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MASTERING THE MANY FACES OF DIABETES



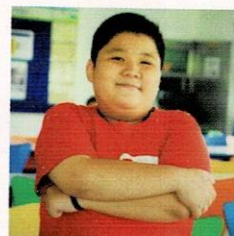
A MOTHER'S
JOURNEY



REALITIES OF LIVING
WITH DIABETES IN THE
PHILIPPINES



MEETING THE
CHALLENGES OF AGING
WITH DIABETES



CARDIOVASCULAR RISK
IN PEDIATRIC PATIENTS
WITH DIABETES



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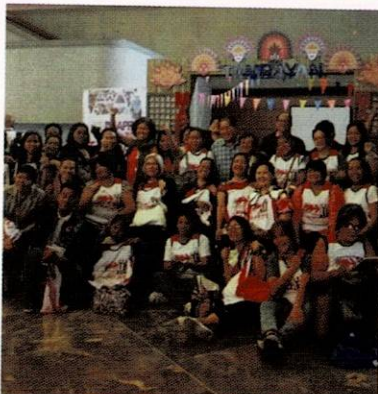
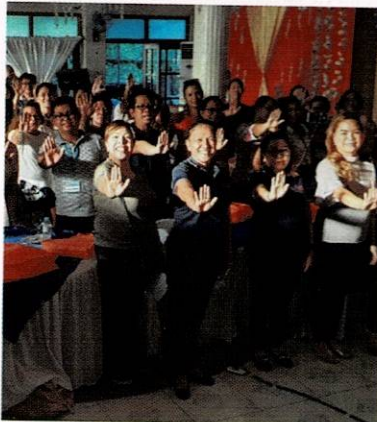
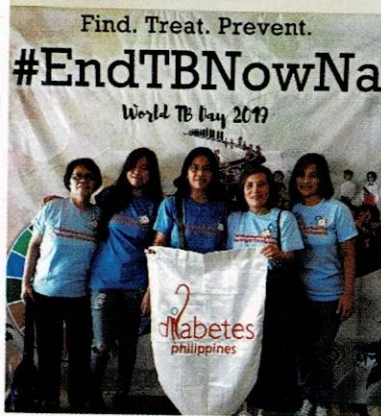
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DIABETES PHILIPPINES

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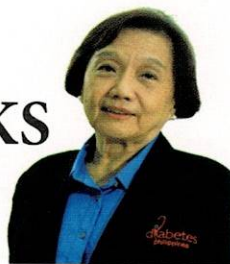
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YOUR PRESIDENT SPEAKS

*G*reetings!



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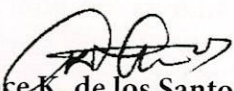
An Affiliate Society of the Philippine College of Physicians (PCP)

A member of the International Diabetes Federation (IDF)

Before I start my two-year term as president of Diabetes Philippines, Inc., I would like to thank our DP members and the board members for the trust you have given me. We will continue to uphold our mission to be the prime mover of effective prevention and excellent diabetes care in the Philippines. We will strive to fulfill our vision for a better quality of life for Filipinos with diabetes. It is our ultimate goal that every person with diabetes should live life to the fullest and without complications.

We, at Diabetes Philippines, are fully committed to this goal through our different programs and activities. We hope to increase diabetes awareness among children by promoting proper nutrition in select schools in the Mandaluyong area. We also plan to hold a weekly diabetes clinic in the DP building, catering to the less fortunate members of society.

Together, let us all work hand in hand in this fight against diabetes!


Grace K. de los Santos, MD
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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.

From the EDITOR'S DESK

Marsha C. Tolentino, MD

*G*reetings!

IN this issue, we bring to you the many aspects when dealing with persons with diabetes. Let's face it, not all diabetics are the same and people deal with life in varied ways.

First, we present the stark realities of living with diabetes in our country, what with the limited support and resources available. Then we zero in on the challenges of aging with diabetes – or how the senior diabetic copes with life. Let's not forget the diabetic child and that even at a tender age, diabetes can already complicate the heart. We will also hear from a mother with type 1 diabetes and how she dealt with her pregnancy and the realities of motherhood.

As a special treat for all the dog lovers out there, we have a bonus feature that describes how diabetes affects man's best friend! Truly, this issue covers the MANY faces of diabetes.

Read on!

Marsha C. Tolentino



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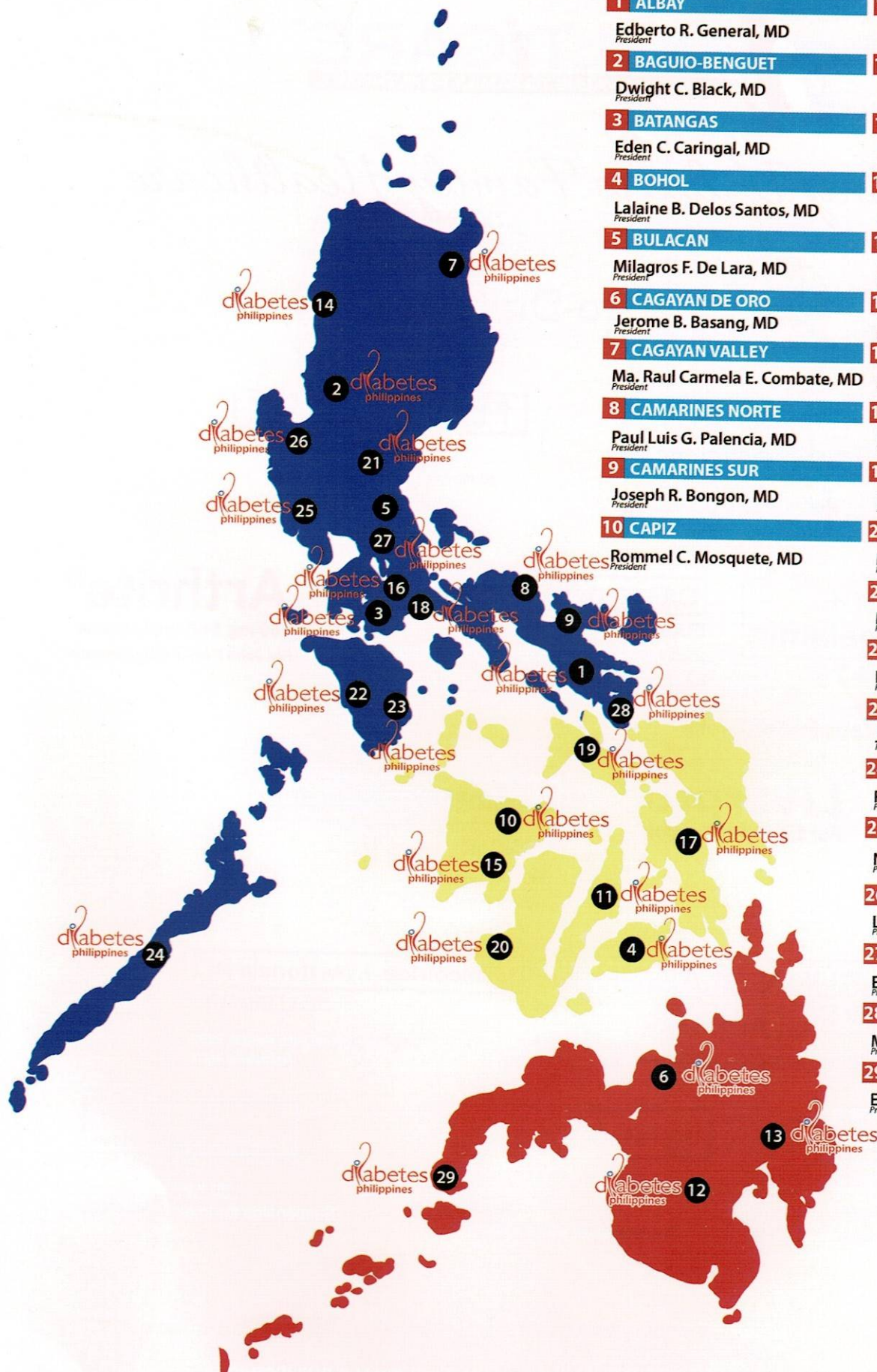
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Other adverse events associated with insulin therapy include lipodystrophy, injection site reactions and local hypersensitivity reactions (redness, swelling, itching at the injection site).

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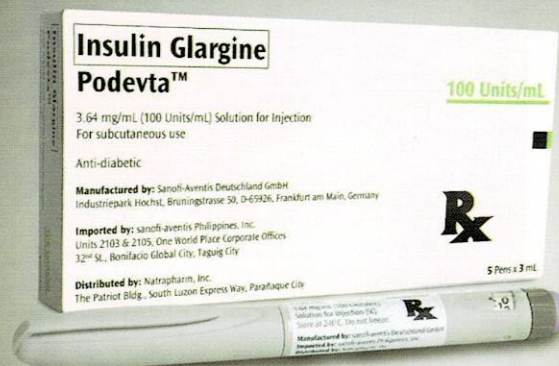
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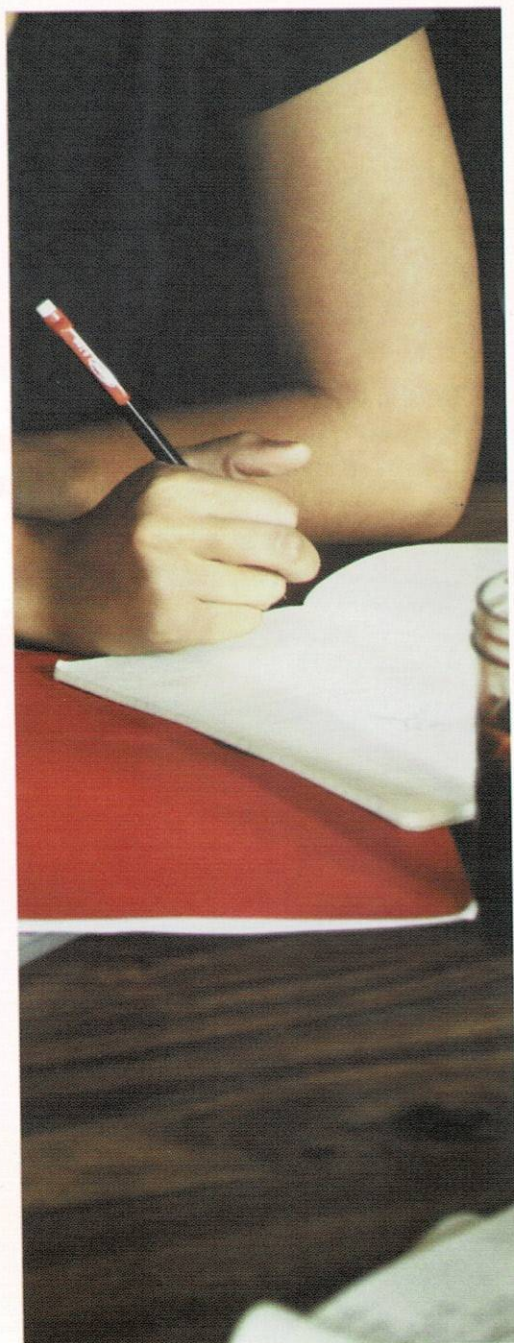
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REALITIES OF LIVING WITH DIABETES IN THE PHILIPPINES

By Johanah Joyce L. Co & Francis I. Pasaporte, MD



Living with diabetes in the Philippines can be challenging given the amount of resources and support people with diabetes have to face. The Philippines' major socio-economic issues include poverty, overpopulation, health disparity, and corruption. These socio-economic issues impact the country when it comes to the public health sector. Although the Department of Health (2015) is continuously implementing breakthrough policies in creating a universal healthcare, this remains a challenge at present because majority of people with diabetes struggle with the healthcare costs in managing their condition. As such, most patients pay out of their pocket for daily medications and laboratory procedures because the national insurance system does not cover comprehensive diabetes care and private insurance companies provide limited diabetes coverage (Tan, 2015). Rapid urbanization, sedentary lifestyle, dependence on electronic gadgets, and cultural preferences in consuming traditional diet of refined sugar, such as white rice and bread, are among the issues diabetics face (Tan, 2015).

