach to treatment of overweight and obesity. It is medically supervised with emphasis on lifestyle changes and behavior modification. There has been a lot of positive feedback and patients are happy that there is a center to cater to all their needs. It is hoped that this will impact on their health in the long run. Whatever method we do, we must exert all efforts to reduce the rising prevalence of obesity. We should do our best to maintain a healthy weight populace!


Meralco Corporate Wellness Center


The Medical City Center for Wellness and Aesthetics

twitter for Diabetes Information

Iris Thiele Isip Tan, MD
Philippine General Hospital

You may have heard of Twitter - after all was it not on Twitter that Kris Aquino first admitted that her marriage was on the rocks? Did you know that there's more to Twitter than keeping updated on the latest showbiz happening?

If you go to http://www.twitter.com, you'll see that Twitter "is a new and easy way to discover the latest news ("what's happening") related to subjects you care about." So why not create a Twitter account and find out more about how you can live with diabetes? Signing up is easy!

Once you have an account, you can "follow" other interesting Twitter accounts. I've listed a few below, together with the description provided on their Twitter pages. When you follow someone, you can read their tweets.

This is an example:

WDD 30min of exercise a day can reduce your risk by up to 40%. Nov 14: #worlddiabetesday http://bit.ly/c1EuUQ

Some tweets contain a "short URL" like the one above - http://bit.ly/c1EuUQ. When you click that link, it will take you to a webpage related to the tweet. That's how you can keep updated on "what's happening" in diabetes!

You can also search using hashtags. A hashtag is a way to group tweets into categories. When a tweet is related to diabetes for example, some people add #diabetes (a hashtag) to their tweets so others can find that tweet. The sample tweet above has a hashtag -#worlddiabetesday. If you type that hashtag in the Twitter searchbox, you can see all the tweets where that hashtag appears.

AmDiabetesAssn
The American Diabetes Association (ADA) is leading the fight to stop diabetes and its deadly consequences, and fighting for all those affected by diabetes.

NDEP
The National Diabetes Education Program is a partnership of NIH and CDC.

diabetesdaily
Seeking a better life for everyone affected by diabetes!

JoslinDiabetes
Joslin Diabetes Center is the world's preeminent diabetes research and clinical care organization.

DiabetesHealth
Diabetes Health is the essential resource for people living with diabetes - both newly-diagnosed and experienced - as well as the professionals who care for them.

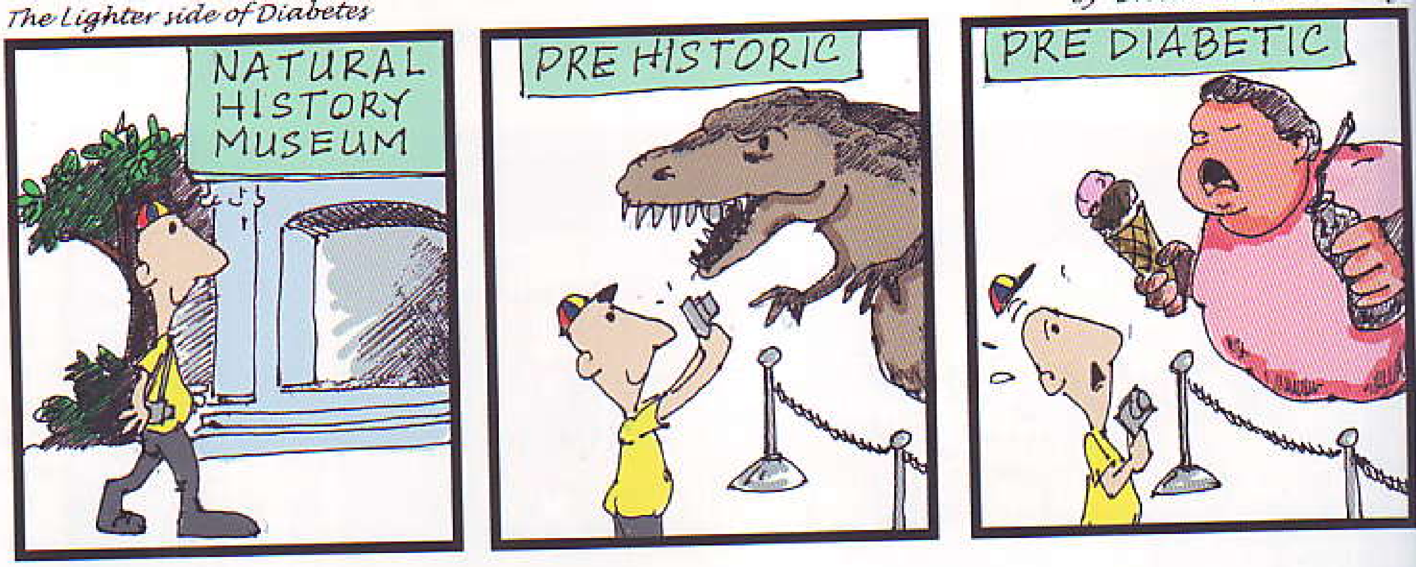
WDD
World Diabetes Day is marked each year on November 14. It is led by the International Diabetes Federation.

