Member: International Committee of Diabetes Magazines, International Diabetes Federation (IDF)

ISSN 1908-1227

diabetes philippines WATCH

A Publication of the Diabetes Philippines

July- September 2012

YEAR MMX12, NO. 2

Spotlight on Type 1 Diabetes

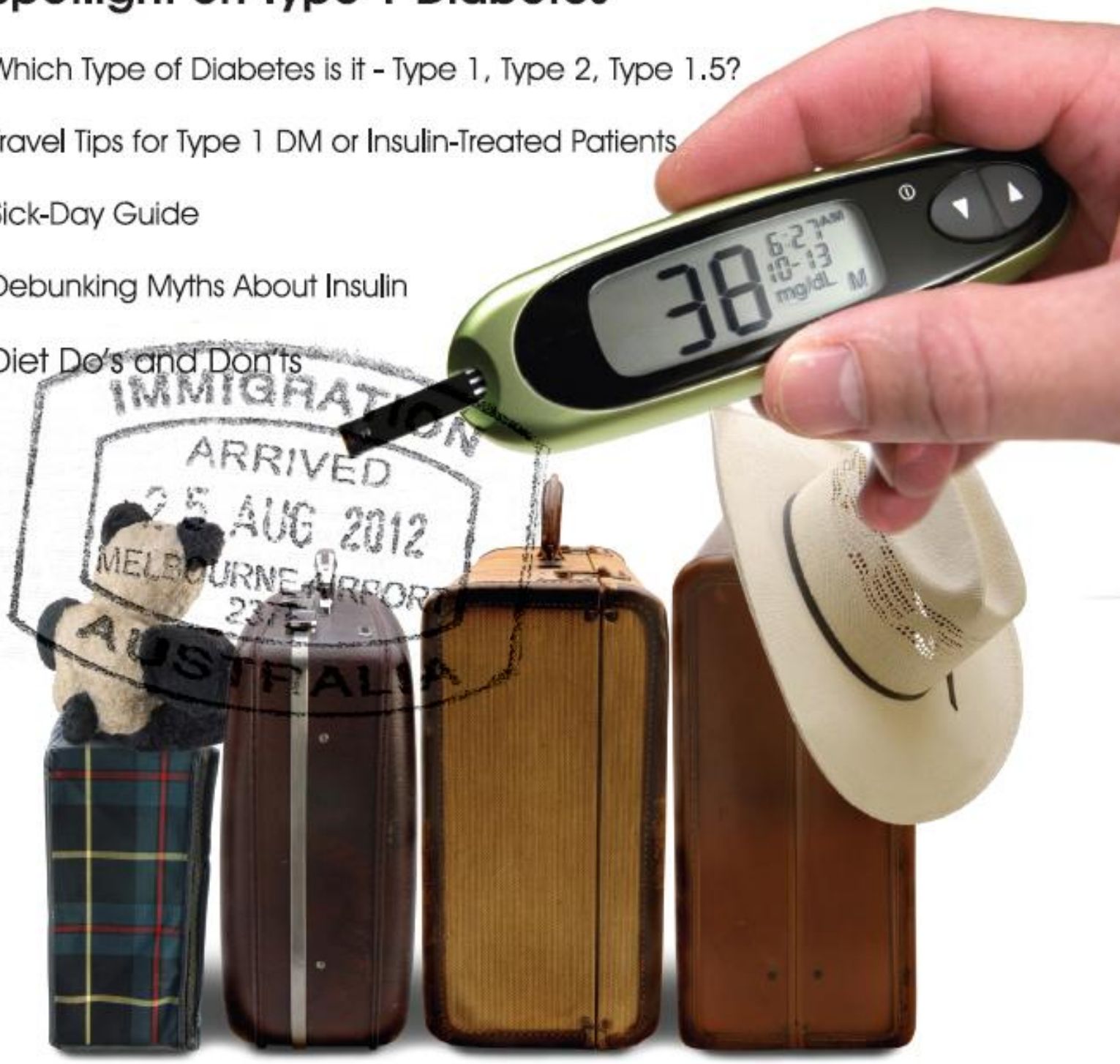
Which Type of Diabetes is it - Type 1, Type 2, Type 1.5?

Travel Tips for Type 1 DM or Insulin-Treated Patients

Sick-Day Guide

Debunking Myths About Insulin

Diet Do's and Don'ts



FOR YOUR PATIENTS WITH TYPE 2 DIABETES

ONE DOSE THE ONLY ONCE DAILY

Control and care matter

Linagliptin

Trajenta®

5mg tablets

Please review product information before prescribing

Boehringer Ingelheim

Lilly

diabetes philippines

DiabetesWatch

JOIN NOW!

Doctors, do you want your patients to learn more about diabetes?

Your patients can also join the Diabetes Philippines and receive the *DiabetesWatch* magazine for free!

Sign up with your doctor to get your free copy.

Let your patients read and learn while waiting in the clinic....

DiabetesWatch is your patient's magazine.

Order your copies of *DiabetesWatch* from the Diabetes Philippines office and avail of our discounted price!!

For details log on to www.diabetesphil.org or call us at 531-1278 / 534-9559. You can also send us e-mail at diabetesphilippines@pldtdsl.net

From the EDITOR'S DESK

In Good Company

Though the road we're traveling on may seem lonely, look around and look within, and you'll soon see and know, that you are never left alone...
~Gary Valenciano

The International Diabetes Federation estimates that 490,000 young people worldwide under 15 years of age have type 1 diabetes with approximately the same number in those aged 15-25.

Type 1 diabetes accounts for 5 to 10 percent of all diabetes cases. Though it commonly hits the youth under age 30, it can strike anyone at any age at any time. Symptoms manifest more dramatically in type 1 compared to type 2 diabetes. Weight loss, excessive thirst and urination, nausea, vomiting and fatigue can come on abruptly. Destruction of the pancreatic insulin-producing cells in type 1 diabetes result in near to complete absence of insulin in the body.

The most common cause of death in children with diabetes is lack of access to insulin. In some areas of the world, life expectancy of children newly found to have diabetes could be less than a year, with many dying undiagnosed due to lack of insulin or proficient care. In many countries, scarce resources can cause early diabetes complications and death in young adults.

But young ones with type 1 diabetes need not fret. They CAN fulfill their dreams and live full, long and active lives. Type 1 diabetes did not stop Nick Jonas from becoming an international teen idol, Gary Hall from winning Olympic gold in swimming, Nicole Johnson from becoming Miss America, or Gary Valenciano from becoming a multi-awarded music icon and ultra-high-energy performer.

We have thus dedicated this issue towards helping people with type 1 diabetes, as well as those requiring insulin. Organizations such as the Diabetes Philippines can also help indigent patients access free insulin and expert care.

If you have type 1 diabetes, know that help is available, and that you are in extraordinary company.

Joy

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

Your President Speaks

DiabetesWatch Issue on Type 1 Diabetes

Type 1 diabetes is not as common as type 2 comprising only about 5 to 10% of the total number of patients with diabetes. This could be one of the reasons why we seldom hear discussions on type 1 DM. I feel that this issue is very apt because there are many new developments in type 1 DM. We hope that this issue will help improve the lives of those with type 1 DM and the people who take care of them. It is our ultimate goal that every person with diabetes should live life to the fullest and without complications. We at Diabetes Philippines are fully committed to this goal through our different programs and activities. Together, let us all work hand in hand in this fight against diabetes!

Susan Yu-Gan, MD
President

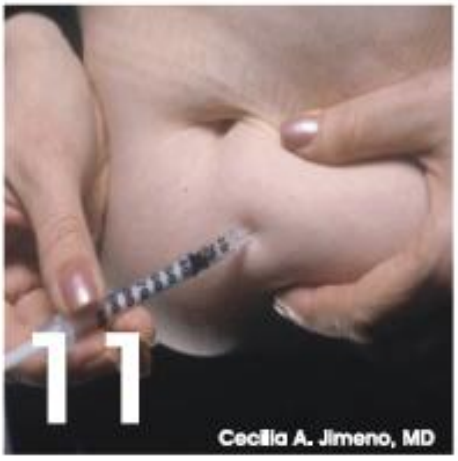
diabetes philippines

The Diabetes Watch is a publication of the Diabetes Philippines with its corporate office located at Unit 25, Facilities Center, 548 Shaw Boulevard, Mandaluyong City, 1501
Tel. Nos. (632) 531-1278, (632) 534-9559
Fax No. (632) 531-1278
e-mail address: diabetesphilippines@platinet.net
secretariat@diabetesphil.org
www.diabetesphil.org

Printed by Lizamen Printing Services

July - September 2012

Contents



Regular Articles

Diabetes Philippines Chapters

Albay Chapter
President: **CYRIL G. CHUA, MD**
Estevez Memorial Hospital
Guevarra Subdivision, Legazpi City
Tel. (052) 480-2151
Mobile: 0921-9917930

Bagiuo-Benguet Chapter
President: **DWIGHT BLACK, MD**
Rm. 310 AMDC Bldg.
Assumption Medical Diagnostic Clinic
Assumption Rd., Baguio City
Telefax No.: (074)444-5339
drdsblack@yahoo.com

Batangas Chapter
President: **CAROLYN NARVACAN-MONTANO, MD**
Rm. 154, Daniel O
Mercado Medical Center
1 Pres. Laurel Hi-way
Tanauan City , Batangas
Tel. (043)778-1810 loc 178
Telefax No.: (043)778-4849

Bohol Chapter
President: **MARBERT JOHN CARDINO, MD**
Tagbilaran Community Hospital
49 Miguel Parras Street
Tagbilaran City, Bohol 6300
marbertmd@yahoo.com

Bulacan Chapter
President: **MILAGROS DE LARA, MD**
c/o Dr. Ma. Josefa Yanga
31 Hulo Meycauayan,
Bulacan 3020
Telefax. (02)727-7690
Mobile: 0917-5169375
majosefay@yahoo.com

Cagayan De Oro Chapter
President: **TRICIA MARIE OBRERO, MD**
Rm. 321 Capitol Univ. Medical Center
Gusa, Cagayan De Oro City 9000
Mobile: 0917-8508545
obiemd@yahoo.com

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

Camarines Norte Chapter
President: **PAUL LUIS G. PALENCIA, MD**
OLLH Vinzons Avenue, Daet, Camarines Norte 4603
Tel. (054)721-2664
Mobile: 0917-5312221
infarct2000@yahoo.com

Camarines Sur Chapter
President: **JOSEPH BONGON, MD**
Rm. 203 St. Louis Center, Mayan Ave.
Naga City 4400
Tel. (054) 478-8584
jrbongon_upcm@yahoo.com

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

Cebu Chapter
President: **EVELYN GAMALLO, MD**
Visayas Community Medical Center
1317 San Francisco St., Sta. Cecilia Village
Gusa, Cebu City
Tel. (032)412-5838
Fax. (032) 253-3848
evah_g@yahoo.com

Davao Chapter
President: **ROY B. FERRER, MD**
Limso Hospital Iluster St.
Davao City
Tel. (082) 222-8400
Fax (082) 225-5067
Mobile: 0920- 9205290
diabdoc@yahoo.com

Ilocos Sur Chapter
President: **ESTRELLITA GARCIA-BRINGAS, MD**
Gabriela Silang General Hospital
Vigan, Ilocos Sur 2700
Tel. 077 (722-7347)
Mobile: 0905-2885823
bchaigb@yahoo.com

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

Laguna Chapter
President: **DELIA A. BECINA, MD**
MHO Sta. Cruz, Laguna
Tel. (049)501-1430 / 501-0359
Mobile: 0915-7751184
deliabecinamd16@yahoo.com

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

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

Negros Occidental Chapter
President: **MARIAN JOYCE GARCIA-CO, MD**
Diabetes Clinic & Accu-Check Clinical Laboratory Medical Lane
21st Street, Bacolod City,
Negros Occidental 6100
Tel. (034)434-1296
Mobile: 0920-9611838
0918 3029366 Gemma Secretary

Nueva Ecija Chapter
President: **MANOLO P. HERNAL, MD**
Hernal Medical and Diabetes Care Clinic
#26 National Highway, Del Pilar,
Santa Rosa Nueva Ecija
Mobile: 0917-8012585
junhernal@yahoo.com

Palawan Chapter
President: **ROSALIE REYES, MD**
Reyes Clinic
Malvar St., Puerto Prinsesa Palawan
Tel. (048)433-4001 / (048)433-4162
Mobile: 0917-5750810

Pangasinan Chapter
President: **LALAINE T. DUQUE, MD**
331 Trinidad Subdivision Arellano
Dagupan City, Pangasinan

Pasig Chapter
President: **EMMA RUTH CUEVAS, MD**
883 D.N. Street, Kalawaan Sur,
Pasig City 1600

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

Zamboanga Chapter
President: **FATMA IBBA-TIU, MD**
Zaec Community Medical Center
247 San Jose Road, Zamboanga City 7000
Tel. (062)992-2788
Mobile: 0917-7000625

MEANDERINGS

Augusto D. Litonjua, MD
Editor Emeritus

The Year that Was - - - Diabetes 2010

I got the idea for this column from 2 articles in Medscape Diabetes & Endocrinology. One posted 17 December 2010 by G.A. Nichols and the other posted 29 December by Dr. A.L. Peters

The ACCORD Study and our goals for the target A1c

As everyone knows, the universal target for the control of diabetes is the A1c, which measures the average glycemias or blood sugars for the past 3 months. The American Diabetes Association recommends a target of less than 7%, while the American College of Endocrinology recommends a lower A1c of less than 6.5%. The aims of these A1c levels are to avert the complications of diabetes related to high blood sugars. There were 3 large studies published in 2010, correlating blood sugar control to the incidence of complications. One of these, the ACCORD Study created quite a stir in the diabetes world. ACCORD was conducted in 10,000 patients with type 2 diabetes mellitus, but with ahigh risk for the complications of diabetes. Patients were either assigned to what we call the intensive glycemic control which aimed for an A1c of less than 6%, and the standard group where the targeted A1c was between 7%-7.9%. To everyone's surprise, the study was stopped early (February 2008) because of the increased number of deaths in the intensive glycemic group. The findings went against the general belief that the lower the A1c was, the better.

There were many discussions and

A1C Test

further analyses that were made of the results of ACCORD, with finally the latest conclusions being, "The risk of death with the intensive strategy group increased approximately linearly from an A1c of 6% to 9%. And mortality was greater in the intensive group, compared with the standard group, only when the average A1c was greater than 7%. Those who easily achieved target A1c levels had the lowest risk of death, while those who struggled to achieve low A1c levels had the highest risk of death."

