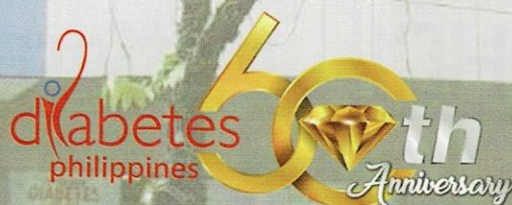


diabetes **WATCH** philippines

A Publication of the Diabetes Philippines

July to December 2018
Year MMXVIII, No. 2

DIABETES MILESTONES & NOVEL DISCOVERIES



FEATURED ARTICLES

- 35th Annual Convention Highlights
- DP's 60th Anniversary Celebration
- How Important is Family Support in Managing Type 1 Diabetes
- Diabetes in the Eyes of A Mother



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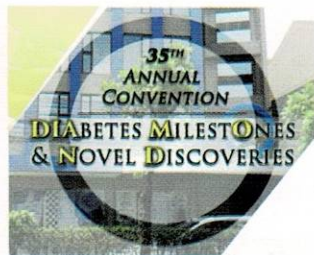
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SPECIAL FEATURES



7 Diabetes Philippines 35th Annual Convention

A snapshot of the highlights of the 35th annual convention: Diabetes Milestones and Novel Discoveries.



17 60th Anniversary Fellowship Night

A Look at the Dazzling and Decadent Diamond Celebration of DP.



31 How Important is Family Support in Managing Type 1 Diabetes?

Johanah Co shares the highs and lows of living with Type 1 Diabetes and how family members can help their loved ones cope with the disease.



35 Diabetes in the Eyes of A Mother

A mother opens up about the challenges of caring for a child with diabetes; and how she continues to keep a positive outlook.

REGULAR

- 3 Your President's Speaks
- 4 From the Editor's Desk
- 5 DP Chapters
- 36 On the Move
- 44 The *Lighter Side* of Diabetes

DP WORKSHOPS

- 37 in Tuguegarao

CONTRIBUTORS

Ofelia D. Caisip

a housewife from Marikina, Mrs. Caisip shared her personal experience during the last Gimik Diabetes. She has a daughter who has been living with Type 1 Diabetes since age 6.



Johanah Joyce L. Co

Johanah Co was diagnosed with Type 1 diabetes in 2001. She is a member of the IDF Young Leaders in Diabetes (YLD) program, representing the Philippines. She hopes to support people emotionally with T1D and register them for Diabetes Philippines's council on childhood diabetes. If you would like to create a Type 1 Workshop or support group, please contact Johanah at jco.managingdiabetes@gmail.com



Agnes T. Cruz, MD

is an active consultant, and head of dialysis unit of Marikina Valley Medical Center. She is also the Medical Director of United Dialysis and Kidney Care, Inc. The current President of Diabetes Philippines, Inc., a board of director of Institute for Studies on Diabetes Foundation, Inc.



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Cartoonist of Diabetes Watch Magazine IM-Endocrinologist at Tagaytay Medical Center, St. Paul's Hospital Cavite, Welfare Clinics & Lab., and De La Salle University Medical Center



Marsha C. Tolentino, MD

is an endocrinologist practicing in Cebu City. She is a member of the board of director of Diabetes Philippines.



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To be the prime mover of effective prevention and excellent diabetes care in the Philippines.

OUR VISION

Better 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 our selves only the best effort. We continuously upgrade our knowledge and skills, adopt ever-improving technologies, and expand the reach of our services to attain our vision. Our mentors, generous with their knowledge and time, model excellent leadership.

COOPERATION

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

COMMITMENT

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



YOUR PRESIDENT SPEAKS

Greetings from Diabetes Philippines!

This year is a milestone for DP, as we celebrate our 60th year, the so- called Modern Diamond celebration.

Our scientific committee like in the previous years has prepared a roster of relevant and interesting topics aligned with our theme. Our annual convention is not only a meeting of the minds but a joyous reunion of friends and colleagues as well.

As we turn 60, we will pay tribute and honor our past leaders as they have been very important parts of DP's colorful history. We will also recognize DP's present state and look forward to what is in store for DP for the next 60 years. What a journey it has been for DP and we are all so excited to look back and look ahead.

So, in behalf of the Board of Trustees of DP, we invite all of you to join us as we hold our 35th Annual Convention and celebrate our momentous 60th year.

Mabuhay ang Diabetes Philippines!

Agnes Torrijos - Cruz, MD, MS, FPCP, FPSN, FPSD
Chairman and President
Diabetes Philippines, Inc.



From the
EDITOR'S DESK



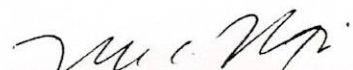
Greetings!

Another 365 days gone by in the history of Diabetes Philippines- but not just any ordinary year. 2018 marked the 60th year of existence of what was originally organized as the Philippine Diabetes Association in 1958. Together with the rest of the officers and board of Diabetes Philippines Inc., President Agnes T. Cruz planned an extraordinary night of celebration to remember. Not to be outdone, Vice-President Grace K. de los Santos prepared a stellar scientific program worthy of this momentous occasion.

This issue of Diabetes Watch commemorates the 35th Annual Convention and the 60th Anniversary celebration of DP. They say a picture is worth a thousand words. Let the following pages showcase the best of those 2 days in November 2018.

Learn also about living with Type 1 Diabetes from the perspective of a patient and from a mother. Be inspired by their stories.

Read on!


Marsha C. Tolentino, MD
Editor-in-Chief



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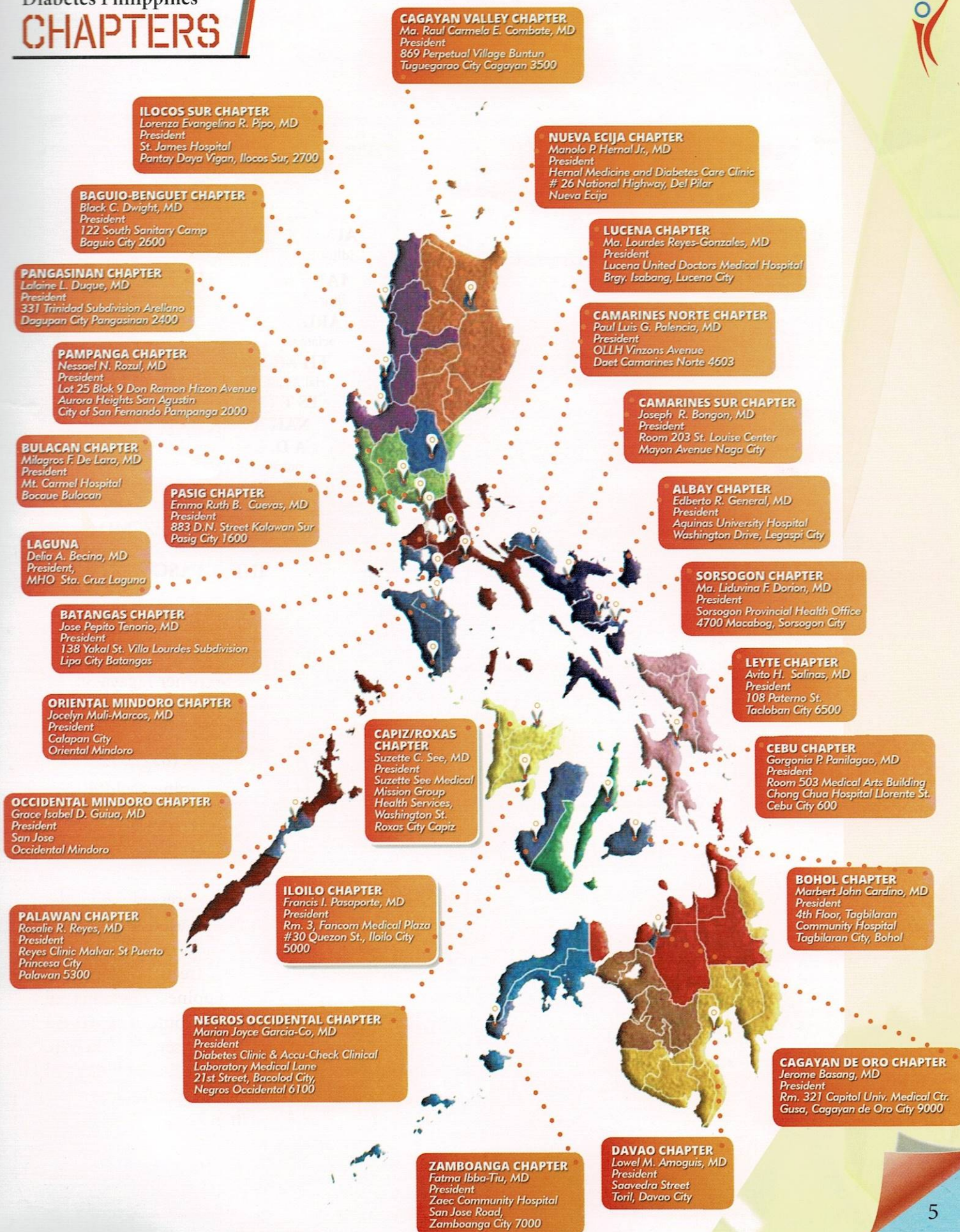
SARA JANINE C. PASCUAL
Art Design