Article Highlights in This Issue

- *Statistics*
- *Diabetes Awareness*
- *Cost of Living*
- *Cost of Insulin, Glucose Test Strips and Metformin*
- *Health Care Team*
- *Diabetes Management Devices*
- *Outlook*





STATISTICS

The Philippine Statistics Authority (2017) indicated that the country has more than 100 million persons living, of which almost 40 percent die from diabetes-related deaths, according to the International Diabetes Federation (2017). The IDF Diabetes Atlas (2017) estimated 3,721,900 adults aged 20 to 79 are living with diabetes, while 2,481,400 are adults with undiagnosed diabetes. The exact census of people with type 1 and 2 diabetes are not available yet. However Diabetes Philippines (DP) started a registry on childhood diabetes last year of which more than a hundred people with type 1 diabetes (T1D) are registered. In an article for the Philippine Daily Inquirer, Castillo (2018) noted that PhilHealth, a government-owned and government-controlled health care program, spent around PHP8 billion for patients undergoing dialysis, majority of whom were affected by diabetes. The Department of Health classified diabetes as part of the non communicable diseases (NCD). According to Cabral (2016), reports show that NCDs are the predominant cause of mortality which calls for better preventative health care and health promotion.



DIABETES AWARENESS

Diabetes Philippines strives to increase awareness by conducting diabetes workshops and lay forums every quarter in different regions of the country. According to Ruth M. Gelito, executive director of Diabetes Philippines, focus group discussions and lay forum among T1D will be a DP initiative for the future. There are other providers for diabetes education such as the Philippine Association of Diabetes Educators (PADE), Association of Diabetes Nurse Educators of the Philippines (ADNEP), Philippine Center for Diabetes Education Foundation, Inc., The Institute for Studies on Diabetes Foundation Inc. (ISDFI), Diabetes Philippines, and The Philippine Society of Endocrinology Diabetes and Metabolism. Majority of the workshops are intended for health care practitioners. To gauge how knowledgeable people with type 1 and type 2 diabetes are with their condition can be subjective. Most people with diabetes learn about their condition when they have it. Aside from diabetes awareness provided by organizations, most T1D learn how to manage their condition during their attendance in diabetes camps such as Rainbow Camp Foundation Philippines and its partner diabetes camps like Sunshine Camp in Cebu and Wave Camp in Camarines Sur. Other diabetes camps are organized by Camp Cope and Pediatric Endocrine Diabetes Camp in Manila.



COST OF LIVING

Diabetes management is more manageable if there is constant diabetes education and healthcare assistance when it comes to insulin and glucose strips. Although the Department of Labor and Employment (2017) provided adults an increase with their minimum daily wage rate of PHP475-512 (USD9-10) to cover basic needs, it is not enough to cover all diabetes related expenses. If parents earn this amount for the survival of their children, shelling out-of-pocket for strips and insulin can be challenging.



COST OF INSULIN, GLUCOSE TEST STRIPS, AND METFORMIN

Mercury Drug (2018) store has the most number of stores nationwide when it comes to branded and generic medicines in the country. Most branded insulin and a selected brand of glucose test strips are available, however ketones strips, glucagon, and glucose tablets are not available in their product listing. Through Mercury Drug's online inquiry services (2018), prices of insulin varies, e.g. Humalog 3ml pen at PHP780 (USD15.3), Lantus 3ml pen at PHP954 (USD18.7), Tresiba 3ml and Tuojeo 3ml both priced at PHP1430 (USD28), and Novomix 30 3ml at PHP958 (USD18.8). For type 2 diabetics, most avail Metformin like Glucophage XR 500mg costing at PHP14.75 (USD0.3) per tablet.



In terms of test strips, this can come at a high cost, ranging from PHP1350-1675 (USD26.5-32.8) for 50 test strips. If people with type 1 diabetes worked at a daily minimum wage full time for thirty days, that will provide them with a maximum earning of PHP14,250-15,360 (USD279-301). The cost of strips to test in a month's time using five strips per day equates to 150 strips at PHP4,050-5,025 (USD79.5-98.4) which comes at a third of a diabetic's monthly wage without any insulin. As such, it is no wonder most people with diabetes rarely check their blood glucose and would rather inject insulin without knowing their blood glucose level. Most T1D who fall in this income bracket don't have a supply of glucose strips and may even skip their insulin medication. Some T1D kids are faced with the dilemma whether to continue their education or use the money to provide for their medication.



HEALTH CARE TEAM

Visiting a diabetologist or endocrinologist varies because there are doctors who provide free consultations while others charge at a high cost. The Institute for Studies on Diabetes Foundation Inc. intends to uplift the lives of patients from diabetes by providing free consultation. There are also other initiatives in far-flung areas that offer free diabetes check-ups in diabetic clinics run by a diabetologist. PADE and ADNEP provide support in diabetes education in some clinics for free or at a minimal cost while private patients are charged out of pocket. With this, some diabetics have regular quarterly visits while others can skip over the years.

An ideal diabetes care health team set by the American Diabetes Association (2017) includes a primary care physician, certified diabetic educator, dietitian, ophthalmologist, dentist, social worker or psychologist, podiatrist, exercise physiologist, and pharmacist. However, provision of diabetes care in the Philippines is deferred because of financial constraints. Although some employers offer employees with Health Maintenance Organization (HMO) services, employees may avail of diabetes screening for complications only during their annual check-up. Diabetes screening assessment includes screening for the heart, kidney, eyes, dental, and nerves handled by primary care physicians especially those under HMO. In some urban areas, diabetes screening is not extensive due to limited implementation of guidelines.



DIABETES MANAGEMENT DEVICES

When it comes to continuous glucose monitoring (CGM) and pump therapy, only Medtronic is available. Medtronic started in the year 2006, distributed by third party services. By 2015, Medtronic was formally established as an independent supplier of insulin pump. Prior to 2006, no insulin pumps were being offered but some of the patients in the Philippines access their pumps abroad. To date, Medtronic pump users are growing, with more than 200 people with type 1 and 2 diabetes. When it comes to blood glucose meters, several brands are available but these are out-of-pocket expenses that are hardly afforded by many. Sadly, CGM, pump therapy, glucose test strips, and syringes are not subsidized by the government.



OUTLOOK

At present, government hospitals provide discounted insulin as supplies last. Each hospital has their own protocol as to the allowable quantity for distribution. Insulin from pharmaceutical companies are being bought by the government and some private institutions. Limited donations are coming from pharmaceutical companies, private companies, and international organizations like Insulin for Life. Although district, provincial, and regional public hospitals provide vials of insulin through DOH's Insulin Access Program, there is still limited awareness. This program can be further promoted in diabetes clinics run by consultants.



Diabetes Philippines and other diabetes organizations supported the position statements for "Sugar sweetened beverages tax," a Tax Reform for Acceleration and Inclusion (TRAIN) campaign last 2017. This is a relief for many because sale of drugs and medicine prescribed for people with diabetes, high cholesterol, and hypertension beginning January 1, 2019 will be exempted from value added tax under the newly enacted TRAIN law. This year, ISDFI are having initiatives for outpatient diabetes package to reduce cost from out of pocket expense. Since October 2017, Diabetes Philippines Council for Childhood Diabetes issued registry identification for Young People with Diabetes. This has been helpful in providing twenty percent discount because this is being recognized by some establishments like chain drugstores and chain restaurants.

The future for Diabetes in Philippines is brighter because of the support of the diabetes organizations, non government organizations, and the government. But we need help in cascading awareness for the availability of the support and access to medicines. Hopefully, everyone will be screened for diabetes early on and those at risk population will be prevented from having diabetes.

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LIFE IS SWEET

By Pia May C. Pascual



CARDIOVASCULAR RISK IN PEDIATRIC PATIENTS WITH DIABETES

BY MARIA RAQUEL M. PASIMIO, MD

It is already established that diabetes mellitus (DM) confers a higher risk of stroke and cardiovascular events among adult patients. Is this true, however, across all ages? Does having diabetes in childhood and/or adolescence bring an increased risk of cardiovascular disease?

In March 2019, the American Heart Association (AHA) released a scientific statement regarding cardiovascular risk reduction in high-risk pediatric patients. These pediatric patients were stratified according to the risk of developing arteriosclerotic coronary artery disease. Patients with Type 1 and Type 2 DM were categorized as high-risk. Patients with severe obesity (Body Mass Index (BMI) > 120% of the 95th percentile or absolute BMI > 35 kg/m²) had a moderate risk. At risk patients included those who were obese; and those with insulin resistance and co-morbidities, such as dyslipidemia.

Vascular abnormalities

Although macrovascular complications are unlikely to occur during childhood, multiple studies have shown that subclinical vascular abnormalities are already present in the youth with T1 and T2 DM. These vascular complications include a higher level of plaque formation in the artery supplying blood to the brain (increased carotid intima-media thickness or cIMT). cIMT is an established marker of atherosclerosis. Factors associated with a higher cIMT in pediatric patients include a lower level of vitamin C and longer duration of diabetes.

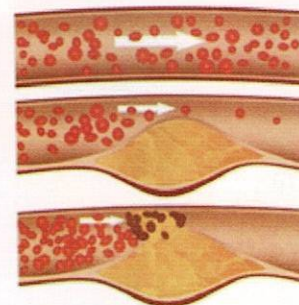
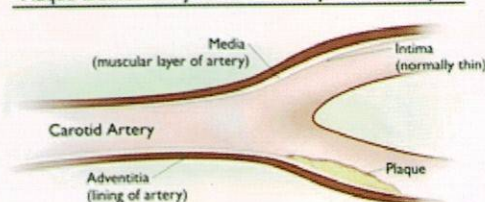
The impact of diabetes on the cardio vascular system can generally be grouped as follows:

1. Vascular abnormalities
2. Autonomic neuropathy
3. Structural abnormalities

Increased arterial stiffness and endothelial dysfunction has been demonstrated in pediatric patients with T1 and T2 DM. Endothelial dysfunction has been documented in patients as young as 8 years of age. Clinical consequences of an increased arterial stiffness include an increased risk of stroke and a heart attack.

Assessing your Risk for Cardio-Vascular Disease and Heart Attacks Thru the Carotid Intima-Media Thickness Test.

