

diabetesWATCH

philippines

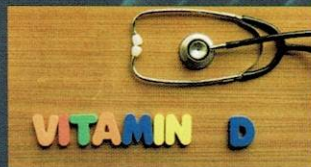
A Publication of the Diabetes Philippines

July to December 2019
Year MMXIX No. 2

“Breakthrough
Discoveries
and Innovative
Management
Strategies in
Diabetes Care”



36th DPAC
Highlights



Vitamin D & Its
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Nutrition Month



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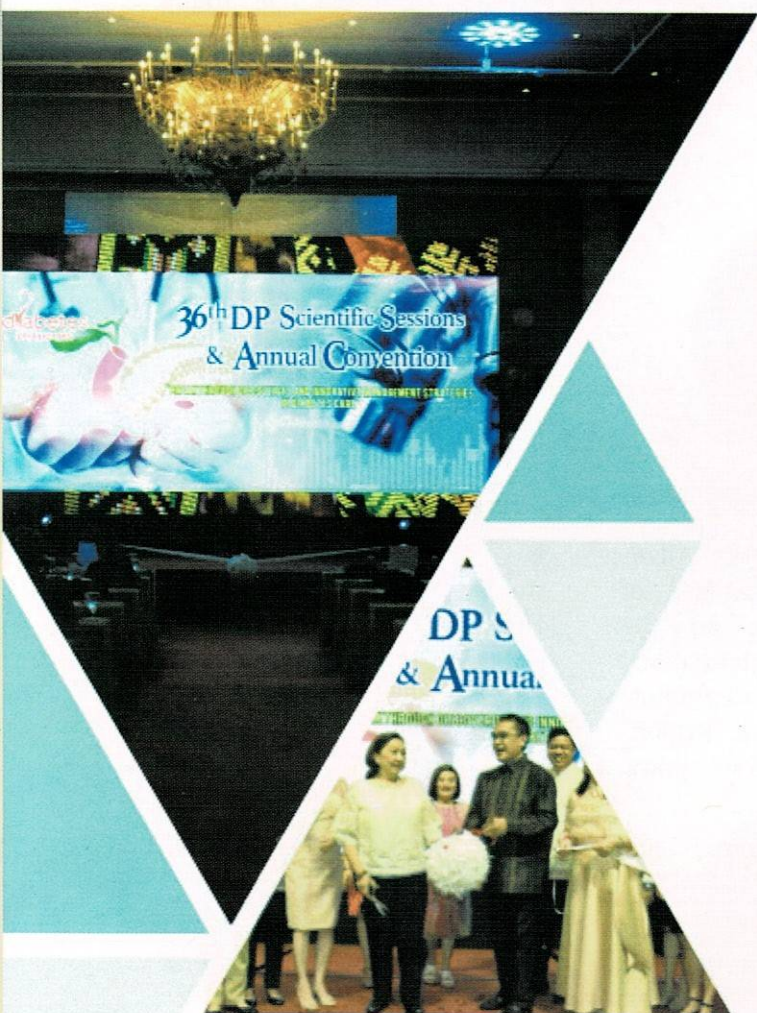
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DIABETES PHILIPPINES

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DIABETES PHILIPPINES

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YOUR PRESIDENT SPEAKS

Grace K. de los Santos, MD



Diabetes, a disease with known short and long-term outcomes, whose complications can lead to devastating results, is on the rise. From the International Diabetes Federation global fact sheet in 2017, the predicted number of people with diabetes worldwide for 2025 has been reached already (425 million adults aged 20-79) and is predicted to reach 629 million by year 2045. Philippines is not exempted- we ranked fifth among the Western Pacific countries for number of people with diabetes with almost 3.9 million. Diabetes is a dynamic disease. What we know yesterday may not necessarily

be correct today. Hence, worldwide, research on diabetes keeps advancing at a rapid pace due to new technologies and methods. Social media has enabled the faster spread of this new knowledge and made this easily accessible to all. Unfortunately, not all sources are reliable. Hence, Diabetes Philippines, as a prime mover of effective prevention and excellent diabetes care in the Philippines, holds series of activities (workshops and annual convention) nationwide for healthcare professionals and laypersons that are interested to learn more about diabetes.

Last year's annual convention held at EDSA Shangri-La Hotel on November 11 and 12, 2019 had for its theme "Breakthrough Discoveries and Innovative Management Strategies in Diabetes Care". If you were lucky to have joined us, I am sure you learned new advances in diabetes. For those unfortunate to have missed it, this Diabetes Watch issue will recapitulate some of the lectures presented in that convention.


Grace K. de los Santos, MB, MS, FPCP, FPSD
Chairman and President
Diabetes Philippines, Inc.



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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

OUR VALUES

OUR VALUES

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!

This issue highlights Diabetes Philippines' busy last half of 2019- the main event of which was our annual convention. These pages recap some of the lessons learned then, as well as the rest of the activities that keep the DP family busy throughout the year.

There are also several articles by our young advocates who let us see the challenges of living with type 1 diabetes through their thoughts and experiences. They continually busy themselves by connecting with their peers and helping each other. Their words give us encouragement and we see that their hearts are full of hope.

Let this hope permeate within us all.

Read on!



Marsha C. Tolentino
Marsha C. Tolentino, MD

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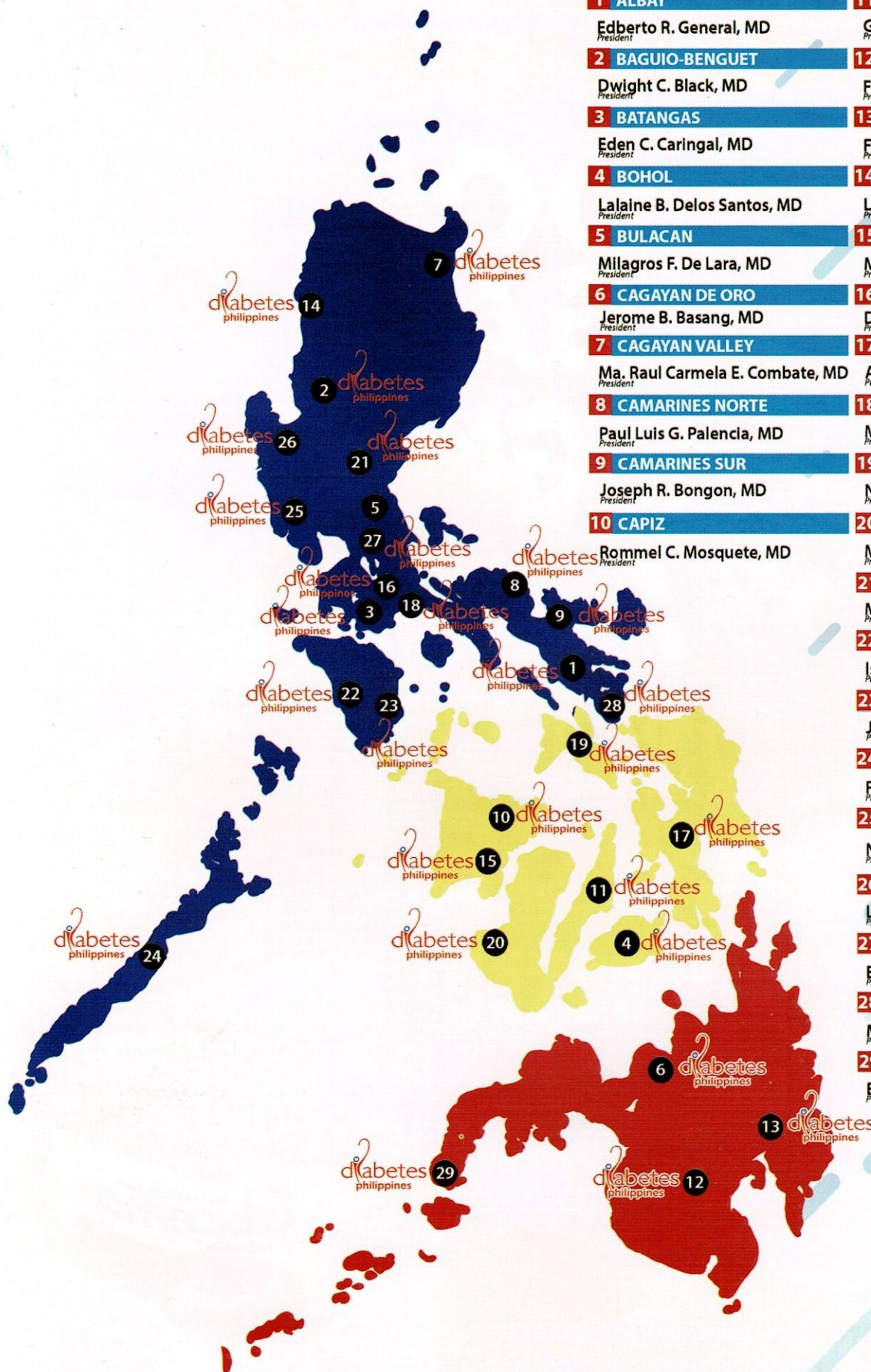
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Dose adjustments may be required, for example, if the patient's weight, life-style changes, change in timing of insulin dose or other circumstances arise that increase susceptibility to hypo- or hyperglycaemia. Any change of insulin dose should be made cautiously and only under medical supervision. Concomitant oral antidiabetic treatment may need to be adjusted.

Hypoglycemia is the most common adverse effect of insulin therapy, including Insulin Glargine (Podevta™). Compliance of the patient with the dosage and dietary regimen, correct insulin administration and awareness of hypoglycaemia symptoms are essential to reduce the risk of hypoglycaemia.

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

References:

1. Kuhlmann M, Schmidt A. Production and manufacturing of biosimilar insulins: implications for patients, physicians, and health care systems. *Biosimilar* 2014;4: 45-58.
2. DeVries JH, Meneghini L, et al. A Patient-level Analysis of Efficacy and Hypoglycaemia Outcomes Across Treat-to-target Trial with Insulin Glargine Added to Oral Antidiabetic Agents in People with Type 2 Diabetes. *Diabetes Management. European Endocrinology* 2014; 10: 23-30.
3. ORIGIN Trial Investigators et al. Basal Insulin and Cardiovascular and Other Outcomes in Dysglycemia. *New England Journal of Medicine* 2012; 319:328.
4. ORIGIN Trial Investigators et al. Cardiovascular and Other Outcomes Postintervention With Insulin Glargine and Omega-3 Fatty Acids (ORIGINALE). *Diabetes Care* 2016; 39(5): 709-716.
5. Ligthelm R, Gylvin T, et al. A Comparison of Twice-Daily Biphasic Insulin Aspart 70/30 and Once-Daily Insulin Glargine in Persons with Type 2 Diabetes Mellitus Inadequately Controlled on Basal Insulin and Oral Therapy: A Randomized, Open-Label Study. *Endocrine Practice* 2011; Vol 1, No 1, 41-50.

