

diabetes philippines WATCH

A Publication of the Diabetes Philippines

January- June 2012

YEAR MMX12, NO.1

Conquer **Diabetes** Complications

How to screen for eye, nerve and kidney troubles

Mind your mouth! Tooth and gum disease - the forgotten complications

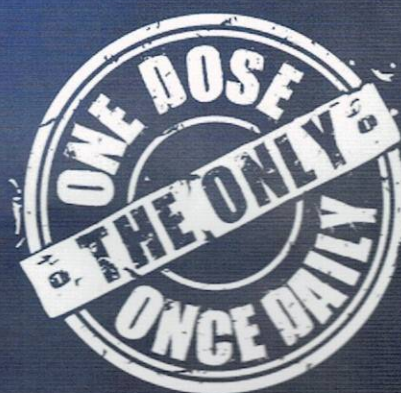
Heart-healthy diet tips

Diabetic foot problems:
Prevention and treatment

Which vaccines to get and when

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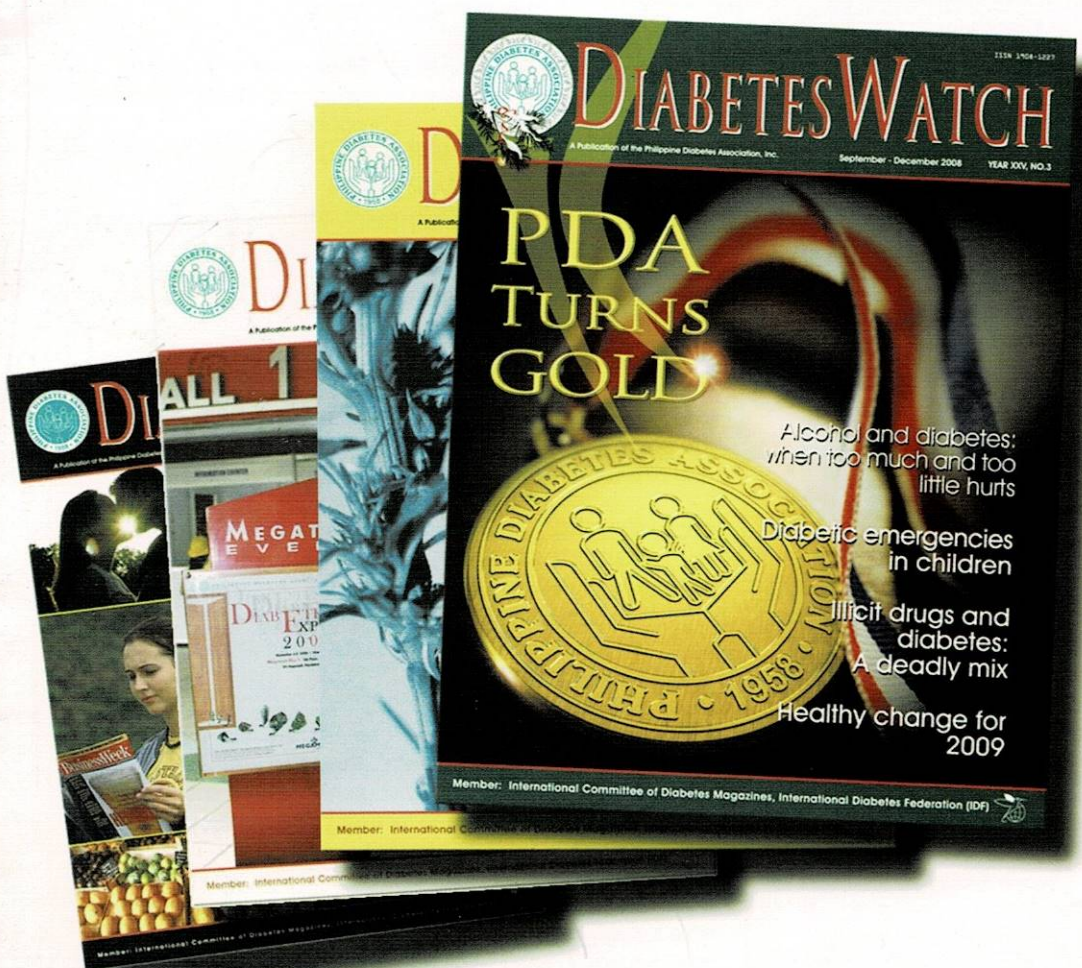
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From the EDITOR'S DESK



Choose Health

*We cannot direct the wind,
But we can adjust the sails.
~Unknown Author*

Life is like a deck of cards.

Some days you're dealt a lousy hand; other days a winning one. You can't do much about what the card dealer hands you, but what you do with the cards is entirely up to you. In a game

of black jack, for instance, do you stand with what you have, or do you ask the dealer to hit you again?

What if diabetes shows up on your deck? Would you ignore it, or strike it head on? Would you choose to sulk, or would you grin and bear it? Better yet, grin and overcome it!

Diabetes is not a death sentence. Yes, it can lead to blindness, kidney failure, leg amputations, heart attacks, stroke and even death. But all these can be avoided if you stop gambling with your health.

Choose to eat right, exercise, keep blood sugars in check and follow the doc's advice to conquer the complications of diabetes. Even if you slack off, just get back on track. Diabetes does not have to hinder you from living a full, happy and healthy life. You can pick up tips on the proper diet, diabetes complication screening, immunizations, prevention of mouth and gum disorders, and more in the pages that follow.

Don't let the winds of diabetes steer your boat aimlessly. Grab hold of the sails and cruise on.

Joy
Joy Arabelle C. Fontanilla, MD
Editor-in-Chief



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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.*

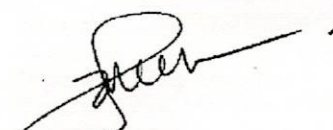
Your PRESIDENT SPEAKS



Reduce Diabetes Risk

In this issue of DiabetesWatch, we focus on the different complications of diabetes. Diabetes is a dreaded disease because of its complications that may involve all organs of the body

from head to foot. Be it microvascular or macrovascular, these complications are debilitating and costly. However, the person with diabetes should not feel as if he or she is doomed because the good news is: these complications can be prevented. So, dear reader, the next few pages hold the secret to a complication-free diabetes!


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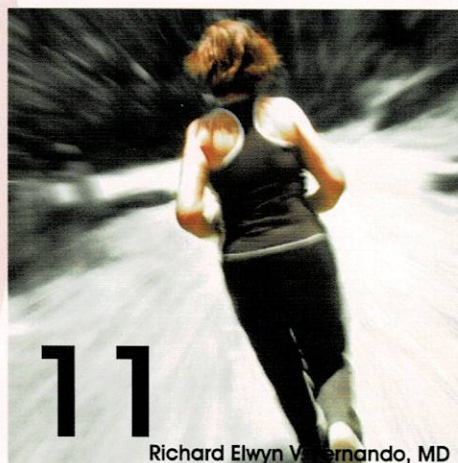
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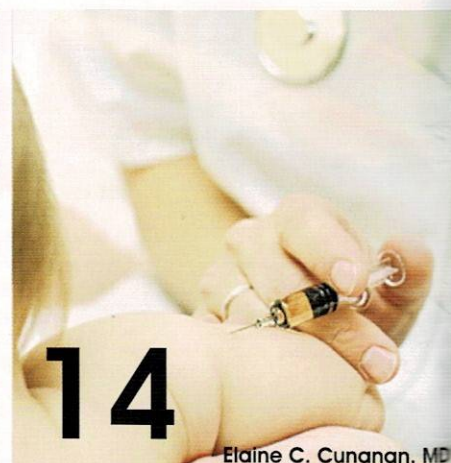
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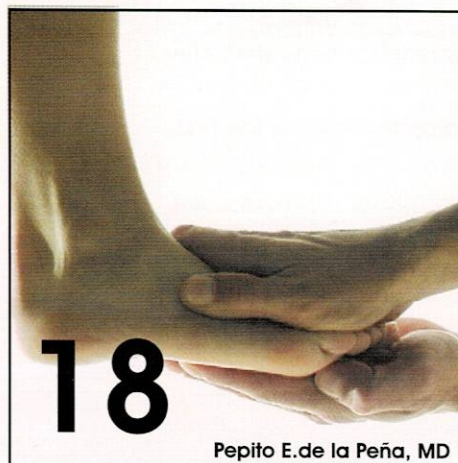
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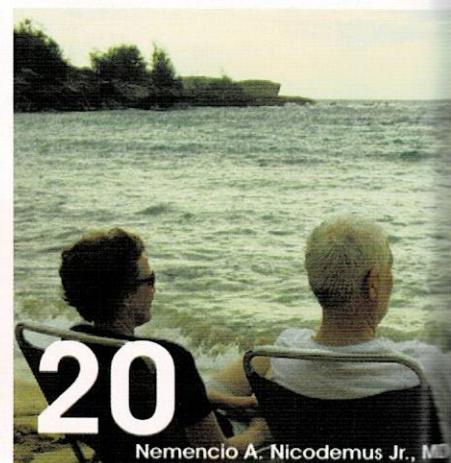
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MEANDERINGS

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Editor Emeritus

Mind your oral hygiene!



It is not routinary ordinarily for physicians treating patients with diabetes to have a regular dental check-up. This is obligatory since hyperglycemia, or high blood sugar, can lead to serious health issues, including oral health.

People with diabetes can have:

- a. gum disease - periodontal disease, or gingivitis. The latter is gum inflammation.
- b. dry mouth
- c. poor healing in the mouth
- d. oral fungal disease (thrush)

Having diabetes decreases our ability to fight infection - this, by almost 50%. Thus, infections are more common and more serious in people with diabetes, especially in long-standing cases who are poorly controlled in their blood sugars.

Periodontal disease is a bacterial infection, and so occurs more

frequently in those who are not well-controlled in so far as their various aspects of diabetes are concerned. When one has an infection, then the blood sugar in turn rises. The gum disease must therefore be treated - this will not only target the gums but also the blood sugar, which will get better when the infection subsides.

The way to prevent periodontal disease in those with diabetes is for them to maintain their oral hygiene. Brushing and flossing regularly will help prevent gum disease.

When one has high blood sugar, the body tends to remove it. Sugars cannot be excreted from the body as solids -





they have to be dissolved as solutions. Thus, all secretions from the body contain sugar and must be removed. The excessive removal of fluids from the body can cause dehydration, which in turn may cause dryness of the mouth and throat (a common symptom of hyperglycemia). Dry mouth is medically termed, 'xerostomia.' Dry mouth increases the risk of tooth decay. Dry mouth is the consequence of lack of saliva which has an antiseptic action in the mouth. If one has dry mouth, it is suggested that patients brush after each meal and floss at least twice a day. Artificial saliva preparations or

other means of moistening the mouth may need the advice of the dentist.

As in other parts of the body, when the blood sugar is high, especially associated with poor circulation, healing becomes a longer process. Thus, before oral surgery or other oral dental procedures, the physician must be consulted to have the blood sugars lowered to reasonable levels before undergoing the dental procedure.

Thrush is a fungal infection in the mouth. Not only is the mouth susceptible to bacterial infections, but

also to fungal causes. Thrush causes a burning sensation and/or a metallic taste in the mouth. Of course, not only thrush can produce these symptoms, thus, a dental check-up if one has these symptoms, is necessary.

It is said that management of diabetes mellitus requires a team of specialists. The dentist should be one of them.

(Excerpted from a plenary lecture of the author at the 33rd Asia Pacific Dental Congress in May, 2011). 

DIABETES QUERIES

Florence Amorado-Santos, MD
Mary Mediatrix Medical Center



Treatment of patients with diabetes does not merely entail lowering blood sugar levels on their monitors. Bringing their glucose levels to target means achieving a greater goal which is to prevent long term complications. To meet this goal requires a concerted effort from the patient, physician and the family whose integral role in terms of moral, emotional, psychological and financial support is very important. Living with diabetes and having a close encounter with its complications will need awareness, knowledge, acceptance and discipline.

I have had diabetes for 8 years and I've actually felt fine until lately I have been experiencing leg pains while walking a certain distance. I usually do field work

and I am disturbed with this pain since it usually interferes with my daily routine. Should I worry about this new symptom?