Plaque Detection by Carotid Artery "IMT" Analysis



Autonomic neuropathy

Heart rate variability is a non-invasive method to assess the autonomic nervous system. A high heart rate variability points to greater cardiovascular fitness. Studies have revealed that pediatric patients with T1 DM have reduced overall heart rate variability. The main driver of this abnormality appears to be poor glycemic control with patients having HBA1c of $> 7.5\%$ having worse heart rate variability parameters.

Structural abnormalities

Aside from vascular and autonomic complications, pediatric patients with diabetes have abnormalities involving the structure of the heart. There is an increase in the muscle mass of the left ventricle, the chamber that pumps blood out to the body. An impairment in the relaxation of the heart muscle (diastolic dysfunction), commonly seen in the elderly, is also seen in adolescents with diabetes. The types of target-organ damage that are seen in the pediatric population are worrisome as these are independent predictors of cardiovascular events in adults. Clearly, adverse cardiac changes are happening in young patients with diabetes.

All these deleterious effects of diabetes in the pediatric patient make it imperative to adequately manage these patients in order to decrease their cardiovascular risk. The AHA states that a 2-pronged approach must be used: 1) optimize glycemic control; 2) reduce additional cardiovascular risk, such as hypertension and dyslipidemia.



Intensive control of the disease has been shown to improve preclinical abnormalities and decrease microvascular complications. The sad reality, however, is that many patients are not effectively treated. In the TODAY study (Treatment Options for type 2 Diabetes in Adolescents and Youth), half of the patients were not adequately treated with a single agent. Compounding the challenge is that many of the drugs used to control hyperglycemia are associated with weight gain. Metformin, the first line drug, does give a modest reduction in weight. If another agent is needed, however, options become limited in the pediatric patient since the drugs that have a significant effect on weight reduction are not approved for use in the young.

Lifestyle modification remains a cornerstone in the management of patients with diabetes. Exercise improves glycemic control and reduces cardiovascular risk. Unfortunately, children now spend more time with gadgets rather than engaging in physical activities. A study done showed that adolescents with DM are more sedentary by 1 hour per day. It is recommended that patients engage in moderate to vigorous physical activity for 60 minutes on most days. The 1 hour can be broken up into appropriate segments for convenience (e.g. 3 segments of activity, each segment lasting for 20 minutes).



In addition to optimizing glycemic control, reducing other cardiovascular risk factors, such as hypertension and dyslipidemia, must be included in the management of these high risk patients. With the increasing incidence of obesity in the young, we are also seeing more pediatric patients with high blood pressure and abnormalities in their lipid profile. If lifestyle modification is insufficient to reduce blood pressure and decrease lipids, then pharmacotherapy must be instituted. Angiotensin-converting enzyme inhibitors and angiotensin receptor blockers are recommended as first-line therapy to treat hypertensive diabetic patients. Statins, for dyslipidemia, may be given in order to achieve a treatment goal of LDL-C < 100mg/dL.



In summary, pediatric patients with diabetes are at risk for developing early cardiovascular disease. Subclinical changes adversely affecting the heart and increasing cardiovascular risk occur, even in the pre-adolescent patient. Management of these patients should include optimizing glycemic control and reducing other risk factors. Lifestyle modification and exercise remain the cornerstone of treatment. If goals are not achieved, however, then pharmacotherapy must be initiated in a timely manner to mitigate these deleterious cardiac changes.

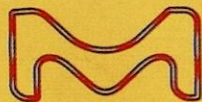
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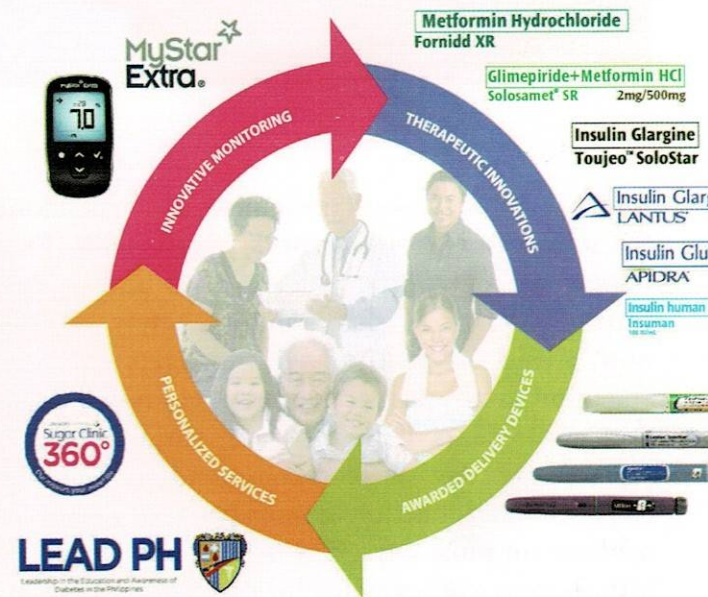
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SANOFI DIABETES 360°





MEETING THE CHALLENGES OF AGING WITH DIABETES

BY RICHARD ELWYN V. FERNANDO, MD



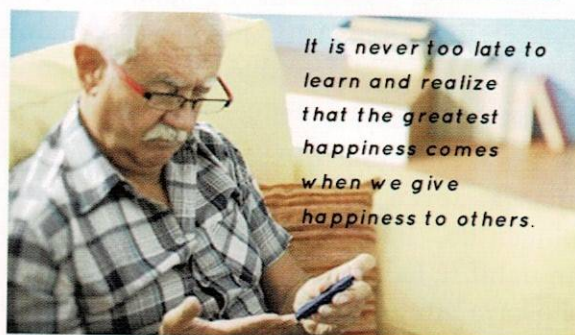
almost half of patients with diabetes we see in our clinics are Senior Citizens (60 years old and above). It is just a matter of time that others will also reach this form of dual citizenship. While aging itself imposes challenges on diabetes, diabetes itself has its own issues affecting the elderly. If we must have diabetes, the benefits are obvious when we get diabetes much later in life. The dictum still stands: prevent diabetes early on, if you have diabetes, manage properly to prevent early death or diminution of quality of life.

Effects of Diabetes on Aging

Most people with uncontrolled diabetes look older than their age. More importantly, these individuals who age with prolonged hyperglycemia also have more hypertension, abnormal lipoproteins, eye and kidney problems, amputations, heart attacks and strokes. Alzheimer's disease and cancer are also associated with long standing diabetes. When diabetes comes later in life, it is usually more subtle and easier to control.

Effects of Aging on Diabetes

Aging itself is usually accompanied by movement limitations and sensory impairment. They move slower and must assure safety in every step as fall, fracture and dislocation may initiate progressive deterioration in health. Depression usually sets in when they can no longer engage in their usual activities and this may affect nutrition and compliance to diabetes management. Age-related loss of muscle mass may affect the type and dose medications they will need.



It is never too late to learn and realize that the greatest happiness comes when we give happiness to others.

Coping with Diabetes and Aging

To live and age with diabetes is indeed a real challenge to face alone. Together with the health care team, do not underestimate the role of people they live with. These may be their immediate family, relatives, or friends. Issues that may affect the quality of their lives, whether medical or not, should be attended to or at least discussed. The management plan should have the patient and love ones realize that choices made respect their rights and preferences.

For all of us, it is not a choice to grow old. But we can choose not to feel old by honestly accepting the changes that come. Keeping in touch with people we care is rejuvenating. Even in retirement, we can find activities that give joy and fulfilment. It is never too late to learn and realize that the greatest happiness comes when we give happiness to others.

Pictures
> adwdiabetes.com

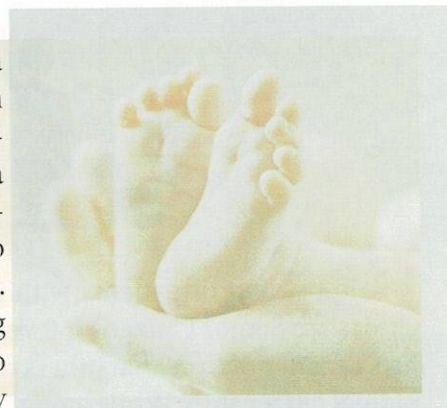


TACKLING PREGNANCY AND MOTHERHOOD WITH TYPE 1 DIABETES

By Jamie Rose R. Cinco



Year 2013 ng April ako kinasal sa aking asawa na si Eugenio. Six months pregnant ako at inaamin kong hindi naging madali ang lahat. First trimester pa lang ng aking pagbubuntis ay madalas na akong hindi makakain dahil sa hilo at suka. Everytime na makakaamoy ako ng usok ng piniprito ay sukang-suka ako sa amoy at hilong-hilo na ako. Antukin rin ako at halos kinatatamaran ko na ang lumabas. Naging uncontrolled ang blood sugar ko habang nagbubuntis ako dahil sa maraming bagay



tulad ng stress at hormonal imbalance. Nanganak ako ng mas maaga. Seven months lang ay pumutok na ang panubigan ko. Ilang mga hospital ang tumanggi sa amin dahil sa kalagayan ko. High risk daw kasi ang case ko kaya hindi ako tinatanggap. Ang nasaisip ko ay hindi ako pababayaan ng Diyos at kakayanin namin ito. Tinanggap ako sa Philippine Children's Medical Center (PCMC) sa Quezon City. After long hours of waiting, on June 1, ay ipinanganak ko ang kauna-unahan kong anak na si Eurie Nico. Masaya ako dahil safe kong nailabas ang baby ko. Isa na akong ganap na ina. Nalungkot ako ng malaman ko na kailangan nya muna mag-stay sa NICU upang makumpleto sa loob ng incubator ang sapat na araw na nararapat sa kanya. Pinilit kong maging kalmado pero ang totoo, umiiyak ang puso ko dahil nakaramdam ako ng pag-sisi na sana inalagaan ko mabuti ang sarili ko. Makalipas ng tatlong araw ay nakalabas na ako ng ospital... ako lang at hindi kasama ang baby ko. Nagsimula na akong dalawin sya sa Newborn Intensive Care Unit. Ang daming nakakabit sa katawan nya para makahinga sya ng maayos at maging maayos ang katawan nya ng mabilis. Matapos ang 3 linggo sa ospital na puy-



at, gutom at stress ay hindi ko naalala na kailangan ko rin pala alagaan ang sarili ko. Nakalimutan kong DIABETIC nga pala ako. June 27, nakalabas kami ng ospital at naiuwi na namin ang aking anak. Masaya at pagod ang pakiramdam. Nung dalawang buwan si Eurie, dinala namin siya para ma-examine at bakunahan. Nagkaroon siya ng lagnat. Dahil patuloy ang pagtaas ng lagnat ni baby at nagkokombulsyon na siya, itinakbo namin ulit sa ospital. August 9 na admit ang baby ko at nung September 4, 2013 binawian sya ng buhay. Yun ang pinaka mahirap na part sa lahat ng pinagdaanan ko...yung mawalan ng anak.

Makalipas ang ilang buwan ay nagagawa ko ng tumawa. Tinutukan ko ulit ang pag aalaga sa aking sarili na minsan ko ring nakalimutan dahil sa pag-aalaga ng aking anak. Pero hindi ko inaasahan ang isang regalong dumating sa amin.

