Member, International Committee of Diabetes Magazines, International Diabetes Federation

DiabetesWatch

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THOUSANDS JOIN RACE VS DIABETES

THE HUMMING BIRD: "Busy Buddy"

A Symbol of Hope and Strength

Like the International Diabetes Federation, the Philippine Diabetes Association finds hope and strength in the fine example shown by the Humming Bird. With its strong muscled body, the Humming Bird flies 500 miles non-stop across continents, season through season. Its agility in flight is an awe to many, considering its body is not aptly equipped with energy sufficient for long voyages. The Humming Bird's unique strength, however, is not measured through kinetic activity alone. What is also remarkable is its ability to hover above flowers, sipping nectar for long periods of time without having to perch. Metabolic tests show that the reason for this tremendous control is the Humming Bird's ability to regulate the release of stored energy under any form of strenuous activity.

Much like the ways of the Humming Bird, the proper regulation of energy through exercise can actually prevent diabetes, improve blood circulation and increase stamina. For these reasons, the Philippine Diabetes Association chooses the Humming Bird as its mascot to herald the important message: *"Race against diabetes"*. And a wise choice it is—for the Humming Bird is also known to be one of the most courageous of its kind, able to fight dreadful adversaries in the protection of its young.

Its combination of remarkable qualities makes the Humming Bird an apt symbol for the diabetic community. While its unique stamina exemplifies the meaning of physical hope, its courageous way is an inspiration for the spirit.

Stylized representation of the humming bird - concept by Tony Mercado and associates.

5 Km walk-jog-run ushers in Diabetes Awareness Week

In what must be said to be a first in the history of Diabetes in the Philippines, different diabetes groups gathered in huge numbers to join the Race Against Diabetes '94. The 5 Km walk-jog-run marathon event started at the Cultural Center of the Philippines complex grounds and ended at the Quirino Grandstand.

The activity, a joint project of the Philippine Diabetes Association and the Philippine Center for Diabetes Education Foundation, Inc. (Diabetes Center), kicked off the second year celebration of the Diabetes Awareness Week last July 31-August 6, 1994. It brought together the different diabetes-educational clinics in Metro Manila, diabetes support groups, other lay organizations, individuals with diabetes and running enthusiasts. The race against diabetes incidentally was of a national scope as the different PDA chapters nationwide held simultaneous fun runs in their localities.

Several months of hard work put in by the organizing committee was rewarded with the success of the fun run. The organizing committee was composed of Dr. Augusto D. Litonjua, Ms. Lovely Romulo, Mr. Ben Domingo, Mr. Francis Ablan, Ms. Ebol Adorable, Mr. Antonio Mercado, Ms. Remy Fournier, Dr. Josephine Carlos-Raboca and Dr. Honolina S. Gomez.

Continuous downpour of rain for over a month was interrupted by a clear day to give way to the momentous event, clearly a sign of Divine intervention for the believers among us. Registration started at dawnbreak at 5 AM. Representatives from the diabetes educational clinics of the different hospitals came in droves led by their corresponding coordinators: Veterans Memorial Medical Center, UST-Dr. Honolina S. Gomez; Rizal Medical Center-Dr. Roberto Mirasol; Metropolitan Hospital-Dr. Susan Yu Gan; Makati Medical Center-Dr. Josephine C. Raboca; PGH-Dr. Laura T. Acampado; UPMC, FEU-Dr. Cynthia Chua-Ho; Polymedic General Hospital-Dr. Lina Lantion-Ang; Cardinal Santos Medical Center-Dr. Rosa Allyn Sy; DLSU Medical Center-Dr. Allan Hernandez; St. Luke's Medical Center, HERM- Dr. Edith Arceo; and East Avenue Medical Center-Dr. Teresa Plata Que. Ospital ng Maynila, Ospital ng Makati, Juvenile Diabetes Foundation, DIACARE, the Armed Forces of the Philippines and Manila City Hall among others sent delegations to lend

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1994 Annual Convention:

"NEGLECTED ASPECTS OF DIABETES CARE"

December 6 and 7 are dates at Century Park Sheraton

International and local experts on diabetes mellitus will converge in Manila on December 6 and 7 at the Century Park Sheraton to discuss what are not usually taken up in the ordinary discussions of diabetes prevention and care.

An interesting feature will open the convention with different groups in the Philippines discussing their respective roles in coping with the epidemic of diabetes. Then, Prof. Veljko Bozikov from Croatia will present the Yugoslav model of diabetes health care, while the Department of Health will discuss the proposed national program for diabetes in the Philippines.

Foreign speakers include: Dr. Peter Graham Colman - 'Is NIDDM a mild disease?' and also a lecture on hypoglycemia; Dr. Harold Lebovitz, a noted diabetes researcher will talk on hypertension, dyslipidemia and diabetes associations; Dr. Clive Cockram on diabetes, lipids and atherosclerosis, as well as, sexual dysfunction in the diabetic male; Dr. Felipe Tolentino, a balikbayan ophthalmologist will discuss the eye situation in diabetes.