Longstanding diabetes usually causes circulatory problems due to the narrowing of blood vessels supplying the limbs, this is called peripheral artery disease. The muscles of the legs do not receive enough blood supply to keep up with the increased demand especially during walking. It can also be caused by the clogging of vessels due to blood fats (cholesterol and triglycerides). Ways to prevent this condition is to maintain normal levels of blood sugar and blood fats, proper exercise, maintain a normal weight and to stop smoking if you are a smoker.

Recently, I consulted a gastroenterologist due to my altered bowel habits. I am often constipated and feel bloated. He said I have "diabetes gastroparesis". Most of the time I am afraid to eat because I don't know what type of food can trigger the discomfort.

Gastroparesis is one of the complications of diabetes. Aside from your symptoms right now, there may also be heartburn, weight loss, decreased appetite and vomiting. The muscles of the stomach do not work fully to bring out digested food out of the intestine. This can cause overgrowth of bacteria in the stomach, fluctuation in blood sugar due to erratic absorption or undigested food can harden forming a solid mass. One may consult a dietitian for diet modification such as having small frequent meals, eating well-cooked fruits and vegetables rather than raw ones, choosing low fat foods, drink plenty of water while eating and one may also do walking after eating for better digestion. Consult with a physician is recommended for appropriate medications if dietary measures seem inadequate to relieve symptoms.

I always feel reluctant consulting with my endocrinologist about erectile dysfunction (ED). I have been diabetic for

10 years, my blood pressure also started soaring lately together with my not-so-good-blood sugar levels. I have noticed that I am having difficulty maintaining erection.

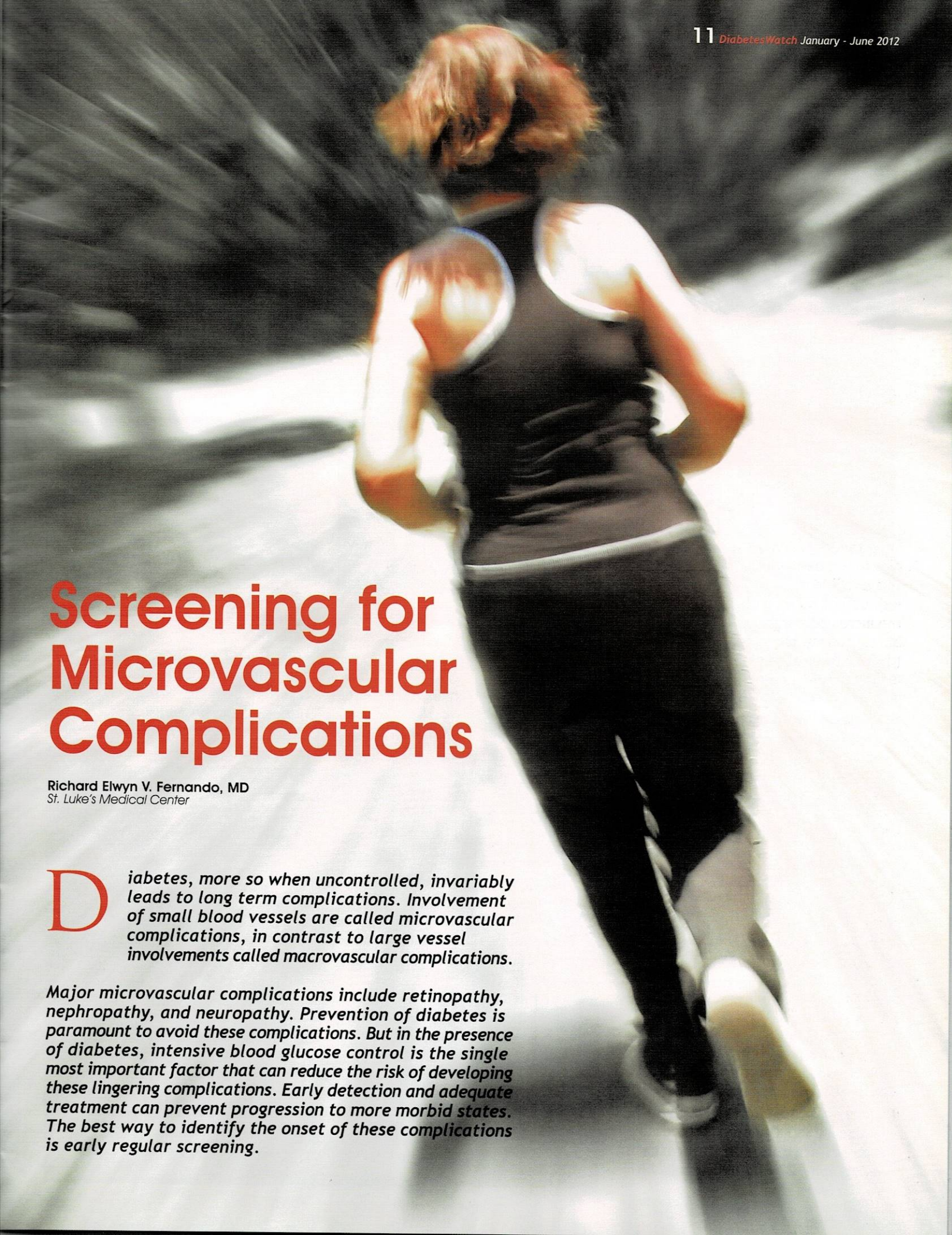
Don't feel embarrassed. It's one of the complications of diabetes in men especially if you have poor blood glucose control and with concomitant hypertension. Both of these conditions damage nerves and blood vessels.

Talk it out with your doctor so other possible causes can be determined such as chronic diseases that can worsen erectile dysfunction. Certain drugs can also cause ED and might be necessary to switch to another medication. Stress and anxiety can also aggravate this condition. There are treatment options for ED and your doctor will be more than willing to discuss these with you. Of course, it will matter a lot if you adapt a healthy lifestyle such as putting a stop to smoking, moderate alcohol drinking, lower your stress level, get regular exercise and don't forget, bring that blood sugar and blood pressure down to get your sex life back!

My 60-year-old diabetic dad was diagnosed to have "diabetic heart disease" and he has been in and out of the hospital. He takes a handful of medications everyday and sometimes I can sense his desperation just looking at his tablets. What can be done to help improve his quality of life?

"Diabetic heart disease" (DHD) develops in people who have diabetes. Compared with people who don't have diabetes, people with diabetes are at higher risk for heart disease, have additional causes of heart disease, may develop heart disease at a younger age and may have more severe heart disease. Seek the expert opinion of a cardiologist if a patient will benefit from coronary artery bypass grafting or with angioplasty. Follow strictly the diabetes and antidyslipidemia regimen which can both prevent buildup of plaques in the arteries (called atherosclerosis) which is the harbinger of severe heart problems such as heart attack. Blood pressure control is also very important. Support from family and friends can help relieve stress, fear, stress, anxiety and even depression. ○

For more queries and suggestions, feel free to email the writer at xygrenc@yahoo.com



Screening for Microvascular Complications

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

Diabetes, more so when uncontrolled, invariably leads to long term complications. Involvement of small blood vessels are called microvascular complications, in contrast to large vessel involvements called macrovascular complications.

Major microvascular complications include retinopathy, nephropathy, and neuropathy. Prevention of diabetes is paramount to avoid these complications. But in the presence of diabetes, intensive blood glucose control is the single most important factor that can reduce the risk of developing these lingering complications. Early detection and adequate treatment can prevent progression to more morbid states. The best way to identify the onset of these complications is early regular screening.

Retinopathy

Destruction of the small vessels supplying the light-sensitive portion of

type 1 diabetes, a yearly eye examination should start five years after diagnosis. Among individuals with

accompanied by cardiovascular disease, nephropathy is a major determinant of mortality in diabetic individuals.



The early stages of nephropathy are asymptomatic and the only identifiable abnormality may be the presence of minute amounts of protein in the urine called microproteinuria. Its persistence for three to six months and in the absence of any other cause like infection, calculi, or tumor, indicates very early kidney involvement. If not properly addressed, the condition slowly progresses to long standing kidney disease called chronic renal failure and later on to end stage renal disease. This terminal conditions leaves the patient with few survival options like intermittent renal dialysis or kidney transplantation.

Although a very morbid complication, diabetic nephropathy has been shown to be very preventable. And if identified early on, its progression can be significantly contained.

the eyes commences with intermittent or prolonged blood sugar elevations. Called diabetic retinopathy, it is the most common cause of blindness in adults. The early stage called background diabetes retinopathy may include leaking blood vessels near and around the retina. In the later stage called proliferative diabetic retinopathy, friable new blood vessels grow within and above the retina drastically affecting vision. Treatment is to prevent further visual loss through intensive diabetes control, laser treatment or photocoagulation, and surgery is appropriate. Recognized early on, its progression can be prevented by intensive glucose control.

All physicians caring for patients with diabetes should screen for diabetes retinopathy, although it is best done by an experienced ophthalmologist. Looking into the patients' eyes using an ophthalmoscope may be adequate in many patients. However, others may need more sophisticated methods like pupil dilatation and fluorescein angiography. Among individuals with

type 2 diabetes, annual eye screening starts upon diagnosis.

Nephropathy

Kidney involvement in diabetes causes inconveniences that may be mild or so severe as to impede normal social and physical functions. Because it is largely

Baseline screening for nephropathy in both type 1 and type 2 diabetes is recommended upon diagnosis and repeated on a yearly basis. Protein in the urine can be measured using the dipstick method done in all reputable medical laboratories. A negative result





warrants a test for minute amounts of protein in the urine or microalbuminuria. Presence of microalbuminuria means a result of 30-300 ug/mg creatinine in a random spot urine microalbumin to creatinine ratio (the preferred method) or a 24-hour urine collection. If persistent within three to six months (without any other cause), it is the earliest sign of nephropathy.

Treatment must be initiated to prevent progression. More than 300mg/24hrs indicates clinical albuminuria and is a more advanced stage of nephropathy. Therapy must address all factors that will increase the risk of progression. Healthy lifestyle change, weight management, smoking cessation if appropriate, low protein diet, regular exercise - all constitute non-pharmacologic maneuvers. Additional medications may be necessary to control high blood pressure, abnormal lipids and low hemoglobin, all on top

of the diabetes maintenance drugs.

Neuropathy

About half of patients with diabetes will develop nerve involvement making diabetes the most common cause of neuropathy. The extent of nerve damage depends on the duration of diabetes, the level of hyperglycemia, and also the levels of dyslipidemia, obesity, hypertension, albuminuria, and smoking.

