



DiabetesWatch

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

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IN THE NEWS:

AFES Congress Features "ASEAN Diabetes Update"

The ASEAN Federation of Endocrine Societies (AFES) will hold its IV Congress at the Manila Garden Hotel on December 5 to 10 this year with the Philippine Diabetes Association as one of the host societies. The other host is the Philippine Society of Endocrinology and Metabolism.

A regular feature of AFES congresses has been the "ASEAN Diabetes Update" which is open to physicians, other health personnel and laymen, and which will focus on new developments in the field of diabetes mellitus. A panel of diabetes experts have been lined up to form the faculty of this year's Diabetes Update.

Among the topics to be discussed are: the WHO classification of diabetes mellitus, Dietary Considerations in Insulin Dependent Diabetes Mellitus, ASEAN Diet for Non-In-

sulin Dependent Diabetes Mellitus, Indications for Insulin Therapy, New Insights into Insulin Therapy, Insulin Resistance and Oral Hypoglycemic Agents, Clinical Uses of Oral Hypoglycemic Agents, Role of Exercise in Diabetes Control, Monitors for Diabetes Control, Complications of Diabetes Mellitus, Hemorrhological Approach in the Treatment of Peripheral Vascular Disease, How to Deal with Compliance and Non-Compliance, Sick Day Guidelines, and New Agents in the Treatment of Diabetes Mellitus.

Non-physician Filipino speakers are: Ms. Ma. Imelda Q. Cardino who will talk on dietary fallacies in Filipinos; Justice Irene Cortes of the Supreme Court who will speak about her experiences as a diabetic; and Ms. Annie T. Fuentes who will narrate her role as a parent of a diabetic child.

Etzwiler visits with diabetic kids

Dr. Donald D. Etzwiler, director of the International Diabetes Center in Minneapolis, Minnesota, USA, and an active worker on Diabetes in Youth, spent a morning with diabetic youngsters and their parents at the Club Filipino in Greenhills, Mandaluyong on Wednesday, 23 September 1987. The unexpected crowd of more than eighty people was made up mostly of juvenile diabetics and members of their families together with some other guests, gathered by The Juvenile Diabetes Foundation, Philippines.

Before his main lecture, Dr. Etzwiler, a member of the National Commission on Diabetes, gave a brief description of how the Juvenile Diabetes Foundation International and the American Diabetes Association — both very strong diabetes organizations in the USA — pressed on the United States Congress to provide organization and funds for work among diabetics in the

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THE FOOT in Diabetes Mellitus

Of the many complications affecting the diabetic, perhaps none are more clearly apparent than in the foot. Vascular insufficiency and neuropathy lead not only to pain and suffering, but also to lesions that may take months to heal, and then all too often lead to infection and gangrene.

Statistics reveal that approximately, twenty percent of diabetic hospital admissions are for foot problems and these disabling problems lead to suffering, disability, time lost from work, and great expense. Accordingly, appropriate preventive foot care may significantly reduce the incidence of such disabling foot maladies.

Why is the foot of the diabetic especially susceptible to disease? The answer lies in the explanation that foot itself is quite a unique structure, with inherent characteristics and qualities that have led to the emergence of a separate and specialized branch of medicine, Podiatric Medicine, to deal with the medical and surgical aspects of the foot. Accordingly, let us review several aspects which are peculiar to the foot and make it so unique in medicine and susceptible to disease.

The foot is the most distal portion of the body, making it quite susceptible to circulatory compromise. The diabetic, with accelerated angio-

pathy, and such a vulnerable foot, may react to trivial trauma with quickly developing ulceration and infection.

Venous circulation is relatively inefficient in the lower extremity because it flows against gravity. Also most cases of varicosities occur in the legs, thereby affecting the foot.

The foot assumes more weight than any other part of the body, is enclosed constantly in leather or fabric, stands for long periods on hard surfaces, and its osteology affords numerous projection points, such as the condylar surfaces, which may become fulcrums of pressure making the foot most vulnerable to injury.

