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January 2020 to December 2021
Year MMXX & MMXXI

COVID & DIABETES

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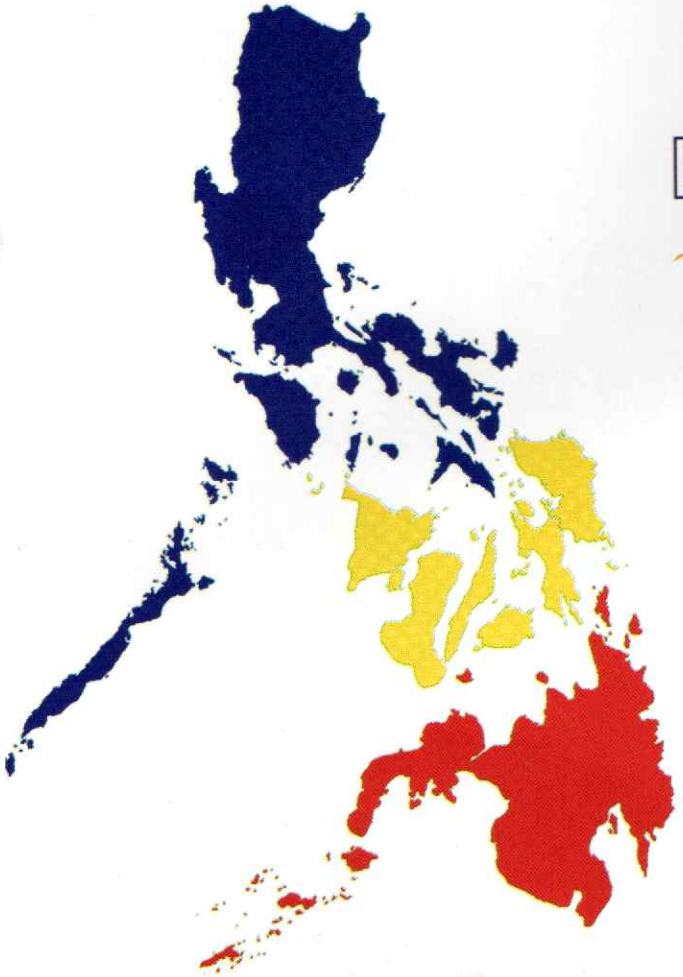

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SPECIAL FEATURES

CONTENTS

YOUR PRESIDENTS SPEAK

This pandemic transformed a lot of the way we normally do things. But we, at Diabetes Philippines believe that no virus or pandemic can stop us in our thirst for learning and so, the realization of this very first virtual convention. I hope that like me, we will all embrace this new change in our lives and win not only against coronavirus, but also against another pandemic, Diabetes Mellitus. Together let us all learn new things and fight Diabetes together.

Again, have a fruitful journey in learning with us in this annual event of Diabetes Philippines. Thank you.

GRACE K. DE LOS SANTOS, MD
2020 President
Diabetes Philippines, Inc.

Care Prevent Education

As prime mover of diabetes prevention and management, we want to work with our partners to engage and shape Diabetes Philippines' future, not merely stumble upon it as it emerges. To shape Diabetes Philippines' future, we must imagine it in advance and understand how the future might emerge.

Planning takes place in the present as well as it engages the future. That is why we are here gathered in this virtual platform because nothing can hinder us in gathering, planning, and working creatively together for the future of diabetes in the Philippines.

FRANCIS I. PASAPORTE, MD
2021 President
Diabetes Philippines, Inc.

DIABETES PHILIPPINES INC.

An affiliate of the Philippine Medical Association (PMA)
An Affiliate Society of the Philippine College of Physicians (PCP)
A member of the International Diabetes Federation (IDF)

OUR MISSION

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.

OUR VALUES

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.

OUR VALUES

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 eveyone's well being, we make work pleasant for members and staff.

OUR VALUES

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.

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

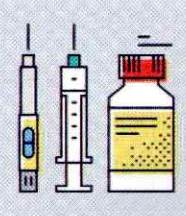
Lots of leafy vegetables and the allowable serving of fruits with your usual low fat, less salty and less carb meals. Stay hydrated.

EXERCISE

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

BLOOD SUGAR MONITORING

Check your blood sugars regularly.



TAKE YOUR PRESCRIBED MEDICINES

Inject your Insulins

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.**

A PUBLIC MESSAGE FROM DIABETES PHILIPPINES, INC.

DOH COVID-19 HOTLINE
(02) 894-26843

Email us:
dwatch2013@gmail.com

FROM THE EDITOR'S DESK

MARSHA C. TOLENTINO, MD
Editor-in-Chief, Diabetes Watch
Vice President, Diabetes Philippines, Inc.

Greetings!

Two years have passed since COVID-19 struck and changed the world. Restrictions have prevented the physical get-togethers for educational meetings. In our commitment to enhance our members' scientific knowledge, Diabetes Philippines has adapted by bringing round table discussions, workshops and even our annual conventions to the virtual floor.

It has also been 2 years since our last Diabetes Watch publication. I am proud to present this special issue of our activities during the pandemic. We have kept busy in these most unpredictable of times.

We begin with a reflection on the uncertainty of what is to be, in *"Emmaus in Our Present Time"* and end with hope for the future in *"The Pandemic Effect"*.

Let's hope that the worst has come and gone. As we move toward a better normal, let us ponder and learn from 2020 and 2021.

Read on...

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FRANCHESCA ISABEL T. VILLANUEVA-YU

has Type 1 diabetes (T1D) since 2002. She is a practicing Speech Pathologist in Butuan City. She is an advocate for T1D's in the country as Act1ve Diabetes on social media.

BE IN CONTROL WITH THE NEW GLUCERNA!

STARTS WORKING FROM DAY 1

BE IN CONTROL IN 4 WEEKS

AS PART OF A TYPE 2 DIABETES MANAGEMENT PLAN WITH A BALANCED MEAL WITH PROPER DIET AND HEALTHY LIFESTYLE

VITAMIN A + SELENIUM + ZINC

DUAL FIBER BLEND

WITH 35 NUTRIENTS

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VITAMIN D + CALCIUM

4X MORE MYO-INOSITOL VS PREVIOUS FORMULATION

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EMMAUS IN OUR PRESENT TIME

April 26, 2020

DR. MARIE YVETTE R. AMANTE, MD

It's been months since the beginning of the Covid crisis and 7 weeks since the start of the community quarantine. All of us have our own Covid or quarantine story to tell. Many are exhausted. Some of us have been sick ourselves or have colleagues or relatives who fell ill or died. Some of us are bored, absolutely can't wait to go back to the usual grind. Some are tired, desperate, or paralyzed with fear. Many are worried about money and job stability. Some are relishing this forced quiet time. All of us are uncertain of tomorrow. Even the best scientists are stumped.

The Sunday Gospel today (**Luke 24: 13- 35**) is the famous story told of the disciples of Emmaus. It tells of two followers of Christ who, sad and disheartened on the first Easter Sunday, were fleeing from Jerusalem. It was the most sorrowful day of their lives. Their dreams of a Savior who would free them from the Romans, preconceived plans and other worldly hopes have been shattered violently. Their worthy friend and teacher was put to death like a criminal. Some said the tomb is now empty, but they cannot truly believe and understand what that meant. They just wanted to run away, to erase a painful memory.

It has been said that

"Emmaus is whatever we do or wherever we go to make ourselves forget."

Sensing their dejection, our Lord explained on the basis of the Scriptures that the Messiah had to suffer and die to achieve glory. Then, He entered a house with them, blessed the bread and broke it, and only then did they recognize him. But He soon vanished from their sight, leaving them full of wonder before the broken bread, but their hearts were on fire.

We are the disciples on our way to our own Emmaus. Downcast and confused, how we wish we can escape form this nightmare. This is our story. We cry,

"Where is our God in the midst of our suffering?"

It is extremely difficult to see outside of our suffering when we are so immersed in it.

Rev. John Henry Hanson wrote: Maybe the reason why we feel locked into our pain is that God wants us to stay there for a while and find Him in it. Our Lord does not expect us to feel so much the pain, but to meet Him in the pain—and to discover the hope held out to us in it. It is precisely there, into that dark place, that our Lord inserts Himself.

Our Lord indeed meets us where we are.

There are three beautiful points from this Gospel which seem relevant to us today:

1. Our Lord likes to listen to us.

Even if He knew what was in their hearts, He still asked the two disciples to pour it out to Him. He wanted to hear their disappointments, their complaints, their questions, their anger.

In this crisis we are in, we have been stripped of our familiar comforts and our fabricated normalcy. All of a sudden, we are alone, the noise of the world is suddenly quiet. All of a sudden we are not in a hurry. All of a sudden we, as in Jesus and I, can have a real conversation.

Like the two disciples, may our prayer time be long and unceasing, fearlessly honest, and sincere. God is giving us this chance to know Him better as well. Let us take advantage of this time to know our God by listening to Him in the new silence we enjoy, in the books we can finally read. Deeper in faith, deeper in love, we will be bolder in our personal mission.

2. That a Walk and a Meal with Jesus, can transform us.

Jesus just walked and talked with the two disciples for a few hours or minutes perhaps, but look at how He transformed them. He is indeed the best teacher.

First He listens.

Then he teaches by way of scripture, patiently pointing out in scripture *"beginning with Moses and all the prophets, what was said about Himself."*

Then they had a meal. It was only in the breaking of the bread that He was revealed, probably implying that after the resurrection, we will no longer see him in His usual human appearance, but instead, He will be completely present in the Eucharist.

This is the order of the Holy Mass. We are continuously transformed in our walks and meals with our Lord.

May our prayer be:

Not to deliver us from illness or death or suffering... but to be completely transformed after this period of trial. We pray that we do not waste this chance our God is giving us.

Let our prayer **NOT** be:

Give us back our normal.

But instead, let our recurring prayer be: **transform us Lord.**

We pray to be healed not just from Covid-19, but from all our sins. We ask for the gift of clear vision, to see Jesus in the darkest of situations. We ask for clarity of vision not to see the future or discover answers to difficult questions, but clear eyes **to see our sins as they are.**

And after this period of transformation, we hope to have hearts of fire just like the two disciples. . Through the Holy Spirit, **We transform from heartbroken to heart burning**. Our hearts will be blazing uncontrollably, that we cannot wait to share Jesus with others. That we may never return to our so called normal, our old self, after all this is done.

3. Our Lord will not impose Himself on us, He will enter our house only if we invite Him.

"As they approached the village to which they were going, Jesus continued on as if he were going farther. But they urged him strongly, " Stay with us, for it is nearly evening; the day is almost over. So He went in to stay with them."

May our hearts, our homes and our families be open to our Lord who is always expecting to be invited to come in.

Finally, let us pray this prayer of St. Pope John Paul in his last encyclical Mane Nobiscum Domine (2004) inspired by this bible passage.

Mane Nobiscum Domine
Stay with us Lord, For it is dark.

Stay with us Lord
Divine wayfarer, expert in our ways,
and reader of our hearts,
Do not leave us prisoners to the evening shadows
Sustain us in our weariness,
Forgive our sins
And direct our steps on the path of goodness.
Bless the children
The young people
The elderly
The families
The sick.
Bless the priests and consecrated persons.
Bless all humanity.
In the Eucharist, you made yourself the medicine of immortality.
Give us the taste for a full life
That will help us journey on
As trusting and joyful pilgrims on this earth
With our gaze fixed on You.
Stay with us Lord,
Stay with us,
Amen.

#TARANASTOPDIABETES

38TH DIABETES PHILIPPINES ANNUAL CONVENTION

NOVEMBER 10-12, 2021

CELEBRATING A CENTURY OF INNOVATIONS: INSULIN GOING BEYOND

Highlights of the 38th Diabetes Philippines Annual Convention

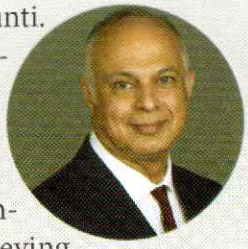
BY CYNTHIA B. SANCHEZ, MD

The 38th Diabetes Philippines Annual Convention was held last November 10-12, 2021 with the theme *"Celebrating a Century of Innovations: Going Beyond Insulin"*. The convention was highlighted by the Centennial Celebration of the Discovery of Insulin. Though held virtually for the second year because of the pandemic, it was well attended with more than 5,000 registered attendees. The convention committee, chaired by Dr. Marsha Tolentino together with Dr. Maria Marci Cruz and Dr. Nines Bautista, prepared a comprehensive scientific program. Lectures on carefully selected diabetes related topics and issues were delivered by prestigious speakers locally and internationally. I will try to give a synopsis of the convention lectures.

PLENARY SESSIONS & ENDOWED LECTURES

The first plenary session, Diabetes Philippines' 100th Insulin Lecture was delivered by Professor Irl Hirsch. Dr. Hirsch gave an extensive and inspiring lecture on insulin discovery titled: "100 Year Evolution of Insulin Therapy: What Can We Expect Moving Forward". He walked us through the history of diabetes treatment, highlighting the challenges and controversies of the era before the Diabetes Control and Complications Trial (DCCT). According to Dr. Hirsch the important changes helping patients with diabetes live longer are better blood glucose monitoring, the renin-angiotensin system inhibitors and statins, and the SGLT2 inhibitors and GLP1 receptor agonists; the last he considered as game changing. He referred to continuous glucose monitoring as the biggest innovation of modern-day discoveries. Dr. Hirsch ended with a discussion on the future of insulin therapy, such as the smart insulins and encapsulated islets.