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1. Food and Drug Administration, Consumer drug information sheet. Available at: <http://www.fda.gov/cder/consumerinfo/druginfo/omacor.html>. Accessed September 8, 2005.
2. The Fifth Joint Task Force of the European Society of Cardiology and other Societies on Cardiovascular Disease Prevention in Clinical Practice. European Heart Journal (2012) 33, 1635-1701.
3. ACC/AHA Blood Cholesterol Guideline 2013

References and full prescribing information available upon request.

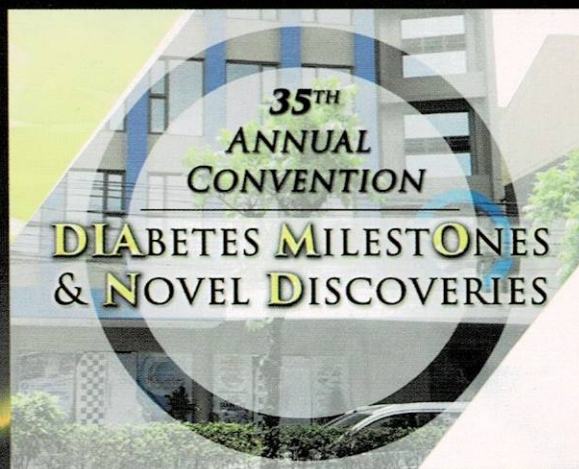


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THE 35TH DIABETES PHILIPPINES ANNUAL CONVENTION

By: Marsha C. Tolentino, MD



Every year since 1984, Diabetes Philippines Inc. has held a scientific convention to enhance and ensure that the knowledge of its members remain up to date. This year was no exception. Edsa Shangri-la Hotel was the venue of the 35th Annual Convention last November 12-13, 2018. The scientific committee prepared an exceptional 2-day program for the 964 attendees.

The opening ceremonies included the parade of the DP chapter presidents followed by the national officers and board of trustees. President Dr. Agnes Cruz welcomed the attendees and Vice President Dr. Grace de los Santos presented the program for the next 2 days. This was followed by the opening of the exhibits.

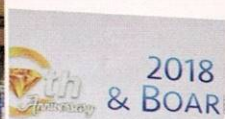
Aside from the ADL- and REF- endowed lectureships, there were 4 plenary lectures this year. Two of these were presented on Day 1 by past DP presidents- Dr. Rima Tan gave an update on the recently presented (October 2018) ADA-EASD Consensus Report for Hyperglycemia Management in T2D and Dr. Richard Elwyn Fernando discussed Hypoglycemia-induced Complications. An entertaining documentary on The Circadian Rhythm was presented by Dr. Celine Aquino on Day 2. This was followed by the 4th plenary lecture on The Lowdown on the Ketogenic Diet by Dr. Yasmin Zuñiga, who specializes in endocrinology and nutrition.





Concurrent symposia were held after the luncheon conferences. The first was on "Diabetes Education" highlighting stress management, motivational strategies and practical approaches to dining out. The second centered on "Targeting Complications" focusing on the liver, the thyroid and the rheumatologic complications. Needless to say, all the resource persons were experts in their fields so questions and clarifications from the audience were satisfactorily addressed.

Day 2 ended with two "Meet-the-Experts" sessions discussing the following topics: an update on the artificial pancreas, Apps to help patients manage their diabetes, retinopathy management and hyperglycemia secondary to non-diabetic condition.





Dr. Augusto D. Litonjua Endowed Lectureship
by **Professor Jean Claude Mbanya**
"Diabetes Management in Real World Setting"
ADL ENDOWED LECTURESHIP

November 12-13
Monday - Tuesday
in Shanghai



The Augusto D. Litonjua endowed lectureship is held in honor of Dr. Litonjua, a renowned clinician, a much sought-after lecturer, a respected teacher, a keen scientist and researcher but most of all, a devoted husband and a proud grandfather. The ADL endowed lectureship aims to deliver updates and showcase the latest findings, trends and studies in the medical profession.

Since its inception on 2007, it has gathered prominent names who are the best of the best in their field to share their knowledge and expertise.

To date, a distinguished professor of Medicine and Endocrinology at the Faculty of Medicine and Biomedical Sciences, University of Yaoundé 1, was invited to discuss about "Diabetes Management in Real World Setting". He is the Director of Biotechnology Center and Postgraduate Dean Doctoral School of Life Sciences, Health and Environmental Sciences at the University of Yaoundé 1. He initially studied in Cameroon where he obtained his MD and trained at the University of Newcastle upon Tyne, England where he obtained a PhD and later Member of the Royal College of Physicians. He is a Fellow of the Royal College of Physicians in London.

He is Honorary President of the International Diabetes Federation and was instrumental in the IDF-led 'Unite for Diabetes' campaign, which led to passage of the United Nations Day Resolution on Diabetes in December 2006.

His research interests are in the epidemiology of non-communicable diseases, especially diabetes and its complications, ethno-pharmacology and molecular biology of diabetes, hypertension, and thyroid diseases and their impact on the health care systems of developing countries. Output from his scientific research and service career has been published in 27 international book chapters and 185 papers in peer-reviewed journals. He was the 2004 recipient of the American Diabetes Association Harold Rifkin Award for Distinguished International Service in the Cause of Diabetes. In 2011 he was conferred the degree of Doctor philosophiae honoris causa by the University of Oslo for significant scientific contribution and work of outstanding quality furthering the scientific endeavor.

The 12th Augusto D. Litonjua Endowed Lecturer, Prof. Jean Claude Mbanya discussed "DIABETES MANAGEMENT IN REAL WORLD SETTING."



The Ricardo E. Fernando endowed lectureship is held in honor of Dr. Ricardo E. Fernando for his vast contributions in the field of diabetology. This lectureship recognizes the powerful impact that Dr. Fernando has made on the discipline of diabetes in the Philippines and to those he has trained. do for his vast contributions in the field of diabetology. This lectureship recognizes the powerful impact that Dr. Fernando has made on the discipline of diabetes in the Philippines and to those he has trained.