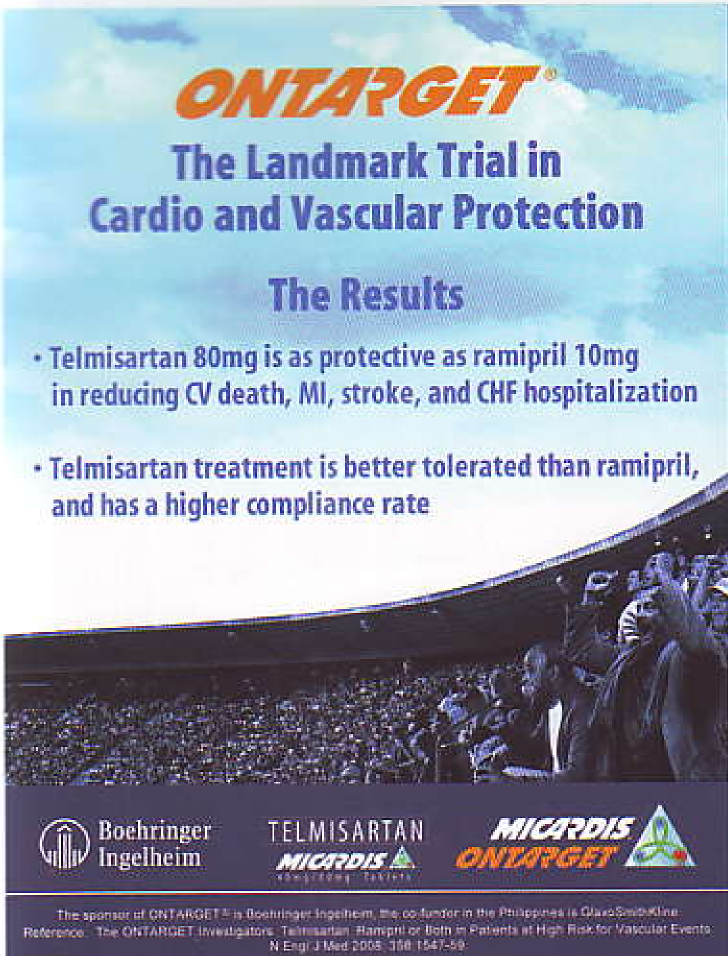
IntDiabetesFed
International Diabetes Federation

diabetespodcast
Voice of Diabetes. Radio talk show and online global community, serving as a platform to share knowledge, news and insight on living with and managing diabetes.

Diabeat1t
Diabeat-1t aims to raise awareness for Type 1 diabetes. Diabetes doesn't define you, you define 1t! Spread the word!

The Lighter side of Diabetes *by Dr. Allan Hernandez*





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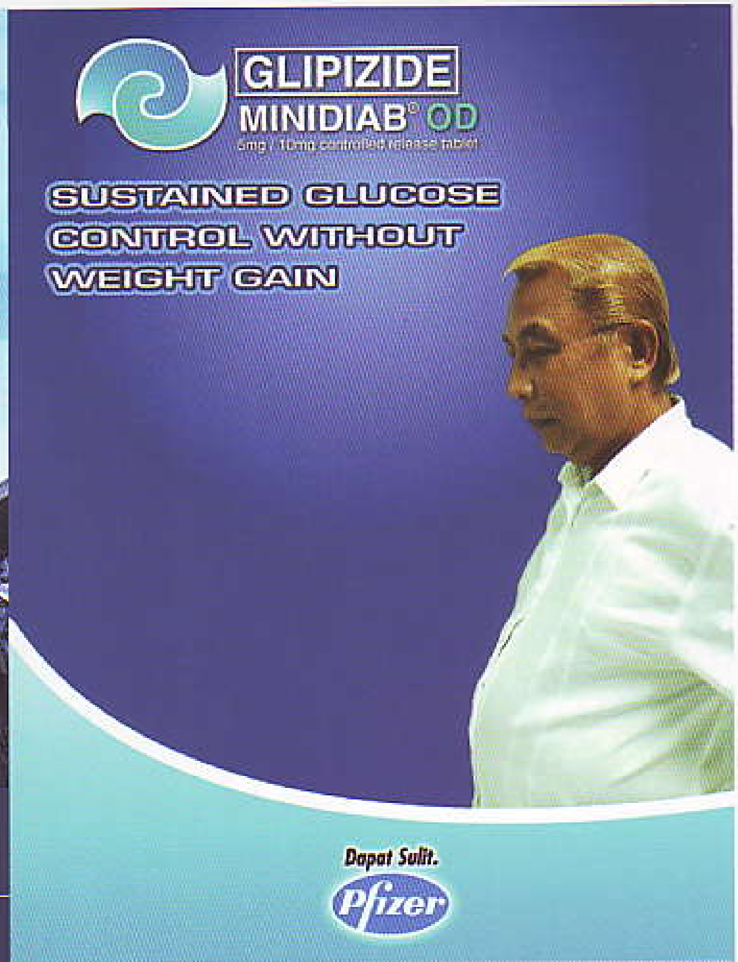
Reference: The ONTARGET Investigators. Telmisartan, Ramipril or Both in Patients at High Risk for Vascular Events. N Engl J Med 2008; 358:1547-59



