

diabetesWATCH

A Publication of Diabetes Philippines

philippines

January to December 2022
MMXXII

control the level of sugar in the blood.

BACK TO BASICS, **FORWARD TO THE FUTURE**

INSIDE ARTICLES:

- Healer
- Highlights of the 39th Annual Convention
- ME and the WORLD
- Yoga and Diabetes: Tackling the Balance of Mind and Body
- YouTube: LET'S TALK DIABETES
- AUTOPHAGY: An Old Concept Given New Life
- Healthy Recipes

Save More Patients: *OneTeam. OneGoal. OneBI.*

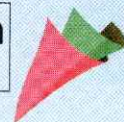
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Healer

With our many responsibilities as physicians, we sometimes lose track of what is truly important. Dr. Amante reminds us that we are here for a purpose and that our gifts come from the ultimate Healer.

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YOUR PRESIDENT SPEAKS



I am so grateful to have served as your Diabetes Philippines' President during this unprecedented challenge of COVID-19.

I have seen our organization, our members and other healthcare providers respond with strength and resilience, pushing boundaries of research, taking treatments to the next level, and providing excellent patient care, successful in overcoming challenges. Our virtual meetings are proof that not even a pandemic can deter us from providing world class continuing medical education activities, enabling participants to provide the highest quality patient care.

Diabetes is an epidemic that is spiraling out of control. Blaming and stigma occur. There is a profound sense of worry and fear among patients and their family members, who have seen the frightening consequences of advanced disease, including premature death.

Unfortunately, diabetes remains invisible even in the medical community. The diagnosis of diabetes is made late, or even missed. I challenge everyone to consider how we can create a sense of urgency, effecting change so what is invisible, becomes visible.

Diabetes is a wildfire raging through this country and across the globe, but is anyone really paying attention? The dire statistics and sky rocketing healthcare costs should serve as stimuli for massive change. Diabetes continues to be an epidemic that shows no signs of slowing down. Its consequences and complications have more of an impact than COVID-19. Why then is diabetes downplayed by comparison? Do we not have the sense of urgency to convince the public and our governments that there is a wildfire raging?

The association of poor glycemic control, the onset of complications, and the human and financial costs are well known. Why don't health care providers have a sense of urgency to help patients close the gap between the current reality and optimal diabetes management? Why haven't the psychosocial and behavioral aspects of the disease, which are so critical to better management, been addressed?

NOW IS THE TIME TO PUT A FACE TO DIABETES.

We need an army of advocates to fight for substantially increased funding that is sustained and flexible. We must advocate for better and more affordable treatments for patients, and better reimbursements for those who care for them.

Now is the time for an awareness campaign to change this disease from invisible to visible in both the public and the medical community because diabetes has a face. Diabetes has an Identity.

The only thing of consequence is what we do and what impact it has. Our profession must be responsible for real action, capable of turning the tide of this epidemic and offering tangible solutions. Diabetes Philippines offers a platform for uniting the collective voices of this community and creating a sense of urgency to confront and change the course of the diabetes epidemic.

Every Diabetes Philippines member needs that fiery urgency. That NOW IS THE TIME.


FRANCIS I. PASAPORTE, MD
2022 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)

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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.

FROM THE EDITOR'S DESK



Dr. Marsha

Greetings!

The year 2022 saw the world ease its way back to normal. As we move forward, we realize that the basics continue to form the cornerstones in the management of our patients. Inside these pages, you will find a wealth of knowledge on key basic tenets.

Try making tasty and guilt-free meals with the easy to follow recipes from Ms Jennina Duatin. Discover the many health benefits of yoga that can help you and your patients improve physical and mental well-being. Autophagy, an old concept, has worked its way to the forefront in managing several diseases, including diabetes.

The various activities of Diabetes Philippines (DP) continued unabated in 2022. Webinars were still well-attended but hybrid set-ups were made available for those wanting more personal interactions with colleagues. The Annual Convention, the highlight of DP's activities, was therefore conducted in such a manner. With over 7000 delegates online, the organization also had 100 select DP members joining the Officers and Board of Trustees in the ballroom for the convention.

This edition of DWatch brings to a close my tenure as Editor-In-Chief. I have held this position for 8 steady years. In that time, I have witnessed the growth of the organization. I have seen the resilience of DP and its member chapters weather the challenges of the pandemic. I have been humbled by the tenacity of the Officers and Board to steer DP in the right direction amidst adversity.

I look forward to a better future for us all.

Read on!

Marsha C. Tolentino
MARSHA C. TOLENTINO, MD
Editor-in-Chief, Diabetes Watch

Vice President, Diabetes Philippines, Inc.

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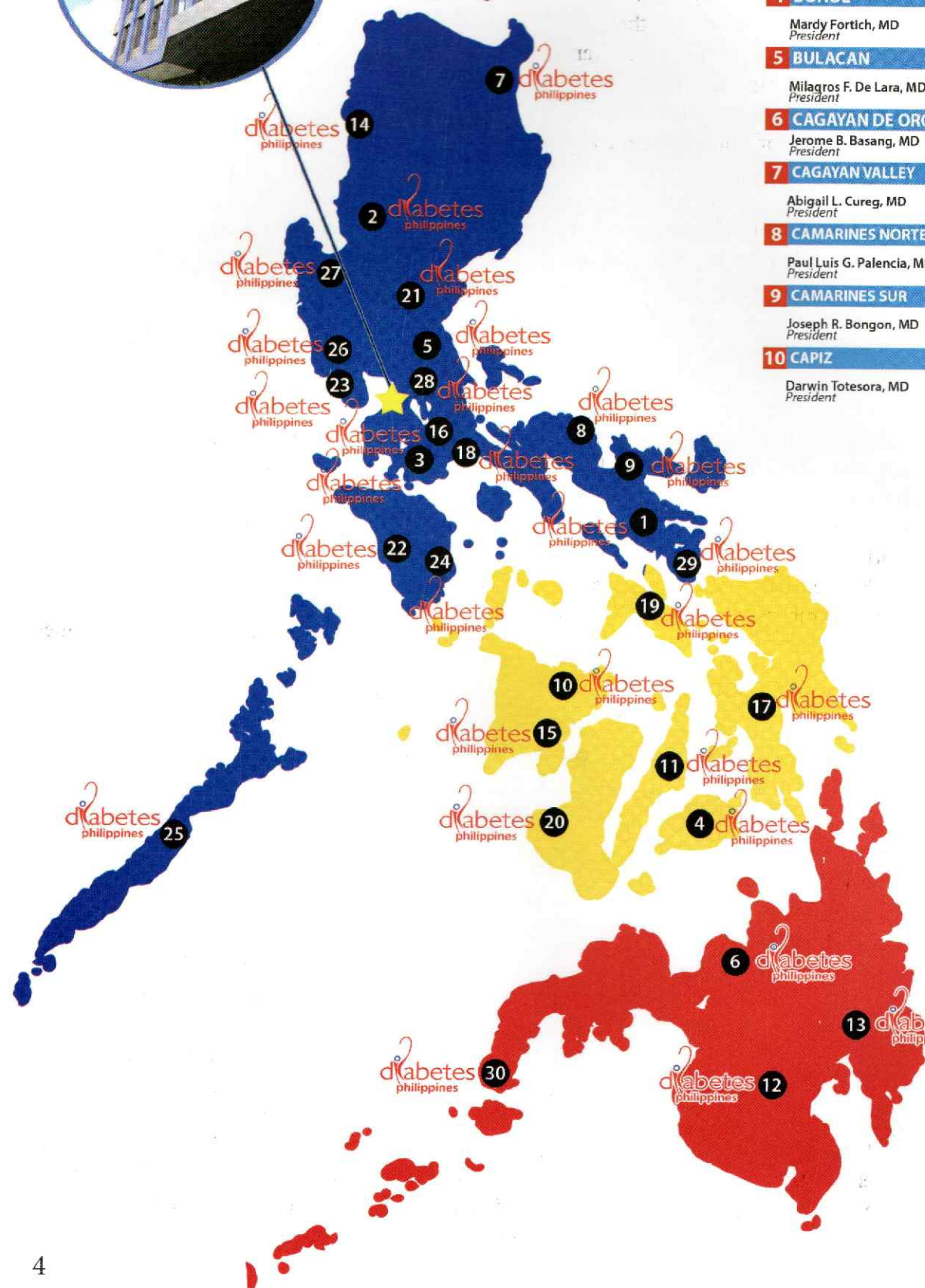
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★ DP National



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HEALER

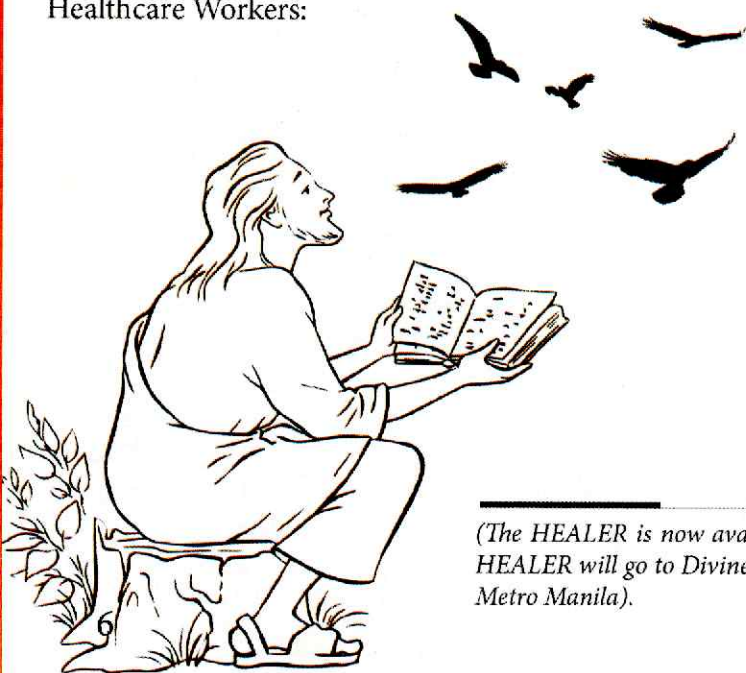
BY MARIE YVETTE R. AMANTE, MD

It started in 2019. There were a few scandals involving doctors caught in the middle of corruption and family infidelity. There were a lot of sensitive questions on ethical practice. I had to dig deep into myself and understand what all these meant for me and my profession.