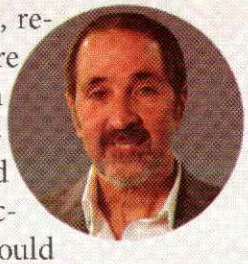
The 15th Dr. Augusto D. Litonjua Endowed Lecture was delivered by Professor Kamlesh Kunti. In his talk titled "Brilliance in the Basics: Glycemic Control in T2D" he showed evidence on the importance of achieving early glycemic control and the legacy benefits of multiple risk factors. According to Prof. Kunti, there are three effectiveness gaps in the real-world setting: therapeutic inertia, hypoglycemia, and medication adherence. He considered these as complex issues that required a multifaceted approach. He underscored the importance of patient education particularly in the prevention of hypoglycemia. According to Prof. Kunti, individualization of therapies and interventions is the key.



Prof. Alicia Jenkins, the second plenary speaker, lectured about diabetes disaster preparedness. In her talk titled "IDF – WPR Disaster Preparedness Initiatives: An Update" she taught us the principle of "THINKING NOT IF BUT WHEN" - to have the readiness with the belief that such crisis will happen at any point in the future. She gave tips on how to formulate our own diabetes protocols to incorporate in the existing Philippines General Disaster Guidelines.

The 15th Dr. Ricardo E. Fernando Endowed Lectureship was delivered by the esteemed Dr. Ralph De Fronzo. With the title "The Evolution of Type 2 Diabetes Treatment", Dr. De Fronzo extensively discussed the different innovations in the treatment of Type 2 diabetes over the last century. He focused on the importance of beta cell preservation and the prevention of cardiovascular and renal complications. The De Fronzo Algorithm recommends therapy of type 2 diabetes with the initial combination of an SGLT2 inhibitor, a GLP1 receptor agonist, and Pioglitazone as add on to Metformin – referred to by Dr De Fronzo as the Big Four cardio renal metabolic drugs that can address the ominous octet.

The third plenary lecture titled "Addressing the Unmet Psychological Needs of People with Diabetes" was delivered by Dr. William Polonsky. According to Dr. Polonsky, DIABETES



DISTRESS, linked to poor self-care and glycemic control, remains to be the more common problem that needs to be addressed. He proposed that health care practitioners (HCP) should have more empathy and try their best to listen and appreciate patients' perspectives. He showed evidence that health care practitioners' empathy improved mortality outcomes by as much as 40-50%. According to Dr. Polonsky instead of shaming or blaming, HCP should focus more on sharing the good news: the evidence that good care and effort translate to a longer and healthy life for patients with diabetes.

The 4th plenary lecture titled "Sex and Intimacy Issues in Patients with Diabetes" was delivered by Dr. Fides Pacheco, a Filipino doctor based in the US. She tackled with ease the awkward issues on sex and diabetes which are often neglected in diabetes care. She introduced the PLISSIT model that can be used in the clinic to bring potentially sensitive topic into the healthcare conversation. Dr. Pacheco gave an interesting discussion on the more frequently reported male and female sexual dysfunctions, contributing factors to such dysfunctions, assessment and treatment including the use of assistive devices and addressing psychological issues. She also proposed 10 Sex Tips for men and women for a healthier sex life.

BREAKOUT SESSIONS

The breakout sessions were equally interesting and informative.

Dr. Ronnie Manaysay in his lecture "Updates in the Management of Diabetic Retinopathy" gave a scholarly review of the different current modalities in the treatment of diabetic retinopathy from surgical intervention and photocoagulation to intravitreal injections of anti-vascular endothelial growth factors (VEGF) and steroids.

Dr. Maria Leonora Capellan on the "Latest in NAFLD" demonstrated that NAFLD affects all stages of life from preconception to late adulthood. She presented evidence on the advantages of Pioglitazone, GLP1 receptor agonists and SGLT2 inhibitors for patients with diabetes and NAFLD as shown in their promising effects on hepatic steatosis, SGPT reduction and improvement in liver histology.

Dr. Gilbert Vilela gave an extensive and comprehensive lecture on the "Treatment Guidelines on Heart Failure with preserved Ejection Fraction (HFpEF): What's New". According to Dr. Vilela, diabetes is Stage A Heart Failure and that the best approach to heart failure is not to have it. He emphasized the importance of preventing heart failure from developing in high-risk patients, such as those with diabetes, hypertension, and obesity, by addressing these risk factors properly right at the onset. He mentioned EMPEROR-Preserved as the first trial to show positive outcomes in HFpEF. Prior to this there were no treatments indicated to reduce the risk for hospitalization for heart failure or CV death in HFpEF.

Dr. Froilan de Leon in his lecture titled "Addressing Cardio Renal Metabolic Co-Morbidities in T2DM Patients" highlighted the First KDGO 2020 Clinical Practice Guidelines on Diabetes Management in chronic kidney disease (CKD). The guidelines recommend comprehensive care in patients with diabetes and CKD, including glycemic monitoring, maintaining glycemic targets, lifestyle intervention and approaches to management. Metformin, SGLT2 inhibitors and GLP1 receptor agonists are the recommended first line antihyperglycemic therapies.

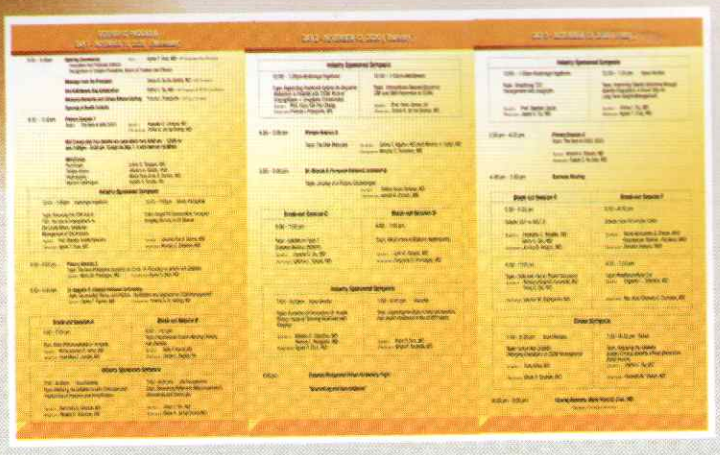
Dr. Marie Yvette Amante in "Telediabetes: A Bust or a Boon" cited the advantages of telemedicine: 1) in saving time and money; 2) affording protection against infection; and 3) being effective in the management of diabetes. According to Dr. Amante, telemedicine is here to stay. It's definitely not a bust but a boon.

Ms. Jennina Duatin a registered nutritionist talked about the components and advantages of "Telenutrition". She also gave practical tips on the essential healthy food items that we should stock in the refrigerator and pantry, mainly whole grains, vegetables, fruits, dairies, and plant-based proteins.

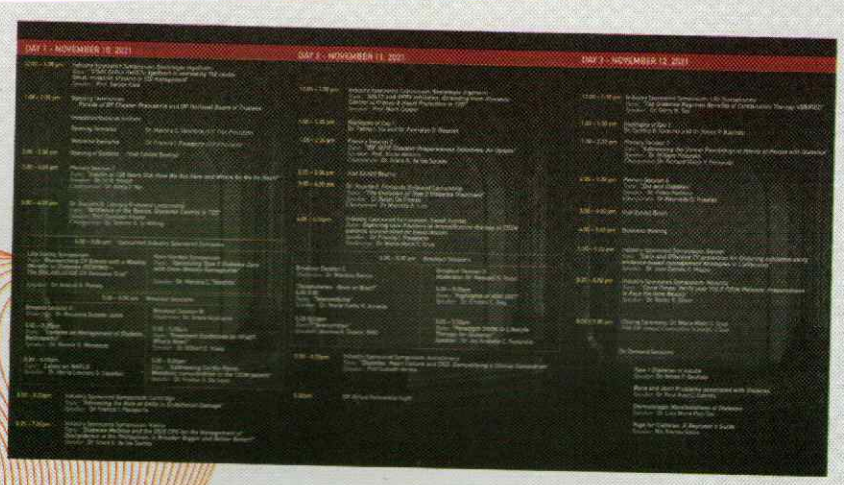
Pictures

> DPAC Speakers Pictures

Dr. Ernesto Ang walked us through the "Highlights of ADA 2021". He gave enlightening discussions on Covid 19 and Diabetes, the Top Pharma Clinical Studies on Incretins, SGLT2 inhibitors and the new insulins, as well as the Efficacy of Combination Therapy in T2DM.



Dr. Joy Arabelle Fontanilla in "Paradigm Shifts in Lifestyle" talked about the different diets as well as the pros and cons of intermittent fasting. Dr. Fontanilla, on nutrient sequencing, advised eating vegetables first followed by the main dish and carbohydrates last. According to Dr. Fontanilla eating carbohydrates last has been shown to be associated with the lowest post-prandial glucose, increased GLP1 and a lower insulin demand.



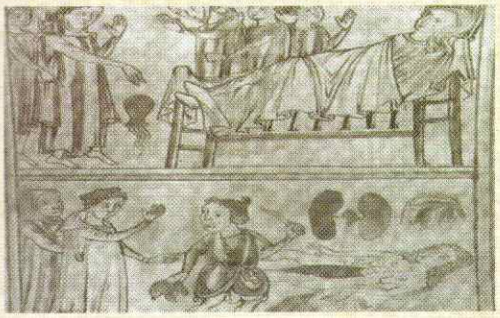
In total, there were 4 plenary lectures, 4 back-to-back breakout sessions, and the traditional 15th Augusto D. Litonjua and Ricardo E. Fernando endowed lectures. There were 11 industry sponsored symposia and 4 on demand sessions on diabetes related topics and issues. The 3-day convention was a great and fruitful learning experience for everyone.

DIABETES PHILIPPINES CELEBRATES THE DISCOVERY OF INSULIN

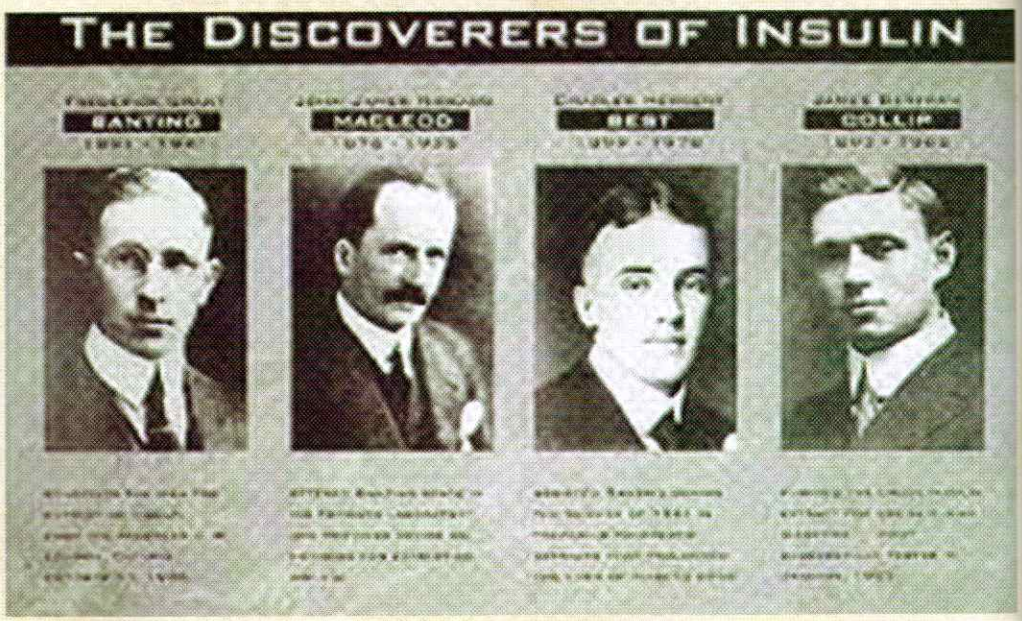
BY CYNTHIA B. SANCHEZ, MD

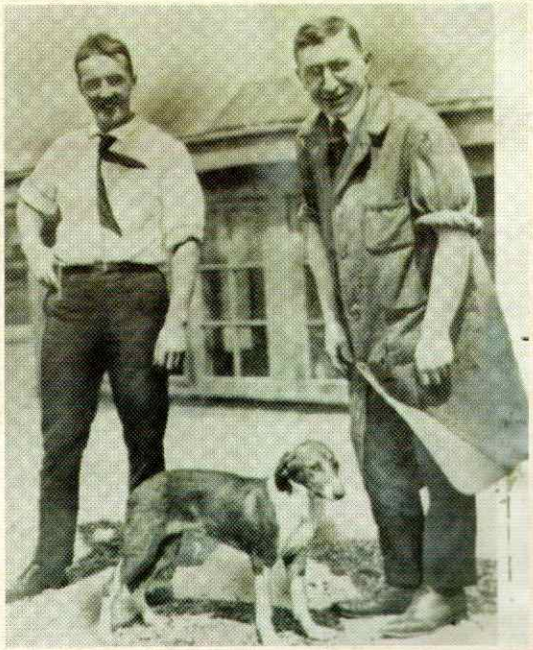
2021 marks the centennial of the discovery of the life-saving drug, insulin. Insulin is an essential in the armamentarium in the treatment of diabetes. It is often forgotten that up until a century ago, the diagnosis of diabetes carried with it a death sentence.

