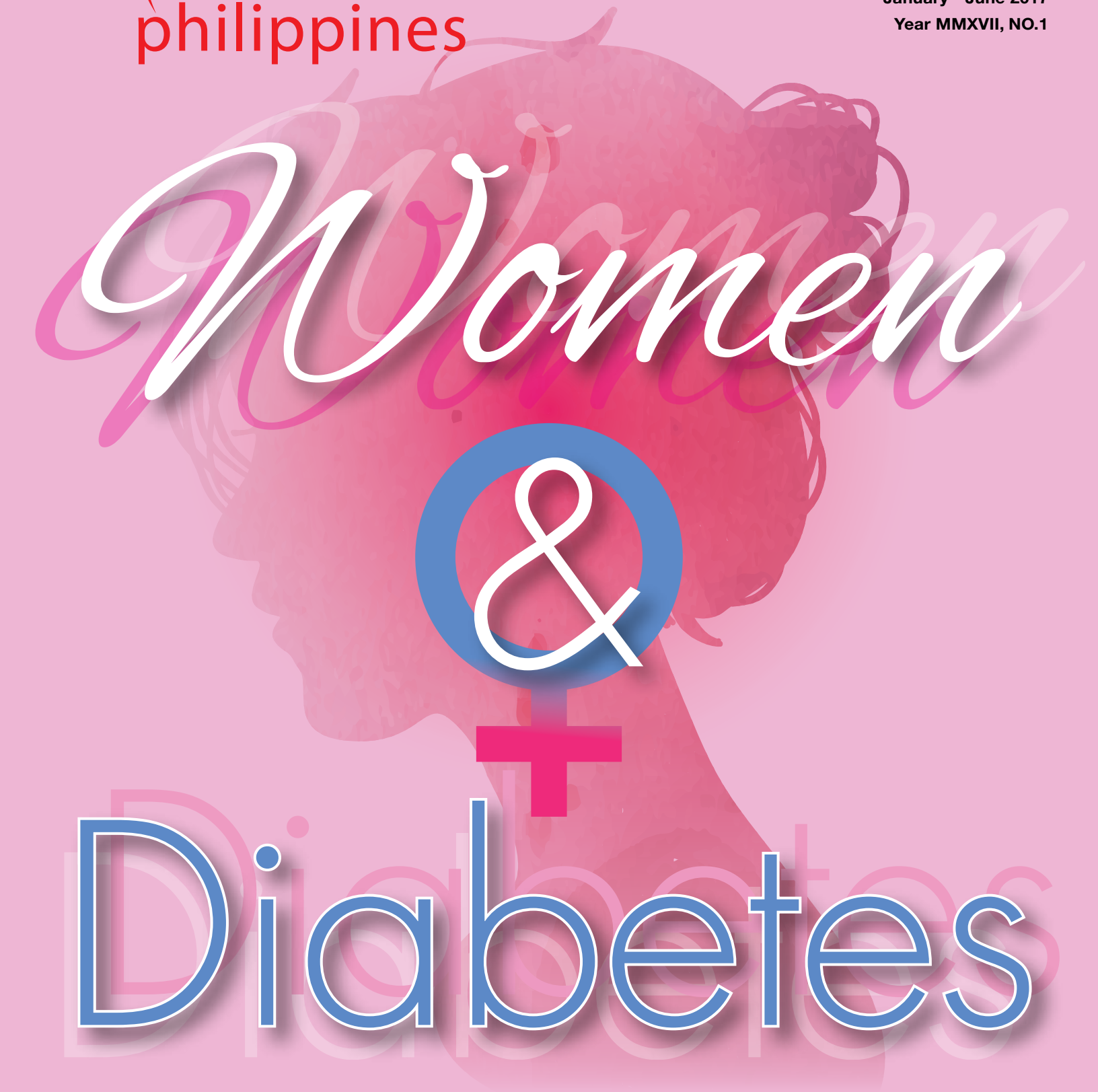
Member: International Committee of Diabetes Magazines, International Diabetes Federation (IDF)

ISSN 1908-1227

diabetes philippines WATCH

A Publication of the Diabetes Philippines

January - June 2017
Year MMXVII, NO.1



Women & Diabetes

SPECIAL FEATURES

REGULAR

DP WORKSHOPS

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Your PRESIDENT Speaks

Being a doctor by itself entails hardwork, passion and dedication. You live a life of immeasurable values, pursuing your dreams against all the insurmountable odds. To lead a national organization of passionate, dedicated and hardworking diabetes advocates is another story. This was what I came to face when you gave me the privilege and honor to lead Diabetes Philippines. The challenge was mine and I gladly accepted it with all humility.

The tasks at hand are beyond what I imagined them to be. I am blessed to have an energetic and well-motivated board and they were one with me towards achieving the mission and vision of DP. As early as the start of the new year, the Board met and reviewed the Constitution and Bylaws of the organization to keep up with the evolving needs of the Society. The various workshops and seminars were reinvented and intensified. The Chapters were revived, and reactivated. The various Councils were renewed and they eagerly started planning their activities for the next two years. DP reached out to more people through media and a regular segment in a TV station was launched. The website was loaded with new and updated information and a new DP website was born. And we haven't even had one year of our term yet.

The most awaited home of Diabetes Philippines will soon be unveiled and DP will open its doors to welcome diabetes advocates, friends and allies. Indeed, this is an exciting year for DP. The year to come is as exciting and promising. We are happy to share all these with all of you.

I want to thank you for entrusting DP to the board under my leadership. I hope we could meet your expectations and deliver what is expected of us. We are your humble servants in making DP a prime diabetes oriented organization in the country. And we will do our best to keep it that way.

More power to Diabetes Philippines!

Agnes Torrijos - Cruz MD, MS, FPCP, FPSN, FPSD
President

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

OUR VISION

By 2020, we envision:
1. Fewer Filipinos with diabetes
2. Improved quality of life for Filipinos with diabetes

OUR VALUES

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

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

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

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

From the

EDITOR'S DESK

Greetings!

The theme for World Diabetes Day 2017 is ***Women and Diabetes – our right to a healthy future***. We dedicate this issue to the women living with diabetes and to the women working hard to prevent, treat and find a cure for diabetes.

The IDF states that there are currently 199 million women living with diabetes, with about 60 million of them in the reproductive age. These women are 10 times more likely to have coronary heart disease than women without the condition. Type 2 diabetes prevention strategies must focus also on maternal health and nutrition and other health behaviors before and during pregnancy, as well as infant and early child nutrition. These are the focus points for this year's WDD campaign.

With special emphasis on the stronger sex, this Diabetes Watch issue will include Tips for Managing Diabetes for Working Women, Proper Diet Advice for Pregnant Diabetics, Changes in the Postmenopausal Woman with Diabetes and a feature on the Safety of Cosmetic Surgery Safe for Persons (especially Females) with Diabetes.

We will also feature Filipinas who have been instrumental in changing the landscape of diabetes in our country. These include Dr. Araceli Panelo, Mrs. Sanirose Orbeta, RND, and Dr. Teresa Plata-Que.

For all of us women- stay healthy, stay strong!

Marsha C. Tolentino, MD
Editor-in-Chief

diabetes philippines

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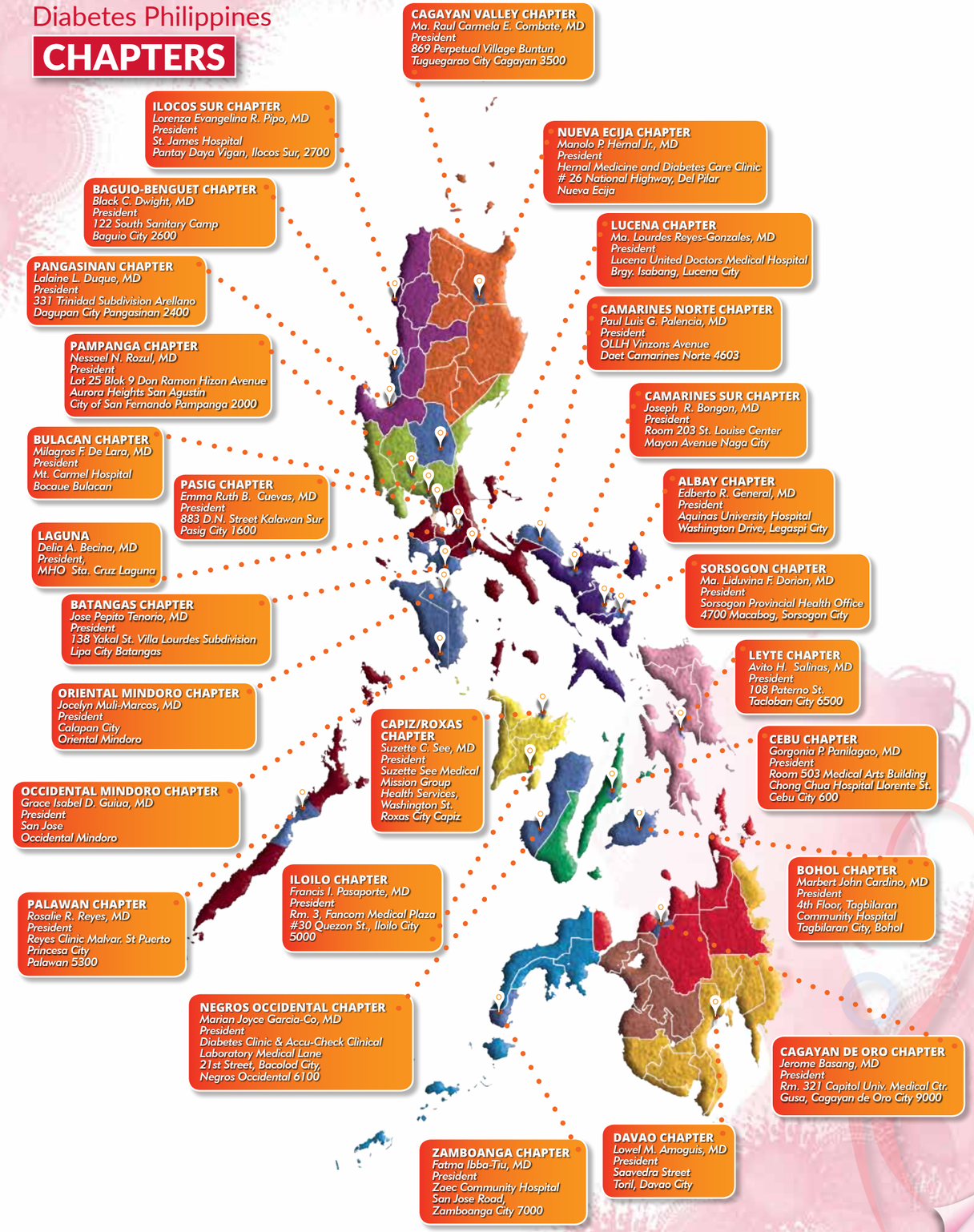
CHAPTERS