Local speakers and their topics: Dr. Siok Suan Cua - Childhood and adolescent diabetes; Dr. Tommy Ty Willing - The elderly diabetic; Ms. Sanirose Robeta - Nutrition for diabetics; Dr. Raymond Rosales - The painful leg neuropathies; Dr. Agnes Dominguez-Mejia - Asymptomatic kidney disease in diabetes; Dr. Vermen Ruel Verallo - The skin in diabetes; Dr. Florimond Garcia - Peripheral vascular disease and the ischemic foot.

Other interesting features include a talk by Mrs. Angeline Valenciano on her experience as a wife of a celebrated diabetic, and Ms. Myra Chiao on her experiences with her diabetic pregnancy.

An interactive session on the afternoon of the second day will pit questions and answers on different aspects of the diabetes diet with Drs. Ricardo Fernando and Lina Lantion-Ang as moderators. Drs. Mary Anne Lim-Abrahan and Ruby Go, diabetes educators Susan Trinidad, Maria Louise-Flores, Chit Angeles and Adela Jamorabo will form the panel, and which will also include Ms. Juliana Divinagracia and Mr. Salvador Linao.

8th AFES Congress

The 8th Congress of the ASEAN Federation of Endocrine Societies will be held on December 6 to 9, 1995 at Philippine International Convention Center, Manila, Philippines. The host organization will be the Philippine Society of Endocrinology and Metabolism and the Philippine Diabetes Association.

For further information, please contact;

8th AFES CONGRESS ORGANIZING COMMITTEE at the Philippine Diabetes Association National Headquarters, Shaw Blvd. Mandaluyong City, Philippines.

TWO ASEAN DIABETES GROUPS MEET IN MANILA

Two bodies concerned with varying aspects of diabetes will meet in Manila, come December 4 and 5. Both meetings will be held at the Heritage Hotel, and will be sponsored by Novo-Nordisk A/S, the leading manufacturer and supplier of human insulins in the region.

On Sunday, December 4, the ASGODIP (AFES Study Group on Diabetes in Preganancy) will present their on-going study on statistics of diabetes occuring in pregnancy. It has been shown for many years, that a high blood sugar level in the pregnant woman can cause congenital anomalies in the fetus, as well as, other complications of the baby at delivery, in the immediate life after conception, and even in later years. On the other hand, half of women who develop high blood sugar during pregnancy can develop permanent diabetes after a few years from their child-bearing stage. Thus, it has become a very important aspect of diabetes care to look into the blood sugar levels of pregnant women, whether they have a family history of diabetes or not. AFES stands for ASEAN Federation of Endocrine Societies, of which ASGODIP is a part of.

On Monday, December 5, the recently formed ASEAN Diabetes Educators will formalize their grouping, and may agree on a common curriculum to train diabetes educators in their respective countries. The morning session will feature a workshop in which three speakers will be featured: Mrs. Margaret McGill Graves from the International Diabetes Institute in Melbourne, Australia; Ms. Julie Tan, clinical research associate of Novo

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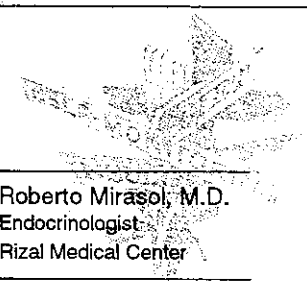


Roberto Mirasol, M.D.
Endocrinologist
Rizal Medical Center

Everything you always wanted to know about DIABETES...

(but were afraid to ask!)

In this issue of **DiabetesWatch** we will deal mostly with problems you might have regarding your diet. Diet is one of the cornerstones in the treatment of diabetes. In fact, it is the key to successful control of blood sugar and indeed a very important component of self-management. Once you have mastered your diet, then metabolic control would not be far behind. This is the first step and considered by some doctors to be the most important step in diabetes management. So read on, and learn from your questions.

I often hear my doctor say, "Are you following your exchange list?" What is exactly an exchange list and how can I use it?

An exchange list is a system wherein food groups are classified into six categories of measured foods of approximately the same nutritional value. Food choices within the same group can be "exchanged" or substituted for other foods in the same group. It can provide the diabetic with a structured meal plan but the information given maybe overwhelming to some and therefore difficult to follow. It is best to talk to a dietitian if you have problems with your exchange list.

I have heard some people recommending herbal medicines such as duhat bark, ampalaya, pito-pito, mahogany or banaba leaves in the diet to help bring down their blood sugar. Is this true?

The alleged successes of some of these herbal medications are purely anecdotal. There are no scientific proofs as to their effectiveness. Unfortunately, people who try them dicontinue their medication all together. Don't use these as medications or substitute to your meal plan. If you want to try them make sure you take your medications with them.

My diabetes is in good control but my doctor noted that I also have high cholesterol levels in the blood. What should I do?