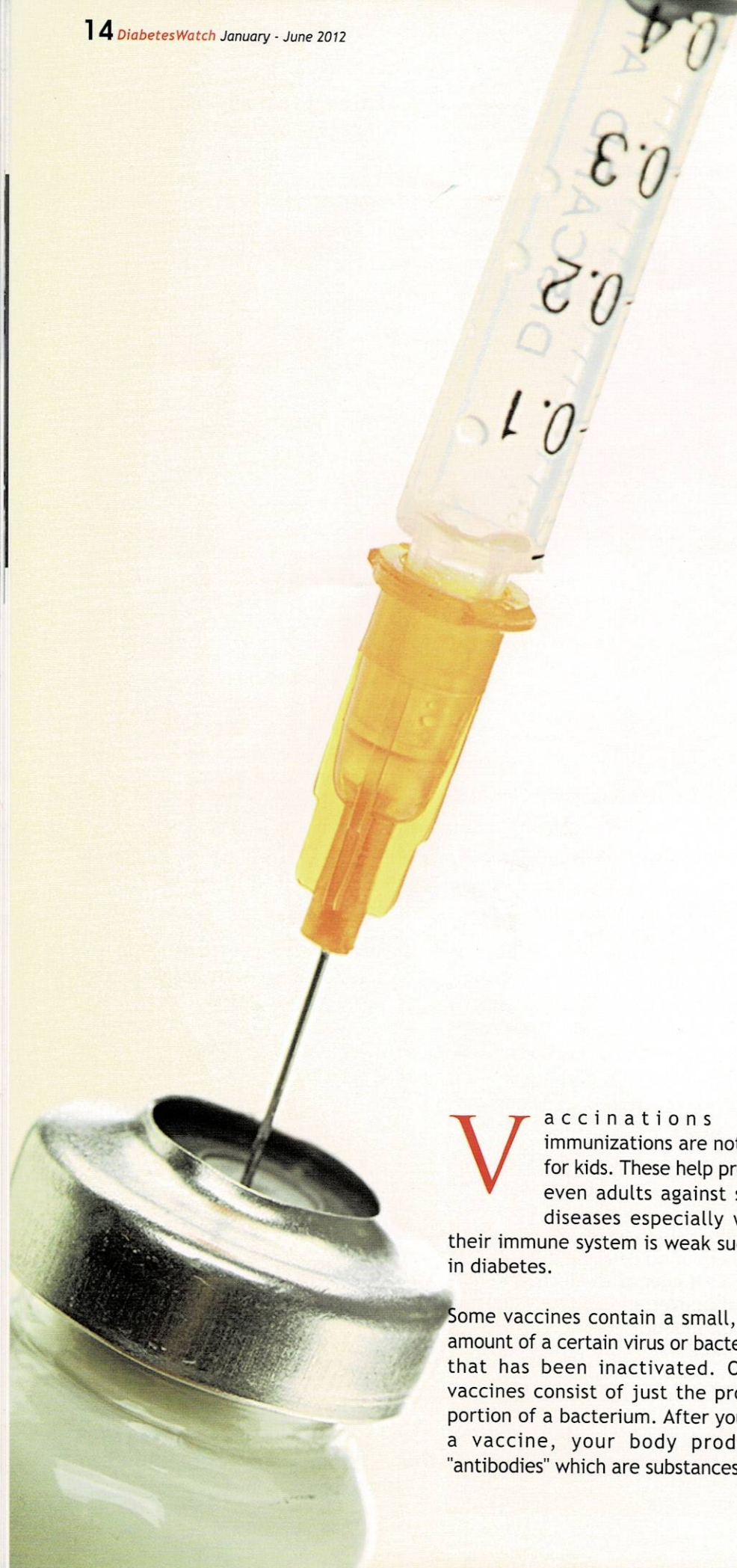
While any nerve can be affected by uncontrolled diabetes, most commonly affected are sensory nerves to the extremities, an affectionation called distal symmetrical polyneuropathy. Pain, numbness, and/or tingling sensation are usual early symptoms but may be any sensory abnormality. These predispose patients to foot ulcers, infections and amputations - again very preventable.

Diabetic neuropathy per se may not

lead to early mortality and morbidity. It is, however, a major concern leading to depression as treatment is very difficult. Symptoms are disturbing and annoying. There is no specific treatment with an efficacy anyone can guarantee. They may even get worse before getting better while hyperglycemia is being addressed. The onset, severity and course is highly variable. Remission and exacerbation are unpredictable.

The other forms of nerve affectionation in diabetes may be just as mild to disabling but are less common. Diabetic ophthalmoplegia is an affectionation of nerves supplying muscles for eye movements leading to double vision. Gastroenteropathy is an affectionation of nerves controlling the rhythmic forward contraction of intestinal muscles leading to severe abdominal pain, vomiting, and abdominal obstruction. Erectile dysfunction among male diabetics is also a form of diabetic neuropathy. Perhaps a severe form is affectionation of the autonomic nervous system leading to orthostatic hypotension (inability to increase blood supply to the brain when changing positions) and even painless heart attacks.

An annual neurologic examination will be able to detect early abnormalities in large nerve fibers - decreased vibratory sensation and proprioception. Involvement of small nerve fibers is reflected by impaired sensation to pain, light touch and temperature. Ankle reflexes are usually diminished or absent in the presence of diabetic polyneuropathy. Physicians may prescribe medications designed to help minimize the symptoms. Patient education is the best intervention to prevent the consequences of diabetic neuropathy. ○



Elaine C. Cunanan, MD
UST Hospital

Vaccinations or immunizations are not just for kids. These help protect even adults against some diseases especially when their immune system is weak such as in diabetes.

Some vaccines contain a small, safe amount of a certain virus or bacterium that has been inactivated. Other vaccines consist of just the protein portion of a bacterium. After you get a vaccine, your body produces "antibodies" which are substances that

can eventually attack the actual virus or bacteria if you get infected in the future, so you will not get sick or you may just have a milder illness. Below are some of these available vaccines.

Influenza Vaccine

Influenza (often called the flu) is a disease characterized by high fever, chills, body aches, sore throat, runny nose, dry cough, and headache. It can lead to a serious lung infection called pneumonia and even death. It is caused by a constantly mutating virus, resulting

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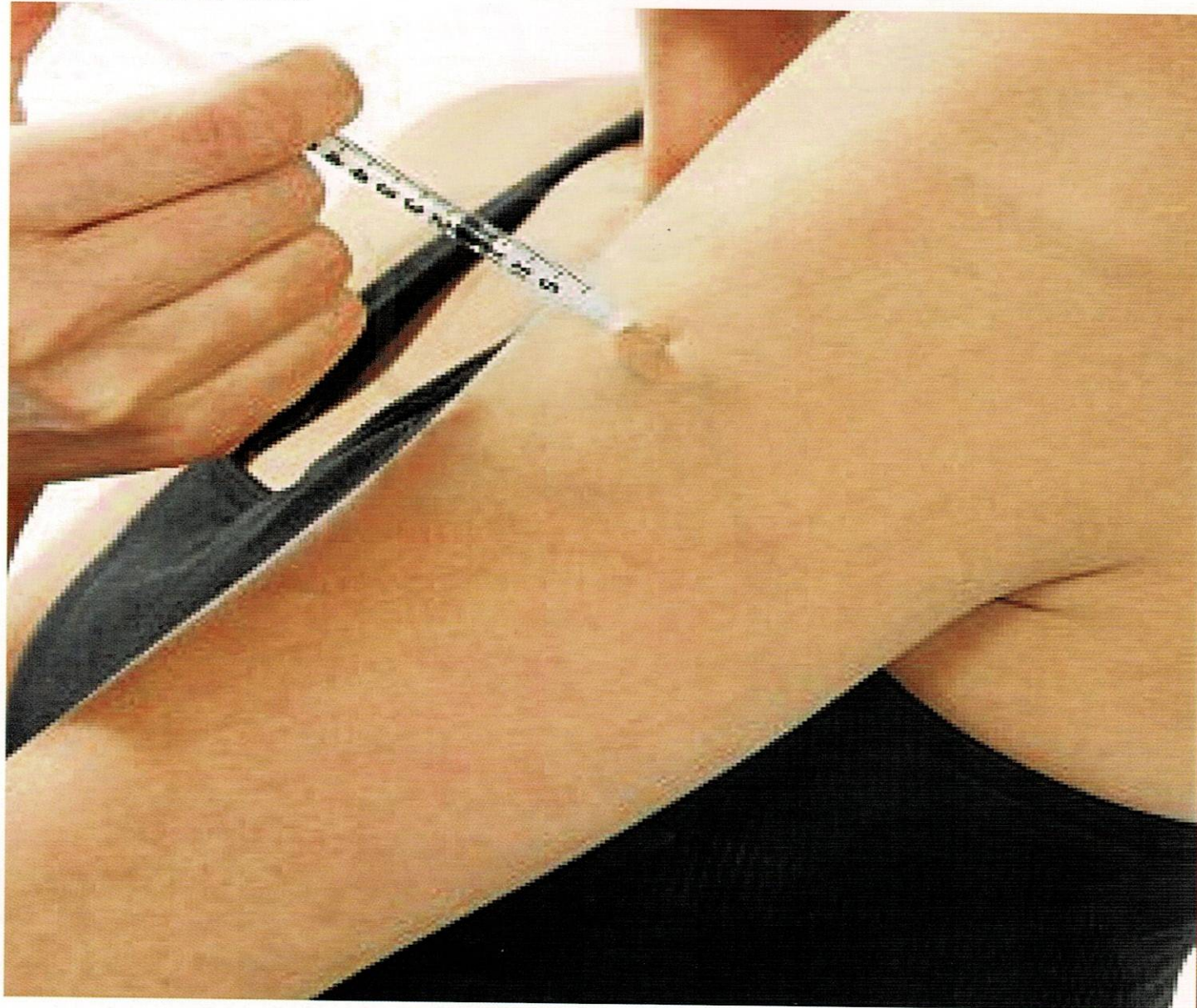
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in repeated episodes of the illness. There are 3 influenza virus strains: Type A - moderate to severe illness; Type B - milder illness; Type C - rare. It is spread via airborne droplets from a sick person to the nose or mouth of another.

Influenza occurs worldwide. In the Philippines, it occurs year-round, with peaks in July to October. Serious illness and death rates are highest among persons ≥65 years old, children aged <2 years, and persons of any age who have medical conditions that weaken the immune system such as those with diabetes, chronic heart, lung or kidney disease.

Each year, a vaccine is made with

inactivated strains of influenza A and B. In many intervention studies, it has been demonstrated that vaccination against influenza is associated with less frequent hospitalizations, fewer deaths, and savings in health care costs.

Because the vaccine consists of egg-grown viruses, it should not be administered to individuals who have allergy to chicken eggs. History of neurologic disorder such as Guillain-Barré Syndrome is also a contraindication.

The Centers for Disease Control (CDC) recommend influenza vaccination for all diabetics >6 months of age, especially those who are >65 years old,

those who require regular medical follow-up or hospitalization, or have chronic disorders of the heart, lungs and kidneys.

Vaccinating individuals at high risk before influenza season each year is the most effective measure for reducing the impact of influenza.

Because infection with influenza virus can be transmitted from person to person, vaccination of health care workers and family of patients with diabetes may be warranted.

Because immunity from influenza vaccination declines in the year after vaccination, yearly vaccination is recommended.



Side effects are minimal. You may feel temporary soreness at the injection site. Mild fever and muscle pain may occur in some.

Pneumococcal Vaccine

Pneumococcal pneumonia is the most common form of bacterial community-acquired pneumonia. 15-20% are fatal despite antibiotics. It can cause serious infections of the lungs (pneumonia), the blood (bacteremia), and the covering of the brain (meningitis). People with diabetes are prone to pneumococcal infection and are at increased risk for serious illness or death from this organism. Those persons who are > 65 years old and have chronic cardiovascular, pulmonary,

and renal disease are also at higher risk.

The currently available pneumococcal vaccine contains polysaccharide proteins from the bacteria's capsules. The Centers for Disease Control recommends pneumococcal vaccination for all diabetics > 2 years of age, especially those who are > 65 years old, residents of chronic care facilities, require regular medical follow-up or hospitalization, or have chronic disorders of the heart, lungs and kidneys. Only one shot is usually needed.

A second shot is recommended for individuals >65 years of age if the

original vaccine was administered when they were <65 years of age and >5 years earlier.

It can be given at the same time as the flu vaccine-or at any time of the year. Most people have no or only minor side effects from the vaccine. You may have some pain and redness at the site where you get the shot.

Tetanus/Diphtheria (Td) Toxoid
Tetanus is caused by a bacterium that enters the body through a cut or wound. Diphtheria germs, on the other hand, spread via airborne droplets from one person to the nose or throat of another.

A combined vaccine shot called Td toxoid is available for adults. Most people get Td toxoid as part of their routine childhood vaccinations, but all adults need a Td booster shot every 10 years.