In clinical practice, what these new findings suggest is that if you are a healthy patient with diabetes, then achieving an A1c of less than 6%, will hold a lot of benefits. However, if you are an older patient with more than 10 years of the disease, then a higher A1c level would be more appropriate. It thus says, that no one rule will apply toall patients, but treatment should be individualized. For the general population, an A1c of less than 7% can be a safe goal.

The lost battle of Rosiglitazone:

The European Council banned the use of rosiglitazone because of its cardiovascular side effects. The US FDA placed a lot of restrictions on the use of the drug, making it most impossible to prescribe rosiglitazone the usual way. The Philippine FDA followed the example of European Council - such that the drug, sold under the trade name Avandia, is no longer available for use in the Philippines. There has been a lot of concern in the safety of drugs, even after its prolonged use by patients.

Diabetes and Cancer:

A topic that generated a lot of interest among physicians treating patients with type 2 diabetes, is the risk of cancer associated with having diabetes. Among the known findings from a group of analyses showed that having type 2 diabetes imparts a 2-fold or higher risk for cancers of the liver, pancreas, and endometrium. There is a lesser risk for the cancers of the colon and rectum, breast and the bladder. The studies found that certain cancers, such as lung cancer, do not appear to be associated with diabetes, with the evidence inconclusive for cancers of the kidney and lymphoma. The study also notes that diabetes associated with a lower risk of prostatic cancer. A piece of good news on the relation between diabetes and cancer, is that metformin not only lowers the blood sugar and protects the heart, but recent data show that it also helps reduce rates of cancer in type 2 diabetes patients and may also reduce mortality. Thus, metformin does earn the title of 'wonder drug of diabetes.'

Diabetes Queries

Florence Amorado-Santos, MD
Mary Mediatrix Medical Center

Breaking the diagnosis to parents that their child has Type 1 diabetes mellitus (T1DM) is one of the predicaments that I encounter in the clinic. It is usually a sequence of silence, shock, blank stares and teary eyes to be followed by a series of "why? what ? when? how?" among parents. The heartbreaking moment usually emanates disbelief, fear and at times, anger. Teaching parents and patients about T1DM goes way beyond just breaking the news.

When our endocrinologist said that my son has T1DM and will be on insulin injection for life it was, as if we were wrapped in cold ice, and until now my husband and I are asking, "what went wrong with his body?"

Type 1 diabetes mellitus (formerly called insulin dependent or juvenile diabetes) is a form of diabetes wherein the pancreas of your son had autoimmune destruction of insulin- producing beta cells. It means his pancreas will not be able to produce insulin anymore and he needs artificial insulin throughout his life. There are now new types of insulin and insulin gadgets which your child can use and will be able to mimic the natural insulin production in one's body. He can live a normal life with all the new technologies and doesn't even have to feel that he's different at all.

My 7-year-old daughter was recently diagnosed to have Type 1 diabetes mellitus and was started on insulin injections. Though my family has accepted the situation, we are thinking of seeking second opinion for further testing. Are there any specialized tests which we can request for confirmation of her condition?

Establishing the diagnosis of diabetes is one and determining if it is Type 1 or Type 2 is another. Your physician considered the age of onset and clinical presentation of your daughter to diagnose. There are tests which can be done to further strengthen the diagnosis. **C- peptide** determination is an assay which measures the protein which is produced alongside with the body's insulin. It is used to distinguish between Type 1 and Type 2 diabetes among newly diagnosed patients. T1DM will have decreased level of C-peptide and T2DM will have normal or higher levels. Another test is **GAD (Glutamic Acid Decarboxylase) antibody test**, quite expensive and not readily available in most laboratories.

My son has had T1DM for 3 years now and we have been handling his condition quite well. He is in 5th grade and his only problem is the frequent attacks of hypoglycaemia especially in school. Are there any measures which we can follow to prevent his recurrent attacks?

Hypoglycemia can be triggered by several factors. Since your child is on intensive insulin injections, make sure that he eats his meals on time and on a regular basis. He is receiving both the fast-acting and slow-acting insulin and you have to teach him the right timing of his meals. He needs to eat in between meals because that is when the short acting insulin is at its peak. Hypoglycemia frequently occurs during examination days wherein a person can be under stress and snack time is scheduled. You can ask the teacher to let him munch on any carbohydrate containing snack during these times. It would also help if he will not engage in vigorous physical activity such as running or jumping right after his insulin injections since this can lead to the fast absorption of insulin from his muscles hence, causing hypoglycaemic attacks.

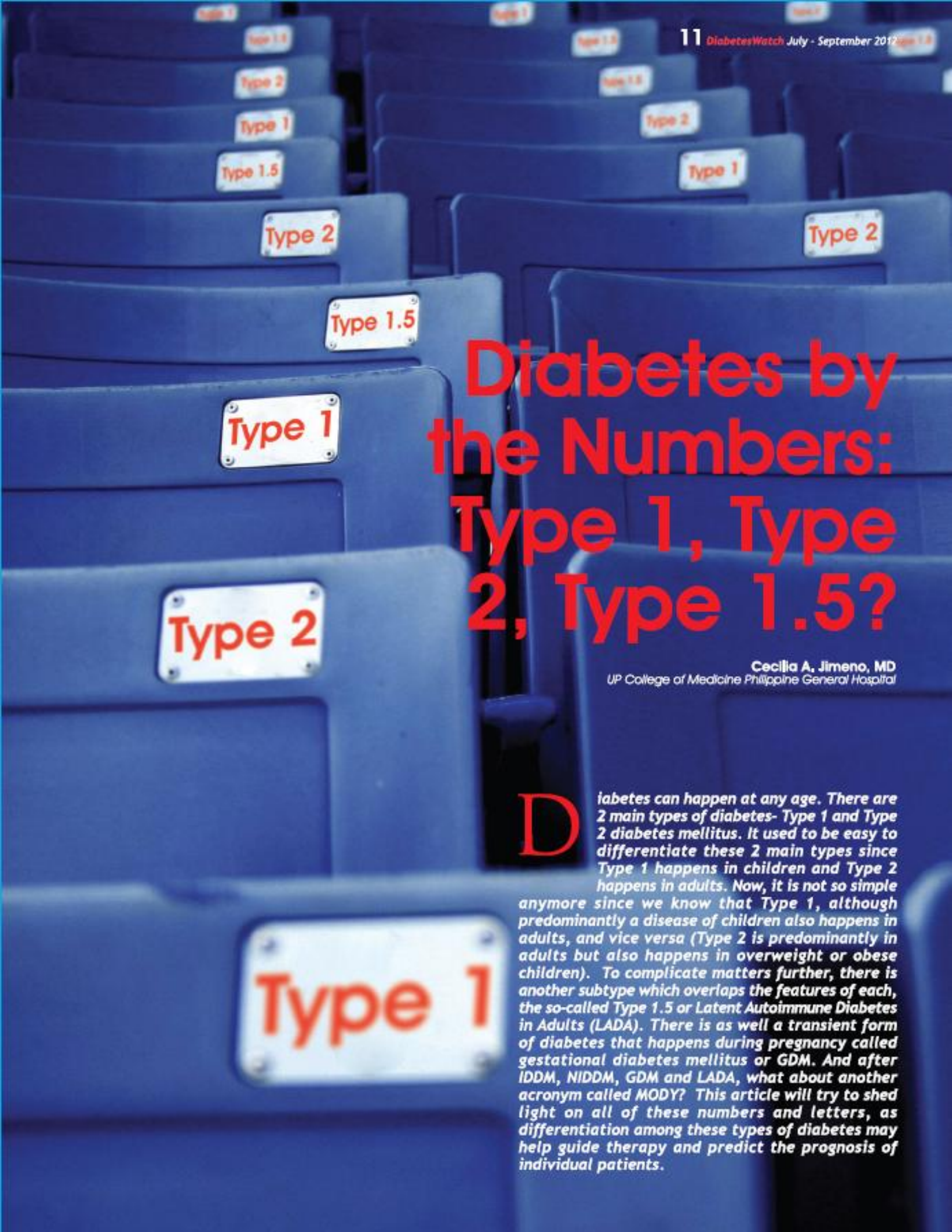
Our doctor said that my son who has T1DM needs to have regular eye checkups to prevent blindness. This is truly scary to hear that my 13-year-old will go blind because of diabetes.

Your doctor is just reminding you that all diabetic patients whether Type 1 or Type 2 needs to see their doctor regularly to check on possible onset of complications. Not only the eyes, but all other organs such as liver, kidney, heart and lungs need to be checked at least annually. Remember that this is for PREVENTION of complications. Diabetes is the number one cause of blindness now and it is your responsibility to have your son checked by an ophthalmologist even if he is not complaining of any changes with his eyesight.

My 16 year old daughter is very compliant with her insulin injections daily but still we encounter wide swings with her blood sugar. She can have very low or extremely high levels throughout the day despite strict supervision with her diet.

Blood sugar levels of T1DM patients can really be very challenging. One advantage on your side is that she's old enough to follow the proper diet which is a big factor in managing her diabetes. We now follow certain regimens such as the basal-bolus of insulin wherein patient will have short-acting insulin injections 3x a day prior to his meals and another basal insulin injection at bedtime. This works for almost all T1DM since it copies the insulin secretion in a normal person. Another way would be to venture on getting an insulin pump for her (though quite expensive), this will lessen her insulin injections and improved blood sugar control. Both of these regimens will use the total insulin requirement based on your doctor's computation of how much your daughter needs for the whole day.

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



Diabetes by the Numbers: Type 1, Type 2, Type 1.5?

Cecilia A. Jimeno, MD
UP College of Medicine Philippine General Hospital

Diabetes can happen at any age. There are 2 main types of diabetes- Type 1 and Type 2 diabetes mellitus. It used to be easy to differentiate these 2 main types since Type 1 happens in children and Type 2 happens in adults. Now, it is not so simple anymore since we know that Type 1, although predominantly a disease of children also happens in adults, and vice versa (Type 2 is predominantly in adults but also happens in overweight or obese children). To complicate matters further, there is another subtype which overlaps the features of each, the so-called Type 1.5 or Latent Autoimmune Diabetes in Adults (LADA). There is as well a transient form of diabetes that happens during pregnancy called gestational diabetes mellitus or GDM. And after IDDM, NIDDM, GDM and LADA, what about another acronym called MODY? This article will try to shed light on all of these numbers and letters, as differentiation among these types of diabetes may help guide therapy and predict the prognosis of individual patients.

Type 1 Diabetes Mellitus. Type 1 diabetes mellitus can happen at any age but typically in the young -- children, teenagers, or young adults -- hence, its old name "juvenile diabetes". According to the Juvenile Diabetes Research Foundation (JDRF) this type of diabetes typically happens between infancy to the late 30's. It was also previously called Insulin Dependent Diabetes Mellitus (IDDM) because those who are affected by this disease require insulin for life, for their health and survival. Thankfully, Type 1 DM is quite uncommon accounting for less than 5% of all cases of diabetes.

What causes it? In Type 1 diabetes, the beta cells of the pancreas no longer make insulin because the body's immune system has attacked and destroyed them. Insulin is a hormone that is required by many cells and tissues of the body to allow glucose (sugar) to enter cells to be stored or used for energy. As a result of the absence of insulin, the blood glucose rises to dangerous levels, dehydration ensues and diabetic ketoacidosis, a potentially life-threatening condition, may result.

Therapy of T1DM. There is no cure for diabetes, but treatment is focused on maintaining blood glucose levels as close to normal as possible to prevent complications. People with type 1 diabetes keep their blood glucose levels in a healthy range by giving themselves multiple injections of insulin each day, monitoring their blood glucose levels, following a meal plan, and exercising regularly. Some also may need to take aspirin daily, and to take medications to control blood pressure and cholesterol levels.

Clinical Manifestations of T1 DM. Its symptoms may be similar to other forms of diabetes such as excess thirst, frequent urination, blurry vision, extreme fatigue, extreme hunger, and weight loss. However, in Type 1 DM these symptoms rapidly evolve and the affected individual rapidly becomes insulin dependent.

Type 2 Diabetes Mellitus. If the primary defect in Type 1 diabetes is an absence of insulin, Type 2 DM is more of a mix of problems. Type 2 DM is marked by both insulin resistance or an inability of insulin to work, and insulin deficiency, that is the body produces some insulin but it is not enough to overcome insulin resistance. Since insulin is unable to transport sugar (glucose) to the cells for use as energy or for storage, glucose levels in the blood become elevated. This then leads to serious complications of diabetes like retinopathy (blindness), neuropathy (numbness and limb amputation), and nephropathy (kidney failure leading to dialysis).

Therapy of T2DM. Much like Type 1 DM, there is no cure for T2DM but blood sugar can be controlled by a healthy diet, regular exercise, oral medications, and insulin when required. People with type 2 diabetes are also at an elevated risk for cardiovascular disease. For this reason, adequate treatment for elevated blood pressure and cholesterol levels -- both of which increase a person's risk for heart attack and stroke -- is essential. Also important are smoking cessation and for some, use of aspirin.

Recognition & Prevention of T2DM. Unlike type 1 DM, type 2 diabetes typically occurs in middle-aged and older adults, although a high percentage of new cases are now being seen in adolescents and young adults. Many people who develop type 2 diabetes are overweight or obese. A family history, especially in first-degree relatives, also increases the risk for developing type 2 diabetes. Type 2 DM is preventable by targeting people who are either at the preclinical stage called pre-diabetes (elevated blood sugar above normal but not yet within range of diabetes) or have certain clinical profile that makes them susceptible to diabetes such as being overweight or obese, sedentary lifestyle, family history of T2DM, hypertension, and for women, previous diagnosis of polycystic ovary syndrome or birth to a large baby weighing more than 8 pounds. Healthy diet, exercise and physical activity more than even medications are important for diabetes prevention.

LADA or Type 1.5 DM. The next type of diabetes is called latent autoimmune diabetes of adulthood (LADA). This disease entity is also called Type 1.5 DM because it has a mixture of characteristics from T1DM as well as T2DM. The following are some of the criteria which have been proposed for the diagnosis of LADA: 1) the presence of autoantibodies (called GAD antibodies) in the blood, 2) adult age at onset, and 3) no need for insulin treatment in the first six months after diagnosis. This definition would distinguish LADA from type 1-- because people diagnosed with type 1 typically

need to start insulin immediately -- and from type 2, because of the presence of autoantibodies in the blood (which are absent in T2DM). There is still some controversy about whether these are the best criteria for diagnosing LADA. But "the general concept is very well accepted," says Jerry Palmer, MD, a professor at the University of Washington in Seattle.

There are some clues that can give rise to a clinical suspicion of LADA. These include:
• An absence of metabolic syndrome (overweight/obesity, hypertension, dyslipidemia) features
• Uncontrolled hyperglycemia despite using oral agents
• Evidence of autoimmune diseases (including Graves' disease and anemia)

In some papers, those patients who have LADA and also exhibit features of metabolic syndrome are the ones who are sometimes labeled as type 1.5 diabetic patients.