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The annual convention held last November 11-12, 2019 had a blockbuster roster of lectures encompassing treatment strategies for diabetes and its complications. A total of 749 delegates trooped to EDSA Shangri-la Hotel for these 2 days of education, fun and camaraderie. Peruse the following pages of photos and witness the success of this annual scientific endeavor.

Allow me to recapitulate some learnings from the first of those 2 fruitful days:

36TH DPAC

DIABETES PHILIPPINES 36TH ANNUAL CONVENTION

NOVEMBER 12 - 13, 2019
EDSA SHANGRI-LA HOTEL,
MANDALUYONG CITY



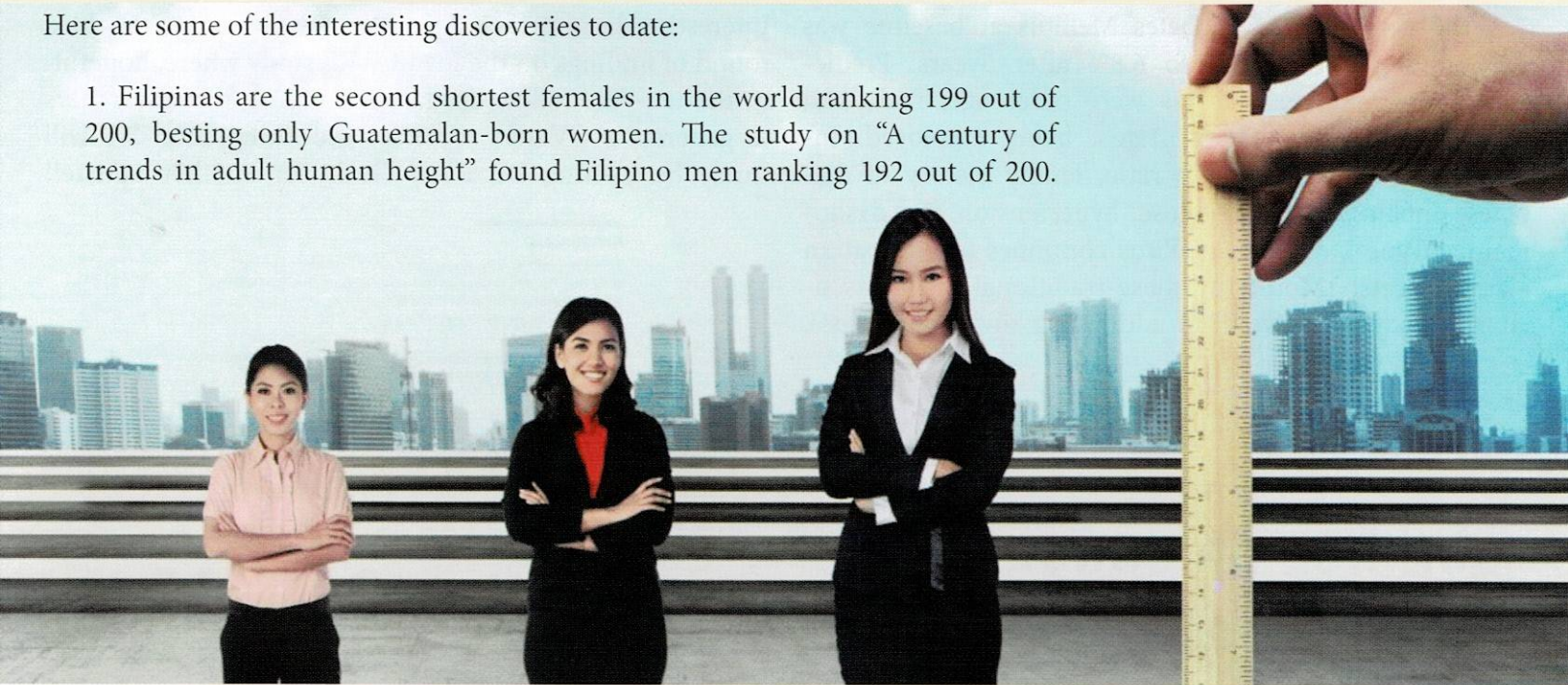
LESSONS FROM LIFECARE

BY MARSHA C. TOLENTINO, MD

The LIFE Course Study in CARDiovascular Disease Epidemiology (LIFECARE) is the first prospective cohort study in the Southeast Asian region looking into the epidemiology of cardiovascular disease. Diabetes Philippines has been supporting LIFECARE for the past 10 years. In the 2019 annual convention, we invited Dr. Rody Sy, the principal investigator of the program, to present the findings from the original data and the 5-year follow-up analysis. There have been 18 publications from the collected data of LIFECARE.

Here are some of the interesting discoveries to date:

1. Filipinas are the second shortest females in the world ranking 199 out of 200, besting only Guatemalan-born women. The study on “A century of trends in adult human height” found Filipino men ranking 192 out of 200.



2. The average blood sugars of Filipinos are 98.60mg/dl and 96.24mg/dl for men and women respectively. Using the NCEP definition of the metabolic syndrome (MS), the prevalence in the Philippines is 26.1 % (or 1 out of every 4 Filipinos). The prevalence of CV risk factors increases with age and employment. More overweight, obese, pre-diabetic, hypertensive participants live in urban areas. While more smokers, those with low HDL-C, high Total Cholesterol and high non-HDL-C live in rural areas. Filipinos have a mean BMI of 23.3 kg/m² and are leaner in comparison with our other Asian neighbors

(Thailand, Malaysia, Indonesia).

3. Brugada Syndrome was also studied in a recent publication by Dr G Gervacio. ECG tracings done on 3072 participants last 2009-2011 were reviewed. 5.3% were identified to have a Brugada pattern on ECG. Most of them were in the 40-50 year age group. Survival status of these participants was determined in 2015. Seven out of 119 who had the type 2 pattern had sudden cardiac death. Those with Type 1 pattern had no mortality but 4/14 had CV symptoms on follow-up. Further studies are needed

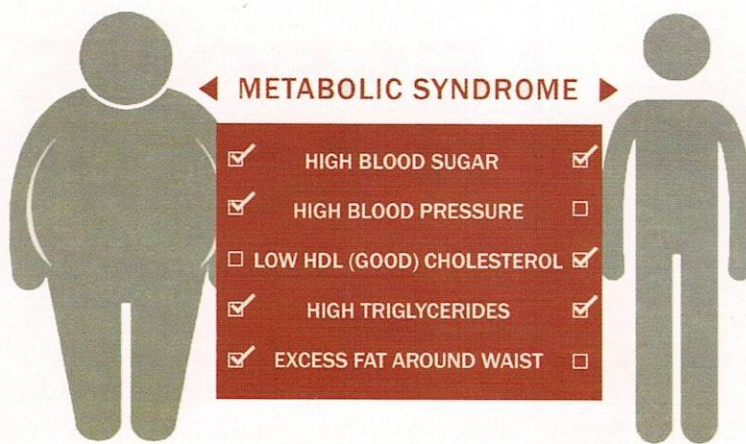
but for those with type 2 Brugada pattern, smoking cessation as well as alcohol withdrawal are encouraged to mitigate the risk of cardiovascular death.

4. Use of complementary and alternative medicine (CAM) prevalence is 43.26% in the Philippines, mostly by consulting a “manghihilot” or an “albularyo”. CAM is defined as consultation with traditional medicine practitioners, use of herbal medicines and supplements, massage, magnets and crystals, iridology, acupuncture, chiropractic, etc.

5. Familial Hypercholesterolemia (FH) is a rare inherited disorder and left untreated, results in early stroke and coronary artery disease. FH mutations were first reported in the LIFECARE cohort in 2015. In this sub-study, clinical diagnosis was found to be acceptable instead of doing genetic studies. Clinically suspected FH includes LDL>190, presence of xanthomas, and having a family history. Early diagnosis leads to early treatment to “normalize” survival in these high-risk individuals.

6. The incidence of Hypertension in Filipinos is 15.4% (based on the latest 5-year follow-up data). Predictors of hypertension include increasing age, male sex, family history of hypertension, higher systolic BP at baseline and increasing waist circumference (WC).

7. The incidence of Diabetes Mellitus at baseline was 5.5% and this increased to 6.8% after 5years. Predictors for developing diabetes were older age, male sex; marriage or co-habitation status, being employed, increasing WC and waist-hip ratio, family history of diabetes, impaired fasting glucose, hypertension and dyslipidemia. Type 2 diabetes mellitus continues to grow at an alarming rate. Modifying these traditional cardiovascular risk factors is pivotal in addressing this global crisis.



EVEN AT A HEALTHY WEIGHT, PEOPLE CAN HAVE METABOLIC SYNDROME, INCREASING RISK FOR CERTAIN CANCERS.

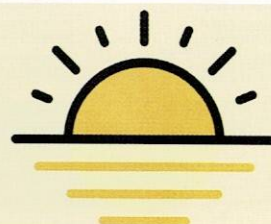
Interesting discoveries indeed. We look forward to the third round of findings on the LIFECARE study where, hopefully, the ten-year follow up data will enable the researchers to generate a CV risk score for the Philippines. We will surely be inviting Dr. Rody G. Sy for another update!!

References:

Punzalan, Felix and Sy, Rody et al. (2014). Prevalence of Cardiovascular Risk Factors in relation to Socio-demographic Profile of the Life Course Study in Cardiovascular Disease Epidemiology Study (LIFECARE) Philippine Cohort. *Acta medica Philippina*. 48. 62-69.

NCD Risk Factor Collaboration (NCD-RisC). A century of trends in adult human height. *eLife* 2016;5:e13410.

SUNRISE OR SUNSET: MODERN MANAGEMENT OF T2DM



Patient-centered approach in the treatment of T2DM is not an option- it is a professional obligation. This statement opened the Augusto D. Litonjua-endowed lecture of Prof Al Zaid. Patient-centered approach should be prioritized in all professional guidelines. And the key here is communication between patient and physician- how you listen to what is said and to the silence as well. Modern management of diabetes is a partnership now. Communication is an

“oral” hypoglycemic therapy. It lowers HbA1c; it is 100% safe and has no side effects. All doctors have access to this drug yet it is underused.

Here are the 10 Golden Rules for effective communication in the diabetes clinic by Prof Al Zaid as published last 2014 at *Diabetes Technology and Therapeutics*:

1. Recognize the importance of patient empowerment as being funda-

mental to diabetes management. The physician’s role is to provide knowledge and expertise to enable patients to make informed decisions. But, it is the patients themselves who are in charge of their destiny and the decisions and choices they make.

2. Use appropriate words and language when talking to patients with diabetes. Avoid invoking guilt, laying blame, or using incriminating tactics. Perceived benefits are bet-

ter than perceived threats. Negative or careless language can be harmful and can demotivate patients.