The first thing to do is to cut down on sources of fat especially those which are from animal sources. Trim all visible fats such as chicken skin and pork and beef fat. Fry foods sparingly and cook food by boiling, baking, broiling, roasting or grilling. Avoid sources of hidden fats like hotdogs, hams, sausages and bacons. Use low fat alternatives like nonfat milk, low fat margarine or butter and low fat cheese. Remember controlling your cholesterol would reduce your risk for a heart disease which is higher if you have diabetes.

Is it true that I can take in sugar as long as I have my insulin shots or medicines?

NOT TRUE AT ALL. Sugar is a simple carbohydrate and can be absorbed easily in the gut. Simple sugars include honey, molasses, syrups and others. Taking these simple sugars may increase your blood sugar precipitously and maybe harmful. You can use alternative sugar sweeteners instead.

Can fruits be eaten by a diabetic?

Fruits contain fructose which is a simple sugar. Even if it is a simple sugar, fruits are prescribed because it provides the individual with necessary fiber and vitamins we all need for a healthy diet. For the diabetic however, the quantity of fruit eaten is limited and usually taken with meals.

Is there a single diet which is good for everyone?

Unfortunately, there is none. Dietary therapy needs to be tailored to an individual's height, ideal body weight, activity, and lifestyle. The diet prescribed to the diabetic is a healthy diet and can be used by anyone even if he is not a diabetic. Be careful of fad diets, they may bring in more harm than good.

We welcome your comments, suggestions and questions. You may write us at PDA, Unit 25, Facilities Center, 548 Shaw Boulevard, Mandaluyong, Metro Manila or to Fax No. 531-1278.

Thousands join ...

(From page 1)

support to this event. T-shirts were distributed with Busy Buddy - the hummingbird mascot of the PDA and the Diabetes Center printed on the front shirt, the PDA logo and the Diabetes Center logo on one sleeve and the corresponding drug company sponsor logo on the other sleeve. Drug companies who have been loyally supporting PDA and Diabetes Center activities proudly displayed their streamers with their respective assigned diabetes groups. Sponsors included MED ASIA, Boehringer Mannheim, Hoechst, Bayer Diagnostics,Bayer Pharmaceutical, Novo Nordisk, Eli Lilly, Johnson and Johnson, Merck, Pharmacia, Pfizer, Bristol Myers, Medicent Medical Systems, Wyeth Suaco, Searle, PAGCOR and Hidden Springs.

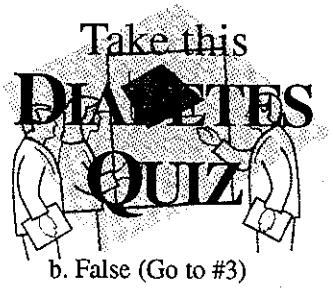
Exactly at 6 AM, the race started led by Dr. Augusto D. Litonjua - PDA and Diabetes Center President, Manila City Mayor Alfredo Lim and Mr. Ablan - Board Member, Diabetes Center. The AFP brass band played as the different groups walked by in a festive mood. The walk was followed by a motorcade and finally the marathon contest itself officiated by the Philippine Amateur Track and Field Association coordinated by Mr. Ed Dames.

The Quirino Grandstand ceremonies were led by the Philippine First Lady, Mrs. Amelita Ramos - Chairman of the Board, Diabetes Center. TV hosts Bea Jacinto and Sonny Cortez emceed the program courtesy of Jakie Maniquis. Speakers included the First Lady, Mrs. Ramos, Manila City Mayor Alfredo Lim and Dr. Litonjua all of whom joined the aerobic exercise program to highlight the theme: STAY FIT, PREVENT DIABETES. The Taekwando karate Club gave a demonstration of their skills courtesy of the President's daughter Cristy Jalasco notably one of the fittest runner participants. The introduction of Busy Buddy, the mascot, was met with cheers especially among the children participants. At the end of the program, awards, trophies and gifts were given to the biggest delegation, the fittest diabetic, first runner to finish (male and female categories), first youngest runner to finish and the first diabetic to register. The Awards committee was headed by Dr. Lina Lantion-Ang and Dr. Cynthia H. Manabat.

Other activities held during the 1994 Diabetes Awareness Week included lectures on diabetes held in various military hospitals and private schools in Metro Manila and talks on diabetes in different TV shows. This is in line with the vision of the PDA and Diabetes Center to enhance awareness and prevention of diabetes at an early age. Last year, lectures were conducted in public schools. The list of military hospitals include Fort Bonifacio, Villamor Air Base, Camp Aguinaldo, Camp Crame, Philippine Army and V. Luna Medical Center. Private schools where the diabetes teaching teams were sent included Don Bosco-Makati, St. Scholastica's College-Manila, U.S.T. High School, St. Paul's College-Q.C., F.E.U. High School, La Consolacion, San Sebastian, Angelicum School, La Salle Greenhills, Xavier School, Ateneo High School, Immaculate Concepcion-Cavite, St Paul's Pasig, Miriam, Lourdes School-Mandaluyong. The Scientific Committee was headed by Dr. Mary Anne Lim-Abrahan.