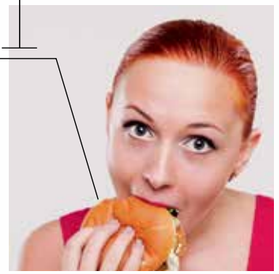


Tips for Managing Diabetes for Working Women

>Rima T. Tan, MD

Gone are the days when women were simply home- and kitchen-bound. Today, most women are stressed juggling a home and a career, so they end up neglecting their health. Being in the same situation, I know it is not easy, albeit I do not have diabetes. But we must first take care of our bodies before we can take care of our significant others. So here are some practical tips for a healthier lifestyle:

1



First, try to maintain or achieve a healthier weight by managing your food intake.

There is really no single ideal dietary distribution of calories among carbohydrates, fats, and proteins for people with diabetes. We need to keep in mind that each person has her own total caloric and metabolic goals, so individualization is the key. I usually recommend portion control and healthy food choices using the plate method or "pinggang pinoy" because it is more practical. Please check for details on http://www.fnri.dost.gov.ph/index.php/tools-and-standard/pinggang-pinoy. Wherever you are, you can always try to balance your meals using this method. If you are overweight or obese, then go for smaller portions.

As much as possible, carbohydrate intake from whole grains, vegetables, fruits, legumes, and dairy products, with an emphasis on foods higher in fiber is advised. Reduce intake of refined carbohydrates, such as cookies, donuts, and chocolates. Limit intake of oily foods and animal fat. I usually emphasize avoidance of sugar- or syrup-sweetened food and sweetened beverages (including regular soda drinks, juices, 3-in-1 coffee) in order to control weight and to reduce the risk for heart disease and fatty liver. Of late, there seems to be over consumption of these instant sweetened drinks, while displacing intake of healthier choices, like water.

2

Second, you need to increase your physical activity.

The American Diabetes Association recommends 150 minutes or more of moderate-to-vigorous intensity physical activity per week, spread over at least three days/week, with no more than two consecutive days without activity. This can mean 30 minutes a day, five times a week, or 50 minutes a day, three times a week. Although it is usually easier to exercise at the start of the day, you can choose a time and an exercise pattern according to your own schedule.

Just do it! You can walk, dance, bike, play a sport, go to the gym, etc. Alternatively, you can take a walk around your workplace during breaks. If you have a desk job, prolonged sitting should be interrupted every 30 minutes, so get up and walk around. Try to stay active throughout the day. Remember, exercise should be an activity over and above what you usually do. It is also recommended that flexibility, resistance and balance training be added. Exercise is free; use it as often as possible.

3

Third, take care of your diabetes.

Have regular check-ups, consult the proper doctors, and follow your prescriptions. If you have problems remembering the timing of your medications, try to develop a regular schedule with cues for when it is time to take your medications or do your home blood glucose tests. You can also set an alarm reminder on your mobile phones. If necessary, bring your medications to work so you can take them on time. Let your co-workers know that you have diabetes. This will hopefully encourage them to help you follow your healthier lifestyle changes.

Regular check-ups can help you protect yourself not only from the complications of diabetes but also from other diseases. Get your vaccinations, such as for pneumonia and flu.

It is also important to know your numbers, like your A1c, BP and cholesterol levels. Try to achieve your personal target A1c, BP and cholesterol levels. Ask questions from your health care providers if you do not understand the meaning of your test results. Read up on diabetes from reputable sources. An educated diabetic does live longer without complications.

4

Fourth, get enough sleep.

Around 7 hours a night should be fine. This is important for good health and also brain function. Minimize stress. Learn to relax. You can be busy but not rushed.

5

Last but not the least, be happy.

Proverbs 17:22 says: "A merry heart does good, like medicine; but a broken spirit dries the bones".

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How to Eat Healthy for Me & My Baby: Diabetes & Pregnancy

>Jennina A. Duatin, RND

The 40 weeks of pregnancy are a magical time. Adequate nutrition is one of the most important influences on the health of pregnant women and the angel inside her womb. Maintaining a good nutritional status optimizes maternal health, reduces the risk of birth defects and suboptimal fetal growth and lowers the risks of chronic health problems in the children.

Medical nutrition therapy should be provided. The goals for pregnancy in women with diabetes are to provide adequate nutrients for maternal and fetal needs while minimizing pregnancy complications, to promote appropriate weight gain, and to maintain optimal glucose control.

Foods Fit for Mom and Baby

Moms-to-be need a variety of foods from all the food groups. A balanced diet with a variety of foods can provide healthy women with enough nutrients for pregnancy. Safe food practices are important, too, since pregnant women are at higher risk of food poisoning.

Carbohydrate

Glucose is the preferred fuel for fetal growth and development and the primary nutrient affecting maternal glucose level. The amount of carbohydrates should be individualized and should focus on consistency based on individual preferences, weight gain goals, insulin dose, as well as premeal, postmeal and nighttime glucose values.

Women with diabetes can use a variety of methods to manage their carbohydrate intake. They can "count" carbohydrate grams. Some use portion sizes. While others estimate portions based on individual experience or "my healthy plate".

Carbohydrate sources include whole grains, breads, cereals, pastas and brown rice, all types of fresh fruit and a variety of colorful vegetables. Avoid raw sprouts.

Dietary Fiber

Adequate fiber intake can minimize the risk of or alleviate the common pregnancy complaint of constipation, which is the result of slowed digestion. Additionally, fiber increases satiety and aids in the management of appetite.

Protein

Protein has a minimal effect on postprandial glucose excursion and may be useful to provide satiety and necessary calories. Choose protein sources such as lean protein from meat, poultry, fish, eggs, beans and peas, peanut butter, soy products and nuts.

Low-fat or fat-free dairy

This includes milk, cheese and yogurt. Unpasteurized milk and some soft cheeses that are made from unpasteurized milk also should be avoided.

Dietary Fat

Intake of dietary fat provides energy and essential fatty acids, while enhancing absorption of fat-soluble vitamins. Fats provide more calories per gram than any other calorie source (9 calories per gram) and excess intake may result in excessive weight gain and may lead to increased insulin resistance and postpartum weight retention in women with diabetes. Healthful fat sources include avocados, nuts and seeds as well as vegetable oils including canola and olive oil.

Avoid extra calories from added sugars and solid fats, which can lead to unhealthy weight gain. Cut down on foods such as regular soda, sweets and fried snacks.

Folic Acid

Folic acid reduces the risk of birth defects that affect the spinal cord. All women of childbearing age and pregnant women should consume at least 400 micrograms of folic acid each day. Natural food sources of folate include legumes, dark green leafy vegetables, citrus fruits, beans and peas. Folate also can be obtained through fortified foods such as cereals, pastas and bread as well as supplements.

Iron

Maternal iron deficiency is the most common nutritional deficiency during pregnancy. Pregnant women need at least 27 milligrams of iron each day. Foods with high and moderate amounts of iron include red meat, chicken and fish, fortified cereals, spinach, some leafy greens and beans. For vegetarians and women who do not eat a lot of meat, increase iron absorption by combining plant-based sources of iron with vitamin C-rich foods. For example, try vegetable salad with oranges or cereal with banana.

Calcium

During pregnancy, calcium is needed for the healthy development of a baby's teeth, bones, heart, nerves and muscles. When a pregnant woman does not consume enough calcium, it is taken from her bones for the baby. Take at least three daily servings of calcium-rich foods such as low-fat or fat-free milk, yogurt or cheese or calcium-fortified plant-based beverages or cereals.