3. Allow collaborative care and shared decision-making and "strike a deal" with the patient at each therapeutic juncture encountered. Several studies have shown improvement of HbA1c up to as much as 1.5% when patients are given a participatory role in their management. By contrast, a dominating and controlling style of communication by the healthcare provider resulted in poor metabolic control.

4. Be practical and seek realistic goals. Focus on the achievable.

5. Be non judgmental. Obese patients were less likely to lose weight if they felt the attending physician was in some way judgmental about their weight.

6. Consider cultural issues, religious beliefs, and personal values of the patient. With some individuals and in certain parts of the world, religious beliefs

are dearly held and may even take precedence over other issues in life. This

can present a delicate situation to the unwary practitioner who may need to tread carefully between respecting personal values of the patient, on the one hand, and not compromising medical care provided, on the other.

7. Reward effort, not just outcome. Even modest encouragement can inspire patients to do more for their cause.

8. Stay tuned to the patient's feelings and pick up the clues early. On average, a diabetes patient drops 2.6 clues per clinic visit. Subtle hints can be related to anything from loneliness at home to shortage of money. Although the physician does not have to solve every problem, an empathic response to the patient's concerns can improve clinic dynamics and change outcome. Furthermore, missed clues mean lost opportunities and, interestingly, lead to longer, not shorter, clinic visits.

9. Use visual tools as much as possible: make a simple drawing or show the patient a relevant graph or picture

to facilitate understanding and enhance motivation. Seeing is believing for many patients.

10. Does your patient comprehend and remember the instructions given at the clinic? Patients have poor recall of decisions made at the clinic and tend to forget as much as 50% of what they are told by their physician. Asking your patient to restate and summarize your instructions makes good sense and is obviously therapeutically rewarding.

In the latter half of his talk, Prof Al Zaid explained the limitations of the cardiovascular outcomes trials, dissecting published results to reveal some pitfalls upon which some recent recommendations were based. The scientific evidence available to everyone is identical, but the interpretation of the evidence is very much in the eye (and heart) of the beholder. He makes his case for not using drugs just because they are new, not to discriminate against the older medications and not to discount our previous clinical experience. He ends

by reminding us all to "Fit the drug into the patient and not the patient into the drug. And to prescribe responsibly!"

**"Communication is an "oral"
hypoglycemic therapy.
It lowers HbA1c; it is 100% safe and
has no side effects."**

—Prof. Aus Al Zaid



References:

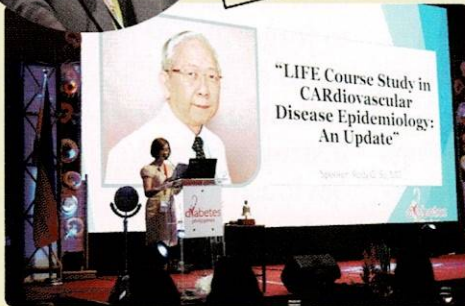
A Alzaid. There Is a Missing Ingredient in Diabetes Care Today. *Diabetes Technol Ther.* 2014 Aug 1; 16(8): 542–544.

A Alzaid. Prescribing Diabetes Tx: Evidence Is in Eye of the Beholder—How conflicting guidelines, interests play a role in prescribing drugs. *Medpage Today.* September 9, 2019.

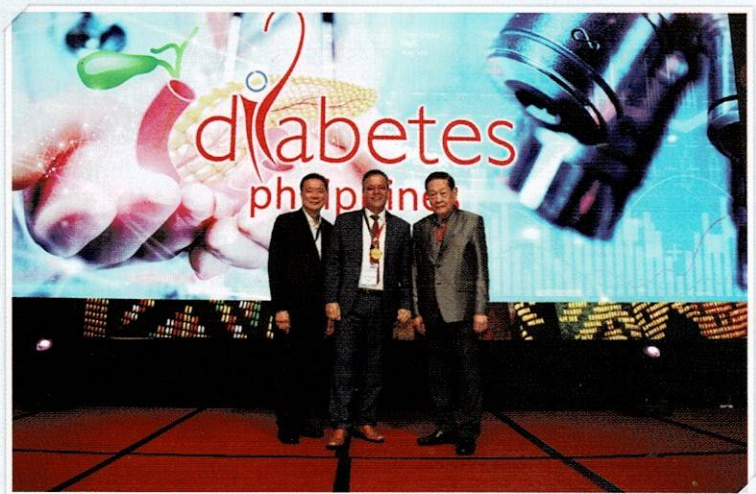




LIFE Course Study in
Cardiovascular Disease
Epidemiology: An Update
Speaker: Rody G. Sy, MD
Chairperson: Agnes T. Cruz, MD



Dr. Augusto D. Litonjua
Endowed Lectureship: Sunrise
or Sunset Modern Management
in T2DM
Speaker: Prof. Aus Alzaid
Chairperson: Tommy Ty Willing, MD



Chairperson:
Flora Mae Z. Jacobo, MD
Concurrent Symposium 1:
Diabetes Education

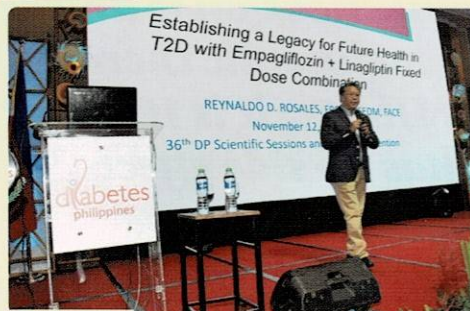


Metabolically Healthy Obesity:
Fact or Fiction?
Speaker: Nines P. Bautista, MD
Chairperson: Flora Mae Z. Jacobo, MD



Diabetes in the Elderly
Speaker: Rima T. Tan, MD
Chairperson: Nilo A. Aguirre, MD

Meal Timing and Weight Loss:
Does It Matter When You Eat?
Speaker: Reynaldo D. Rosales, MD
Chairperson: Flora Mae Z. Jacobo, MD



Diabetic Foot Care in the Philippines:
The Ugly Truths
Speaker: Joy M. Gali, MD
Chairperson: Nilo A. Aguirre, MD



Challenges in Addressing
Diabetic Pulmonary
Speaker: Daniel S. Tan, MD
Chairperson: Nilo A. Aguirre, MD



Vitamin D and Its Role in
Diabetes Prevention
Speaker: Marie Yvette R. Amante, MD
Chairperson: Flora Mae Z. Jacobo, MD



Chairperson:
Nilo A. Aguirre, MD
Concurrent Symposium 2:
Diabetes Complications

The Expanding Role of SGLT2 Inhibitors in Heart Failure

Speaker: Araceli A. Pano, MD
Chairperson: Grace K. de los Santos, MD



Starting patients on innovative co-formulation insulin: Complexity Simplified

Speakers: Reynaldo D. Rosales, MD and Falma I. Tiu, MD



Seeing through the CV risk Continuum: How Empagliflozin benefit patients across the spectrum?

Speaker: Edward Benjie L. Magsombol, MD
Moderator: George B. Tan, MD



The Twin Cycle Hypothesis in T2DM: Insights and Implementation in Clinical Practice

Speaker: Gerry H. Tan, MD
Chairperson: Falma I. Tiu, MD



VERIFY: The New Evidence Exploring Clinical Implication of Timely Treatment Intensification

Speaker: Prof. Merlin Thomas
Moderator: Grace K. de los Santos, MD

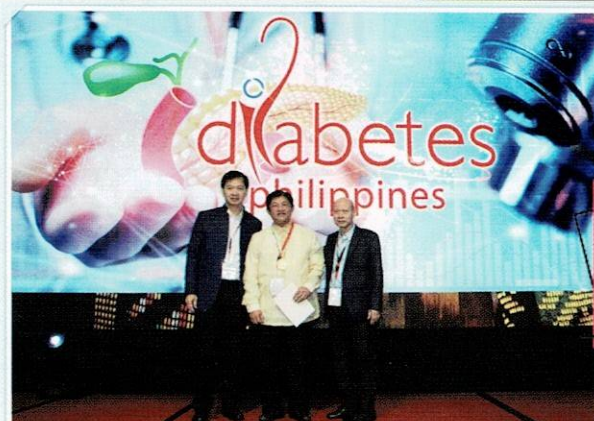
Critical Appraisal of Lipid Guidelines in T2DM

Speaker: Lourdes Ella G. Santos, MD
Chairperson: Marsha C. Tolentino, MD



Type 1 Diabetes: What's New?

Speaker: Sylvia C. Estrada, MD
Chairperson: Lalaine B. Delos Santos, MD



Dr. Ricardo E. Fernando Endowed Lectureship: Cancer and Diabetes

Speaker: Jose S. Garcia, Jr., MD
Chairperson: Marcelo H. Lim, MD

CRITICAL APPRAISAL OF THE LATEST LIPID GUIDELINES

BY MARIA RAQUEL M. PASIMIO, MD



The second day of the 36th Diabetes Annual convention started auspiciously with an excellent lecture by Dr. Lourdes Ella G. Santos, foremost lipidologist from UP-PGH. She presented an update on the 2019 European Society of Cardiology/European Atherosclerosis Society Lipid Guidelines in Type 2 Diabetes Mellitus. She began by stating that diabetes confers an increased risk of cardiovascular events. The major link between diabetes and this increased cardiovascular risk is the lipid changes seen among diabetic patients, otherwise known as diabetic dyslipidemia. Diabetic dyslipidemia is characterized by the following abnormalities: elevated fasting and postprandial triglycerides, low HDL-cholesterol, elevated LDL-cholesterol and the predominance of small dense LDL particles.

The pathophysiology of diabetic dyslipidemia was elegantly outlined. In diabetic patients with insulin resistance, an increase in free fatty acids is produced by the liver. These free fatty acids are converted to VLDL and through the action of several enzymes, are eventually converted to small dense LDL. While small dense LDL is similar to LDL, its particle burden is heavier, being a smaller molecule. It is the presence of the small dense LDL that confers the most damage on the vascular system. Circulating small dense LDL readily undergoes multiple atherogenic modifications in blood plasma that further increases its atherogenicity. Unfortunately, small dense LDL is not measured in laboratories here in the Philippines. Because small dense LDL cannot be measured,

the goal is to maintain the LDL on the low side. Target LDLs are based on the cardiovascular risk of the patient.

The European Society of Cardiology stratified the cardiovascular risk of patients with diabetes as moderate-risk, high-risk and very high-risk. (See table below)

CV risk categories in patients with DM

Very high-risk	Patients with DM and established CVD or other target organ damage ^a or three or more major risk factors ^b or early onset T1DM of long duration (>20 years)
High-risk	Patients with DM duration ≥10 years without target organ damage plus any other additional risk factor
Moderate-risk	Young patients (T1DM <35 years; T2DM <50 years) with DM duration <10 years, without other risk factors

^aproteinuria, renal impairment defined as eGFR <30 mL/min/1.73 m².
^bAge, hypertension, dyslipidemia, smoking, obesity.