A Bulletin Board Contest was held among the different participating hospitals in Metro Manila. The bulletin board presentations were displayed in hospital lobbies during the duration of the Diabetes Awareness Week. It has for its theme, "Stay Fit. Prevent Diabetes". Cash awards and trophies await the winners. - J. Carlos-Raboca, M.D.

Cynthia Halili-Manabat, M.D.
Endocrinologist
UP College of Medicine



So you just learned from your doctor that you have diabetes. Or maybe you've had it for years and years. But how much do you really know about it - its diagnosis, treatment, complications? Take this quiz and find out!

Answer the following statements with True or False.

1. Diabetics should eat lots of fruits because fruits are healthy and rich in fiber.
   a. True (Go to #5)
   b. False (Go to #10)
2. The more you sweat, the more you'll benefit from exercise.
   a. True (Go to # 14)
   b. False (Go to # 7)
3. That's great! In fact, we now recommend that all women who become pregnant be screened for the presence of high blood sugar. The screening test for diabetes in pregnancy is called the oral glucose challenge test. A sugar solution is given by mouth, irrespective of the time of the last meal, then one hour later, blood is taken for glucose determination. Proceed to #8.
4. You better have your blood pressure checked soon, because a person (whether diabetic or not) can have hypertension or high BP without showing any symptoms until quite late. Hypertension increases the chances of your developing a stroke 2X, a heart attack 2X and kidney failure 17X more than a non-hypertensive diabetic. Back to #13.
5. Don't you wish! Actually 1 exchange of fruit contains 40 calories and if taken in excess of your daily fruit allowance, can bring your blood sugar up. Consult your doctor or dietician for the recommended number of fruit exchanges you are allowed each day. Try no. 1 again.
6. You are diabetic but your daughter, who is 2 months pregnant is not. She is young, slim and just 3 months ago, her blood sugar was normal. She need not be tested for diabetes.
   a. True (Go to #12)
   b. False (Go to #3)
7. Good. You probably know that in order to burn off fat, you have to use it as a source of energy. And that is best achieved by at least 20 minutes of continuous aerobic exercise, like walking, bicycling, swimming, dancing... Dance your way back to #6.
8. Even minor infections in diabetics should be treated promptly and aggressively.
   a. True (Go to #15)
   b. False (Go to #11)
9. You probably know that the only reliable way of telling whether you have hypertension, especially in the early stage of the disease, is by having your blood pressure measured. Treatment of high BP includes restriction of sodium rich (salty) foods, regular exercise and medications. However, remember that not all anti-hypertensives may be used in diabetics - so don't take any medications unless they are prescribed by your doctor. (Proceed to #2)
10. Congratulations! You probably know that one fruit exchange is equal to, for example, a medium slice of ripe mango, or 1 small apple or 1 small banana or 12 pieces of grapes or 7 pieces of lanzones or 3 segments of suha. Give yourself a pat on the back and proceed to #13.
11. Diabetics have a low resistance to infection. Their white blood cells, normally given the task of defending the body against germs, do not function properly as a result of the high blood sugar. In addition, blood flow to the peripheral areas, like the feet, may be diminished. This can lead to poor healing of wounds and even gangrene. So don't underestimate that little nick in your big toe. Go see your doctor and hop back to #8.
12. People with the following characteristics are at high risk of developing diabetes during pregnancy: 1. Diabetes in a first degree relative; 2. Obesity; 3. Age greater than 30 years; 4. Intake of drugs that can affect CHO metabolism; 5. In a previous pregnancy, a history of abnormal glucose tolerance, recurrent miscarriages or unexplained intrauterine death or birth of a child with a birth weight greater than 8 lbs or congenital abnormalities. Your daughter should have a formal OGTT and you should go back to #6.
13. Since you don't feel dizzy, don't have pain at the back of the neck or suffer from headaches, your BP is probably normal.
   a. True (Go to #4)
   b. False (Go to #9)
14. Chances are you're working out in layers of clothes or wearing rubber weight loss straps/suits in an effort to sweat off fat. Put those sweat suits back in your closet. It isn't fat you're sweating, it's water. Besides, if you sweat too much, you could become dehydrated - and it is especially bad for diabetics because it can increase your blood sugar level. Try no. 2 again.
15. The best way to prevent infections is to keep your blood sugar as close as possible to normal levels. And we all know how to do that, don't we? By following the prescribed diet, exercising regularly (at least 20 minutes 3 times a week), taking the medications religiously and maintaining frequent contact with your doctor, diabetes nurse and nutritionist.

When IDDM... *(From page 10)*

activities in school and insulin doses. Carol learned how to inject insulin on herself - and how to check her blood sugar levels by means of strips and a machine. She learned the danger signals she should watch out for - signs that her blood sugar was dropping to dangerously low or rising to dangerously high levels - and what to do thereafter. But most importantly, she learned and accepted, the possible complications of diabetes - complications which she could avoid with good control of her blood sugar. Although it seemed a Herculean task at the start, gradually, Carol began to take responsibility for her own day to day diabetes care.