For the past 11 years, distinguished lecturers were invited to share valuable and informative lectures in the field of endocrinology and diabetology.

On its 12th year, the REF Endowed Lectureship is proud to have a very distinguished neurologist and sought-after lecturer, none other than Dr. Abdias V. Aquino.

He completed Doctor of Medicine from University of The East- Ramon Magsaysay Memorial Medical Center in 1974. He took his residency at the same hospital and fellowship at the University of California Davis Sacramento Medical Center. Also, he is a fellow and diplomate of Philippine College of Phy-

Dr. Ricardo E. Fernando Endowed Lectureship
by **Abdias V. Aquino, MD**
"The Impact of Diabetes on Stroke"
REF ENDOWED LECTURESHP

sicians and Philippine Neurological Association. Because of his vast experience in his field, he has held various key positions in several medical organizations. Past President – Philippine College of Physicians, Philippine Society of Hypertension, Philippine Neurological Association and Stroke Society of the Philippines

His hospital affiliations are: Philippine Heart Center, Capitol Medical Center, National Kidney And Transplant Institute, St. Luke's Medical Center, Quezon City, National Kidney And Transplant Institute

Some of the services he provided are: Stroke Treatment, Headache Management, Intra - Arterial Thrombolysis, Parkinson's Disease Treatment and Spinal Disorders.

The 12th Ricardo E. Fernando Endowed Lecturer, Dr. Abdias V. Aquino discussed "THE IMPACT OF DIABETES ON STROKE".



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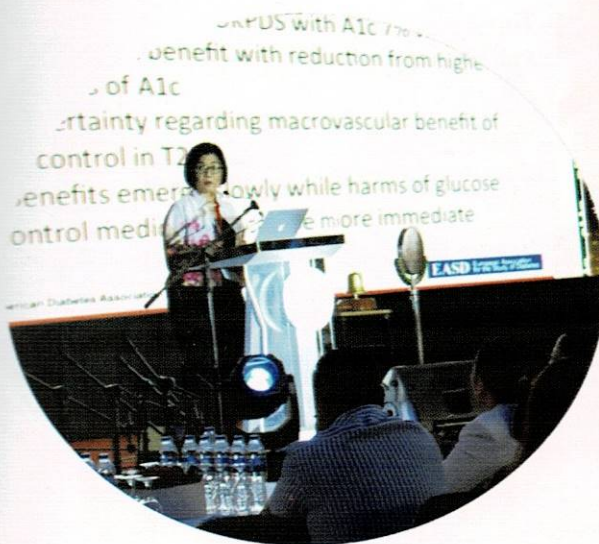
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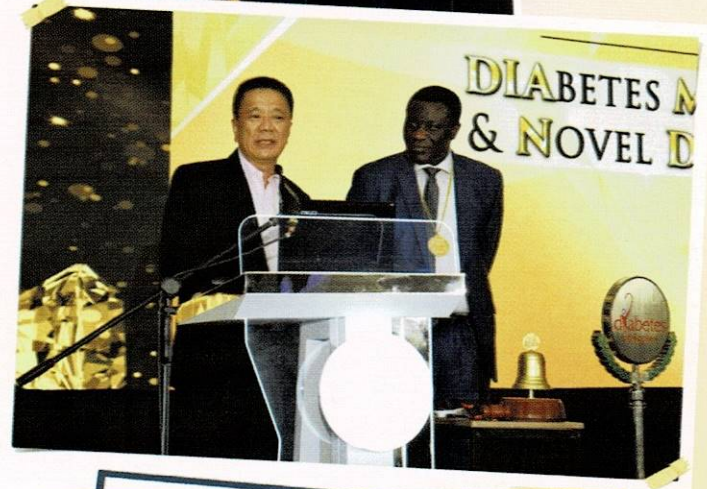
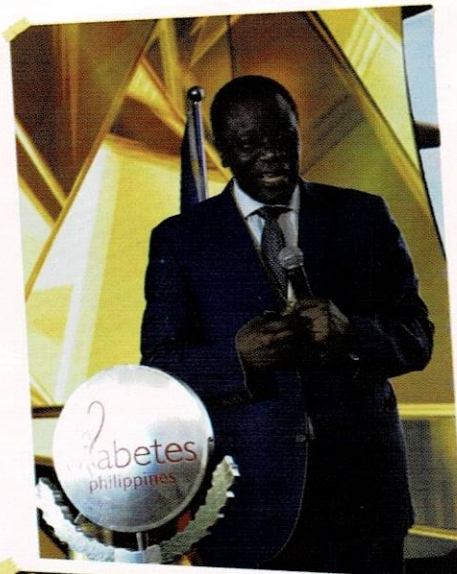
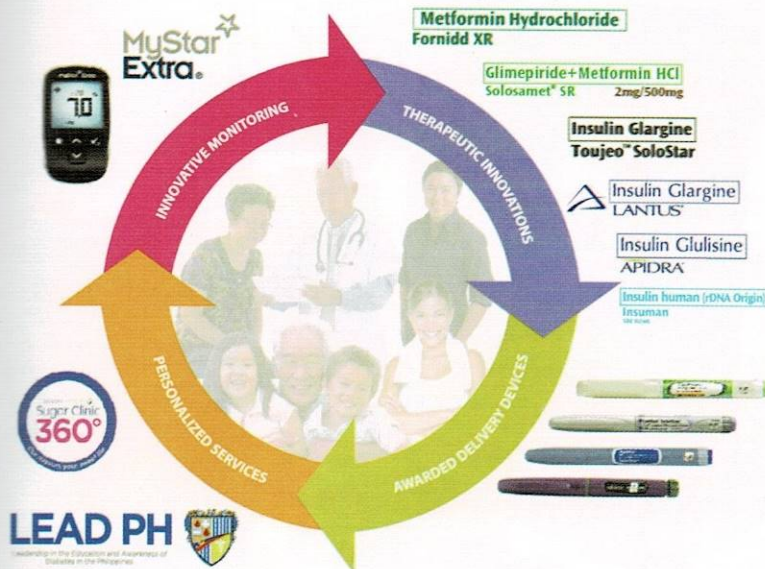


Speaker: Rima T. Tan, MD

Chairperson: Jerome B. Basang, MD

Topic:
Update: 2018 ADA EASD Consensus Report for
Hyperglycemia Management in T2D

SANOFI DIABETES 360°



Speaker: Professor Jean Claude Mbanya
Chairperson: Tommy S. Ty Willing, MD

Topic:
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(On the Picture) Dr. Ma. Teresa Plata-Que, Dr. Francis I. Pasaporte, Dr. Jerome L. Go, Ms. Maria Bernadette G. Platon & Ms. Joylyn L. Mejilla (from left to right)

Diabetes Education

Topic: Managing Stress

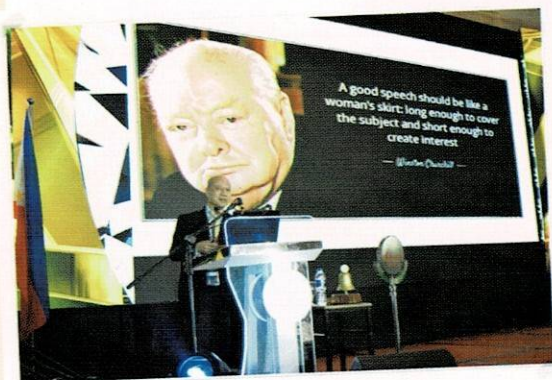
Speaker: Jerome L. Go, MD

Topic: Staying Motivated

Speaker: Joylyn L. Mejilla, RN

Topic: Strategies for Dining Out

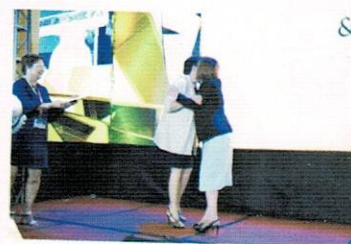
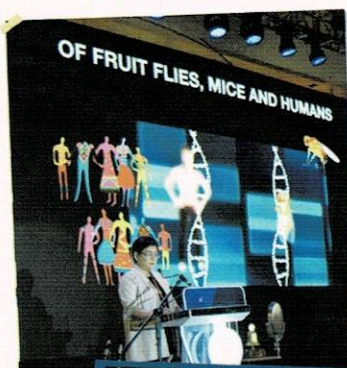
Speaker: Maria Bernadette G. Platon, RND