I then perceived God needed to take center stage in the life of doctors – a noble profession but also one so easily tempted by pride, power, and material wealth. And since my favorite Christmas gift to all doctors was a yearly bible diary, then why not collate and print our own devotional?

Three years later... a devotional for doctors and health care workers. A collection of a multitude of experiences blessed by God to be workers in this holy field catering to human health. May all who read and use this devotional be more firmly grounded in their faith.

An excerpt from HEALER, A Devotional for Doctors and Healthcare Workers:



Luke 12:48

Much will be required of the one who has been given much, and more will be asked of the one who has been entrusted with more.

Have you ever felt overwhelmed with God's blessings at times that you feel undeserving? A wonderful family, material blessings, a great education, unparalleled surgical skills, a gift for teaching, a passion for research, impeccable bedside manners, and thousands of grateful patients?

Let us not credit ourselves for all these blessings, for we know they are bestowed.

There are many times for sure, that we feel favored by God. But, deep inside the triumphant feeling, is probably a discomfort. We tell ourselves, "I hope I am not keeping all these for my benefit." And ask God, "Am I doing ok? Am I using the gifts you gave me as you planned? Am I being selfless enough?"

It is always a struggle between self-preservation and charity. But let us always remember our God who gave it all, who held nothing back.

We are mere stewards; we do not own anything. Whatever passes through our hands, needs to be given away.

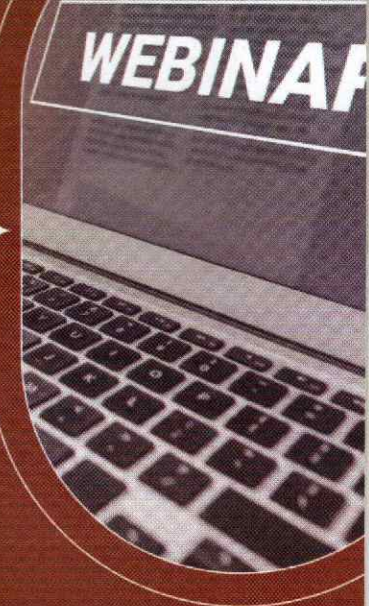
In death, we bring nothing... no diploma, no honors, no human applause. Instead we will be judged according to how much we gave away. Did we love enough?

(The HEALER is now available. To order, please contact Julie at 09173268121. All proceeds from sales of HEALER will go to Divine Mercy for the Homeless, a group giving food and comfort kits to the homeless in Metro Manila).

Diabetes Philippines Webinars 2022

BY CYNTHIA B. SANCHEZ, MD

With the pandemic running on its third year, the webinars helmed by Diabetes Philippines continued in 2022. The enthusiasm and unquenchable thirst for knowledge were satisfied virtually through the webinars as face-to-face meetings were still risky and nonviable. Carefully selected topics were lectured by excellent local and international speakers and sessions were consistently well attended. The webinars allowed more of the members to participate, thus ensuring that members remained up-to-date in all things related to diabetes care. Lectures were delivered safely and enjoyably in the comfort of the homes of the attendees. A total of 18 webinars were held with the help and support of the pharmaceutical companies. Below is the list of webinars conducted in 2022.



TOPICS	SPEAKERS
1. The Discipline of Unified CRM Management in T2D: Improving Patient Outcomes through SGLT2i	Prof. Ricardo Fontes-Carvalho, Prof. Alexander Tan & Dr. Anthony Russell T. Villanueva
2. SGLT2i: A New Pillar in Building a Strong Foundation in HF management	Prof. Javed Butler & Dr. Marcellus Francis Ramirez
3. A Decade of Trust in T2D Management: A story of Simplicity Experience in Clinical Practice	Prof. Merlin Thomas & Dr. Rima Tan
4. The Heart in Diabetes (CV Benefits of Metformin)	Dr. Susan Yu-Gan & Dr. Eleanor Lopez
5. Shifting Gears in T2D Treatment: The Benefits of SGLT2i + DPP4i FDCs in Glucose & CRM Management	Prof. Ted Wu & Dr. Myrissa Melinda Lacuna-Alip
6. Glycemic Control in Hospital: Mitigating Risks and Complications	Dr. Fatma I. Tiu
7. Single Pill Combination (SPC) Treatment Strategy: Why? When? How?	Dr. Edward Niño Gacrama & Dr. Deborah Ignacia Ona
8. From Science to Patients: Advancing The Management of Diabetic Kidney Disease	Dr. Francis Pasaporte & Dr. Lynn Gomez
9. Hyperphosphatemia and Kidney Disease	Dr. Coralie D. Dimacali
10. Statin Therapy in Diabetes Mellitus: Comparing Apples to Oranges?	Dr. Grace K. de los Santos
11. Weighing Benefits and Limits: Insulinization and Glycemic Variability	Dr. Francis Pasaporte
12. SGLT2 and DPP4 inhibition: A Focus on Glycemic Control & CRM Protection in T2D Management	Prof. Lee Zhen Vin and Prof. Melanie Davies
13. 10 Years of Simplicity in Managing Patients with Type 2 Diabetes	Prof. Merlin Thomas
14. DIABETES TECHNOLOGY FORUM: Practical Use of CGM for Diabetes Management in your Practice	Dr. Mishra Nitish
15. Shifting Gears in T2D Treatment: The Benefits of SGLT2i + DPP4i FDCs in Glucose & CRM Management	Dr. Alexander Tan
16. Triple Threat: Addressing the CV Risk of Hypertension, Diabetes and CKD	Dr. Nanette Rey
17. Updates on Cardiorenal Outcomes in Diabetes Continuum	Dr. Rima T. Tan
18. Evidences in Insulinization RWE and Metrics	Dr. Rima T. Tan



To accommodate various preferences of interaction, more face-to-face Continuing Medical Education activities will be planned for 2023. Diabetes Philippines still plans to conduct a handful of virtual webinars for those unable to join us personally in these educational events.

Webinar Coordinator:
Dr. Cynthia Sanchez
Member, DP Board of Trustees

WEBINAR



HIGHLIGHTS OF THE 39th Annual Convention

DR. RAQUEL PASIMIO, DR. CYNTHIA SANCHEZ, AND DR. MARSHA TOLENTINO

After two years hosting the annual convention on the virtual platform, Diabetes Philippines convened the 39th scientific sessions in a hybrid manner. The Officers and Board of Trustees were joined by 100 members of Diabetes Philippines at Edsa Shangri-la. With over 7,000 delegates registered online, the 39th annual convention was a resounding success. Below are the highlights from the convention.

The first day started and ended auspiciously with our President, Dr. Francis Pasaporte, and Professor Janaka Karalliede respectively, discussing the very hot topic of early prevention of the cardiorenal complications in type 2 diabetes. Heart failure and chronic kidney disease are frequently seen in our patients, causing a significant burden on families, as well as the healthcare system. Early prevention of these complications will improve quality of life and ease suffering. Our speakers presented evidence on how early initiation of SGLT2 inhibitors may have a positive impact on our patients.

For our first plenary session, Dr. Litonjua walked us through the updates on diabetes management, focusing on how the role of glucagon has changed over time. We have seen how DPP4 inhibitors

and GLP-1 receptor agonists, both of which suppress glucagon secretion, have now come to the forefront in the treatment of diabetes. Aside from the role of glucagon, the concept of weight-centric treatment goal in the management of diabetes was highlighted. Not only does weight loss reverse the metabolic abnormalities seen in diabetes, it also improves quality of life and mitigates some of the risk factors in cardiometabolic disease.

A relevant discussion on the second generation insulins was ably headed by Dr. Ronald Toledo. He highlighted strategies to overcome hesitation with early insulin initiation therapy. Dr. Grace delos Santos, our immediate past president, walked us through the local Clinical Practice Guidelines in the management of dyslipidemia and diabetes.

The Augusto D. Litonjua Endowed Lecture was meaningful as the lecturer was personally selected by Dr. Litonjua. His good friend, Professor Mustaffa Embong, tackled the classic and modern approaches in the management of Type 2 diabetes.

Foot problems are common in patients with diabetes. In the first Meet the Experts session, Dr. Luinio Tongson discussed

how adjunctive therapy, specifically hyperbaric oxygen treatment, can play an important role in foot care.

The morning of the second day started with the launching of World Diabetes Day (WDD) with this year's theme "Education to Protect Tomorrow". The launching was led by Dr. Fatma Tiu, treasurer of Diabetes Philippines. It was attended by Dr. Arnold Abalos, Officer In Charge of the Mandaluyong City Health Office and representatives from affiliate societies and the pharmaceutical companies. Messages of support were given by different stakeholders, including Dr. Moon Kyu Lee, Chair of the International Diabetes Federation-Western Pacific Region (IDF-WPR); Dr. Maria Minerva Calimag, Philippine Medical Association (PMA) President; and Dr. John Juliard Go of the World Health Organization (WHO). Dr. Francis Pasaporte led the lighting of the blue circle, signifying unity of the global community in its fight against the diabetes pandemic. The launching was capped by the signing of the commitment wall.