Last week, Carol, who is now 18 years old, (and free from diabetes complications) was invited to share her experiences at a support group meeting with other diabetics, at the Diabetes Education Clinic. I was there too and I watched as she narrated those events in her life - finding out she had diabetes and learning to cope with it... And I realized my Carol was no longer a little girl, she had grown up into an intelligent, responsible young lady, living a fruitful, active life - constantly waging a battle against diabetes - and winning.

And that was the best day of my life.

Two ASEAN ... *(From page 2)*

Nordisk A/S of Singapore; and Ms. Susan Trinidad, nurse educator of the Diabetes Center, Philippines. The fundamentals of diabetes education, the different ways of diabetes teaching, and an interactive training system will be discussed. The audience will be limited to 100 for a more active participation of all.

Both groups are chaired by its organizer, Dr. Augusto D. Litonjua, president of the PDA.

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Note: All communications must be sent to the PDA Secretaries

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UST Faculty of Medicine & Surgery
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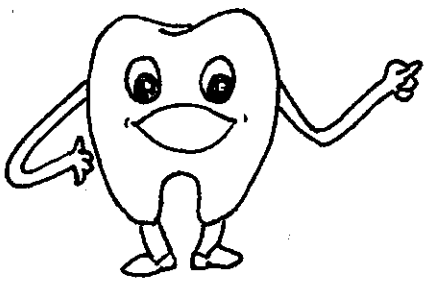
PATIENT EDUCATION CORNER



WHAT EVERY DIABETIC SHOULD KNOW ABOUT ORAL LESIONS AND TOOTH CARE

Preventive care and education is always emphasized in the care of diabetics. This is because YOU, the diabetic patient, is largely responsible for the day to day management of your own condition.

Just recently, an elderly diabetic was admitted with a diagnosis of diabetic coma. Guess what! The precipitating cause was a tooth infection, seemingly innocuous but rapidly caused a series of harmful metabolic effects.

Signs and symptoms related to dental structures may furnish clues about the presence of diabetes. Dry mouth and thirst are classic symptoms of diabetes mellitus, and an increased incidence of thrush is considered a complication of diabetes.

What predisposes the diabetic patient to dental infections?

Diabetics have elevated glucose (sugar) levels in oral fluids when blood glucose is high. These glucose elevations influence the microbial flora of the mouth, the composition of bacterial plaque and the mixture of organisms at the bottom of the periodontal pockets. In addition, there is decreased leukocyte chemotaxis (movement of the white blood cells), phagocytosis, and bactericidal activity, as well as, decreased cellular immunity. There may be vascular changes such as stasis of the microcirculation and alteration of the collagen metabolism. Tooth infections themselves may worsen the diabetic state. It may result in hyperglycemia (increased plasma glucose level), mobilization of fatty acids and acidosis. On the other hand, exacerbation of dental infection may undermine good control that has been achieved in diabetes, and initial control may be difficult in a newly diagnosed diabetic with active tooth infection. It may also affect systemic management by making chewing painful or difficult, thus forcing the diabetic patient to select foods that are easier to chew but are dietically inappropriate.

Oral Lesions

Dry mouth (Xerostomia)

This is commonly reported in diabetics. Increased systemic dehydration associated with diabetes is the primary reason for the dryness of the mouth although angiopathy (blood vessel disease) and neuropathy (nerve disease) may be contributory factors. Thorntensen demonstrated an increase in salivary glucose content with reduced whole saliva flow rate. Diminished salivary flow increases the incidence of tooth decay, especially at the gum line. Other factors that may hasten tooth decay include lack of compliance with a sugar-restricted diet, increased frequency of between-meal snacks, and inadequate plaque control.

Parotid gland enlargement

Patients with diabetes may develop asymptomatic bilateral parotid gland enlargements with increased viscosity of the saliva. This is seen frequently in poorly controlled diabetics. This maybe due to increased fatty acid deposition, increased salivary glucose levels and compensatory hypertrophy from decreased saliva production.

Oral neuropathies

This is a rare but perplexing complication for both the patient and the physician. The frequent complaint is a burning tongue or mouth. Other symptoms are tingling, numbness or pain of the soft tissues of the mouth and altered taste. Muscle tone decreases, leading to a flabby tongue. Early diagnosis and treatment may cause regression of symptoms but in long standing disease, the symptoms are irreversible.

Demineralization of primary dentition

Diabetes in the mother may have an influence on tooth development in the offspring resulting in demineralization of the primary dentition or enamel hypoplasia. There is hypocalcification of the enamel outer layer, producing a white speckled teeth.

Thrush

Elevated plasma glucose levels encourage the growth of *Candida albicans*, the causative agent in thrush. This may only occur when diabetes control is poor. Glycosylated hemoglobin concentrations greater than 12% were significantly associated with yeast infections whereas fasting plasma glucose concentrations greater than 12 mmol/L (216 mgs/dl) were not. This finding suggests that fungal infections may occur in diabetics only in those with persistent hyperglycemia. Local factors, such as smoking and wearing dentures continuously (throughout the day and night) may promote candidal colonization in the mouth. Smoking cessation and day-time only denture can reduce the incidence of thrush in diabetics.