November 22, 2013 expected kong magkakaroon ako ng menstruation dahil regular naman ang cycle ko. Isang linggo na ang lumipas at kabado na ako, kaya sinubukan kong mag Pregnancy Test at ang resulta... POSITIVE! Tatlong beses ko ito ginawa at puro positive ang resulta. Pakiramdam ko? Halong kaba, takot at pananabik. Tumawag agad ako sa aking asawa

upang mag-pabili ng gatas na pang buntis. Nagulat sya dahil inisip niyang nagbibiro lang ako. Ang unang hakbang na ginawa namin ay naghanap agad ng pinaka maayos na ospital para sa pre-natal check up ko; doctor na malapit para sa diabetes ko; at kontakin ang mga kaibigan kong doctor upang humingi ng payo habang ako ay nagbubuntis. Mas tinutukan ko ang sarili ko upang mas makontrol ko ang blood sugar ko ng hindi maapektuhan ang baby ko sa tyan ko.

Mas pinili ko ang mga masasayang bagay na gawin kaysa magmukmok na makakaapekto sa baby ko. Oo, may oras na naalala ko yung panganay namin pero isa rin siya sa ginawa kong inspirasyon at dahilan upang mas maalagaan ang sarili ko at pati ang kapatid niya.

Noong June 18, 2014 ay nanganak ako kay Eujan Ash at almost eight months. Walang nakita ang mga doctor na kakaiba sa baby ko maliban lang daw sa butas sa puso na inaasahan naman nilang mag-sasara habang lumalaki. Nakalabas si Eujan nung July 9 at nagtuloy-tuloy na ang kanyang paglakas.

Kung dati ang laman lang ng bag ko ay make-up, meter at insulin, ngayon ay diaper, milk at extra shirt na ni Eujan. Nagdadala na lang ako ng bag na malaki para pati gamit ko kasama. Dahil

isa akong Diabetes Patient, sinisigurado ko na lahat ng pinapakain ko sa kanya ay walang halong sugar o hindi sobra sobra ang sugar. Ayoko dumating yung time na siya ang mahirapan kapag tumaas ang blood sugar nya. Mas naging conscious ako sa mga kinakain nya habang lumalaki. Kahit vitamins nya ay iniwasan ko dahil sa tamis nito. Nasubukan ko na ipakilala sa kanya unti-unti ang mga ginagamit ko sa pag manage ng Diabetes ko. Masaya ako dahil katuwang ko na siya sa pag-aalaga sa sarili ko.

Masasabi ko na sila ang dahilan kung bakit mas masaya ang aking buhay. Nagagawa ko ang mga bagay na mas madali dahil bukod kay Eujan ay sinusuportahan ako ng asawa ko sa mga ginagawa ko. Siya ang unang nakakaunawa sa tuwing nag-iiba ang mood ko at malalaman na lang niya na mataas ang blood sugar ko. Naiintindihan din niya kung bakit mas mabilis akong magalit. Hindi madali maging ina, asawa at diabetic patient sa iisang katawan pero mas gagaan at madali ang lahat kung ang pamilya mo ang unang susuporta sayo.

Anim na taon na kaming nagsasama ng asawa ko at limang taon na rin si Eujan. Mahaba-habang oras pa ang gugugulin ko upang mas maalagaan ko ang sarili ko at mag-ama ko. Dahil nagsisi-mula ng mag-aral si Eujan sa Big School bilang Kinder, mas challenging ang bawat araw sa akin.



“
The
movement of
life inside
you... there's
no better
feeling.”



Kailangan 5:30am ay gising na kaming lahat upang gisingin si Eujan at asikasuhin ang gamit niya. 6:45am ay papasok na siya sa school at ihahatid ng daddy niya. Kadalasan na pinapabaon ko sa kanya ay tubig at biscuit like Sky Flakes or Magic Flakes. Dahil nag-ii-sa lang siyang bata sa bahay ay medyo na spoiled ng konti sa mga gusto niya pero as a Mom hindi ko hinahayaan na makain niya yung mga pagkaing pwedeng mag-trigger sa blood sugar nya. Maybe strict ako, at inaamin ko yun pero may oras naman na pinatitikim ko rin siya ng sweets para hindi naman siya manibago sa lasa. Naalala ko nga nung bumili ako ng sampaloc na gustong gusto ko, walang buto at super tamis na maasim ang lasa dahil di ko siya masyadong napan-sin nakarami siya ng pagkain at ganun din ako. Before bedtime nagcheck ako ng blood sugar ko at nagulat ako sa result 455mg/dL. So naisip ko na i-check din si Eujan at dahil sanay na siya na makita at gawin ko yun hindi siya takot kung i-prick ko siya at nagulat din ako sa result niya. 125mg/dL medyo tumaas ng konti pero na-bother ako kaya kinonsulta ko sa kapwa ko PEER COUNSELOR ang nangyari at inabisuhan niya ako na painumin ng tubig si Eujan at i-check ulit bukas ng um-aga. Habang ako naman ay rescue dose ang ginawa at mahirap na magDKA. Kinabukasan 8:00am ay nag-check ulit kami. Siya muna ang inuna ko at thank God at 80mg/dL ang result niya. Habang ako ayun nasobrahan sa baba, HYPO naman 65mg/dL. Kaya inom agad ako ng glucotabs at after 15minutes back to normal ulit. Imagine how life is- what if hindi ko alam yung mga basic? What if wala akong pakialam sa pagkain at kahit ano lang kainin? Naku, baka wala na ako sa mundong ito at nahihirapan na rin ang mag-ama ko. Thankful pa rin ako at nagagamit ko ang mga itinuturo sa akin ng Rainbow Camp at kapwa ko Type 1 dahil masarap mabuhay basta huwag lang kakalimutan alagaan ang sarili at magdasal sa bawat hamon ng buhay.

Pictures

> <https://www.joslin.org/patient-care/adult-care/pregnancy>
> [babyandcompany.com](https://www.babyandcompany.com)





Diabetes Philippines goes to Tarlac City...

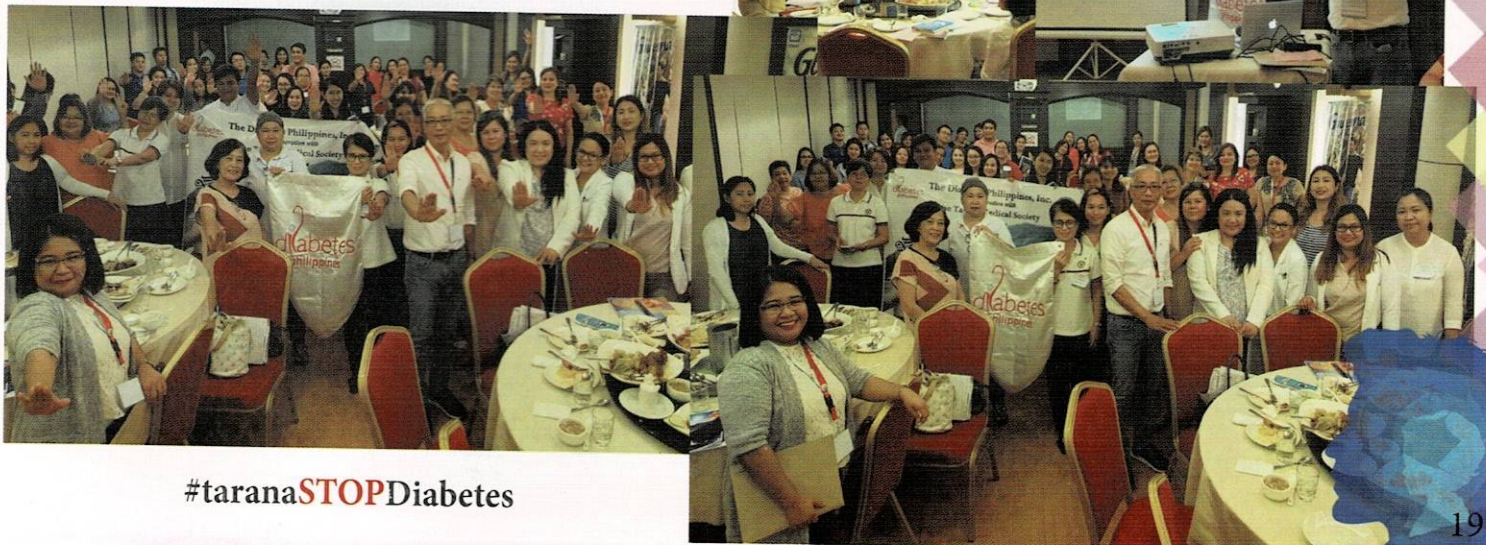
Last March 29, 2019, Diabetes Philippines, Inc. held its first ever Gestational Diabetes Mellitus Nutrition Conference at Fortune Restaurant in Tarlac City. This was spearheaded by Jennina A. Duatin, chair of council on nutrition in partnership with Tarlac Medical Society and in cooperation with Abbott Nutrition Philippines.

Caring for persons with diabetes is a challenge. This requires cooperation across healthcare specialties. Evidence suggests that using a care team-based approach to diabetes management is a cost-effective way to provide high quality, patient-centered diabetes care. The team ideally includes clinician specialists across various disciplines, registered dietitians and diabetes educators.

This highly interactive nutrition conference provided an opportunity for healthcare professionals to gain skills, intensive knowledge and the latest updates on gestational diabetes mellitus management. The importance of a multidisciplinary team approach on GDM management was further emphasized by inviting inspiring and expert speakers from various fields: Dr. Leilani A. Baldeviso (Diabetologist), Dr. Teresa Marie Felizardo (Obstetric-Gynecologist), Olivia O. Dabu, RND (Nutritionist Dietitian). They discussed the New Challenges in Gestational Diabetes Mellitus Management: the latest evidence-based guidelines on screening and diagnosis, the different pharmacologic treatments and the different monitoring parameters. The latest medical nutrition therapy (MNT) recommendations and meal planning strategies were also reviewed with actual food demonstration.

The GDM nutrition workshop included Carbohydrate Counting, Calorie Counting and Food Label Reading. The workshops and case discussions were conducted by the following trained diabetes educators and registered nutritionist dietitians: Jennina A. Duatin, Maria Bernadette G. Platon and Khristine Ivy N. Llave.

Diabetes Philippines Officers and Board of Trustees would like to acknowledge the following for their contribution towards the success of the first GDM Nutrition Conference: Dr. Oliva E. Bautista, President of Tarlac Medical Society; the facilitators, Dr. Bienjerinick Ivan B. Cudal, Dr. Karen Alexandra Y. Toledo and to Dr. Ronaldo M. Toledo for coordinating with TMS. Sincere gratitude goes out to Mr. Dandy Q. Perucho and Ms. Candice Silerio of Abbott Nutrition for their continued support to the nutrition advocacy of Diabetes Philippines.