>see WDD at page 27 - 30 for more pictures



In the second plenary session, Dr. Celine Aquino and Dr. Marivic Vestal introduced the concept of Autophagy - a cell adaptive response to support survival and block apoptosis. According to the Aquino-Vestal tandem, caloric restriction thru fasting and exercise are autophagic inducers and can be used as pre-treatment for diabetes and other metabolic diseases. But for exercise to be an effective autophagic inducer, it has to be chronic, lifelong, aerobic and of high intensity. Interestingly enough, it appears that some anti-diabetic agents work thru the same autophagic mechanism, specifically metformin and the SGLT2 inhibitors.



in our armamentarium in the management of diabetic kidney disease. The Meet the Expert Sessions were likewise dynamic and informative. In the Chronic Care Model in T2DM, Dr. Melanie Duran, Ms Daryl Pauline Macadamia, and Ms. Maria Bernadette Platon, shared their experiences as members of the diabetes care team zeroing in on inter-professional collaboration. Dr. Leilani Baldeviso and Dr. Ma. Lourdes Escobar discussed the relevant supplements in gestational diabetes mellitus (GDM). They identified the following supplements as helpful in patients with GDM: Probiotics, Vitamin C, Zinc, Omega 3 fatty acids, Vitamin D and myoinositol. These supplements work either as immune-modulators or by improving glycemic control thru modulation of insulin action, reduction of oxidative stress and inflammation.



Dr. Peter Rossing in the 16th Dr. Ricardo E. Fernando Endowed Lecture discussed Breakthrough Therapies in Kidney Disease. He gave a scholarly review on the renal protection afforded by the renin-angiotensin-aldosterone system inhibitors, the SGLT2 inhibitors and the GLP1- receptor agonists. The latest breakthrough is Finerenone, a selective mineralocorticoid antagonist which has been shown to be cardio-renal protective. In the FIDELITY trial, the use of Finerenone resulted in a 14% reduction in the risk of composite cardiovascular outcome and significantly reduced renal outcomes by 23%. The use of Finerenone has been approved by the US Food and Drug Administration (FDA) and the European Medicines Agency. The latest American Diabetes Association and Kidney Disease Improving Global Outcomes (KDIGO) guidelines recommend the addition of Finerenone among diabetes patients with chronic kidney disease if residual albuminuria is >30 after standard care. This is encouraging news as there is now another drug



The industry-sponsored symposia were just as educational. Dr. Augusto D. Litonjua and Dr. Danilo Baldemor, in separate lectures, talked about the use of sulfonylureas and elaborated on the advantages of using Gliclazide MR 60 mg. Evidence based guidelines recommending sulfonylureas as an add on therapy or as an alternative treatment when metformin is not tolerated was highlighted. Dr. Ted Wu discussed the simplicity of T2DM management using the single pill combination of an SGLT2 inhibitor and a DPP4 Inhibitor and the advantages of using such a combination.



The day was aptly capped by the Fellowship night. Ably hosted by the tan-

dem of Dr. Marci Cruz and Dr. Rey Rosales, the event brought out the creativity and camaraderie of all who were present. Game masters Mr. Hendrik Balona and Ms. Vangie De Jesus, conjured challenging and engaging diversions. The festivities continued late into the night with heartfelt singing and energetic dancing. It was a most fitting way to end the second day!



>see page 12 for more fellowship pictures



The final day started with a timely discussion by Dr. Marsha Tolentino on the efficacy and safety of initiating combination therapy in patients with Type 2 diabetes. Clinical inertia is a reality and being aggressive when starting a medical regimen has been proven to have long-lasting effects. Optimal control of glycemic levels during the first year of therapy has a significant impact on patient outcomes, even after cessation of the combination therapy. This legacy effect emphasizes the need for physicians to be attentive in maintaining glycemic control.



Dr. Daisuke Yabe introduced a new SGLT2 inhibitor, luseoglitazone. This medication has been used extensively in Japan with similar benefits seen when compared to the other SGLT2 inhibitors available in the market today. One of the more interesting points raised by Dr. Yabe was the phenomenon of practicing proper meal sequencing. Meal sequencing, specifically consum-

ing proteins or fat, before carbohydrates, enhances the secretion of GLP-1 and delays gastric emptying. This results in improved postprandial glucose excursions. In addition, he stated that with increased GLP-1 secretion, satiety is promoted and a large appetite is curbed. Waiting for just five short minutes before having carbohydrates will be enough to trigger the appropriate physiologic response.

A scholarly and eye-opening lecture on the role of macronutrients in the pathophysiology of diabetes was given by none other than Dr. Grace Delos Santos. She discussed how the intake of certain types of food increased the risk of the development of Type 2 diabetes. Much to the surprise of the audience, the only type of food that showed a decrease in the diabetic risk development was the intake of cheese! The exact mechanism remains unknown at this time, but the fact was welcomed by cheese-lovers alike.

Dr. Florence Santos shared

her learnings from the 2022 American Association of Clinical Endocrinology (AACE) convention held in San Diego, California. She summarized the lecture of Dr. Peter Reaven, who talked about the relationship between cardiovascular disease and Type 2 diabetes. Because of the results of the various cardiovascular outcome trials studying the anti-diabetic agents, it makes sense to individualize therapy based on patient risk factors. Diet was a hot topic in AACE 2022. Dr. Santos enumerated the differences between Time Restricted Eating and Intermittent Fasting and the theories behind each diet method. The Keto diet was also discussed and she shared the available evidence for following a keto diet.

Dr. Fides Pacheco returned for an encore with a no-holds barred talk on Sex and Diabetes. Dr. Pacheco discussed the pharmacological and non-pharmacological methods to enhance sexual activity. She also highlighted that sex can be enjoyed by patients who have undergone limb amputation, a compli-

cation seen in patients with diabetes. Ideal positions for these affected individuals were given focus. She reiterated that having a chronic disease such as diabetes does not preclude having a healthy and invigorating sex life.

Lower extremity ulcers are commonly seen in our patients with diabetes. Dr. Luinio Tongson discussed the different types of ulcers and the management of these lesions. An interdisciplinary approach is needed to appropriately treat patients as there are both medical and surgical considerations involved.

Timely and relevant lectures, a large number of delegates, and a wide audience reach made this first hybrid convention of the society a success. As the country transitions to a semblance of normalcy, Diabetes Philippines plans to hold its 40th annual convention face-to-face. See you in Edsa Shangri-la on November 2023 as we ***Unravel the Mystery That Is Diabetes!***





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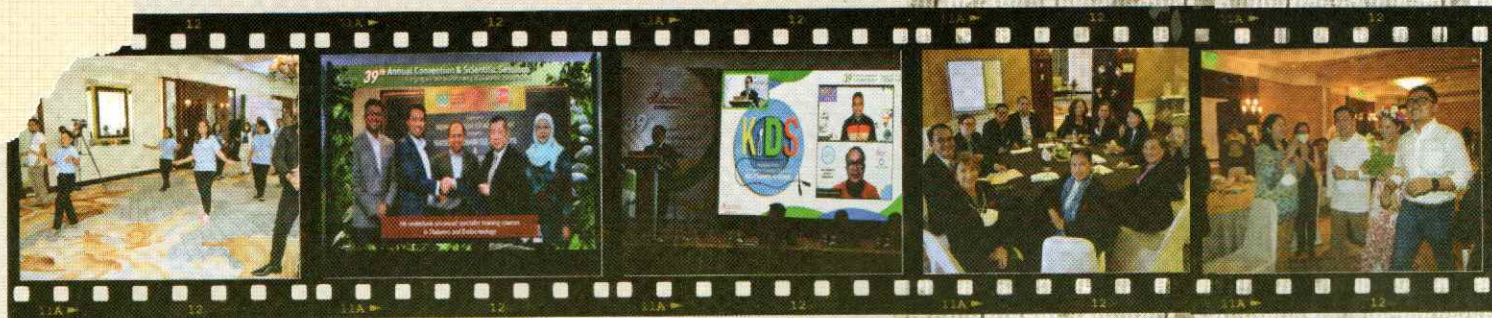
Antagonist's Testing Menu on the FastTrack Lifestyle Study
Standardized Diabetes Diet only

CESAR MANALAO
Living with diabetes for 4 years



>see page 21 for the Save the Date of the next
DP Annual Convention





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1. Zaccaro G et al. Diabetes Care. 2006;29:1111-1115. 2. Sawada T, Inagaki T, Tsubouchi K et al. Metabolism. 2009;58:1038-1045. 3. Perkovic G et al. Kidney International. 2013;85:1017-1025. 4. Wang et al. Diabetes Care. 2016;39:1044-1051.