Speaker: Richard Elwyn V. Fernando, MD
Chairperson: Dwight C. Black, MD

Topic:
Hypoglycemia - Induced Complications

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Speaker: Celine T. Aquino, MD
Chairperson: Ma. Raul Carmela E. Combate, MD

Topic:
Circadian Rhythm

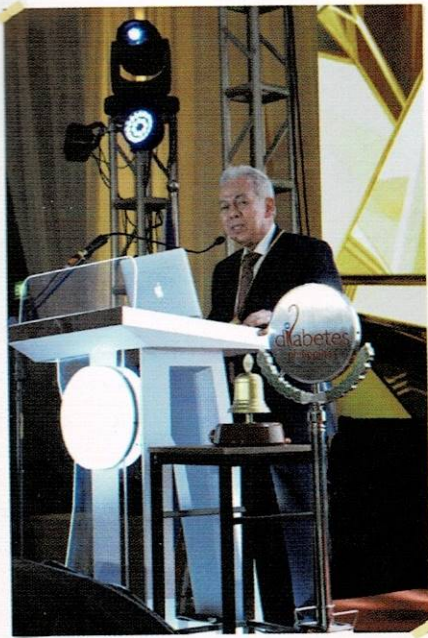


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Speaker: Yasmin Zuñiga, MD
Chairperson: Paul Luis Palencia, MD
Topic:
 The Lowdown on the Ketogenic Diet



Speaker: Abdias V. Aquino, MD
Chairperson: Marcelo A. Lim, MD
Topic:
 Dr. Ricardo E. Fernando Endowed Lectureship
 "The Impact of Diabetes on Stroke"



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Topic: Update on the Artificial Pancreas
Speaker: Joy Arabelle C. Fonatanilla, MD



Topic: Application to help patients manage their Diabetes.
Speaker: Pedro P. San Diego Jr., MD



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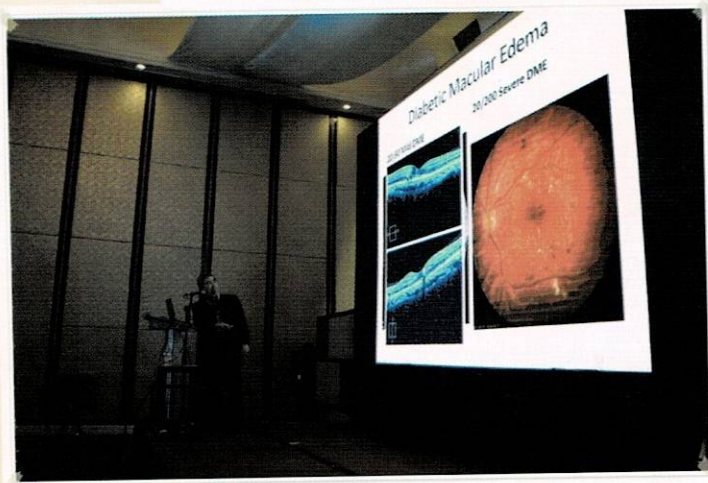
Speaker: Edberto R. General, MD
Chairperson: Nessaël M. Rozul, MD

Topic:
Hyperglycemia Secondary to Non-Diabetic
Conditions & Therapies



Speaker: Harvey S. Uy, MD
Chairperson: Jerome B. Basang, MD

Topic:
Retinopathy Management



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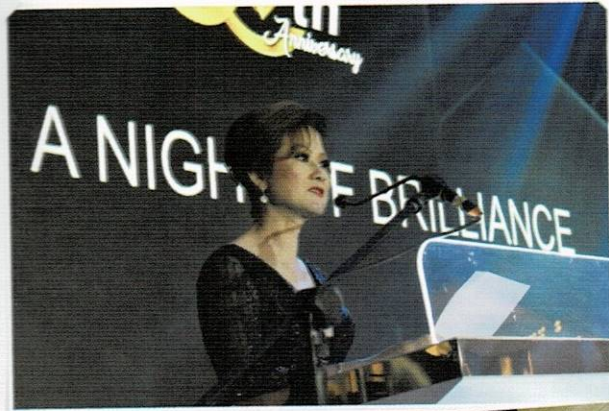
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60th
Anniversary

Fellowship Night

By: Agnes T. Cruz, MD



From a handful of devoted physicians in 1958 to 4427 members across 29 Chapters nationwide, Diabetes Philippines keeps its promise to help improve the quality of life of Filipinos with diabetes through effective prevention and proper care. On our 60th Year, we renew our pledge to pursue the noble mission of Diabetes Philippines with uncompromising Integrity, passion-driven Excellence, unwavering Commitment, and Cooperation at every level of service.

There is no better way to commemorate our 60th Anniversary than by reaffirming our vow to care for Filipinos with diabetes, including their families and communities. Let us continue to touch lives with hope through education, networking advocacy, and research for another 60 years and beyond.









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❖ BASILIO J. VALDEZ, MD	1961-1965
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❖ LELAND S. VILLADOLID, MD	1980-1981
❖ FLORA M. PASCASIO, MD	1981-1982
❖ AUGUSTO D. LITONJUA, MD	1983-1994
❖ MARY ANNE LIM-ABRAHAN, MD	1995-1996
❖ FRANCESLINA LANTION-ANG, MD	1997-2000
❖ RUBY T. GO, MD	2001-2002
❖ ROSA ALLYN G. SY, MD	2003-2004
❖ MA. TERESA PLATA-QUE, MD	2005-2006
❖ TOMMY S. TY WILLING, MD	2007-2010
❖ SUSAN YU-GAN, MD	2011-2012
❖ EDITHA ARCEO-DALISAY, MD	January-June 2013
❖ RICHARD ELWYN V. FERNANDO, MD	July 2013-2014
❖ RIMA T. TAN, MD	2015-2016
❖ AGNES T. CRUZ, MD	2017-2018

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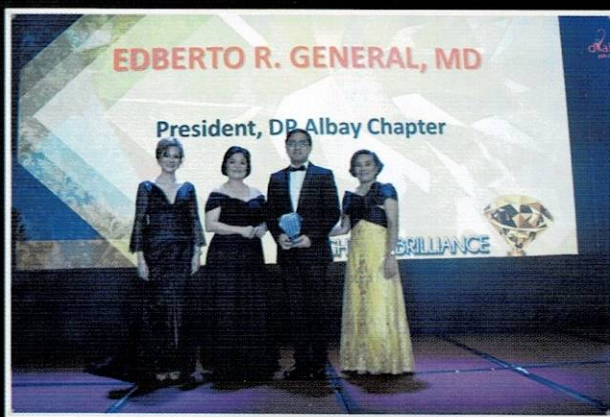
Recognition of Chapter Presidents