Periodontal disease

This is the inflammation and destruction of the soft tissue (gingiva or gums) and bone surrounding the teeth. Periodontitis is a three stage process beginning with gingivitis (inflammation of the alveolar bone), and finally to advanced periodontitis. Gingivitis, a reversible condition, is characterized by inflamed and hyperemic gums that bleed even with gentle brushing. The end

result would be tooth mobility and loss. The predominant bacteria in gingivitis and early periodontitis are gram positive aerobes. In advanced periodontitis, the more destructive gram negative aerobes are seen. Diabetes accelerates the periodontal destruction initiated by these bacteria.

Patient Education:

Diabetes Control

Patients should be informed that periodontal infection may make it more difficult to control diabetes and conversely, poor diabetic control may increase susceptibility to periodontal infection.

Risk of Infection

Patients should be aware that diabetics are more likely to get gum infections than nondiabetics and that the infection may take longer to heal.

Natural Dentition

It is important to have a proper diet to control diabetes, thus the necessity of maintaining natural dentition. Diabetics may have problems with dentures.

Oral Hygiene

Good oral hygiene will help prevent many periodontal problems. Bleeding gums may be a sign of infection and diabetics who experience this should see a dentist.

Dental Checkups

Diabetics should be encouraged to have a dental checkup every 6 months. The dentist should be informed of their diabetes.

Dental Tips for Diabetics

Control your blood glucose

Plan a healthy meal. Eat a variety of foods as part of the meals each day more often as snacks. WHY? Because after meals, we brush and floss our teeth. Another reason is the presence of more saliva in the mouth during meals, and saliva helps fight cavities as well.

Take good care of your gums and teeth

Use a new toothbrush with soft bristles (which should be changed after 6 months). Brush all surfaces of your teeth.

Dental checkups

Have a dental checkup every 6 months. Inform your dentist that you have diabetes and ask him to demonstrate procedures that will help you maintain healthy teeth and gums.

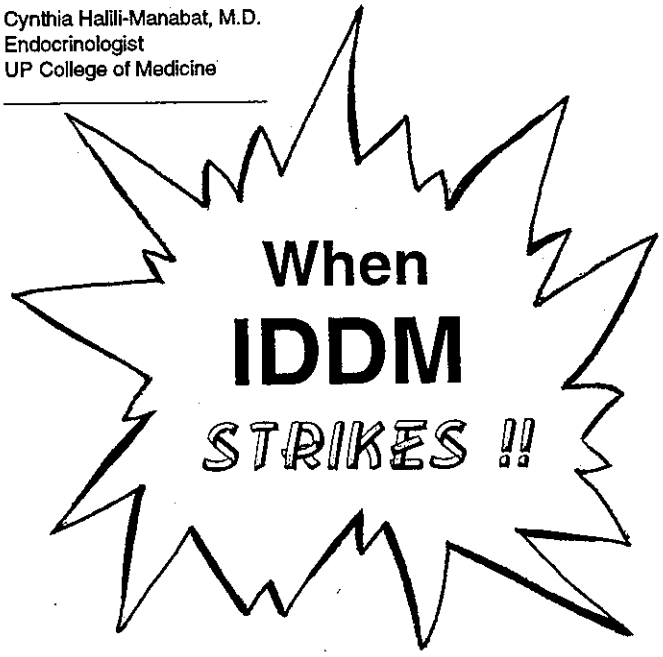
Treatment and Referral

Acute Infections

- Requires immediate attention such as drainage of abscesses and intake of broad-spectrum antibiotics.
- Dental appointments should be in the morning, about an hour and a half after breakfast and the morning insulin. It is preferable that surgery be in the morning so the patient can be monitored for his food intake and post-op condition during the afternoon.
- Patients should be instructed to eat normal meals and to take their medications as usual before dental appointment.
- Insulin adjustment is necessary if there are changes in

(Continued on page 10)

Cynthia Halili-Manabat, M.D.
Endocrinologist
UP College of Medicine



It was the next best day of my life. I had been pacing nervously outside the delivery room for the last 6 or 7 hours. But when the nurse peeped out the door and said, "Congratulations, sir, it's a girl!," I was filled with a tremendous sense of pride and excitement. I felt I was the luckiest father in the world.

IDDM stands for Insulin Dependent Diabetes Mellitus, a type of diabetes that is associated with inadequate insulin production by the patient's pancreas. As the name implies, there is a lifelong need for exogenous insulin (injections) in order to prevent coma and diabetic ketoacidosis. Formerly known as "juvenile diabetes," it has a propensity to occur in the younger age group, teenagers and children, and is associated with late complications involving the eyes, kidneys, nerves and blood vessels.*

IDDM begins with a genetic predisposition to develop the disease. Predominantly a disease of whites, approximately 95% of IDDM patients have been found to possess certain antigens or genetic markers (HLA DR3 and DR4) in their cells. Fortunately, this condition is uncommon in Filipinos.