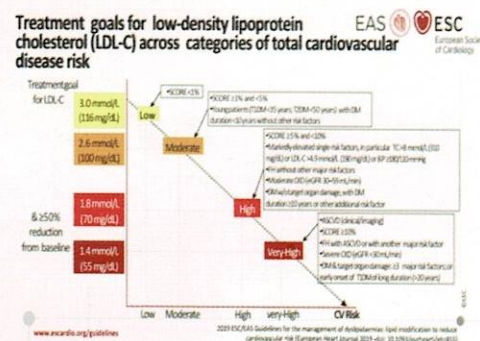
ESC Guidelines on Diabetes, pre-diabetes and cardiovascular diseases in collaboration with EASD (European Heart Journal 2019; 40(21):1281-1306)

In several cardiovascular trials, such as the IMPROVE-IT and FOURIER trial, major cardiovascular events were decreased in diabetic patients who had aggressive lowering of their LDL levels. Aggressive therapy included lifestyle modification, statin therapy AND a nonstatin drug such as evolucamab. Dr. Santos also presented data from REDUCE-IT, looking at a prescription fish oil (not the over-the-counter fish oils that we find everywhere) as a means to lower major cardiovascular events. The study found that taking the 4 grams of the prescription fish oil, led to reduced rates of heart attacks, stroke, cardiovascular death, and hospitalizations. She cautioned, however, that because the specific prescription fish oil used in the study is not available in the country, it cannot be expected that using any derivative of fish oil will achieve the same results.

So how low should we go?

Based on the ESC guidelines, those with moderate risk should have an LDL of <100mg/dL; those with high risk should have an LDL < 70mg/dL; and those with very-high risk should have an LDL < 55mg/dL. Additionally, for high risk and very-high risk patients, the LDL should be reduced by at least 50% from the patient's baseline levels. She reminded everyone in the audience that the true culprit in diabetic dyslipidemia was the small dense LDL, a particle not measured in the laboratory. Hence, LDL, which can be measured, should be as low as possible to ensure decreased levels of the atherogenic small dense LDL.

(See table below)



In summary, Dr. Santos presented the rationale behind the current ESC recommendations that aggressive lipid lowering must be done in diabetic patients in order to protect them from major adverse cardiovascular events. She challenged all the listeners to shift clinical goals. Although these goals are difficult, with proper guidance and education, these targets can be achieved. Dr. Santos mentioned that the Philippine guidelines will be released in a few months. We look forward to hearing from her again, with the country specific recommendations on lipid management for the diabetic patients.

Establishing a Legacy for Future Health in T2D with Empagliflozin + Linagliptin Fixed Dose Combination
Speaker: Reynaldo D. Rosales, MD
Moderator: Danilo F. Baldemor, MD



THE 36TH DPAC ANNUAL CONVENTION HIGHLIGHTS

Treating High Triglycerides is Important in the Prevention and Management of CVD

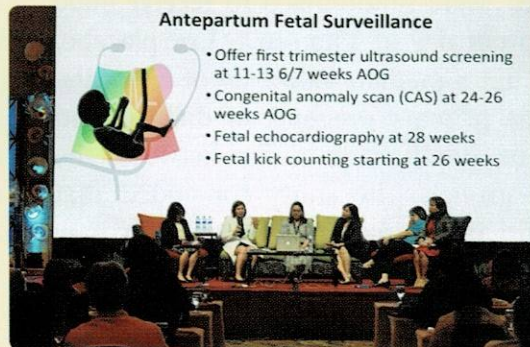
Speaker: Rima T. Tan, MD
Moderator: Grace K. de los Santos, MD



Nurturing the Pregnant Diabetic: A Team Approach from Womb to Birth
Chairperson: Eden C. Caringal, MD
Co-Chairperson: Jennina A. Duatin, RND



Speakers:
 Teresa Marie Felizardo, MD
 Leilani A. Baldeviso, MD
 Olivia O. Dabu, RND
 Rosita Yu, MD



Meet the Expert Session 2:

Chairperson: Richard Elwyn V. Fernando, MD
Co-Chairperson: Eleonor E. Tangkeko, RN

Transcending the Traditional: Real Time Glucose Reading and Continuous Insulin Injection
Speaker: Leyden V. Florido, RN



Language Matters: Improving Communication in Diabetes
Speaker: Edberto R. General, MD



VITAMIN D AND ITS ROLE IN DIABETES PREVENTION

BY MARIE YVETTE R. AMANTE, MD

Vitamin D is critical for bone and mineral metabolism and is effective in the prevention and treatment of rickets and osteomalacia. Since vitamin D receptors are expressed in most cells, there have been numerous investigations on potential extra-skeletal effects of vitamin D. Epidemiological studies have shown that low 25-hydroxyvitamin D concentrations are associated with various acute and chronic diseases, raising a high interest in vitamin D in the past decade.

Twenty years ago, fewer than 1% of American adults took Vitamin D supplements. But now, nearly 1 in 5 adults take one everyday.

According to Laura Bell in Science news January 2019, "In the supplement world, Vitamin D is a bit like a Kardashian. Its fame seemed to come out of nowhere a decade ago. Garnering so much press so fast that it's hard to remember a time when people were not talking about it."

Vitamin D levels are low in individuals who are obese and those with type 2 diabetes. However, the causality is not known. In several cross-sectional and prospective cohort studies, type 2 diabetes and conditions known to be part of the metabolic syndrome were associated with poor vitamin D status.

However, intervention studies are either negative or showed limited beneficial effects. In a meta analysis of 23 trials evaluating the effect of vitamin D supplementation on glycemia, there was no effect of supplementation on glycemia or measures of insulin resistance.

The D2D (Vitamin D and type 2 diabetes) Study was a randomized clinical trial published in the New England Journal of Medicine in August 2019. 2423 participants with prediabetes were randomized to receive 4000 iu per day of Vitamin D3 or placebo. After a median follow up of 2.5 years, the primary outcome of diabetes did not significantly differ between the 2 groups. The study concluded that for individuals at high risk for type 2 diabetes not selected for vitamin D insufficiency, vitamin D3 supplementation at a dose of 4000 IU per day did not result in a significantly lower risk of diabetes than placebo. In a double blind randomized placebo controlled trial by Angelotti et al published in October 2019, one year supplementation with vitamin D3 at 4000 IU/day did not affect lipid profile, C-reactive protein and cardiovascular risk in patients with stable type 2 diabetes not selected for vitamin D deficiency, with the exception of improvement of triglycerides among patients not on cholesterol medication.

In the Vital Study published in 2018, the NIH tested 26,000 healthy US adults older than 50 years old. They either took 2000 iu Vitamin D or placebo for 5 years. Results showed that Vitamin D supplements did not lower the risk of cancer, stroke, or heart attack.

Some expert recommendations state that vitamin D testing should not be misused as a universal population-wide screening tool, but rather be applied only in selected individuals at high risk of vitamin D deficiency. For example, individuals with high suspicion for osteomalacia, rickets, osteoporosis, those with chronic renal disease, hepatic failure, malabsorption syndromes, hyperparathyroidism, granuloma forming disorders, among others.

A causal association between vitamin D and diabetes and other metabolic or cardiovascular diseases has not been established. It is not recommended to administer vitamin D supplements for purposes of preventing diabetes.

THE 36TH
DP ANNUAL
CONVENTION

DPAC HIGHLIGHTS



So there you go, two excellent lectures on the first day of the DP annual convention and it wasn't even time for lunch yet!

Kudos to the entire organizing committee for a seamless meeting flow. True to its goals to make the annual convention a heart-healthy and envi-

ronmentally-friendly event, DP treated the delegates to nutritious yet delicious food offerings for snacks and meals and even had a Christmas lantern contest using recyclable materials. There were also several Zumba sessions in between lectures. The feeling of belongingness within the DP community was evident in the fellowship night with a lot of singing, games and prizes.

PASKUHAN SA DP!



Fellowship Night



5TH NUTRITION SUMMIT

BY GLENNA GRACE T. BERNABE-ESTRERA, RND

Diabetes Philippines, Inc. conducted its 5th Diabetes Nutrition Summit last July 13, 2019 at Novotel Manila Araneta City Hotel, Quezon City. Headed by DP's Council on Nutrition, the summit is an intensive workshop which aims to equip physicians with essential nutrition knowledge and recommendations on diabetes management. It also underscores the role of the nutritionist as a vital member of the multidisciplinary Diabetes Care Team.

Dr. Grace K. de los Santos, DP President, addressed clinical inertia in the management of type 2 diabetes mellitus. Dr. Edgardo L. Tolentino described how "Motivational Interviewing" works and gave guidance on how to use it. Dr. Yasmin Laura Marie Zuñiga discussed "Nutrition Therapy for Adults with Diabetes or Prediabetes".

The most exciting part of the event is the Nutrition Workshop, facilitated and conducted by a group of Registered Nutritionist-Dietitians and well-trained Diabetes Educators, all of whom are also members of DP's Council on Nutrition.

The first workshop was **"Calorie Counting Strategies"** facilitated by Ms. Khristine Ivy N. Llave, RND and Ms. Maria Ber-

nadette G. Platon, RND. Participants were taught the principles of calorie counting and its different strategies. They were shown how to easily teach calorie counting to patients using household measurements and set up. They also learned how to use the latest practical meal planning strategies on diabetes management.

The next workshop was the **"Carbohydrate Counting Strategies"** by



Ms. Jennina A. Duatin, RND and Ms. Olivia O. Dabu, RND. The participants were

impressed to see the variety of samples of carbohydrates prepared in one (1) serving, equivalent to 15 grams of carbohydrates. Their enthusiasm was evident as they learned the unlimited choices of carbohydrates that are available and accessible to patients. The participants also learned how to easily teach carbohydrate counting to patients depending on the units of insulin prescribed to them.

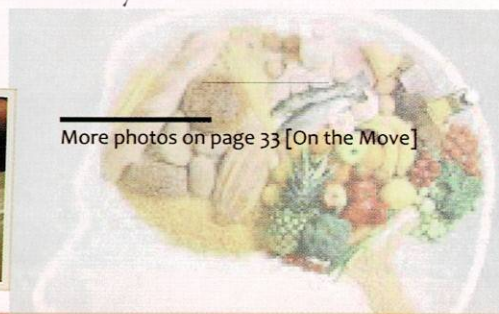
The last workshop was **"Reading Food Labels"**. Participants were able to enjoy while learning. It was facilitated by Ms. Ivy D. Ramalloza, RND



and yours truly. We taught the participants how to compute calories, nutrient percentage and equivalents in relation to an individual's intake, based on the packaging of certain foods. Common snack foods like caramel popcorn, cookies and roasted peanuts were used to demonstrate the value of food labels.