Diabetes was recognized as early as the 16th century BC when Egyptian physicians noted that ants were attracted to the urine of certain patients. Since there was no treatment available, patients died within weeks to months of its onset. With starvation as the only means of treatment known to mankind, patients either died from malnutrition, from diabetic ketoacidosis or extreme hyperglycemia.



1921 was a turning point in the management of this deadly disease when Canadian surgeon Dr. Frederick Banting and Charles Best, a medical student, discovered insulin from the pancreas of dogs. Recognizing its therapeutic potential, Banting and Best partnered with John Macleod and James Collip. John Macleod was a physiologist who worked in the research laboratory in University of Toronto. James Collip was a biochemist who was responsible for purifying the extract insulin. Banting, Best, Macleod and Collip are considered the 4 key players in the discovery of insulin. For this monumental work, Banting and Macleod earned a Nobel Prize in Physiology or Medicine in 1923.





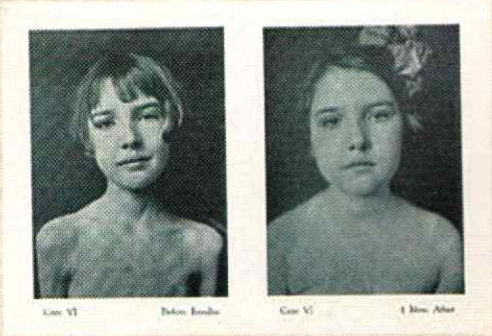
Fourteen-year-old Leonard Thompson, a patient with Type 1 diabetes, was the first recipient of insulin. He developed an allergic reaction to the first dose, likely due to impurities. Due to the work of James Collip, the extraction of insulin was improved, and a second dose was successfully administered. Thompson lived for another 13 years, a far cry from the expected life expectancy of only a few months.

LEONARD THOMPSON
First patient to receive insulin in Toronto.

Due to the proven efficacy of insulin in treating this once fatal disease, Banting, Best and Collip were awarded the American patents for insulin. In a magnanimous gesture, almost unheard of today, the patent was sold to the University of Toronto for a token amount of $1 each. In the words of Banting,

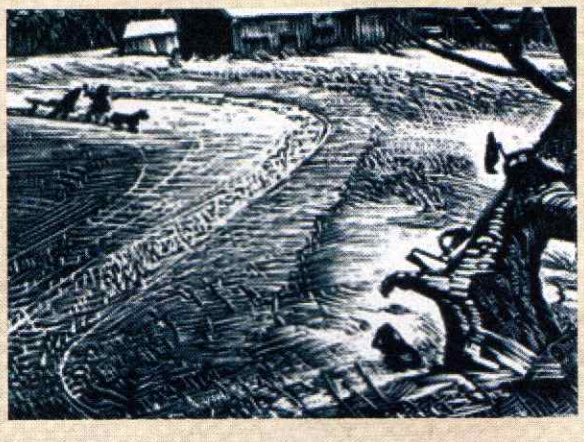
"Insulin does not belong to me, it belongs to the world."

Insulin was then mass produced, making it available for all those who needed it.



Insulin was deemed a miracle cure... a wonder drug as dying children played and laughed again. Parents wept out of joy and no longer feared for their children. It was then possible for patients to live long and productive lives. James Dexter Havens, the first recipient of insulin in America, became an acclaimed graphic artist.

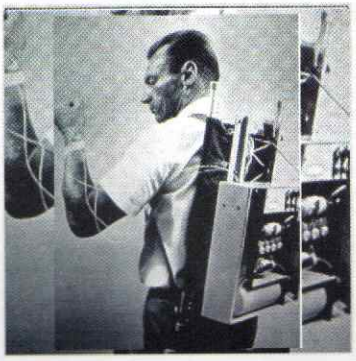
His works are displayed in major museums across the United States, such as the Library of Congress and the Metropolitan Museum. He passed away at the age of 60.

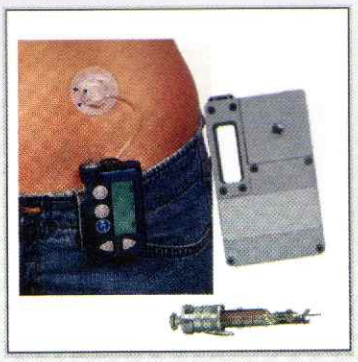


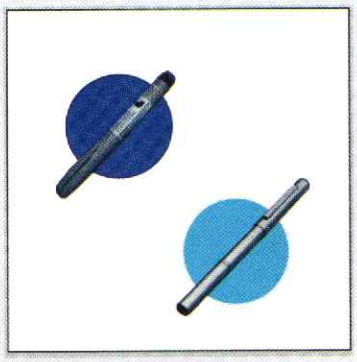
For many decades, insulin was manufactured from the pancreas of pigs and cattle. Thousands of animals had to be sacrificed to produce just one pound of insulin. Aside from this burden, the insulins produced still had impurities. The early insulins had a short duration of action so patients had to inject multiple times in a day. Allergic reactions to the components of the medication were also a significant concern.

Research to overcome these problems continued to be conducted. 1982 was another breakthrough year in the development of insulin, with the discovery of the first recombinant DNA human insulin – found to be significantly better than animal insulins with better absorption and fewer allergies.

Through the advances in science and technology, recombinant human insulin was enhanced with the creation of both long and short acting insulin. This enabled physicians to replicate the physiologic effects of insulin, promoting better patient care. Current therapies in diabetes treatment now include modern insulin analogs and the new generation insulins administered with high accuracy and predictability of action. Even the insulin delivery system has markedly improved. From the crude tools initially used, there are now highly sophisticated yet simple, user friendly, intelligent pens and smart pumps. Continuous glucose monitoring is also possible, giving patients with diabetes a more accurate sense of their glucose control. Such developments have indeed improved and made the lives of patients with diabetes better.







100 YEARS OF INSULIN

diabetes philippines

In the future we look forward to more innovations on insulin therapy as the battle to fight diabetes continues. Together, let us remember this milestone as we celebrate the Centennial Anniversary of the Discovery of Insulin.

To mark the Centennial Anniversary of the Discovery of Insulin, Diabetes Philippines launched an ambitious endeavor... to hold 100 insulin lectures in 2021. This was achieved with the combined efforts of the local chapters. The topics were diverse and included insulin analogs, insulin in the elderly, and insulin in the critically ill. The culminating lecture was given by Dr. Irl Hirsch, an esteemed clinician and researcher, who was part of the landmark Diabetes Control and Complications Trial.

"Insulin at 100 Years Old: How We Got Here and Where Do We Go Next?"

Dr. Irl Hirsch

Pictures

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ANNUAL CONVENTION & SCIENTIFIC SESSIONS

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WEBINAR TOPICS

2020

- "Different Telemedicine Apps Fit to Your Practice and Patients' Needs"
- "The Old Reliables in Diabetes Management"
- "Rethinking Initial Injectable Therapy"
- "Diabetes During the Pandemic"
- "Cardio Renal Metabolic Continuum in Type 2 DM"
- "Telemedicine ToTelenutrition: How Person with Diabetes Benefits In Time of Pandemic"
- "Optimizing Glycemic Control in the Effective Management of T2DM and CKD"
- "GLP-1 RA in T2DM management: The Design that Matters"
- "Updates in the Management of Hypertensives with Comorbidities"
- "How Recent Evide nce Influenced Clinical Guidelines in Type 2 Diabetes"
- "How to Read Food Labels Without Being Tricked"
- "Broadening our Therapeutic Horizons in the Management of Ischemic Heart Disease with Diabetes: Is there a room for improvement?"
- "Recipes for Success in the Management of Hypertension"
- "Revisiting the Benefits of Pioglitazone to patients with Diabetes"
- "Heart Rate, Diabetes and Heart Failure"
- "New Era of Diabetes Management"
- "First-line Therapy in Hypertension"
- "Simplifying Intensification Therapy"
- "How to Read Food Labels Without Being Tricked"
- "Simplifying Insulin Complexity from the Start"
- "A Novel Way for Long Term Weight Loss Management"
- "Ryzodeg – Real World Evidence from India"
- "A Novel Way for Long Term Weight Management"
- "Get Smart In Carbohydrate Counting"
- "Challenges and Pitfalls in DM and CKD"
- "CVOT in Context: Cardiovascular Risk Evaluation and Mitigation in Diabetes"
- "Simplifying Insulin Complexity from the Start"
- "Calorie Counting That Works For You"
- "Role of Incretin in Glycemic Homeostasis"
- "Powerful Combination of Metformin and Glibenclamide in treating Type 2 Diabates"
- "The Importance of HbA1c Testing in Diabetes Care"
- "EMPEROR HFREF Study Sub-analysis"

2021

- "Investigating Cardio Renal Metabolic Systems in Type 2 Diabetes and the Changing Landscape in Heart Failure Management"
- "Improving Healthcare Outcome Through Digital Patient Support Program"
- "Relevance of Time-Tested and Evidence-Based Drug in the Modern Management of T2DM"
- "THE STRUGGLE TO KEEP OUR T2DM IN CONTROL: Using the Right Combination Therapy is KEY"
- "Address 2 Needs with 1 Deed: Metabolic and CV Benefits of GLP-1 RA"
- "Unlocking the CRM link in T2D: How Do We Address All Three Outcomes With One Solution?"
- "100 years and counting: considerations in insulin therapy in the new decade"
- "Moving Fast Across Endothelial Damage in the Pandemic Era"
- "The One For You - Semaglutide (Ozempic®)"
- "Latest Updates in the Prevention and Treatment of T2DM"
- "Change the Course in T2D: Accelerate Achievement of Glycemic Goals and Improve Patient Outcomes"
- "Approaching novel therapies in T2DM with the right timing"
- "A Match Made to Last: The Merits of a DPP4i + SGLT2i Combination in T2D Care"
- "Medical Nutrition Therapy in Diabetes and Covid-19"
- "Time in Range International consensus"
- "T2DM and beyond: considerations in managing the elderly population"
- "How to Succeed in the Long Game of Type 2 Diabetes: Keeping the Management Simple"
- "Managing T2DM Patients with SGLT2 Inhibitors"
- "How Recent Evidence Influenced Clinical Guidelines in Type 2 Diabetes"
- "A Major Breakthrough In Improving Blood Circulation In Diabetes"
- "Diabetes Prevention Through Weight Management"
- "Triple Threat: Addressing the CV risk of Hypertension, Diabetes and CKD"
- "Nutrition Recommendations for Diabetes Prevention"
- "A Match Made to Last: The Merits of a DPP4i + SGLT2i Combination in T2D Care"

diabetes philippines

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.

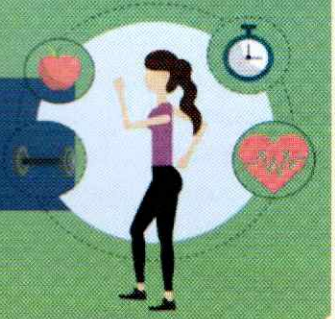
Diabetes Philippines recommends the following for you to stay healthy while at home:

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.

EXERCISE

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

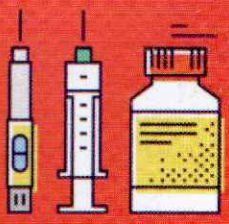


BLOOD SUGAR MONITORING

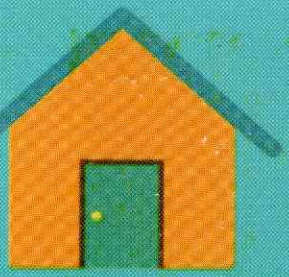
Check your blood sugars regularly.

TAKE YOUR PRESCIBED MEDICINE

Inject your Insulins.



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.**

A PUBLIC MESSAGE FROM DIABETES PHILIPPINES, INC.