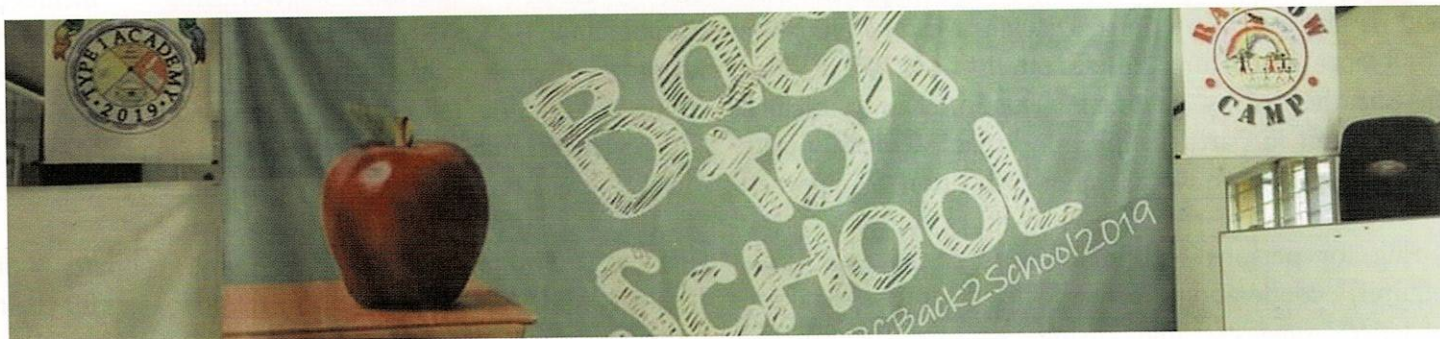


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Peer Counselor 2019

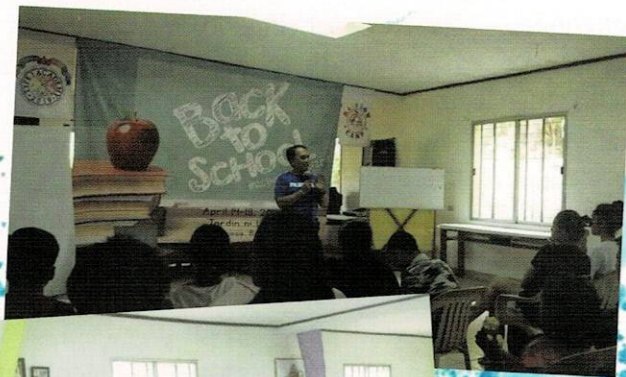
BY JAMIE ROSE R. CINCO



Muli nanaman binigyan ng masasayang karanasan at panibagong kaalaman ang mga kabataang may TYPE 1 Diabetes, sa ginanap na Rainbow Camp na may theme na #RCBack2School2019. Ito ay ginanap noong April 14-18, 2019 sa Jardin ni Lola Hermosa, Bataan. Ang mga batang sumama sa Rainbow Camp ay mula edad pitong taong gulang hanggang labing-pitong taong gulang (7-17), at isa sa layunin ng camp na ito ay mabigyan ng kalinawan ang sakit na DIABETES. - Paano ang tamang pag inject at ano ang iba't-ibang insulin na gamit nila? Ano ano ang mga Carbs, Proteins at Fats sa pagkain at mga bilang nito? Ano ang mga dapat gawin kapag HYPO o HYPER? - at marami pang iba na makakapag ambag sa pag aalaga ng mga batang may TYPE 1 Diabetes.

DAY 1 Welcome to Jardin ni Lola

Sa unang araw ng camp ay binigyan ang bawat isang camper ng gagamitin nilang bag na may ballpen, paper at ID. Style classroom ang naganap na pagpapakilala ng mga nurses, doctors at iba't-ibang volunteers, sa pangunguna nila Ms. Diana Lyn Ignacio (Ate DL) at Ms. Maricel Magtibay (Ate Cel) bilang mga Camp Coordinators. Opening remarks at pagbati sa mga campers ang ibinigay nila Dra. Ambe Fernando-Catindig (Camp Director) at Dr. Francis I. Passaporte (Program Director). Ipinaalala din ni Ms. Leyden Florido a.k.a Miss Minchin sa mga campers ang House Rules habang nasa loob ng Jardin ni Lola.



Ang mga campers ay nagpakilala at kinilala sa pamamagitan ng ginawang activity na HUMAN BINGO kasama ang mga Peer Councilors na sina Ms. Chesca Villanueva, Mr. Kenneth Ira & Ms. Jamie Cinco. Ang lahat ay nakipag participate at nag enjoy. Matapos ang activity ay hinati na sa apat na section (1-Kamagong, 2-Acacia, 3-Narra at 4-Molave) ang mga campers kasama ang mga Diabetes Nurse Educators (DE), mga Nutritionists at mga doctor. At ng malaman nang bawat isa ang kani-kanilang section ay ibinigay na ang kanilang gamit sa pagkuha ng blood sugar upang makakain na sila ng kanilang tanghalian.



Matapos kumain ang lahat, mailagay ang mga gamit sa Dorm at makapagpahinga sandali ay inumpisahan na ang unang klase. Nagkaroon ng botohan for Student Council at kaunting lectures about Nutrition. Unti-unti ng nagkakakilala ang bawat campers sa kani-kanilang section na kinabibilangan. Pagsapit ng 10:00pm ay oras na para matulog ang mga bata. Paghahanda ulit para bukas ng umaga.

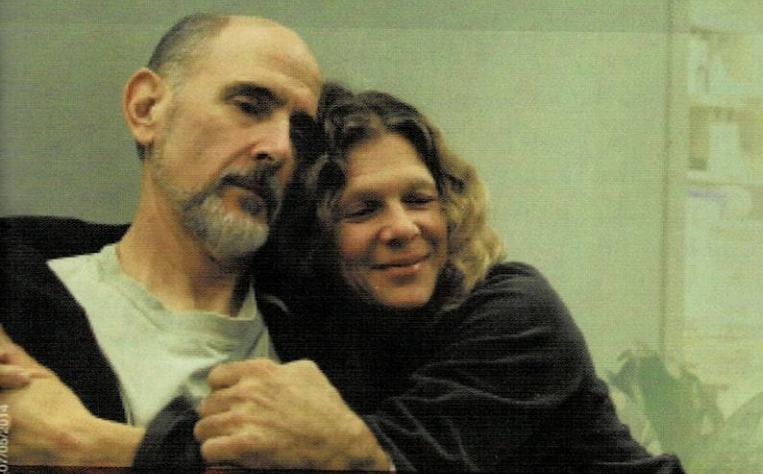
DAY 2



6:00 ng umaga nag ring ang bell, ito ay hudyat upang pumunta na sa plenary hall ang mga campers para mag "pricks & shots" at magbreakfast na rin. Ang kasanayan na ito ay magpapatuloy habang nasa loob sila ng Jardin ni Lola. Pagkatapos kumain ang lahat ay handa na para sa kanilang PE Class. Its PE TIME! Ito ay pinangunahan ni Dr. Rubio sa pamamagitan ng basic exercises at warm-up para sa pool zumba. After ng Pool Zumba ay binigyan sila ng oras upang mag enjoy sa swimming pool. Pagkatapos nila sa PE Class ay isang lecture naman mula kay ate DL ang itinuro. Ito ay ang kilalanin ang iba't-ibang Glucose Meter, paano gamitin ng tama at paano i-dispose ng tama. Sa tulong ng mga Peer Counselors ay naipaliwanag at naipaintinding mabuti ang kahalagahan ng mga ito sa araw-araw. After ng klaseng ito ay naghanda na ang lahat para sa Lunch time at ang una nilang gagawin ay gamitin ang natutunan sa kanilang pricks & shots.



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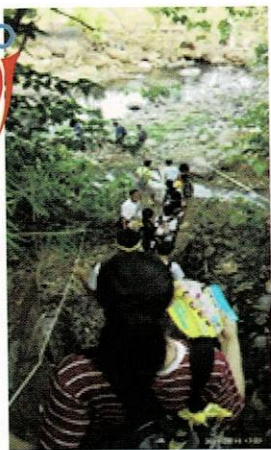
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Muling pinagtipon-tipon ang mga campers sa Pool Side upang turuan sila kung paano magtayo ng TENT sa pangunguna ni Ms. Gina Javier. Ito ay isang paghahanda na rin para sa Camp Out ng Rainbow Camp kung saan hindi matutulog sa dorm ang mga bata. After nila maitayo ang kanilang gagamitin na tent ay pinahanda na sa kanila





ang kanilang school bag para sa isang activity na gagawin sa bundok. Nang makatawid na ang lahat sa batis pinag hydrate muna ang mga campers bago simulan ang isang masayang activity na pinangunahan ng mga Diabetes Nurse Educators. Bawat isa ay nag enjoy ng sobra at halos maubusan na ng boses manalang ang kanilang section laban sa iba. Bago magtakip silim ay pinagpasyahan na ng mga coordinators na umakyat na sa Plenary Hall upang makapaghandang na ng hapunan dahil may huling lecture sa araw na ito, ang Diabetes and It's Complications by Dr. Dan Dennis De Leon.

DAY 3

Let's learn about Insulin, injection techniques and monitoring! Ito ay pinangunahan ni Dra. Vima upang ipaliwanag at muling pag aralan kung ano ba ang insulin, ano-ano ba ang mga epekto nito sa katawan ng tao at kung paano gamitin. Ang ganitong paraan ng pagtuturo sa mga bata ay epektibo dahil mas naunawaan nila ang mga katuwang nila sa pag aalaga ng kanilang sarili. Matapos nito ay pinaghandang ang mga bata para sa madibdibang usapan na kanilang dinadala kasama ang sakit na DIABETES. May mga batang nakilala ng lubusan dahil sa kanilang karanasan sa pamilya, kaibigan at paaralan. Binigyang pansin ang kanilang saloobin at tinalakay kung paano ito maaayos. Ang bawat isa lalo na ang mga Diabetes Educators at Doctors ay namangha sa lakas ng loob at pangarap na ipinapakita ng mga bata. Totoo ngang hindi hadlang ang sakit na kanilang dinadala kung ito ay sasamahan ng dasal at pangarap.



DAY 4

Its Fellowship Night!

Isang magandang umaga ang sumalubong sa ikaapat na araw sa Jardin ni Lola. Ang lahat ay nagising ng maaga upang gamitin ang mga natutunan mula sa aralin kahapon patungkol sa Insulin, Meter at Injection Techniques. Matapos kumain ay pinaghandang na ang lahat para sa kani-kanilang



pang SPORTS ATTIRE upang maghandang sa kanilang gaganaping INTRAMURALS. Ang activity na ito ay pinaghalong laro at pag-aaral patungkol sa

mga dapat nilang gawin sa DIABETES. Ang paraang ito ay ikinatuwa ng mga bata dahil bukod sa natututo na sila ay nag eenjoy pa sila sa palarong inihanda ng mga Diabetes Educators ng Rainbow Camp.

At dahil sa mga nakakapagod at nakakagutom na activities ay isang masarap na tanghalian ang inihain para sa lahat! At syempre excited ang mga bata sa "BOODLE



FIGHT". Opo hindi kayo nagkakamali ng basa- boodle fight ang kinain nang lahat sa tanghalian pero huwag

po kayong mag-alala dahil pinaalalahanan ang lahat na kainin lamang ang tamang bilang na sakto sa kanilang ininect na insulin, oh di ba walang ligtas.