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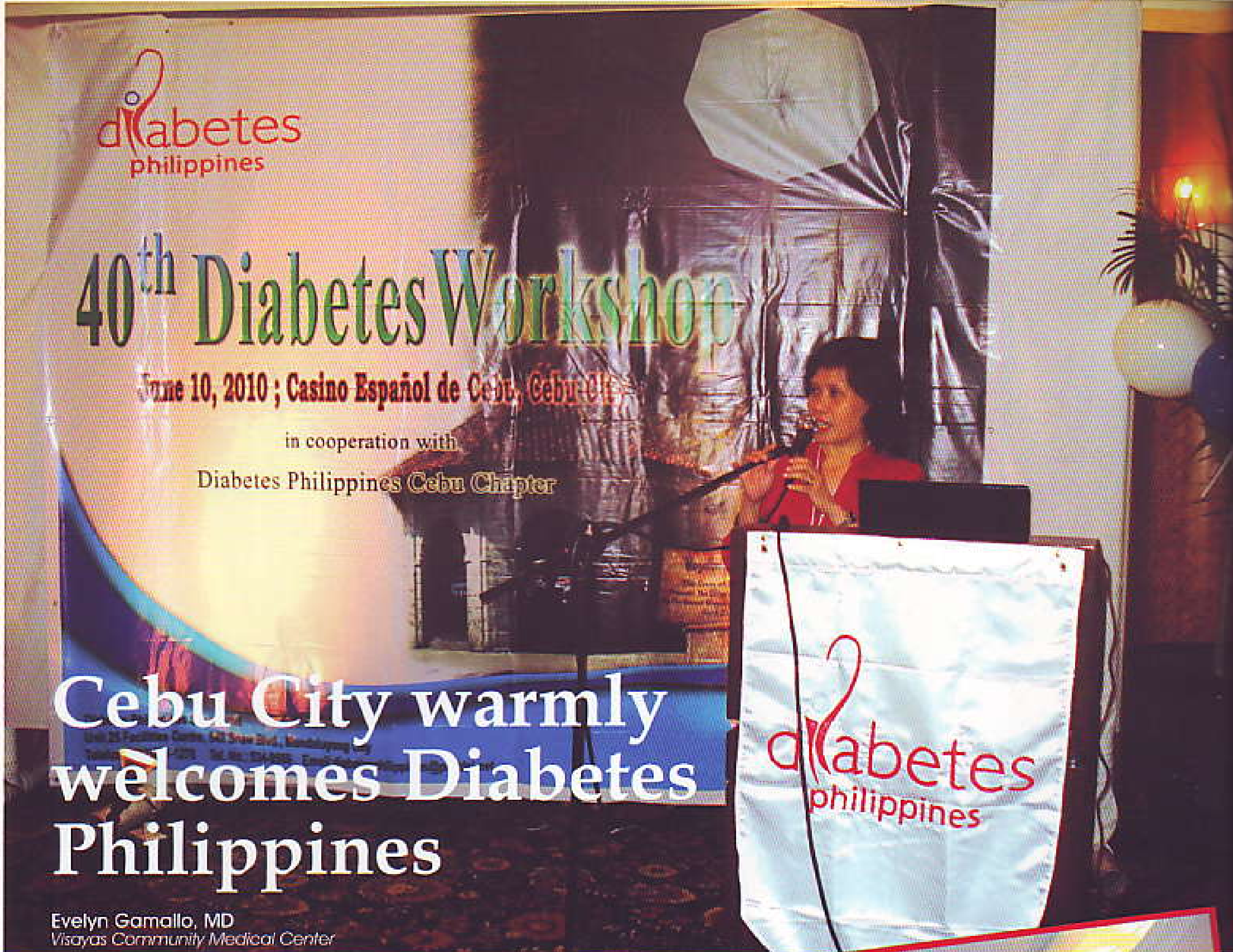


Cebu City warmly welcomes Diabetes Philippines

Evelyn Gamallo, MD
Visayas Community Medical Center

Cebu City boasts many of its fine cultural attractions and scenic spots. With an impressive array of people who make this a highly urbanized place, the city is now the main center of commerce, trade, education and industry in the Visayas. The fast paced lives of the Cebuanos contribute to its booming economy making it one of the most developed and dazzling city in the country.

And much like any urbanized area, it is beset with big challenges in aspects of diabetes, its management, complication detection and prevention.

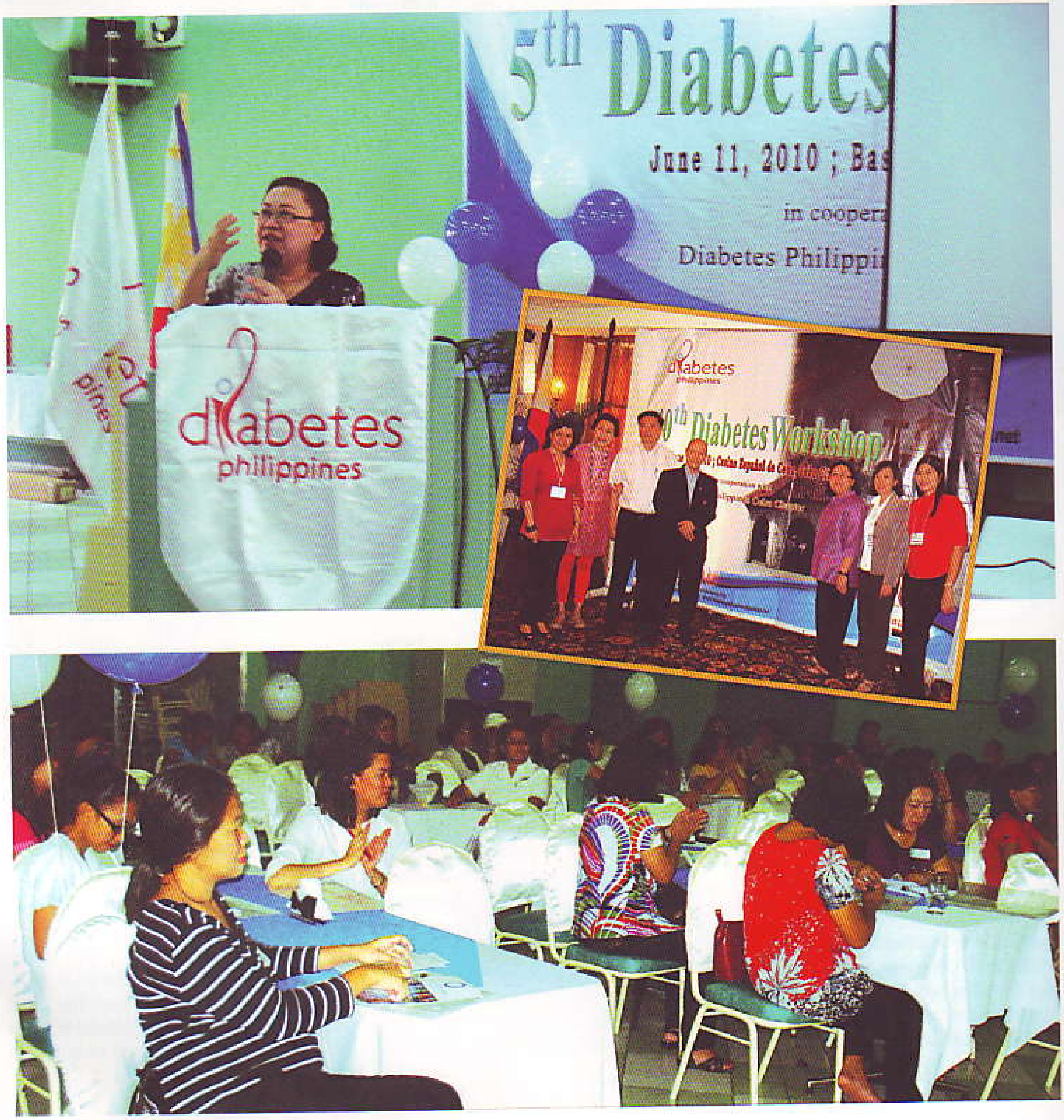
For our part, we are fortunate to conduct regular meetings and updates in relation to these particular issues. Its importance cannot be over emphasized, thus exhaustive measures were under taken and after a long wait... seven years to be exact, the Queen City of the South was proud to host not just one but two joint program of Diabetes Philippines (National) and Diabetes Philippines Cebu Chapter.