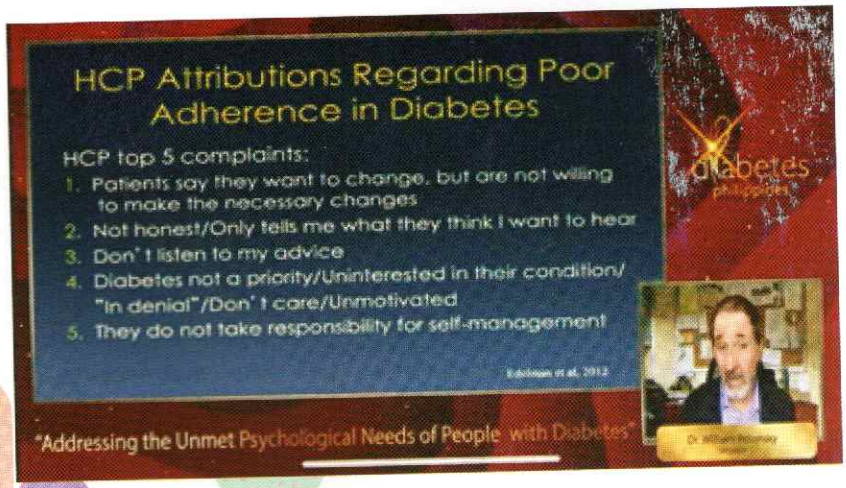
DOH COVID-19 HOTLINE
(02) 894-26843

ADDRESSING THE UNMET PSYCHOLOGICAL NEEDS OF PEOPLE WITH DIABETES

BY MARIA RAQUEL M. PASIMIO, MD

Dr. William Polonsky, Founder and President of the Behavioral Diabetes Institute in San Diego, California, enlightened the audience about the unmet psychological needs of patients with diabetes. He started by stating that majority of patients with diabetes are not in a safe place because they are not meeting their HbA1c, blood pressure and lipid targets. The poor cardiometabolic outcomes are due to multiple factors such as: 1) macroeconomic factors, like poverty; 2) limitations of currently available tools, such as ideal glucose monitoring devices; 3) physician behavior, specifically clinical inertia; and 4) patient behavior, when patients become disengaged in their self-care.

According to Dr. Polonsky, there is a tendency to blame or shame patients when they do not meet target goals. He shared the top five complaints health care providers identified when dealing with patients with diabetes.



To veer from this behavior, physicians must be more mindful about the impact the diagnosis of diabetes has on patients. First, we must remember that living with diabetes is tough, being a time-consuming job with no pay, no vacations, and no tangible benefits in the short-term. Second, living with diabetes is a balancing act that requires vigilance and an ability to deal with frustration. According to Dr. Polonsky, everyone is motivated to live a long and healthy life. The real problem is that obstacles to self-care outweigh the possible benefits. The underlying theme to most obstacles, he states, is a lack of "worthwhileness". What exactly does this mean?

Diabetes is an invisible and non-urgent disease, especially in the early stages. Some patients feel that it is not worth the effort to think about it until complications ensue. There is also a feeling of hopelessness such that some think, "What difference will it make? This disease will get me no matter what I do." Another factor in the lack of "worthwhileness" is discouragement. Many patients feel that they have done everything their healthcare providers have instructed and yet, it does not seem to be enough. They do not meet targets, they require more medications, and diabetes management gets harder over time.

Because of multiple factors, patients with diabetes get stressed and the term DIABETES DISTRESS has been coined. Diabetes distress is the burden of living with a tough and demanding disease. It is often chronic and linked to poor self-care and poor diabetes control. Studies have shown that diabetes distress occurs in 42% of Type 1 DM patients and 36% in Type 2 DM patients. A study conducted in Manila showed similar results with diabetes distress seen in 43% of patients.

This begs the question: How Do We Deal with Diabetes Distress? Dr. Polonsky identified 5 steps healthcare providers can do to help their patients.

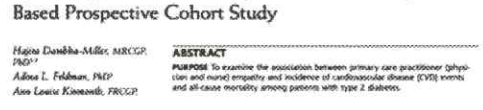
Step 1. Simply ask.

If we, as physicians, don't ask our patients, then we will never know that our patients are suffering from diabetes distress. An informal way to start the conversation is to ask: "What's the one thing about diabetes that's driving you crazy?" This question opens the door to learn something about our patients. Dr. Polonsky states that he holds up one finger when he asks this question to focus the patient on only one answer. This identifies a priority area as well as to prevent the patient from giving a laundry list of answers.

Formal questionnaires are also

available to assess the level of diabetes distress. The Problem Areas In Diabetes (PAID) Questionnaire is a well-validated questionnaire composed of twenty items. Total scores of 40 and above indicate severe diabetes distress. Individual items scored 3 or 4 indicate moderate to severe distress. The Diabetes Distress Scale is a newer questionnaire compared to the PAID questionnaire. The Diabetes Distress Scale is available for free on diabetesdistress.org. Two different assessment scales are available: one scale for Type 1 DM and another for Type 2 DM. Anything higher than a total score of 2.0 signifies at least moderate distress.

Step 2. Respond with Empathy. Dr. Polonsky cautioned against trying to fix the patient's feelings. Instead, he said, we should listen well and try to appreciate the perspective of the patient. Dr. Polonsky shared this study which emphasized the power of



Association Between Primary Care Practitioner Empathy and Risk of Cardiovascular Events and All-Cause Mortality Among Patients With Type 2 Diabetes: A Population-Based Prospective Cohort Study

Hajoo Dambha-Miller, MRCGP, PhD[1,2]
Aldina L. Feldman, PhD[1]
Ann Louise Kinmonth, FRCGP[1]

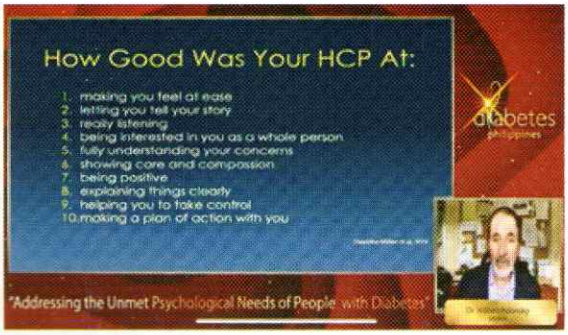
ABSTRACT

PURPOSE To examine the association between primary care practitioner (physician and nurse) empathy and incidence of cardiovascular disease (CVD) events and all-cause mortality among patients with type 2 diabetes.

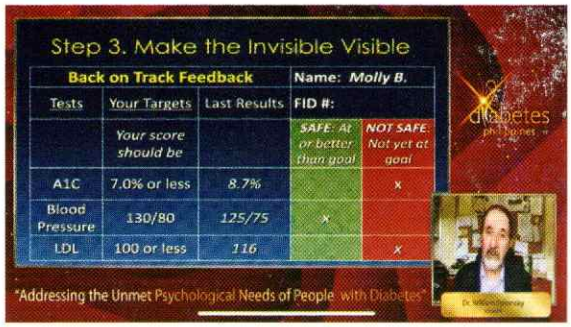
empathy.

This study involved a group of newly diagnosed Type 2 patients who were asked to rate their relationship with their health care providers. These patients were then followed for ten years.

The investigators looked at one outcome in particular – death. The result of this study was nothing short of amazing. The conclusion was this: "In this 10-year follow up of patients with newly diagnosed type 2 diabetes, those reporting better experiences of empathy in the first 12 months after diagnosis had a significantly lower risk (40-50%) of all-cause mortality over the subsequent 10 years compared to those who experienced low practitioner empathy." In short, taking a few moments for the health care provider to listen and have the patient feel that they are on the same side has a significant impact on overall health and patient outcome. The power of empathy cannot be underestimated and should not be overlooked.



Step 3. Make the Invisible Visible. Hypertension, diabetes, and dyslipidemia are conditions that don't cause pain and don't have any overt manifestations. It is very easy for patients to ignore these conditions for years. One way of making the invisible visible, is to create scorecards and have conversations about these with your patients. A scorecard is given to the patient and



the patient places a check mark in the green zone if they feel that they are in a safe place.

This method raises patient awareness and helps motivate patients to modify behavior. In addition, using the words "safe" and "not safe" allows the physician to be non-judgmental, enabling the patient to feel that the two of them are on the same side. Dr. Polonsky reiterated that blaming and shaming patients should be avoided. Not only are patients tired of being blamed, doing so is counterproductive.

Step 4. Share the Good News. Dr. Polonsky said that we should move away from the scary messages. Some patients feel that the diagnosis of diabetes carries with it a life fraught with complications so why should they bother trying to control their sugar levels. We must shift this mindset by emphasizing that a healthy and long life can be had if the diabetes is managed well. He stated that it is poorly controlled diabetes that is the cause of complications, such as blindness, amputation, and kidney failure.

An effective means of sharing the good news is giving examples to make it real and concrete for patients. A particular study Dr. Polonsky likes to share is the DCCT/EDIC Research. This study was conducted on Type 1 diabetic patients looking at complications after 30 years. The results showed that severe vision loss and amputation occurred in less than 5% of patients who had their glucose controlled with intensive therapy. Kidney failure or nephropathy was also decreased in this set of patients. Another study, conducted in Sweden in 2018, showed that the risk of heart attack in patients with well-controlled Type 2 diabetes and no risk factors was even less compared to patients without diabetes. It is possible, therefore, for patients with diabetes to live a long and healthy life. We must make sure that our patients hear this message to motivate them in their self-care.

> cont'd at page 24

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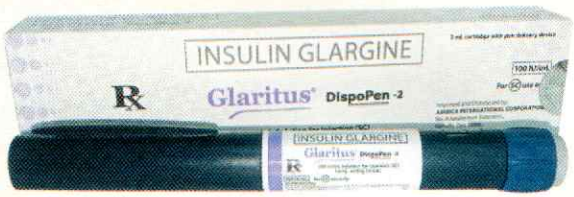
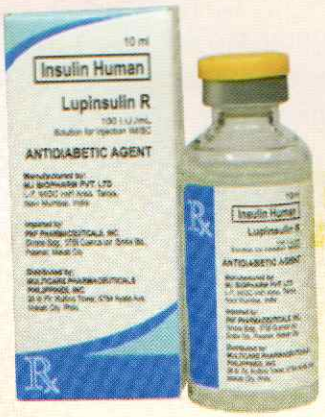


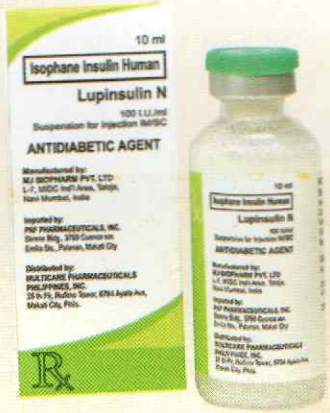
INSULIN GLARGINE
Glaritus® DispoPen -2

100 IU/mL Solution for Injection (SC)
Long - acting Insulin



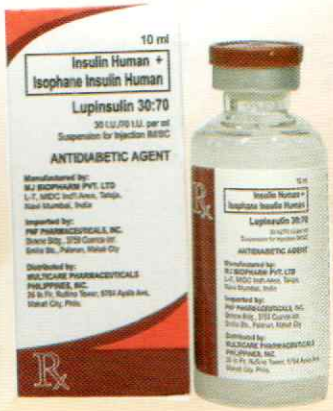
Insulin Human
Lupinsulin R

100 IU/mL
Solution for Injection (IM/SC)



Isophane Insulin Human
Lupinsulin N

100 IU/mL
Suspension for Injection (IM/SC)



Insulin Human + Isophane Insulin Human
Lupinsulin 30:70

30 IU/70 IU per mL
Suspension for Injection (IM/SC)

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MULTiCARE DIABETES CARE

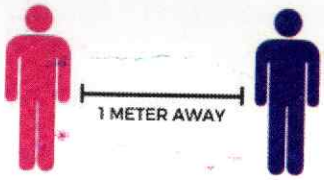
COVID - 19 PREVENTION SOCIAL DISTANCING

STAY AT HOME

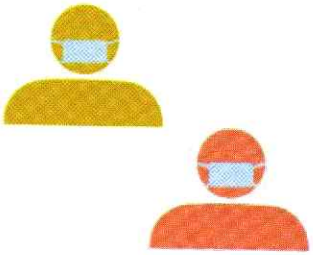
DO NOT go outside your house if not necessary. Contact people through mobile phones or social media.

AVOID PHYSICAL CONTACT

If meeting people personally, consider **at least 1 METER AWAY** from another person.



ALWAYS WEAR MASK



Always **wear mask** when talking to other people or when going out.

KEEP SAFE

Persons with diabetes are more vulnerable, meaning they can easily get infected with COVID-19.

A PUBLIC MESSAGE FROM

diabetes philippines

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(02)894-26843

Step 5. Address Discouragement.
As mentioned, living with diabetes can be frustrating. Physicians can help by making behavioral success easier. The plans for action must be doable, realistic, and specific. Focus on the behavior and not the outcome. For example, instead of pointing out to the patient that his/her HbA1c should reach 6.5% during the next visit, we can ask the patient to decrease his/her soda intake; walk for 30 minutes every other day, etc. Give specific examples of actions that can be modified, rather than focus on the desired outcome. Make this a collaborative agreement and commitment. You can end the clinic visit by asking: "So just to make sure we're on the same page, what's one diabetes-related action you're aiming to do over the next few months?" By asking the patient to say it out loud, it makes the plan concrete, and you also make sure that the patient heard what you said.

Another way to address discouragement is to re-frame the medication conversation. Patients think that more medications mean that they are sicker. To reverse this, we can emphasize that taking medications is one of the most powerful things patients can do to improve their health. There will be pros and cons, but we should state that the cons in taking medicines are not as big as patients think.

Dr. Polonsky ended his lecture by saying that tools are at our disposal to help our patients deal with diabetes distress. We, as physicians, should take time to listen to our patients and to give them evidence-based hope. We must learn to empathize and stop the cycle of blaming and shaming patients. Collaboration rather than condemnation, is key to ensuring that our patients lead long and healthy lives.