Other Vaccines

You may need vaccines to protect you against other illnesses as well. Ask your doctor if you need any of these:

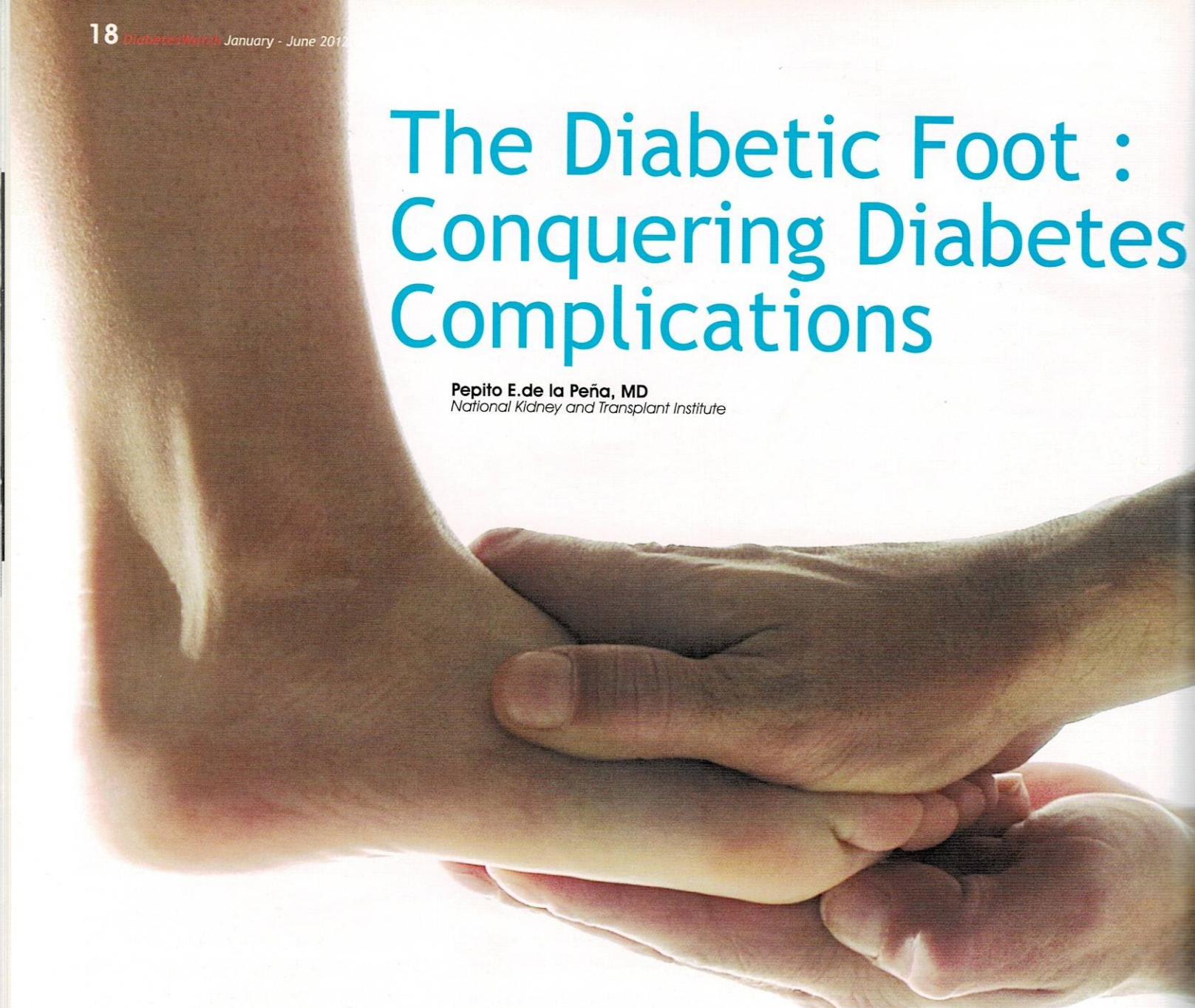
- o Measles/Mumps/Rubella vaccine
- o Hepatitis A and B vaccines
- o Varicella (chicken pox) vaccine
- o Human Papilloma virus vaccine
- o Vaccines for travel to other countries

References

1. Handbook on Adult Immunization for Filipinos 2009. <http://www.psmid.org.ph/> accessed Jun 10, 2011.
2. Centers for Disease Control and Prevention. Advisory Committee on Immunization Practices (ACIP): Prevention and control of influenza: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 46 (No. RR-9): 1-25, 1997
3. Smith SA, Poland GA. Use of influenza and pneumococcal vaccines in people with diabetes. *Diabetes Care*. 2000;23:95-108.
4. Influenza and Pneumococcal Immunization in Diabetes. American Diabetes Association Position Statement. *Diabetes Care*. 2004;27: Supplement 1. S111-113. 

The Diabetic Foot : Conquering Diabetes Complications

Pepito E.de la Peña, MD
National Kidney and Transplant Institute



More than 120 million people in the world have Diabetes Mellitus and one of the major complications of this disease is diabetic foot, affecting an estimated 15% of this population. To further illustrate the gravity of this problem, let's look at the numbers: 40 - 70% of all extremity amputations are related to diabetes, 85% of diabetes-related amputations are preceded by foot ulcers and every 30 seconds a lower limb is lost to diabetes. It is evident that the diabetic foot is a big problem in our current health setting.

The general physician, as a primary

care provider sees a wide variety of cases of diabetic foot, either acute or chronic and it is of utmost importance that the general physician assesses the patient as a whole to formulate a wound management strategy. Diabetic foot describes the foot of a diabetic patient that has risk for ulceration, infection and/or destruction of deep tissues associated with neurologic abnormalities, peripheral vascular disease and/or metabolic complications of diabetes in the lower limb.

There are 3 main causes for diabetic foot disease: pressure, infection and circulation (PIC):

Diabetes patients are usually "numb" in their feet. They may not feel anything and sometimes the wound has already been there for a long period of time. People with diabetes are particularly susceptible to infection especially those with poor sugar control. Poor sugar control also makes their blood cells unable to combat infection. Diabetes also causes problems with circulation resulting in poor wound healing.

Over the last 40 years, there have been significant advances in the understanding of wounds and wound management. The most significant is the concept of "moist wound healing".

There are certain "tissue factors" that help wound to heal in a moist environment. With a moist wound environment, epithelialization (skin growth) occurs on the surface at a more rapid rate. A dry wound environment tends to deplete the tissue factors. This also encourages dehydration of the wound and this promotes dead tissue formation.

Since we are advocates of moist wound healing, the wound should be cleaned by a simple natural saline solution. Saline is the solution of choice. Wound cleansing and irrigation are used to remove surface debris and exudate, allowing for proper assessment of the wound and facilitating wound healing. The use of tap water is controversial especially if you are not sure that it is "clean". In immunocompromised patients (as in those with poor sugar control), it is contraindicated because of the possibility of introduction of unwanted pathogens (bacteria).

We do not advocate the use of alcohol and any other solutions that tend to dry the wound. Agents that dry the

wound are topical steroids, liquid detergent, cetrimide, chlorhexidine, povidone-iodine solution, hydrogen peroxide, hypochlorite solutions, and mercurochrome. Do not overdo the cleaning because too much irrigation with water or NSS will also "macerate" the surrounding tissue. Do not self-medicate with antibiotics. Self-medication with antibiotics promotes bacterial resistance and you might not be hitting the real cause of your wound and worse is you might get the side effects of the antibiotics.

In the art of wound care, there are lots of questions rather than answers. The best way to treat diabetic foot disease is to prevent its development. Educating the patient is one of the keys to prevention. People with diabetes should learn to examine their own feet. They should recognize the early signs and symptoms of diabetic foot problems. They should know when to seek medical care. Diabetic patients should seek medical care for the following reasons:

A. There is a break in the skin

(significant trauma) of the feet or legs. No matter how minor, it still needs medical attention. Even minor injuries can result in serious infections. B. Constant pain in the feet or legs is never normal.

C. There are new areas of redness, warmth or swelling on the feet. These are early signs of infection or inflammation.

D. A simple ingrown toe nail with signs of infection.

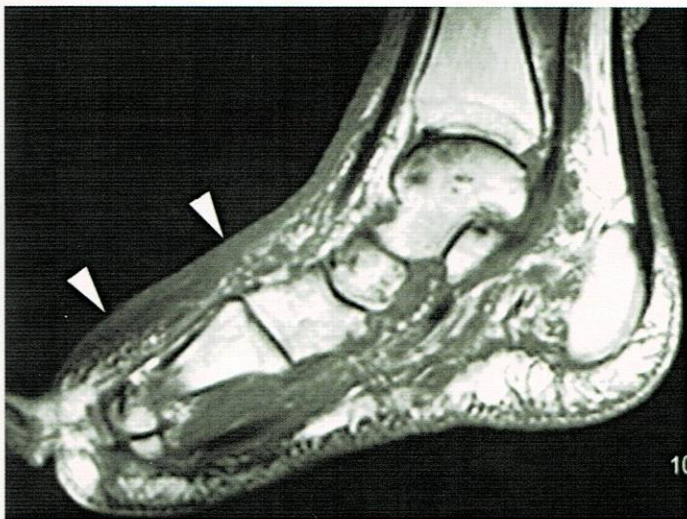
E. There is constant itching (sign of dryness or a sign of fungal infection).

F. There is a new or constant numbness.

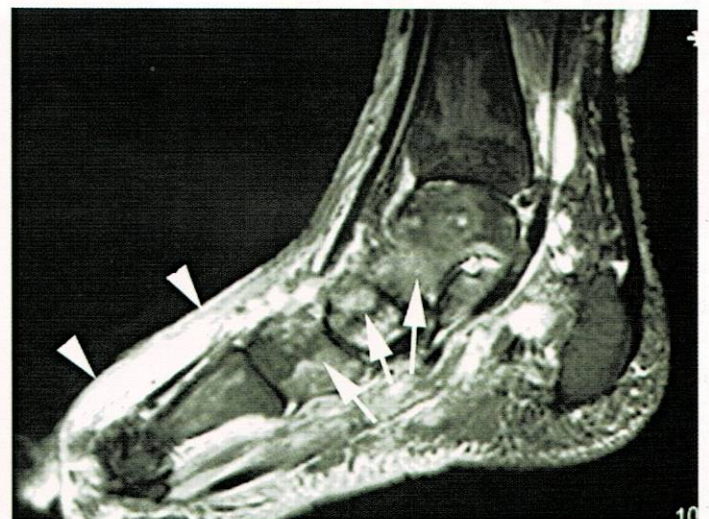
G. All calluses or corns should be professionally removed.

As the saying goes, for Ferdinand Foch - "The will to conquer is the first condition of victory".

Through holistic care of the diabetic foot, we can conquer this complication! 



(a)



(b)

MRI of the diabetic foot: differentiation of infection from neuropathic change

(a) Cellulitis and midfoot haematogenous osteomyelitis. Sagittal T1 weighted image demonstrating extensive cellulitis of the mid and forefoot with loss of the normal subcutaneous fat signal (arrowheads). (b) Sagittal short tau inversion recovery (STIR) image demonstrating extensive cellulitis (arrowheads) in a patient with osteomyelitis affecting the mid and hindfoot (arrows).

photo taken from <http://bjr.birjournals.org>



Diabetes Complications: Simple Checks to Live Longer

Nemencio A. Nicodemus Jr., MD
Manila Doctors Hospital

Diabetes mellitus is a condition that is characterized by a reduction in the life span of an affected individual by a mean of 5 to 10 years. This reduction is largely the result of complications of diabetes related to diseases of the heart and blood vessels. Epidemiologic studies have shown that as much as 75% of deaths from diabetes is caused by heart attack and stroke.

However, there are complications which may not directly cause death but contribute to the development of heart attack and stroke among people with diabetes, like elevated cholesterol levels (dyslipidemia) and presence of protein in the urine (albuminuria). Those patients with blurring of vision may already have retinopathy, a complication where the blood vessels in the retina of the eye are thickened and also signals the involvement of

atherosclerosis in other blood vessels in the body, including the heart and the brain.

Thus, it is important to know how to detect if a patient with diabetes already has any of these complications because early detection and treatment has been shown to delay the progression and deterioration of these conditions.

Routine Clinic Visit Exams

Screening for diabetes complications involve some routine examinations done during the usual clinic visit, such as blood pressure determination and deep tendon reflexes, while others require more sophisticated maneuvers like eye examination using a funduscope (funduscopy) and pinprick sensation test to check for nerve damage which leads to reduction in the sensation or heightened sensitivity to pain (neuropathy). Some laboratory tests are also required to check for complications, like urinalysis for kidney complications (nephropathy) and fasting lipid profile to check for abnormal cholesterol patterns (dyslipidemia).

Blood pressure should be measured at

every routine clinic visit. Patients found to have systolic blood pressure (SBP) greater than 130 mmHg or diastolic blood pressure (DBP) greater than 80 mmHg should have blood pressure confirmed on a separate day. If the repeat SBP is still above 130 mmHg or DBP above 80 mmHg, it confirms a diagnosis of hypertension in the patient, which should be treated with appropriate lifestyle and dietary changes and medications, in most cases.