Further Differentiation. The identification of this type of diabetes has led doctors to believe that these "subtypes" (T1, T2 and T1.5 DM) are actually just part of a spectrum or continuum in diabetes, rather than truly separate entities. Autoantibodies and their effect on beta cell health may be the key to defining the relationships among type 1, type 2, and LADA. Scientists have discovered several different types of autoantibodies related to diabetes. People with type 1 have higher levels and more types of these proteins than do those with LADA, which may be the reason beta cells are destroyed faster in type 1 than in LADA. In type 2 diabetes, autoantibodies are generally absent and, as a consequence, beta cell decline is the slowest.

Importance of identifying LADA. One potentially critical reason to test for LADA is that, someday, the results may help tailor treatment. For people with LADA, there is already some evidence that early insulin treatment may keep beta cells in the business of producing insulin, at least for a while. A 2008 Japanese study in the *Journal of Clinical Endocrinology & Metabolism* compared insulin and sulfonylurea treatment in 4,000 adults with LADA. Treating people early with insulin helped them avoid total dependence on insulin longer than those who took sulfonylureas.

Gestational Diabetes Mellitus (GDM). This is a type of diabetes first diagnosed or recognized during pregnancy. Pregnancy is an insulin resistant state but certain women are more prone to developing this condition including those with a previous history of GDM, family history of T2DM, prior macrosomic baby, age greater than 25 years during the pregnancy, diagnosis of PCOS and intake of drugs which can affect carbohydrate metabolism such as thyroid hormones or steroids. It is important to recognize this disorder because many women (in some series > 60%) eventually develop T2DM within 5 years of developing GDM. Hence, screening for T2DM and healthy diet and exercise is important after delivery.

MODY. Finally, there's another kind of diabetes called MODY or maturity-onset diabetes of the young. This actually comprises several subtypes which fall under this umbrella term. Each type stems from a mutation in a different gene, and collectively MODY accounts for an estimated 1 to 5 percent of all diabetes. The estimate is rough because MODY is often misdiagnosed as type 1 or type 2.

While the immune system misfires in type 1 and insulin resistance characterizes type 2 DM, MODY stems from problems in a set of genes that regulate the body's flow of insulin. A faulty gene means the pancreas can't make enough insulin, leading to diabetes.

MODY is highly heritable. If one parent has a gene that causes MODY, there is a 50 percent chance it will be passed to a child. However, not everyone who inherits a MODY gene develops diabetes. People usually find out they have MODY before the age of 25, often when high blood glucose leads to a visit to the doctor or emergency room. However, in some cases, symptoms are so mild that the condition remains hidden until later in life.

In many first world countries, if a doctor suspects that someone has MODY, genetic testing can confirm the diagnosis. By pinpointing the mutated gene, a doctor may be able to customize treatment. For example, some MODY subtypes don't require treatment with insulin and can be controlled with oral medications. Screening is useful since MODY is hereditary; if one person in a family has it, there are likely to be others.

Type 1, Type 2, Type 1.5, GDM, LADA, MODY, NOTA (None of the above) .... Which one are you?

References:
1. http://www.jdrf.org/
2.http://diabetes.niddk.nih.gov/dm/pubs/type1and2/
3.http://forecast.diabetes.org/magazine/features/

Sick-Day Guide for People with Type 1 Diabetes or Insulin-Requiring Type 2 Diabetes

Elaine C. Cunanan, MD
UST Hospital

How does illness affect my blood sugar?

When you are sick, your body releases stress hormones like cortisol and epinephrine to help fight infection. However, these hormones can raise your blood sugar. Your blood sugar level may, therefore, be high during an illness even if you are eating less or not even eating. If your blood sugar is high, you usually experience increased thirst, increased urination, fatigue, weight loss and dehydration.

Blood sugar levels may become hard to control during illness and can lead to diabetic ketoacidosis (DKA).

If you live alone, you should tell a family member or close friend that you are ill and have them call to check on you several times each day.

What is Diabetic Ketoacidosis (DKA)?
DKA results from not having enough insulin in the body. When you do not have enough insulin, the body burns fat for energy. Breakdown of fat produces ketones (a substance that is acidic). When high levels of ketones build up in the blood, DKA results. If not treated right away, it can lead to coma and death.

Signs and Symptoms of DKA include:
- o Nausea or vomiting
- o Abdominal pain
- o Rapid, labored breathing
- o Fruity odor to the breath
- o Severe dehydration

To prevent DKA:
- o Monitor your blood sugar more often
- o Do not discontinue your insulin even

Amlodipine besilate

Vasalat

5 mg • 10 mg tablet

US FDA APPROVED
THERAPEUTIC EQUIVALENT

- more affordable than the leading brand

PATRIOT
Pharmaceuticals Corp.

The Patriot Building, Km. 18 West Service Road
South Luxon Expressway, Paranaque City 1700 Philippines
Tel: 821 - 7382 • Fax: 821 - 7383

Flents

Diabetic
Specialty Products

Flents Lotions and Creams is a special formulation of care regimen that is concentrated to prevent diabetic skin and foot complication such as amputation.

For:

GOLDEN TIGER
INTERNATIONAL

66-A Ilang-Ilang St. Corner Rosario Drive Cubao, Quezon City
Telefax Number (02) 411-0541

Distributed by

Available in

See how your food choices affect your blood glucose level with the

New

OneTouch Ultra 2

Blood Glucose Monitoring System

Includes:
Diabetes Education VCD
Simple Start
Diabetes + You

MEDISAFE™ MINI
Blood Glucose Monitoring System

TERUMO

MEDISAFE™ MINI
Blood Glucose Monitoring System

TERUMO

if you don't feel like eating.
o Keep yourself well-hydrated.

How frequent should I check my blood sugar during illness?
Monitor your blood glucose with a glucose meter at least every 4 hours even through the night. You should also check your blood or urine ketone levels.

Should I adjust or hold off my insulin?
INSULIN SHOULD NOT BE STOPPED.

Always take your insulin even when you are sick to avoid DKA. There are no exact rules on how to adjust your insulin dosage as this depends on the individual's metabolism and the type of insulin you are taking. You should discuss with your doctor as to when and how to adjust your insulin dose during an illness. Adjustment needs to be individualized for each person.

A simple guide for insulin dose adjustment is as follows:

Guideline when sick but still eating well:
Take your usual dose of basal insulin (NPH, Levemir®, or Lantus®). Keep taking your Regular, Humalog®, Apidra®, or Novorapid® to cover your meals. Add extra insulin using the correction insulin chart below if your blood sugars are 120 mg/dL or higher.

Guideline when sick and not eating much:

Types of Insulin You Take	Doses To Take When Sick and Not Eating Much
NPH	• Take ½ dose of NPH
Detemir (Levemir®)	• Take usual dose of detemir (Levemir®)
Glargine (Lantus®)	• Take usual dose of glargine (Lantus®)
Regular	• Take Regular insulin every 4 hours using correction insulin chart below after checking your blood sugar
Aspart (Novorapid®), Glulisine (Apidra®), Lispro (Humalog®)	• Take insulin every 2 hours using correction insulin chart below after checking your blood sugar

Correction Insulin Chart

Blood Sugar level*	Use Regular, Humalog or Novorapid Insulin
Less than 120mg/dL	no insulin, but recheck blood sugar in 2 hours
120 - 170mg/dL	1 unit
171 - 220mg/dL	2 units
221 - 270mg/dL	3 units
271-320mg/dL	4 units
greater than 320mg/dL	5 units and call your doctor

**Divide the number by 18 to get sugar level in mmol/L.*

What should I eat or drink?
Try to eat your regular meals. If blood glucose is high, eat slightly smaller meals. If you are having difficulty eating, eat or drink 15 grams of carbohydrate every hour. Soft foods (soup, pudding, regular gelatin) may be easier to eat.

The following foods contain about 15 grams of carbohydrate:
- 1 slice toast
- ½ cup juice
- 1 popsicle

- 1 cup milk
- ½ cup ice cream
- ½ cup regular gelatin

- 1/3 cup rice
- 1 cup soup
- ½ cup cereal

- ½ cup mashed potatoes
- 6 saltine crackers
- ½ cup canned fruit

Drink 4 to 8 ounces (1/2 - 1 cup) of fluid every one to two hours. Drink lots of fluids to prevent dehydration. Calorie-free, caffeine-free liquids are best (water or broth). If your blood sugar level is higher than 200 mg/dL (11 mmol/L), drink extra liquids that do not contain sugar, such as water or sugar-free cola.

If you are having diarrhea, you can take oral rehydration fluids to supply both fluid and electrolytes that were lost.

Additional things to do in times of illness:

- Weigh yourself every day. Losing weight without trying is a sign of high blood glucose.
- Check your temperature every morning and evening. A fever may be a sign of infection.
- Don't take any medicines without talking with your doctor. There are medicines that can affect your blood sugar level.

In what situations should I see my doctor or go to the emergency room right away?

- You are unable to eat or drink.
- You have persistent vomiting or diarrhea.
- Your blood glucose is still higher than 250 mg/dL (13 mmol/L) despite two correction doses of insulin.
- You have very low glucose levels (less than 70mg/dL).
- You have ketones in the urine or blood.
- You feel sleepy or can't think clearly.
- You are having difficulty breathing, abdominal pain or weakness (symptoms and signs of DKA).
- You lose 5 pounds or more.
- Your temperature is more than 38°C.
- Symptoms of dehydration such as very dry mouth, very yellow urine or decreased urination.
- Other unexplained symptoms. If in doubt, call your doctor.

**Children under 2 years old, pregnant women and frail elderly people should also be brought to the doctor right away during illness.*

How do I lessen my risk for getting an infection?

- Have a good blood sugar control.
- Practice good hygiene and hand washing.
- Eat a healthy diet.
- Get plenty of rest.
- Stay well-hydrated.
- Don't smoke.
- Get influenza vaccination yearly.
- Get pneumococcal vaccination.

References:

1. Sick day guidelines for people with diabetes. Retrieved july 21, 2012 from http://diabetes.webmd.com
2. Sick days. living with diabetes. Retrieved july 21, 2012 from http://www.diabetes.org
3. Knott, l. "diabetes and intercurrent illness" Retrieved june 21, 2012 from http://www.patient.co.uk
4. Sick day guidelines for patients with type 1 diabetes. Retrieved july 21, 2012 from http://www.uwhealth.org
5. Sick day management. quick reference guide to diabetes for health care providers-a special project of the michigan diabetes outreach network. Retrieved july 21, 2012 from http://www.diabetesinmichigan.org

Therapeutic Management to Improve Type 1 Diabetes Mellitus

Sanirose S. Orbeta, MSRD
Magallanes Village

Type 1 diabetes mellitus (T1DM), is a common metabolic disorder of childhood, It is characterized by a decline in and later an absence of insulin production by the pancreas that leads to chronic insulin deficiency. Without insulin, youth with T1DM are unable to metabolize glucose, which leads to a rise in glucose levels. Treatment of T1DM involves replacement of insulin in an effort to achieve blood glucose levels that approximate the normal range. This is important because near-normal blood glucose levels can reduce the risk for diabetes-related micro- and macrovascular complications. Today Medical Nutrition Therapy (MNT) is an important component of modern Type 1 Diabetes Treatment.

Medical Nutrition Therapy (MNT) is a process of individual counselling to teach patients and their families about healthful eating practices to maintain near-normal blood glucose levels and to prevent and treat comorbid medical conditions such as obesity, dyslipidemia, and sometimes hypertension. Thus MNT, focuses on dietary management, which provides an important foundation for diabetes self-care.

Dietary Management of Type 1 Diabetes Mellitus

In the absence of a specific Filipino Diabetes Food Guide for Type 1 Diabetes Mellitus. We are recommending the following General Dietary guidelines.

Central to the Dietary Management of Type 1 Diabetes Mellitus is doing the following recommendation:

1. Parents, Guardians and Caregivers should be included in your Dietary Counselling sessions.
2. Though there is No specific disease Nutrition Guidelines for the youth with Type 1 Diabetes Mellitus, the parents and patient should be forewarned of other risk factors such as abnormal lipid levels and other cardiovascular complications.
3. It is important for the patient to understand the importance of a sustained daily Healthy Meal Plan or Eating Pattern.
4. Adherence to total daily calorie intake as recommended for better glycemic control and the calorie ratio used is as follows:

   CHO - 45-65%
   Protein - 15-25%
   Fat - 30-20%
   Fiber - 10-15grams

5. Monitoring Daily Calorie Intake and balancing CHO ratio to insulin levels is important.
6. Timing of the meals must be consistent from meal to meal and from day to day.
7. Encourage them to drink lots of water throughout the day.
8. Sweets, pastries and desserts should be minimized or alternated for fresh fruits or fruit juice with their meals.
9. Meal time must be family fun time not a time to correct their meal choices.
10. Hyperactive children must be properly given ample supply of complex CHO to meet their daily energy requirements.

2 Days Sample Meals for Type 1 Diabetes Mellitus

Meals	1	2
Breakfast	2 medium pandesal 1 scrambled egg 1 medium pc. apple Milk	½ cup cereal (oatmeal) w/ skim/non-fat milk 1 small banana Milk
AM Snack	Crackers with tuna spread and water	
Lunch	Fat-free clear soup ½ cup rice 1 thin palm-sized pork loin adobo ½ cup bean sprouts ½ cup sherbet	Fat-free clear soup ½ cup Rice 1 medium leg roast chicken 1 cup fresh lumpia ½ cup fruit jello
PM Snack	Cheese sandwich and water	
Dinner	Fat-free clear soup ½ cup rice 1 thin palm-sized baked fish fillet 1 cup lettuce w/ vinaigrette 1 serving fresh fruit	Fat-free clear soup ½ cup rice ½ cup monggo w/ small shrimps ½ cup chopsuey vVegetables 1 medium ripe mango
Bed time snack	Milk or yoghurt and water	

CAMP COPE: A Place of Fun and Learning...

Carolyn Narvacan Montano, MD
Diabetes Center Philippines

While the words "diabetes" and "camp" may not sound like they belong in the same sentence for most people, they sure do for the type 1 diabetic patients who joined the Camp COPE last April 19 - 22, 2012 at Tagaytay Haven.

Type 1 Diabetes is usually diagnosed in children and young adults, and was previously known as juvenile diabetes. In type 1 diabetes, the body does not produce insulin. Insulin is a hormone that is needed to convert sugar, starches and other food into energy needed for daily life. Only 5% of people with diabetes have this form of the disease.