Its weight bearing function modifies all surgery performed on the foot. Many procedures which may be used successfully elsewhere on the body must be avoided or modified greatly. Moreover, the ambulatory period of convalescence is delayed markedly.

Many saprophytes and tinea are common inhabitants of the foot, thus presenting an ever-dangerous complication.

A large percentage of congenital deformities occur in the foot. Congenital variations in the shape of the skeletal units of the legs and trunk, and their relationship to one another, profoundly modify the stability, shape and function of the foot.—B.P.

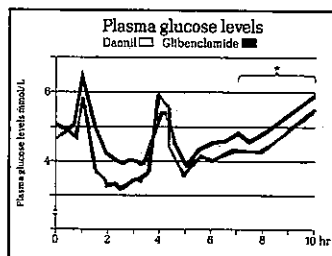
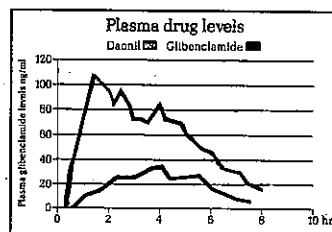
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References:
1. Owens, D. R. et al (1980) *Diabetes Metab* 6, 228.
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6. Data on file, Hoechst UK Limited.

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IDF-WPR Congress

The International Diabetes Federation (IDF) has regional associations based on the groupings of WHO. The Philippine Diabetes Association (PDA) belongs to the Western Pacific Region (WPR). The WPR held its first congress recently in Tokyo, Japan and several members of the PDA were in attendance.

In the executive council meeting of the WPR of the IDF, two new members were admitted, e.g., China-Taipei and Hong Kong. The PDA was one of the sponsors for the application of the Hong Kong society. Thus, the IDF-WPR now counts with eleven members — Australia, China-Beijing, Fiji, Japan, Korea, Malaysia, New Zealand, Philippines and Singapore, in addition to the two new members.

The next congress in 1990 will be held in Kuala Lumpur, Malaysia.

Iloilo Chapter of PDA

The Iloilo Chapter of the Philippine Diabetes Association was formed with the following officers:

Jose P. Sorongon, president; Proceso L. Luzareta, vice-president; Leonora T. Decrepto, secretary; Natividad S. Silvederio, assistant secretary; Erxico B. Katague, treasurer; Leda Monsale, assistant treasurer; Evelyn N. Tan, PRO; and Ma. Corazon Olivar, assistant PRO.

Originally numbering 68 when it was formed in May, membership has now increased, and the group meets every last Saturday of the month at the Iloilo Medical Center. A teaching nurse has been hired recently through the cooperation of Boehringer Mannheim.

cer — applied to Type I diabetes in an attempt to prevent its development or to abort the disease in its very early stage. While there is no known cure yet for diabetes, research has progressed so fast in the past few years it is very possible for an answer to come in the not too distant future.

Dr. Etzwiler's lecture ended in an open forum during which many of the children, parents, and guests participated. Mrs. Lina Lugay, board member of the Juvenile Diabetes Foundation Philippines served as moderator.

Introductory remarks were made by Mrs. Annie Fuentes, president of the Juvenile Diabetes Foundation, Philippines, Inc. (JDFPI). She mentioned the travails which families like hers go through as they deal with young diabetics. She also cited the current drive of JDFPI to improve the condition of our young diabetics. The JDFPI has been respon-

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Etzwiler . . . (from page 1)

USA where today some 10,000 new juvenile diabetics turn up every year. He was part of the Commission which was created and given a year to study the problem of diabetes in the USA then give recommendations for action to the US Congress. With both professionals and laymen banding together, the outcome was a significant boost to research, treatment, and education which now is benefiting not only diabetics in the USA but also all over the world.

Etzwiler who is a pediatrician and Professor at the University of Minnesota School of Medicine, gave a very comprehensive update on diabetes mellitus as it is seen in the USA today.