First was the 40th Diabetes Workshop held at Casino Espanol de Cebu on June 10, 2010. The said activity was well attended by 202 Physicians consisting of internists/ subspecialists based in the city, Mandaue and Cebu City health doctors, and even municipal health officers reaching as far as Daan Bantayan in the northern area, Santander and Balamban in the southern part of the province.

The course offered a very comprehensive approach to diabetes care discussing aspects on Pathophysiology of Diabetes, its complications and even Diabetes in Special Populations. Thorough insights on Diabetes therapy from facts, myths and fallacies on Diabetes diet, oral agents, insulin-old and new and how modern insulin can change diabetes were also presented. A glimpse of the future with novel therapies for glucose control completed the portfolio.

The interest and satisfaction was obviously shown by the attendees' active participation in the open forum, not to mention their presence up to the very end of the program.

It was on June 11, 2010 when the second activity, the 5th Diabetes forum took place at Baseline Restaurant Cebu City. This was able to gather some 94 nurses, nutritionist and dieticians from different hospitals and centers in the city and in the province of Cebu. A revised and simplified module that looked into basic diagnosis, classification, strategies to prevent diabetic complications and therapeutic interventions were discussed. The highlight of the gathering was the hands on workshop on blood glucose monitoring and insulin injection technique.



A Planned Vision for Camp Cope, Diabetes Center Philippines

Jose Carlos Miranda, MD
Our Lady of Pilar Medical Center

15 years ago the Philippine Center for Diabetes Education Foundation, Inc. as spearheaded by Dr. Augusto D. Litonjua, came up with an idea to help Type 1 diabetics. As we all know, Type 1 diabetes affects mostly, if not all, children. Patients, in this age group is very much vulnerable. They need the most guidance in managing their disease. Thus Camp Cope was born. Camp Cope is a camping program for children with type 1 diabetes mellitus. COPE stands for Children Overcoming (diabetes) Problems Everywhere.

Camp Cope is a structured program tailor fitted for children. It deals with teaching them the basics of diabetes management such as insulin injection, blood glucose monitoring, medical nutrition therapy, and physical activity. Other aspects of disease management are taught and these are the psychological facets of the disease, skills training and career development. The program is structured in a way that is different from classroom type of learning. We call them rap sessions. This can be a form of a game or fie[ld] activity. A lot of teachable momen[ts] can be experienced by the campe[rs]. The staff is composed of doctor[s], nurses, dieticians, and counselor[s]. Counselors are Type 1 diabetics wh[o] had undergone camp experience an[d] have proven themselves to be goo[d] role models. For the campers, the[y] are called big brothers or sister[s].

Camp Cope is a yearly event. 4 day[s] usually in the month of May. The usu[al] number of campers who attend is abo[ut] 30 to 40. We are already in our 15t[h]

For the past 15 years, Camp Cope never had what we call "a home of its own". We have been renting venues such as the Boy's Scouts of the Philippines and for the past 13 years, Forest Club. Expenditures have been rising lately and the money used for renting could have been used to cater to more children.

year and so far, the camp has proven to be effective and has been enriching children's lives. Our campers who were in the first few years are now successful not only in their diabetes management but also in their respective careers and in their own families.

For the past 15 years, Camp Cope never had what we call "a home of its own". We have been renting venues such as the Boy's Scouts of the Philippines and for the past 13 years, Forest Club. Expenditures have been rising lately and the money used for renting could have been used to cater to more children. Now we have a land for the camp located in Tanay, Rizal. Structures, of course, will be needed. The children are excited, we are excited, but this dream is still far from coming true. A helping hand can lift us achieving our dream of helping more Type 1 Diabetics. Your kind heart can give Camp Cope a "Home of its own" and give a sweet smile to these kids.

18th Diabetes Awareness Week: THEME: "STOP DIABETES! NOW NA!"

Carolyn Narvacan Montano, MD and Leilani Gail Magtolis, MD
Overall Diabetes Awareness Celebration Organizers 2010

The 18th Diabetes Awareness Week was successfully celebrated thru the joined efforts of The Philippine Center for Diabetes Education Foundation, Inc or the Diabetes Center, Diabetes Philippines and the American Association of Clinical Endocrinologists, Philippine Chapter last July 18 to 25, 2010. The yearly event has come a long way since 1993 when President Fidel V. Ramos proclaimed the third week of July as the National Diabetes Awareness Week. The campaign aims to build public awareness on the early detection, prevention and effective management of diabetes.