Mercury

Too much mercury in the body during pregnancy can harm a developing baby's brain and nervous system. Pregnant women should avoid eating tilefish, marlin, shark, swordfish, king mackerel and tuna.

Caffeine

High caffeine intake during pregnancy is associated with spontaneous miscarriage and low birth weight, but it has not been shown to correlate with birth defects. Large quantity of caffeine ingested >300mg/day increase the risk of intrauterine growth restriction and spontaneous abortion. The suggested limit is <300mg caffeine daily. *(See Table 1.0)*

Alcohol

Alcohol should not be consumed by pregnant women, including those with diabetes.

Nonnutritive Sweeteners

Use of nonnutritive sweeteners classified as Generally Recognized as Safe are acceptable in moderation during pregnancy. These include acesulfame-K, aspartame, saccharin, stevia, sucralose and neotame. Blends of artificial sweeteners that contain dextrose should be counted as carbohydrate in the meal plan.

Food Safety

Women with diabetes are at risk for food-borne illnesses and pregnant women are at high risk to becoming sick from listeria, a bacteria found in some foods. Infection can result in miscarriage, stillbirth, preterm delivery, or neonatal illness. To avoid infection, pregnant women should not consume the following:

- Hot dogs, luncheon meats or other deli meats unless they are reheated until steaming hot.
- Soft cheese
- Salads made in the store
- Raw or unpasteurized milk
- Refrigerated pate, meat spreads or smoked seafoods

Nutrition Education

Work with registered nutritionist dietitians who are knowledgeable of medical nutrition therapy especially for pregnant women with diabetes to plan an individualized healthy meal plan based on nutritional needs, medications, metabolic goals, weight goals, personal preferences, culture, religion, and economic status.

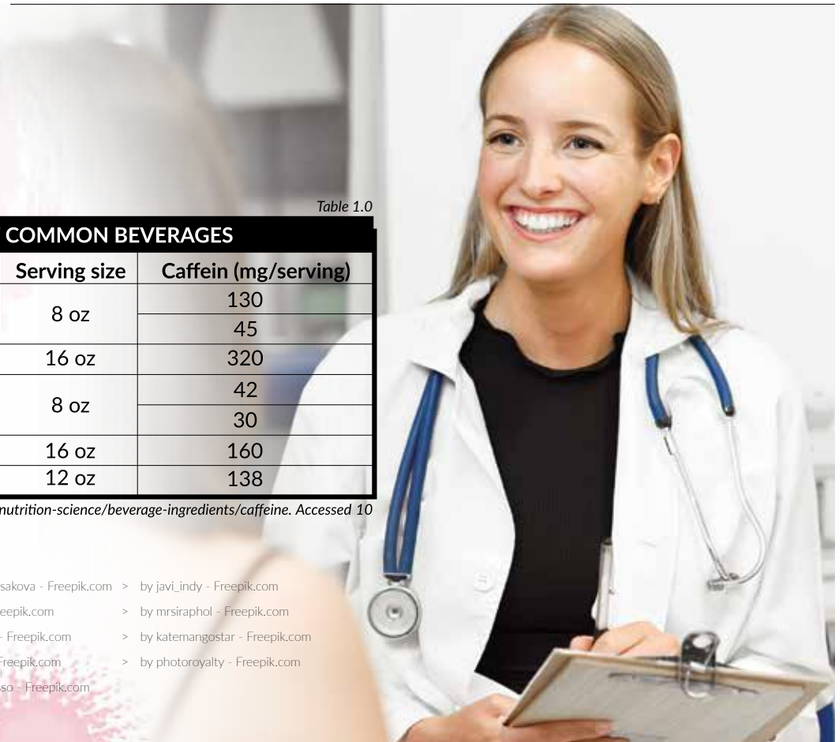

Table 1.0

CAFFEINE CONTENT OF COMMON BEVERAGES

Beverages		Serving size	Caffein (mg/serving)
Coffee	Brewed	8 oz	130
	Instant		45
	Coffeehouse	16 oz	320
Tea	Medium	8 oz	42
	Green		30
Energy drink		16 oz	160
Cola		12 oz	138

Caffeine comparison. Available at hhttp://www.ameribev.org/nutrition-science/beverage-ingredients/caffeine. Accessed 10 August 2012

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Challenges in the Postmenopausal Woman with Diabetes

>Marie Yvette Rosales-Amante, MD

Menopause and diabetes have a special stigma to them, that when an individual experiences both, it sounds doubly ominous. Though true that there are challenges, it should not be so tragic. This article aims to discuss the unique changes when menopause and diabetes occur together, what to watch out for, and what special measures can be done in order to prevent complications.

Menopause, also known as the climacteric, is a natural phenomenon. This occurs typically around 49 - 52 years of age, defined as having occurred when there is no menstrual bleeding for a year. Diabetes affects women harshly, increasing the risk of heart disease and stroke. In the U.S., diabetes is the number 6 killer of women ages 45 to 54, and the number 4 killer of women ages 55- 64.

It is not yet clear whether menopause increases diabetes risk. This is because the studies find it difficult to separate the effects of menopause from the effects of age and weight.

Clinical trials and animal studies have revealed that loss of circulating estrogen induces changes in metabolism. The mechanism by which estrogen and progesterone regulate metabolism and glucose homeostasis has not been confirmed. After menopause, adiposity shifts from the subcutaneous to the visceral area. Two main mechanisms have been suggested to explain the shift in fat distribution: (1) the influence of estrogen on adrenergic receptors alters the lipid storage; and (2) altered distribution of estrogen receptors in fat depots allows estrogen to redistribute the fat.

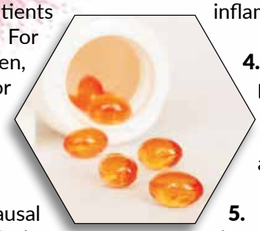
According to Gupte et al, the effect of estrogen on diabetes is a combination of many factors: (1) direct effects on insulin signaling, (2) effects on pancreatic beta cells, (3) its role in adipose tissue metabolism and energy expenditure, (4) effects on hepatic glucose production and (5) hypothalamic regulation of food intake.

Clinical studies on the effect of menopause in the occurrence of diabetes are conflicting. In a prospective study in Spain that included 475 women, the presence of type 2 diabetes, impaired glucose tolerance, impaired fasting glucose, and other cardiometabolic markers did not differ significantly between women who went from premenopause to postmenopause and those who did not experience menopause during a 6-year follow-up period. A Japanese study in 2013 which reviewed data on 6,308 women and 4,570 women, showed a significant association between the postmenopausal state and dysglycemia, independent of aging. A few studies showed a significant positive association of hyperglycemia with menopausal status after adjustment for age and other risk factors for diabetes, but multivariate analyses in other studies showed no such associations. In a cross-sectional multicenter study of Italian postmenopausal women, those with natural menopause had a 1.38 times higher multivariate-adjusted risk for diabetes than premenopausal women. On the other hand, this study did not find a significant association in women with surgical menopause and diabetes. A cross-sectional study of Korean women suggested that in postmenopausal women, there is a significant association with the presence of hyperglycemia compared with premenopausal women that is independent of age and BMI.

Cardiovascular complication is an important endpoint when studying these associations. A recent review on the impact of menopause and diabetes on atherogenic lipid profile stated that the increased risk for atherosclerosis in postmenopausal diabetic women is dependent on low HDL levels, hypertriglyceridemia, and predominance of small dense LDL particles. The deleterious effect of diabetes on LDL size is worse for diabetic women than men. Moreover, postmenopausal women with diabetes exhibited decreased large HDL particles compared to women without diabetes after menopause. Measurement of lipoprotein subfractions in women has been proposed to truly assess cardiovascular risk.

With all this information, what do we do now for the postmenopausal woman with diabetes?

1. Priority is to reduce cardiovascular morbidity, as for all patients with diabetes. For postmenopausal women, careful surveillance for cardiovascular disease should be part of every medical visit.



2. For postmenopausal symptoms such as hot flashes and night sweats, care must be given not to confuse these with hypoglycemia. Frequent sugar monitoring is advised, as varying hormone levels can trigger fluctuations in blood sugar.

3. After menopause, when a drop in estrogen makes it easier for bacteria and yeast to thrive in the urinary tract and vagina, there is a higher risk of infections. Diabetes can also damage the nerves of the cells that line the vagina, interfering with arousal and orgasm. Vaginal dryness, a common symptom of menopause, may compound the issue by causing pain during sex. Vaginal lubricants will help restore vaginal moisture or vaginal estrogen therapy may address the atrophy and inflammation of the vaginal wall.

4. Mood swings and sleep problems are also common. Unfortunately, sleep deprivation can adversely affect glucose control.

5. Hormone replacement therapy may be considered in severe cases of above symptoms, but should be individualized after careful assessment of benefit and risk. Some studies suggest that hormone therapy may provide cardiovascular protection if it is started before age 60 or within 10 years of menopause. However, if started after age 60, then it may slightly increase the risk of heart disease.

In conclusion, diabetes and menopause may coexist peacefully in an individual. With regular follow-up for appropriate medical management and prevention of complications, morbidity may be diminished.