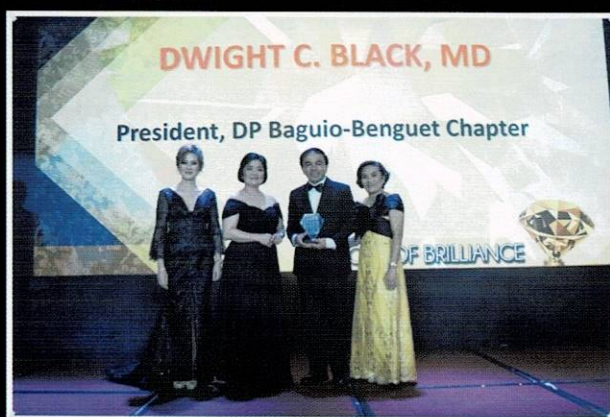
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BULACAN CHAPTER



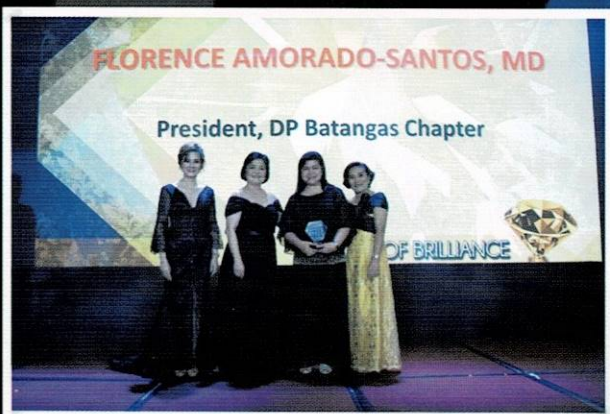
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BOHOL CHAPTER



*EDBERTO R. GENERAL, MD
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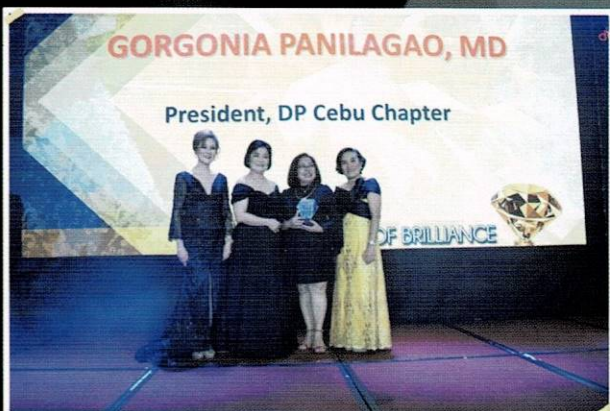
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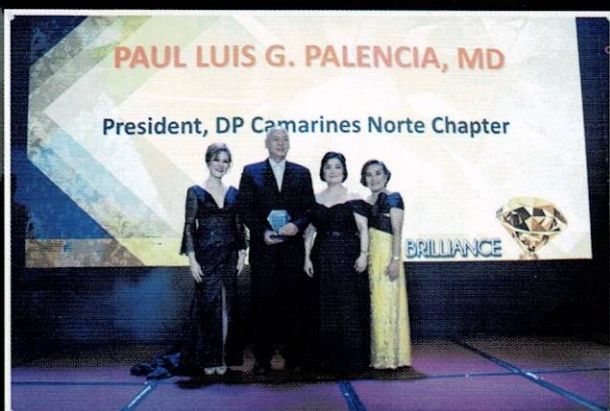
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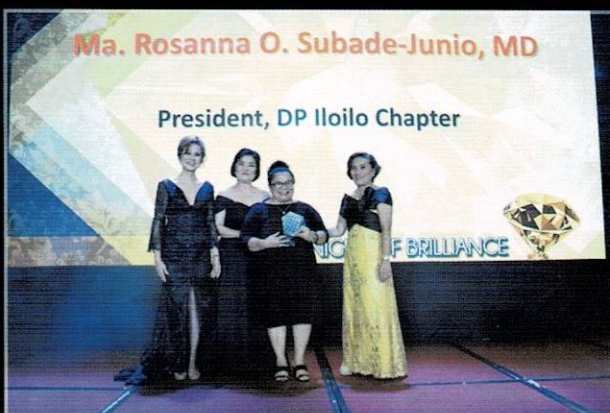
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CAGAYAN DE ORO CHAPTER*



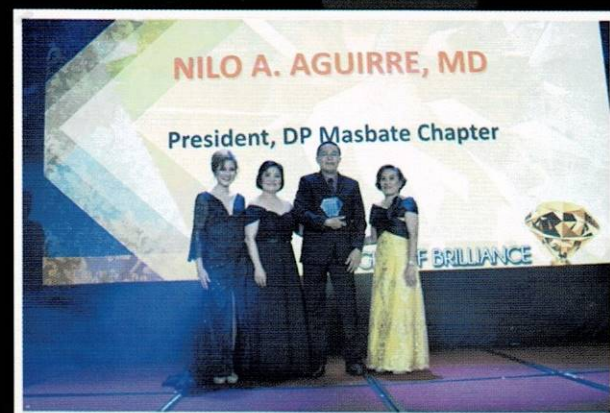
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*MA. ROSANNA O. SUBADE-JUNIO, MD
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President, DP Negros Occidental Chapter

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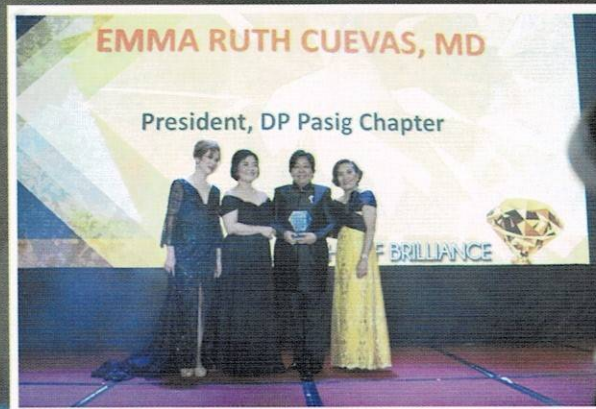
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JOCELYN MULI-MARCOS, MD

President, DP Oriental Mindoro

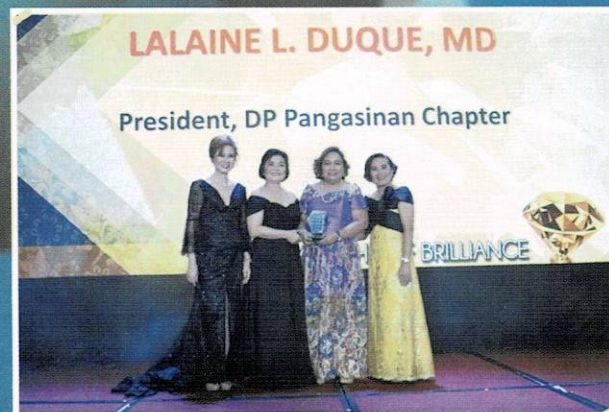
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Simplicity that matters

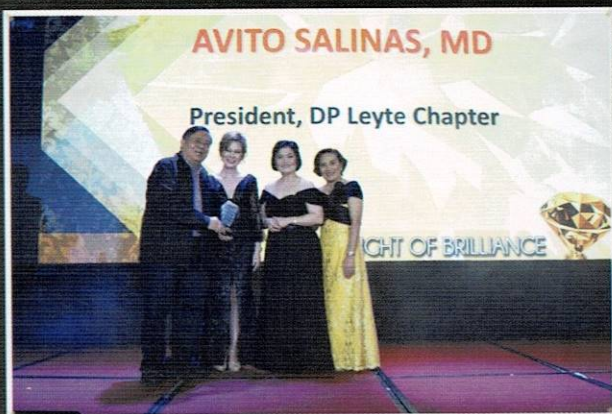
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Chapter Recognition