SEX AND INTIMACY ISSUES IN DIABETES MELLITUS

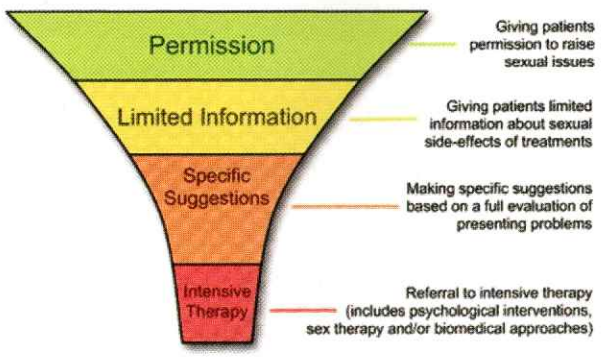
BY MARIA RAQUEL M. PASIMIO, MD

Sex and intimacy issues often make many physicians uncomfortable. Dr. Fides Pacheco, Chief of Clinical Operations of the Spinal Cord and Injury Center at the VA North Texas Health Care System, emphasized that sex and intimacy should be considered essential in assessing the activities of daily living of our patients. In her lecture, she mentioned that these issues should be standard in the evaluation of patients, like obtaining the vital signs and blood sugar levels.

Diabetes is an established risk factor for sexual dysfunction in both men and women, occurring in both Type 1 and Type 2 diabetic patients. Studies have shown that there is a threefold increased risk of erectile dysfunction in diabetic patients. The determinants of erectile dysfunction include glycemic control and cardiovascular risk factors. Women are likewise affected with 35% of female patients with Type 1 and more than 60% of females with Type 2 experiencing some form of sexual dysfunction.

To overcome the hesitancy in discussing sex and intimacy issues with our patients, Dr. Pacheco introduced the PLISSIT Model. It offers a concise method for bringing sex into the clinical conversation, narrowing the scope of the patient's concern, and offering treatment.

PLISSIT Model of Addressing Sexual Functioning (Annon, 1974)



According to Dr. Pacheco, one effective means of facilitating the discussion is to have brochures or educational materials regarding sexual dysfunction available in the office. This is a non-verbal way of letting the patients give ***permission*** to discuss intimate topics. ***Limiting the information*** given during a clinic visit will allow both physicians and patients to feel more comfortable during the discussion. Dr. Pacheco emphasized that physicians must be at ease in initiating these talks. Intimacy issues are very sensitive and patients will be aware of any discomfort from their doctor. Once a problem has been identified, she said that ***specific suggestions*** can be made to address the issue. If a patient has neuropathy, for example, it might help if the patient uses other senses

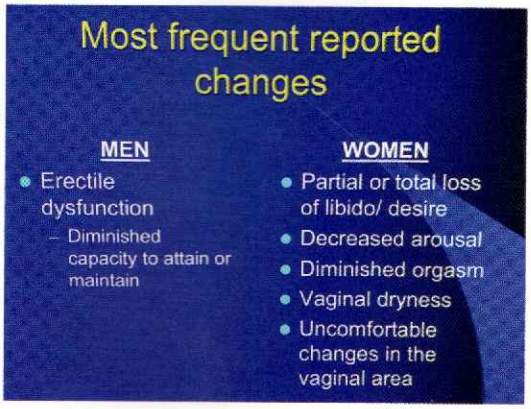
to overcome the problem. Watching a video together, using fragrant oils, and even eating certain foods might improve the situation. As illustrated in her diagram, only a small percentage of patients will truly need ***intensive therapy***. It is recommended that a multi-specialty approach be used in dealing with these particular patients.

The diagnosis of sexual dysfunction can be made if the following are met: 1) the problem is recurrent or persistent; 2) it causes distress or interpersonal difficulty; 3) must be present for at least 6 months; 4) not due to a different diagnosis, such as depression. As with any condition, a good history, physical exam, and laboratory evaluation must be completed. Particular points in taking the history should include medical disorders, previous surgical procedures, medication history, psychological history, and sexual history. Physical exam is essential in the assessment of patients. As the foot exam is routine in the examination of a patient with diabetes, the examination of the genital area should likewise be the same. In women, assess the area looking for skin lesions or skin atrophy. In men, examine the size and texture of the testes. Check if there are any penile abnormalities. Aside from the history and physical exam, two specific questionnaires can be used to aid in making the diagnosis of sexual dysfunction:

» Female Sexual Function Index (FSFI-19)
» International Index of Erectile Dysfunction (IIEF-5)

The questions are grouped into specific domains, including sexual desire, orgasm, and sexual satisfaction. For women, additional domains include lubrication and dyspareunia, whereas for men, erection is assessed. Sexual dysfunction in women is present if the score is less than or equal to 26.5. Erectile dysfunction is present if the score is less than 26.

The illustration below shows the most frequent reported changes.

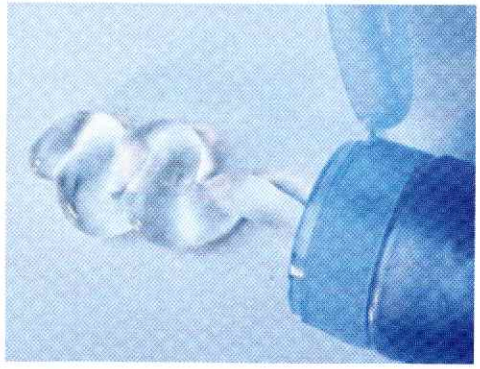


The causes and contributing factors of sexual dysfunction are many and include:

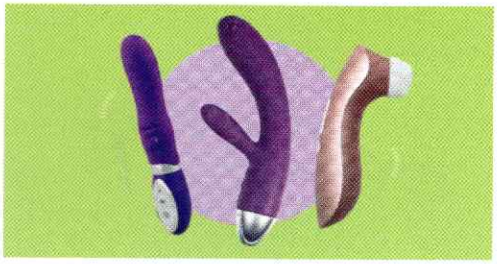
- Loss of or a decrease in sensation. This is particularly pertinent in the patients with diabetes since neuropathy is one of the more frequent complications.
- Medications, such as selective serotonin reuptake inhibitors (SSRI)
- Neuropathic pain.
- Bladder / bowel problems. These are frequently seen in patients with diabetes and can contribute to sexual dysfunction.
- Low hormone levels. There is evidence that men with diabetes may also be at increased risk of low testosterone levels.

The treatment of sexual dysfunction should be tailored and individualized. For all patients, modification of risk factors must be done. Weight control, a healthy diet, regular exercise, and smoking cessation are key. Keeping the HbA1c at target is also imperative. Studies have shown that sexual dysfunction occurs more frequently if the HbA1c is >6.5%.

For females, a significant cause of sexual dysfunction is psychological in nature. Addressing psychological issues will be key in caring for these patients. Treatment may include counseling and education. It is also not unusual for depression to be present. If a selective serotonin reuptake inhibitor is being used, lowering the dose of the medication, with the help of a mental health expert, may sometimes improve sexual function. Lubricants are helpful to help alleviate vaginal dryness and dyspareunia.



If orgasm and arousal difficulties are the problem, the use of clitoral stimulation devices/vibrators may be considered.

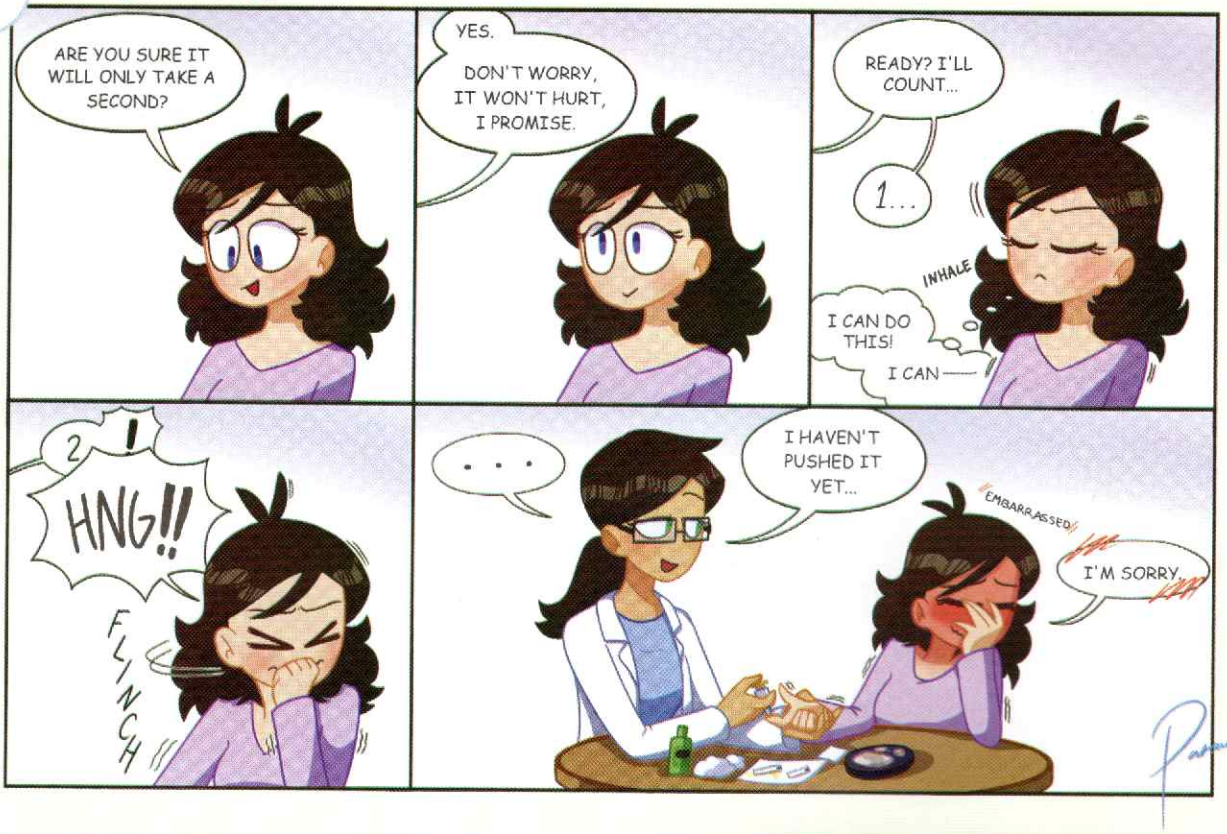


The treatment of erectile dysfunction is more straightforward with the phosphodiesterase Type 5 inhibitors (PDE5) as first line therapy.

In patients with low testosterone levels, administration of the hormone is warranted. If oral medications are unsuccessful in treating the disorder, direct administration of vasodilators to the erectile tissue of the penis (intracavernosal approach) may be done. Alprostadil is the single agent most

Life is Sweet : "3"

by Pia May Pascual



IDF-WPR DISASTER PREPAREDNESS INITIATIVES: AN UPDATE

BY MARSHA C. TOLENTINO, MD

The COVID-19 pandemic has taught us that disaster can strike at any time. Dr. Alicia Jenkins gave a timely and relevant lecture on the diabetes preparedness initiatives of the International Diabetes Federation-Western Pacific Region (IDF-WPR). Dr. Jenkins, a Professor and Chair of the Diabetes and Vascular Medicine Department in the University of Sydney, leads the IDF-WPR Executive Council in charge of Diabetes and Disasters Management.

A disaster is defined as a serious disruption to community life which threatens or causes death, injury, and/or property damage beyond the day-to-day capacity of the prescribed statutory authorities and which requires special resources other than those normally available. Although the number of natural disasters has increased, particularly over the last 40 years, the number of deaths is decreasing. This is due to improved disaster preparedness. Apart from the human loss, there is also a high financial cost due to disasters. Spending for preparedness can mitigate both the financial and human cost.

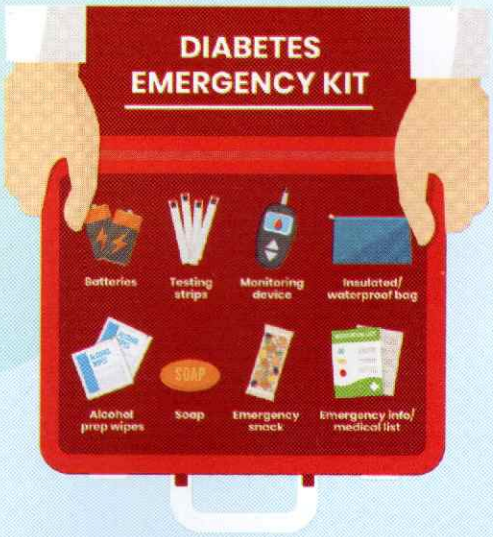
Dr. Jenkins emphasized that it is important: Think not if, but when disaster will strike, and how to prepare.

Prevention. Prevention includes tackling problems at the national and international levels. Issues, such as climate change and the pandemic, involve the global community. COVID-19 prevention includes reducing the exposure of people at risk as well as developing and sharing vaccines and treatments. In the Philippines, where typhoons and flooding are common, urban planning and zoning to limit settlements and homes can be pursued. A robust early warning system, as part of preparation and response, can significantly reduce injury and death.