The onset of Type I diabetes is sudden and severe. Patients lose weight and become dehydrated in just a span of a few days. If not diagnosed early, these children can become severely dehydrated and can succumb to death. With the help of insulin therapy and other treatments, even young children with type 1 diabetes can learn to manage their condition and live long, healthy, happy lives. However, managing diabetes can be particularly difficult for children who need to administer insulin, balance their physical activities with a carefully prescribed diet and monitor their blood sugar regularly. It is a daunting task for these 7 to 18 year old children who may not understand how or why they have suddenly become so different from their friends and classmates. Most of the time, these children would like to ignore the condition.

This sense of denial may be accompanied by anger and fear, emotions that are often reinforced unintentionally by families of children

with diabetes. In their young minds, they realize that they are different and may be a "burden" in the family. Families belonging to the low socio-economic class may need to prioritize the lifelong cost of insulin over education. Defensive barriers may go up, disguised as behavioral problems, as children try to convince themselves and others that they really are normal. All of these reactions become obstacles to the successful management of diabetes. Unfortunately, uncontrolled diabetes can lead to crippling and irreversible complications like blindness, kidney failure, amputations, heart attack and stroke in a span of 15 to 20 years.

Although medical advancements have helped make diabetes management easier for individuals who are diagnosed with type 1 diabetes at a young age, some of these children may need extra help or encouragement in order to cope with their disease.

"We want to teach children how to live well with diabetes..." This is the reason why Dr. Augusto D. Litonjua founded the Camp COPE in 1996. Every year, the Philippine Center for Diabetes Education Foundation or "Diabetes Center Philippines" sponsors a four-day summer camp to enrich and reinforce the lives of children and young adults afflicted with Type 1 diabetes. COPE which stands for Children Overcoming Diabetes Problems Everywhere has lived up to its promise by helping type 1 diabetic kids develop a positive viewpoint in life despite their potentially debilitating affliction. It is designed to shape a mindset that reinforces the notion that there is, indeed, life after diabetes.

This year's camp with the theme: "CAMP COPE goes DISNEY" provided avenues to showcase the talents of the quiet and timid campers. Headed by the Camp Administrator, Dr. Jimmy Aragon, the Camp Director, Dr. Carolyn Montano and the Diabetes Center Philippines executive Director, Ms. Erlinda

Inocencio, the camp was again a fruitful and successful endeavor.

To give young diabetics a sense of well being like other children, the Camp together with the partners in the pharmaceutical industry, engages them in swimming and other physical activities that challenge their bodies, as well as enhancement activities like cooking, arts and crafts to draw out their talents.

However, Camp COPE offers much more than supervised recreational experiences. Young people with diabetes learn that their disorder does not have to control their lives but a disorder that needs to be managed. Endocrine fellows empowered the campers with essential knowledge on diabetes and their complications. Trained diabetes educators taught these children the proper way of insulin administration. All campers were also given their own glucose meters and were guided on how to properly monitor their sugar levels. Dietitians provided lectures on carbohydrate counting and proper diet. In the end, they learn that with the help of friends, family members, counselors, and medical support staff, they can master the challenges that face them and live full normal lives.

Indeed, most campers go home with a more positive outlook, a renewed sense of strength, self-worth, and determination. They become secure in the knowledge that they have the inner resources they need to live life to the fullest.

Here are five good reasons to consider joining a diabetes camp.

1. To help a child develop diabetes management skills

The central goal of most diabetes camps is to help a child improve his or her management of diabetes by keeping a schedule for testing glucose, teaching appropriate insulin dosing and injection and how to eat healthy meals. Camp personnel understand that for many campers this is their first extended time away from home and are available to help with diabetes care or comforting a homesick camper.

2. To help a child gain new confidence

As a result of building these skills, many campers gain a new confidence in their ability to manage their diabetes. Many children leave camp with the understanding that good management decisions lead to good glucose control.

3. To help a child feel normal

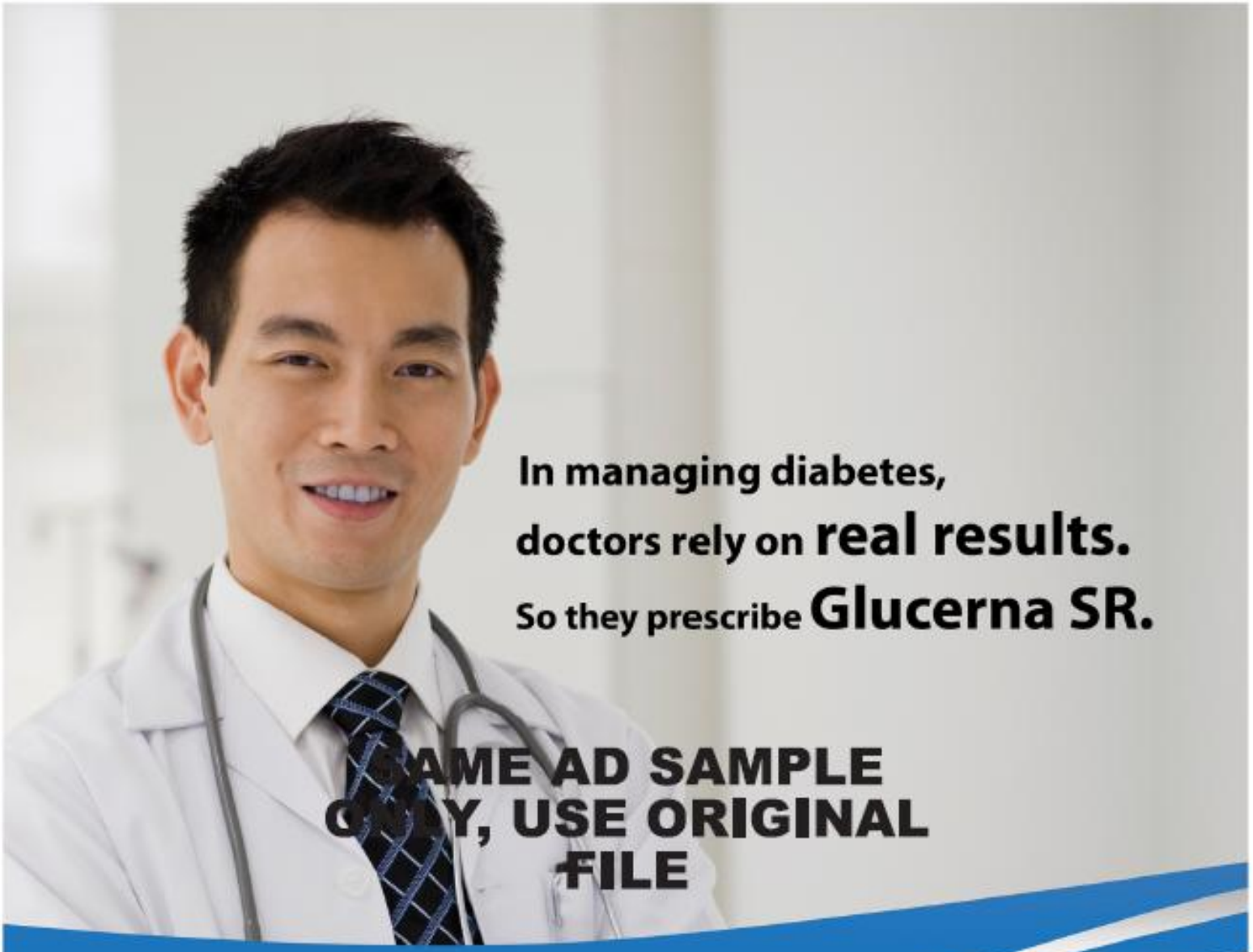
A newly diagnosed type 1 diabetic child may feel alone and different. Being at a diabetes camp for an entire week normalizes having diabetes. Everyone is checking their blood, giving themselves insulin injections, talking about low blood sugar and checking up on each other. The result is that children with diabetes don't feel so different from other kids their age. They learn that their health needs are different from other kids but that they can still do most of what they want in life.

4. To make friends

Having common ground with people creates bonds. Many children develop friendships with other campers that last a lifetime. Having a friend with diabetes close by will continue the process of normalizing what it means to live with diabetes.

5. To have fun

Diabetes camp is also about just having fun. The vast majority of the time is spent in activities that will create a rich and memorable experience for a child with type 1 diabetes.



In managing diabetes,
doctors rely on real results.
So they prescribe Glucerna SR.

Glucerna SR is a clinically proven diabetes nutritional formula with a slowly digested carbohydrate system to contribute to the overall health of the diabetes patient.

- ✓ Reduces weight by at least 8%[1]
- ✓ Provides 66% better glucose response[2]
- ✓ Reduces HBA1c levels to 6.3% to help prevent diabetes complications.[3]

When it comes to dealing with diabetes, trust your doctor and Glucerna SR, the Number 1 doctor prescribed nutrition formula.[4]

[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).

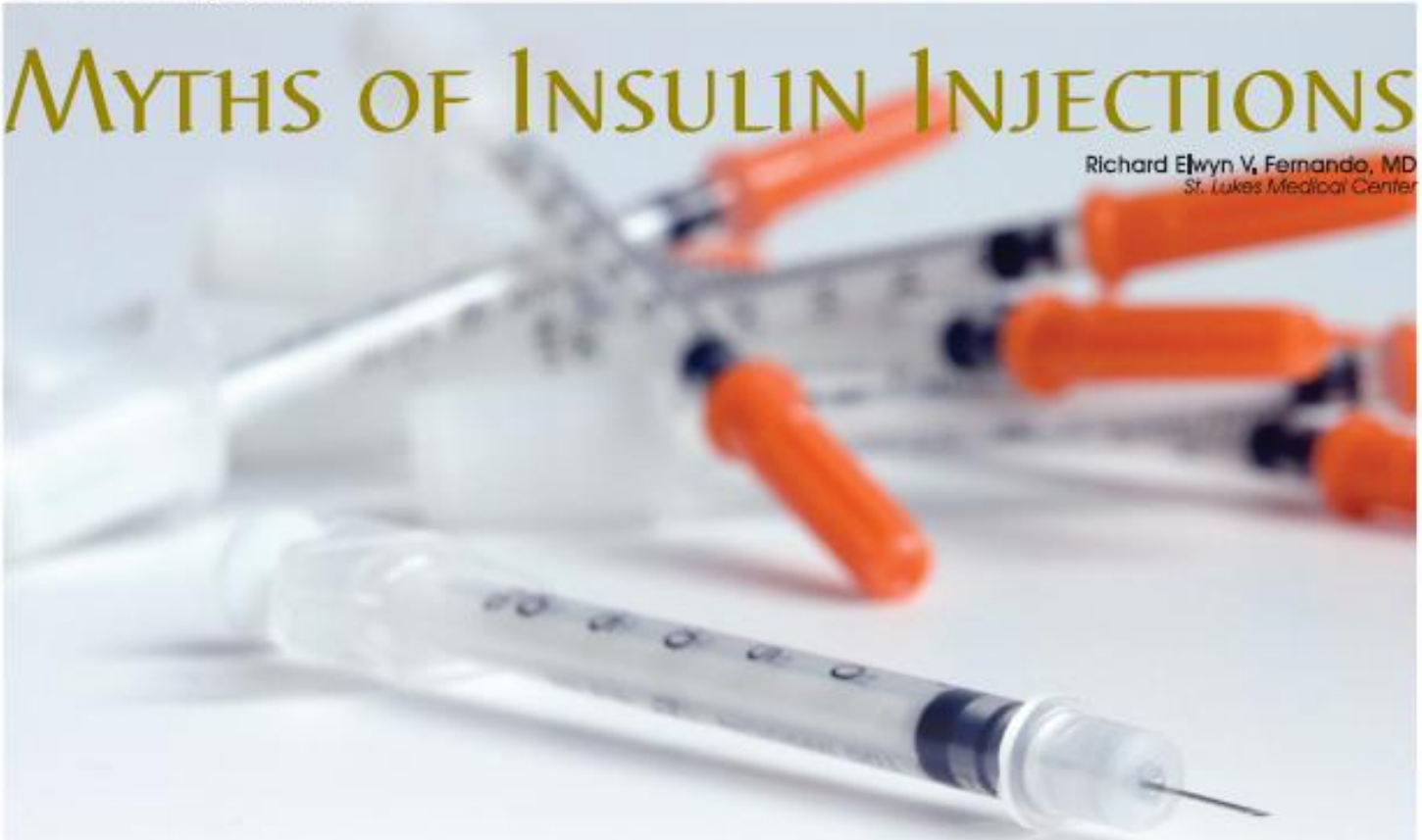
[3] 6.3% is within the recommended range of what is considered manageable by association - Data on file Study BK20, Abbott Nutrition, Columbus, Ohio

[4] IMS-PMDX MAT DEC 2011 (Prescription Data)

ASC Ref: A011P072012G

Myths of Insulin Injections

Richard Elwyn V. Fernando, MD
St. Lukes Medical Center



Millions of people with diabetes must have been saved by insulin since its discovery in the early 1920's. Within almost a century grew misconceptions surrounding its use. Reviewing them may not only be informative but fascinating as well.

"Insulin is cure for diabetes." 90 years after its first human injection, there is still no cure for diabetes. While insulin is indeed the most potent hypoglycemic drug, it can only offer blood sugar control. No, not cure at all.

"When advised to use insulin, your diabetes is getting worse." Some versions even state: "you are nearing death." Of course insulin is best in the presence of complications to prevent their progression. But it can be initiated earlier even without any complication when contraindications to oral hypoglycemic agents exist. Insulin is also best when high blood sugars accompany pregnancy or when high blood sugar is due to other drugs like steroids.

"Once on insulin, always on insulin." More are discovering the truth that the earlier diabetic patient use insulin, the sooner they may shift back to tablets. What we were taught a quarter of a century before no longer holds. Instead of waiting too long for tablets to normalize blood sugar, using insulin can revitalize pancreatic cells that manufacture insulin. Once these insulin - producing cells regain health, patients learn their diabetes can be controlled with tablets only again. Insulin is not always a lifetime treatment.