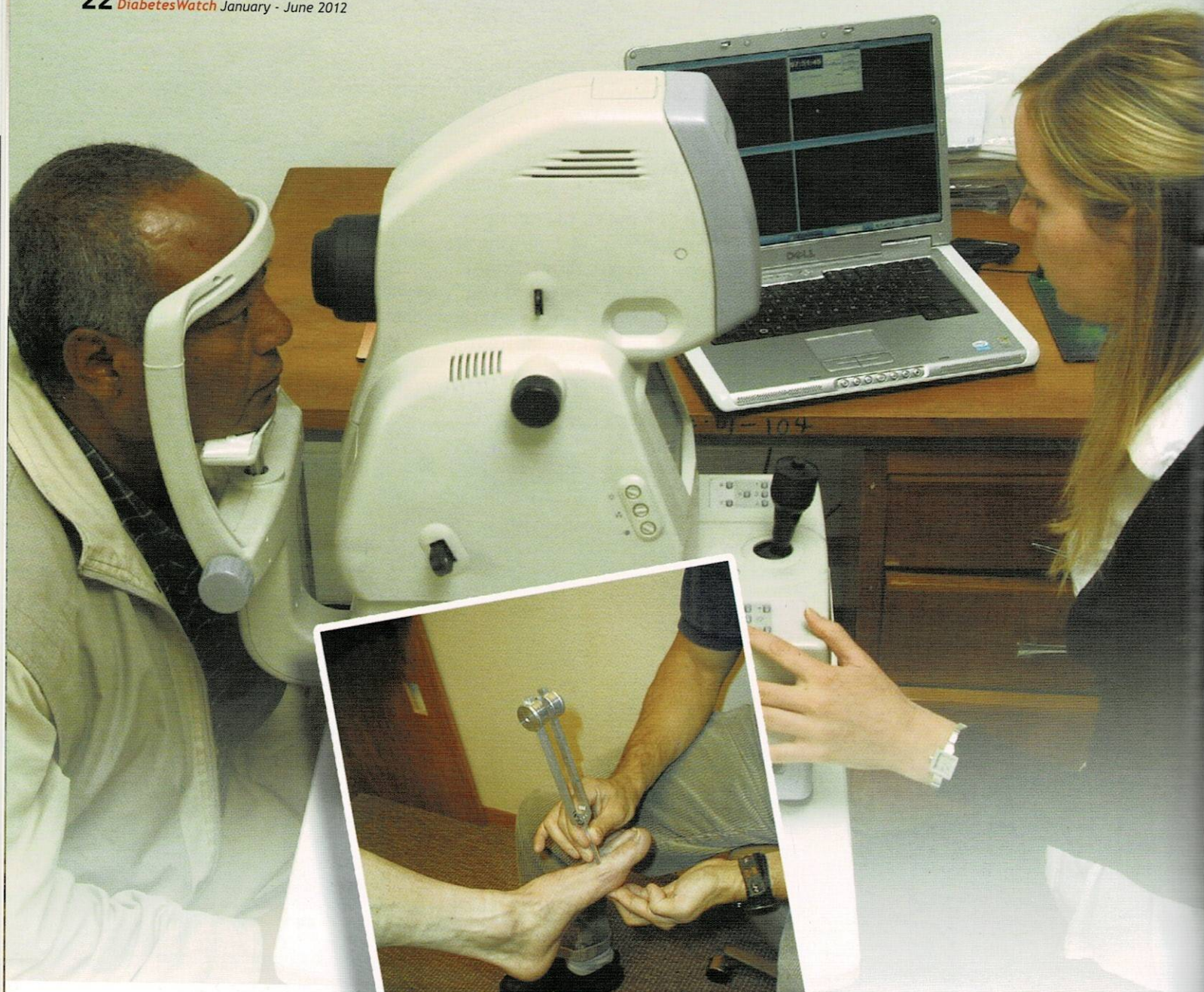
The goal is a SBP less than 130 mmHg or a DBP less than 80 mm Hg for most patients with diabetes. However, the doctor may target a higher or lower SBP depending on the characteristics of the patient.

Eye Checks

Adults and children aged 10 years or older with type 1 diabetes should have an initial dilated and comprehensive eye examination by an ophthalmologist or optometrist within 5 years after the onset of diabetes. However, patients with type 2 diabetes should have an initial dilated and comprehensive eye examination by an ophthalmologist or optometrist shortly after the diagnosis of diabetes.

Subsequently, the recommendation is for the examination to be repeated yearly by an ophthalmologist or optometrist. If more than one examination reveals consistently normal findings in both eyes, less-frequent exams every 2-3 years may be considered. However, if retinopathy





progresses with each examination, more frequent examinations are required.

Women with preexisting diabetes who are planning pregnancy or who have become pregnant are advised to have a comprehensive eye examination and be counseled on the risk of development and/or progression of diabetic retinopathy. Eye examination should be done in the first trimester of pregnancy with close follow-up throughout pregnancy and for 1 year after delivery.

Nerve Damage Screening

Patients with diabetes should be screened every year for diabetic neuropathy using tests such as pinprick sensation, vibration perception using a tuning fork or 10-g monofilament pressure sensation at the underside of both great toes and digits of the foot, and assessment of ankle reflexes. Loss of 10-g monofilament perception and reduced vibration perception predict

the development of insensitive foot ulcers.

All patients should be screened for neuropathy starting at diagnosis of type 2 diabetes and 5 years after the diagnosis of type 1 diabetes and at least yearly thereafter, using the simple clinical tests mentioned above.

However, even without doing any test, the presence of diabetic neuropathy can be checked by the presence of some symptoms and signs. Major clinical manifestations may include fast heart rate even at rest (resting

tachycardia), easy fatigue in doing exercise (exercise intolerance), dizziness or drop in blood pressure on assuming an upright position from lying down (orthostatic hypotension), constipation, bloatedness (gastroparesis) and even erection problems in men (erectile dysfunction).

Kidney Evaluation

To check for kidney complication, a yearly urine test should be performed to assess urine protein spillage in type 1 diabetic patients with diabetes duration of more than 5 years and in all type 2 diabetic patients starting at diagnosis. Another blood test called creatinine should be checked at least yearly in all adults with diabetes regardless of the presence of urine protein spillage. The serum creatinine can then be used to estimate kidney function and stage the level of chronic kidney disease (CKD), if present.

Cholesterol Checkup

Another laboratory test that is used to check for complications is the fasting lipid profile, which measures the levels of bad cholesterol (LDL), good cholesterol (HDL) and triglycerides in the blood. In most adult patients with diabetes, the fasting lipid profile should

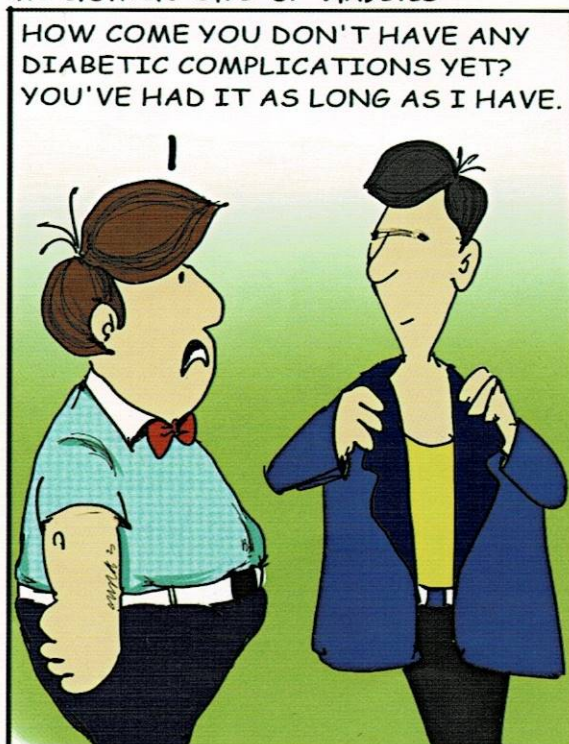


be measured at least annually. In adults with acceptable lipid values (LDL cholesterol less than 100 mg/dL, HDL cholesterol greater than 50 mg/dL, and triglycerides less than 150 mg/dL), lipid check may be repeated every 2 years.

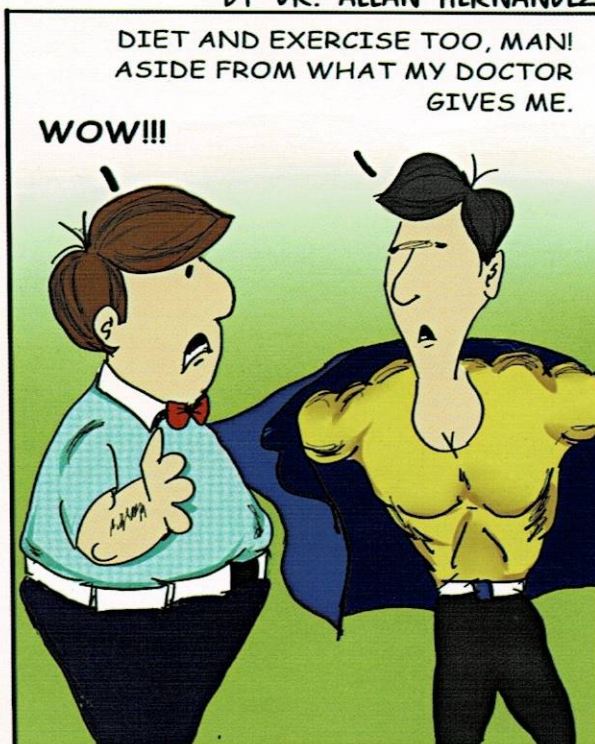
All of these tests and examinations are performed as recommended above to

detect complications of diabetes early enough to institute the proper lifestyle change and drug therapy. In doing so, the overall goal is not just to prevent the complications from progressing and deteriorating. But more importantly, controlling these complications can prolong the lives of patients with diabetes. ○

THE LIGHTER SIDE OF DIABETES



BY DR. ALLAN HERNANDEZ



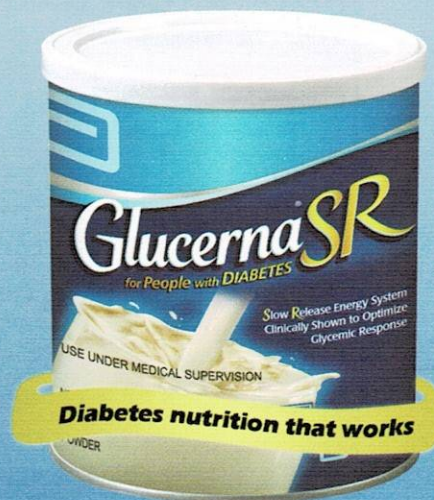


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¹ (vs. control group) used over a period of 1 year in a calorie-controlled meal plan. Look AHEAD Research Group 2010;170(17):3

² (Adjusted peak glucose 66% lower for Glucerna SR compared with commercial Ensure) J.A. Williams, J. Garcia Almeida, M. Matia Martin et al. (Abstract).

³ 6.3% is within the recommended range of what is considered manageable by association - Data on file. Study BK20, Abbott Nutrition, Columbus, Ohio

⁴ IMS-PMDI MAT DEC 2011 (Prescription Data)

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invite you to attend the

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Hotel PonteFino, Batangas City
October 19, 2012 (Friday) 1:00 pm to 5:00 pm

For inquiries, please contact:

DIABETES PHILIPPINES SECRETARIAT
Unit 25 Facilities Centre, #548 Shaw Blvd,
Mandaluyong City
Tel/Fax: (632) 531-1278
Tel. Nos: (632) 534-9559
Email: diabetesphilippines@pidsdhl.net
Mr. Rex de Castro
Mobile No.: 0905-3106796

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Diabetes

KILLS

1 person every 8 seconds

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The right environment
for all



Diabetes:

protect our future



Rice, RICE, Baby..... BROWN vs WHITE



Ma. Imelda Q. Cardino, MSFN
Diabetes Philippines

Despite the numerous articles "defending" rice, still so many dieters believe the "sure way" to lose weight is to skip rice. Sure, plain steamed rice gives you 100 calories for every ½ cup packed level but so does one slice of the Pullman loaf or a piece of dinner bun. However, the steamed rice gives a better feeling of fullness than white bread.