At dahil 4th day na ang pinakamasayang gabi ay kailangan ng paghandaan ng bawat isa. Binigyan ng assignment ang bawat grupo at ito ay gumawa ng isang damit na gawa sa recycle materials na binigay nila Ate Cel at Ate DL. Ang bawat grupo ay magbibigay ng representative upang isuot ang kanilang gawang damit.

Pagsapit ng ikapito ng gabi ay nagsimula na ang programa na may temang "KIDDIE PARTY" nataon din ang temang ito dahil marami sa mga bata, Diabetes Educator, Volunteers at Doctors ang nagce-celebrate ng kanilang kaarawan kaya mas lalong naging makabuluhan ang gabing iyon sa karamihan. Binigyang buhay lalo ng mga bata ang Fellowship Night dahil sa iba't - ibang

gawa nilang damit na suot ng kani-kanilang kagrupo. Isang "PAGEANT NIGHT" ang nangyari na bukod sa damit ay may Q&A portion pa na istilong debate. Isang main-gay, masaya at walang hanggang tawanan ang nangyari na hindi malilimutan ng lahat. May mga grupong sumayaw, kumanta at nagpamalas ng kani-kanilang talent. Sinulit ang mga oras na magkakasama sila dahil kinabukasan ay back to Manila na ang lahat.



DAY 5

BACK TO MANILA!

Tulad ng pagtatapos sa isang eskwelahan ay ganoon din tinapos ang klase sa Jardin ni Lola na tinuring naming TYPE 1 ACADEMY 2019. Ang lahat ay nakatanggap ng kanilang Diploma na katibayan na sila ay dumalo at nagtapos sa Rainbow Camp 2019 with the theme na "Back to School". May mga campers na nagtapos na

rin sa kanilang pag-aaral sa Rainbow Camp, sila yung mga mag 18 years old na ngayong taon at kailangan na lumipat sa panibagong pag-aaral ng DIABETES at ito ay ang Adventure Camp para sa mga 18 years old and above. Binigyan din ng parangal ang mga Doctors, Diabetes Educators, at Volunteers dahil sa kanilang binigay na oras at kaalaman para sa mga batang may Type 1 Diabetes. Isang Peer Counselor na naman ang nagtapos sa kanyang pag-aaral kung paano mas matutulongan ang mga batang may Type 1 Diabetes na maalagaan at mas maintindihan ang kanilang sarili.



Isang napakagandang karanasan at punong-punong kaalaman ang tiyak na

babaunin ng mga bata, gayundin ang mga taong nasalikod ng programang ito. Ang bawat isa sa atin ay itinadhang magkita-kita at magkasama upang makabuo ng mas makabuluhang programa at proyektong makakaambag sa mga taong higit na nangangailangan ng tulong.

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¹ Compared to standard BD thin wall pen needles.

² Compared to standard BD 3-bevel pen needles.

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): 923-933. 2. Hirsch L, 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): 328-335.

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DIABETES PHILIPPINES IN COOPERATION WITH DP MASBATE CHAPTER

MASBATE WORKSHOP

67th Diabetes Workshop and 32nd Diabetes Forum



MAY 16 - 17, 2019

Greenview Hotel,
Masbate City

#taranaSTOPDiabetes

67TH DIABETES WORKSHOP AND 32ND DIABETES FORUM

By Nilo A. Aguirre, MD

The Masbate Province is very much grateful and really honored that the 67th Diabetes Workshop and 32nd Diabetes Forum entitled: Diabetes Seminar Workshop: An Update on Pathophysiology Management and Prevention of Complications was held in our Province, on May 16-17, 2019 at Greenview Hotel and RestoBar, Nursery Street, Masbate City facilitated by Diabetes Philippines-National in cooperation with Diabetes Philippines – Masbate Chapter. The activity involves our energetic and enthusiastic Workshop Coordinators Nines P. Bautista MD, Jennina A. Duatin, RND, Leyden V. Florido, RN, MAN, Evangeli A. De Jesus, Mary T-Jane S. Valera, RN and I, myself, Nilo A. Aguirre, MD.

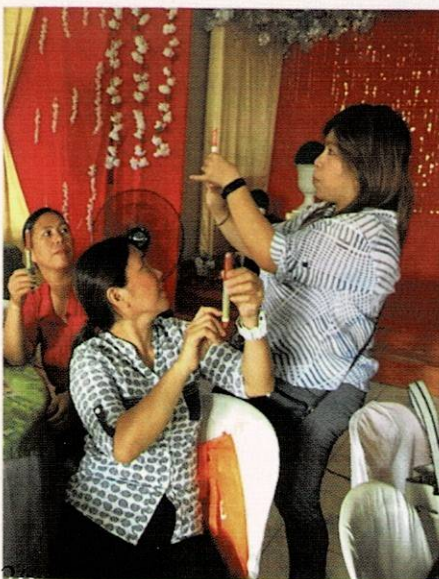
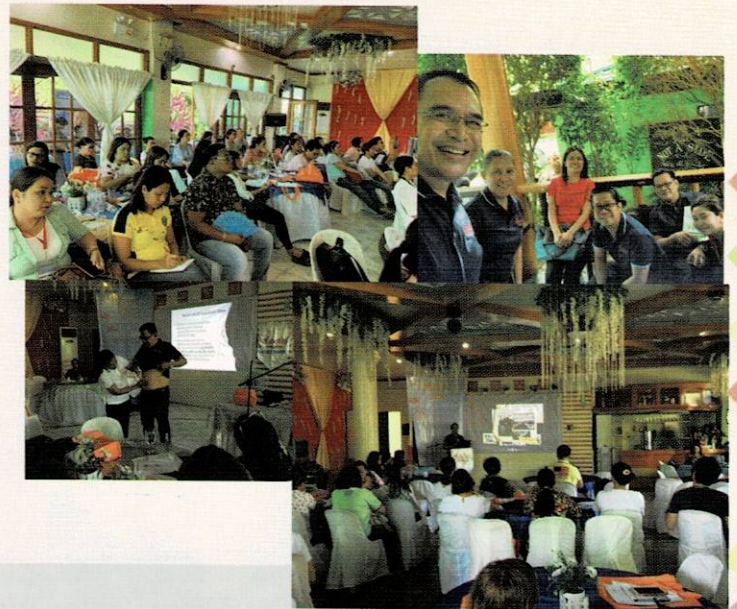
Other facilitators include: Grace K. delos Santos, MD, Francis I. Pasaporte, MD, Maria Marci C. Cruz, MD, Marsha C. Tolentino, MD and Cynthia B. Sanchez, MD.





The Seminar/Workshop was attended by approximately 88 Healthcare Professionals composed of 21 Physicians, 7 Registered Nutritionist-Dieticians, 58 Registered Nurses and 2 Other Allied Healthcare Professionals both from the Government and the Private Firms who are interested to enhance their knowledge and skills in managing Diabetes as well as to uphold the right attitude in handling people with Diabetes. They were updated on Diabetes Physiology, Complications and Management including but not limited Lifestyle and Pharmacologic Management throughout the Lifespan, emphasizing on the Therapeutic Lifestyle Change (TLC) that includes basic Medical Nutrition Therapy (MNT) and increased physical activity. It has been reiterated that managing Diabetes is not the sole responsibility of Healthcare Professionals hence, it is a team approach and emphasized on self-management education towards self-empowerment. The knowledge on Insulin Therapy and monitoring of blood glucose were augmented with actual demonstration and performing return demon-

stration by the participants using the current devices available in the country. It was indeed an efficacious 2-Day Seminar/Workshop having met the participant's general objective of enhancing their knowledge, skills and attitude in caring for people with Diabetes.



"It was indeed an efficacious 2-Day Seminar/Workshop having met the participant's general objective of enhancing their knowledge, skills and attitude in caring for people with Diabetes."

COCO'S STORY

BY MARSHA C. TOLENTINO, MD

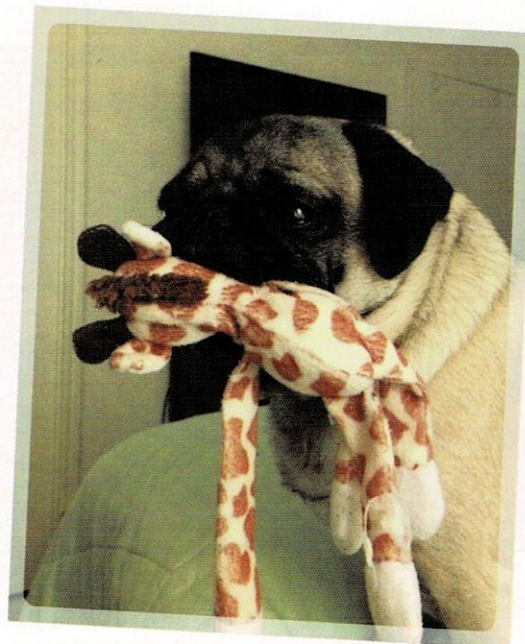
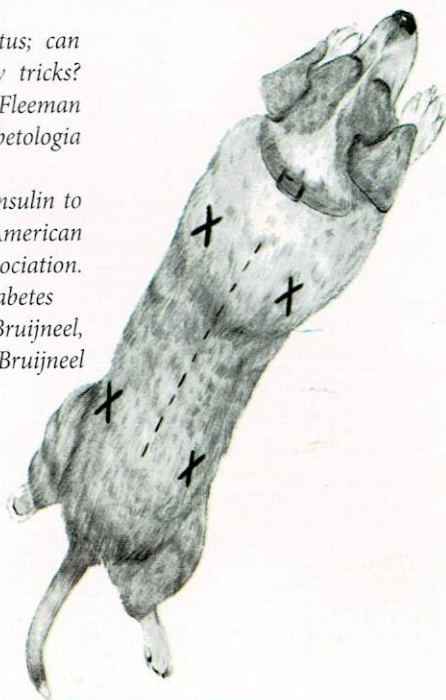
Coco was 10 years old when she developed sudden weight loss, frequent urination and unquenchable thirst shortly after the holidays. One day, she was noted to have loss of appetite with vomiting so she was brought to the doctor for check up. Sure enough, her blood tests showed high blood sugar in the 400s. Immediate admission was recommended and she was found to be in DKA (Diabetic Ketoacidosis). With insulin treatment, her blood sugar decreased, ketones disappeared and she gradually became her old frisky self. Sounds familiar? Typical? A little detail... Coco is my sister's pet pug.

Yes, dogs can get diabetes!!

Canine diabetes is more common in middle-age and older dogs, but it is also seen in young dogs. Diabetes commonly appears between 5-12 years of age. While believed to be underdiagnosed, diabetes mellitus affects an estimated 1 in 200-300 dogs. The primary cause of canine diabetes is largely unknown, but experts suggest that genetics may play a role. Any dog may get diabetes but certain breeds are at greater risk. The late onset and slow progression of beta cell dysfunction in canine diabetes resembles latent autoimmune diabetes of the adult in man.

1 Canine diabetes mellitus; can old dogs teach us new tricks? Catchpole B, Ristic JM, Fleeman LM, Davison LJ. *Diabetologia* 48:1948-1956, 2005.