Preparation. In a disaster, disruptions will inevitably occur. Expect loss of shelter, power, and communications. There will be injuries, infection, and psychosocial stress among people. For patients with diabetes, there may be worsening of glycemic control and possible occurrence of complications. It is crucial, therefore, to prepare for these eventualities. Preparation happens on many levels, beginning with the patient and his/her family. Preparation must also expand to the community; the healthcare provider and healthcare system; and to various organizations, both local and international.

Patients have an active role in preparing for a disaster. It is crucial for them to have a list of their current and past health conditions, their medications and doses, and any allergies. Important contact details, such as next of kin and healthcare providers, should also be on hand. A 'Go-Bag' that the patient can carry, must be ready in case disaster strikes. Dr. Jenkins shared the essentials to pack in the 'Go-Bag".

> Dr. Jenkins slides in DPAC lecture



DISASTER GO-BAG

- Essential that the person with Diabetes can carry themselves - e.g. waterproof backpack
- Personal identification and contacts
- List of medicines (including doses), devices and treating clinicians
- Brief medical history and key test results
- Medicines and devices e.g. blood glucose testing for at least 3 days
- Water and food, including hypoglycaemia treatment, water purifier tablets or device
- Mug or bowl
- Wipes and alcohol sanitiser
- Clothing including footwear, mask, eye protection, thick gloves
- Basic first aid kit
- Torch (battery or generator type)
- Communication device: phone and portable charger, walkie talkie

Because physicians will always be called upon during a disaster, it is imperative to be prepared. As healthcare providers, it is important to identify reliable sources of information during a disaster. Communication lines will likely be faulty, and news may be scant during the aftermath of a disaster. Know whom to contact at individual, local, and organizational levels. Minimize the chaos by having chains of command in place. Delegate tasks so that response will be effective and efficient. Part of preparation is also dealing with other stakeholders, such as the media.

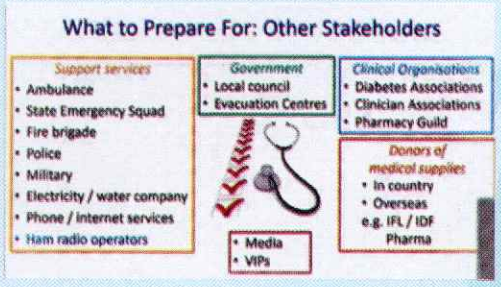
Dr. Jenkins emphasized that disaster preparedness can be incorporated into our clinical practice. Disaster plan leaflets can be given to patients. Posters or flyers about the basics in disaster preparedness can be placed in the office. As part of an "annual review" we can discuss with our patients their disaster plan and preparation. Review with them their medications, dosages, and allergies. Make sure that they have all the relevant contact information. Inquire if a 'Go-Bag' has been organized.

Clinicians also have a role beyond the individual patient level. Reach out to community leaders and have discussions on disaster preparedness. Prepare a registry of vulnerable patients. For example, a registry of Type 1 DM patients will enable a quick and efficient distribution of insulin. Healthcare providers can contribute materials on websites, posters, and flyers. Ensure that all the information is updated. Be aware of roles of other responders, such as police and law enforcers. Specifically for those of us who manage patients with diabetes, we must make sure that responders have relevant knowledge of diabetes.

Pictures
> diabeticnation.com
> 8List.ph

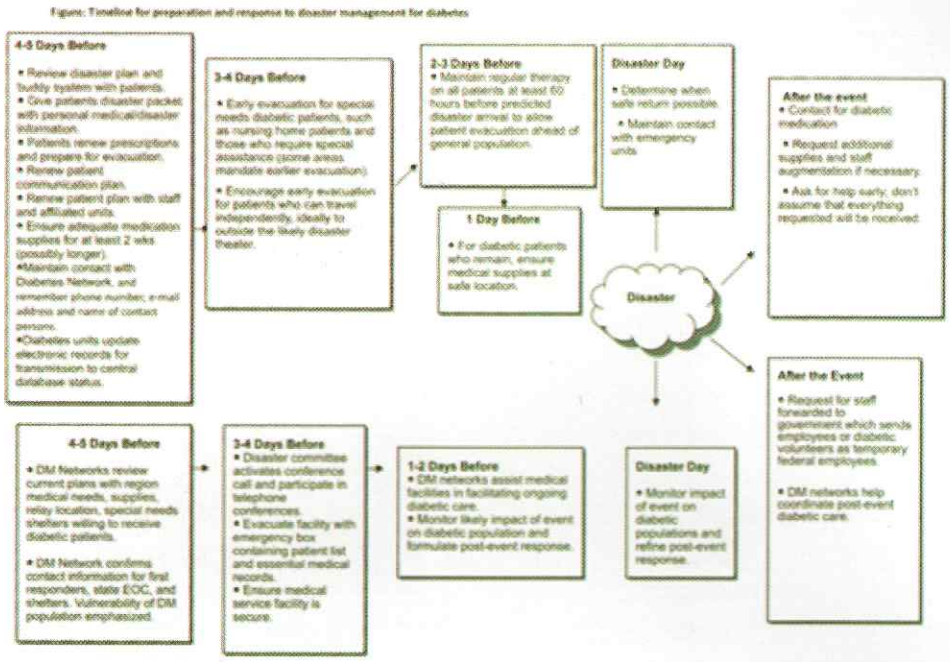
DP Type 1 Members who received Insulin and Glucose Meter

Preparing for a disaster involves multiple stakeholders and it is imperative to identify specific roles unique to each one. The slide below shows the different stakeholders involved in the **RESPONSE** phase. The primary aim of the response phase is to save lives, protect property and make the affected area safe. Restoration of power and water; search and rescue; and maintenance of order are aspects of the response phase. Specific aid that can be given by diabetes associations will be the distribution of medical supplies to diabetic patients, previously identified through a registry.



RECOVERY. The recovery phase is characterized by the return of the community to normal. For patients with diabetes, this can be difficult. Studies have shown that there are higher rates

Figure: Timeline for preparation and response to disaster management for diabetes



of new onset Type 2 diabetes after a disaster. Those already diagnosed with diabetes can have worse metabolic control and complications for years. A lower socioeconomic status translates to a longer recovery time, both at an individual and a national level. There are some positives during the recovery phase. Dr. Jenkins points out that recovery can be an opportunity to improve infrastructure. Also, this is the ideal time to review and revise the disaster preparedness program.

See Figure 2 above.
> Dr. Jenkins slide

Dr. Jenkins briefly discussed the impact of the pandemic on patients with diabetes. It is established that patients with diabetes are at a higher risk of poor outcomes. Other risk factors associated with adverse effects to COVID-19 are: poor glucose control, extremes of weight, older age, smoking, hypertension, low Vitamin D, and those with chronic complications (e.g. kidney disease or heart disease).

Strategies that can be done to improve outcomes will be to vaccinate all at-risk patients and reduce their contacts. Working from home, limiting social activities, and social distancing will decrease their risk of exposure. Optimal care of other co-morbidities, such as hypertension and kidney disease, must be done. As healthcare providers, we must also ensure that the sick day care knowledge of our patients is up to date and accurate. A lot of false information about the treatment of COVID is, unfortunately, available. It is our responsibility to make sure that our patients are not misinformed. Because of the pandemic, supply chains may be disrupted so make sure that patients have adequate supplies and medications. Schedule regular remote or phone visits to monitor the status of our patients. It is imperative to address complications early on to prevent significant progression.

Dr. Jenkins closed her lecture by reiterating that with disasters, we have to think *"Not If...But When."* Everyone has a role in preparing for a disaster: patients, clinicians, local and international organizations. A concerted approach and a cohesive system will lessen the negative impact of disasters. A disaster preparedness plan must be in place. This plan must be regularly updated and communicated with all relevant stakeholders, including the government and media. Diabetes health care professionals and organizations are key in mitigating the deleterious effects of disasters on diabetic patients. By involving multiple sectors, healthcare providers caring for patients with diabetes can improve outcomes and mitigate both the financial and human burden in the aftermath of a disaster.

> DP T1D Members who received Insulin & Glucose Meters in times of pandemic.

by Pia May Pascual

Life is Sweet: "Work from Home"

DIABETES PHILIPPINES BATANGAS CHAPTER PROJECT GREEN THUMB

BY BASIL ERIC J. TENORIO, MD

Project Green Thumb is a perfect activity for improving the mental health of people affected by the pandemic. This is especially true when doctors and hospital personnel who contacted Covid 19, began to develop depression. The idea was conceptualized last January 2021, focusing on integrated farming producing healthy and delicious eggs, beansprout, duckweed, & corn grits. It was inspired by the construction of a hobby farm in Bauan which became the meeting venue of the Diabetes Philippines Batangas chapter.

Dr. Oliver Bautista, the founder of this endeavor, began a series of lectures with our group, beginning with indoor gardening & introduction to hydroponics — kale in styrofoams, Arugula, Lettuce and Tomato seedlings complete from germination in greenhouses. The website "My Forest Garden" was opened in social media to answer questions about the project. It highlighted the excitement of Urban Gardening in small spaces, hobby farming and the farm to table concept. Last September 25, 2021, 3 clinics of DPBC were included in the top 10 Eco Friendly Clinic of the Philippines thru this project: the old heritage clinic in Taal by Dr. Basil Eric J. Tenorio, the modern green clinic of Dra. Eden Caringal and the forest garden clinic of Dr. Oliver Bautista. We also teamed up with the Rotary Club of Mabini for which the focus shifted to the donations of green houses to selected Barangay courtesy of the local government.

With the success of Project Green Thumb, and with the good receptions from the doctors of DPBC & the people of Mabini , it was adopted by Diabetes Philippines National, thru its President, Dr. Francis Pasaporte. This was followed by the MOA signing with the the Department of Agriculture Secretary William Dar.

Presently, Project Green thumb continues its advocacy with updates on waste management, composting & fermentation of plant juices.

Lets go green & eat green!

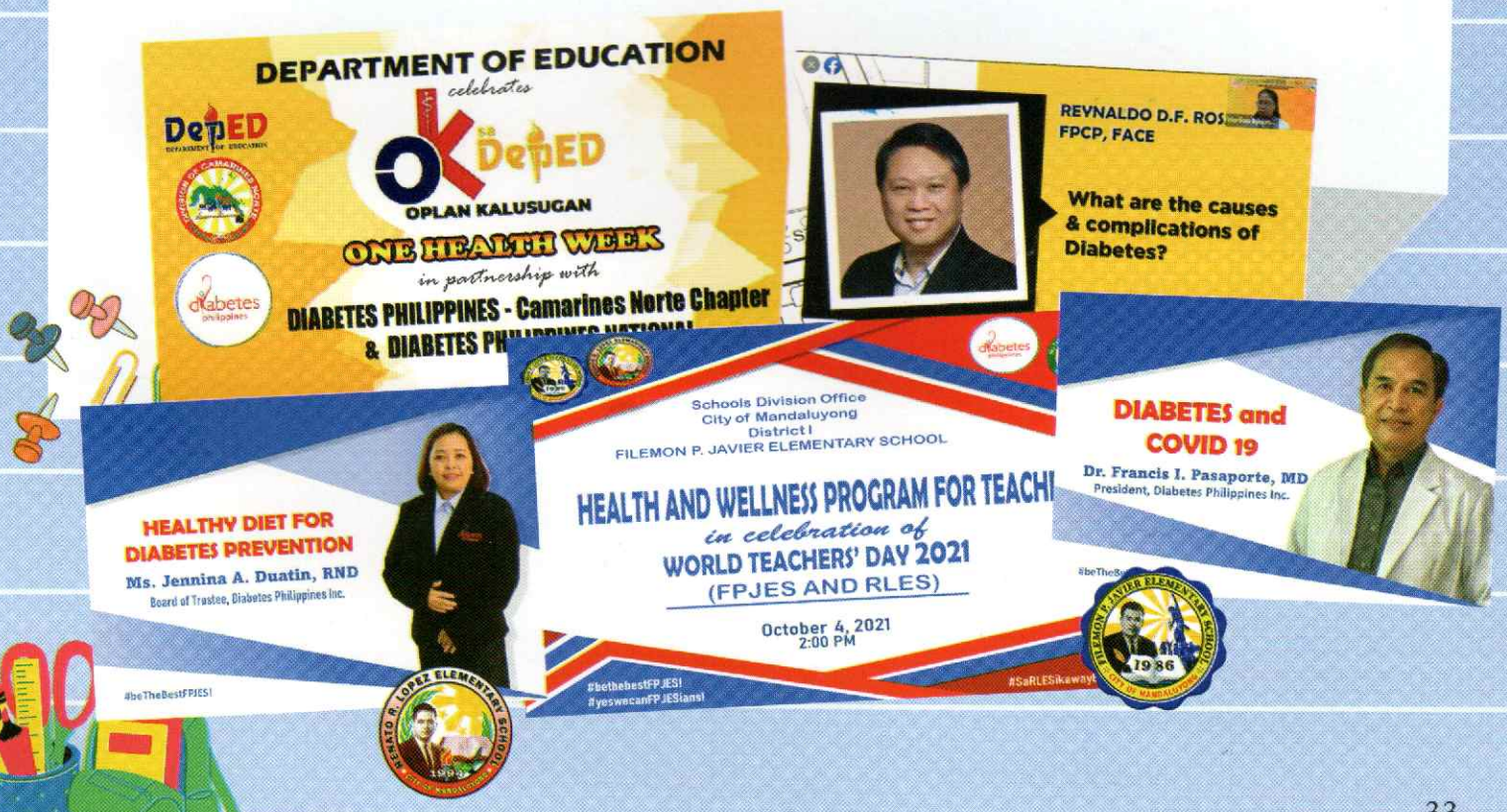
KIDS: KIDS & DIABETES IN SCHOOLS

One of the unfortunate consequences of the pandemic was the interruption of face to face classes so the usual Kids and Diabetes in Schools project had to be moved to the virtual floor.