The team presented real varied foods in order to show the exact amount of food item there is per serving. We also discussed various practical strategies and principles in nutrition recommendations for people with prediabetes and type 2 diabetes mellitus. It was a very interactive workshop and both participants and the facilitators had fun learning and teaching. Indeed, the activity was a success. Ms. Jennina A. Duatin, RND, Chair of DP Council on Nutrition thanked the DP Officers and Boards for their support in making this activity a reality. She also thanked Ms. Candice Silerio and Ms. Rhea Pinlac of Abbott Nutrition for their unwavering support to Diabetes Philippines' nutrition advocacy.



More photos on page 33 [On the Move]

DP Celebrates Nutrition Month

Presidential Decree 491 in 1974 declared that Nutrition Month shall be held every July to create greater awareness on the importance of nutrition among Filipinos.

To increase awareness on proper nutrition, the Department of Education (DepEd) enjoined all public and private schools to participate in the celebration of the 2019 Nutrition Month last July with the theme, "Kumain ng Was-to at Maging Aktibo... push natin 'to!'"

Diabetes Philippines celebrated nutrition month by conducting a series of activities for both healthcare professionals and the general public

to "promote healthy diets, increased physical activity, and reduced sedentary behavior through activities of daily living among individuals and families." The observation of the Nutrition Month was led by the National Nutrition Council (NCC).

DP believes that education is the best tool in promoting and developing healthy eating habits among the youth, and to encourage them to do physical activity as well.

The lecture on diabetes awareness was delivered by Dr. Grace K. de los Santos; the nutrition lecture by Ms. Jennina A. Duatin and Ms. Glenna

Grace B. Estrera; and last but not the least, physical activity by Ms. Leyden V. Florido. A group of volunteers composed of medical technologists, psychology students and nurses performed the blood glucose monitoring tests on students, teachers and some parents too. Diabetes and nutrition counselling were also conducted on all students who are obese and to those with elevated sugar test results.

More photos on page 32 & 33 [On the Move]

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Renato R. Lopez
Elementary School
Mr. Ramilo P. Pascual
Principal



Doña Basilisa Yangco
Elementary School
Mr. Pompio B. Floro, Jr.
Teacher-In-Charge



For giving DP the chance to share diabetes awareness and nutrition education to their students, teachers and parents. These schools were also given a glucometer and strips courtesy of Ascencia for their clinic use.

GIMIK DIABETES YEAR 13

NOVEMBER 2019

BY FRANCESCA ISABEL T. VILLANUEVA

November 14 is World Diabetes Day (WDD). This has been a global awareness campaign led by the International Diabetes Federation (IDF) and the World Health Organization (WHO) since 1991. This campaign is a response to the rapid rise in cases of people diagnosed with diabetes worldwide. The IDF has numerous Member Associations globally. For our country, Diabetes Philippines, Inc. (DP) is the sole Member Association affiliated with the IDF.

Diabetes Philippines' lay members celebrate an annual convention every November. Since 2007, this convention has been called Gimik Diabetes because it is not your usual classroom-style lectures used for the participants. The format used is an interactive type of learning combined with entertainment to sustain the attention of the participants. Gimik Diabetes has been our annual celebration and observance of WDD.

Gimik Diabetes is a wonderful event that evolves with the current generation. It also lets people with diabetes from different generations come together to create new bonds of friend-

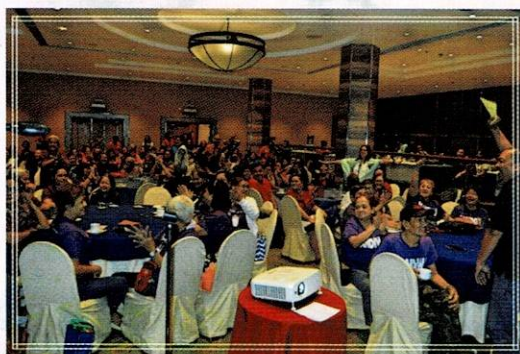
ship, renew old bonds, and celebrate the various accomplishments that people with diabetes have achieved.

Diabetes Philippines invited patient advocates with Type 1 Diabetes to spearhead and facilitate the program with the guidance of Ms. Leyden V. Florido, RN, a Board of Trustee member. These patient advocates brainstormed and edited familiar games to include information about diabetes. One familiar game loved by every pinoy is BINGO, which was changed to NEEDS – an abbreviation coined by Ms. Florido to indicate the areas of diabetes management (Nutrition, Education, Exercise, Drugs, Self-care/Smoking Cessation). Another familiar game for the younger generation, is 4-PICS-1-WORD – wherein groups have to guess the word based on the clues or pictures provided on the screen.

For 2019, Gimik Diabetes was held at the Century Park Hotel on November 14. A total of 211 attendees were graced the event. They were a mix of people with Type 1 and Type 2 diabetes accompanied by their loved ones. Dr. Grace K de los Santos, MD – the president of Diabetes Philip-

pines – and Fatma I. Tiu, MD – the treasurer of Diabetes Philippines – were provided clarifications and explanations on the myths and facts that were mentioned in the games. Everyone left the hall with smiles on their faces and brains filled with expanded knowledge on diabetes management. Bonds were formed throughout the different generations, with exchanges of contact information and invitations to each other's social media profiles. The day ended with a promise of seeing each other in the next Gimik Diabetes and other diabetes-related gatherings.

CENTURY PARK HOTEL
WORLD DIABETES DAY





DP GOES TO ZAMBOANGA

THE 68TH DIABETES WORKSHOP
AND 33RD DIABETES FORUM

BY MARIA RAQUEL M. PASIMIO, MD

It was a warm and sunny day that greeted the participants of the 68th Diabetes Philippines Workshop in Zamboanga. After several days of rain, the good weather was an auspicious way to start the event.

Registration was seamless and organized thanks to the ever reliable Leyden, Ruth and Sara of Diabetes Philippines. They were ably assisted by Fatima, Gemma, Kristian, Jennifer and Ranelle. Over 130 physicians and allied medical professionals graced the two-day workshop. The venue was packed to the gills, attesting to the success of the event. Dr. Edgar Bisquera, the overall coordinator of the workshop, warmly welcomed the delegates. Dr. Jimmy Acorin served as the emcee throughout the day.

Dr. Agnes Cruz started the workshop with an extensive discussion on the risk factors, assessment, diagnosis, and classification of diabetes. To expound and explain the pathophysiology behind the disease and its complications, Dr. Nines Bautista walked through the many organ systems involved in the disease process and explained the "Egregious Eleven". He emphasized that diabetes is a malady with a complex causality, adversely affecting multiple organs. Diabetes, he reiterated, cannot be thought of as simply a deficiency of the pancreas.

After laying the groundwork in establishing a better understanding of diabetes, the next lectures concentrated on the pharmacologic management of the disease. Dr. Francis Pasaporte and Dr. Marsha Tolentino discussed the

many oral agents available in the country to help patients control their blood sugar levels. Special emphasis was given on the cardiovascular outcome trials conducted on specific anti-diabetic medications.

There was a lively interactive session with relevant questions raised. The lecturers also presented cases highlighting key take-home points. Participants were enthusiastic in answering the cases and left no doubt that the information imparted was well understood.

The afternoon sessions were just as informative and clinically relevant with a comprehensive discussion on injectable agents that can be used to treat diabetes. Dr. Fatma Tiu gave an encompassing discussion on insulin and its appropriate use. Dr. Rima Tan, a past President of Diabetes Philippines, reviewed the use of glucagon-like peptide 1-receptor agonists in the management of diabetes. Audience participation did not wane in the afternoon and interaction between lecturers and delegates remained active.

Two Meet-the-Expert sessions were conducted: The first one was for physicians and the second was for allied medical professionals. It was an intimate discussion where participants could freely tap the experience and knowledge of the experts of Diabetes Philippines.

A unique and interesting lecture was given by Dr. Rima Tan on Biosimilar Agents. The evening was capped by a fun-filled Fellowship Night where everyone sang and danced the night away. It was truly a fitting end to the

productive first day of the workshop.

The second day continued to see a good number of participants with 103 registered delegates. Three different and relevant lectures on nutrition were held simultaneously in the morning. The first room was headed by Glen-na Bernabe, RND and Ivy Ramallosa, RND and they expounded on Nutrition Facts: Reading Labels. The session on Carbohydrate Counting was led by Olivia Dabu, RND and DPs own Jennina Duatin, RND. Discussing Meal Planning and Calorie Counting were Khristine Ivy Llave, RND and Maria Bernadette Platon, RND. Activities in all three meetings were practical and were appreciated by the participants.

The afternoon was a workshop on Insulin and Blood Glucose Monitoring. Leyden Florido, RN, gave a comprehensive talk on the handling, dispensing and storage of insulin. She also discussed what appropriate substitutes might be given for hypoglycemic events, if sugar is not on hand.

The highly successful workshop ended with everyone satisfied. Delegates commented that the lectures were practical and easy to understand. The interaction between lecturers and participants did not diminish throughout the two-day event. Diabetes Philippines would like to thank the organizers and members of the Zamboanga chapter who spearheaded the workshop. Without the efforts of Dr. Edgar Bisquera and Dr. Fatma Tiu, the event would not have been a tremendous success.



A BETTER WORLD FOR PEOPLE LIVING WITH DIABETES

BY JOHANAH JOYCE L. CO

Diabetes has become a serious global health issue affecting a large number of people. As of 2019, approximately 463 million adults (20-79 years) were living with diabetes worldwide. By 2045, this number will reach 700 million according to the International Diabetes Federation's (IDF) Diabetes Atlas 2019. The persons getting affected by diabetes worldwide are rising. If the numbers are increasing, I wonder if we are at the same speed in protecting and providing equal opportunities for the people living with diabetes (PWDs). Across the globe, do PWDs have similar or different issues?

This discussion is relevant because diabetes has become a global burden due to millions of diabetes-related deaths worldwide. If we cannot stop this epidemic, it might help if we can align and support one another through the presence of online and offline communities. Although each country has its respective policies, challenges, access to technology, priorities, and provision for health care, there is still a way to mitigate our differences. Last December 2-6, 2019, I was fortunate to meet various PWDs and healthcare professionals who traveled across the globe to take part in IDF Busan 2019. The discussions included issues related to diabetes stigma, access to technology, the role of the diabetes community, and conversations with our healthcare professionals (HCPs). I was delighted to take part in the "Diabetes Social Media Summit", #wdcdsms, on December 2,

2019, at the 33rd floor of Park Hyatt Busan Hotel, overlooking the ocean and picturesque view of the Gwangan bridge. This was organized by Ascensia Diabetes Care. On that beautiful afternoon, a diverse group of PWDs took part in the discussion hosted by Joseph Delahunty and facilitated by Renza Scibilia and Chris Aldred.

DIABETES STIGMA

When we talked about the challenges related to diabetes stigma, each country had different experiences. There would be some countries where people with diabetes were not treated equally and were discriminated. Some groups saw diabetics as a burden. Fortunately, there were countries where people with diabetes were respected. Governing laws in the country, coupled with a powerful voice from different diabetes communities enabled diabetic patients to live a life free from stigma.