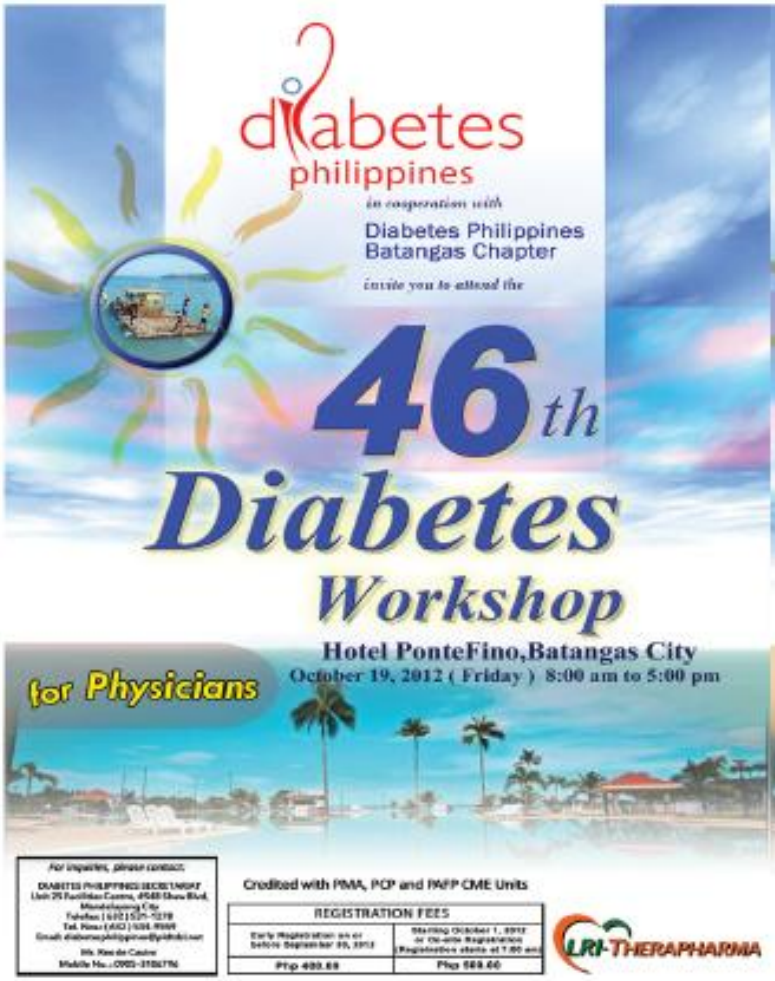
"Insulin therapy is very expensive." Indeed all therapy will cost. But the monthly cost of 2-3 different diabetes tablets surely outweighs the cost of insulin. It is more expensive to use a drug that does not work.

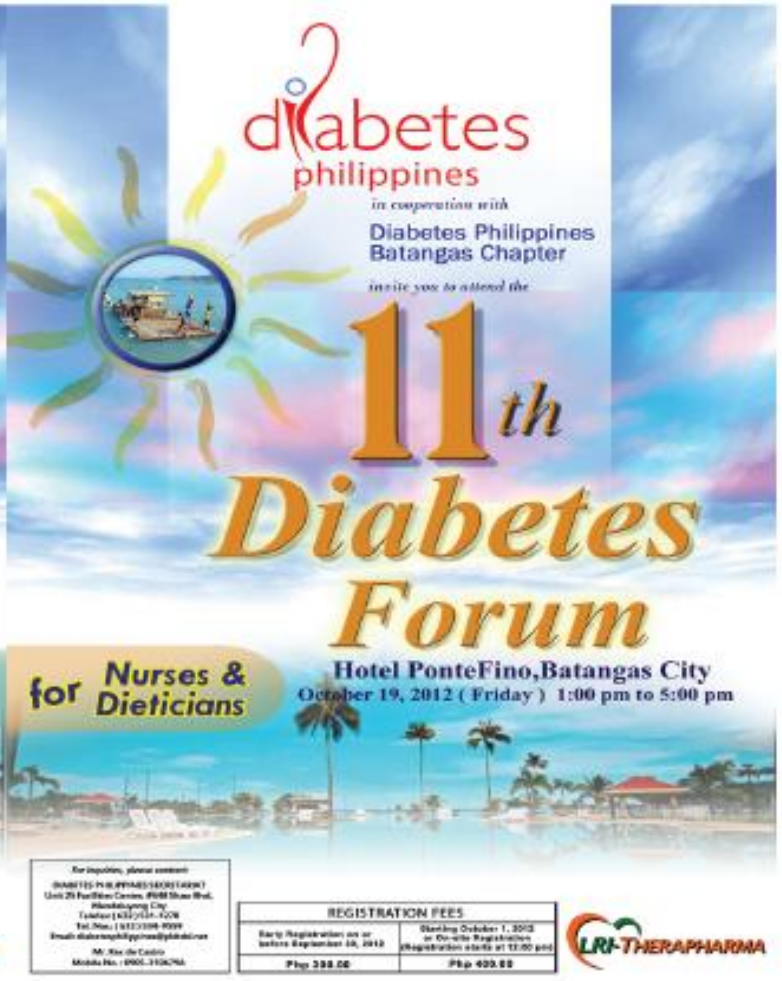
"Insulin shots are terribly painful!" Of course not! What technology has done is utterly unimaginable. Needles are so fine it's difficult to hit a nerve. Using proper techniques, it is almost painless. (Avoid injecting cold insulin. Always use new needles. Do not inject through skin wet with alcohol.)

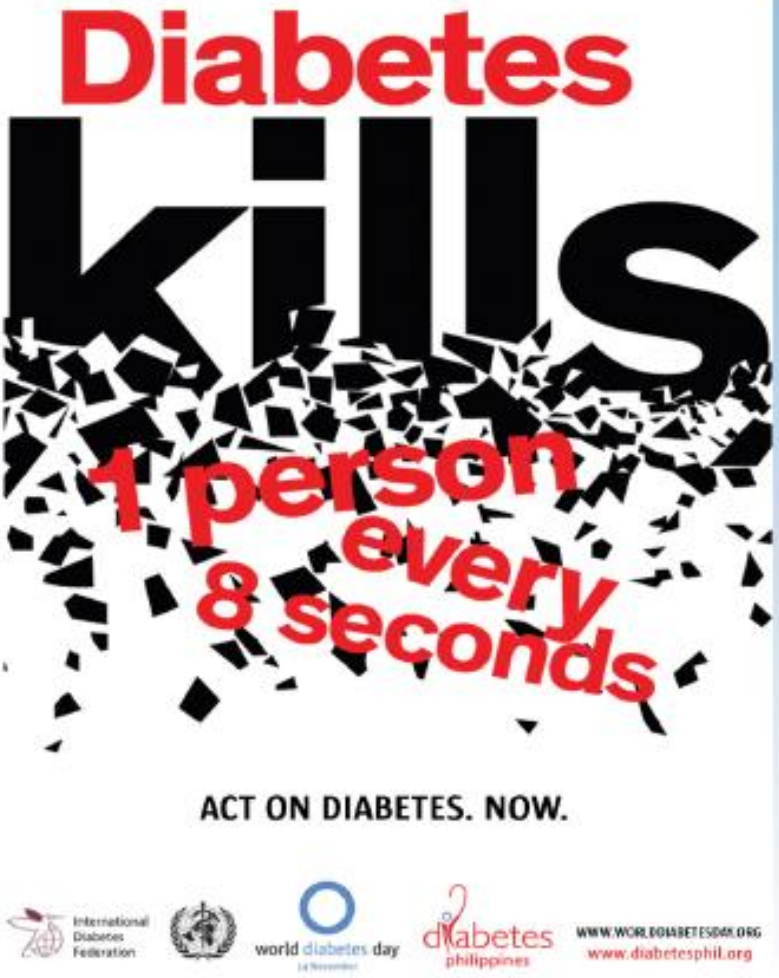
"Using insulin is very inconvenient." Not true at all! Insulin pens have revolutionized injections. It is so easy to use even with your eyes closed. And the delivered dose remains accurate. You can feel and hear one unit clicks as you turn the dial.

"Side effects of insulin include liver and kidney damage." High blood sugar will damage your liver and kidneys, not insulin. The old animal-derived insulins did have allergic reactions as bumps or lumps or depressions at injection sites. With the advent of modern insulins, these unwanted side effects have virtually disappeared.

"All insulins are the same." Finally, anybody can see that some insulins are clear while others are cloudy. Cloudy insulins usually act longer while clear insulins generally have a faster action. Rapid acting modern insulins kick in much earlier than native regular insulin. This is why regular insulin is best injected 20-30 minutes before a meal while the rapid acting analogues injected just before the meal. If you are using insulin, be sure to discuss with your doctor the kind of insulin you are on. Insulins are not the same.


diabetes philippines
in cooperation with
Diabetes Philippines Batangas Chapter
invite you to attend the
46th Diabetes Workshop
for Physicians
Hotel PonteFino, Batangas City
October 19, 2012 (Friday) 8:00 am to 5:00 pm
Credited with PMA, PCP and PAFP CME Units
REGISTRATION FEES
Php 400.00
Php 500.00
LRI-THERAPHARMA


diabetes philippines
in cooperation with
Diabetes Philippines Batangas Chapter
invite you to attend the
11th Diabetes Forum
for Nurses & Dieticians
Hotel PonteFino, Batangas City
October 19, 2012 (Friday) 1:00 pm to 5:00 pm
REGISTRATION FEES
Php 350.00
Php 400.00
LRI-THERAPHARMA


Diabetes
kills
1 person every 8 seconds
ACT ON DIABETES. NOW.
International Diabetes Federation
world diabetes day
diabetes philippines
WWW.WORLDDIABETESDAY.ORG
www.diabetesphil.org


The right environment for all
Diabetes:
protect our future
world diabetes day
diabetes philippines
www.worlddiabetesday.org

Travel Tips for Type 1 Diabetes

Bien J. Matawaran, MD
UST Hospital

For most, travel is such a welcome break to one's onerous routine daily grind. And when we talk about "routines" in medical terms, nothing so much describes the life of one with type 1 diabeties--- hampered by multiple repetitive poking and pricking in addition to the limited flexibility in food intake. If you think about it, it seems that a "break " from all these is what a type 1 diabetic patient needs, but it is unfortunately easier said than done. Ask a diabetic person on multiple insulin injections, type 1 or type 2 and for sure, he/she will tell you that it takes a lot of preparation to travel from one place to another, especially when they need to take long flights and change time zones.

If you subscribe to the notion that great men generate great thoughts, then we have to take exception with La Tzu, the great Taoist philosopher, when he said...

"A good traveler has no fixed plans and is not intent on arriving."

At least this does not apply to those with type 1 diabetes, because the full enjoyment of a type 1 diabetic in travel depends on the meticulous preparation for his trip. Advanced planning can help to prevent or minimize emergencies that may occur away from home.

Practical pointers on Diabetes Management During Air Travel and Time Zone Adjustment Strategies was written by Drs. Manju Chandran and Steven V. Edelman in Clinical Diabetes, which includes the following tips.

1) Plan ahead!

a) Visit your doctor at least 4-6 weeks before departure so that he can assess your current glycemic control and would have ample time to introduce any modifications and re-evaluation of these new interventions.

b) Obtain a travel itinerary showing departure and arrival times, durations of flights, and time differences between the points of embarkation and disembarkation. With this information, your doctor will be able to "guesstimate" necessary adjustments during travel.

c) Contact your airlines so that they can serve you a standard "diabetic meal" in flight. Just remember that these meals are usually very low in carbohydrates and designed more for patients with type 2 diabetes than for those with type 1 diabetes. In addition, find out beforehand what time(s) meals are served during the flight.

2) Before boarding

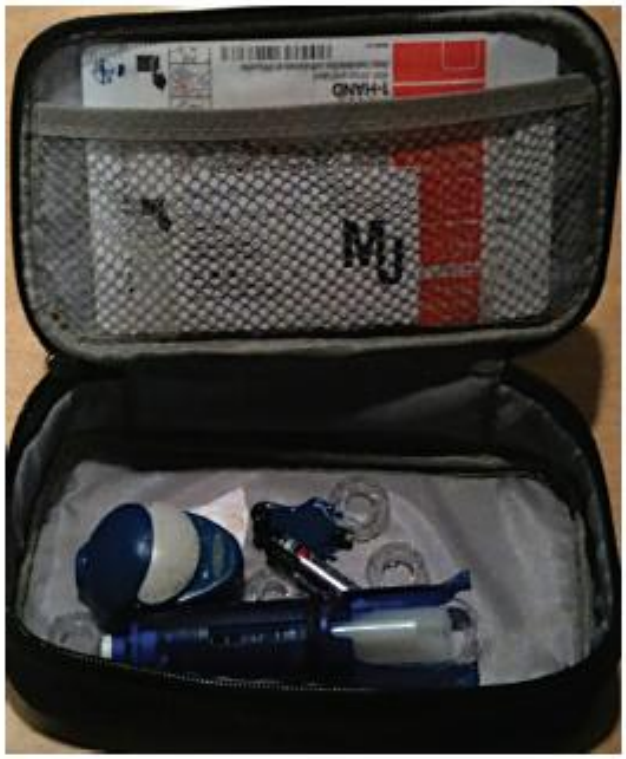
a) Make sure you have enough, if not more than enough medications with you, blood glucose monitoring devices (packed in separate bags) with extra batteries; insulin lancets, test strips, syringes or pen needles.

b) Packed these items in your carry-on luggage rather than in checked baggage. This is not only to prevent loss from bags being misplaced, but also because baggage stored in cargo holds can be subject to extreme temperature changes that may alter the potency of insulin.

c) Although rules from different countries may vary, in the United States, boarding with syringes or insulin delivery systems is acceptable only if the insulin vials/pens/cartridges have a professional, preprinted pharmaceutical company label clearly identifying the medication. It is recommended that you bring the original insulin box, which usually displays label and pharmacy instructions. Boarding with lancets for blood glucose monitoring is acceptable as long as the lancets are capped and brought aboard with a glucose meter that has the manufacturer's name printed on it. Although written prescriptions and letters from health care providers may be helpful, take in to consideration that authorities cannot exclude possible forgery on your part so make sure that you take the necessary precautions and clarifications prior to travel.

d) Don't worry that your insulin and

glucose test strips will be damaged by airport security x-rays, they won't be.



3) On Board

a) Frequent blood glucose monitoring of at least every 4-6 hours is essential for safety during flight.

b) Hydrate yourself with nonalcoholic, caffeine-free beverages throughout the flight.

c) Your insulin is usually based on a normal 24-hour medication schedule, so that when traveling north or south, no adjustments in the 24-hour schedule are needed. However, east or west travel across time zones shortens or extends the day depending on the direction of travel.

d) If you are crossing fewer than five time zones, insulin dose adjustment may not be necessary. Traveling east will shorten one's day, and, in general, you may need to lower your insulin dose (especially for shorter flights) because insulin doses would be administered closer than normal and thus could cause hypoglycemia. In contrast, westward travel means a longer day, and so insulin doses may need to be increased. Although this simple rule of "westward = more insulin; eastward = less insulin" may not always hold true. Differing times of departure and prolonged flights may require a more complicated approach.

e) If you are poorly controlled on premixed insulin, you may need to be transferred to a " basal- bolus" insulin regimen before traveling since this will be more flexible and simple. Ask your doctor about this.

f) Better leave your watch unadjusted during flight so that it will continue to correspond to the time at your point of embarkation. This will make it easier for you to judge the timing of your insulin injections and meals.