The first KiDS webinar was on August 31, 2021 in cooperation with the DP Camarines Chapter and the Department of Education (DepED) during their Oplan Kalusugan sa DepED. Lectures and speakers included Causes and Complications of Diabetes by Dr. Francis Pasaporte, Diabetes and COVID-19 by Dr. Reynaldo Rosales, and Foods to Prevent and Manage Diabetes by Ms. Jennina Duatin, RND.

The next webinar was on October 4, 2021 in Mandaluyong City for the teachers and staff of Filemon P. Javier Elementary School and Renato Lopez Elementary School. Dr. Francis Pasaporte discussed Diabetes and COVID-19 and Ms. Jennina Duatin talked on Healthy Diet for Diabetes Prevention.

Hopefully, we can move towards resuming these KiDS project in the schools in the coming months with lesser active COVID cases and the relaxation of restrictions.



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1IQVIA NPA: 2006-2021 YTD July; Reported by Diabetes Global Marketing Team. Data on file with Merck Sharp & Domme
2GLBHQ-DPP-4i Deck 2021 update version 2. Data on file with Merck Sharp & Domme
3Ferreira,et al. Efficacy & Safety of Sitagliptin vs Glipizide in Patients w/T2DM & Moderate to Severe CKD. Diab Care. May 2013. Vol 36;1067-1073
4Nauck, et al. Diab, Obesity & Met. 9;2007;194-205

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HOW CAN A PERSON WITH DIABETES PREPARE FOR THE COVID - 19 EPIDEMIC:

1. Have **ENOUGH** supply of medicines.

2. Have a **glucose meter** and enough **strips** for monitoring.

3. Stock on water, sugary and sugar free drinks, electrolyte tablets and non-perishable food.

4. Prepare a list of all **IMPORTANT** contact numbers where to call for help.

DIABETES AND INFECTION

1. **Persons with diabetes have higher risk for infections than non-diabetes mellitus.**

2. **Outcome of persons with diabetes is poorer than those without diabetes.**

3. **Being ill increases Insulin resistance and blood sugar levels.But if with vomiting, poor appetite, may also predispose one to develop low blood sugar especially for those on Insulin and Sulfonylureas (eg. gliclazide, glimepiride).**

A PUBLIC MESSAGE FROM

diabetes philippines

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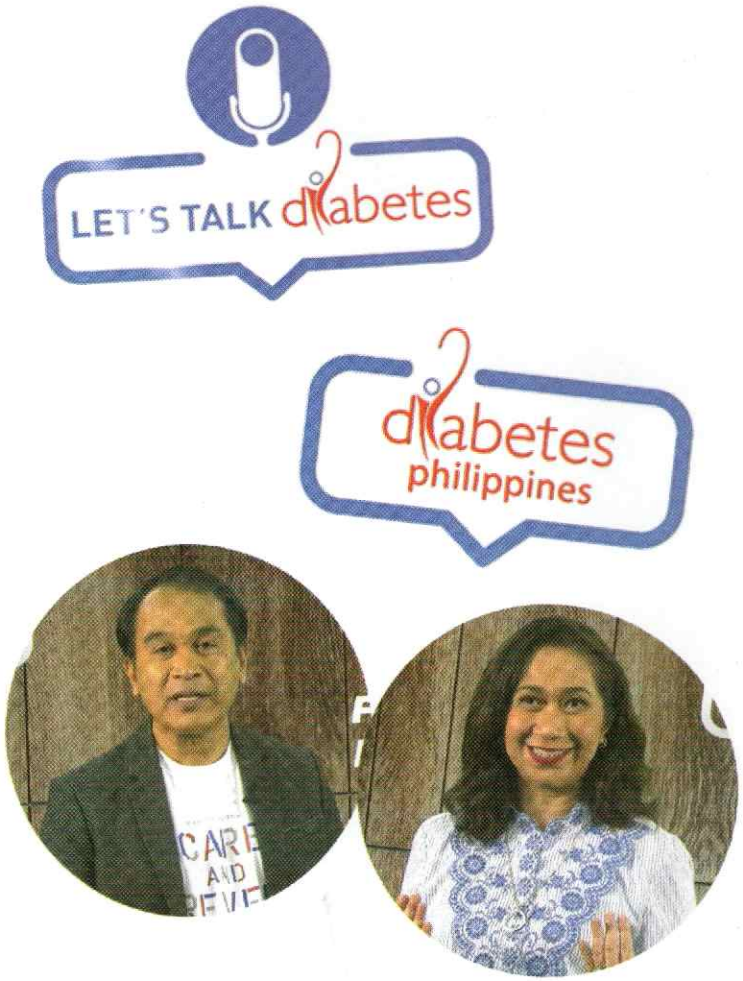
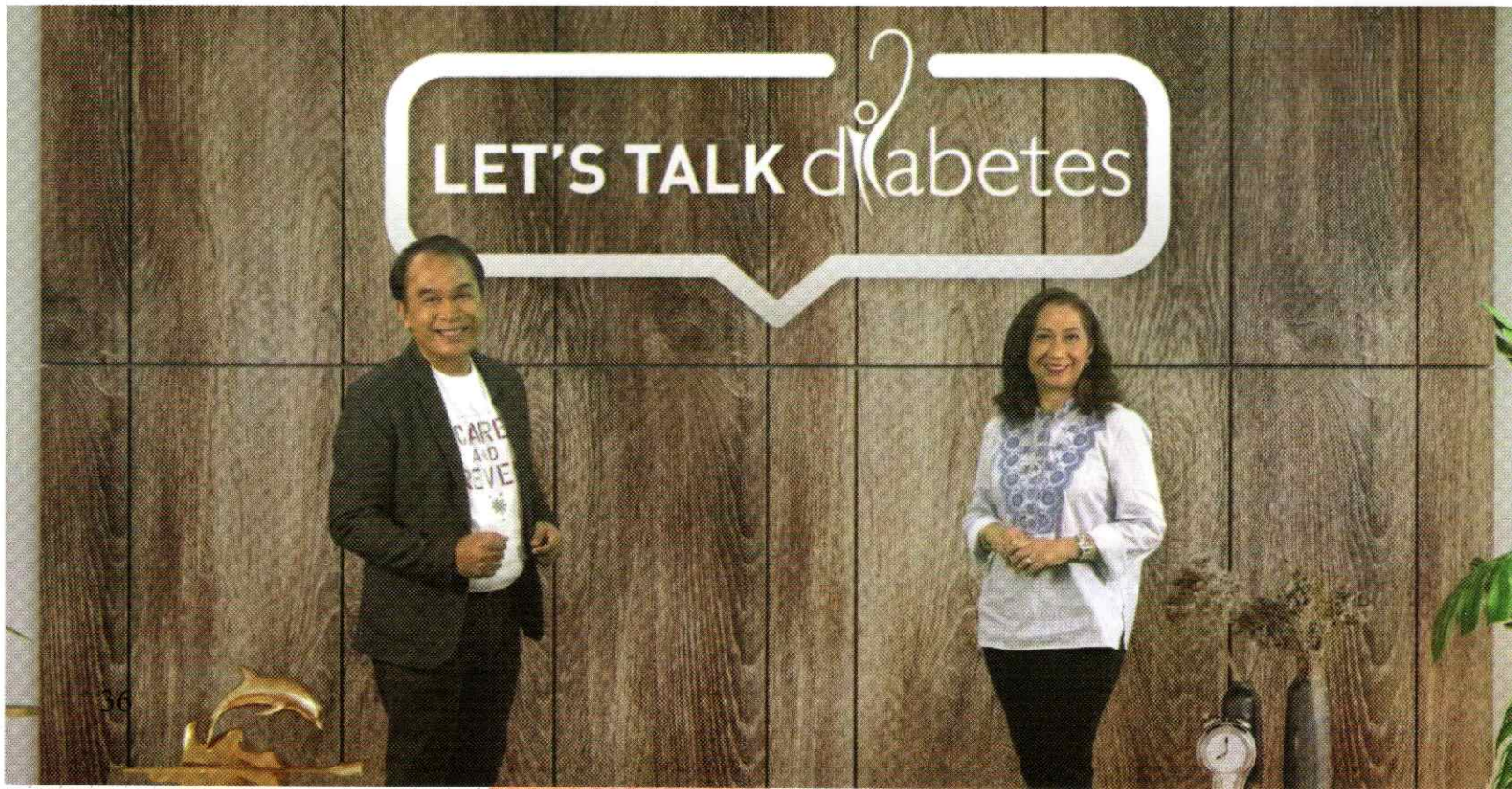
LET'S TALK DIABETES

BY MARSHA C. TOLENTINO, MD

Diabetes Philippines (DP) has always been committed in its advocacy to educate Filipinos about diabetes. Before the onset of the pandemic, DP would hold workshops across the country, highlighting lifestyle modification, foot care, nutrition, and the like. In addition, DWatch, the magazine of Diabetes Philippines, was distributed to the many different chapters nationwide. The magazine contained articles for the lay person discussing the various aspects of diabetes. The COVID-19 pandemic put a grinding halt to all these informational activities. Clinics closed. Lockdowns were put in place. Travel across the country was curtailed. Remaining true to its mission in providing quality education, particularly to the lay person, DP adapted to the changing times and launched a YouTube Channel: "Let's Talk Diabetes."

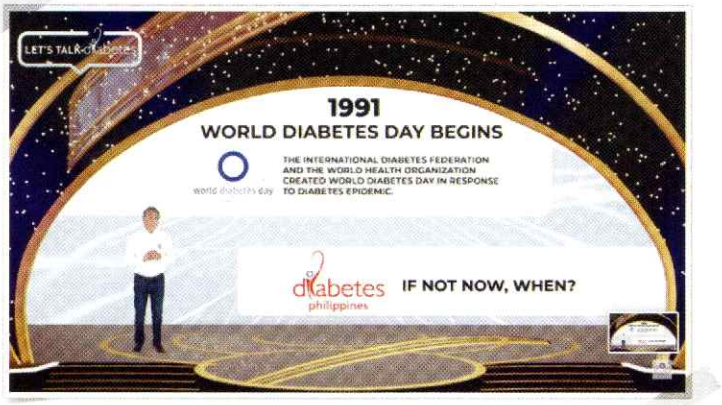
The YouTube Channel premiered on November 7, 2021, as part of the organization's commemoration of the Centennial Discovery of Insulin. Hosted by Dr. Francis Pasaporte (DP President) and Dr. Fatma Tiu (DP Treasurer), the pilot episode of "Let's Talk Diabetes" emphasized that diabetes is a serious disease, affecting 35 million people in the Western-Pacific Region. It is a leading cause of death, with more than 1 million in the region succumbing due to its complications.





The second episode focused on World Diabetes Day and the momentous discovery of the life-saving drug, insulin. Dr. Francis Pasaporte shared the tidbit that November 14, World Diabetes Day, is also the birthday of Dr. Frederick Banting, one of the co-discoverers of insulin.

Dr. Rey Rosales, a member of the Board of Trustees of Diabetes Philippines, walked us through the history of World Diabetes Day.



World Diabetes Day is the largest global diabetes awareness campaign, reaching over 1 billion people in more than 160 countries. The theme of World Diabetes Day for 2021 is: "Access to Diabetes Care: If not Now, When?" This theme is timely because despite the advances made over the last 100 years, 50% of people with diabetes are undiagnosed and that 3 in 4 people with diabetes live in low- and middle-income countries. Many patients do not have access to insulin or oral medications. Not only is there limited access to medications, access to self-monitoring devices, necessary for patients to manage their disease, is also wanting. This disparity in access to healthcare has been exacerbated by the pandemic. Hence, the need for the global community to work together was emphasized in this second episode of the "Let's Talk Diabetes."

The third episode spotlighted nutrition, specifically healthy staples to have in one's pantry. Ms. Jennina Duatin, a registered nutritionist-dietician and a member of the Board of Trustees of Diabetes Philippines, identified food items that would be ideal to have readily available so that a healthy meal can be easily prepared.

Greek yogurt is a good example of a healthy dairy product that is also an excellent source of probiotics. It is low in fat so it can be used as an ingredient in making heart healthy meals. Oats are a good source of fiber. Coupled with an apple, it will make a perfect breakfast.

Future episodes of our YouTube channel "Let's Talk Diabetes" include yoga sessions, carbohydrates counting, reading food labels, how to eat well when eating out, and frequently asked questions in Diabetes.