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Cosmetic Surgery and the Diabetic Patient

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In 2013, over 11 million surgical cosmetic procedures were performed worldwide according to the International Society of Aesthetic Plastic Surgery, the leading professional body for board-certified aesthetic plastic surgeons. Of these, close to 1.8 million were breast augmentation, the most popular procedure for women and another 1.4 million were eyelid surgery or blepharoplasty, the most popular procedure for men. The 11 million does not include non-surgical cosmetic procedures such as Botulinum toxin and filler injections, laser hair removal and non-invasive facial rejuvenation, which total another 12 million. These are staggering statistics for a branch of medicine whose initial purpose was to correct deformities that were either inborn or brought about by trauma and other illnesses. Perhaps this trend was inevitable. The demands of a society that uses physical attributes as an important criteria for success and popularity, the phenomenal rise of narcissism caused by social media, and the easy accessability of these procedures by commercial and internet advertising have all contributed to these numbers, and the consequent rise in the number of cosmetic surgeons in the world.

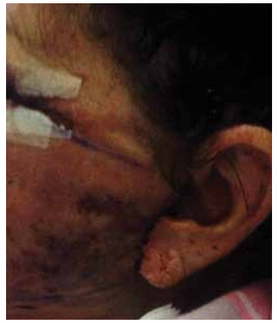
It appears easy to "go under the knife" and to turn back the hands of time about 10 years, or to tweak the nose to make one's look more refined. But, to be certain, cosmetic procedures should be approached with more caution. These are surgeries done on *normal body* structures, the aim of which is to improve one's appearance or to remove signs of aging. Any complications that occur after a cosmetic procedure can be very devastating and entirely unacceptable. Other plastic surgery procedures that deal with reconstruction of deformities and functional impairment such as burn surgery or cleft lip surgery are more tolerant of less than ideal outcomes because the original physical and functional problem is usually worse to begin with.

Like all other candidates for surgery, a cosmetic surgery patient needs to undergo a complete preoperative assessment. This is to determine the status of the patient's general health and to identify risk factors for cardiac and pulmonary complications. If risk factors are identified, these conditions are to be optimized prior to the procedure, and not in a hurried and last minute fashion, most specially for cosmetic procedures, which should be the most elective of all surgeries.

The most common problems that can influence the outcome of a plastic surgery procedure, cosmetic or otherwise, are smoking and diabetes mellitus. Smoking is the leading cause of preventable death, and the number of diseases associated with its use involves all organ systems of the body. In addition to all that, smoking impairs wound healing; thus, even the most minor surgical procedure can have

an undesirable outcome for smokers. Cosmetic surgery should therefore be taken with extreme caution in active smokers. Currently there are no standardized guidelines on how long tobacco should be discontinued preoperatively. The period of abstention can range from 1 week to 4 weeks. The best advice a surgeon can give a smoking patient is for him to stop smoking. However, if this is not possible for the patient, then the most prudent preoperative approach would be to abstain from cigarettes for at least 4 weeks preoperatively and 4 weeks postoperatively. There can never be enough warnings to the patient about the dangers of smoking and this should be emphasized constantly.

Diabetes Mellitus is a second condition that can have disastrous consequences on the outcome of a cosmetic procedure. According to the World Health Organization, in 1980, there were 109 million diabetics. By 2014, this number had quadrupled to 422 million. The global prevalence of diabetes among adults has risen from 4.7% then to 8.5% in 2014. Millions of others are undiagnosed and untreated.



Like smoking, the detrimental effects of diabetes encompass all of the organ systems. And for the plastic surgeon dealing with flaps of skin and subcutaneous tissues, these will most evidently be seen on the healing wound immediately or within days of the surgery. These can include skin necrosis, infection and dehiscence of the wound, causing delayed wound healing and results that are far from aesthetic.

In a prospective study of more than 129,000 cosmetic surgery patients from 2008 to 2013 in the United States, 1.8% were found to have pre-existing diabetes. This prevalence is a low number but it could have been under-reported because previous studies report that about 25% of people with diabetes are undiagnosed. In the study, the total rate for major complications in the study was only 1.94%. However, patients who were diabetic were found to have significantly more complications compared to non-diabetic patients. The complications that were most prevalent in the diabetic population were of two categories: infectious and pulmonary.

Uncontrolled hyperglycaemia results in impairment in the immune function of the patient. There is inability to control the presence of bacteria during the inflammatory phase of wound healing. This is coupled with poor oxygen delivery which is caused by a decrease in the microvasculature density of the tissues. These changes ultimately increase the chance of wound infection and wound breakdown. Studies in mice show that there is significant vessel loss with blood glucose levels of 160 mg/dL or higher and these alterations in the vasculature can be seen in even in the early strages of diabetes or hyperglycemia. Thus, it is imperative that there is very tight glycemic control during the preoperative and postoperative phases of the surgery.

Because diabetes can have a significant effect on the microvasculature of skin flaps which are created and closed during many cosmetic procedures, a lot of these complications involve necrosis and skin loss of the wound edges, with or without infection. Not surprisingly, studies reveal that body contouring procedures, particularly abdominoplasty, have a significantly higher complication rate than face and breast surgeries. Equally important is the finding that there is a higher tendency for complications when combining multiple procedures together. Again, diabetes control is very important to decrease the complication risk.

Studies also show that there is a higher incidence of respiratory complications in diabetic surgical patients, but this is probably multifactorial in their cause because diabetes is usually associated with other co-morbities such as obesity and obstructive sleep apnea. Respiratory complications such as pneumonia and respiratory failure during or after cosmetic surgery is quite rare, but if it does happen, the results can be devastating. Careful preoperative identification of associated risk factors for complications must be identified and corrected. This is true in any elective surgery. But for cosmetic patients, it is particularly important to be vigilant about identifying signs of diabetes and other comorbid factors because there is a tendency to be complacent with younger patients. They may not have established symptoms or may not even be worried enough to see their personal physicians. One study by Guyuron and Raszewski revealed healing complications in patients who were not diagnosed as diabetics but had strong family histories of the condition. The study recommends that If there is a significant family history of diabetes, it is prudent to have a glucose tolerance test on any undiagnosed patient who is to undergo surgery.

Tight glycemic control should be emphasized preoperatively as well as postoperatively. Specially for patients who are sent home on the day of surgery. They should be pressed upon to check their blood sugar and to treat it accordingly. How tight the glycemic control is still unclear. High intensive insulin regimens are associated with the risk of hypoglycemia. According to a study published in Diabetes magazine in 2006, intensive insulin therapy in mixed medical and surgical ICU units targeting a blood glucose level of less than 110 mg/dL significantly improved the outcome of patients, but the risk of hypoglycemia was high.

The detrimental effect of diabetes on the overall outcome of surgical patients has been established. Cosmetic patients are no exception to this. Poor wound healing, infection, necrosis, apart from other systemic complications that may occur can be devastating to a patient who was otherwise physically normal in appearance before the surgery. It is the responsibility of the cosmetic patient to report to the surgeon a diabetic or pre-diabetic condition during the preoperative evaluation. And it is most important for the plastic surgeon to be aware of these risks and to make the appropriate referral to the patient's internist to help control the patient's blood sugar. Cosmetic surgery can have positive effects on a patient if done well and ideal outcomes are achieved. The diabetic patient does not have to be exempt from this; however, the patient and the provider must work hand-in-hand to achieve good glycemic control before proceeding with any surgical plans. Prudence should always win over vanity in this situation.

PICTURES

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Women in Diabetes in the PHILIPPINES

>Marie Yvette Rosales-Amante, MD

There are many women pioneers in the field of Diabetes in the Philippines. We have been blessed with these individuals who have shaped diabetes care for our countrymen in the past several decades. For this issue, we have chosen to interview three superstars: **Dr Araceli Panelo, Dr. Maria Teresa Plata Que** and **Mrs. Sanirose Orbeta**.

Dr. **Maria Teresa Palate Que**

Dr. Maria Teresa Palate Que is the icon of Diabetic Foot Care in the Philippines. She has orchestrated clinics and workshops, and delivered numerous lectures on the Diabetic foot. At present, she is the Chief of the Section of Endocrinology, Department of Medicine, at the East Avenue Medical Center. At the National Kidney Institute, she is a consultant in Endocrinology and OIC of the Public Information Office. She has been a past president of the Philippine Diabetes Association, and previous Editor in Chief, of Diabetes Watch publication. She is the Chair of the Foot Council of the Philippine Diabetes Association. She is the National Representative to the International Working Group on Implementation, International Working Group on the Diabetic Foot, from 1999 to the present.

Recently, she finished her Masters in Arts in Organizational Psychology, from the Ateneo De Manila University. She studied at the University of the Philippines- Philippine General Hospital from Medical school to Fellowship training in Endocrinology.

DW: Hello Dra Plata Que! Thank you for obliging our request for this interview.

Please describe how your life career started with diabetes. What led you to your current work?