ACCESS TO TECHNOLOGY

There has been tremendous progress with the evolution of technology in diabetes management. There are, however, still gaps in other countries when it comes to access to technology. Some communities are highly progressive, where the use of diabetes technology is covered. Unfortunately, there are some countries where a PWD will find it hard to test one's blood glucose level. No provision is made for the basic

needs like test strips. In addition, discount options for medications are given only when a PWD has developed a diabetes-related complication. This is devastating because "diabetes-related complications have a significant impact on the mental health of the PWDs" as explained by Georgina. "Access to technology can be a privilege" as asserted by Pei. Anita explained, "My country's priority is with life-saving medicine. I suggest my government can also be more open towards access to diabetes technology since this improves any PWD's quality of life."

Nowadays, many PWDs use smartphone applications for diabetes management. Not everyone, however, is inclined to use such technology. Reasons for this hesitation include one's age, awareness level, and adaptability to change. Digital solutions may help PWDs in recording blood glucose results, tracking fitness activities, counting carbohydrate intake and the like. However, in some countries, some HCPs and PWDs are less familiar with these technologies. Sana asserted, "Training PWDs and parents of children with diabetes is critical. If you hand over technology with education, this can lead to major issues." As such, when there is limited awareness, there can be limited usage and access. What can be recommended in this case is awareness for both PWDs and HCPs. Learning these digital solutions can be done through one's initiatives to ask around the online community or to do personal research. It can also be helpful for HCPs to be more familiar with



these digital solutions so they may refer and offer better solutions to PWDs. PWDs can also educate HCPs and fellow PWDs through peer support.

CONVERSATION WITH OUR HCPS

A PWD will have hesitations in openly sharing issues and challenges. Merely talking on concerns about the future, the anxiety and emotional burden of living a life with diabetes and discussing possible complications can be stressful. Ask us why? It is because we are prone to being blamed, shamed, and judged by HCPs, and even fellow PWDs. In fact, Apoorva shared how her fellow students at med school thought she was on drugs when she was taking insulin. Even at workplaces, PWDs can be stigmatized when it comes to the hiring process. Phyllisa shared that she received looks of judgment and blame when she answered questions about her diabetes.

#Languagematters as part of our #diabetesmanagement. Diabetes stigma must end as we #talkaboutcomplications and #mentalhealth. Dearest readers, #languagematters, because this creates the trust and bond between HCPs and PWDs. If there is trust, then there is more motivation to have better control over the disease. This leads to better coping and management skills for PWDs in the long run. When appropriate language is used, this provides comfort and reduces one's level of distress. It's about time we unlearn the



usual labels we use and learn more appropriate terms & language. Labeling and using inappropriate words can be very hurtful for PWDs. Doing so may result in a negative impact by losing one's motivation and self-esteem, leading to little room for improvement.

At the end of the day, #languagematters because no one deserves to be shamed, blamed, judged, and misconstrued for having diabetes. One of the goals in health care is to be able to treat a person with any condition effectively. In doing so, building an open and trusting relationship between the HCPs and PWDs is crucial.

ROLE OF DIABETES COMMUNITY

Nothing beats honesty. This happened inside the four corners of our meeting room. We felt safe and supported in being ourselves in spite of our differences. We may have come from different diabetes communities, but we all had the same compassion for others. Chris shared that "It is important to understand these challenges and issues so that we can make the diabetes online community a diverse and welcoming place for all people with diabetes." Sana concluded with this statement, "I think that together as a singular voice, our advocacy can be stronger. It is important to align and unify. We can always start with the similarities and then align the differences."

Georgina highlighted that the most important thing for her is that she can afford insulin. Everything else would be a privilege. Renza retweeted that finding a balance between talking about prevention, and not contributing to stigma and blaming can be chal-

lenging. As such, Pei recommended the importance of choosing the right PWD community as this creates room for encouragement, allowing one to share openly, and providing excellent peer support.

The world can be a better place for people living with diabetes if we can make a safe community where diabetics will be embraced and respected; where we all try to help one another. Though it may take time to appeal for government support, I think sharing and providing awareness to others can have a more significant and more positive impact on the lives of PWDs. If we face diabetes together, then we can be stronger than diabetes.



Capping the day with great food and great company. If we face diabetes together, then we can be stronger than diabetes. Till we see each other again. Annyeong!

DP'S YOUNG LEADER IN DIABETES

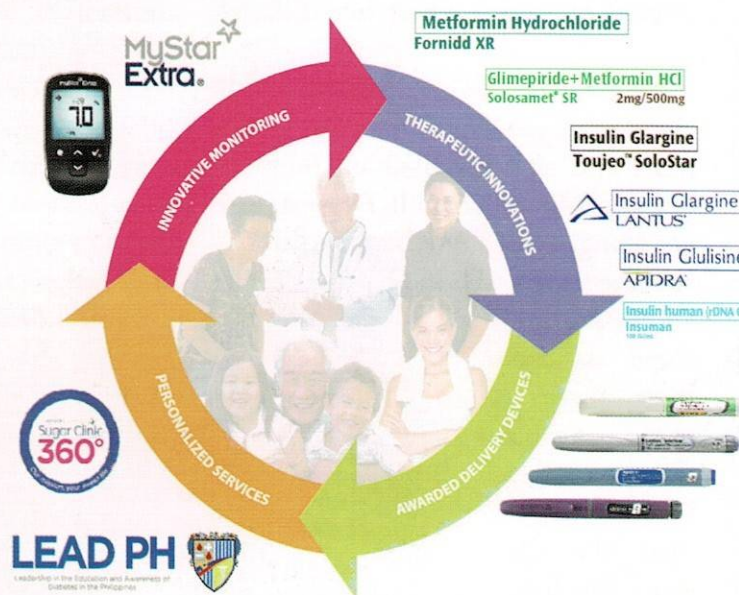
BY JOHN NATHANIEL N. HENARES

Last December 2-6, 2019, the Young Leaders in Diabetes (YLD) training summit took place in BEXCO Busan, South Korea. The 5-day training workshop on diabetes management was a true eye-opener. Type 1 advocates shared how they faced the daily challenges posed by their condition and how the stigma of living with diabetes affected each one, not just physically but emotionally and mentally as well. Several experienced discrimination. But with true passion within, these YLDs persevered and achieved their goals and dreams. Working with YLDs from different countries is a great privilege. And I hope to gain insights from my fellow advocates on how to manage our condition. Additionally, each of us has to come up with our own project in the next 2 years. These projects aim to help other persons with diabetes in our respective countries. As the current representative of DP and as YLD Regional Representative-elect for the International Diabetes Federation-Western Pacific (IDF-WP) region in the next four years, I have been given a great opportunity to lead type 1 diabetes patients not just in the Philippines but also in the entire Western Pacific region. I hope to keep their in-

terests in mind and heart. I am ever grateful of the support of my parents, relatives, doctors, mentors, church mates, and fellow advocates. Without them I may have not had this opportunity to serve. Having been given this responsibility is both a blessing and a challenge. I am going to do this because I have God in my life. Thank you Lord! With His guidance, wisdom and knowledge, I hope to benefit my fellow type 1 diabetes patients.



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

CARDIOVASCULAR - or simply the circulatory system. It consists of the heart, which is a muscular pumping device, and a closed system of vessels called arteries, veins, and capillaries.

RETINOPATHY - any damage to the retina of the eyes, which may cause vision impairment.

NEUROPATHY - is damage or dysfunction of one or more nerves that typically results in numbness, tingling, muscle weakness and pain in the affected area.

LDL - low-density lipoproteins, it is sometimes called the "bad" cholesterol because a high LDL level leads to a buildup of cholesterol in your arteries.

HDL - high-density lipoprotein, or "good" cholesterol, absorbs cholesterol and carries it back to the liver. The liver then flushes it from the body. High levels of HDL cholesterol can lower your risk for heart disease and stroke.

VITAMINS - is an organic molecule (or related set of molecules) that is an essential micronutrient which an organism needs in small quantities for the proper functioning of its metabolism.

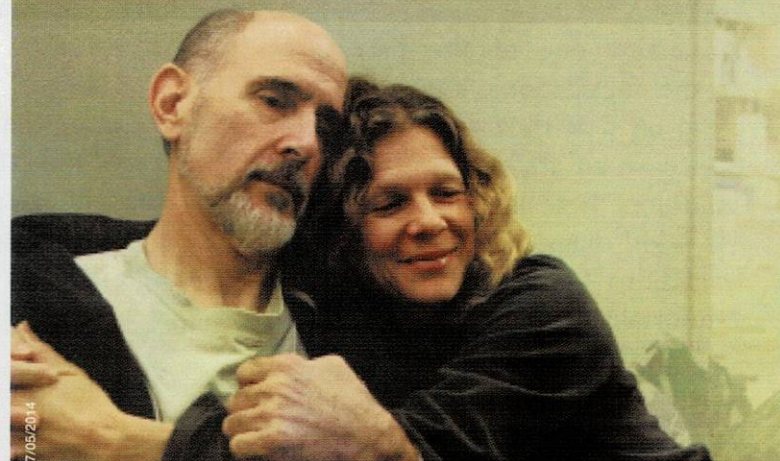
NUTRITION - is the study of nutrients in food, how the body uses them, and the relationship between diet, health, and disease.

PSYCHOSOCIAL - combination of psychological and social behavior.

BLOOD PRESSURE - is the pressure of circulating blood on the walls of blood vessels. Most of this pressure is due to work done by the heart by pumping blood through the circulatory system. Used without further specification, "blood pressure" usually refers to the pressure in large arteries of the systemic circulation.

LIPID - is chemically defined as a substance that is insoluble in water and soluble in alcohol, ether, and chloroform.

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NEED A FRIEND?

By Lorenzo Marie Doble and Francesca Isabel Villanueva



Research by Richard E. Morey states that one of the biggest parts of an adolescent's life is peer acceptance and peer approval. Here at Rainbow Camp Foundation, we are no exception. Dealing with kids and teens, we have pushed the peer counseling program forward to be able to help out campers become more open and more accepting of their Diabetes. Having peer counselors gives them an avenue to be able to find a person with a similar mindset and life experience that may help them be more vocal about what they are experiencing both as a teen and as a diabetic. This program also helps create a support system for kids and teens so that they are aware that they are not alone and that they have people there to help them.

We asked one of the participants of the foundation's annual summer camp on how they felt knowing that they have an ate/kuya with the same condition, here is what he/she said: "As a kid diagnosed at 8 with diabetes, I didn't know how to cope. I wasn't comfortable opening up to my parents and older diabetics were hard to talk to because of the age difference and the fact that they already had their sugar controlled while I was just starting to get a grip on mine. But with Rainbow Camp's peer counselors, I was able to

find a group who was currently going through or had recently been through what I was experiencing. It was easier to open up and simpler to grasp the concepts of sugar control when it was coming from someone my age."