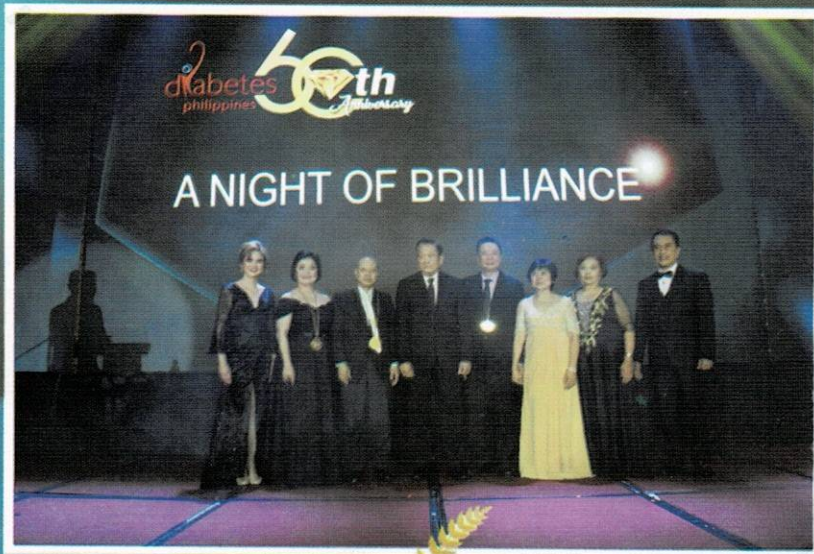


(Baguio Chapter | Legazpi Chapter | Cagayan De Oro Chapter | Cagayan Valley Chapter)

Recognition of Past Presidents



Awarding of Medal to the 5 Most Recent Past Presidents of DP



Service Award



COMELEC MEMBERS
DR. MA. TERESA PLATA-QUE
DR. RIMA T. TAN
DT. TOMMY S. TY WILLING



SOFT IT PRO
MS. MABEL RABIA



CBL COMMITTEE
MS. ELEONOR C. TANGKEKO
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DR. LEILANI GAIL V. MAGTOLIS



MS. JULIE SAPORNA



MS. RUTH M. GELITO

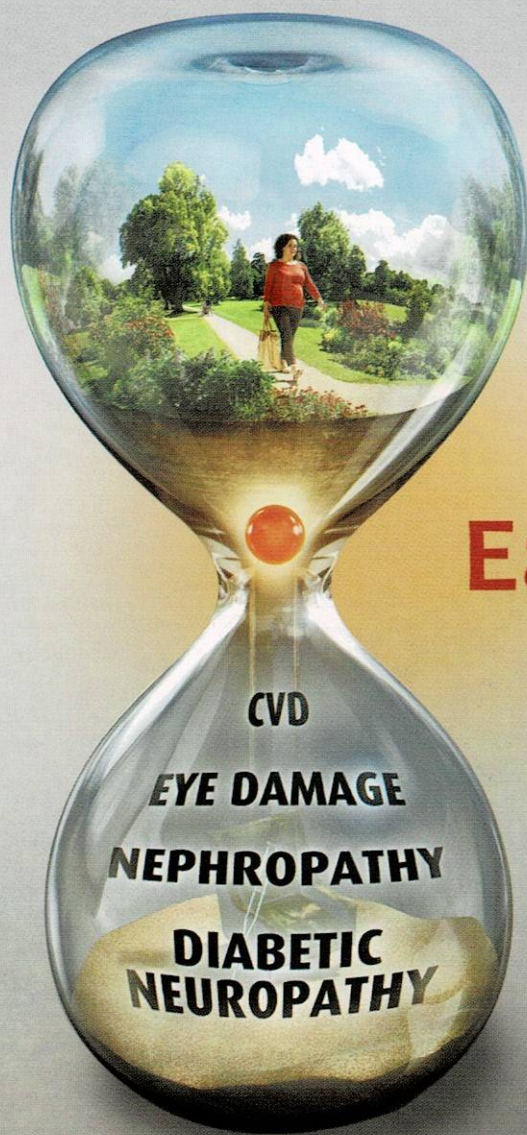
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How *Important* is Family Support in Managing Type 1 Diabetes?

By: Johanah Joyce L. Co



type 1 diabetes mellitus (T1DM) when I was thirteen years old.

For seventeen years of living with T1DM, my diabetes will always pop in the family's news headlines. As if, I'm doing something wrong. Lo and behold, it's not that I'm behaving badly but rather my family has been concerned with my health. Initially, I felt they are such a nuisance but over time, I realized that my voice is important for them to better understand and support my needs. Ultimately, their concerns show how much they love me.

Over the years, I have gotten used to them saying: "Nooo... you can't eat that. Did you sneak in the refrigerator?" "Did you check your blood sugar?" "Have you treated your hypoglycemia with glucose tablets?" "Can you play sports? Aren't you low blood sugar?" "Ohhh shocks... Johanah's not yet up, is she unconscious or hypo?" "Why are you perspiring so hard? We're inside an airconditioned mall." "Wake up, wake up little sister." "What's your HBA1C? Hope it's lower this time." "Why did you get so irritated and angry? Are you having hyperglycemia?"

Family... what does this word mean to you? To some, it brings comfort and joy, but to others, this word may bring fear or burden. Different people, different experiences altogether for there is no such thing as one equation fits all. To me, I'm blessed that my family has always been my home ever since I got diagnosed with type one diabetes includes taking insulin, frequent blood sugar monitoring, eating healthy foods, exercising regularly, and food counting. For type two and gestational diabetics, most can handle oral medications and their diabetes can become reversible if partnered with a healthy lifestyle. Some may also take injectable insulin to lower their blood sugar.



supportive in every step of the way including my cousin Ian who's also a type one diabetic.

**Me and my cousin Ian with our insulin pumps*

DIABETES IN A NUTSHELL

Nowadays, diabetes is getting rampant worldwide. Most diabetics fall under type two while a few fall under type one and gestational diabetes. The main difference is, type one diabetics are insulin dependent for life. For type one like me, I cannot survive without insulin and test strips for a prolonged period of time. Treatment for

CHALLENGES AS A T1DM

Diabetes self-care is very critical in managing one's diabetes. The challenges I have experienced in dealing with my T1DM include troubleshooting my blood sugar when I have irregular schedule of physical activities, losing weight, bullying when I was younger, having eating disorder, maintaining good HBA1C level, and managing my anxiety and depression when I have diabetes burnout. All of these must be managed well because diabetes can also have long term implications for health and wellbeing. I get through my challenges through the support of my family, friends, and health care professionals.

CHALLENGES AS A T1DM

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Now, when you meet any diabetics, type one, two or gestational, here are my suggestions as to how to support them.

SUGGESTIONS IN SUPPORTING DIABETICS

Ask questions. Questions like how can I help you when you hit low or high blood sugar? How do you want me to support you when you are

tempted to eat unhealthy foods? You seem agitated, would you like some water or how's your blood sugar?

Be present. If we want to go for a walk or exercise, encourage us by joining us in our exercise. We value your presence, it's one way of sharing our pain yet finding comfort by spending time with us. If we have curricular activities, do support us by being present and befriend our diabetic friends. When my dad and mom provided help to me diabetic friends, I felt their extended love towards them, amazing! You may also drive us to our doctor's appointments and listen to our doctor's advices.



**(Left photo) My family was present to share about their tips to other diabetic families during SweetMoms Christmas party (right photo) that I helped organize.*

Suggest but not control. Don't judge, criticize, nor blame. When you see our very high or very low blood sugar reading, don't be quick to judge. Rather, help us nicely by providing suggestions and support rather than raising your voice nor questioning us. Ask nicely, "Do you need your insulin pen to lower your blood glucose? I can bring it to you." Or "Do you need a can of soda to raise your blood sugar? I can get." Or "Do you need a place

to rest first? Can I drive for you?"

