DiabetesWatch

A publication of the PHILIPPINE DIABETES ASSOCIATION, INC. for the Filipino diabetic patient

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The Philippine Diabetes Association:

What we are, and What we intend to be . . .

When the Association was initially established in 1958, the members were all physicians. Events of the recent past have pointed to the indispensability of the partnership between physician and patient in the fight against diabetes mellitus. Thus, after several years of preparation, the new Constitution which formalized this partnership was approved by the body in December of 1984. The features of the Constitution are: to unify all interests and entities in the Philippines concerned about diabetes into a single organization; to encourage the participation of non-medical people in the activities of the Association, thus the Association now accepts non-medical members; and in the furtherance of enlarging its scope, can now establish chapters in any part of the nation.

Thus, if one were to ask what the Philippine Diabetes Association is, then the answer could be that it is an organization of volunteer citizens whose aim is to help improve the life of the Filipino afflicted with diabetes mellitus. And the Association will exist, as long as diabetes mellitus exists in the Philippines.

The Association envisions as its activities, two general areas:

1. FINANCE – where, through the bequests of invidivuals and corporations, the Association can embark on:

a. *Educational Endeavors.* It is said that the diabetic person who knows about his disease, is the person who can live with diabetes. Thus, through the dissemination of appropriate literature, publications as this (**DiabetesWatch**), professional advisory services, summer camps for young diabetics, the Association can teach the diabetic population to help themselves.

b. *Research Studies.* Perhaps, highly technical studies cannot be accomplished in the present economic setting, but simpler and more practical research can be pursued, such as looking into the hypoglycemic properties of certain plants indigenous to the Philippines.

2. PUBLIC RELATIONS – the Association can represent the views, the interests, and the concerns of the Filipinos who are diabetics to all levels of the government, business and employers. The ramifications of this can be tremendous – for if, as an example, the Association – when strong enough to be heard – can lobby for the abolition of taxes and duties on the medications that are life-saving for the diabetic, would this not be of great benefit?

Thus, the call is made to all and sundry – interested in the welfare of his people as diabetics – to join us in the fight against this disease, which is estimated to afflict 2.5 millions of the population. (ADL)

How is Diabetes Discovered?

Glucose gives the body energy. But, if the body does not have enough insulin, the glucose is not utilized nor stored in the body, but passes through the kidneys into the urine.

The signs of diabetes, which are also called symptoms by the doctor, are usually several of the following:

Abnormal thirst
Frequent urination
Abnormal hunger
Sudden loss of weight
Unexplained tiredness
Itching and tingling of the feet and hands
Aches and pains in the legs
Blurring of vision
Non-healing infections on the skin
Itchiness in the urinary exit.

If you have any of these, consult your physican, who may ask for glucose tests on your urine and blood. The diagnosis of diabetes mellitus may then be made, and your treatment planned accordingly.

Adapted from Novo handbook.

Your QUESTIONS Our ANSWERS

Q. I want to lose weight. Is it better for me to give up rice and eat bread instead?

A. Half a cup of rice will give an equivalent amount of calorie from 2 slices regular size loaf bread or 2 small pieces of pan de sal or half a cup of plain mashed potato. If you really want to lose weight, it is more prudent to reduce the total amount of food you eat, instead of eliminating only a specific foodstuff.

Q. I usually toast my bread to reduce its calorie value. Is this true?

A. Equivalent amounts of plain bread and toasted bread give you the same calorie value. However, toasting makes the bread more digestible because part of the starch is changed to dextrin (a simpler and more digestible starch).

Q. I use corn oil to reduce the fat content of my diet. Is this correct?

A. Regular cooking oil and corn oil, measure for measure, will give you the same amount of calorie. The latter, however is recommended for persons with high cholesterol levels because this is a form of polyunsaturated fat.

Q. Will it help me to lose weight if I drink calamansi juice?

A. There is no scientific basis for this. If you take weak calamansi juice, this is just like drinking water flavored with calamansi (essentially calorie-free.) If your drinking calamansi juice makes you eat less food, then you lose weight because of reduced food intake and not because of the calamansi. (Ma.I.Q.C)

Fight DIABETES!

SUGAR AND THE DIABETIC PERSON: 'TWAIN MUST NEVER MEET! . . . OR, IS IT REALLY SO?