TPQ: I trained at the UP PGH from 1986-87and as a fellow took charge of our Diabetes Clinic at the Outpatient Department which also had an active lay group. When I graduated from my training in Endocrinology, I wanted to work in the government setting. I joined the East Avenue Medical Center and established the Diabetes Clinic in 1990. Our small weekly clinic which started with 10 patients and two pharma companies (Servier Company and Boehringer Mannheim) who helped us with blood glucose monitoring grew and over the years . We had a diabetes nurse educator, patient volunteers, a diabetes foot clinic, a human kinetics graduate who designed the exercise program for out elderly patients and participation in clinical trials, the most notable of which was the landmark trial ADVANCE.

DW: What inspires you to continue your advocacy in diabetes?

TPQ: At the East Avenue Medical Center Diabetes Clinic, our vision was to see our patients lead productive lives free of complications despite diabetes. The mission was to empower them to become good diabetes self managers. After 27 years of existence seeing many patients who have stayed with our Diabetes Clinic achieve this vision is a continuing inspiration for me.

DW: What achievements are you most proud of?

TPQ: The Consortium of Government Diabetes Clinics was organized by the Diabetes Clinic of EAMC supported by Mr. Eddie Ang and Mr. German Panghulan, who was then with Boehringer Ingelheim. We had the organizational meeting in 1992 with the purpose of forming a network of diabetes clinics which would collaborate in diabetes lay education activities. Subsequently after some years, it became a subsidiary of the Institute for Studies in Diabetes Foundation.

The Diabetic Foot Clinic was set up in 1996 after a 5 day training by Australian podiatrists and this became the start of the advocacy in the diabetic foot which drew the interest of younger colleagues like Dr. Luinio Tongson and who is carrying on the advocacy today in a bigger way. In 1999, I became National Representative for the Philippines for the International Working Group on the Diabetic Foot, which opened doors for international collaboration.

The Diabetes Clinic also started diabetes lay training seminars which run for 8 meetings and include psychological interventions for the patients.

DW: Was it difficult balancing career and family?

TPQ: My family has always been first priority. It was not difficult to be selective of tasks and opportunities that would complement quality time with my family.

DW: What was your biggest challenge or disappointment?

TPQ: Pioneering work is always challenging especially in an underresourced setting. God has been faithful and opened many opportunities and touched the hearts of the hospital leaders to help and support the work.

DW: What is your secret?

TPQ: I believe that I have been led by God to this work to help improve the lives of the patients with diabetes especially those from the underprivileged sector. I draw my strength and inspiration from the Bible, from teachings from our pastors and daily prayer.

DW: Is there anything we don't know about you that you would like to share?

TPQ: I'm retiring from government service in 5 years and I told our endocrine fellows that they have to continue to write the story of the "Diabetes Clinic" at East Avenue Medical Center. I am happy that there are young doctors who are interested in carrying on the vision and mission of the Diabetic Foot advocacy and who are interested in continuing the care of our patients in the Diabetes Clinic. East Avenue Medical Center has been designated by the Department of Health as the Diabetes Control Center for the National Capital Region and I hope that our Diabetes Clinic services will be further enhanced with support from the national health department.

DW: What are your dreams or plans for diabetes care in our country?

TPQ: I am very happy that over the past 33 years collaboration with dedicated and passionate mentors such as Dr. Ricardo Fernando(Institute For Studies in Diabetes Foundation) and Dr. Augusto Litonjua (Philippine Center for Diabetes Education Foundation)has led to great progress in the organization of diabetes care in the Philippines. Recently the Department of Health has also come up with a program providing increased access to medicines for diabetes for our patients through the Diabetes and Hypertension Clubs since 2016. I just pray that there will be more and more healthcare and allied practitioners who will be interested in joining the fight against diabetes in the world. I also hope that the Philippine Health Agenda will continue to include non communicable diseases as one of its priorities.

DW: What advice can you give to women working in the field of diabetes today?

TPQ: Diabetes is a lifetime disease. We need to create a warm relationship with our patients so that they will stay with us long enough for us to influence them. Women are more in touch with emotions and can be really good caregivers over the long term.

DW: Thank you Dra. Plata Que, you are indeed our inspiration, a true model of commitment to excellence, service, of humility, and a God-centered life.

Mrs. **Sanirose Singson Orbeta**

Mrs. Sanirose Singson Orbeta is a pillar in Nutrition. She is the founder of the first private Nutrition Therapy and Diet Clinic in the Philippines. She is the first Filipina Consulting Nutritionist of the Academy of Nutrition and Dietetics Specialty Group for Consultation and Private Practice, one of the Asian Certified Fellows of the Academy of Nutrition and Dietetics, and a Fellow of the Academy of Nutrition and Dietetics' Commission on Dietetic Registration in the Philippines.

Mrs. Orbeta is the first Sports Nutritionist in the Philippines and formerly Head of the Sports Nutrition Unit at the Philippine Center for Sports Medicine. She was also the Sports Nutrition Consultant to the Philippine Sports Commission.

She is the first certified Adult Weight Management Consultant of the Academy of Nutrition and Dietetics' Commission on Dietetic registration in the Philippines. She is the immediate Past Chairman of the Nutrition and Dietetics Board of the Professional Regulation Commission (PRC), and current Board Member, Philippine Association for the Study of Overweight & Obesity (PASOO).

The focus of her career is the improvement of the nutritional status of the Filipino through nutrition education and dietary counseling in the clinical setting, the world of work and on the playing field.

DW: Thank you Mrs. Orbeta for granting us the honor of this interview. May we ask you to describe your life career in diabetes.

SSO: It all started as part of medical nutrition therapy. I was fortunate that I was able to work with several doctor pioneers in diabetes: like Dr. Litonjua and Dr. Fernando. They referred patients and we all worked together, we communicated well with each other.

DW: What inspires you to continue to do your advocacy for diabetes?

SSO: I see the results in patients – their sugar goes down, their blood chemistries improve. I am inspired because I see the results. It is very inspiring.

All of my patients have to have a food diary, accomplished truthfully. Since my field does not deal with medication, my focus is always the correct food choices, in correct quantities. I get involved in my patients' lifestyle: for example, I tell them to please start walking, please drink enough water. I dig deeper into their lifestyle because I have time to be one on one.

DW: What achievements are you most proud of?

SSO: My nutrition clinic. This clinic has been around for the longest time. I am also very happy that all the doctors I work with are very helpful. Doctors need a partner in medical practice that will help them convey the importance of proper eating habits, proper nutrition, that is easy to follow and should be enjoyable. I usually can call the doctors of the patients, to tell them some modifications I have made.

I have established a good rapport with most of the medical practitioners. Whether I go to the North in Ilocos Norte of down south in Iloilo, I find it very enjoyable to project what is good nutrition. It should not be bookish.

I tell the doctors that they should send their patients to the dietary department.

DW: Was it difficult balancing career and family?

SSO: They are all very understanding. My family sees me practicing here in the house. There has been no problem.

DW: What was your biggest challenge or disappointment?

SSO: None. No one has really insulted me. Maybe a challenge is when patients come here with the wrong diet. That is when I call the doctors if I know them.

DW: What is your secret? How do you take care of yourself?

SSO: I practice what I preach! That's for sure. In other words, I exercise, I walk for an hour 5 times a week. I have 2 days of rest, I go to mass. My basic theory is I practice what I preach: I eat my gulay, my fruits, I don't eat pastries.. I end my meal with a fruit. You can use a little soy sauce sometime, but just a little.

DW: What are your dreams or plans for diabetes care in our country.

SSO: I hope all the doctors taking care of diabetes, have some knowledge of proper nutrition. For example, doctors sometimes say patients can have chichacron but cannot have chocolate candies, but that's also fat.

Most probably if you can have proper communication with the dietitians or the dietary department, in private practice, you can refer patients properly.

DW: Is there anything we don't know about you that you would like to share?

SSO: I'm a very open person. How do I take care of my weight? I follow what I preach, I don't indulge in pastries or ice cream. I end my meal with a fruit or sherbet, but not ice cream.

DW: What advice can you give to women working in the field of diabetes today?

SSO: They must have a true grip of what diabetes mellitus is. A scientific know-how of what diabetes mellitus is all about, is important, and what your role is as a dietitian or nutritionist. You are what you eat.

DW: Thank you Mrs. Orbeta! You are a living testament to "walking the talk." Thank you for inspiring and challenging us to be like you!

Dr. **Araceli A. Panelo**

Dr. Araceli A. Panelo is a prolific lecturer, researcher, academician, clinician, all rolled into one. She is the Chairman of the Board of Trustees and Executive Director of the UERMMMC – Institute for Studies on Diabetes Foundation, Inc. She is the Director of the Diabetes Research Project, UERMMC, and President of the Consortium of Government Diabetes Clinics.

She finished Medical School from the UERMMC, Internal Medicine Residency from Capitol Medical Center, and Fellowship in Diabetes from Mary Johnston Hospital under Dr. Ricardo Fernando.

She has been the principal investigator or numerous clinical trials in diabetes.

DW: Hello Dra. Panelo! Thank you for giving us some of your precious time. Please describe how your life career started with diabetes. What led you to your current work?