When Carol was four, she had the mumps. I remember one particularly difficult night when she had been burning with fever so she was listless and irritable. She wouldn't stop crying. I remember not sleeping at all that night - as my wife and I took turns lulling her to sleep. When her fever finally broke, I heaved a big sigh of relief and prayed that I wouldn't have to go through that again. But there was more to come.

The onset of IDDM has been found to coincide with or follow infections with mumps, rubella, cytomegalic, measles, influenza, encephalitis, polio and Epstein Barr viruses, raising the possibility that an environmental factor, such as a viral infection, might trigger IDDM. Other environmental factors like N-nitroso compounds used in curing mutton and Vacor, have also been implicated. The general belief however, is that though genetic predisposition is necessary, it is ordinarily insufficient to cause IDDM; usually, an environmental insult is required to trigger its initiation.

An injury to the beta cells (cells of the pancreas which produce insulin), whether produced by viruses or chemicals can result in an inflammatory reaction called "insulitis", that leads to progressive destruction of the beta cells. This is a slowly progressive process so that IDDM becomes manifest only after more than 90% of the beta cells have been destroyed.

It was early on New Year's, around 4 o'clock, if I remember right, that my wife woke me up to say Carol was complaining of stomach pain and was vomiting. "It must have been something she ate last night," my wife said. When I saw Carol, she was particularly flushed and though she was drowsy, she seemed to be having difficulty in breathing. We took her to the nearest hospital, where the Emergency Room doctors examined her, took samples of her blood and urine and asked me seemingly endless, repetitive questions - "Was Carol a diabetic? Was there a history of high blood sugar in the family? Had she been complaining of excessive thirst, frequent urination these last few days?"

Then the doctor told us Carol had insulin dependent diabetes mellitus and was in diabetic ketoacidosis. I couldn't recall his explanations at the time - all I could think of was "Why my little girl? She's only 13"...

IDDM may present initially as diabetic ketoacidosis (DKA) - a life threatening condition associated with a deficiency of insulin and an excess of glucagon, another hormone produced by the pancreas, which has contra-insulin effects. DKA is characterized by hyperglycemia (high blood sugar) because the body is unable to utilize the sugar obtained from foodstuffs. And needing an alternative source of energy, the liver manufactures fatty acids and ketones, which are strong acids, from fat stores. DKA may present as dehydration, abdominal pain, nausea and vomiting and a type of breathing known as "Kussmaul's respiration", which is deep and rapid - a sign of the ongoing acidotic process in the blood. The patient may be drowsy, though sometimes may lapse into coma. Treatment consists of massive amounts of intravenous fluids to replace urinary, respiratory and gastrointestinal losses (usually a deficit of 5 to 6 liters) and rapid acting insulin, usually given intravenously.

Fortunately, the doctors were able to pull her out of DKA. Now, we had to begin our diabetes education. Carol would be diabetic for life and so this necessitated many changes in her (as well as our) lifestyle. Through the help of our doctor, nurse educator and dietician, we came to understand the importance of proper nutrition, an individualized diet that considered Carol's needs as a growing teenager, properly distributed and adjusted according to her

(Continued on page 5)

Patient Education... *(Continued from page 9)*

caloric intake after oral surgical procedures. In general, patients with diabetes who are unable to eat their usual diet should consume 8 oz. of fluid (sugar containing sodas, juices, gelatin, desserts, soup, etc.) every hour they are awake, with the goal of maintaining the required caloric intake.

Patients with poor control of their diabetes or those with serious underlying organic disease should delay elective dental or oral surgical procedures until blood glucose levels have been regulated.

SMILE.

List of Participants

The 8th PDA DiabetesWorkshop

June 23-25, 1994
Teachers' Camp, Baguio City
Coordinators: Dr. Ruby Go, Dr. Ma. Honolina S. Gomez, Mr. Jimmy Capuli

Physicians:

1. Abrigo, Carolyn
2. Aquino, Edelito
3. Banez, Rodilon
4. Brijida, Claro
5. Buenaluz, Fe
6. Batnag, Norma
7. Bersamira, Marissa
8. Chua-Agcaoili, Ma. Theresa
9. Corpuz, Martin
10. Cocson, Quintin
11. Canto, Jesus
12. Dela Cruz, Jorge
13. Delos Santos, Roberto
14. Dela Peña, Florence
15. Decena, Madelyn
16. Doromal, Ma. May Grace
17. Dumiling, Amelia
18. De Asis, Sonia
19. Escalante, Rex
20. Fernandez, Ruben
21. Gallego, Ferdinand
22. Garcia-Bringas, Estrellita
23. Gonzalo, Rosemarie
24. Ho, Herbert
25. Idica, Marino
26. Jimenez, Erasto
27. Jimenez, Bernardo
28. Kalalo, Rizaldo
29. Lapuz, Ma. Dolores
30. Magbitang, Ronald
31. Miralles, Olga
32. Mendoza, Rolando
33. Martin, Loida
34. Peleo, Edgar
35. Pulmano-Mabanag, Luz
36. Paz, Marilyn
37. Paragas, Josefina
38. Pinlac, Ma. Gemma
39. Palacay, Erlinda
40. Restua, Milagros
41. Rivera, Eleanita
42. Rivera, Camillo
43. Ritumalta, Emelito
44. Ramos, Leticia
45. Saranggaya, Melchor
46. Soria, Mary Anne
47. Tomas, Ronnie
48. Tomboc, Mark Anthony
49. Toledo, Ronaldo
50. Tiongson, Edmund
51. Veloso, Monina
52. Visuria, Corazon