Of course rice varieties are not created equal. That brown rice is more nutritious than white is not debatable. But what if I love to eat white rice and cannot tolerate adding fiber sources to my rice? The GI or glycemic index (classification of carbohydrate-containing foods according to their blood-glucose-raising potential) of white rice is 87 whereas that of brown rice is only 50. Therefore my glucose rise is definitely higher if I eat white rice and not brown rice.

Brown rice is packed with nutrients: vitamin B complex, vitamin E, calcium, manganese, selenium, magnesium, iron, and potassium. Brown rice is also a good fiber source, hence the suggestion to eat brown rice and not white. So in TLC (therapeutic lifestyle change) the recommendation is 10-15

grams of fiber daily.

The Harvard School of Public Health recommends that 2 or more servings of brown rice be eaten in order to lower the risk of developing Type 2 Diabetes. The school also stated that 5 or more servings of white rice weekly is associated with an increased risk. However, daily replacing 50 grams of the uncooked white rice with brown rice reduces the risk by as much as 16%. By replacing the same amount of white rice with whole grains such as barley and wheat is associated with as much as 36% reduced risk.

What if despite all these information you prefer white rice over brown? Note that white rice has higher GI (85) than brown rice (55). The vitamin and mineral contents of white are less and the satiety value is lower than brown rice. But you still prefer white rice. Then develop more RESISTANT STARCH.

The presence of resistant starch (RS) in the carbohydrate source is important because RS is not readily digested and surpasses the small intestine. There are a number of RS categories and sub-categories and it is not necessary to discuss these in detail. What is noteworthy is the fact that generally

RS yields only half the calorie of completely digestible starch (4 calories/gram). RS increases the satiety of the food so therefore the intake is less.

Chewing increases the glycemic index (GI) of foods because the physical breakdown enables digestive enzymes to access the starch. However, temperature is a key factor. RS is increased by repeated cycles of heating then cooling and storage. This means that if you eat newly cooked, steaming hot rice (around 83.6°C), you digest more starch yielding more calories and a higher GI. When you cool the rice (26°C) the GI is less. Cooling it increases your RS and hence less calorie, lower GI, and more satiety. Simply put, cool your white rice... then heat..... and eat... or lower further by cooling a second time with reheating optional. If you want to decrease the GI some more combine your starch with a protein or fat and some fiber.

The method of cooking also influences the GI. GI is high when starch is cooked by boiling (wet) than by baking or roasting (dry). Have you ever imagined what it would be like to eat DRY roasted grains of white rice?

With all these cooking, cooling, storing, heating, and cooling a second time with heating optional, wouldn't you agree it is less complicated to just go and eat brown rice? Or add some fiber to white rice like flaxseed, cinnamon, psyllium and others. Gosh, just go back to brown rice again. 

Oh well, might as well try this rice recipe.



Brown Rice Meatloaf

Recipe from The Eat Clean Diet Cookbook. This is a large serving, and is super filling because of the rice. Makes a great sandwich the next day.

75 Minutes to Prepare and Cook

Ingredients:

- 1 lb lean ground beef or turkey
- 1 c. brown rice, cooked
- 1 egg
- 3/4 c. greek yogurt
- 1/2 c. chopped onion
- 1/2 c. chopped celery
- 1/2 c. chopped bell pepper, any color
- 1 tsp salt
- 1/4 tsp pepper
- 1 tsp basil
- 1 tsp oregano

Directions:

1. Preheat oven to 350 °F. Spray a loaf pan with cooking spray and set aside.

2. Combine all ingredients by hand in a large bowl. Place in loaf pan and bake for 1 hour. Let sit 10 min. before cutting.

Nutritional Info

- Servings Per Recipe: 6
- Amount Per Serving
- Calories: 161.7
- Total Fat: 4.2 g
- Cholesterol: 75.4 mg
- Sodium: 83.1 mg
- Total Carbs: 11.0 g
- Dietary Fiber: 1.1 g
- Protein: 19.5 g

KITCHEN CORNER



PUT TO HEART THE BESTAND MORE

Ma. Imelda Q. Cardino, MSFN
Diabetes Philippines

The best time to take care of our one and only heart is when it is in tip-top shape... before hypertension, before elevated cholesterol and blood sugar... just before anything and everything goes haywire! Well, what if the "before" is now a thing of the past? So? Then simply take good care of our one and only heart!

Tips are quite simple and very doable...if you put your heart to it.

♥ Start your day with a nice, hot bowl of oatmeal with some low fat milk and topped with your favorite fresh fruit.

Whole grain cereals, whole wheat bread, brown rice, and other variety whole grains may be eaten as main source of carbohydrates. It is recommended that about 50 - 60 % of total energy intake be provided by whole grain cereals. They are packed with vitamins, minerals and fiber. Go for fiber!

♥ A variety of fruits and vegetables, specially the high fiber types may be served daily. A serving of fresh fruit may be taken with each major meal. Go for orange, ripe mango and papaya,

banana and others. Generously serve vegetables with meals and even snacks: carrots, squash, tomatoes, spinach, broccoli, "kangkong", camote tops, and more. Serve them as salads, stir-fry, add them to soup, include them in your sandwich... or simply nibble on them.

♥ Serve fish a minimum of two times a week: salmon, tuna, mackerel, etc. They provide you with high quality protein as well as omega-3 which protects your heart.

♥ Watch out for excess calories. Remember that the weight is to be maintained within the recommended range. Definitely high fat, high sugar foods are calorie-dense and should be refrained from.

♥ Choose the "better" fat: polyunsaturated or monounsaturated varieties (tub margarine, canola oil, olive oil, peanut oil, sesame oil, and others). Read food labels so that you can minimize your trans fat intake. Ohhh, and don't forget avocados.

♥ Go for proteins that are low in cholesterol and saturated fat: lean portions of meat and poultry; tofu and other bean/soya products;

greaseless/roasted nuts. A handful of nuts is an excellent alternative for snack. Low fat or non-fat dairy products are also good choices.

♥ Go light on the use of salt and salt sources such as fish sauce, soy sauce, Worcestershire sauce, oyster sauce, and the like. Do not put additional sources on the table. To make meals more flavorful and exciting, maximize the use of herbs and spices.

♥ Try hummus on warmed whole pita bread. For a different twist add some ground cumin seeds to your hummus.

♥ CUT BACK WHERE IT'S NEEDED:

- Drink caffeine conservatively. The recommendation is to limit caffeine intake to less than 300 mgs daily (approximately 2-3 cups). Go shift to green tea which has less caffeine and a good source of antioxidants as well. Of course skip the sugar or use an alternative sweetener.
- Prepare meals with less fat. Consider roasting, grilling, steaming, baking. If you need to use oil, use a non-stick pan to minimize the amount you require.

♥ Make small changes. For example, if you don't exercise regularly, walk at least 30 minutes daily. Try to increase the time gradually or go try something else like going up and down the stairs. The idea is to MOVE IT!...DO IT!

♥ Definitely smoking has no place in healthy living. If you are not smoking, bless your heart! If you are, no buts about it....STOP!

♥ Take stress seriously! Unwind! Take time to enjoy life. Appreciate a clear, blue sky. Smile a lot and frown not.

♥ Sack out early. People who do not get sufficient rest/sleep are either cranky or sluggish and may have higher blood pressure. ○

TRY SOME OF THESE HEART-FRIENDLY RECIPES

COTTAGE CHEESE PANCAKES

RECIPES FROM: COOKBOOK FOR DIABETICS AND THEIR FAMILIES
BY: The School of Medicine and the Department of Dietetics,
University of Alabama at Birmingham, USA

YIELD : 4 pancakes

INGREDIENTS:

½ cup low fat cottage cheese 1 ½ teaspoons all-purpose flour
4 egg whites vegetable cooking spray

STEPS:

1. Combine all ingredients, except cooking spray, in container of an electric blender; process until smooth.
2. For each pancake, pour one-fourth of batter onto a hot non-stick skillet coated with cooking spray.
3. Cook over medium heat, turning pancakes when tops are bubbly. Repeat procedure until all batter is used.

ONE SERVING: 2 pancakes

CALORIES PER SERVING: 76 calories

Carbohydrate: 2 gms	Fat: trace
Protein: 14 grams	Fiber: 0
Sodium: 224 mgs	



CRUNCHY VEGETABLE AND YOGURT

Try dipping your favourite crunchy vegetables in plain low fat yogurt. This is a great fun snack. You may chop some fresh basil and add to yogurt for more flavor.

Oven-Fried Parmesan Chicken

Recipe Provided by Better Homes and Gardens

- cook time: 45 mins
- servings: 12

Nutrition Facts

Servings Per Recipe 12 servings

Calories	:	198
Total Fat	:	9 grams
Saturated Fat	:	4 grams
Cholesterol	:	79 mg
Sodium	:	363 mg
Carbohydrate	:	6 grams
Protein	:	23 grams
Starch	:	5 (d.e.)
Lean Meat	:	3 (d.e.)

Ingredients

- 1/2 cup refrigerated or frozen egg product, thawed, or 2 eggs, beaten
- 1/4 cup fat-free milk
- 3/4 cup grated Parmesan cheese
- 3/4 cup fine dry bread crumbs
- 2 teaspoons dried oregano, crushed
- 1 teaspoon paprika
- 1/4 teaspoon ground black pepper
- 5 pounds meaty chicken pieces, skinned (breast halves, thighs, and drumsticks)
- 1/4 cup butter or margarine, melted
- Snipped fresh oregano (optional)

Directions

1. Preheat oven to 375 °F. Grease two large shallow baking pans; set aside. In a small bowl, combine egg product and milk. In a shallow dish, combine Parmesan cheese, bread crumbs, oregano, paprika, and pepper.
2. Dip chicken pieces into egg product mixture; coat with crumb mixture. Arrange chicken pieces in prepared baking pans, making sure pieces don't touch. Drizzle chicken pieces with melted butter.
3. Bake for 45 to 55 minutes or until chicken is tender and no longer pink (170 °F for breasts; 180 °F for thighs and drumsticks). Do not turn chicken pieces during baking. Immediately transfer chicken to a covered container; serve within 1 hour. (Or cover and chill chicken; transport in an insulated container with ice packs.) If desired, sprinkle with fresh oregano. Makes 12 servings.



Source:
*Cookbooks for Diabetics
 and their Families*
 Department of Dietetics,
 University of Alabama
 at Birmingham



STRAWBERRY MOUSSE

Yield: 6 servings

EACH SERVING Amount: 1/2 cup		
Exchanges: 1/2 Skim Milk	Calories: 45	Fat: Tr.
	Carbo: 7 gm	Fiber: Tr.
Chol: 1 mg	Protein: 4 gm	Sodium: 53 mg

INGREDIENTS:

1 (0.3-ounce) package sugar-free, strawberry- flavored gelatin	1 1/2 cups sliced fresh strawberries
1/2 cup water	2/3 cup instant nonfat dry milk powder
	6 ice cubes

STEPS IN PREPARATION:

1. Combine gelatin and water in small saucepan, stirring well; let stand 1 minute. Cook over low heat 1 minute or until gelatin dissolves, stirring constantly.
2. Combine gelatine mixture, strawberries, and milk powder in container of an electric blender; cover and process until smooth. Uncover and add ice cubes, one at a time, processing until blended.
3. Spoon mixture into 6 parfait glasses. Cover and refrigerate until thoroughly chilled.

Navigating the Net: The Diabetes Philippines Website

Cecille R. dela Paz, MD
East Avenue Medical Center

The internet has proven to be an invaluable tool for clinicians and patients alike to avail themselves of valuable knowledge about different medical conditions and diseases. Most of us are familiar with foreign websites and unfortunately, there is a dearth of local resources specific for Filipinos. Diabetes Philippines seeks to address this problem and introduces a revamped website that seeks to cater our needs. The Diabetes Philippines website (www.diabetesphil.org) was created to provide local healthcare providers access to medical information about diabetes.

The left portion of the website's home page lists down the different topics that can be accessed with a click of the mouse. Some of the features include a brief history of Diabetes Philippines, its Mission-Vision, current Board Members and the Diabetes Philippines Council. Clicking of "Chapters" will give a list of the different PDA chapters all over the Philippines and their contact information. The "Events and Activities" section will have announcements on different association events, including dates and venues. The "Diabetes Watch" will give you access to past issues of Diabetes Watch, the official publication of Diabetes Philippines. The archive is in PDF format and is available with just a click of the mouse. The site also provides links to different websites, both local and international, that deals with the management of diabetes. There is also a portion where you can read about answers to frequently asked questions about diabetes. Contact information for Diabetes Philippines can also be found here.