AP: When I was a third year medical student, Dr. Ricardo Fernando was our lecturer in diabetes. He made the subject so easy to understand and very interesting that after class I was emboldened to ask if he offered a training program in Diabetology. His immediate reply was "You are welcome. Hurry up!" After med school and a 3 year stint in research, I found myself in a residency training program at the Capitol Medical Center where two of my favorite teachers, Dr. Gregorio Paracsil, the head of the department of Medicine and Dr. Fernando where active consultants. I took it upon myself to take care of their patients well. After my training in Capitol, I entered into a mentor- mentee agreement with Dr. REF. He taught me everything he knew about diabetes without reservation. He was a very generous teacher, who loves everything about diabetes. He showered his T1 patients with all the care and attention. Even during those times, he had already visions on what to do to stem the tide of diabetes. I felt then that I owe this guy a lot and because he is not into material things, I can only repay him by continuing to work with him so that he can see his ideas into fruition. There was a lot to do but I never regretted joining him in his mission. During those times my thoughts About Diabetes were so aligned with his ideas that sometimes I could no longer distinguish the originator of the ideas. I thoroughly enjoyed working with him so much that I looked forward to every working day. Even after, I have finished my training in 1979, we continued to collaborate until we were able to put up the Institute for Studies in Diabetes, Foundation.

DW: What inspires you to continue to do your advocacy for diabetes?

AP: The gratitude and love freely expressed by our grateful patients, some of whom have been there since the early 80's, the continuing requests for us to continue our courses on diabetes care at the ISDFI, and the efforts by our students and graduates to duplicate what we do in the ISDFI with regards to patient education and care.

What inspires me is the thought that we are able to make a difference in the lives of the patients that we treat and in the students that we train and the corresponding benefits to their constituents/patients.

The advocacy and its success was made possible because of the support and love given to me by my two families. My first family, my husband and children, graciously allowed me to spend time away from them and cheered me on, to be able to do my diabetes work. My second family made up of the faculty, graduates and students of the ISDFI, have embraced our work, and helped propagate the concept of excellent and humane diabetes care for everyone all over the country.

DW: Have all your plans come true?

AP: My personal plans for diabetes are deeply entwined with the plans of the ISD. We are successful in encouraging generalists, family physicians, allied health workers from different parts of the country to train on diabetes care to improve the lives of the patients whom we serve. We have covered a lot of areas but we want to reach even more.

DW: What achievement are you most proud of?

AP: I'm most proud of the fruits of the efforts of our alumni. An example would be a group of more than 15 children performing intricate dance steps to

entertain us in a remote barangay in Camarines Sur, during a workshop. We were told that all the performers have diabetes and were being taken cared of by our lone graduate from the area. I could not help thinking that if it were not for this young doctor, these children's condition might not have been recognized and they could have died without this doctor's intervention.

I whispered to Rino who was seated beside me. This is ISD's reason for being. I felt quite fulfilled that day. The reason for feeling this way has multiplied. I am very proud.

DW: Was it difficult balancing career and family?

AP: My children grew up among children with diabetes and with the children of my colleagues from the ISD. They knew about insulins, sugar testing, injections and hypos even when they were very young. They joined summer camps for children with diabetes, thereby enabling me to work without leaving them at home when they were growing up. The summer camps became our family vacation for many years and I didn't hear anyone complain. My husband was also very supportive of my work. I believe love and respect for each other's work, and adequate communication are the keys to make a successful balance of one's career and family.

DW: What was your biggest challenge/ disappointment?

AP: The biggest challenge that frustrates me the most is the improper transmission of resources from the DOH to the supposed end users. We are aware that there are now free blood sugar testing meters and strips but they are not utilized properly, for various reasons. One is that there are no trained personnel to do the testing. There are unconfirmed reports that the meters and the strips are not compatible, and that some barangay health workers were not adequately trained to perform the tests.

There are also problems with the distribution of insulin. Some health centers refuse insulin from DOH because they have no refrigerators for storage. Some centers are not allotted insulin because there is no trained personnel to prescribe them to patients. There are reports from patients themselves that they are given a hard time before they are given insulin and the worst, some patients claim that the center would not give them insulin if they belong to rival political parties.

DW: What are your dreams or plans for diabetes care in our country?

AP: For purposes of today's interview, I would like to talk about early detection and prevention. I would like to focus on the would be diabetics, and the newly diagnosed, because it is among them that we can do much and with less expense.

Taking care of DM complications entails a lot of resources and money for the individual, his family and the government. In 2016, Philhealth spent 7.6 billion pesos to cover the cost of dialysis. That's a lot of money which we could spend on other medications, like insulin, anti-hypertensive medications, and statins. Rich countries like Canada, the USA and others are into prevention of diabetes as well.

A few months ago, we made a representation to Philhealth regarding this. We proposed that Philhealth should cover the outpatient consultation/laboratory tests of individuals who are at high risk of developing diabetes. Trained diabetes educators will take care of them. They will report to the former 3 to 4 Times a year, following up their BP, weight, waist hip ratio, physical activity and their basic laboratory tests like lipid profile, blood sugars, HbA1C, ,etc. Doing this we can identify those who are at high risk, and those who are asymptomatic but are actually with diabetes early. Early diagnosis and early control results to less complications. If we can do this, in a few years time we may see a lowering of need for dialysis and need for treating the other major complications of diabetes.

DW: What advice can you give to women working in the field of diabetes today?

AP: My advice will not be different from what many wise men say. Follow your passion. Dream it. Live it. Love everything and everyone connected to it and great thing will follow.

DW: Thank you Dra Panelo! Thank you for sharing your life, passion – filled and with unparalleled zeal. You are an amazing inspiration to all of us.

Youth + Diabetes + Taiwan = An Experience Like No Other

>Francesca Isabel T. Villanueva

What happens when you tell a Filipino, Singaporean, Korean, Malaysian, Australian, Indonesian, Thai, Taiwanese, Fijian, and a Japanese that they will be living together for 6 days to talk about diabetes education, disaster mitigation, and projects for diabetes?

There's fun, camaraderie, belongingness and motivation towards creating a better life for people with type 1 diabetes.

Last October 24-29, 2016 the International Diabetes Federation – Western Pacific Region (IDF-WPR) held a Young Leaders Training Program in Taiwan alongside the IDF-WPR Diabetes Congress. 1-2 young leaders from each country were invited to represent their country. Some young leaders were present during the World Diabetes Congress in Vancouver, Canada last November 2015, while some were new to the program.

On the first day, everyone arrived at Sunny Hostel, which would be our residence for 6 days. Introductions were made, stories were shared and the initial awkwardness was gone. After registration and claiming of the Program Kits, luggage was placed into the respective rooms and everyone went out to explore what Taipei has to offer. Some went to the Night Markets, some went to the Freedom Park, some went on the train. The day ended with everyone sharing of the places their feet brought them, the blood sugar readings they had, and the funny moments they shared.

The next day, we were officially welcomed by the Taiwanese Diabetes Educators Association. They presented traditional Taiwan music and the classic Taiwan music, with some presenters having type 1 diabetes or a parent of a type 1. Afterwards, we created our Blue Circle Ribbon, a tradition of the YLD program, where we wrote our names, the country we represent, and what we wish to achieve at the end of the program.

In the afternoon, we were taught how to represent our words into pictures. The goal of the session was to help in creating posters or designs for possible awareness and advocacy projects. Afterwards Tammy, our IDF-YLD-WPR representative from Australia, gave a short talk on fundraising and how we should make an impression towards our possible benefactors and partners in a project.

The Blue Ribbon Ceremony

From L-R: Kenneth Ira, Tammy Moran, and Irene Lee showing their version of Visual Recording on a Ted Talk entitled "Does School Kill Creativity"

On the 3rd day, we listened to a talk on Diabetes and the Reality of it during Medical Missions, which was presented by Dr. Vivien Lim Chin Chin from the National Taipei University. She showed her experience with Doctors without Borders and her experience during Typhoon Yolanda and the earthquake in Bohol and Cebu. We then toured around Taipei's national landmarks and saw the things that Taipei has to offer. At night, we went on a 5k run along Dajia Riverside Park, bringing our national flags. Afterwards, we asked bystanders to be a part of our Light Up Diabetes, wherein people will raise a blue candle and form a circle. The blue circle signifies diabetes and the never ending journey to find a cure.

The Young Leaders with Dr. Vivien Lim Chin Chin from the National Taipei University

The YLD-WPR Regional Chair, Irene Lee, and the Regional Chair-Elect, Tammy Moran, with the men of Taiwan, Philippines, Thailand and Singapore after the 5k run

The YLD with Taiwanese people creating a blue circle

Everyone met with Marc Anthony to talk about Public Speaking. As young leaders and advocates for diabetes in our respective countries, we need to learn and be comfortable with public speaking. He taught us the right techniques and ways to channel our anxiety into our presentation or speech.

The next day, we had a disaster workshop with Disaster Medicine Assistance Team Taiwan. They showed us what happens and what are needed in a disaster. They also facilitated an activity where we would think of the needs of people with diabetes that are victims of calamities and disasters.

During dinner, the young leaders met up with Type 1's in Taiwan at the Su Hang Restaurant. We talked about experiences and everything about diabetes and life. Some were high school students while some were in college. They were amazed with the presence of different nationalities and everyone just had fun. We were then surprised by Tai-Lin Lee, our host and the regional chair for the IDF-YLD-WP region, with Milk Tea flavored cake, which everyone enjoyed.