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**DPAC &
FELLOWSHIP
NIGHT**



Vegetable Sardines Fritters

BY JENNINA A. DUATIN, RND

PREP TIME: 20 MINUTES
COOK TIME: 30 MINUTES
TOTAL TIME: 50 MINUTES
SERVINGS: 12

INGREDIENTS

- 1 can small sardines in tomato sauce
- 2 pcs eggs
- 1 cup eggplant, cut into short, thin strips
- 1 cup squash, cut into short, thin strips
- 1 cup string beans, cut into short, thin strips
- 2 cups sliced kangkong leaves
- 1-piece big white onion, sliced
- 3 cloves garlic, minced
- ¼ cup all-purpose flour
- Salt to taste
- 2 teaspoons ground black pepper
- Cooking oil
- Chili flakes (optional)

DIRECTIONS

- Open the sardines, drain and rinse in running water to remove the excess sauce.
- Set aside.
- Place the sardines, eggs, and all the vegetables in a bowl and mix.
- Add the all-purpose flour, seasoning and mix well.
- Heat the frying pan and add oil.
- Place 1/3 cup of the mixture at a time and pan fry in medium heat.
- Cook for 1-2 minutes on each side or until golden brown.
- Remove from heat and drain the excess cooking oil on a paper towel.
- Serve hot with dipping sauce on the side.





ME and the WORLD

BY FRANCESCA ISABEL VILLANUEVA-YU

Wake up. Get out of bed. Wipe my face and look for my eyeglasses. Wear it and look for the small pouch that has a glucose meter, strips and lancing device.

Dump out all the contents. Uncap the lid and take one strip. Put the strip directly into the glucose meter. Get the lancing device and check the depth level. Prep one finger with some shakes and a squeeze. Pull the trigger of the lancing device. Place the tip of the lancing device by the side of the finger – of course not at the super side – and push the button. Blood starts to ooze. Immediately grab the glucose monitor and put the blood on the strip. Wipe the blood away or get a cotton ball. Wait for the timer to run out and embrace yourself for impact. I see numbers.

Grab the insulin pump.. Think and think some more of how much I'm planning to eat and what's the equivalent carbohydrate count. Input the blood sugar level and the carbohydrate count numbers. Now we wait and wait and wait some more.

Hi! I am Chesca. I am a speech-language pathologist from Butuan City, Agusan del Norte, Mindanao. On my free time, I love to read books especially dystopian and young adult novels. I also like to watch different series – mostly Korean – movies and documentaries (crime and true stories).

I got diagnosed in November 2002, that was a month before my 9th birthday. The first sign that my parents noticed was having ants in my urine. Then they started to notice that I was always thirsty and would get up in the middle of the night to go to the bathroom. They also noticed that I would eat a lot but I did not gain any weight. They consulted the Diabetologist in our city and she suggested I submit a blood sample to St. Lukes for a C-Peptide Test. Boom! Random blood sugar of 500-something + an almost non-existent C-Peptide level = Type 1 Diabetes.

It was a whirlwind of emotions for me and my parents. It felt

like I was getting a death sentence. Tears were shed everywhere. Even my doctor cried, since it was extremely rare that time to have an 8-year old child with diabetes in the province.

My family worked as a team especially in coping and adapting into a new world. They would include themselves in the management and made sure I was not alone. If I needed to change my eating schedule and habits, they would do the same. During injections and pricks, my parents would always be there to hold me or guide me towards independence in management. Adjusting took a while and it needed a lot of new items. They bought small bags with insulators inside to keep my insulin cold. They also bought gel packs, measuring cups and a food scale.

A visit to any Health Care Professional (HCP) is always scary, especially for a child, because you don't know what to expect. I've met a doctor that was very welcoming and appreciative of what I do with my management. Even when I had not so nice results, it always felt like I was talking to a friend. She was giving me advice that didn't sound hurtful to my brain and heart. I didn't feel like she was trying to control what I do, but I felt that she was trying to show me other ways or options that I can do to manage diabetes better.

Here are some suggestions on how to open up new conversations between the Health Care Professional and the Person/Child with Diabetes, specifically Type 1 Diabetes:

1. Include the Person with Diabetes (PwD) in the conversation. Don't always direct your attention to our parents/guardians during check-ups.
2. Give us time to be comfortable around you...similar to when forming a relationship with a friend.
3. Please listen to our thoughts and feelings. Not just to the

in the online world. Go check it out for yourself. You'll be amazed at the amount of shared experiences with people living with Type 1 Diabetes.



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Photos are for illustrative purposes only. Not real patient.

This material is strictly for healthcare professionals only

Yoga and Diabetes: Tackling the Balance of Mind and Body

BY MARIA RAQUEL PASIMIO, MD

It is a fact that exercise is an integral component in achieving good physical and mental health. This, however, still doesn't seem to be enough of a motivation for many people. "I'm too busy...I'm afraid to go out...It's just too hard..." are excuses we often hear from our patients. There is an answer, an oft forgotten form of exercise, that is easy, beneficial, and that can be done both at work and at home. That exercise is YOGA.

The origins of Yoga can be traced to as far back as the 4th century BC. Its roots are anchored in India, with the central tenet being to focus the mind and enhance spiritual well-being. Although it began as a religious and spiritual discipline, over time, the practice of yoga has evolved with an emphasis on harmonizing the body, mind, and spirit.

Yoga has many proven benefits on both physical and mental well-being. Research has shown that yoga improves strength, balance, and flexibility. As aging occurs, balance and flexibility decrease. The various postures and movements in yoga help mitigate these adverse events. Cardiovascular benefits are also seen in patients who regularly practice yoga. Favorable changes in heart rate, blood pressure and cardiac function occur. The pandemic has brought home the need to boost the immune system. Several studies have shown that yoga can help improve the immune system by fighting inflamma-

tion and by enhancing cell-mediated immunity.

Yoga has also proven mental health benefits. Stress is relieved with meditation and breathing exercises that are key yoga components. Both movement-based yoga therapies and breathing practices have been shown to reduce depressive symptoms.



Yoga and Diabetes

But what about yoga and diabetes? Can yoga help bring down blood sugar levels and improve hemoglobin A1c assessments? Clinical research studies have shown that the answer is YES!

In a new research study published in 2022, the research team from the Keck School of Medicine of USC found that certain mind-body exercises were effective in reducing blood glucose levels in patients with Type 2 diabetes. The team analyzed data from 28 randomized controlled trials conducted globally between 1993-2022. Patients with Type 2 diabetes began a mind-

body practice in addition to receiving medication. Their results were compared to patients who only received medication to control their sugar levels. Yoga, the most-studied modality among the mind-body exercises, gave the largest benefit with a reduction of about 1% in the hemoglobin A1c. This result is particularly significant since metformin, the most prescribed anti-diabetic agent, reduces the hemoglobin A1c by an average of 1.1%. A reduction in fasting blood glucose was also seen with a mean change of -22.81mg/dl, consistent with the change in hemoglobin A1c.

The researchers found that the duration of yoga did not matter significantly, but the frequency and regularity of performing the exercises did make a difference.

This study suggests that yoga may be used as an adjunct to pharmacologic therapy. In addition, the fact that the trials studied were conducted globally means that yoga can truly be of benefit to patients with Type 2 diabetes worldwide.

The mechanism by which yoga improves glycemic control is not clear. One suggested mechanism of action is that yoga invokes a relaxation response. This response helps regulate and decrease the levels of serum cortisol and other stress hormones. In another study, researchers found that

yoga postures (Asanas) had a positive effect on glucose utilization and fat distribution. It was postulated that pancreatic cells may be rejuvenated, and cell sensitivity increased by the alternating abdominal contractions and relaxations performed during yoga.

The benefits of yoga are not limited to the physiologic effects. Numerous studies have documented that yoga helps in regulating eating patterns. Improved eating habits and less binge-eating are seen in people who make yoga a part of their routine. This “mindful eating” results in a healthier dietary intake, a modest weight loss, and better glycemic control. Equally important, regular yoga practice can focus the mind and help create the right attitude for patients to cope with their diabetes.

The recommended type, duration and frequency of yoga practice have not been clearly defined. As observed in the 2022 study, it is the frequency and adherence to the practice that have a significant impact, rather than the duration of each session. Sessions that are as short as 10 minutes, but done frequently, are believed to have beneficial effects. Many studies have reported seeing a clinical difference after three months of doing yoga.

Yoga has many styles and postures so that one can easily find a yoga flow that is appropriate and effective for one's needs. Yoga can even be performed at work with a simple, basic chair flow and breathing exercise. Beginners should start slowly and avoid extreme practices. Any pain or discomfort when performing exercises should not

be disregarded. Specifically for our diabetic patients, they should enter and come out of poses slowly, pausing for a breath or two. As with all forms of exercise, yoga cannot be performed on a full stomach. For our patients taking anti-diabetic medication, it may be prudent, however, to advise them to take light snacks to prevent hypoglycemia.

There are a few things to keep in mind before starting yoga, or any exercise routine for that matter. The most important part is to talk with your doctor or healthcare provider regarding the planned exercise routine. There are certain yoga poses that may not be appropriate for the elderly or those with back injury. Remember to start slowly. Beginning a regimen can be challenging, most especially for those who have been sedentary or inactive for quite some time. Yoga can offer a gentle way to slowly build up strength, flexibility, and improve overall health. As mentioned previously, do not disregard any pain or discomfort. Practitioners should never push themselves beyond their physical capabilities. This will not be the way to achieve mind-body balance! Take breaks, if needed, in order to hydrate and rest.

There are many yoga disciplines out there and it will not be difficult to find one that will suit your needs. If the choices seem overwhelming, check out the YouTube Channel of Diabetes Philippines: “Let's Talk Diabetes”. There are three yoga sessions featured, all of which are easy to follow. I personally can attest to the benefits of performing the Basic Chair Flow (Episode 5). The routine is straightforward, simple, with gentle poses involved. It has become part of my morning routine. The beauty of this routine is that it can be done in clinic since all that is needed is

a chair and ten minutes of your time.