Rainbow Camp Foundation currently has 5 full-fledged peer counselors, who have undergone intensive training and was approved by the Board members of the foundation.

Once a camper has reached the maximum age limit (18 years old) in attending the annual summer camp, they are encouraged to become volunteers through the Peer Counselor Program. Interested individuals must have attended at least one summer camp and is willing to undergo the training provided by the foundation. The instructors involved are Healthcare Professionals with experience in training diabetes educators in the country. The



training involves a wholistic approach in diabetes and self-management. A wholistic approach includes looking at the physical, emotional, and mental experiences that a person with type 1 diabetes encounters in their lifetime. There are many people involved in the ever-expanding and evolving Diabetes Management Team but another inclusion to that team could be a friend who understands what you are going through and may have similar experiences as you. Don't you think? Think about it, do you or your child with diabetes have a friend like that? Or do you want to be a friend to a younger person who is going through what you have experienced growing up with diabetes?





DIABETES IS SO MUCH MORE THAN NUMBERS: PSYCHOSOCIAL ISSUES AND DIABETES BURNOUT

BY JOHANNA JOYCE L. CO



Living with diabetes may entail so many numbers clouded in our heads. But that does not mean diabetes ends there because there is so much more than numbers. I have been living with diabetes for nineteen (19) years to date. What helped me accept my diabetes was going through psychotherapy that emphasized the importance of grieving and

strengthening one's self-awareness. Also, finding a support group that has always encouraged me to be the best version of myself enabled me to see diabetes as a gift rather than a curse.

Last December 4, 2019, I shared my psychosocial journey and diabetes burnout in a symposium for the International Diabetes Federation conference held in Busan. Diabetes mellitus (DM) is a complex chronic disease that has been recognized as a serious global health problem associated with co-morbid distress. People living with DM need the support of family and health care professionals for

successful management. It's important to have a diabetes team from the time of diagnosis. This includes a physician, nurse, dietitian and mental health specialist. Treatment should incorporate the social and psychological implication of diabetes. Diabetes management would not be successful unless the lifestyle and emotional status of the individual is considered.



Sharing my journey and research to fellow people with diabetes and healthcare professionals.



SHE IS A MEMBER OF THE IDF YOUNG LEADERS IN DIABETES (YLD) PROGRAM, REPRESENTING DIABETES PHILIPPINES (DP). IN DECEMBER OF 2017 SHE TRAVELED TO ABU DHABI FOR THE YLD CONFERENCE. PRIOR TO THE CONFERENCE, SHE HAS FINISHED A SEMESTER IN MONASH UNIVERSITY IN AUSTRALIA FOR MASTER OF ARTS IN NURSING PRACTICE AS SHE ASPIRES TO BE OF HELP TO PEOPLE LIVING WITH DIABETES. IN DECEMBER 2019, SHE TRAVELED TO BUSAN FOR IDF 2019 TO SPEAK ON "PSYCHOSOCIAL ISSUES AND DIABETES BURNOUT." AT PRESENT, SHE CONTINUES TO BE AN ADVOCATE FOR DIABETES WHILE WORKING FOR AN ADVERTISING COMPANY.

What influences living with diabetes includes complex environmental, social, behavioral, and emotional factors, known as psychosocial factors. Psychosocial care should be provided to people with DM to achieve quality of life and positive health outcomes. It is recommended to have an assessment of symptoms of diabetes distress, depression, anxiety, disordered eating and of cognitive capacities using validated tools at the initial visit and at periodic intervals. Studies have shown that patients with DM experience high rates of psychological disorders that may negatively impact one's disease management and glycemic control.

Diabetes burnout (DB) is the state when a person with DM has become tired of managing their condition and ignores taking care of themselves for a long period of time. This happens when one gets disillusioned and frustrated from the obligations of diabetes. When burnout happens, a person with DM tends to completely disregard their blood sugar levels. Oftentimes, DB is triggered by diabetes distress (DD) that happens when a person with DM feels overwhelmed by the demands of diabetes. DD is distinct from depression but addressing this improves self-care and glycaemic control.

I conducted a little research to identify

the problem areas in diabetes (PAID-20) and diabetes distress among 32 adult Filipino outpatients living with type 1 DM in the Philippines. This study documented the proportion of diabetes distress and factors associated with the condition of diabetes distress. Data were obtained using PAID-20, DDS, and record interview.

PAID-20 scale has been validated in Asian countries such as Singapore and Malaysia. This study's limitation is that PAID-20 and DDS are not validated in the Philippines. Higher PAID-20 scores are more strongly associated with dysfunctional coping, quality of life, and depression while higher DDS scores are more strongly associated with reduced self care and metabolic control. The problem areas in diabetes cover a great variety of emotional concerns whereas the diabetes distress scale is more reflective of the distress concerning diabetes self-management. We recognize the importance of holistic assessment in diabetes care and management by addressing not just the physical and social aspects but also the mental and emotional well being of any person with diabetes.

The proportion of problem areas among the study population showed that 50% reported experiencing severe distress while 9% experienced moder-

ate distress. The remainder had little or no distress. The mean of total diabetes distress score was (10.72 ± 4.59) . The mean $\pm$ SD for each domain score such as emotional burden, physician related distress, regimen-related distress, and interpersonal distress was (2.84 ± 1.23) , (2.13 ± 1.34) , (2.99 ± 1.26) , and (2.76 ± 1.60) respectively.

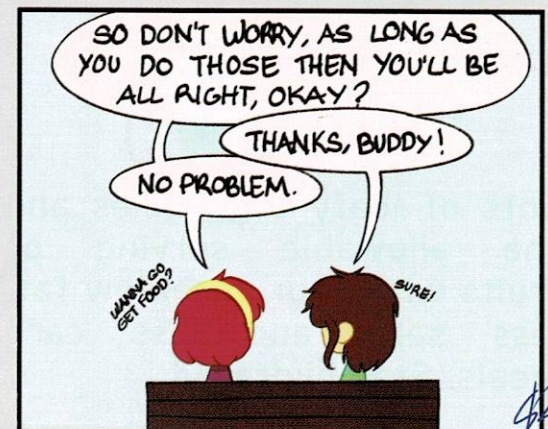
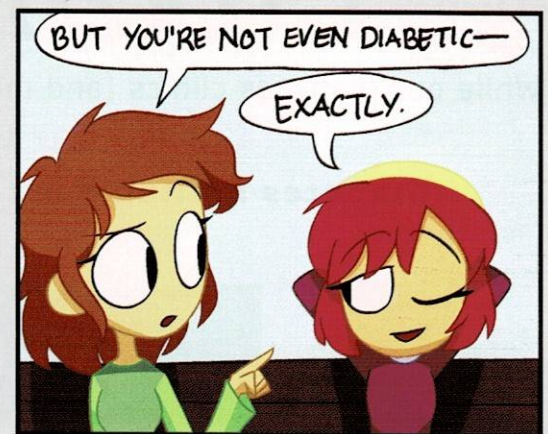
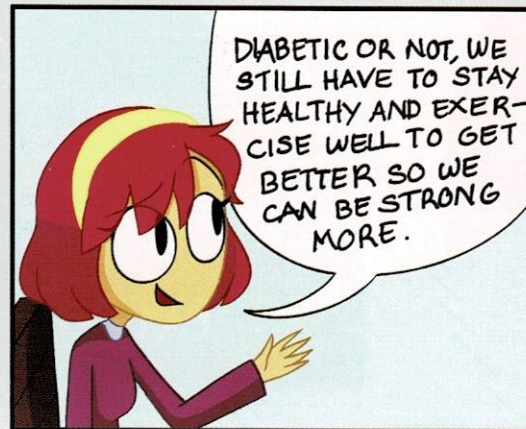
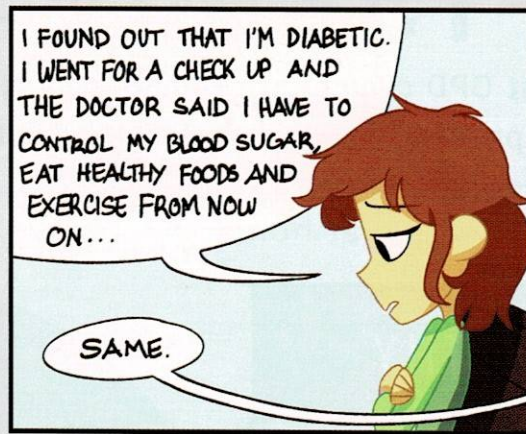
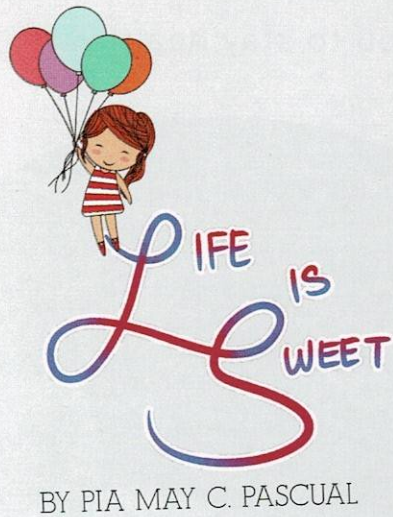
Based on the study, there is high rate of diabetes distress among the respondents. To stimulate adequate care strategies, health professionals should acknowledge that depression and diabetes specific emotional distress are different conditions in clinical consultation. It is important to provide a holistic assessment of diabetes care and management among people with diabetes, family members, and healthcare professionals. Psychosocial assessment is recommended to be part of clinic visits for people with diabetes mellitus.

Because of these preliminary findings, we would like to recommend a validation study of PAID-20 scale and DDS for use among Filipino patients with diabetes for a valid and reliable instrument to use as outcome measure for interventions in clinical care. The emotional and mental well-being of diabetics is equally important as their physical health.

(Left photo) Happy for Nathaniel Heneras who is representing IDF Young Leaders in Diabetes (YLD) program for 2019 until 2021. (Right photo) Thankful for Diabetes Philippines team for their support.



Together with fellow people living with diabetes across the globe who are advocates for diabetes.



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§ Compared to standard BD thin wall pen needles.

† 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(7B): 923-933. 2. Hirsch LL, et al. Impact of a Modified Needle Tip Geometry on Penetration Force as well as Accipability, Preference, and Perceived Pain in Subjects with Diabetes. J Diabetes Science & Technology 2012;6(2): 328-335.

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changing diabetes®

changing obesity™

COVID-19 PREVENTION

While our Diabetes clinics (and most OPD clinics) are temporarily closed, we ask you to **STAY AT HOME** to prevent you getting infected with COVID-19.

Diabetes Philippines recommends the following for you to stay healthy while at home:

EAT HEALTHY



Lots of leafy vegetables and the allowable serving of fruits with your usual low fat, less salty and less carb meals. Stay hydrated.