Sugar has always been a "no-no" in a diabetic person's daily diet. Starches in the form of rice, root crops, and potatoes are the preferred carbohydrate sources. Yet you must have heard from someone or read somewhere that sugar may not be *that* bad for diabetic persons as it was once thought. Moreover, starches may not be as easy on blood sugar (glucose) levels as it was once believed. It tends to be a bit confusing, isn't it?

Let us try, then, to sort things out. Sugar, as in table sugar and products containing it, is considered as "simple sugar." "Simple sugar" belongs to a major nutrient in our daily diet we call carbohydrate, our main energy source. Another carbohydrate form is starch (such as rice, potato, bread, cereal, and others.) Carbohydrate foods also contribute cellulose, its generally indigestible form we get in vegetables, edible skin and seeds of fruits, cereal bran, leguminous seeds, and guar. It is assumed that simple sugars raise blood glucose rapidly while complex carbohydrates (starch) raise blood glucose at a milder and slower rate. Therefore, complex carbohydrates are the kinds included in your daily diet plan.

Research studies abroad, however, revealed that *not* all complex carbohydrates do cause a slow and mild blood glucose rise. Dr. David Jenkins conducted this study in Toronto, Canada. He tested a relatively small number of food items among diabetic and non-diabetic persons alike. He wanted to compare the effects of these foodstuffs on blood glucose levels. He termed the percentage by which a specific food item raises the blood glucose level as "glycemic index." Wholemeal and white bread, potato, cornflakes, and oatmeal showed the highest blood glucose response among the foodstuffs tested. The addition of protein in the form of cottage cheese made no difference to the glycemic index for bread. The flattest glycemic index was obtained from legumes (such as kidney beans and chick peas) and lentils. The probable reason given for this result is that legumes are digested less rapidly than the other food items tested. The length of time spent in eating the meal however, made no difference on the glycemic response.

Based on Dr. Jenkin's test, the nature of the starch incorporated in the diet may be an important determinant of blood glucose response in the individual. Hence, not all complex carbohydrate foods shall have the same effect on blood glucose as it was postulated before. More tests are necessary in order to come up with additional information about these food items and how they affect blood glucose. In the meantime, continue to:

a) limit simple sugars in your diet (table sugar, catsup, cakes, pastries, etc.)
b) be moderate in your consumption of fresh fruits as they naturally contain simple sugars.
c) emphasize leafy vegetables for their fiber and vitamin/mineral content; emphasize likewise foods low in fat.
d) include complex carbohydrates and foods that can increase the fiber content of the diet.
e) follow the diet prescribed by your doctors since this shall give you the essential nutrients you need daily.

Liberalization of "sugar n' spice n' everything nice" for the diabetic person in the future? Who knows? (Ma.I.Q.C.)

ALCOHOL AND THE DIABETIC PATIENT

A diabetic patient sometimes asks, "Is alcohol absolutely prohibited in diabetes?" The late Dr. Kelly West, in 1978, reviewed the use of alcohol in the diabetic diet. He said that when consumed in small amounts, alcohol produces little direct effect on blood glucose levels. The key word here is 'small," – and the patient must have a clear understanding of what 'small' means. One drink has the caloric value of about 3 fat exchanges, or 135 calories. In comparison to beer which typically contains 4% carbohydrates, some of the wines have less of this direct source of glucose. But whatever the type, all alcoholic beverages contain 7 calories/gram of alcohol.

Some guidelines for the use of alcohol, adapted from the book, "Diabetes, The Goal Is Control," are:

1. The patient should use alcohol only with the doctor's knowledge and permission, since alcohol may interact with some of the medications being taken by the patient. Alcohol may potentiate the effects of insulin and the tablets, and may cause too much lowering of the blood glucose.

2. Alcohol should be used in moderation – a rule is, to sip one's drink very slowly so that the drink lasts 'forever.'

3. Because alcoholic beverages are high in calories, alcohol should be regarded as part of the calorie intake of the patient's diet.

4. Alcohol should not be ingested on an empty stomach as it will be absorbed very rapidly. Thus, together with the drink, one should eat a slowly digested food, such as a protein or fat exchange to slow down the rate of alcohol absorption.