Exercise need not be a word that conjures up grueling tasks or hours on a treadmill. Yoga is a gentle and effective way to stay healthy, in mind, body and spirit.



Visit our YouTube Channel to view the full episode of Basic Chair Flow: <https://www.youtube.com/watch?v=957VzkcY6HI>

Visit our official YouTube Channel to view more related videos:

> www.youtube.com/@LetsTalkDiabetes

Let's Talk Diabetes 2022

BY MARSHA C. TOLENTINO, MD

Let's Talk Diabetes, the YouTube Channel of Diabetes Philippines, was launched in 2021 as part of its advocacy to promote diabetes awareness among patients and physicians alike. In 2022, nine videos were featured in the YouTube Channel. Each episode is only ten minutes long, making it truly accessible for everyone. Here are some of the highlights from each episode.

Episode 3: Healthy You Year!



To start the year right, our very own Jennina Duatin shared a few recipes that are delicious and diabetic friendly in Episode 3. The chicken vegetable wrap uses healthy ingredients such as yogurt, a good source of probiotics and is low in fat; chicken, an example of lean protein; and vegetables such as kidney beans and lettuce. She discussed the staples that will be best to have on hand, such as healthy dairy products, lean protein, fruits and vegetables, as well as whole grain foods.

Episode 4: Count your Carbs to Better Diabetes Control



Kristine Llave, a registered dietitian, walked us through the importance of carbohydrates and how these are needed for the body to function properly. It is possible for patients to eat carbohydrates and maintain good glycemic control. A good tip from her was to prepare the food in its unprocessed form to help avoid elevation of blood sugar. Visualizing the Pinggang Pinoy is an easy way to remember how much carbohydrates should be consumed. The rice or other starchy staple should roughly fill up one fourth of the plate.

Episode 5: Basic Yoga Chair Flow



Exercise is an important part of maintaining good health. Rianna Gatus, a certified Yoga instructor, showed us how to do basic yoga postures while seated. The session focused on performing simple movements and coordinating these movements with breathing. This is a particularly good activity for people who spend hours sitting in front of the computer or working behind a desk.

Episode 6: Is Protein Better than Carbohydrates for Diabetes?



Olive Dabu, a registered dietitian, said that proteins are needed for growth and maintenance of the body, building muscle, and supporting the immune system. Even though animal proteins are considered complete proteins, the benefits of plant proteins cannot be minimized. Plant proteins are high in fiber, phytonutrients and antioxidants and low in saturated fat and cholesterol. In addition, plant proteins are environmentally friendly and more sustainable to produce. For patients with diabetes, good protein options are lean meat sources, seafood and plant proteins. It is recommended to eat fish, specifically fatty fish, like tuna and sardines, at least 3 times a week because these sources of protein are good for the heart.

Episode 7: Food Labels: Read Them to Manage your Diabetes



Food labels are there in order to help consumers understand the nutritional content of the food they are ingesting. The habit of reading the labels can have a significant impact on overall health and well-being. Jen Duatin walked us through the steps in properly reading the food label. The first step is to look at the serving size. It cannot be assumed that 1 pack is equivalent to 1 serving size. Look at the serving

size and determine how many serving sizes are in the food container. Next, look at the percentage daily value. A high percentage value, meaning at least 20% of the nutritional daily value, is ideal for the essential nutrients. A low percentage value, meaning 5% or less, should be seen in cholesterol, saturated fat, and trans fat.

Episode 8: Slow and Low Yoga



Participating in the exercise were the Officers, Board of Trustees and Chapter Presidents of Diabetes Philippines. Mind-Body balance was the focus of the practice. Stretching the body and syncing the postures with breathing was emphasized throughout the session. This would be a great sequence to do after a long and stressful day.

Episode 9: Know How Much Sodium is in Your Favorite Food



Sodium was the next nutrient brought into focus on the YouTube Channel. It is an element that controls blood pressure and is needed for the proper functioning of nerves and muscles. There is a healthy amount of sodium that can be ingested. Too much sodium will cause high blood pressure and may lead to an increased risk of developing diabetes. Some examples of food with a high sodium content include soy sauce, patis, tuyo, canned goods and junk food. As mentioned in Episode 7, it is very important to read the food label to get nutritional information. This will tell you whether the food has a high or low sodium content. A product has low sodium if it has less than 140mg. The average salt consumption must be limited to only 1 teaspoon of salt or 2300 mg per day. Healthy sodium substitutes include ground pepper, bay leaf, and atsute.

Episode 10: WDD 2022



World Diabetes Day, the global event signifying the commitment of the various stakeholders to raise awareness and to end diabetes, was featured in Episode 10. The theme for 2022 was

“Education to Protect Tomorrow”. People with diabetes need education to understand their condition and carry out the essentials of daily self-care to maintain good health. Education can help prevent complications, thus improving the overall well-being of patients living with diabetes.

Episode 11: Basic Yoga Twisting Flow



Diet and exercise are pillars in staying healthy. The first episode of the year focused on nutrition so it was apt that an exercise session capped the year's videos. Yoga is a gentle way to build strength and improve balance. It also helps decrease stress levels, and positively impacts on physical and mental wellness.

Let's Talk Diabetes on YouTube is an excellent source of information for patients, their families, and even health care professionals. Do watch the videos and don't forget to Like, Share and Subscribe. Hit the Notification Bell to get alerted on a new video upload. Let's spread the word and raise awareness. *Let's Talk Diabetes!*

Like, Share and Subscribe to our YouTube Channel

www.youtube.com/@LetsTalkDiabetes

SUBSCRIBE



LET'S TALK *d*iabetes



Instant Beef Mami Noodles with Malunggay and Bok Choy

BY JENNINA A. DUATIN, RND

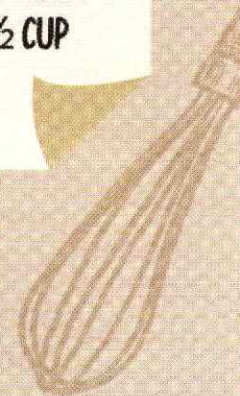
INGREDIENTS

- 3 packs beef instant mami noodles
- Package seasoning
- 1-piece soft boiled egg
- 1/2 piece thinly slice carrot
- 1 cup blanched malunggay
- 4 pcs blanched bok choy or petchay
- Green onion
- Toasted garlic
- 9 cups water

DIRECTIONS

- Blanch the malunggay & bok choy in boiling water for 3 minutes.
- Cool shock the blanched vegetables by placing them in iced water. Keep the vegetables in the ice water long enough for them to cool completely, then drain them well. If you remove the vegetables from the ice bath before they finish cooling, they will continue to cook from the inside out resulting in a mushy finished product. Set aside once the vegetables are cooled completely.
- Boil water and add the instant mami noodles, package seasoning and sliced carrot.
- Wait until the noodles become al dente.
- Add salt and black pepper to taste.
- Transfer the cooked noodles in the bowl.
- Arrange the vegetables, toasted garlic, soft boiled egg and sesame seeds.
- Serve hot and drizzle with sesame oil.

PREP TIME: 10 MINUTES
COOK TIME: 30 MINUTES
TOTAL TIME: 40 MINUTES
SERVING SIZE: 1/2 CUP
SERVINGS: 6



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Autophagy: An Old Concept Given New Life

BY MA. CELINE T. AQUINO, MD

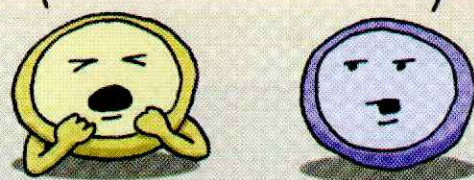
In the last three decades, we have seen the rise of successful treatments that have improved survival in heart failure. In 2013, the development of the sodium-glucose-co-transporter or SGLT2-inhibitor changed the landscape in the management of this disease. Initially geared towards the treatment of diabetes, these drugs became the new hope for cardiac failure. And it all began with **autophagy**.

SGLT2-inhibitors block glucose re-absorption in the proximal tubules, allowing glucose wasting in the urine, in turn leading to sodium wasting and volume loss. This simple physiologic occurrence has led to impressive results in both heart failure and renal failure studies. Although the exact mechanism remains unclear at this time, one of the hypothesis is that induction of autophagy occurs. It is this mechanism that has received the most intense scrutiny.

Autophagy is not a new concept. It comes from the Latin words that translate to "to eat one-self". The process refers to utilizing the parts taken from worn-out cells to create new energy sources. In the living body, therefore, autophagy refers to: 1) recycling intracellular energy sources; and 2) cellular waste clearance. These occur in response to nutrient depletion.