BLOOD SUGAR MONITORING

Check your blood sugars regularly.



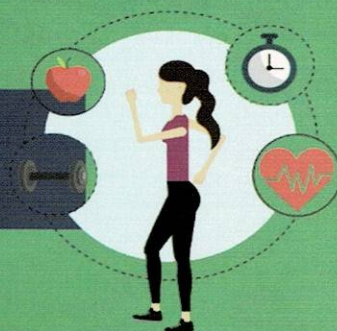
REMAIN AT HOME



STAY AT HOME because persons with diabetes are more vulnerable meaning they are sicker if they get COVID-19. Wash your hands and practice **SOCIAL DISTANCING**.

30 minutes (or more) daily of dancing or treadmill at home.

EXERCISE



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ON THE MOVE

- NUTRITION MONTH AND
DIABETES AWARENESS WEEK
#BRIGADAESKWELA
- 5TH DIABETES NUTRITION SUMMIT
- 1ST DIABETES PHILIPPINES WEBCAST
- 68TH DIABETES WORKSHOP AND
33RD DIABETES FORUM
- 2ND DIABETES PHILIPPINES WEBCAST
- 69TH DIABETES WORKSHOP AND
34TH DIABETES FORUM
- GIMIK DIABETES YEAR 13
- WORLD DIABETES DAY
- RADYO MO SA NUTRITION YEAR 10
- INTERNATIONAL DIABETES FEDERATION



Nutrition Month and
Diabetes Awareness Week
#BrigadaEskwela
Mandaluyong Elementary School
July 9, 2019



Nutrition Month and
Diabetes Awareness Week
#BrigadaEskwela
Renato R. Lopez
Elementary School
July 10, 2019

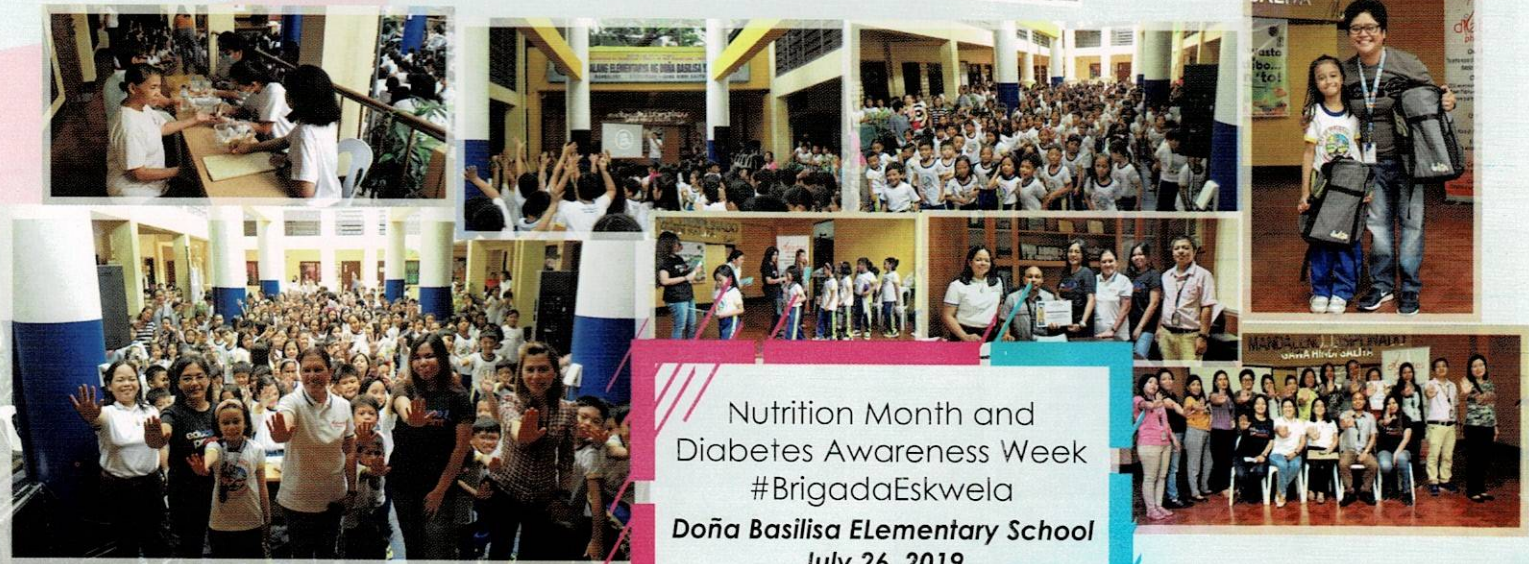


5th Diabetes Nutrition Summit

Novotel Manila, Araneta Center
July 13, 2019

1st Diabetes Philippines Webcast

July 23, 2019



Nutrition Month and Diabetes Awareness Week #BrigadaEskwela Doña Basilisa Elementary School July 26, 2019



Diabetes Awareness Week
Activity Center Festival Mall
July 28, 2019

Nutrition Month and Diabetes Awareness Week

Mandaluyong City Hall
Engineering Department
July 29, 2019



Nutrition Month and
Diabetes Awareness Week
Brgy. Namayan, Mandaluyong City
& Hulo Church of Christ
July 28, 2019



68th Diabetes Workshop & 33rd Diabetes Forum

Garden Orchid Hotel,
Zamboanga City
September 5-6, 2019



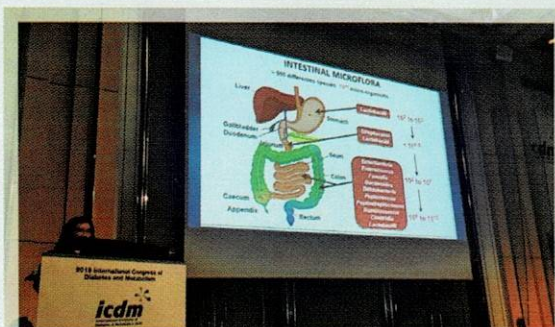
2nd Diabetes Phillippines Webcast September 25, 2019



69th Diabetes Workshop & 34th Diabetes Forum

Vigan Convention Center
October 10-11, 2019





Dr. Faye Kristin de los Santos represented DP at the Young Diabetologist Short Talk Session. **Topic: The Gut and Diabetes**



Participated the 2019 International Congress of Diabetes and Metabolism

Grand Hilton Hotel, Seoul, Korea
October 10-12, 2019



Gimik Diabetes Year 13

Century Park Hotel
November 14, 2019



Diabetes Your Type
- Sanofi

Seda Hotel, BGC, Taguig City
November 14, 2019



World Diabetes Day - North Central Luzon

**Baliuag Bulacan
November 17, 2019**



Radyo Mo Nutrisyon Year 10

**DXZL Radyo
November 27, 2019**



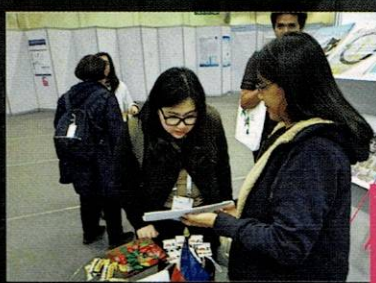
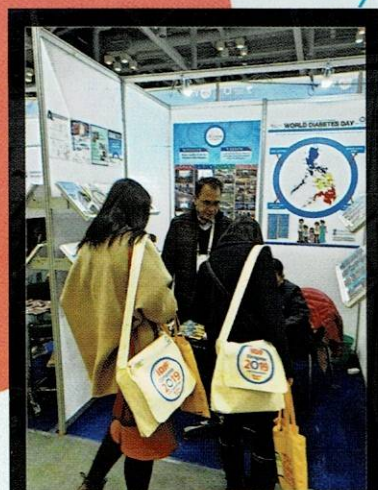
Brigada Eskwela '19 Stakeholders Convergence and Best Implementing Schools Awarding Ceremony

**The Legend Villas,
Mandaluyong City
December 4, 2019**





IDF-WPR
Council Meeting 2019
BEXCO, Busan, Korea
December 1, 2019



IDF
Global Village
BEXCO, Busan, Korea
December 3-5, 2019



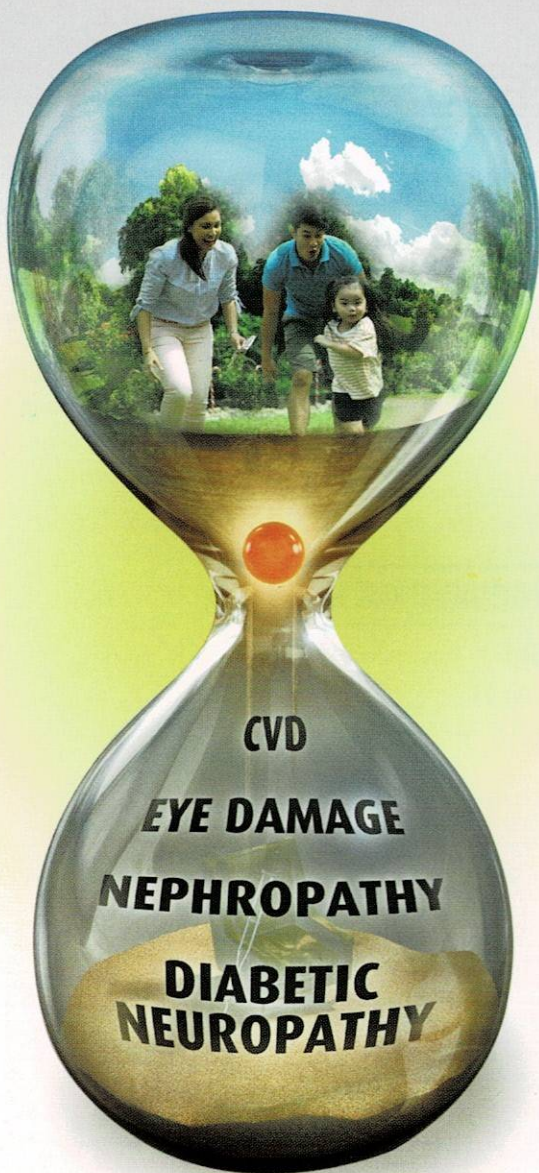
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References: 1. Jia Y et al. *Obes Rev*. 2018. doi: 10.1111/obr.12753; 2. Sawada F, Inoguchi T, Tsubouchi H et al. *Metabolism* 2008;57(8):1038-45. 3. AlSifri et al. *Int J Clin Pract* 2011. 65:1132-1140. 4. Wong et al. *Diabetes Care*. 2016;39(5):694-700. 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* 380:807-814, 2012

COMPOSITION: Diamicon MR 60 mg, modified release tablet containing 60 mg of glidazide, 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 glidazide 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; 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:** 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:** Diamicon 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 Diamicon MR 60 mg in blister. **STORAGE:** Store at temperatures not exceeding 30 °C.

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