The theme, "STOP DIABETES! NOW NA!" mandates each and every Filipino citizen to help in the fight against the rapidly rising epidemic of diabetes. This is a take off from last year's theme of " STOP DIABETES? PWEDE!" wherein we posted the question whether it is possible to stop diabetes .

Why the urgency? The American Diabetes Association cited that in the next 24 hours, there will be 4320 new cases of diabetes which will be diagnosed. That means one of our family members, friends, colleagues will ad on the 1,339,200 people who have been diagnosed since the STOP DIABETES movement in November 2009.

In our country alone, NNHES 2008 data reported the prevalence rate of 4.8% among Filipinos based on FBS alone. Likewise, there is a growing concern about the recent sharp increase in reported cases of Type 2 diabetes in children and adolescents. Studies have shown the link between diabetes and heart disease and stroke as well as blindness, kidney failure and amputations. The fact that the population of children with type 2 diabetes is growing to epidemic proportions makes this year's theme a crucial one to achieve.

Having been compelled to achieve this goal, the diabetes awareness week was made possible by the gathering of the minds and efforts of people involved

in the care of diabetes. The fight started with the kick off activity last July 10, 2010 in Cabanatuan, Nueva Ecija headed by the veteran DAW organizer, Dr. George Tan. This was followed suit by the tandem efforts of Dr. Francis Pizarro and Dr. Dwight Black and their respective Diabetes Center's Satellite Clinics in Baguio General Hospital the day after. Dr. Francis Pasaporte of the ILOILO CHAPTER of Diabetes Philippines provided the venue for the opening of the Diabetes Awareness week which started with a FUNWALK at the Boardwalk Diversion Road in Iloilo last July 18, 2010. The provincial closing activity was successfully made possible by our Zamboanga Diabetes Clinic organizer, Dr. Fatma Tiu.

During the week, the different satellite clinics trained by the Diabetes Center Philippines helped in this advocacy by showcasing an exhibit about the basic facts on Diabetes as well as provided venues for free glucose screening, free consultations and free foot examinations.

The thrust to reach more people in this advocacy was made possible also thru the involvement of media. Cognizant to the reality of the enormous role of media in this advocacy program, the airing of the 15 sec infomercials was extended to the in house monitors of the biggest hospitals in Metro Manila via Focus Media. The tie up with Watson's and the Makati City government also expanded to include the Manila City Government, hence the informercials were simultaneously viewed in Watson's instore TV monitors and electronic billboards along Edsa and Buendia avenues as well as in Lawton and Quiapo.

Coinciding with the successful provincial closing activity was the biggest 'STOP DIABETES EXPO" held at the state of the art SMX Convention Center last July 18, 2010. Under one roof, the EXPO provided the information on preventing and managing diabetes and its deadly complications to help keep a diabetic patient and his family's health. This was made possible by the assistance of the pharmaceutical companies which provided the exercise demonstration and cooking display as well as free glucose screening and exhibit of basic knowledge about diabetes management and prevention in their booths. The endocrine fellows of Makati Medical Center assisted in the free consultations during the event. This event also paved the way for the exposition of the different consumer products and services necessary for a diabetic patient's journey toward a complications-free diabetic life.

The event was also highlighted with the presence of the President of GMA Network, Atty. Felipe L. Gozon who highlighted the importance of education thru media in order to help fight diabetes. Together with Dr. Augusto D. Litonjua, the president of the Diabetes Center Philippines, he signed the commitment wall to fight this rapid spread of diabetes. It was also in this event wherein the partnership with Coca Cola was reinvigorated to include DAW as part of their healthy lifestyle advocacy. Mr JB Baylon, Vice President of Coca Cola Philippines Public Affairs and Communications likewise signed the commitment wall to strengthen this bond of partnership.

Of course, our diabetic patients and diabetes educators showcased their talents in the "STAR STRUCK ..The Diabetes Edition". The event was also perked up by the presence of several Kapuso artists and Whiplash dancers who not only entertained but also became a part of the cooking demonstrations and the DIABETES BINGO. Indeed, this year's DAW provided an entertaining, educational and informative venue to all 1800 registrants. We hope to improve and invite more people to next year's DAW events in the Metro Manila and in the Provincial DAW activities.

It is pertinent to recognize diabetes as a serious disease. Contrary to the belief that "borderline diabetes" is a mild illness, neither diabetes nor the treatment of the disease should be taken lightly. The likely future impact of diabetes on the health system has some parallels to the climate change debate... The costs of doing nothing will be felt in the distant future BUT will be high.. that is why intervention needs to be started not soon, not even later when we have more free time to attend to this, but NOW... TODAY. Together , let us heed the summon of the langgam to help end the devastating toll of diabetes... "STOP DIABETES! NOW NA!"


2010
N.E. Pacific Mall
Cabanatuan City
DIABETES


Now na!

PHYSICIAN'S CORNER:

"WHAT DIRECTION DOES THE "NAVIGATOR" TELL US TO GO FOR DIABETES PREVENTION?"

Nemencio A. Nicodemus Jr., MD
Manila Doctors Hospital

In the field of diabetes, interest has shifted over the past few years from just looking for the best therapeutic agent to control the condition to looking for the most effective ways to prevent it from developing among people at risk.