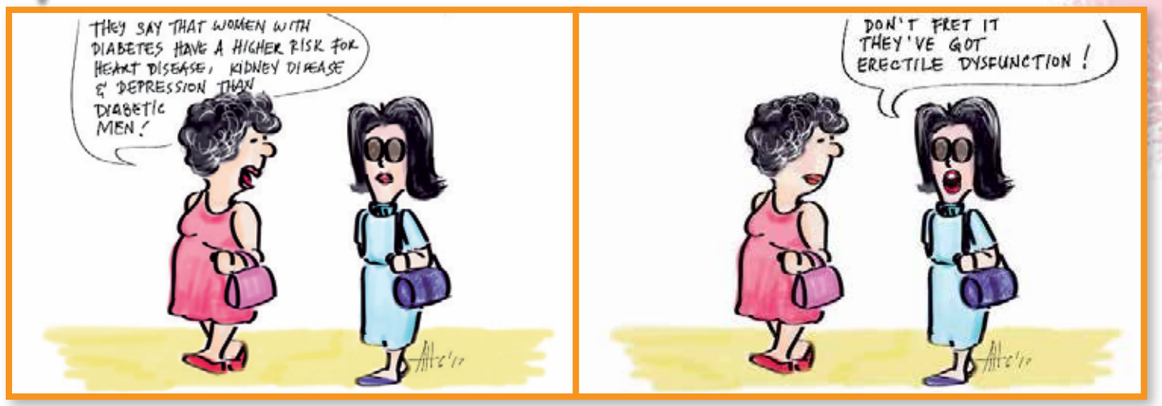
The last day of our training program was the first day of the WPR Diabetes conference. We attended the Diabetes Hackathon, which involved different professionals that are interested in diabetes and everything about it. After the hackathon, we then went around the booths and looked for our Member Associations. Some of us saw familiar faces, talked with them and introduced them to the young leaders. We also looked for the latest technology and products for diabetes in the exhibition room.

For our closing ceremony, everyone wore their national costume and ended with the Blue Ribbon Ceremony. We wrote the things we learned and our parting message to each other, after which we cut a part of the blue ribbon and kept it as a souvenir. We learned a lot and we formed relationships that will last a lifetime no matter the distance.

As a young leader, we represent our country and become the voice of people with diabetes. We may come from different countries but we have the same condition and goal. We have diabetes and we want to help every person with diabetes through awareness, education, advocacy, and other programs that would benefit people with diabetes.

Who would be the best people to understand living with the condition than the people who have survived and lived with the condition as well. Just like in the Blue Ribbon Ceremony, no matter how we push and pull the ribbon, we are all in this together and we will help each other towards a better tomorrow for everyone with diabetes.

The Lighter Side of Diabetes



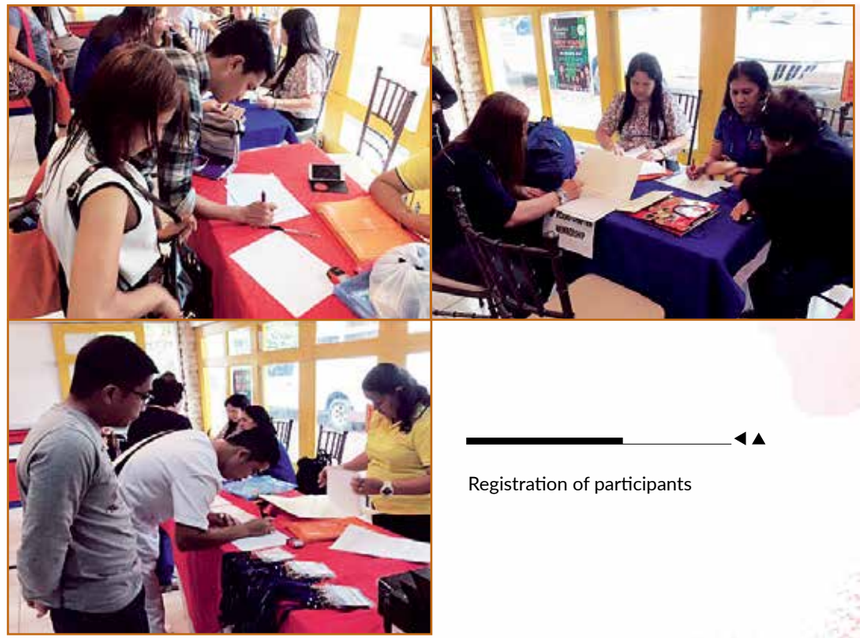
> Picture of laughing man by luis_molinero - Freepik.com

59th Diabetes Workshop & 24th Diabetes Forum, ROXAS CITY

>Rommel C. Mosquete, MD, FPCP

Last February 16-17, 2017, Diabetes Philippines Capiz Chapter conducted the 59th Diabetes Workshop and 24th Diabetes Forum at Nesta's Hilltop Hotel, Provincial Park, Roxas City, Capiz. The seminar was participated by 220 healthcare professional composed of medical doctors, nurses and other allied healthcare professionals from the provinces of Capiz, Iloilo and Kalibo, who were interested to enhance their knowledge and skills in managing Diabetes, as well as promote the right attitude in handling people with Diabetes. Also, 92 Community Volunteer Health Workers (CVHW) from Capiz was invited to join the said event.

Review and update on Diabetes management and complications was also done. Furthermore, the pharmacologic management throughout the lifespan was given analysis through case analysis; Medical Nutrition Therapy (MNT) was discussed to intensify the effect of pharmacologic management; and empowerment of people diagnosed with Diabetes was raised through self-management education and to amplify their knowledge on Insulin therapy and monitoring of blood sugar, actual demonstration on how to inject and monitor was also done.



Registration of participants

Afterwards, the 2017 Diabetes Philippines Capiz Chapter Officers and Board of Directors was inducted, by the **Diabetes Philippines National President Agnes T. Cruz, MD, MS, FPCP, FPSN** the new sets of officer are: *President:* **Dr. Rommel C. Mosquete,** *Vice President:* **Dr. Carmelo L. Deslate** *Secretary:* **Glena B. Pimentel, RN, MAN,** *Treasurer:* **Dr. Concepcion P. Noche, Auditor; Dr. Rene B. Blancaver,** *Board of Directors:* **Dr. Eric T. Vinculado, Dr. Cesar S. Yap, Dr. Ma. Luisa O. Sarbues, Dr. Mathilde R. Blasurca.**

Ms. Leyden V. Florido, MAN, RN Diabetes Philippine National Board of Director on how to use insulin devices and injection techniques

Francis I. Pasaporte, MD Diabetes Philippine National secretary on Challenges of Diabetes

Insulin Injection Technique Workshop

Nutrition Workshop Jennina A. Duatin, RND

Agnes T. Cruz, MD, MS, FPCP, FPSN, Diabetes Philippines National President and Rommel C. Mosquete, MD, FPCP Diabetes Philippines Capiz Chapter President

Board of Director DP National talks on Medical Nutrition Therapy

Induction of Officers

Capiz Chapter 2017 Officer

Diabetes Philippines ORIENTAL MINDORO

>Jocelyn Muli-Marcos, MD
President
Diabetes Philippines, Oriental Mindoro Chapter

Despite the availability of information about diabetes mellitus, technological advances in diagnosis & treatment along with several advocacies against the disease, its prevalence continually increases year after year. Diabetes Philippines provides much needed information campaign in promoting diabetes awareness, prevention & management through continuous education & training.

APRIL 20&21 2017

Calapan city was the venue for the 60th Diabetes Workshop & the 25th Diabetes Forum. After several months of rigid preparation, information dissemination, coordination with various societies & personnels of both private & government institutions tapping on doctors, dieticians & nurses, we came up with a very well -attended event. The officers & board of directors of the chapter had steadfastly performed the much needed task of contributing much needed diligence, dedication & hard work to create a successful activity.

60th Diabetes Workshop and 25th Diabetes Forum
Filipiniana Hotel, Oriental Mindoro
April 20 - 21, 2017 (Thursday-Friday)Scientific Chairperson: **Francis I. Pasaporte,**
MDCoordinators: **Jocelyn Muli-Marcos, MD** & **Ms. Maripee P. Genato**

APRIL 19 2017

Travelling to Calapan City is quite taxing, no access to air transportation, hence the board of trustees of DP needed to travel by land from manila to Batangas port (2-3 hours depending on traffic) then take the 1 1/2 hour ferry ride to Calapan. Summer is an ideal time to travel because of the favorable sea condition, so different from what we islanders experience during rainy & stormy weather. We greeted the DP entourage with much excitement, headed by the president, Dr. Agnes T. Cruz, along with Drs. Grace K. de los Santos, Francis I. Pasaporte, Maria Marci C. Cruz, Ms. Leyden V. Florido, RN, Ms. Jennina A. Duatin, RND), Ms. Maripee P. Genato including the administrative staffs Ruth M. Gelito, Julie P. Saporna. City tour ensued after a sumptuous lunch, taking our guests to a breathtaking communion with nature, where they experienced tripping on the cold spring waters of Infinity Farm, a 30 minute drive from Calapan City to the adjacent town of Baco, Or Mindoro. Other officers came on the second day, Drs. Rima T. Tan, Fatma I. Tiu & Marsha C. Tolentino along with Mr. Maxim T. Legaspi.