5. Perhaps, the greatest danger in the use of alcohol by the diabetic patient is that the initial symptoms of very low blood glucose (hypoglycemia) may be mistaken for drunkenness, thus delaying the necessary treatment for the low blood glucose condition. In fact, it is strongly suggested, that when a diabetic patient drinks away from home, he is either with friends who know he is a diabetic, or he wears an identification card that is visible. The symptoms of low blood glucose are similar to those of alcoholic intoxication.

6. Alcohol tends to dull the judgment. The patient must remember to eat on time and choose his meal with his usual care.

Perhaps, the best rule of all is to avoid alcohol to the best of one's ability. (ADL)

Fight DIABETES!

TIPS FOR THE DIABETIC PATIENT:

Travel

There is no travel ban for the diabetic patient, whether for business or for pleasure, whether within the islands or to foreign countries. It is suggested however, that the patient visit his doctor for a general check-up, especially if the trip is to be extended and to a foreign country. "Diabetes, The Goal is Control" suggests the following questions you should ask your physician:

1. What antidiarrheal medication should you take along?

2. If you are prone to motion sickness, what medication (and when to take it) should you have to prevent nausea and vomiting? Motion sickness cannot occur only in the plane or in the boat, but also in the car.

3. A prescription for your medications for your diabetes, and if you are on insulin, a prescription for your syringes as well. Or better still, you might wnat to purchase your needs before your travel.

4. Guidelines for adjusting your medications for diabetes, if you are changing time zones.

5. Instructions as to what medications are contraindicated for you. If you are going to a place where a vaccine is still required, remember that a reaction to a vaccine may interfere with control of your blood glucose.

Some essential items to have with you are:

1. An identification card or bracelet to alert people that you have diabetes.

2. Medications for diabetes, including syringes if you are on insulin, must be carried in a hand luggage rather than in a suitcase. Checked-in baggage can be lost or delayed. Insulin should not be placed in glove compartment of a car, or in the baggage compartment of a bus or plane, because the extremes of temperature may spoil your insulin!

3. Sources of simple sugars, such as candies and chocolates, should be at hand to treat hypoglycemia or low blood glucose. Often, when traveling, meals are delayed. Travel may also be an unusual form of strenuous activity, and may burn the sugar in your body faster.

4. The name of a specialist in diabetes and his address may be worthwhile having in your final place of destination.

On the Beach

Use a suntan lotion with a suitable sun screening agent. Consult your physician. The object is to avoid sunburn. Protect the feet always – old, comfortable shoes that are soft and a little loose are good protectors. Remember that even a littly injury to the feet should not be taken lightly.

If the purpose is to frolic, this can also be a form of strenuous activity. Eat or drink something starchy before you participate in those activities.

About Insulin

There are different insulin preparations. The types differ from one another in the rapidity in which they act, and in the length of time of their effectivity in lowering the blood glucose. These different insulin preparations are distinguished from one another by the different color labels.

Insulin keeps best at low temperature, although it is not extremely necessary to keep it in the refrigerator. Placing the insulin vial, which is in use daily, in a cool and dark place will keep the insulin fully potent even for as long as two months, so long as this does not go beyond the expiry date.

Insulin should never be frozen. When even once frozen, it should be discarded.

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So, you have diabetes. What now?

The first thing a patient must not do when the physician tells him that he has diabetes, is to become too upset. Why?

The well-controlled diabetic person cannot be told apart from any healthy person. He looks the same, he can live a long life, he can work as hard as the next man, raise a family, take part in sports, or whatever he fancies.

But, to get the full benefit out of life, the diabetic patient must learn to be more self-reliant. He must learn a few important but simple rules, and listen carefully to his physician. Rules, which are hard at first to adhere to, become second nature after a while.

Patients and their relatives must not believe in cure-alls and remedies which they may hear about. Especially those which seek to diminish the values of diet and exercise. There is no miraculous cure for diabetes, but a special treatment can be planned, which will, however, require regular clinic attendance and check-ups.

If one day, there will be a cure for diabetes, it will be discovered by medical science and not by quacks, and the physician will be the first to know about it.

Research for improved ways of treatment for diabetes is going on all over the world. At the moment, we repeat, there is no miracle cure for diabetes!

–modified from Novo handbook

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