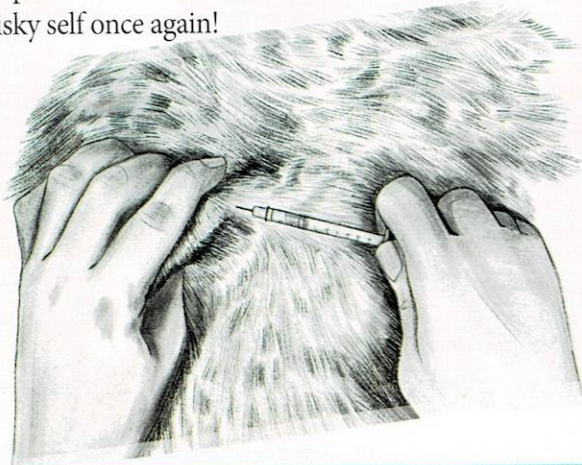
2 "How to administer insulin to your Dog" from the American Animal Hospital Association. Accessed at aaha.org/diabetes
Photo credits: Coco Bruijneel, with thanks to Melissa Bruijneel and aaha.org/diabetes



Dogs get type 1 diabetes mellitus- they are treated with insulin injections for life. Although the specifics for managing diabetes in dogs are different, the basic rules for humans do apply: insulin has to be given at the same time twice daily since intermediate acting NPH is the commonly used insulin preparation approved for dog use. Insulin injections need to be accompanied by a meal such that the preferred routine would be to have the diabetic dog eat first, then inject the insulin to prevent hypoglycemia. Don't forget to reward your dog with a low-carbohydrate treat for accepting your injection. In-between meals and people food are no-nos (if at all, there should be portion control of low carbohydrate snacks). Adequate hydration and regular exercise are encouraged.

As with having children with type 1 diabetes, changing the family routine was necessary to ensure timely administration of insulin. My sister and brother-in-law had to arrange their work schedules to ensure that one or the other was around at the designated time for Coco's shots. Monitoring glucose and ketones on a schedule as advised by the veterinarian helps with the adjustment of the insulin dosage.

With proper diet, exercise, medications and TLC, Coco is her usual frisky self once again!





DP WORD SEARCH



H E X E R C I S E F I F A G R
 G E S T A T I O N A L I V E F
 P L A N C E T I I L M Y G D A
 A I V C F H F Y E E O N I D S
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 R B H X E O L H O G R I K B N
 E C Z F D G X X H L L C X E G
 A B B V R L J R J U W A N T R
 S Z R E A Y C O S C B R O E C
 S I P X J C M N U O K B J S B
 O Y G F A E I L U S P S Y O M
 H X M X F M Z M O E P S C K Z
 S V K X I I I N J E C T I O N
 A U K X B A F E Y B C R P Q A

1. CARBS
2. DIABETES
3. EXERCISE
4. FASTING
5. GESTATIONAL
6. GLUCOSE
7. HYPERGLYCEMIA
8. HYPOGLYCEMIA
9. INJECTION
10. INSULIN
11. LANCET
12. ORANGE
13. PANCREAS

DIABETES – is a chronic disease that occurs when the pancreas is no longer able to make insulin, or when the body cannot make good use of the insulin it produces.

INJECTION – inserting liquid medication into the body with a syringe.

EXERCISE – regular activity to develop and maintain physical fitness.

HYPERGLYCEMIA – high blood sugar

CARBS – person with diabetes often count these at meal time.

PANCREAS – an organ in the body that produces insulin.

HYPOGLYCEMIA – low blood sugar

GESTATIONAL – a type of diabetes that can only develop during pregnancy.

INSULIN – is a hormone made by the pancreas, that acts like a key to let glucose from the food we eat pass from the blood stream into the cells in the body to produce energy. All carbohydrate foods are broken down into glucose in the blood. Insulin helps glucose get into the cells.

LANCET – a spring loaded device used to prick the skin with a small needle to obtain a drop of blood.

GLUCOSE – one of the simplest forms of sugar.

FASTING – a blood glucose check if a person has not eaten for 8 to 12 hours.

ORANGE – type of juice commonly used to treat low blood sugar.



DID YOU KNOW?



Diabetes Philippines (formerly Philippine Diabetes Association or PDA) was established on 27 September 1958 when a group of internists and physicians devoted to the care, protection and recuperation of the diabetic patient came together to combine all interests and entities on diabetes mellitus into a single association.



DP ACTIVITIES 2019



66TH DIABETES WORKSHOP AND 31ST DIABETES FORUM

Boylsn Pensione Plaza, Magsaysay St.,
Kidapawan City
February 8 - 9, 2019
Chairperson: Dr. Nines P. Bautista
Coordinator: Dr. Flora Mae Z. Jacobo

68TH DIABETES WORKSHOP AND 33RD DIABETES FORUM

Garden Orchid Hotel, Zamboanga City
September 5 - 6, 2019
Chairperson: Dr. Nines P. Bautista
Coordinator: Dr. Edgar M. Bisquera
Dr. Fatma I. Tiu

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67TH DIABETES WORKSHOP AND 32ND DIABETES FORUM

Greenview Hotel, Masbate City
May 16 - 17, 2019
Chairperson: Dr. Nines P. Bautista
Coordinator: Dr. Nilo A. Aguirre

69TH DIABETES WORKSHOP AND 34TH DIABETES FORUM

Vigan Convention Center, Ilocos Sur
October 10 - 11, 2019
Chairperson: Dr. Nines P. Bautista
Coordinator: Dr. Lorenza Evangelina R. Pipo

5TH DIABETES NUTRITION SUMMIT WORKSHOP

Novotel Manila, Araneta Center, Cubao
July 13, 2019
Scientific Chairperson: Ms. Jennina A. Duatin

36TH DIABETES PHILIPPINES ANNUAL CONVENTION

EDSA Shangri-La Hotel, Mandaluyong City
November 11 - 12, 2019
Scientific Chairperson: Dr. Francis I. Pasaporte

GIMIK DIABETES YEAR 13 WORLD DIABETES DAY CELEBRATION

Century Park Hotel, Manila
November 14, 2019

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dwatch2013@gmail.com
dpsecretariats@gmail.com

Website: www.diabetesphilippines.org

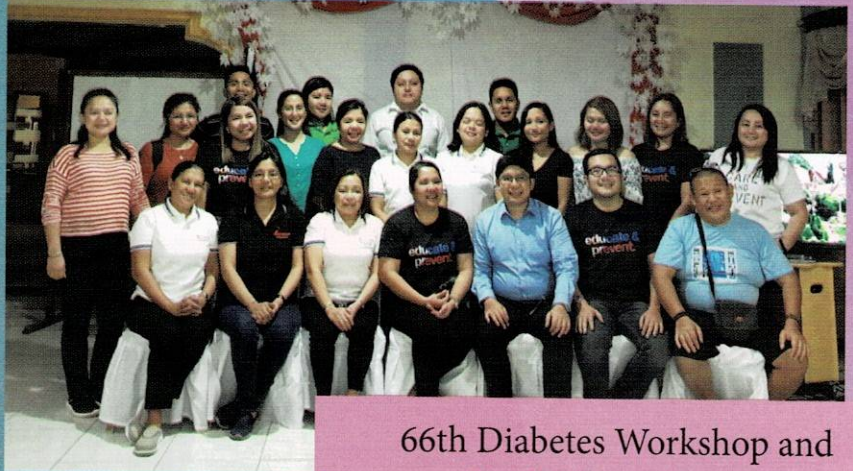


ON THE MOVE

January to June 2019 Diabetes Philippines Activities

INSIDE:

- 66th Diabetes Workshop and 31st Diabetes Forum
- PRC Consultative Meeting
- 2019 World TB Day Commemoration #EndTBNowNa
- Gestational Diabetes Mellitus Nutrition Conference
- Rainbow Camp
- APRC - Lay Fora
- 49th PCP Annual Convention
- 4th Wave Camp
- 67th Diabetes Workshop and 32nd Diabetes Forum
- Philippine Heart Association
- 11th Scientific Meeting of the Asian Association for the Study of Diabetes (AASD)



66th Diabetes Workshop and 31st Diabetes Forum

Diabetes Philippines, Inc. 66th Diabetes Workshop and 31st Diabetes Forum was held in Cotabato last February 8 – 9, 2019 at Boylyn Pensione Plaza, Magsaysay St., Kidapawan City in cooperation with Diabetes Philippines Cotabato Chapter headed by its president Dr. Flora Mae Z. Jacobo. The workshop is for health care professionals; medical doctors, registered nurses, nutritionists dietitians and others, who are interested to enhance their knowledge and skills in managing diabetes. Pharmacologic management, basic medical nutrition



Boyllyn Pensione Plaza, Magsaysay St., Kidapawan City

February 8-9, 2019

therapy (MNT) was discussed and actual demonstration on how to inject and monitor was done to augment their knowledge on insulin therapy and monitoring of blood sugar. A total of 242 delegates attended the workshop.



Diabetes Philippines
Cotabato Chapter Officers

Flora Mae Z.
Jacobo, MD
Chapter President

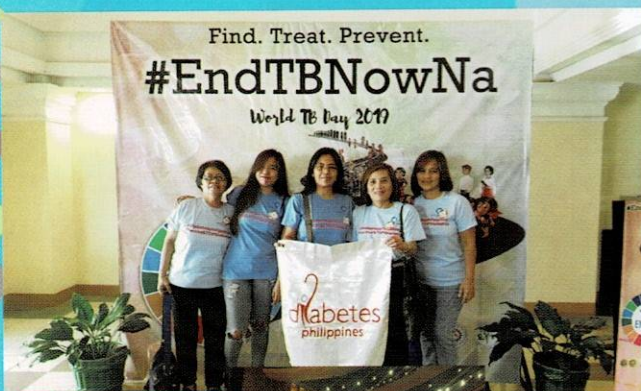


PRC Consultative Meeting
PRC Office - PICC, Manila
March 6, 2019



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2019 World TB Day Commemoration
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Find. Treat. Prevent.
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World TB Day 2019



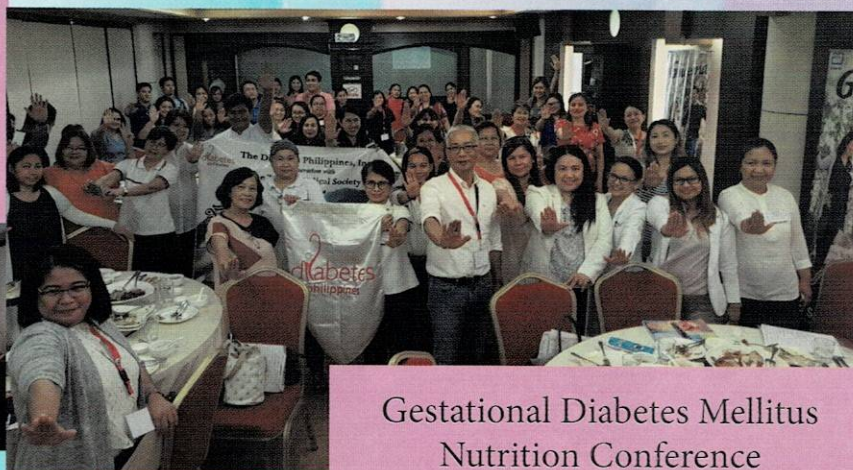
De La Salle University -
Teresa Yuchengco
Auditorium, Malate,
Manila City