Be tolerant. Use positive affirmations and enforcements. Tolerant means showing one's willingness to adjust and adapt to our lifestyle. Understand that we also get tempted when we see everyone eating delicious ice cream, flavorful cakes, refreshing ice teas, and the like. Sometimes, it's hard to say no but it will help us if you can refrain from ordering these food. If not, don't control nor restrict us from not having them. Statements like, "Oh, you cant eat that" is rather a negative enforcement versus "You can have some, just a little. Eat moderately." Avoid comparing us to those who don't have diabetes. Complaining in front of us about our expenses cant rather stress us more because we don't really want to become a burden for the family.

Learn how to check diabetics' blood glucose reading and inject insulin. When faced with emergency situations, we really need help from you. Please learn to check our blood sugar especially when we get unconscious. Subscribe to ambulance numbers like Lifeline to prevent expensive hospital care expenses. Know our doctor's contact details. If you can inject insulin for us when we're at a high, that may also help.

Don't doubt, learn to trust. Be patient and positive. Whenever our loved ones don't know our blood sugar, they tend to doubt and get anxious whether we are on track with the right glucose readings. Yes, prolonged hyperglycemia nor hypoglycemia can bring about complications but we want your support to trust us in this process. Sometimes, it's hard to quick-



by lower down our HBAIC and blood sugar but please be patient and positive that we are trying our best to achieve the optimal results for our blood glucose.



**This shows my type 1 family from Rainbow camp. We support each other from time to time.*



**This shows my fellow type 1 advocates from an advocacy talk by Novo Nordisk where we get to learn and share about our challenges and*

recommendations.

Be open-minded, give them freedom. When we have extra-curricular activities or we need to travel alone, please don't restrict us. Be open-minded that we have prepared enough insulin, test strips, glucose tablets, etc. for our trip. Allow us to meet other type 1 diabetics and friends. Allow us to enjoy life and adventure once in a while.



This photo shows different type one diabetic advocates. I'm blessed that my family allowed me to travel alone. We are the Young Leaders in Diabetes 2017 for the International Diabetes Federation held in Abu Dhabi.

Give back, get involved. Diabetes is not a curse but rather a gift. A gift that only a selected few have to help their fellow diabetics. It's good if you can support us in giving back to other diabetics by sharing your stories and tips.



**This photo shows the heads of Diabetes Philippines: Dr. Agnes Cruz, Nurse Leyden Florido, and Dr. Francis Pasaporte who're very supportive of diabetics.*



**This photo shows the gathering done for type one and two diabetics in celebration of Gimik Diabetes last November 2018.*

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References: 1. Aronson R, et al. Effects of extra thin-wall needle technology on preference, confidence, and other patient ratings. Clinical Therapeutics. 2013; 35(7): 923-931. 2. Hirsch LJ, et al. Impact of a Modified Needle Tip Geometry on Penetration Force as well as Acceptability, Preference, and Perceived Pain in Subjects with Diabetes. J Diabetes Science & Technology 2012;6(2):329-335.

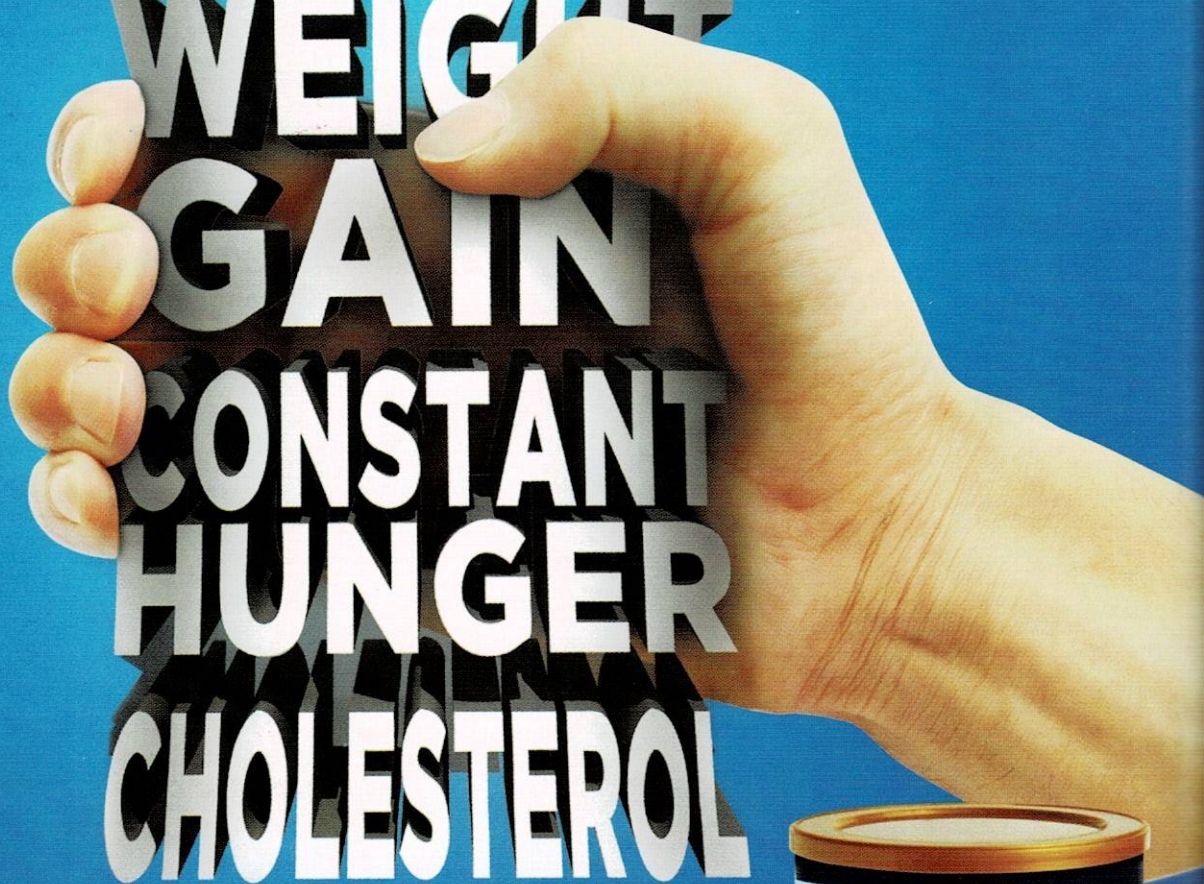
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Diabetes in the Eyes of A Mother

By: Ofelia D. Caisip

I think every mother would agree with me that we want the very best for our children: be it the best vitamins, the best kind of education, or even the best diaper that won't give any diaper rash. Unfortunately, life doesn't always give us what we want.

The greatest trial in our family was when my youngest, who was then 6 years old, was diagnosed with Type 1 diabetes. I felt extremely sad and confused. To be honest, I didn't know what to think or even do. It was a hard pill to swallow. It felt like cold water was being poured over my head to think that my daughter would carry this burden alone. I thought that if only I could, I would take her place and carry this diabetes myself. But... life goes on... days continued to pass by. I realized I could not allow myself to sit in this sadness for very long. I had to be strong enough for my daughter and for our family. I slowly started to accept it as part of our lives. And you know what? Acceptance is the first step to move forward. I'm saying embrace it because one thing we learned over the years is that diabetes is not a disease to be cured by just one medication; but rather it is a way of life. Insulin is not a quick fix.