4) Throughout the Trip

a) Travel will definitely involve drastic changes from daily routine since meals may be delayed or unavailable, and physical activity is often greatly increased, and these factors can greatly increase the risk of hypoglycemia. Be sure to carry suitable snacks, such as crackers, dried fruits, or nuts, to eat if meals are delayed or to supplement meals when necessary.

b) If you are using insulin vials and travelling in temperate/humid countries, make sure that you store them either in a refrigerator or in thermal insulated bags or containers.

temperatures and humidity can also affect glucose meters and test strips. Make sure your devices are also "prepared" for these conditions.

5) Obtaining Medical Assistance Abroad

a) Make sure that you have appropriate medical coverage with your insurance and that there are accessible physicians that can help you in case of emergencies.

b) Wear a diabetes identification card, Medic Alert necklace or bracelet just to be sure.

These may all sound tedious and overwhelming but rest assured that these are all necessary. You can do it, you deserve to travel. Book that flight and see you at the gates... all aboard!

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

KITCHEN CORNER

NUTRITION FOR TYPE 1 DIABETES

Ma. Imelda Q. Cardino, MSFN
Diabetes Philippines

Feeding a child is challenging: the meal should be pleasing to the eyes and when tasted, the first mouthful should be enticing enough to merit a second...and a third...until its gone! This is not to say adults are very easy to please but planning "kiddie meals" is really something. Compound that challenge when that child has Type 1 diabetes. The child has to eat regularly and follow the recommended pattern, while ensuring the basic nutritional daily requirements are met.

Counting carbohydrate/calories or calculating the glycemic load and glycemic index of meals may be beneficial to people with Type 1 diabetes. Carbohydrate- or calorie-counting require recording all foods eaten within one day. The amount eaten must be listed in order that calculations may be made. The Plate method is comparatively simpler since there is no calculation needed. One has to divide the plate into recommended portions of food coming from the various food groups (vegetable, fruit, starch, protein, fat, dairy product).

CARBOHYDRATE-COUNTING

Illustrated here is a sample of food record. To be able to count carbohydrates, a table of foods indicating the carbohydrate content per weight or serving portion is needed. One also needs to know the dietary fiber content of the food per portion because the amount of fiber has to be deducted from the carbohydrate content.

It is essential that one does home blood glucose monitoring. The amount of short-acting/designer insulin has to be taken into consideration as well in addition to taking note of one's physical activity.

USUAL WEEKEND FOOD INTAKE

MEAL	FOOD ITEM (please specify)	APPROX. QTY. (cups, pcs., etc.)	CHO gms	BLOOD SUGAR BEFORE MEAL	BLOOD SUGAR AFTER MEAL	MEDICINE AND DOSE
BFST						
	LARGE BANANA	1 PIECE	27	201 mg		INSULIN N 30 "U"
	FRIED GARLIC RICE	1 CUP	46			HUMALOG 12 U
	LOAF BREAD	2 BIG SL	46			
	PLAIN FRIED CHICKEN	3 LEGS				
	JUMBO HOT DOG	4 PCS				
	SUGAR-FREE HOT COCOA MIX	1 SACHET	10			
A.M. SNACK	DIET SOFT DRINK	1 CAN				
	SODA CRACKERS	8 PCS	23			
	CHEESE	1 SLICE				
	SKIM MILK, LIQUID	1 GLASS	12			
	157 ÷ 12 = 13 gms/UNIT					
LUNCH	CHICKEN TINOLANG	2 LEGS				
	VEGETABLES + MEDIUM GABI	2 PCS	46			HUMALOG 12 "U"
	FRIED FISH	1 BIG				
	PLAIN RICE	1½ CUPS	69			
	RIPE MANGO, MEDIUM	1 WHOLE	20			
P.M. SNACK	SKIM MILK, LIQUID	1 GLASS	12			
	PANCIT CANTON	1 CUP	23			
	PAN DE SAL	2 SMALL	23			
	193 ÷ 12 = 16 gm/UNIT					
SUPPER	BEEF MECHADO	3 SLICES		175 mg		INSULIN N 30 "U"
	FRIED PORK CHOP	2 PIECES	11.5			
	PLAIN RICE	2 CUPS	92			HUMALOG 12 "U"

AVE 141.5

ADDITIONAL INFORMATION:
Please list **all** food items eaten at other times of the day **outside** of meals, while watching TV, or relaxing.

FOOD ITEM (please specify)	APPROX. QTY. (cups, pcs., etc.)	CHO gm	BLOOD SUGAR BEFORE MEAL	BLOOD SUGAR AFTER MEAL	MEDICINE AND DOSE
TORTILLOS, CHEESE FLAVOR 30 gm/pack	2 PACKS	44			
SAGO WITH EQUAL UNSWEETENED GULAMAN	½ CUP	23			

IQC 4/3/98

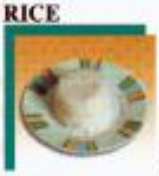
To simplify the calculations, the fiber content of each carbohydrate food was no longer subtracted from the carbohydrates in the example above. What is important though is to choose whole grain cereals over refined sources, include leafy/watery vegetables as often as possible, and to eat fruit whole (if skin and seeds are edible such as in the case of guava).

Once the person is able to establish more or less his/her carbohydrate-insulin ratio, hopefully one can achieve better glucose control through appropriate meal planning. Knowing one's response to specific carbohydrate sources will also be very useful specially if one attends parties or other social events. Illustrated below is the carbohydrate content per "exchange":

Some grains and starchy products containing the same calories and can be exchanged one for the other

1 exchange = 100 calories
23 grams carbohydrates
2 grams protein

RICE


1/2 cup (80 grams) rice, boiled


1 1/2 cups (250 grams) lugaw, thick consistency


1 1/2 cups (90 grams) oatmeal, cooked cereal, medium consistency

BREAD

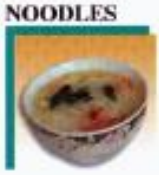

2 slices (45 grams) Whole Wheat Bread


4 pieces (45 grams) Crackers


3 pieces (40 grams) Pan de Sal


10 pieces (30 grams) Egg Crackers

NOODLES


1 cup (75 grams) Sotanghon Soup


1 cup (75 grams) Bihon Guisado

CORN


1 piece (65 grams) Corn on Cob (12 x 4)

ROOTCROPS


1/2 piece or 1/2 cup (80 grams) Boiled Camote

Source: Diabetes Philippines 2005 Illustrated Food Choices for Diabetes

For other items not found in the Food Exchange List, the nutrition facts on the wrapper or package of the food eaten may be used in the calculations. Hence it is helpful to choose commercially-prepared foods with nutrition facts on their labels. Ask a nutritionist-dietitian for assistance to be able to calculate these.

Nutrition Facts

Serving Size 3 Cookies (32g)
Servings Per Container About 5

Calories 140
Calories from Fat 60

*Percent Daily Values are based on a 2,000 calorie diet.

Amount Per Serving	% Daily Value*
Total Fat 7g	11%
Saturated Fat 2.5g	13%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 130mg	5%

Amount Per Serving	% Daily Value*
Total Carbohydrate 21g	7%
Dietary Fiber 3g	12%
Sugars 0g	
Sugar Alcohol 4g	
Protein 2g	

Vitamin A 0% • Vitamin C 0% • Calcium 0% • Iron 4%

INGREDIENTS: ENRICHED FLOUR (WHEAT FLOUR, MALTED BARLEY FLOUR, REDUCED IRON, THIAMIN MONONITRATE [VITAMIN B1], RIBOFLAVIN [VITAMIN B2], FOLIC ACID), VEGETABLE OIL (SOYBEAN, PALM AND PALM KERNEL OIL WITH TBHQ FOR FRESHNESS), WHOLE GRAIN OATS, POLYDEXTROSE, SORBITOL*, MALTODEXTRIN, LACTITOL, MALTITOL, CONTAINS TWO PERCENT OR LESS OF NATURAL OATMEAL FLAVOR, NATURAL AND ARTIFICIAL FLAVOR, CORNSTARCH, CINNAMON, SALT, LEAVENING (BAKING SODA, SODIUM ACID PYROPHOSPHATE), EGGS, SOY LECITHIN, CARAMEL COLOR, DATEM, ACESULFAME POTASSIUM, SUCRALOSE, ANNATTO COLOR, PAPRIKA OLEORESIN, NUTMEG.
*EXCESS CONSUMPTION MAY HAVE A LAXATIVE EFFECT.
CONTAINS WHEAT, MILK, EGG AND SOY INGREDIENTS. MAY CONTAIN TRACES OF PEANUT AND TREE NUTS.

GLYCEMIC INDEX

Glycemic index (GI) , according to the American Diabetes Association, measures how a carbohydrate-containing food raises blood glucose. GI is therefore a ranking or a classification of the blood glucose raising potential of carbohydrate (CHO) foods. The classification of the food is:

Low GI	Med GI	High GI
≤55	56 - 70	>70

SAMPLE GI TABLE	GI
All-bran (UK/Aus)	30
All-bran (US)	50
Oat bran	50
Rolled Oats	58
Special K (UK/Aus)	54
Natural Muesli	40
Porridge	58

To compute the GI contribution of the food: (CHO g of food ÷ total CHO of meal) x food GI
To compute the GI of the MEAL: SUM OF INDIVIDUAL FOOD GI = MEAL GI
EXAMPLE: The following items were served for BREAKFAST:
WHITE bread 23 g CHO; GI 73
PAPAYA 10 g CHO; GI 58
SKIM 12 g CHO; GI 32
TOTAL CHO g (grams) FOR BREAKFAST = 45 (that is 23 + 10 + 12 g CHO)

So using the formula (CHO g of food ÷ TOTAL CHO of meal) x food GI
WHITE BREAD 23/45 X 73 = 37.3 individual food GI
PAPAYA 10/45 X 58 = 12.9 individual food GI
SKIM 12/45 X 32 = 8.5 individual food GI
= Meal GI 58.7 (MEDIUM GI)

GLYCEMIC LOAD

Glycemic load (GL) takes into account the GI of a food and the amount eaten (or a typical serving). GL considers the net carbohydrate content of the food (CHO content of the food minus the dietary fiber content). For this reason, GL requires the use of a TABLE OF THE DIETARY FIBER (DF) CONTENT OF FOODS. The GL classification follows:

- **GL ≤ 10 LOW**
- **GL 11- 19 MED**
- **GL ≥ 20 HIGH**

(SOURCE: American Journal of Clinical Nutrition, Vol. 76, No. 1, 5-56, 2002).

TO COMPUTE, GL = GI/100 x Net CHO (Net CHO = Total food CHO minus Dietary Fiber)

EXAMPLE: PAPAYA –- 10 g CHO; GI 58; DF 1.5g (10 g CHO - 1.5 g DF) = 8.5 g net CHO

58/100 X 8.5 = 4.9 GL (LOW)

The use of glycemic index and load may provide a modest additional benefit over that observed when total carbohydrate is considered alone. (SOURCE:DIABETES CARE, VOLUME 35, SUPPLEMENT 1, JANUARY 2012). However, calculating the GI and the GL may not be that easy.

One practical approach is to increase the FIBER CONTENT of the food by selecting those with more fiber or to add additional fiber. Fiber brings down the glycemic response, favors satiety, and promotes good bowel movement among other benefits. Fiber may be increased by adding flaxseed (available in Makati supermarkets and health food stores although quite expensive), psyllium fiber, rice bran, and cinnamon powder (the cheapest among these items) to the meals. Hence, go for fiber!

Some delicious, "eye-appealing" recipes are shared:

1-2-3 Rolls

Source: dLife

Buttermilk rolls that are easy to make and done in no time.
Ingredients
2 cups self-rising flour
6 tbsp light mayonnaise (or mayonnaise substitute)

Some delicious, "eye-appealing" recipes are shared:
1 cup low fat buttermilk
1cooking spray

Directions
1. Preheat oven to 375 degrees F and combine the first three ingredients in a bowl.
2.Spoon the batter into muffin pans coated with cooking spray.
3. Bake for 12 to 15 minutes, or until the rolls are lightly brown.
MAKES 12 SERVINGS.

Nutrition Facts	
Makes 12 servings **Amount Per Serving**	
Calories	107.2
Total Carbs	17.1 g
Saturated Fat	0.5 g
Dietary Fiber	0.6 g
Sugars	1.3 g
Total Fat	2.9 g
Unsaturated Fat	2.4 g
Potassium	60.6 mg
Protein	2.8 g
Sodium	345.8 mg
Dietary Exchanges 1/2 Fat, 1 Starch	

7-Up Punch

Source: dLife

This bubbly punch will be a hit at any party, made with 7-Up and ice cream.

Ingredients

2/3 quart 98% fat free vanilla ice cream
1 quart diet 7 Up soda , chilled

Directions

1. Spoon ice cream into a large punch bowl.
2. Stir in 7-Up, leaving small bits of ice cream, and serve.

MAKES 12 SERVINGS.

Additional Information

Very good for entertaining. It has a nice fizzy taste.

Nutrition Facts	
Makes 12 servings **Amount Per Serving**	
Calories	41.4
Total Carbs	9.2 g
Dietary Fiber	1.6 g
Sugars	6.3 g
Total Fat	0.7 g
Saturated Fat	0.4 g
Unsaturated Fat	0.2 g
Potassium	mg
Protein	1 g
Sodium	33.7 mg
Dietary Exchanges 1 Fat, 1/2 Other Carbohydrate	

Diabetic Gourmet MAGAZINE

Salmon and Veggie Oven-Kebabs

Makes 4 servings

Ingredients

Marinade

- Juice of 4 lemons
- 2 Tbsp. extra virgin olive oil
- 4 garlic cloves, minced
- 1 Tbsp. dried Italian seasoning
- Sea salt and freshly ground pepper to taste Kebabs
- 1 lb. wild salmon, cut into 2-inch cubes
- 4 small plum tomatoes, cut into quarters or 8 cherry tomatoes
- 4 large whole mushrooms, stems removed, halved
- 1 medium green bell pepper, deseeded, cut into 12 pieces
- 1 medium yellow squash, cut into 8 pieces
- Canola oil cooking spray
- 4 skewers

Directions

1. If using wooden skewers (in lieu of metal ones), soak them in water for about 30 minutes.

2. In large mixing bowl combine juice, oil, garlic, seasoning, salt and pepper. Mix well and divide in half.

3. Add salmon and vegetables to half of marinade and gently toss to coat pieces. Cover and marinate for about 30 minutes, occasionally rearranging pieces to ensure even coating.

4. Preheat oven broiler.

5. Spray large shallow baking dish. Remove skewers from water. Divide fish and vegetable pieces into 4 even portions. Arrange and distribute them evenly on skewers, being careful not to break the pieces.