The word "autophagy" was coined in 1963 by Christian de Duve, who later

ACK! I'M BEING EATEN ALIVE!
DUDE RELAX. IT'S JUST AUTOPHAGY

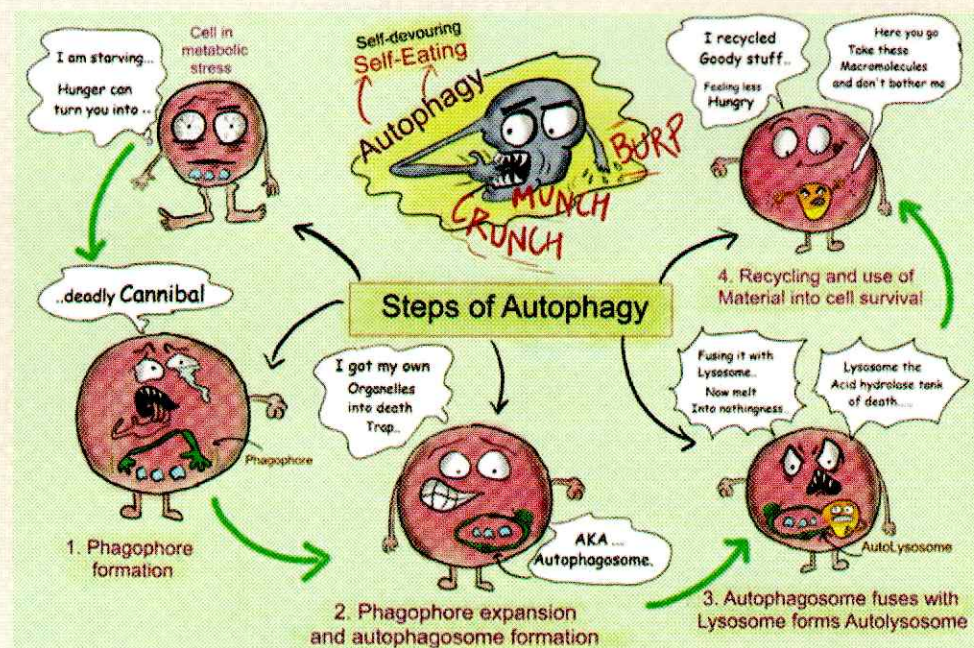


won the Nobel for Biochemistry for his discovery of the lysosome. Interest in autophagy was sorely lacking, however, until 50 years later, when Professor Yoshinori Ohsumi identified the mechanisms underlying autophagy and the gene that controlled it. This time, the discovery was deemed momentous, earning him the 2106 Nobel for Physiology and Medicine. His work opened our eyes to the fact that disease - any disease - has its roots in

the disruption of autophagy.

After cell death, there are 4 steps involved in autophagic cellular waste clearance consisting of: 1) phagophore formation; and 2) elongation, during which the organelles released by the dead cells are engulfed to create 3) autophagosomes that the 4) attach to the lysosome and enters the degradation process that will release nutrients and "spare parts" utilized by the body to create new cells.

Autophagy is an essential process for many basic physiologic responses. It is a recycling process that maximizes the cell's existing energy resources. It is activated during starvation and other forms of stress. It is involved in anti-aging and in fighting infection.



So how then, does disruption of autophagy cause disease?

For the body to function properly, proteins, which perform most of the work at the cellular level, have to be folded in the correct shape. If the proteins are distorted, disease occurs. Autophagy clears these distorted proteins, allowing the body to remain healthy. Aside from prevention of accumulation of misshapen proteins, autophagy prevents the release of superoxide radicals, which are toxic to the body.

There is a specific protein, the human islet amyloid polypeptide (hIAPP) that is stored and secreted with Insulin. In diabetic patients, hIAPP gets distorted and accumulates. The process of autophagy is supposed to get rid of these abnormal proteins. Because autophagy is disrupted, these toxic proteins build up, causing decreased beta cell mass, disruption of insulin homeostasis in the pancreas, and insulin resistance in the liver.

Heart failure occurs because of the dysfunction of autophagy. During ischemia, levels of oxygen and nutrients decline, triggering an adaptive autophagic flux. However, if this condition is prolonged, the autophagic process becomes compromised and declines to subnormal levels. This altered autophagy results in stress and the production of superoxide radicals, causing heart failure.

In roughly the same way, pressure-overload cardiac hypertrophy initiates an adaptive autophagy. With prolonged stress, this rapidly converts to maladaptive autophagy that ultimately ends in heart failure.

It is not just impaired autophagy that is pathologic. Altered autophagy can also cause disease. It is therefore, a

double-edged sword... too much or too little is a maladaptive response. Autophagy is beneficial only when restricted within a narrow range of activity.

What are some practical examples of autophagy at work?

Intermittent fasting is an example of autophagy. Because of fasting, the body is deprived of nutrients, forcing it to recycle cell components to function. A large body of research connects fasting with improved glycemic control, reduced inflammation, weight loss and improved brain function. Many have renamed intermittent fasting as an "autophagic fast".

Exercise is another process of inducing autophagy. Because skeletal muscle is stressed, the body has to use existing energy resources, thus triggering autophagy. Autophagy in exercise is regulated by exercise duration and intensity. Acute exercise can induce autophagy but it is sustained only with continuing exercise. This means that to be beneficial, exercise must be lifelong - a tall order for most of us. Seeing how caloric restriction and exercise share the same autophagic pathways and both these maneuvers result in weight loss, we can therefore infer that obesity is a form of disrupted autophagy.

Do medications induce autophagy?

Metformin, a first line drug in the treatment of diabetes, has actions that extend beyond glycemic control. It has anti-tumor and anti-aging effects. It prevents Polycystic Ovarian Syndrome and has both cardio- and

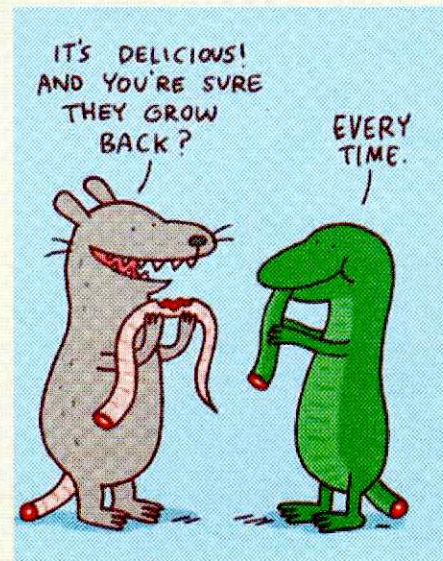
neuro-protective effects. Newly released data has identified metformin as an autophagy inducer. By inducing autophagy, metformin reduces cellular stress and improves mitochondrial balance.

The SGLT2 inhibitors, the new superstars in the armamentarium against diabetes, cardiac failure, and renal failure, have also been shown to be autophagic inducers. An elegant 2021 study involved exposing human proximal tubule cells to either high glucose alone or to high glucose plus Dapagliflozin. After 48 hours, the Dapagliflozin increased the activity of an enzyme, AMPK, which then induces the process of autophagy. A host of other studies on both Dapagliflozin and other SGLT2-inhibitors support this modulating effect on autophagy.

We have seen that autophagy is an essential physiologic response. Adaptive autophagy allows the body to remain healthy by

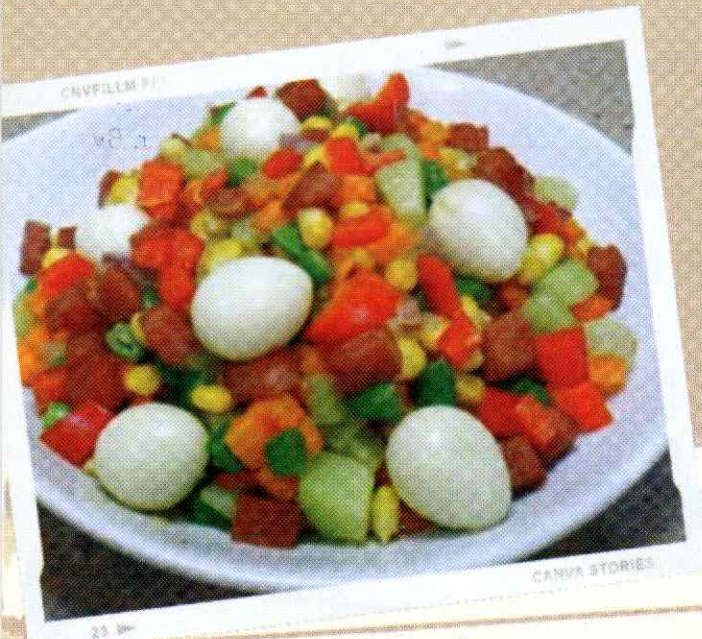
removing toxic proteins from cells. It maintains homeostasis, balance, and allows the body to recycle parts so that organ systems work more efficiently. An impaired or disrupted autophagic response causes various diseases, including dia-

betes and heart failure. Medications, such as metformin and the SGLT2-inhibitors, are important autophagic inducers. They are now pillars in the management of chronic diseases, specifically diabetes, heart failure and renal failure. Autophagy...an old concept that has been given new life.



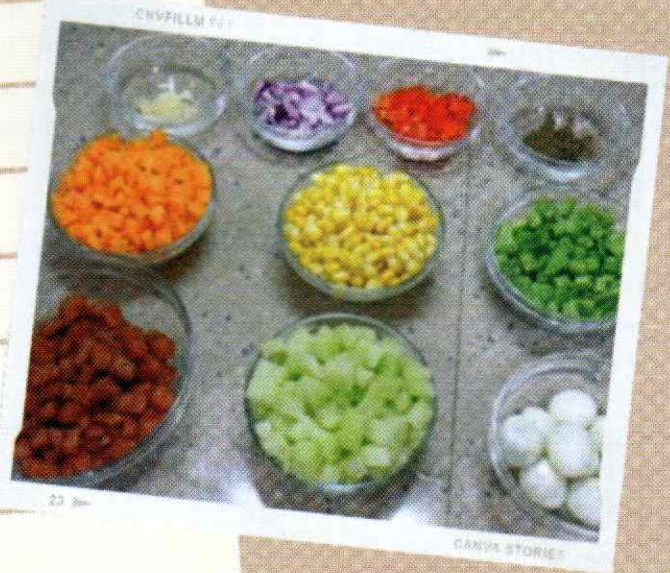
Stir Fry Mixed Vegetables with Meat Loaf & Quail Eggs

BY JENNINA A. DUATIN, RND



INGREDIENTS

- 1 can meat loaf, cut into cubes
- 12 pcs boiled quail eggs
- 1 cup carrot, cut into cubes
- 1 cup eggplant, cut into short, thin strips
- 1 cup baguio beans, cut into cubes
- 1 cup whole corn kernel
- 1 cup sayote, cut into cubes
- 1-piece red bell pepper, cut into cubes
- 2 cloves minced garlic
- 1-piece red onion, cut into cubes
- Salt to taste
- 2 teaspoons soy sauce
- 2 teaspoons ground black pepper
- 2 tablespoons cooking oil



DIRECTIONS

- Pan fry the meat loaf until light brown in color to render the oil. Drain excess oil and let sit on paper towel. Set aside.
- Sauté the garlic and onion. Add the carrots, baguio beans and corn.
- Add 2 cups of water and cover until the vegetables are cooked.
- Place the sayote, meat loaf and cook for 3 minutes.
- Add bell pepper, quail eggs and soy sauce. Mix ingredients thoroughly. Season with salt and black pepper.
- Serve hot.