Lifestyle intervention using strict parameters, such as at least 5 percent weight loss, at least 30 minutes of physical activity per day, reduction of daily fat intake to less than 30 percent with saturated fat at less than 10 percent and increased fiber intake, has shown that progression to diabetes from a pre-diabetic state can be prevented successfully (58 percent risk reduction in both the Finnish Diabetes Prevention Study and the Diabetes Prevention Program)1,2

In search for pharmacologic interventions that will prevent progression to diabetes, several agents acting on different mechanisms have already been used in large clinical trials. One of the first drugs was the biguanide, metformin, which acts as an insulin sensitizer, effective in reducing hepatic glucose output and has some effect in improving insulin sensitivity of the muscles and adipose tissues. In the DPP2, Metformin was able to reduce the risk of progression to diabetes by 31 percent.

The second class of drugs used for diabetes prevention involved the alpha-glucosidase inhibitors, which delay the absorption of carbohydrates in the gut and, thereby, reduce postprandial glucose rise. In the STOP-NIDDM trial, acarbose was able to reduce the risk of developing diabetes by 25 percent.3

The third class of agents used in diabetes prevention trials were the thiazolidinediones, which improve sensitivity of the peripheral tissues, particularly muscles and adipose tissue, to insulin. Rosiglitazone was used in the DREAM trial4, while Pioglitazone was used in the ACT-NOW Trial5. Although both drugs belong to the same class, the reduction in the risk of progression to diabetes was different in the two studies. Rosiglitazone was associated with a 62 percent risk reduction while Pioglitazone was associated with 81 percent risk reduction in progression to overt diabetes among individuals with impaired glucose tolerance.

With all the positive findings in the

The NAVIGATOR was a double-blind, randomized clinical trial which enrolled 9306 participants with both impaired fasting glucose and impaired glucose tolerance. Nateglinide (up to 60 mg three times a day) was used as the treatment arm for an average of 5 years and was compared to placebo, both with lifestyle modification strategies.

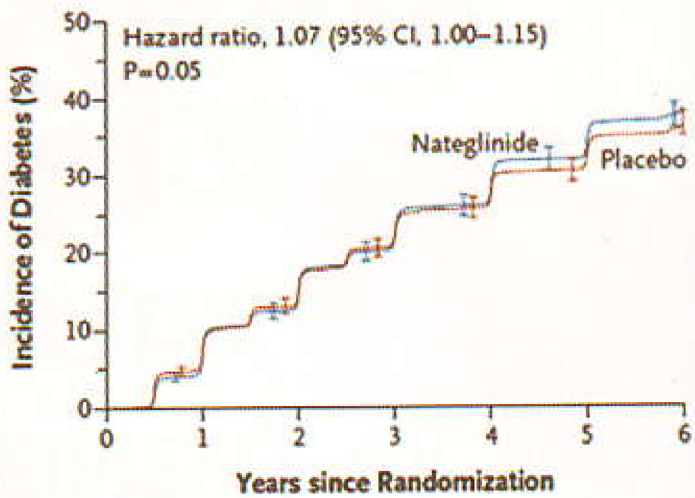
different anti-diabetes drugs listed above, another class of drugs was tested for their possible effect on preventing diabetes. The meglitinides are short-acting insulin secretagogues which are derivatives of phenylalanine and are effective in reducing postprandial glucose rise. Nateglinide was the meglitinide used in the NAVIGATOR (Nateglinide and Valsartan in Impaired Glucose Tolerance Outcomes Research) Study.6

The NAVIGATOR was a double-blind, randomized clinical trial which enrolled 9306 participants with both impaired fasting glucose and impaired glucose tolerance. Nateglinide (up to 60 mg three times a day) was used as the treatment arm for an average of 5 years and was compared to placebo, both with lifestyle modification strategies. The co-primary outcomes of the study were: incident diabetes and a composite of cardiovascular outcomes (death from CV cause, nonfatal MI, nonfatal stroke, hospitalization for heart failure, arterial revascularization, or hospitalization for unstable angina).

The results of the NAVIGATOR study showed that 36 percent of patients in the nateglinide group and 33.9 percent of patients in the placebo group developed overt diabetes in 5 years. The hazard ratio was 1.07 (95 percent CI 1.00 - 1.15, P value=0.05). Thus, in the NAVIGATOR study, nateglinide did not significantly reduce the cumulative incidence of diabetes (see figure above).

The result of this new study gives us insights into the probable mechanism in the development of diabetes. Perhaps improving insulin secretion by stimulating the beta-cells to produce more of it during the pre-diabetic state is not the proper way to prevent progression. But as we saw from the results of the other "positive" diabetes prevention trials, addressing other issues that contribute to beta-cell deterioration, like increased hepatic glucose output, peripheral insulin resistance and increased postprandial glucose load are more appropriate targets in diabetes prevention.

In this case, the NAVIGATOR failed to lead us to the right direction of diabetes prevention.



No. at Risk							
Nateglinide	4645	3766	3302	2767	2396	2086	1408
Placebo	4661	3761	3281	2807	2481	2192	1528