APRIL 20 2017

The event started early with participants coming from the northern & southernmost tip of Oriental Mindoro, a well represented & distributed number of registrants to adequately extend the vision of this workshop activity to reach out & educate professionals to benefit the diabetic population in the far flung areas through the knowledge that would be imbibed in the 2 day lecture. A compact series of lectures ensued for the 200 very attentive & interactive participants.

Fellowship night was provided by the local chapter, to extend our foremost gratitude to the officers & board of DP as well as the pharmaceutical companies for sponsoring the activity, our humble act of thanksgiving for the very dedicated, committed & selfless act of each doctor officer of this organization in taking time off from their busy hospital & clinic schedules & sharing their much needed expertise in this educational endeavor.

The new set of DP Oriental Mindoro chapter officers & board of directors were inducted by the president Dr. Agnes T. Cruz witnessed by the officers & board of the national organization.

Officers for 2017-2019 are as follows:

Dr. Jocelyn Muli - Marcos
President

Dr. Ma. Estrella Christia Goco-Malapitan
Vice-President

Dr. Basilisa M. LLanto
Secretary

Paul Augustine O. Leynes, RN
Asst. Secretary

Dr. Mayette N. Bolor
Treasurer

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Board of directors:
Dr. Marpheo E. Marasigan
Dr. Emmanuel E. Baretto
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Dr. Teresita C. Morales
Merceditas Virola-Anorico, RND
Zendella Z. De Guzman, RN
Irene M. Fidelin, RN

A fun filled event with zumba dance provided by a professional zumba instructor & live band brought everyone on their feet... Then of course... Rest after a fruitful & tiring day.

APRIL 21 2017

It was the continuation of the series of lectures. No registrant left the activity, stayed on until the last part of the lecture, depicting how very interesting & informative the prepared lectures were & how equally receptive are the Oriental Mindoro participants of this forum. It was indeed a truly fulfilling 2 day learning event from the highly regarded experts of diabetes... Our sincere & wholehearted gratitude. Looking forward for the next activity.

In the MOVE

2017 – 2018 Oath of Office

DP Officers and Board with Pharma Friends

The CBL working group:
Standing from L-R: **Leyden V. Florido, MAN, RN, Joylyn L. Mejilla, RN,MAN Eleonor C. Tangkeko, MAN, RN, Richard Elwyn V. Fernando, MD, Leilani Gail V. Magtolis, MD, Susan Yu-Gan, MD, Rima T. Tan, MD**

Nutrition Practice Guidelines: Stakeholders Forum
June 16, 2017
@ Dusit Thani, Manila

PLAS PSH Lay Forum
February 19, 2017
@ Crowne Plaza Galleria Manila

PMA "Night of Leaders" activity
on March 22, 2017, 7:00pm,
@ the JY Hall, ULCC,
Mandaluyong City

110th Philippine Medical Association Annual Convention
May 16 – 19, 2017
@ Manila Hotel

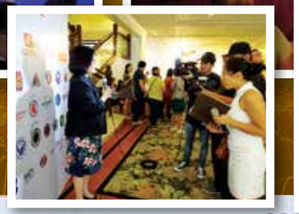
47th Philippine College of Physicians Annual Convention
May 7 – 11, 2017
@ SMX Convention Center

PHILIPPINE COALITION FOR THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES (PCPCNCD) MEETING
@ Philippine Heart Center

January 23, 2017

February 23, 2017

FIT FIL










59th Diabetes Workshop and 24th Diabetes Forum
Nestas Hilltop, Provincial Park, Roxas City
February 16 - 17, 2017 (Thursday – Friday)
Scientific Chairperson: **Francis I. Pasaporte,**
MDCoordinators: **Rommel C. Mosquete, MD**
& **Maxim T. Legaspi**




Roxas Lay Forum
Nestas Hilltop, Provincial Park, Roxas City
February 17, 2017 (Friday)
Scientific Chairperson: **Ms. Leyden V. Florido,**
RNCoordinator: **Rommel C. Mosquete, MD**

60th Diabetes Workshop and 25th Diabetes Forum
Filipiniana Hotel, Oriental Mindoro
April 20 - 21, 2017 (Thursday-Friday)Scientific
Chairperson: **Francis I. Pasaporte,**
MDCoordinators: **Jocelyn Muli-Marcos, MD**
& **Ms. Maripee P. Genato**

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1. The ADVANCE Collaborative group. N Eng J Med 2008; 358: 2560-2572. 2. Perkovic V et al. Kidney Int. 2013 Jan. Advance Online Publication. 3. Turnbull FM et al. Diabetologia (2009) 52: 2288-2298. 4. Sawado F et al. Metabolism Clinical and Experimental 57 (2008) 1038-1045

COMPOSITION: Diamicron MR 60 mg, modified release tablet containing 60 mg of gliclazide, contains lactose as an excipient. INDICATION: Non-insulin-dependent diabetes (type 2) in adults, in association with dietary measures and with exercise, when these measures alone are not sufficient. DOSAGE AND ADMINISTRATION: One half to 2 tablets per day i.e. from 30 to 120 mg taken orally as a single intake at breakfast time, including in elderly patients and those with mild to moderate renal insufficiency with careful patient monitoring. One tablet of Diamicron MR 60 mg is equivalent to 2 tablets of Diamicron MR 30 mg. The breakability of Diamicron MR 60 mg enables flexibility of dosing to be achieved. In patients at risk of hypoglycemia, daily starting dose of 30 mg is recommended. Combination with other antidiabetics: Diamicron MR 60 mg can be given in combination with biguanides, alpha glucosidase inhibitors or insulin (under close medical supervision). CONTRAINDICATIONS: Hypersensitivity to gliclazide or to any of the excipients, other sulfonylurea or sulphonamides; type 1 diabetes; diabetic pre-coma and coma; diabetic ketoacidosis; severe renal or hepatic insufficiency (in these cases the use of insulin is recommended); treatment with miconazole (see interactions section); lactation (see fertility, pregnancy and lactation section). WARNINGS: Hypoglycemia may occur with all sulfonylurea drugs, in cases of accidental overdose, when calorie or glucose intake is deficient, following prolonged or strenuous exercise, and in patients with severe hepatic or renal impairment. Hospitalization and glucose administration for several days may be necessary. Patient should be informed of the importance of following dietary advice, of taking regular exercise, and of regular monitoring of blood glucose levels. To be prescribed only in patients with regular food intake. Use with caution in patients with G6PD deficiency. Excipient contains lactose. INTERACTIONS: Risk of hypoglycemia - contraindicated: miconazole; not recommended: phenylbutazone, alcohol; use with caution: other antidiabetic agents, beta-blockers, fluconazole, ACE inhibitors (captopril, enalapril), H2-receptor antagonists, IMAOs, sulfonamides, clarithromycin, NSAIDs. Risk of hyperglycemia - not recommended: danazol; use with caution: chlorpromazine at high doses, glucocorticoids, ritodrine, salbutamol, terbutaline; Potentiation of anticoagulant therapy (e.g. warfarin), adjustment of the anticoagulant may be necessary. FERTILITY, PREGNANCY AND BREASTFEEDING: Pregnancy: Change to insulin before a pregnancy is attempted, or as soon as pregnancy is discovered. Lactation: Contraindicated. DRIVING & USE OF MACHINES: Possible symptoms of hypoglycemia to be taken into account especially at the beginning of the treatment. UNDESIRABLE EFFECTS: Hypoglycemia, abdominal pain, nausea, vomiting, dyspepsia, diarrhea, constipation. Rare: changes in hematology generally reversible (anemia, leukopenia, thrombocytopenia, granulocytopenia). Raised hepatic enzymes levels (AST, ALT, alkaline phosphatase), hepatitis (isolated reports). If cholestatic jaundice: discontinuation of treatment. Transient visual disturbances at start of treatment. More rarely: rash, pruritus, urticaria, angioedema, erythema, maculopapular rashes, bullous reactions such as Stevens-Johnson syndrome and toxic epidermal necrolysis, and exceptionally, drug rash with eosinophilia and systemic symptoms (DRESS). As for other sulfonylureas: observed cases of erythrocytopenia, agranulocytosis, hemolytic anemia, pancytopenia, allergic vasculitis, hyponatremia, elevated liver enzymes, impairment of liver function (cholestasis, jaundice) and hepatitis which led to life-threatening liver failure in isolated cases. OVERDOSE: Possible severe hypoglycemia requiring urgent IV glucose, immediate hospitalization and monitoring. PROPERTIES: Diamicron MR 60 mg is a sulfonylurea inducing blood glucose levels by stimulating insulin secretion from beta cells in the islets of Langerhans, thereby restoring the first peak of insulin secretion and increasing the second phase of insulin secretion in response to a meal or intake of glucose. Independent hemovascular properties. PRESENTATION: Box of 60 tablets of Diamicron MR 60 mg in blister. Servier Philippines, Inc. #2 Orion (cor. Mercedes St., Bel-Air Village, Makati City. www.servier.com

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