Starting from a simple explanation of what diabetes is — what causes diabetes — the former president of the American Diabetes Association pro-

ceeded to talk about the acute manifestations of diabetes, i.e. diabetic ketoacidosis (DKA), especially as it affects the younger age group. He mentioned that even in the USA, DKA still presents a big problem in terms of morbidity and mortality. He then talked about the chronic complications involving large and small blood vessels narrowing down on eye changes and kidney complications.

Dr. Etzwiler who was once a vice president of the International Diabetes Federation then went on to elaborate on the various insulin preparations in the market — beef, pork, mixtures, and lately human insulins. He mentioned that the dearth of animal pancreases was the main factor that pushed researchers into developing cloned bacteria capable of producing human insulin, a miracle of bio-engineering. He also stated that

some insulins are produced by modifying pork insulin and converting it to human insulin (see last issue of *DiabetesWatch*).

Several ways of giving insulin were cited. Among them were the use of jet injectors, pumps of all sorts, intra-nasal sprays, special capsules that are meant to prevent digestion of insulin, pancreatic transplants. The ultimate may yet be a miniature pump provided with a glucose sensor and a computer connected to both insulin and glucagon supplies capable of detecting minute to minute fluctuations of blood sugar and responding immediately with hormones needed, either to elevate or depress the blood sugar levels. Dr. Etzwiler also mentioned the experimental use of immunosuppressants — drugs being used in the treatment of can-

The Last Words on Artificial Sweeteners

Many patients still express doubts on the safety of non-caloric sweeteners. An article in the recent issue (September, 1987) of *Diabetes Forecast* clears up some questions, and we quote generously from that article.

The American Diabetes Association (ADA) finds the use of saccharine and aspartame acceptable for people with diabetes when used within the Food and Drug Administration's (FDA) established safety levels. In the Philippines, saccharine is marketed as "Hermesetas," and aspartame as "Equal."

Aspartame tastes more like table sugar than saccharine and has little or no bitter aftertaste.

However, aspartame loses its sweetness when heated, thus it is better to use saccharin in recipes that call for baking or cooking.

Aspartame is not actually a noncalorie sweetener, since it is equivalent in calories to table sugar. However, aspartame is so sweet — about 180 to 220 times sweeter than table sugar — that the small amount consumed in normal use has virtually no calories to consider. Tests being conducted by the US FDA show that aspartame is safe both for the general population and for people with diabetes. It has been established that 50 mg of aspartame per kilogram of body weight a day is safe to consume. This is said to translate to seventeen

12 oz cans of a 100% aspartame-sweetened soft drink for a 154 pound person. Most people consume much less aspartame than these levels.

Saccharin in high doses has been associated with a small risk for bladder cancer in certain laboratory animals. However, studies to date show no evidence that saccharin causes

cancer in humans. Caution is however given to pregnant women to avoid the heavy use of saccharin, as saccharin can pass through the placenta. The recommendation for the safe use of saccharin is: 500 mg a day for children and 1000 mg a day for adults. One teaspoon of saccharin powder contains 14 to 20 mg of the sweetener.

Etzwiler . . .

(From page 2)

sible for sponsoring summer camps for juvenile diabetics and is moving on to other projects in the future. Dr. Ricardo Fernando, medical advisor of the JDFPI introduced Dr. Etzwiler to the audience and at the same time introduced the juvenile diabetics and their parents to Dr. Etzwiler. He made a brief report on the status of diabetes in the young in the Philippines, showing incidence statistics

that appear to indicate that diabetes in the young is increasing in alarming proportions.

The closing remarks were made by Dr. Fernando Mabunga, secretary of the JDFPI. Eli Lilly, the host, through its medical director Dr. Erwin Espinosa expressed confidence that the fight against diabetes will ultimately be won and pledged total support to the continuing efforts at improving the lot of the juvenile diabetics.