PREP TIME: 25 MINUTES
COOK TIME: 35 MINUTES
TOTAL TIME: 60 MINUTES
SERVINGS: 10





2023

DP ACTIVITIES

14
APRIL

Pangasinan Workshop
70th Diabetes Workshop and 35th Diabetes Forum
April 14-15, 2023 (Friday – Saturday)

WORKSHOP

JULY

Gimik / Diabetes Awareness Week
17th Gimik Diabetes
July (Exact date to follow)

DAW

1
JUNE

Camarines Norte Workshop
71st Diabetes Workshop and 36th Diabetes Forum
June 1-2, 2023 (Thursday – Friday)

WORKSHOP

8
NOV

DP Annual Convention
40th Diabetes Philippines Annual Convention and
Scientific Sessions
November 8-10, 2023

DPAC

27
JULY

Bohol Workshop
72nd Diabetes Workshop and 37th Diabetes Forum
July 27-28, 2023 (Thursday – Friday)

WORKSHOP

14
NOV

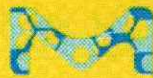
World Diabetes Day
November 14, 2023

WDD

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WORLD DIABETES DAY

Diabetes Philippines celebrates WDD 2022

"In 2022, the campaign focuses on the need for better access to quality Diabetes Education for healthcare professionals and people living with diabetes.

One in 10 adults around the world currently live with diabetes, an estimated 537 million people. Almost half do not know they have it. This is putting added strain on healthcare systems. Healthcare professionals must know how to detect and diagnose diabetes early and make the most of the limited time they have to provide the best possible advice and care for people living with diabetes.

For more than 95% of the time, people living with diabetes are looking after themselves. They need access to ongoing education to understand their condition and carry out the daily self-care essential to staying healthy and avoiding complications.

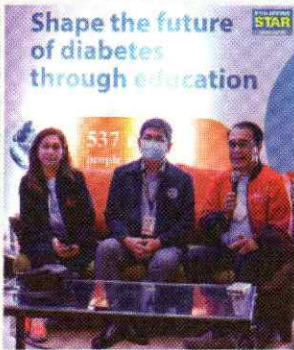
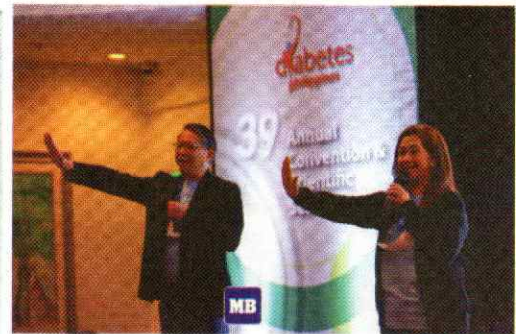
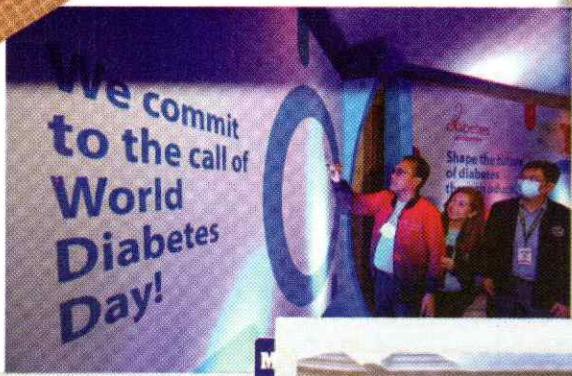
The Understanding Diabetes platform provides free online and interactive courses to help people with diabetes and their carers to understand and manage their condition. Diabetes Philippines a member of International Diabetes Federation (IDF), offers free webinars/seminars and premium online courses to help health professionals stay up-to-date with various aspects of diabetes management and treatment.

Education can help stop the rise of diabetes and protect tomorrow."

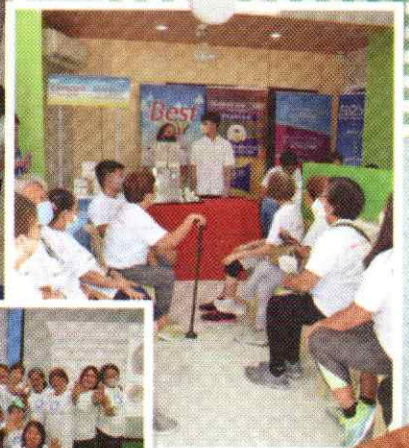
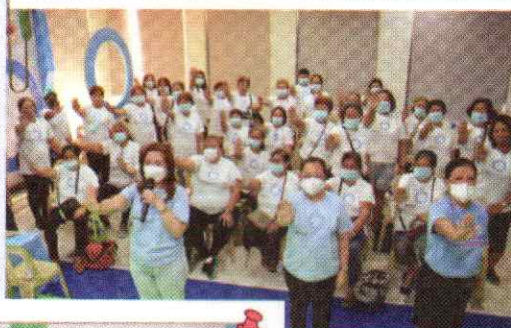


**DP Bldg
Blue
Lighting**

Boni Avenue,
Madaluyong City
November 13, 2022



World Diabetes Day Press Con
EDSA Shangri-la, Mandaluyong City
November 14, 2022



#taranaSTOPdiabetes



World Diabetes Day Lay Fora

Diabetes Philippines Building, Mandaluyong City
November 14, 2022



Dr. Maria Minerva Calimag

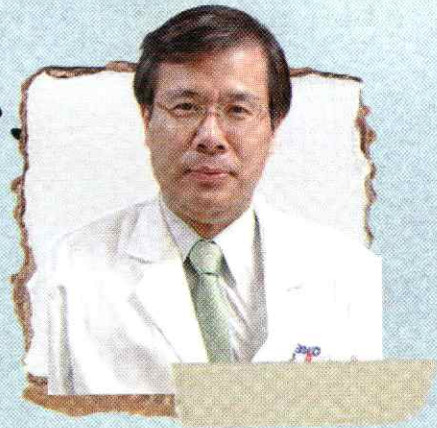
President, Philippine Medical Association

"The PMA lauds the work of Diabetes Philippines in harnessing the power of coalition building among diabetes patients, healthcare professionals, diabetes advocates, the media, and government organizations to push the agenda of diabetes control in support of Republic Act No. 11223 or the Universal Health Care Act of 2019. The PMA joins you in your thrust to increase diabetes care awareness through education!"