The site also provides a link to a draft



of the Philippine Practice Guidelines on the Diagnosis and Management of Diabetes Mellitus. This CPG is a project of UNITE for Diabetes, a coalition of organizations caring for individuals with diabetes mellitus. Member organizations include Diabetes Philippines, Institute for Studies on Diabetes Foundation Inc., Philippine Society for Endocrinology and Metabolism, and the Philippine Center for Diabetes Education Foundation. The guideline focuses on the outpatient management of adult patients with type 2 diabetes and covers 4 major areas: Screening and Diagnosis of Diabetes, Screening for and Prevention of Complications, Treatment (Pharmacologic and Non-pharmacologic) of Diabetes, and Special Populations: Gestational diabetes, diabetes in the elderly.

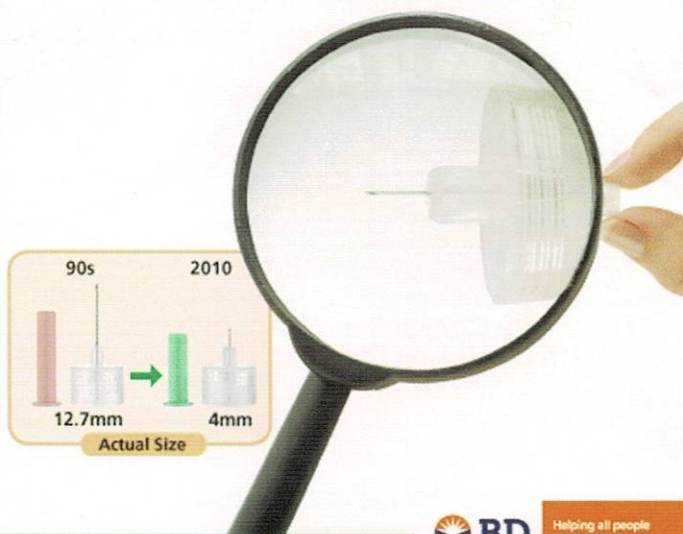
This also provides access to the Interim Statements on the Role of Antibiotic Prophylaxis in Leptospirosis from the

Philippine Society for Microbiology and Infectious Diseases, Inc.

Scrolling down the website, you can view picture galleries documenting the different activities of the society over the years. You can also avail of different VCDs available for sale to help you manage your diabetic patients: Diabetic Foot Care and Illustrated Food Choices for Diabetics. When you've enjoyed the different features of the Diabetes Philippines website, don't forget to download the application form for membership. The organization is open not only for medical professionals but also for lay people.

We hope that the website will prove to be an important resource for Filipinos in the fight against diabetes. Please help us improve it by visiting the site and providing your valuable comments and suggestions. We look forward to hearing from you. ○

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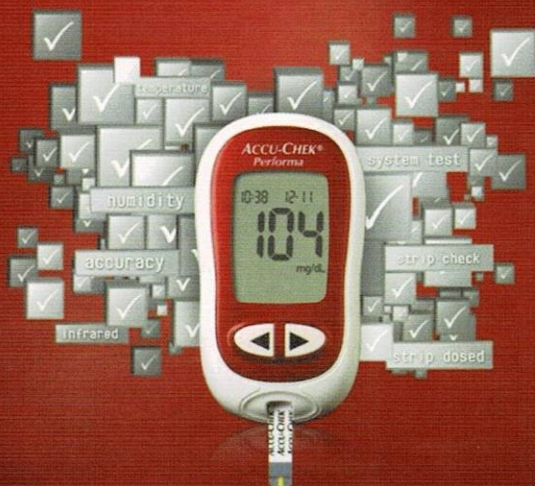
world diabetes day
14 November



www.worlddiabetesday.org



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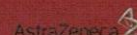
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diabetes ON THE MOVE

philippines

Pepito de la Peña, MD
National Kidney & Transplant Institute

28th Annual Convention of Diabetes Philippines and 7th Course on Diabetes and Vascular Disease

November 9-11, 2011
Century Park Hotel, Manila



- The 28th Annual Convention of Diabetes Philippines was held last November 9 to 10 with the theme "Mastering Basic Diabetology, Improving Outcomes" back to back with the 7th Course on Diabetes and Vascular Disease which followed on November 11, 2011 at Century Park Hotel, Manila. A total of 43 topics were presented to the 995 registered delegates prepared by the Over-all Chairman of this year's convention Dr. Richard Elwyn V. Fernando. Some of the topics discussed and presented by top caliber speakers were "Birth of the Beta Cell: Designing the Artificial Pancreas", "Maintenance of Effective Beta Cell Mass", "Update on Philippines Clinical Practice Guidelines on Diabetes", "Emerging Concepts in Diabetes Atherosclerosis", "The Genesis of Vascular Disease before Diabetes", and "Hyperglycemia and the Vascular Bed".

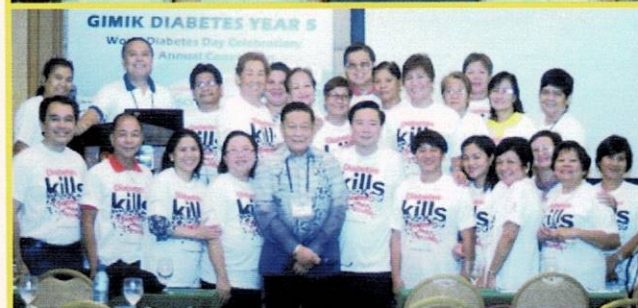
The 5th Augusto D. Litonjua Endowed Lectureship was awarded to Professor Merlin C. Thomas; he discussed the "Advanced Glycation End-products (AGEs) - the sticky persistence of metabolic memories". While the 5th Ricardo E. Fernando Endowed Lectureship has been awarded to Dr. Araceli A. Panelo with her topic "The Beta Cell: Form Inception to Resurrection". The Diabetes Philippines was thankful to all the people who made this three-day convention a success.



5th GIMIK Diabetes / Lay Annual Convention

November 12, 2011
Century Park Hotel, Manila

- Diabetes Philippines held the 5th GIMIK Diabetes at the Century Park Hotel Manila last November 12, 2011 headed by Mrs. Ma. Imelda Q. Cardino, Director of Diabetes Philippines. For this year's event a new format was introduced to the one hundred eighty three attendees who were divided into four groups. The aim of this activity is for the participant to increase knowledge about diabetes through an interactive format. Four teams were also formed with each team assigned a topic. Each team was composed of diabetes educators with a coordinator. Coordinators with their assigned topics were Dr. Cedes Dela Rosa on Basic Knowledge about Diabetes, Dr. James Young on Complications of Diabetes, Mrs. Ma. Imelda Q. Cardino on Nutrition and Mr. Ammieto Bacus on Exercise. Each team, apart from the team on Exercise, gave a mini-lecture on their respective topics to each group of participants wherein after each lecture, a question was asked of all participants which they needed to answer. For the exercise team, they just asked the participants to perform the exercise. Loot bags were given to all the participants who had completed all the sessions presented by each team and correctly answered the questions for each topic.



Diabetes Philippines supports ABS-CBN Teaching, Learning and Caring (TLC)

November 20, 2011
Noveleta Elementary School,
Brgy. San Rafael, Noveleta Cavite

- In celebration of World Diabetes Day, Diabetes Philippines together with ABS-CBN DZMM - TLC (Teaching Learning and Caring) program went to Noveleta Cavite last November 20, 2011 to provide free medical services to hundreds of residents in Noveleta. Since its launch in November 2010, DZMM Teaching Learning and Caring (TLC) has visited different areas in Metro Manila and nearby provinces to serve patients with different



medical services they offer for free. They have also given thousands of eyeglasses as well as medicines and medical supplies through their clinic on wheels. During the said event, Diabetes Philippines conducted free blood sugar testing, blood pressure monitoring, lectures on healthy eating and lifestyle and emergency preparedness. We also provide wet sampling of health drinks suitable for people with diabetes and gave reading materials composed of topics related to diabetes.

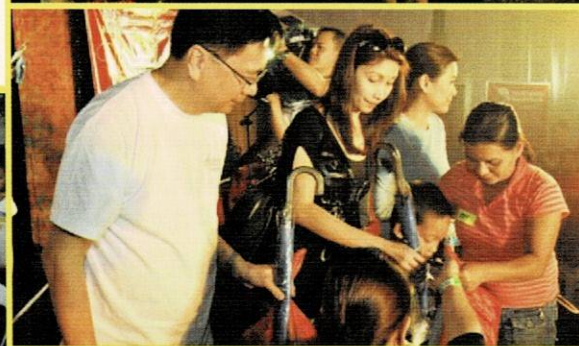
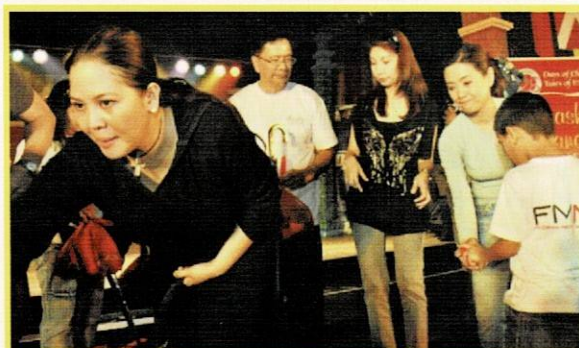


Diabetes Philippines supports DZMM Maligayang Paslit

December 8, 2011

Enchanted Kingdom, Laguna

- Diabetes Philippines supports the DZMM Radyo Patrol Maligayang Paslit Project in sharing the spirit of Christmas season by providing a Christmas party for hundreds of children together with their families who are living in kariton held last December 8, 2011 held at the Enchanted Kingdom in Laguna. This project by DZMM began in 1995 as a yuletide treat for indigent children, cancer stricken kids and orphans from various institutions in Metro Manila. Since then, the said event has been supported by different institutions, companies and individuals who are willing to share and give any donations to our brothers in need. Diabetes Philippines is honored to join in giving happiness and cheers to the less fortunate kids and street families under the Maligayang Paslit Project. ○



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"Mastering Basic Diabetology, Improving Outcomes: Bringing the Basics to the Clinics"

Grand Ballroom, EDSA Shangri-La Hotel
Mandaluyong City
Nov 14 - 16, 2012 8:00 am to 5:00 pm

Registration Fees:

CATEGORY	Registration on or before Oct. 15, 2012		From October 16, 2012 or On-site Registration	
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PARAMEDICAL	Php 1,500.00	Php 2,000.00	Php 2,000.00	Php 3,000.00

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References: 1. FIELD Study Investigators. Effects of fenofibrate treatment on cardiovascular disease risk in 9,795 individuals with type 2 diabetes and various components of the metabolic syndrome (FIELD Study). *Diabetes Care* 32:493-498. 2. FIELD Study Investigators. Effects of fenofibrate on the need for laser treatment for diabetic retinopathy (FIELD Study): a randomised controlled trial. *Lancet* 2007;370:1687-97. 3. FIELD Study Investigators. Effects of fenofibrate on amputation events in people with type 2 diabetes mellitus (FIELD STUDY): a prespecified analysis of a randomised controlled trial. *Lancet* 2009;373:1780-88. 4. Sergio Fazio, MacRae F Linton. Fenofibrate and risk of minor amputation in diabetes. *Lancet* 2009;1740-41. 5. FIELD Study Investigators. Effects of long-term fenofibrate therapy on cardiovascular events in 9,795 people with type 2 diabetes mellitus (the FIELD Study): randomised controlled trial. *Lancet* 2005;366:1849-61.

Full prescribing information is available upon request.

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DIABETES PHILIPPINES LAGUNA CHAPTER

Della A. Becina, MD
Diabetes Phils, Laguna Chapter

Laguna Welcomes Diabetes Philippines

The 43rd Diabetes Workshop and 8th Diabetes Forum was held October 7 & 8, 2011 respectively at Asia Blooms Hotel, Resort and Restaurant, Santa Cruz, Laguna. This event was attended by physicians and allied medical practitioners such as nurses, dietitians and medical technologists from the town and nearby municipalities and cities.