6. Place on baking dish. Brush with remaining marinade not used for marinating raw fish. Broil for about 5-8 minutes, brushing frequently with marinade. Carefully turn over kebabs and continue cooking for an additional 4 minutes, basting frequently until fish is done. Serve.

Nutritional Information Per Serving:
259 calories
13 g total fat
2 g saturated fat
9 g carbohydrate
26 g protein
2 g dietary fiber
60 mg sodium

Popsicles

DiabetesCare.net
Recipe By: Brenda J. Ponichtera, R.D.

This Recipe Makes: 16 Serving(s)
HAVE FUN IN CREATING AND PLANNING DELICIOUS MEALS!

What you'll need:

- 1 pkg. artificially sweetened cherry Kool-Aid (0.3 ounces)
- 1 pkg. sugar-free cherry-flavored gelatin (0.3 ounces)
- 2 cup boiling water
- 2 cup cold water

Instructions:

- Dissolve Kool-Aid and gelatin in boiling water. Mix in cold water. Pour into popsicle molds and freeze until firm, about 3-6 hours.

Nutrition Facts

- Makes: 16 Serving(s)
- Amount Per Serving
- Calories: 3
- Total Fat: 0g
- Saturated Fat: 0g
- Cholesterol: 0mg
- Sodium: 20mg
- Total Carbohyrdates: 0g
- Dietary Fiber: 0g
- Sugars: 0g
- Protein: 1g

Navigating the Net: Diabetes - There's an App for That!

Cecille R. dela Paz, MD
East Avenue Medical Center

The development of new technologies has grown by leaps and bounds over the past three decades. Personal computing, which was in its infancy in the seventies, have reached unprecedented heights recently with the development of smartphones and tablet computers. Information, literally, is now in the palm of our hands. We now use our mobile devices to manage our daily lives, including our schedules, contacts, and entertainment. Why not use them to keep track of our health? There is a variety of application software, or apps, that are available for both Apple and Android users that may be used by people with diabetes and anyone who wants to be healthy. Here are some ways these apps can help us manage diabetes.

Apps for Keeping Track of Diabetes Information

Glucose Buddy (available for iPhone, iPod Touch and iPad)

OnTrack Diabetes (available for iPhone, iPod Touch, iPad, and Android)

Gone are the days when you had to write down your blood sugars in a diary. With these apps, you can log your blood sugar measurements, insulin injections, food intake, and exercise. There is even a way to present the data in a graph so you and your doctor can review your blood sugar trends. If you are feeling sociable, you can even join forums and interact with other fellow patients. These apps are free but you can upgrade to avail of other features.

Apps for Weight Loss

Calorie Counter by MyNetDiary (available for iPhone, iPod Touch, iPad)

Calorie Counter by MyFitnessPal (available for iPhone, iPod Touch, iPad, Android)

With these apps, you can keep track of your meals, exercise, and weight. The apps have a built-in library of hundreds of thousands of food items and their caloric equivalent. You can sync your information online too.

Workout Trainer (available for iPhone, iPod Touch, iPad, Android)

This app gives you access to thousands of free workouts coached by personal trainers complete with audio, photo, and video instructions. No expensive exercise equipment needed.

Diabetes Education Apps

American Diabetes Association Journals (available for iPhone, iPod Touch, iPad)

This app gives you access to full-text articles to Diabetes, Diabetes Care, Diabetes Spectrum, and Clinical Diabetes.

American Diabetes Association Standards of Care (available for iPhone, iPod Touch, iPad)

This app contains the ADA's standards for diagnosing and treating diabetes, nutrition recommendations and principles, and guidelines on managing diabetes and its complications.

Managing Type 1 Diabetes: A Guide for Kids and Their Families by Panarea (available for iPhone, iPod Touch, iPad)

This app is perfect your young children to help them with managing their diabetes. Clever animation and interactive activities will make it easy for them to learn about their disease.

dLife Diabetes Companion (available for iPhone, iPod Touch, iPad, and Android)

This app complements the dLife Diabetes Companion website. It offers access to tools essential for managing diabetes, including diabetes-friendly recipes, nutrition information and videos. Experts also answer diabetes-related questions.

If you are comfortable with gadgets and the latest technologies, you can consider using these apps to help you manage your diabetes. But always remember to talk to your doctor first before following any advice.

diabetes philippines ON THE MOVE

Pepito de la Peña, MD
National Kidney & Transplant Institute

PMA Annual Convention

May 16-18, 2012
EDSA Shangri-La Hotel, Mandaluyong City

- Last May 16, 2012 during the annual convention of the Philippine Medical Association (PMA), the Diabetes Philippines together with Philippine Society of Endocrinology and Metabolism (PSEM), conducted a scientific session entitled "Diabetes: A disease or risk factor Primary Prevention: Does it work?" in line with this year's convention theme which is "Eminence or Evidence Based Clinical Practice". Seats have been fully occupied during the said session.

Philippine College of Physicians Front of Pack Food Label Task Force

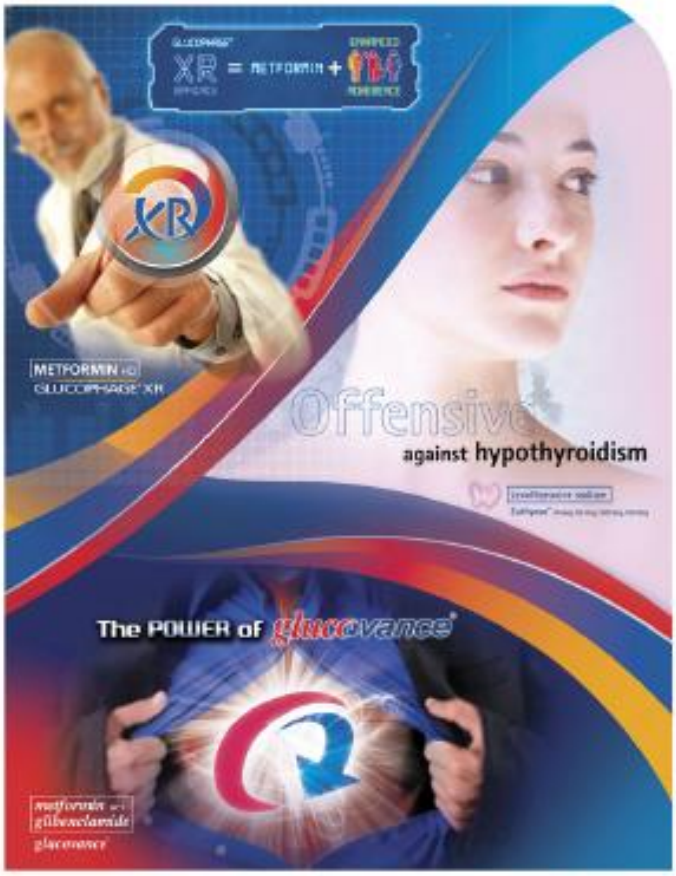
- As one of the members of the Front of Package Food Label Steering Committee which are composed of private and public sectors, the Diabetes Philippines participated in the promulgation of mandatory Front of Pack labeling by food industry to display caloric content, sugar, fat &

protein content of all food products. Dr. Susan Yu-Gan, President of Diabetes Philippines together with Mrs. Ma. Imelda Q. Cardino, Director Diabetes Philippines attended a series of meetings of this advocacy by the Philippine College of Physicians.

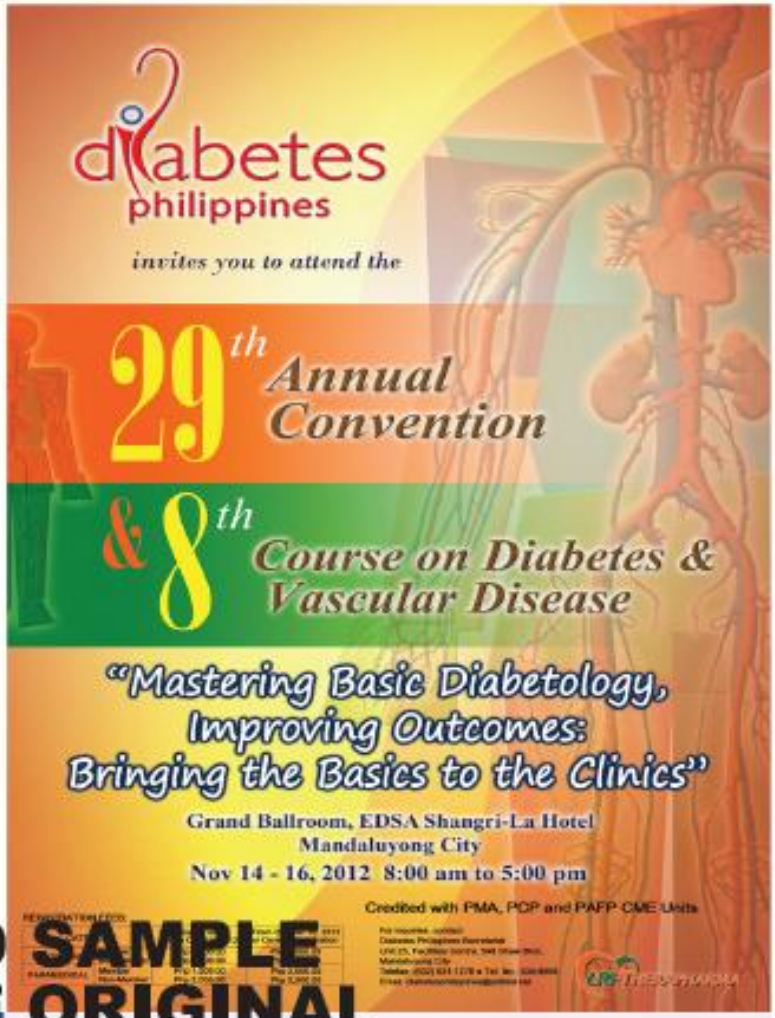
3rd National Hypertension Awareness Month

May 19, 2012
Bonifacio Shrine and Unibersidad de Manila, Manila

- Pursuant to Presidential Proclamation No. 1761, the National Hypertension Awareness Month will be celebrated every month of May of each year. For this year, the Philippine Society of Hypertension (PSH), Inc. celebrated the 3rd National Hypertension Awareness Month at the Bonifacio Shrine and Universidad de Manila beside Manila City Hall, Manila last May 19, 2012 with the theme "High Blood Mo, Aksyonan Mo". This celebration aims to support the promotion of national awareness on hypertension prevention, diagnosis, and treatment through collaboration, networking and linkages of concerned organizations. The Diabetes Philippines distributed advocacy and information materials about diabetes.



Merck Serono
Living science, transforming lives



44th Diabetes Workshop and 9th Diabetes Forum

Pete Dela Peña, MD
East Avenue Medical Center

The 44th Diabetes Workshop and 9th Diabetes forum was held at the Diamond Hotel, Manila last March 16-17, 2012. The much-awaited event was a huge success, attended by a total of 225 delegates all over the country. The 225 delegates were composed of 96 medical doctors, 88 registered nurses, and 41 registered nutritionist-dietitians.

It was a 2-day event. Delegates were welcomed by Dr. Susan Yu- Gan with her wonderful remarks. Lectures during day 1 included Pathophysiology, Diagnosis and Classification of Diabetes Mellitus by Dr. Susan Yu-Gan, followed by treatment of diabetes mellitus which was divided into 2 parts: Medical Nutrition Therapy by Mrs. Ma. Imelda Q. Cardino and Pharmacologic Therapy by Dr. Rima T. Tan. Lunch was served while being educated by Dr. Susan Yu-Gan, with her lecture entitled Linagliptin: Treatment Without Compromise. The afternoon session was started with Acute Complication Hypoglycemia by Dr. Francis Pasaporte followed by breakout sessions on how to write a dietary prescription by Dr. Joy Arabelle C. Fontanilla, and Stepwise Treatment Insulin Injection Techniques by Dr. Richard Elwyn V. Fernando.

The 2nd day of the workshop was started by the lecture of Dr. Nemencio A. Nicodemus, Jr. regarding Diabetes in Pregnancy. It was followed by talks on Chronic Complications of Diabetes Mellitus which were divided into Macrovascular Complications by Dr. Susan Yu-Gan, and Microvascular Complications by Dr. Agnes T. Cruz. The 2-day workshop was formally closed by Dr. Rima T. Tan. It really was worth the time for all those who attended, and I am very much excited on what they are storing for us next year.


When You Eat This
Can You Do That?
2 Chocolate Truffles
=
diabetes
philippines
44th DIABETES
Workshop
and
9th


diabetes
philippines
44th DIABETES
Workshop
and
9th
March 16 -17
Diamond


Oral Agents
in the
Treatment of the DM Patient
44th
diabetes
philippines


diabetes
philippines
44th
9th
diabetes
philippines

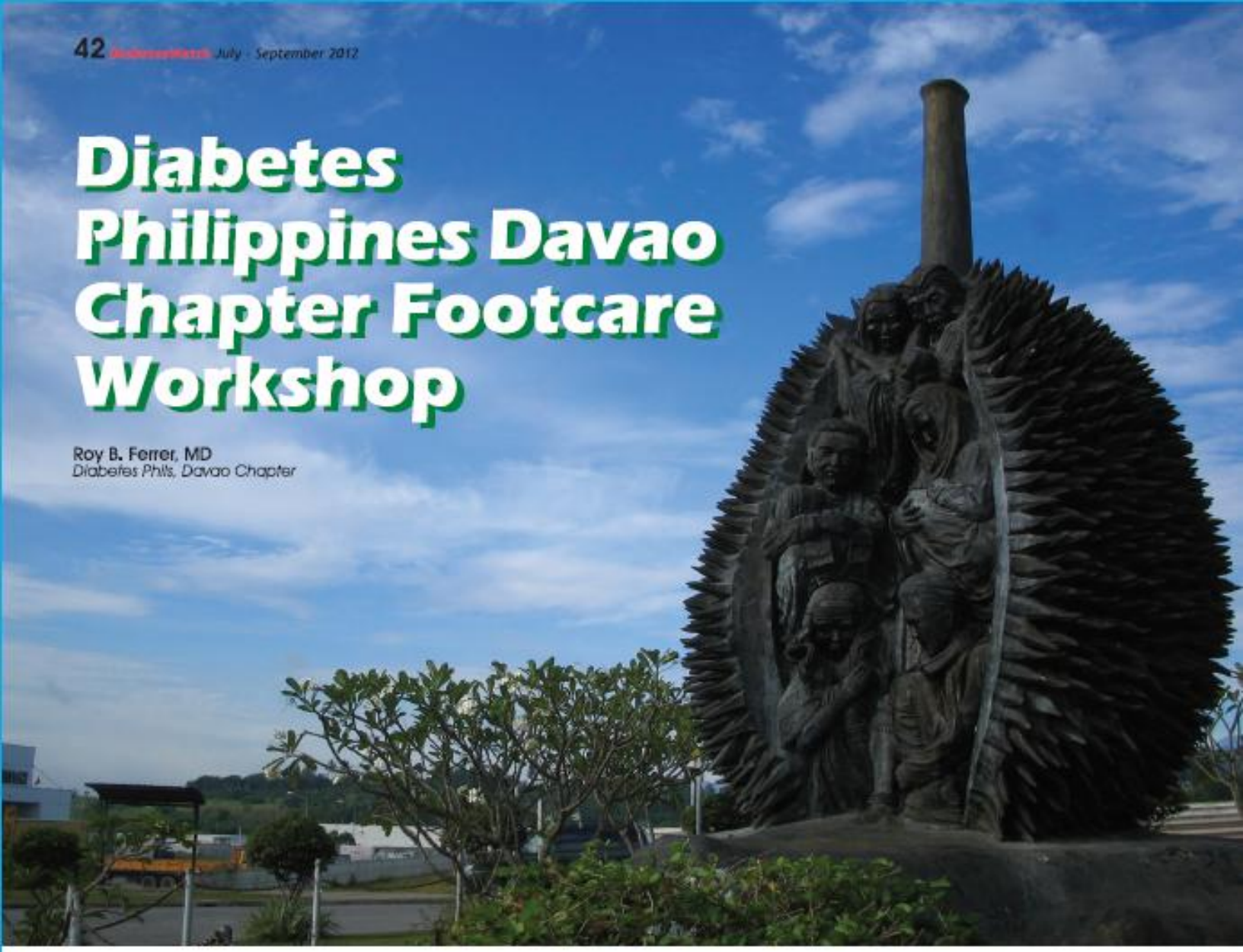

philippines
4th DIABETES
Workshop
and
9th diabetes
Forum
diabetes
philippines
growth
March 16
Diamond