March 24, 2019



Fortune Restaurant
Tarlac City

March 29, 2019



Gestational Diabetes Mellitus
Nutrition Conference



RAINBOW CAMP



Jardin Ni Lola,
Bataan

April 14, 2019



APRC - Lay Fora



PICC, Pasay City

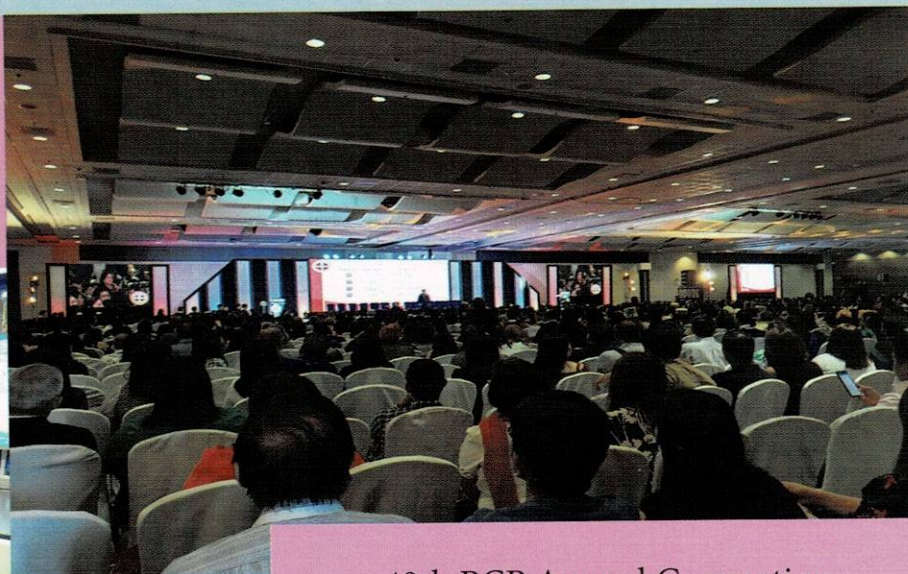
April 26, 2019





SMX Convention
Center - MOA,
Pasay City

May 5-6, 2019



49th PCP Annual Convention

4th WAVE CAMP



OLLCF Daet,
Camarines Norte

May 10-11, 2019



Greenview Hotel,
Masbate City

May 16-17, 2019

67th Diabetes Workshop and
32nd Diabetes Forum





Philippine Heart Association

SMX Convention Center - MOA, Pasay City
May 22, 2019



The 11th Scientific Meeting
of the Asian Association for
the Study of Diabetes (AASD)
In conjunction with the 62nd
Annual Meeting of the Japan
Diabetes Society

DP Representatives:

Tommy S. Ty Willing, MD
Jennina A. Duatin, RND

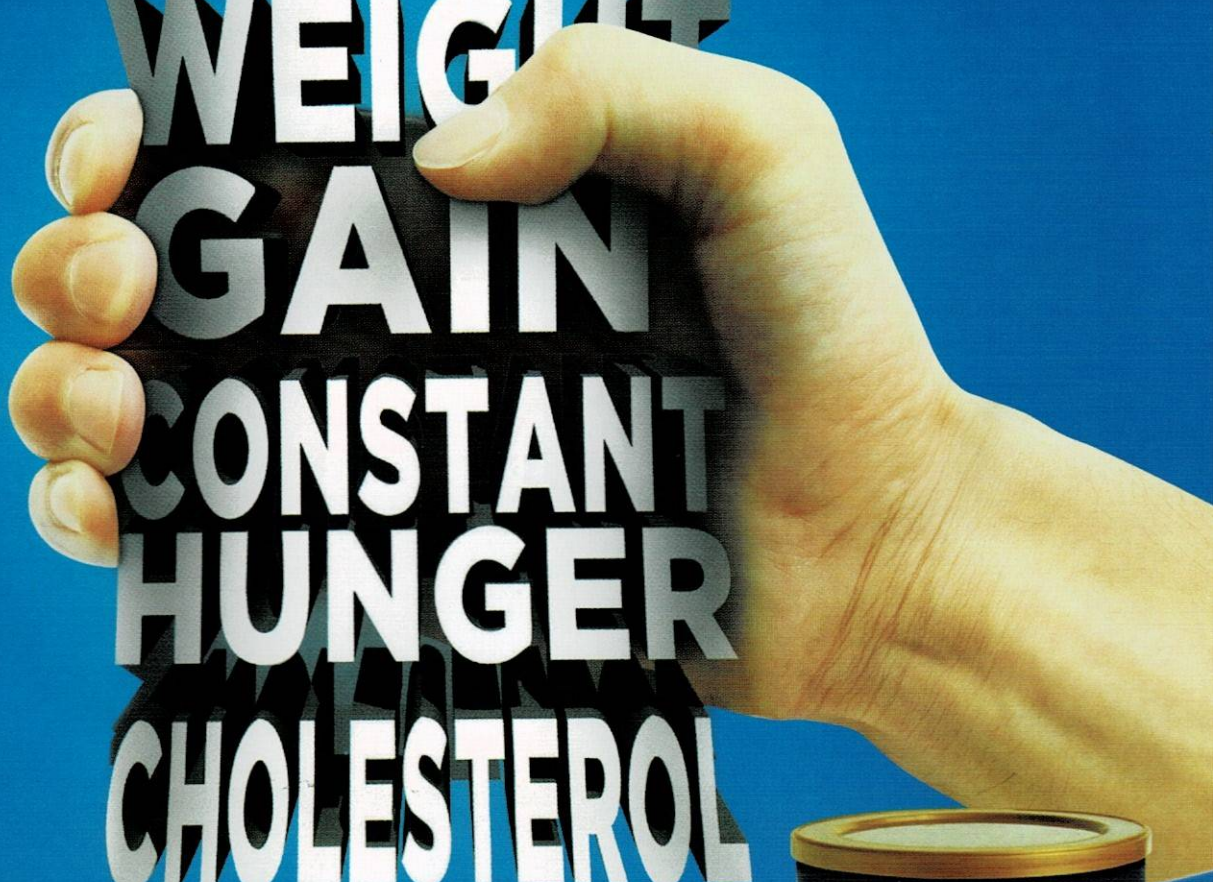
Sendai, Japan
May 23-24, 2019





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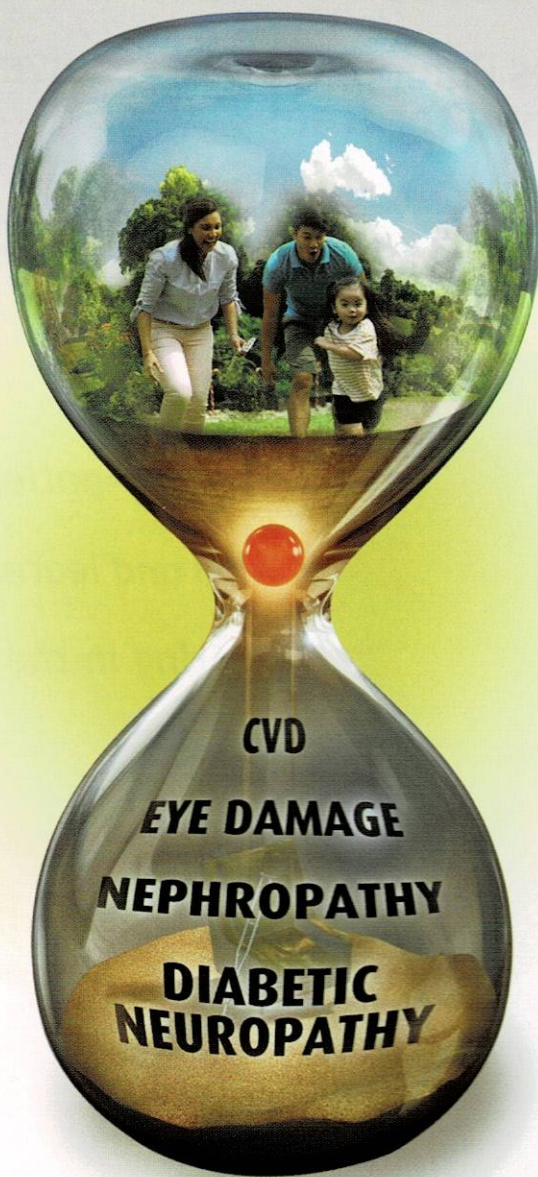
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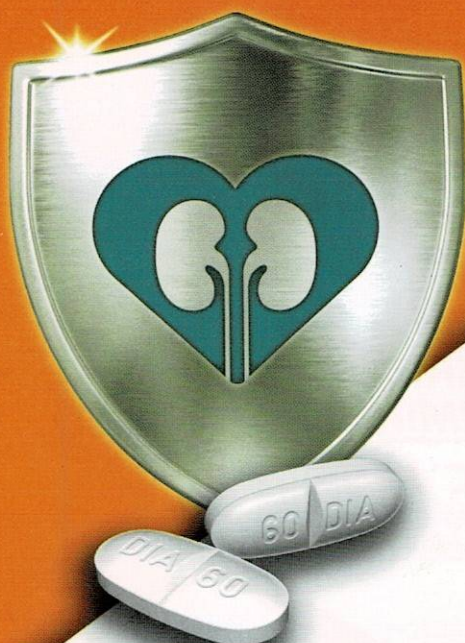
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References: 1. Jia Y et al. *Obes Rev.* 2018. doi: 10.1111/obr.12753; 2. Sawada F, Inoguchi T, Tsubouchi H et al. *Metabolism* 2008;57(8):1038-45. 3. AlSifri et al. *Int J Clin Pract* 2011. 65:1132-1140. 4. Wong et al. *Diabetes Care.* 2016;39(5):694-700. 5. Perkovic et al. *Kidney International* 2013;83:517-523. 6. Zoungas S et al for the ADVANCE-ON Collaborative Group. *N Engl J Med* 2014; 371:1392-406. 7. Tonelli M et al. *Lancet* 2007;369:977-987.

COMPOSITION: Diamicon 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 Diamicon MR 60 mg is equivalent to 2 tablets of Diamicon MR 30 mg. The breakability of Diamicon 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: Diamicon 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). **ADVERSE EFFECTS:** Risk of hypoglycemia - not recommended: danazol; use with caution: chlorpromazine at high doses; glucocorticoids; ritodrine; salbutamol; terbutaline; Saint John's Wort (hypericum perforatum) preparations. Risk of dysglycemia - use with caution: fluoroquinolones. Potentiation of anticoagulant therapy (e.g. warfarin), adjustment of the anticoagulant may be necessary. **PREGNANCY AND BREASTFEEDING:** Pregnant women should not take Diamicon MR 60 mg. 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). Rare: changes in 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 multiforme, 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:** Diamicon MR 60 mg is a sulfonylurea reducing blood glucose levels by stimulating insulin secretion from the 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 Diamicon MR 60 mg in blister. **STORAGE:** Store at temperatures not exceeding 30°C.

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