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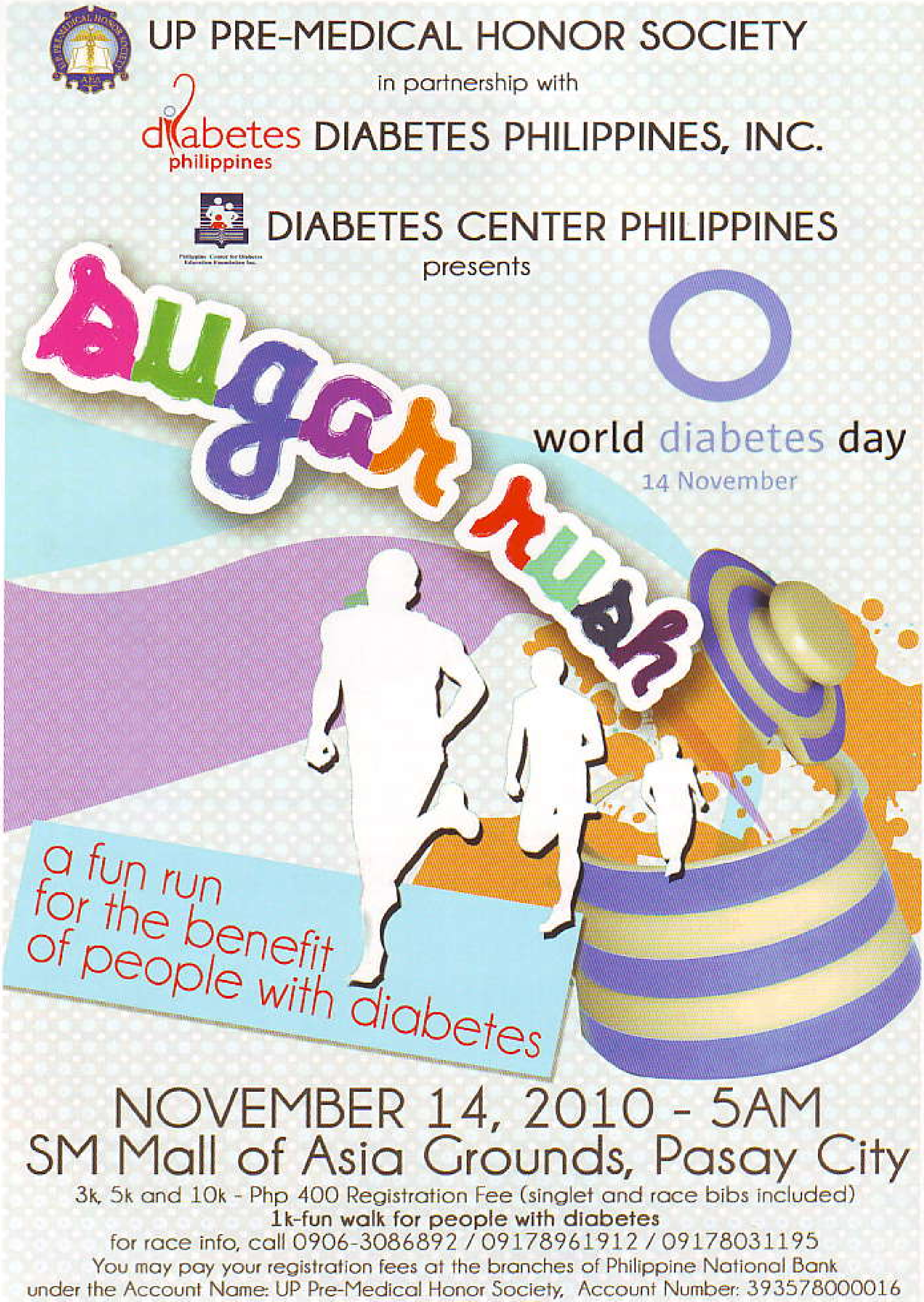
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14 November
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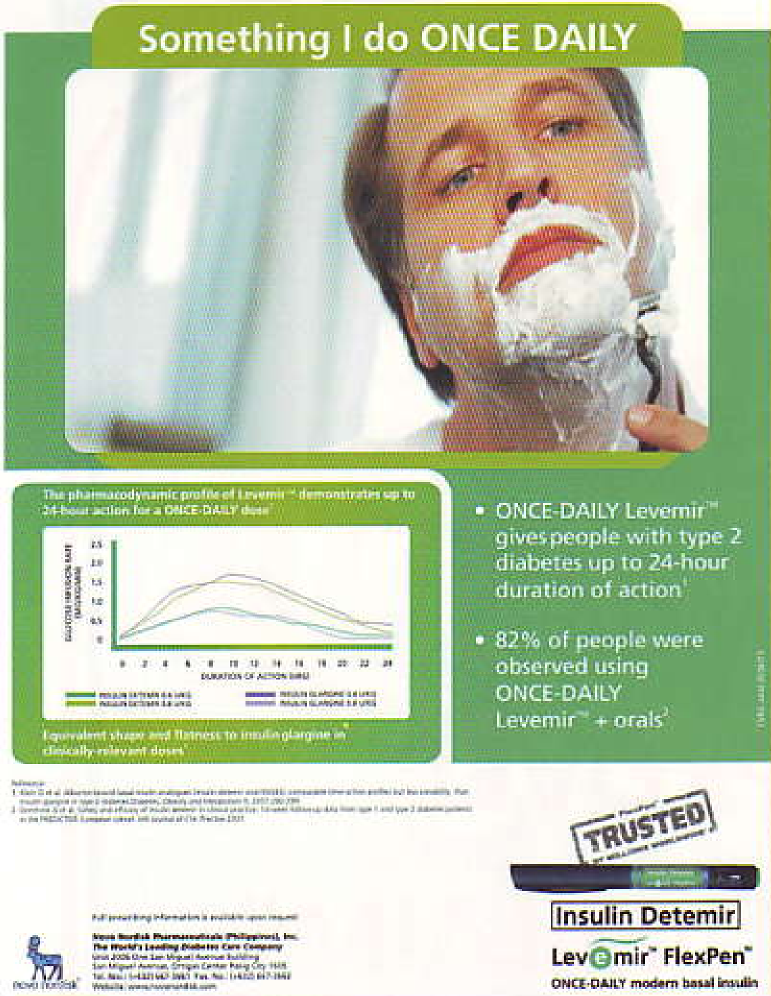
1k-fun walk for people with diabetes
for race info, call 0906-3086892 / 09178961912 / 09178031195
You may pay your registration fees at the branches of Philippine National Bank
under the Account Name: UP Pre-Medical Honor Society, Account Number: 393578000016

MAHALAGANG PAALALA

ANG MGA
"NO APPROVED THERAPEUTIC CLAIM"
NA FOOD/DIETARY SUPPLEMENT AY
HINDI GAMOT
AT HINDI DAPAT GAMITING PANGGAMOT SA ANUMANG URI NG SAKIT.