Pregnancy
44th DIA
9th


Step wise treatment
– insulin injection
techniques
44th DIABETE
Works
9th and
9th diabe

Diabetes Philippines Davao Chapter Footcare Workshop

Roy B. Ferrer, MD
Diabetes Phils, Davao Chapter



The Diabetes Philippines Davao Chapter last April 21, 2012 conducted a workshop for healthcare professionals entitled "Current Trends in Diabetic Foot Care". The workshop was held in Grand Men Seng Hotel and was attended by doctors and nurses with the goal of espousing team care approach in the management of diabetic foot.

The 2-day workshop started with a dinner symposium and the second day started with a lecture on basic knowledge about the diabetic foot including its evaluation, medical and surgical management. The importance of foot care for people with diabetes was also stressed. Management of foot ulcers topic dealt with the role of glycemic control, infection control, practical considerations, surgical management, alternative and adjunctive treatment and ultimately amputation and the use leg prosthesis.

The speakers for the workshop included experts in the field of cardiology, neurology, surgery, diabetology, nursing and infectious disease. Some of the speakers included Dr. Roy Barcinas, a Vascular Cardiologist who shared his expertise in the management of peripheral vascular didease. Dr. Hilario Diaz, an Orthopedic Surgeon, shared his thoughts and experience in the surgical management of diabetic foot gangrene and the use of leg prosthesis. Dr. Manolette Guerrero, a neurologist, gave a lecture on the management of painful neuropathy. Dr. Francis Ho, an endocrinologist, talked about "The Role of Glycemic Control in Diabetic Foot Management" a topic which was well-appreciated by most of the doctors and participants because of its simplified and concise manner . The other speakers who also imparted their knowledge were Dr. Victor Hofilena, a Vascular Surgeon, who gave importance on preserving the blood vessels to save the compromised foot. Dr. Luinio Tongson a Surgeon and a Foot Specialist, gave an overview in

foot anatomy, pathogenesis of DM foot and management. Dr. Lara Torno, an Infectiuos Consultant, shared her views on the importance of choosing the right antimicrobial coverage for infected diabetic foot. Susan Yu-Gan, an endocrinologist, flew all the way from Manila to share her expertise on the use of pioglitazone in glycemic contol. Dr Araceli Panelo of ISDFI came in the late afternoon to give a lecture on DPP4 Enzyme Inhibitors in the management of Type 2 DM. And lastly, Ms. Nerissa Claudio-LLanza, a foot and wound Care Nurse showed the proper way of wound care to the nurses who joined the workshop.

The workshop would not be possible without the strong commitment and dedication of the members of The Diabetes Philippines Davao Chapter who aim to be the prime mover of effective prevention and excellent diabetes care in the Philippines. Thanks to our dear doctors who exerted much of their efforts in making the workshop fruitful and successful. The members and officers of the Diabetes Philippines Davao are: President Dr. Roy Benedicto Ferrer; Dr. Veronica Racho, Vice President; Dr. Lowel Amoguis, Secretary; Dr. Mila Alquiza, Treasurer; Dr Yvette Tan,Dr. Francis Ho, Dr. Suzette Alegarbes serve as Board of Directors.

In summary, the workshop encouraged healthcare professionals to work as a team in addressing diabetes and its associated complications like foot ulcers. In working closely with each other's field of expertise, healthcare professionals are able manage foot ulcers better, prevent amputation and improve the quality of life of their patients. ○

THE MINDANAO DAILY MIRROR
PEOPLE, EVENTS & PRODUCTS
MONDAY, APRIL 23, 2012 25

Diabetic foot care workshop

Text by ANA THERESA E. BASILIO
Photos by ERNO GONZALES

MEDICAL PRACTITIONERS, including nurses and podiatrist members of the healthcare team, attended the two-day seminar over the weekend.

DR. MA. LOURDES GARCIA-DEPOSITOR, president of Davao Medical Society and Davao City Chamber of Commerce Inc., gave her welcome remarks to hundreds of doctors, nurses and other members of the healthcare team.

DR. LUNDI DIAGOSO, one of the invited speakers during the whirlwind workshop on team care approach receives his plaque of appreciation from Diabetes Philippines Davao Chapter president Dr. Roy Bandiola-Ferrer.

DR. PRISCILLIE HO

DR. ROY JOSEPH BANDIOLA receives his award of appreciation being one of the invited speakers during the two-day seminar of Diabetes Philippines Davao Chapter for Diabetic Foot and Diabetes Philippines Davao Chapter president Dr. Roy Bandiola-Ferrer.

The World Health Organization has predicted that by 2025 Filipino diagnosed diabetics would reach by 2025. In addition, 6 million have an at risk of possible ulceration with all the attendant sequelae of amputation and limb loss. Then 85 percent of all amputations done on diabetics are preceded by ulceration.

Because of the very alarming condition that may happen soon and anytime, the group of Diabetes Philippines ordinarily pursued this type of workshop on team care approach to help ease a more lives, limbs and avoid further health complications related to diabetic mellitus.

Infectious disease specialist Dr. Lundi Diagoso said that 15 percent of the diabetic patients will soon develop foot ulcers, thus, foot amputation will be required as a result of the ulceration.

To help lower public information and patient education, several renowned specialists from Manila and other local specialists discussed the different interesting topics pertaining to evaluation for risk of diabetic foot ulcer, medical and surgical management of peripheral vascular disease, glycemic and infection control in the management of foot ulcers, managing the foot ulcers, and amputation.

During the workshop on team care approach in the management of diabetic foot ulcers, an open forum discussion took place with panelists Dr. Roy Bandiola, Dr. Hilario Diaz, Dr. Mandan Guerrero, Dr. Francis Ho, Dr. Vidal Hollada, Dr. Lauro Tingson, Dr. Lucien Lim Torres and Sally Chuidian Llanos while Dr. Francis Bevan acted as the moderator.

The whirlwind discussion covered, made all the members of the healthcare team become more updated on their medical knowledge and desired to share to an effort to their patients and their relatives to help prevent foot amputation as much as possible.

DIABETES PHILIPPINES, INC.

DAVAO CHAPTER

OFFICERS:

President	: Dr. Roy B. Ferrer
Vice President	: Dr. Veronica Racho
Secretary	: Dr. Lowel M. Amoguis
Treasurer	: Dr. Mila T. Alquiza
Board of Directors	: Dr. Yvette Y. Tan
	Dr. Francis W. Ho
	Dr. Suzette Q. Alegarbes

FOR PAYMENT AND QUERIES, CONTACT:
Dr. Suzette Q. Alegarbes 221-2101 loc 524
Dr. Mila Alquiza 300-3423 or CP#0917-378-2546
Dr. Mae Gallardo 296-5104 /286-2864 or CP#0917-705-4900
Dr. Roy Ferrer CP# 0922-825-9591
Dr. Veronica Racho CP# 0915-672-9658

COMMITTEE ON SCIENTIFIC PROGRAM
Chair: Dr. Suzette G. Alegarbes
Members:
Dr. Lowel M. Amoguis Dr. Lou Rowena Garcia

COMMITTEE ON FINANCE (Plays &Means)
Chair: Dr. Roy B. Ferrer
Co-chair: Dr. Mae R. Gallardo

COMMITTEE ON REGISTRATION
Chair: Dr. Veronica A. Racho
Members: Dr. Yvette Y. Tan
Dr. Ma. Lulu Bonar
Dr. Mila T. Alquiza
Dr. Grace Aputerse
Dr. Justin Jones Santa Cruz
Dr. Rosalita G. Alejandro
Ms. Elena Zaporte
Ms. Vivien Bayacag

COMMITTEE ON PUBLICITY
Chair: Dr. Ma. Lulu Bonar
Members:
Dr. Roy B. Ferrer Dr. Jeanie Hinagan
Dr. Lou Rowena Garcia

COMMITTEE ON DOCUMENTATION
Chair: Dr. Francis W. Ho
Members:
Dr. Francis Gerald
COMMITTEE ON PHYSICAL ARRANGEMENT
Chair: Dr. Leo Gallardo
Members:
Dr. Sonny Yuson

COMMITTEE ON POSTERS
Chair: Dr. Eleanor C. Du

COMMITTEE ON FOOD
Chair: Dr. Marilyn Lim

COMMITTEE ON PROGRAMME
Chair: Dr. Judy Anne Gaerlan-Yuson
Members:
Dr. Precilla Salegon

COMMITTEE ON AWARDS
Chair: Dr. Ma. Evangelina C. Durban
Co-chair: Dr. Jeanie E. Hinagan

SECRETARIAT
Chair: Dr. Ma. Clara Teresa Isagunne
Member:
Dr. Cynthia M. Amoguis

DIABETES PHILIPPINES DAVAO CHAPTER

Current Trends in Diabetic Foot Care

a workshop on team care approach

April 21, 2012 • Grand Men Seng Hotel • Davao City

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)







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

Philippine Center for Diabetes
Education Foundation Inc.

Diabetes Center Philippines

invites you to attend the

NADE 2012

18th NATIONAL ASSEMBLY OF DIABETES EDUCATORS

Theme: *"Making a Difference: Caring for Diabetes in Our Communities"*

Tuesday, November 13, 2012
EDSA Shangri-La
Pasig City

Recombinant Human Insulin

SciLin Lifeline for a Lifetime

A high Emotional Quotient can guarantee the sweetness of a bond.

SciGen
Delivering Human Solutions

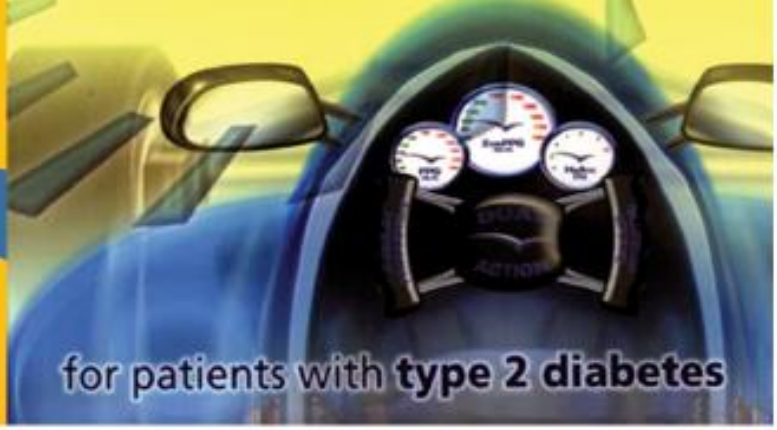
Manufactured by BIOTON S.A. Warsaw, Poland
For SciGen Ltd., Singapore
Imported and Distributed by Metro Drug, Inc.
Mañalac Ave., Bagumbayan, Taguig, Metro Manila
Tel. Nos.: (632) 662-7487 to 98 Fax No.: (632)837-2901

ONE TABLET, ONCE A DAY

Glimepiride

Solosa

COMPLETE CONTROL RIGHT FROM THE START



for patients with **type 2 diabetes**

GLIMEPIRIDE

NORIZEC®

1 mg, 2 mg & 3 mg Tablet

Fast and Precise Glycemic Control

Metformin HCl

Glumet®-XR

500 mg Extended-Release Tablet

Basic Glycemic Control with eXtended Results

GLUBITOR®-OD

30 mg Modified Release Tablet

Tamang-tama sa Diabetes

Pioglitazone HCl + Metformin HCl

Pioplus®

15 mg / 500 mg and 30 mg / 500 mg Tablet

Go for the Optimal A_{1C} Level

LRI-THERAPHARMA

Unilab 'yan!

Full product information available upon request.
2/f and 3/f Bonaventure Plaza, Ortigas Ave., Greenhills , San Juan City, Philippines

GLICLAZIDE

DIAMICRON® MR 60

Scored Tablets

ENDORSEMENT

EFFICACY

EXPERIENCE

EVIDENCE

ECONOMY

- Effective glycemic control [1, 2]
- Protection of the β-cells [3, 4]
- Protection of the kidneys and the heart [1, 5, 6, 7]
- Supported by evidence from ADVANCE, the largest morbidity-mortality trial in diabetes [1]

1 to 2 tablets* at breakfast

*In most patients

1. ADVANCE Collaborative Group; Patel A et al *N Engl J Med.* 2008; 358: 2560-2570. 2. The GUIDE Study *Eur J Clin Invest.* 2004; 34: 535-542. 3. Sawada F et al. *Metabolism.* 2008; 57(8): 1038-1045. 4. Del Guerra S et al *Diabetes Metab.* 2009; 35(4): 293-298. 5. The CONTROL Study. Diabetologia. 2009; 52: 2288-2298. 6. Khalangot M et al. *Diabetes Res Clin Pract.* 2009; 20(6): 611-615. 7. Katakami N et al *Diabetologia.* 2004; 47: 1906-1913.

SERVIER

Full prescribing information available upon request.

No. 2 Orion corner Mercedes Streets, Bel-Air Village, Makati City 1209. Tel. Nos. 897-8990 to 97, Fax No. 897-9027