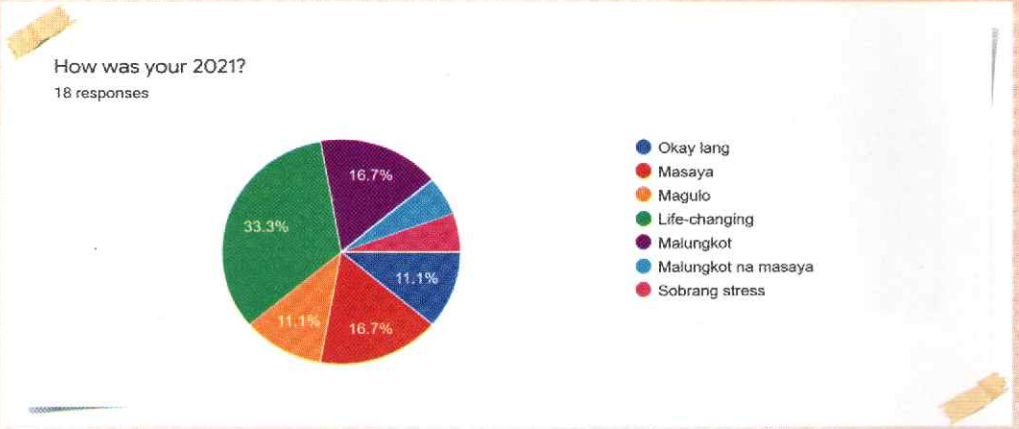
Diabetes Philippines remains firm in its commitment to provide quality education. Even though the pandemic has thrown obstacles and made the usual learning avenues unavailable, Diabetes Philippines has come up with an innovative way to continue its advocacy of keeping the Filipino well-informed about the many aspects involved in diabetes care and management. Join us and **Like, Subscribe and Share.** *"Let's Talk Diabetes."*

LET'S TALK diabetes

THE PANDEMIC EFFECT

BY FRANCESCA ISABEL VILLANUEVA-YU

At the start of 2022, I thought to myself "When will this end?", *"When will I see my diabuddies (diabetes buddies) face to face?"*, *"When will I get to laugh, cry, hug, slap, and have fun with the people who understand me the most?"*. Then I wondered, "How do my friends feel with this ongoing pandemic?" so I started a survey. Featured below are the responses of 18 Diabuddies to a very informal survey.



It's been more than a roller coaster ride for Type 1D's. Aside from trying our hardest - our best - to keep our diabetes in good condition, we have to keep up with the status of the pandemic in this country. We have to keep our heads afloat with each personal situation in life (work, school, relationships, beliefs, values, coping mechanisms, etc). Just like the rest of the world, feelings towards the years 2020 up to the present fits within a spectrum and there is no definitive response.

Looking at the silver lining, Type 1D's have learned to be thankful to many people in their lives: for keeping them afloat; for keeping them sane; for keeping them company, even in the virtual setting, especially when in quarantine. Here are some anecdotes of things we are thankful for:

"Sa lahat ng mga tao na nag guide sa akin to overcome those obstacles in 2021, sa mga bagay na napulutan ko ng aral at sa mga exposures na nag help sa akin to become a better person."

"Sa kompanya na inaplyan ko kasi nakapasok ako".

"To be honest, sa sarili ko because i wouldn't keep fighting unless para sa future ko ito".

"Salamat lalo kay God kase kahit na anong mangyare Never mo kami pinabayaan at maraming salamat sa mga tao lagi andyan para samin maraming salamat".

2022 is a new year filled with hope and new opportunities for everyone. Let's see what the Type 1D's are looking forward to this Year of the Tiger:

"Hopefully to practice better habits and for this pandemic to end para maka move on and make bawi na sa delayed plans".

"Sana hangang dulo buo kami and sana this year masagot na ni God yung matagal ko ng hinihiling na magka trabaho na".

"Peace of mind, new career and stable life".

"Sana maayos na ang bahay namin para less sa iisiping upa. At mabayaran na ang mga utang namin".

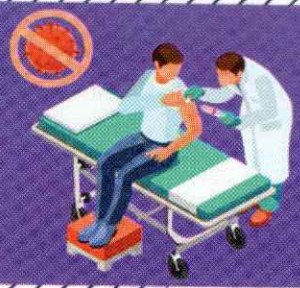
2022 gives us a new outlook on life especially with the pandemic still at large. 2020-2021 was our adjusting phase and now we have the chance to start something new or restart something that was postponed or delayed. What's your wish for 2022?

Dapat ba magpabakuna ang may Diabetes?

Dapat!

Kasi mataas ang tsansa na maging malala pag ikaw ay nagka Covid.

Kaya dapat may proteksyon ka!

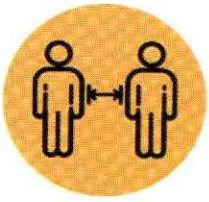


Mag tanong sa inyong doktor.

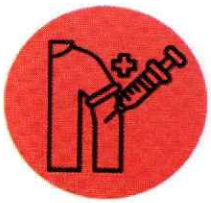
Magpa-Bakuna ka!

Magsuot ng face mask at face shield.

Maghugas ng kamay.



Manatiling may 2 metrong distansya.



Magpabakuna ka!

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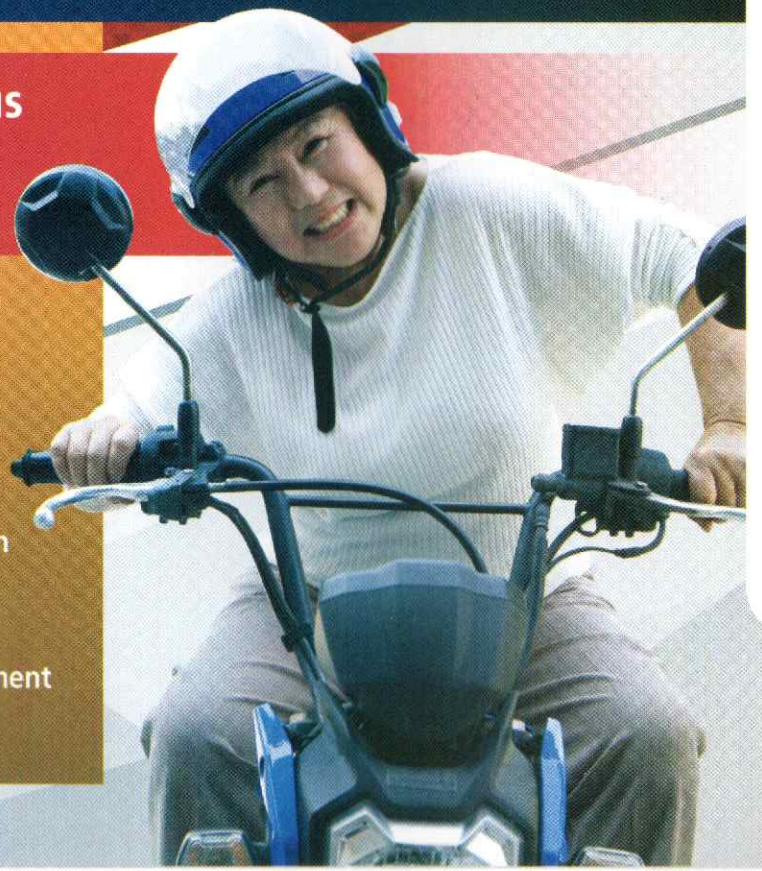

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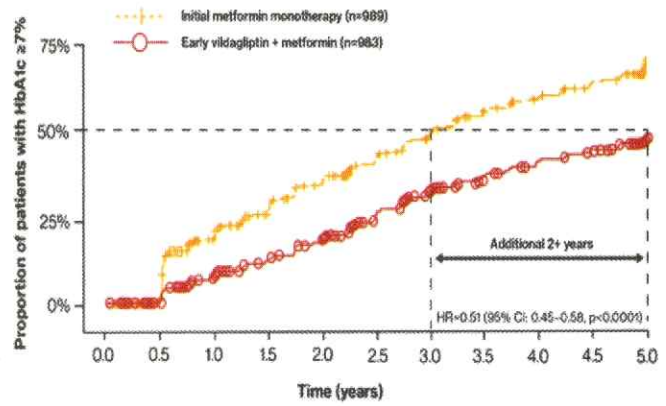
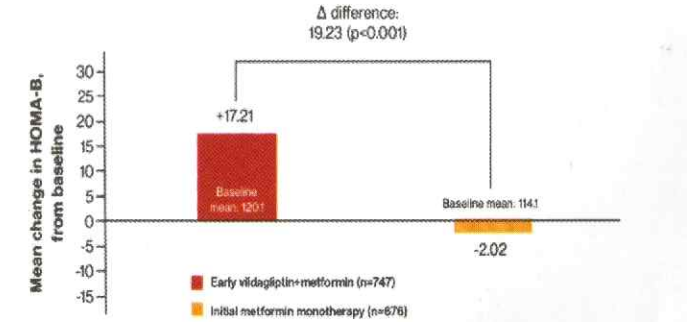
- 1 in 2 patients still well controlled at 5 years.[1]
- Marked improvement in β-cell function from early vildagliptin+metformin vs. initial metformin monotherapy[2]
- Preserving β-cell function is a key treatment goal in T2DM.[3]





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50 mg Tablet
Oral Antidiabetic Drug

VILDAGLIPTIN + METFORMIN
PROGLINMET®
50 mg / 500 mg Tablet
50 mg/ 850 mg Tablet
50 mg/ 1,000 mg Tablet
Oral Antidiabetic Drug

Full product information available upon request.

No.66 United Street, Mandaluyong City
Metro Manila, Philippines

Reg. IPOPHIL

UNILAB
Trusted Quality Healthcare

28042022

GLICALIZIDE

DIAMICRON® MR 60

Scored Tablets

Protect the kidney to save the heart [7]

ADVANCE

ACTION IN DIABETES AND VASCULAR DISEASE: PRETERAX AND DIAMICRON MR CONTROLLED EVALUATION

- Safely achieve HbA1c target [1-3]
- Complete renal protection [4-5]
- Proven legacy effect [6]

Up to 2 tablets at breakfast

References: 1. Jia Y et al. Obes Rev. 2018. doi: 10.1111/obr.12753; 2. Sawada F, Inaguchi 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: Diamicron MR 60 mg, modified release tablet containing 60 mg of gliclazide, contains lactose as an excipient. **INDICATION:** Non-insulin-dependent diabetes (type 2) in adults, in association with dietary measures and with exercise, when these measures alone are not sufficient. **DOSAGE AND ADMINISTRATION:** One half to 2 tablets per day i.e. from 30 to 120 mg taken orally as a single intake at breakfast time, including in elderly patients and those with mild to moderate renal insufficiency with careful patient monitoring. One tablet of Diamicron MR 60 mg is equivalent to 2 tablets of Diamicron MR 30 mg. The breakability of Diamicron MR 60 mg enables flexibility of dosing to be achieved. In patients at risk of hypoglycemia, daily starting dose of 30 mg is recommended. Combination with other antidiabetics: Diamicron MR 60 mg can be given in combination with biguanides, alpha glucosidase inhibitors or insulin (under close medical supervision). **CONTRAINDICATIONS:** Hypersensitivity to gliclazide or to any of the excipients, other sulfonylurea or sulphonamides; type 1 diabetes; diabetic pre-coma and coma, diabetic ketoacidosis; severe renal or hepatic insufficiency (in these cases the use of insulin is recommended); treatment with miconazole (see interactions section); lactation (see fertility, pregnancy and lactation section). **WARNINGS:** Hypoglycemia may occur with all sulfonylurea drugs, in cases of accidental overdose, when calorie or glucose intake is deficient, following prolonged or strenuous exercise, and in patients with severe hepatic or renal impairment. Hospitalization and glucose administration for several days may be necessary. Patient should be informed of the importance of following dietary advice, of taking regular exercise, and of regular monitoring of blood glucose levels. To be prescribed only in patients with regular food intake. Use with caution in patients with G6PD-deficiency. Excipient: contains lactose. **INTERACTIONS:** Risk of hypoglycemia - contraindicated: miconazole; not recommended: phenylbutazone; alcohol; use with caution: other antidiabetic agents, beta-blockers, fluconazole, ACE inhibitors (captopril, enalapril), H2-receptor antagonists, MAOIs, sulfonamides, clarithromycin, NSAIDs. Risk of hyperglycemia - not recommended: danazol; use with caution: chlorpromazine at high doses; glucocorticoids, ritodrine; salbutamol; terbutaline; 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:** Diamicron MR 60 mg is a sulfonylurea reducing blood glucose levels by stimulating insulin secretion from beta cells in the islets of Langerhans, thereby restoring the first peak of insulin secretion and increasing the second phase of insulin secretion in response to a meal or intake of glucose. Independent hemovascular properties. **PRESENTATION:** Box of 60 tablets of Diamicron MR 60 mg in blister. **STORAGE:** Store at temperatures not exceeding 30 °C.

Foods, Drugs, Devices and Cosmetics Act prohibits dispensing without prescription.
For suspected adverse drug reaction, report to the FDA at www.fda.gov.ph.

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Further information available upon request.

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