Something I do ONCE DAILY
• ONCE-DAILY Levemir™ gives people with type 2 diabetes up to 24-hour duration of action[1]
• 82% of people were observed using ONCE-DAILY Levemir™ + orals[2]
Equivalent shape and flatness to insulin glargine in clinically-relevant doses
TRUSTED
Insulin Detemir
Levemir™ FlexPen™
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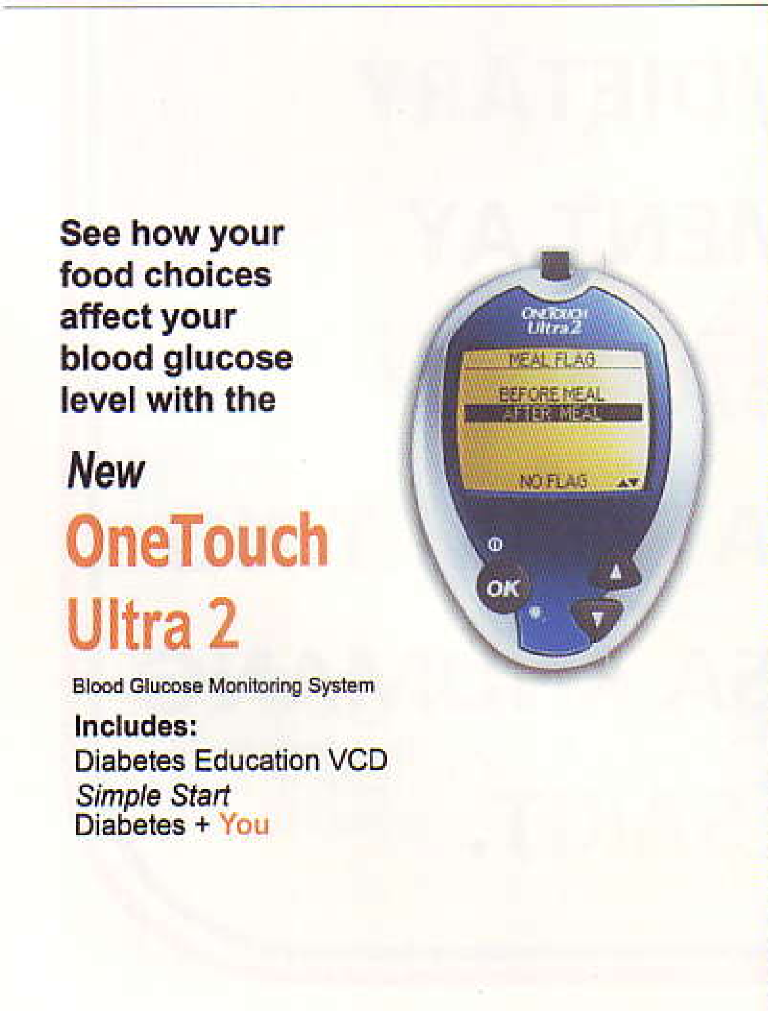
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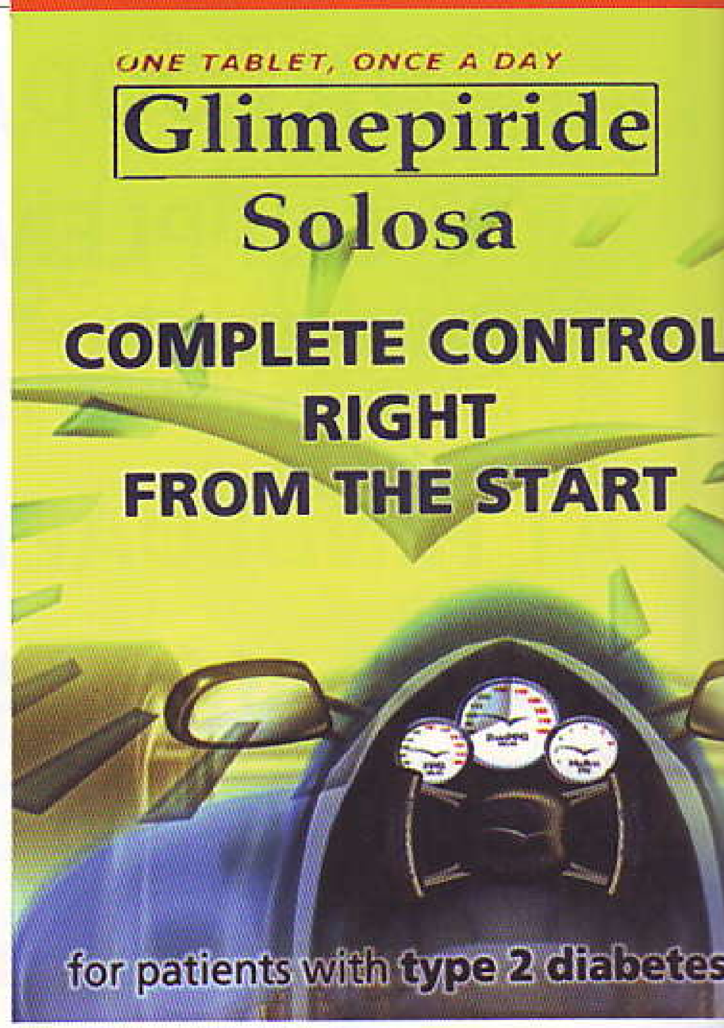
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FROM THE START
for patients with type 2 diabetes

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