The Officers of Diabetes Philippines headed by Dr. Susan Yu-Gan shed light on the status of our battle against diabetes. They conducted lectures on the basics of diabetes diagnosis, management, complications and prevention to physicians. They also emphasized how important it is that the disease entity be properly identified, managed and treated to prevent its sequelae. Updates on diabetes treatment were also highlighted during the Diabetes Workshop.

The Diabetes Forum was conducted on the second day with allied medical professionals as participants. The lectures delivered by the Officers of Diabetes Philippines were fitted to allied medical practitioners. Topics discussed were Diagnosis and Classifications of Diabetes Mellitus; Blood Glucose Monitoring; Lifestyle and Nutritional Management and



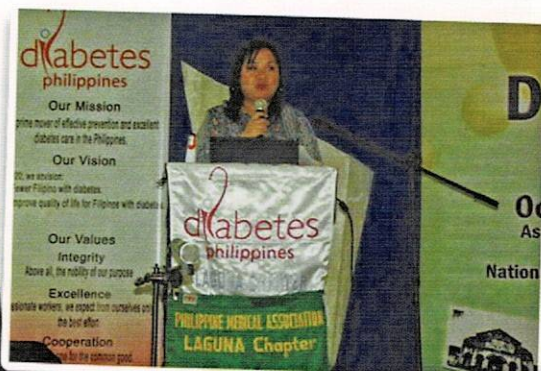
Dr. Antonio Chua, past president Diabetes Philippines Laguna Chapter, Dr. Delia Becina and Dr. Susan Yu-Gan National President Diabetes Philippines together with representatives of the event sponsors

Strategies to prevent complications of Diabetes. The activity showcased a wet clinic demonstrating the techniques on insulin administration, capillary blood glucose monitoring and the newest insulin delivery devices.

The workshop and forum made possible by the teamwork of Diabetes Philippines Officers and Secretariat; Diabetes Philippines - Laguna Chapter Officers - Dr. Antonio S. Chua and Dr. Delia A. Becina and of course, the sponsors.

The Diabetes Philippines - Laguna Chapter will forever be grateful to Diabetes Philippines Officers and Staff led by Dr. Susan Yu-Gan for bringing the Diabetes Workshop and Forum in Laguna and sharing their knowledge and expertise about the current trend on the prevention, control, management and treatment of diabetes.

Diabetes Philippines - Laguna Chapter joined Civil Service Month



Dr. Delia A. Becina - president elect Diabetes Philippines Laguna Chapter delivered her welcome address

As part of the celebration of "Civil Service Month", the Diabetes Philippines (DP) - Laguna Chapter holds one activity providing medical care to the government employees of the Province of Laguna and Municipality of Santa Cruz, Laguna. The event was held last September 1, 2012 at Santa Cruz Municipal Covered Court and at the Cultural Center of Laguna last September 8, 2011.

Activities included risk factors screening such as consultation, sugar/cholesterol determination, blood pressure (BP) taking, foot screening, height/weight and BMI check; Healthy Lifestyle Passport Assessment, this half-day event also included aerobic exercises and short lectures on diabetes, hypertension and healthy lifestyle. Flyers for diabetes, hypertension and osteoporosis awareness were also given during the said activity.

The DP-Laguna Chapter Officers and members took part of the event were Drs. Antonio S. Chua, Monalisa Cosme

and Delia A. Becina
Diabetes Philippines - Laguna Chapter
Sponsored a "Fellowship Event"

The Diabetes Philippines - Laguna Chapter sponsored a "Fellowship Event" for the Diabetic Club of Santa Cruz, Laguna.

It was a one-day fun-filled event that showcased different activities benefitting the members of Diabetic Club. The highlight of the event was the awarding of "Modelo Diabetiko Pasyente".

Morning activities included BP determination; FBS, cholesterol; Foot and Nerve Screening; & Aerobics Exercise.

In the afternoon - the members of Diabetic Club enjoyed the food from the sponsors. Their minds were also full of knowledge courtesy of Dr. Delia A. Becina. Parlor games were actively participated in by the Diabetic Club members. The main event was the awarding of plaque and gift to Miss Solly Centeno as "Modelo Diabetiko Pasyente".

The event was held last October 12, 2011 at the Municipal Covered Court of Santa Cruz, Laguna.



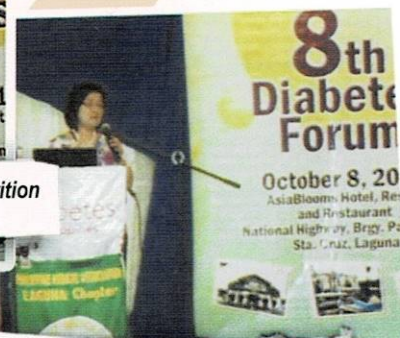
Diabetes Philippines National Officers together with Dr. Antonio Chua and Dr. Delia Becina and the physician delegates



Dr. Susan Yu-Gan, Dr. Antonio Chua, Dr. Monalisa Cosme and Dr. Delia Becina awarded the certificates of appreciation to event sponsors



Ms. Sanirose S. Orbeta delivered her lecture regarding proper nutrition to allied medical practitioners



Dr. Rima T. Tan delivered her lecture about basics of diagnosis, complications and how to prevent diabetes to allied medical delegates

Diabetes Philippines Laguna Chapter joined Civil Service Month



Dr. Delia Becina together with Dr. Lyra Torres gave free consultation to municipal employees of Sta. Cruz, Laguna





Aerobics exercise performed by provincial government employees of Laguna together with the officers and members of Diabetes Philippines Laguna Chapter



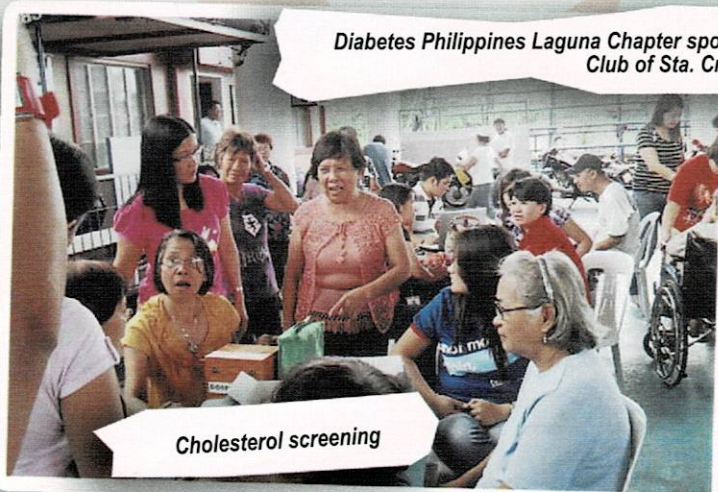
Free Cholesterol/FBS screening performed by the sponsor to municipal employees of Sta. Cruz, Laguna



The Honorable Mayor of Sta. Cruz, Laguna participated in foot screening as part of a month-long celebration of Civil Service Month

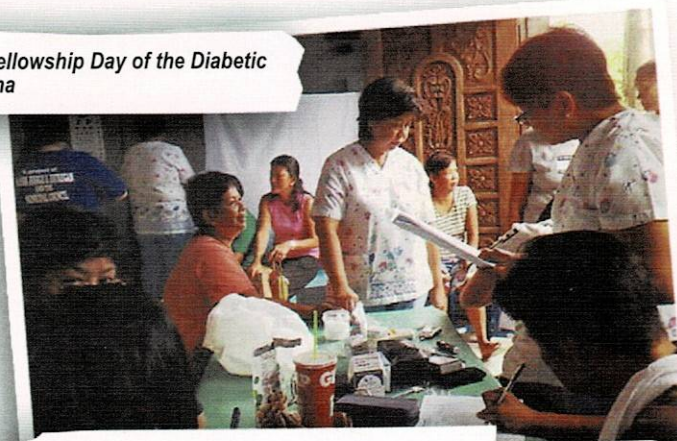


Free Cholesterol/FBS screening performed by the sponsor to municipal employees of Sta. Cruz, Laguna



Cholesterol screening

Diabetes Philippines Laguna Chapter sponsored Fellowship Day of the Diabetic Club of Sta. Cruz, Laguna



Morning event includes BP determination



Foot screening



Afternoon event - Lay Forum



diabetes philippines

2012 SCHEDULE OF ACTIVITIES

44th Diabetes Workshop and 9th Diabetes Forum

Diamond Hotel, Manila
March 16-17, 2012 (Friday- Saturday)
Coordinator: Dr. Rima T. Tan

45th Diabetes Workshop and 10th Diabetes Forum

Hotel Ariana, Bauang, La Union
July 20, 2012 (Friday)
Coordinators: Dr. Rima T. Tan and Dr. Jubilia Balderas-De Guzman

46th Diabetes Workshop and 11th Diabetes Forum

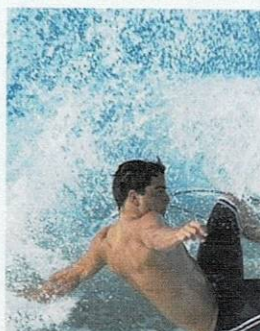
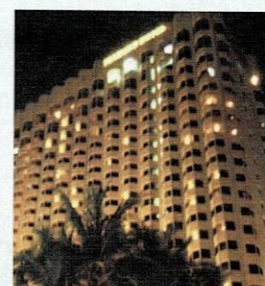
Hotel PonteFino, Batangas City
October 19, 2012 (Friday)
Coordinators: Dr. Rima T. Tan and Dr. Carol N. Montano

29th Annual Convention of Diabetes Philippines

8th Course on Diabetes and Vascular Disease
EDSA Shangri-La Hotel, Mandaluyong City
November 14 - 16, 2012 (Wednesday-Friday)

Gimik Diabetes Year 6 World Diabetes Day Celebration/Lay Annual Convention

UNILAB Bayanihan Hall, Pasig City
November 10, 2012 (Saturday)





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References: 1. Victoza (Liraglutide) product characteristics. Novo Nordisk, Denmark. Nissen et al. 2009; 2. Gahrwitz B, Vasek A, Fehrer A, Madsen L. Adding liraglutide to oral antidiabetic drug therapy: onset of treatment effects over time. J Clin Pharm Ther. 2010;33(4):287-291; 3. Chang AM, Johnson D, Stein L et al. The G.P.I. derivative 1022211 restores β-cell sensitivity to glucose in type 2 diabetic patients after a single dose. Diabetes. 2003;52(7):1786-1791.

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Presentation: Sterile, disposable pen containing 10 mg of liraglutide in 3 mL of solution. Indications: Victoza® is indicated for treatment of adults with type 2 diabetes in combination with metformin or a sulphonylurea, metformin and a sulphonylurea, or metformin and a thiazolidinedione when previous therapy does not achieve adequate glycaemic control. Dosage and administration: The starting dose is 0.6 mg once daily. After at least one week, the dose should be increased to 1.2 mg. Based on clinical response and after at least one week, the dose can be increased to 1.8 mg to further improve glycaemic control. Victoza® can currently not be recommended for use in patients with moderate/severe renal impairment or hepatic impairment. Victoza® is administered once daily at any time, independent of meals, and can be injected subcutaneously in the abdomen, thigh, or upper arm. Victoza® should not be administered intravenously or

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1. The ADVANCE Collaborative Group. N Engl J Med. 2008;358:2560-2572. 2. The GUIDE Study. Eur J Clin Invest. 2004;34:535-542. 3. The STENO 2 Group Study. N Engl J Med. 2008;358:580-591. 4. The CONTROL Study. Diabetologia. 2009;52:2288-2298. 5. Khalangot M, Tronko M, Kravchenko V et al. Diabetes Res Clin Pract. 2009;20:611-615. 6. Diamicron MR 60 mg. Product Monograph. 7. Drouin P. and the Diamicron MR Study Group. J Diabetes Complications. 2000;14:185-191. 8. Sawada F, Inoguchi T, Tsubouchi H, et al. Metabolism. 2008;57:1038-1045. 9. Del Guerra S, D'Aleo V, Lupi R, et al. Diabetes Metab. 2009;35:293-298. 10. Katokami N, Yamasaki Y, Hayaishi-Okano R, et al. Diabetologia. 2004;47:1906-1913.

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