Dr. Moon Kyu Lee

President, International Diabetes Federation - Western Pacific Region

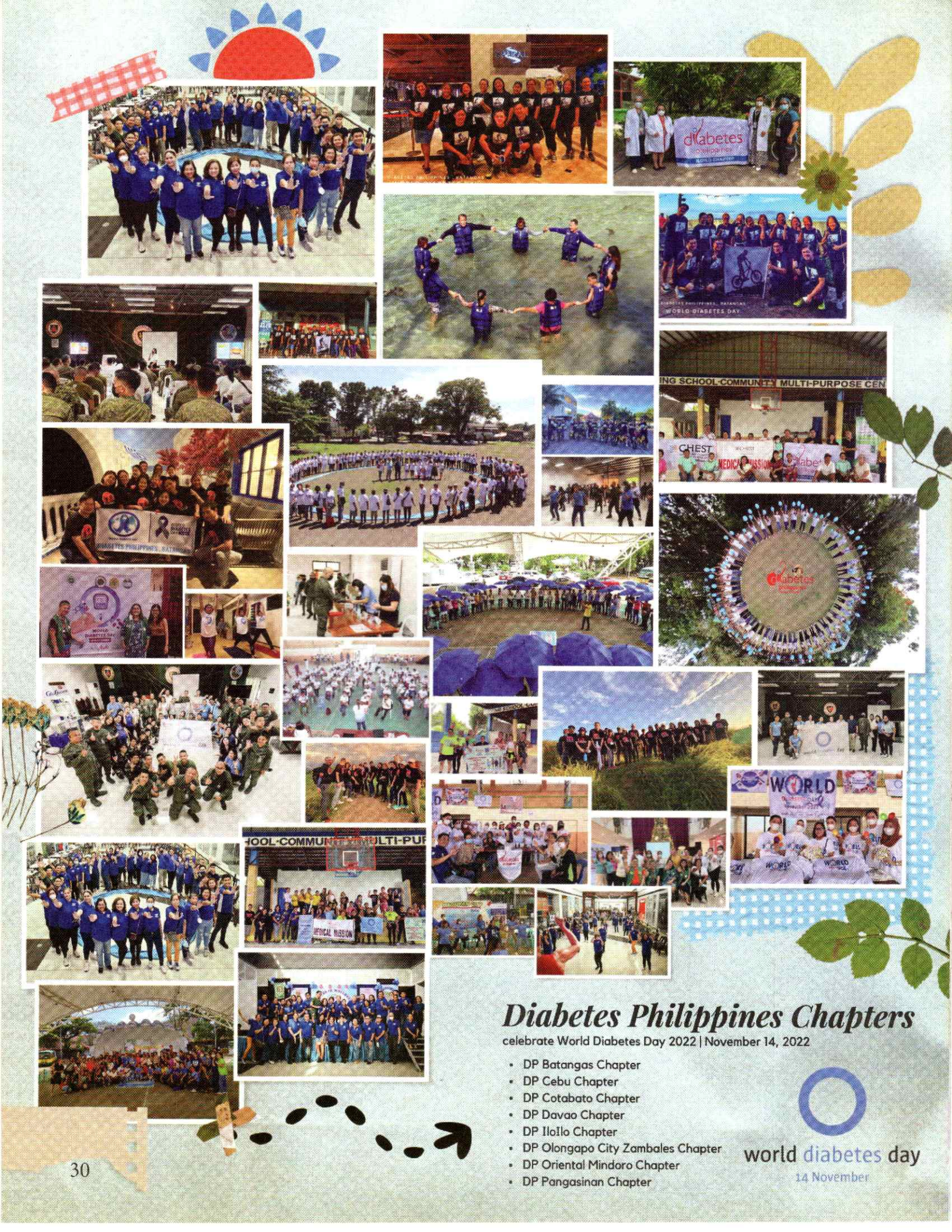
"On behalf of the members of International Diabetes Federation Western Pacific Region (IDF-WPR), I'd like to congratulate and appreciate your effort to celebrate the World Diabetes Day (WDD) at the still hard time of the COVID-19 Pandemic. This year the theme for WDD is 'Access to Diabetes Care: Education to Protect Tomorrow'. Although newer medications and technologies are emerging, diabetes care could not be accomplished without patient participation and self-management, and diabetes education is the most powerful and consistent tool to make the patients competent and confident in the war against the diabetes. Diabetes Philippines (DP) has been a very active member of IDF for long time and contributed tremendously to the diabetes care & education in IDF-WPR such as Regional Disaster Plans for the People with Diabetes, and I'm sure DP will continue to work as a core member in the on-going and future projects in our region as well as in Philippines. Through the WDD ceremonies, I do hope you could communicate with people with diabetes, media people and government officials to make more people recognize the seriousness of diabetes and how important it is to detect and treat diabetes early. I promise IDF-WPR will continue to support and collaborate with DP for the people with diabetes."



Dr. Beverly Ho

Department of Health

"WHO Philippines joins Diabetes Philippines and other partners in the celebration for World Diabetes Day 2022. World Diabetes Day provides an opportunity to raise awareness of diabetes as a global public health issue and what needs to be done, collectively and individually, for better prevention, diagnosis and management of the condition. Together, we can capitalize on the power of partners around the diabetes agenda and mobilize all hands on deck. We can and must work together for prevention and early diagnosis, with focus on addressing obesity in children and adults. We need to monitor and measure, through clinical monitoring and population-based surveys. And we need to provide quality, equitable, comprehensive, and affordable care for people with diabetes. We need to do all these towards our dream for a healthier, safer, and fairer world for everyone."



Diabetes Philippines Chapters

celebrate World Diabetes Day 2022 | November 14, 2022

- DP Batangas Chapter
- DP Cebu Chapter
- DP Cotabato Chapter
- DP Davao Chapter
- DP Iloilo Chapter
- DP Olongapo City Zambales Chapter
- DP Oriental Mindoro Chapter
- DP Pangasinan Chapter



world diabetes day

14 November



DP TYPE 1 MEMBER



Distribution of Emergency Kit Bag for DP Type 1 Members

*(Insulin, Glucose Meter, Whistle, Lancets,
Sharp Container & Insulated Bag)*

Visayas and Mindanao

February 28, 2022



2022 ON THE MOVE



DP STRAT PLANNING



DP Chapter Presidents and Council Chairs Meeting

West Grove, Batangas City

June 1-3, 2022





DP Olongapo City Zambales Chapter Induction

Subic, Zambales
June 18, 2022



Nutrition Advocacy

DP in collaboration with PCP Marikina
ISD Office, Marikina City



For Your Sweetheart

Holiday Inn, Makati
July 6, 2022



DAW 2022

Diabetes Awareness Week

Festival Mall, Alabang
July 24, 2022

Diabetes Philippines Chapters

celebrates Diabetes Awareness Week 2022



• DP Sorsogon Chapter
• DP Batangas Chapter

• DP Olongapo Zambales City Chapter
• DP Bohol Chapter

• DP Cebu Chapter
• DP Masbate Chapter

• DP Pangasinan Chapter

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1

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Based on Mercury SRP: *Dec 2021; **Feb 2022
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1QVIA NPA: 2006-2021 YTD July; Reported by Diabetes Global Marketing Team. Data on file with Merck Sharp & Dohme

2GLBHQ-DPP-4i Deck 2021, update version 2. Data on file with Merck Sharp & Dohme

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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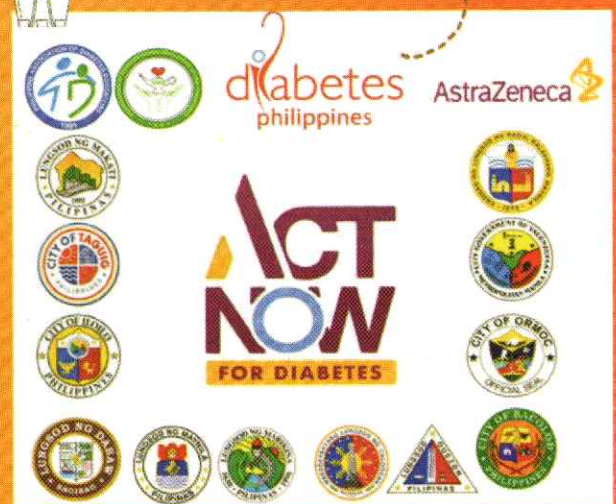
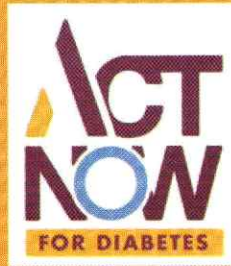
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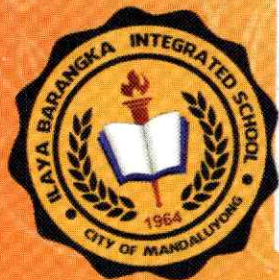
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- Mercury Drug Store Trinoma Branch
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- Mercury Drug Store EDSA Shangri-la Branch
- Mercury Drug Store Greenhills Branch



mercury drug



BRIGADA ESKWELA '22



**Ilaya Barangka
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Baranaka Ilaya, Mandaluyong City



**Mandaluyong
Elementary School**
Aglipay, Mandaluyong City

**Addition Hills
Integrated School**
Welfareville, Mandaluyong City



Heart Summit Care

w/ Department of Health
September 28, 2022

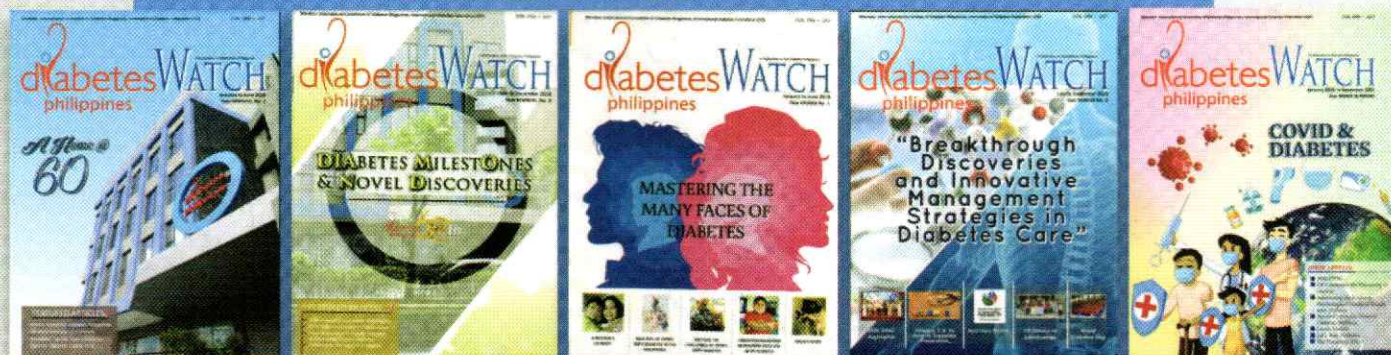
diabetesWATCH philippines

**JOIN
NOW**

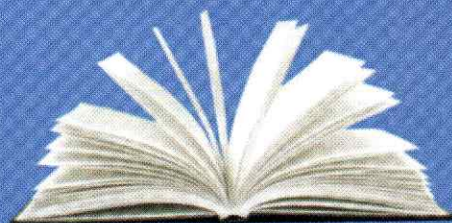
*Doctors, do you
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Be a member of Diabetes Philippines.



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For more details, email us at diabetesphilippines@pltdsl.net or visit our Facebook page at Diabetes Philippines



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