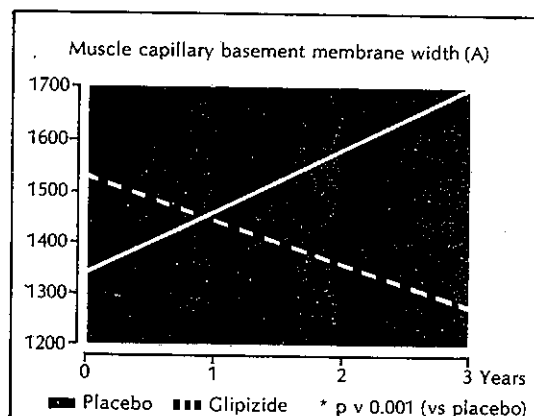
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(Camerini-Davalos R.A. et al, 1983)

TO THOSE WITH DIABETES:

"THOU SHALT TAKE CARE OF THINE FEET"

The ultimate goal in diabetes care is to give the diabetic a quality of life that is long, active, fulfilled and of course **COMPLETE!** An amputation whether a toe or a limb makes no difference at all; to diabetics, that is disaster. They need support and understanding not pity.

The feet of diabetics are particularly vulnerable to problems for several reasons:

1. there is poor circulation in older persons especially at the lower extremities where blood vessels become narrow;
2. narrowing of blood vessels is greater in persons with diabetes;
3. sensation may be de-

creased in diabetics due to neuropathy.

These factors, together with the high possibility to develop infection in uncontrolled diabetes, will pave the way for impending trouble. Thus, diabetics are advised not to smoke as nicotine will narrow the blood vessels even further.

Prevention is the best in the care of the feet. A patient who had a below the knee amputation due to an ulcerated wound when he intentionally cut his corn, said: "If only I was told how to take care of my feet . . ."

And so to the diabetics, here are the **TEN COMMANDMENTS** of foot care taken from the Joslin Diabetes Manual.

Don't forget, you only have

one pair so take good care of your feet!

Take note of the following:

1. Never apply heat of any kind to the feet.
2. Never soak the feet.
3. Never cut your toe nails; only file them.
4. Never wear ill-fitting shoes.
5. Never assume that sensation or circulation is normal at the feet.
6. Never use strong or colored medicines on the feet.
7. Never develop calluses or corns.
8. Never perform bathroom surgery on your feet.
9. Never go barefooted.
10. Never keep the feet too dry or too moist. -V.C.S.

DiabetesWatch



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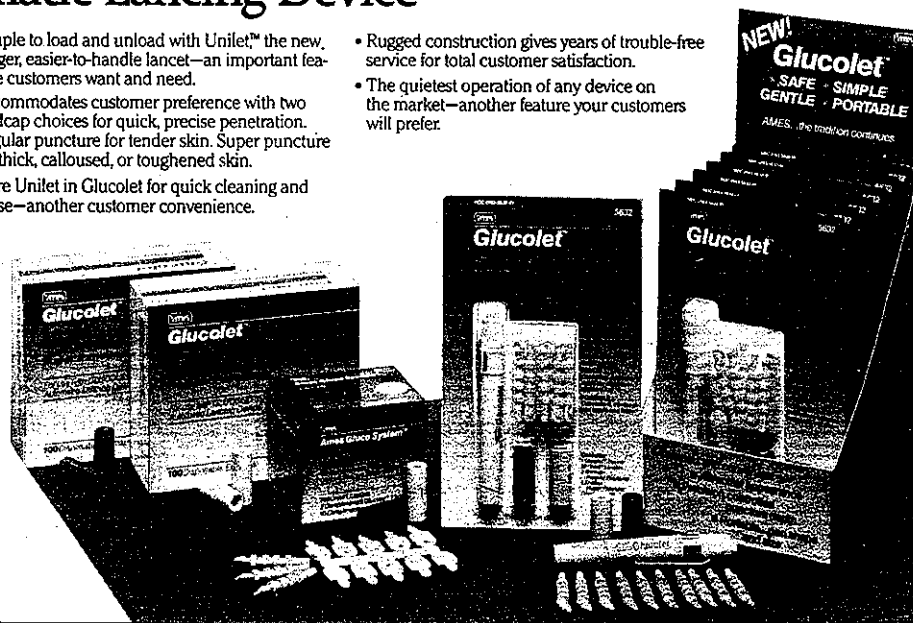
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