I remember during our early years, it was not easy to control her blood sugar. She was taking her medication on time but she was still hypo or hyper-glycemic. The scariest times were when she had her episodes at night... when she became delirious and cried suddenly. We learned that she was hypoglycemic at that time. We would let her drink juice or put sugar at side of her mouth. Whenever she is at school, I would always pray that there would be no phone calls from her teacher asking me to come because she collapsed again. Everyday that she gets to finish that 9-hour school time, I am relieved and thankful for a wonderful day.

It was really a learning process. What I did at first was to get to know how she responded with everything: with insulin, with exercise... and how she was presenting during her "episodes". I started taking note of the kind and amount of food she ate and, with the help of her doctors, it slowly became part of our daily lives. Eventually it became a family matter- we all do carbohydrate counting; each one of us knows how to use the glucometer and knows what to do in cases of emergencies. You see, diabetes is not just one person's agenda but rather it is a family matter because she needs as much support as we can give.

We should not lose hope. Always have faith in God.



I think the best contribution that we, as parents, can give to our diabetic loved ones is the conviction and belief that it is possible to live a good life inspite of being diabetic. With good nutrition, proper treatment regimen, exercise and unconditional love anything is possible. And to all parents, especially those new to this disease, do not put the blame on yourselves. Focus on the present. The beginning is always the hardest but, it will be better day by day and step by step as you learn the how tos and what- nots of diabetes. And the best we can give to our children is to prepare them for the future so they will know how to manage the disease by themselves. And for the diabetics *"life is sweet even if you have Type 1 or Type 2 diabetes because your family cares for you"*.



ON THE MOVE



Diabetes Awareness Week

July 22, 2018
Festival Supermall, Alabang, Muntinlupa City

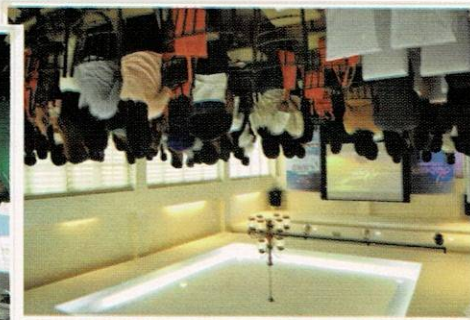


Healthy Philippines Alliance - NCD Alliance

July 24, 2018
Cafe Via Mare, Timog Avenue Branch



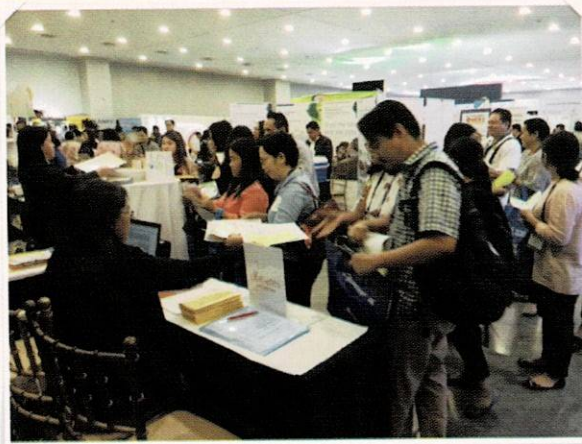
Balai Carmel, Tuguegarao
August 2-3, 2018



Marikina Valley Medical Center
July 27, 2018

Sneakers Friday





12th Annual Meeting & Clinical Congress of the American Association of Clinical Endocrinologist - Philippines Chapter

August 9-11, 2018
Iloilo Convention Center



4th Diabetes Nutrition Summit

August 11, 2018
Citadines, Ortigas



CPD Nutrition Council of Nutritionist - Dieticians Consultative Meeting

August 14, 2018
PRC Morayta, Recto Manila



Radyo Mo sa Nutrisyon Year 9

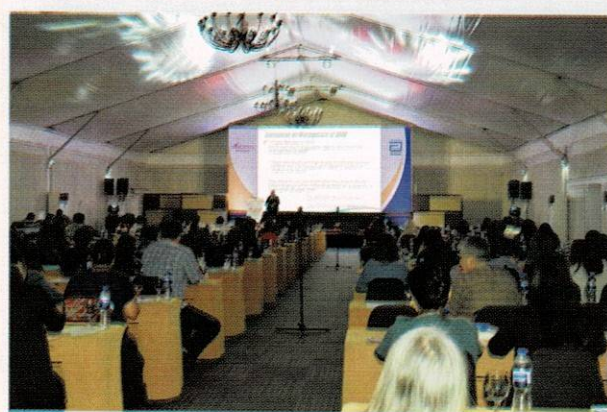
October 27, 2018
Makati City





Chapter Presidents' Meeting

November 11, 2018
EDSA SHangri-La Hotel, Mandaluyong City



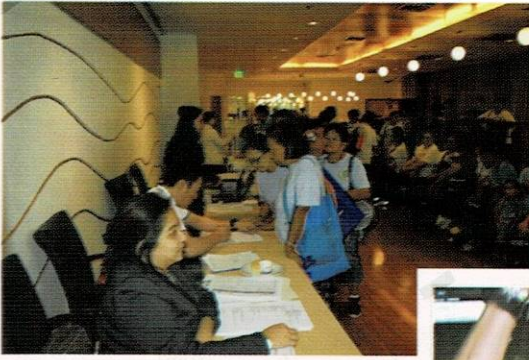
Post DP Convention Nutrition Conference

November 14, 2018
EDSA SHangri-La Hotel, Mandaluyong City



Gimik Diabetes Year 12

November 14, 2018
EDSA Shangri-La Hotel, Mandaluyong City



World Diabetes Day

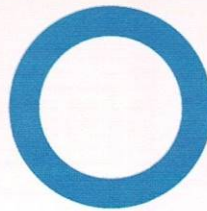
November 15, 2018
Tarlac City





IDF Council Meeting

November 22, 2018
Kuala Lumpur International Convention Center
Malaysia



IDF Global Village

November 22-25, 2018
Kuala Lumpur International Convention Center
Malaysia





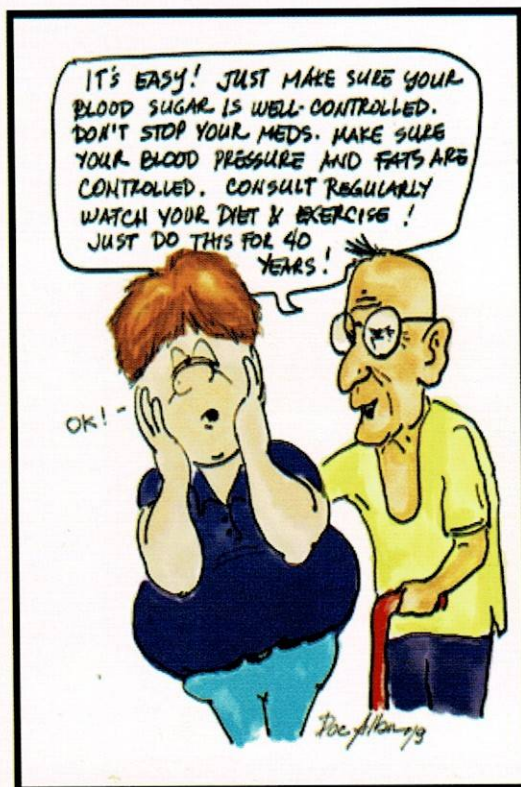
Oath Taking for BOD 2019 & Pharma Meeting

December 17, 2018
EDSA Shangri-La Hotel, Mandaluyong City



THE LIGHTER SIDE OF DIABETES

By: Allan S. Hernandez, MD



Katuwang na Maaasahan



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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. Sawada 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, MAOIs, 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 reducing 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 Sts., Bel-Air Village, Makati City.

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