Para-Medical:

1. Azares, Jennie Rose
2. Baldino, Feliza
3. Bayogo, Luz
4. Borbon, Maricar
5. Borbon, Joji
6. Cangoy, Florence
7. Coquilla, Teresita
8. Cruz, Alma Luisa
9. Dacanay, Evelyn
10. Enthienza, Armando
11. Gamurot, Ma. Belen
12. Garcia, Merilyn
13. Kaiklian, Merilyn
14. Lamsen, Jovencio
15. Moron, Roselyn
16. Ofiana, April
17. Ortiz, Novella
18. Ordonez, Milagros
19. Pablico, Corazon
20. Panela, Evelyn
21. Quinto, Margie
22. Reynon, Felicidad
23. Reyes, Mary Jean
24. Versoza, Virginia
25. Whiteside, Rachel

The 9th PDA DiabetesWorkshop

October 1-3, 1994
Amigo Hotel, Iloilo City
Coordinators: Dr. Ruby Go, Dr. Fe Hilado and Mr. Jimmy Capuli

Physicians:

1. Adeva, Oliver
2. Albana, Riwilin
3. Amatril, Cynthia
4. Arcenas, Geronimo
5. Arcenas, Victoria
6. Arandela, Alice Grace
7. Babar, Rita
8. Baguio, Bruce
9. Ballesa, Yul *
10. Barotil, Pacilina
11. Bauson, Cellini
12. Bayate, Carmen
13. Bernasol, Noel
14. Cantillep, Arlene G.
15. Caram, Antonio
16. Casiple, Larinda
17. Catolico, Ma. Theresa
18. Chin, Lilly
19. Chung, Daylinda
20. Climaco, Dean
21. Co, Marian Joyce *
22. Cortes, Elmer
23. Cortes, Minda
24. Cruz, Regina A.
25. Cubero, Juvy
26. Delfin, Rosemarie
27. Divinagracia, Cecilia
28. Dolar, Andres
29. Fegarido, Carmen
30. Figura, Jose Edwin
31. Flotilde, Nelson
32. Gallera, Edabelle
33. Gallos, ma. Corazon
34. Go Lee Tian, George
35. Guanco, Mila
36. Guzman, Anne Grace
37. Haresco, Joel
38. Herbilla, Luz
39. Hilado, Fe
40. Huinda, Rene
41. Jallorina, Rene
42. Java, Zenaida
43. Javelosa, Judel
44. Jurao, Ludovico
45. Lastimoso, Lale
46. Layson, Celia Theresa
47. Losaria, Susan *
48. Magsico, Jocelyn
49. Montero, Nelida
50. Naciongayo, Ric Noel
51. Navarra, Juan
52. Ng, Ma. Cristina
53. Octaviano, Dolores
54. Palmejar, Helen Grace
55. Pangantihon, Ma. Socorro
56. Paragas, Josephine *
57. Parcon, Teresita
58. Paredes, Ma. Dolores *
59. Pedregosa, Tessie
60. Pedroso, Ma. Daisy
61. Penaredondo, Mary June
62. Perejil, Otilia
63. Provido, Severino
64. Regozo, Danilo
65. Rojo, Clarence
66. Salazar, Nerissa
67. Saul, Alicia
68. Taleon, Virginia
69. Te, Jocelyn J.
70. Tijador, Louie *
71. Tionko, Arlene
72. Tumbokon, Angelita
73. Tumbokon, Nicanor
74. Velasco, Victoria
75. Villagracia, Lory
76. Villarosa, Victoria
77. Yoro, Bobby

* *Without certificate (Incomplete attendance)*

Servier Lecture on Diabetes

The third Servier Lecture of the Diabetes Center and the PDA will be held at the Manila Diamond hotel at 7:00 in the evening of December 5.

The third lecturer is Prof. David C.W. Lau, head of the Division of Endocrinology and Metabolism of the Ottawa Civic Hospital, Ottawa, Canada. This noted authority on diabetes and obesity will speak on the recent trends of the diagnosis, management and prevention of NIDDM.

The Servier Lecture is an annual event preceeding the PDA convention. Previous lecturers were: Prof. John Turtle of Sydney, Australia and Prof. Ronald Arky of the Harvard Medical School, Boston, U.S.A.

IDF-WPR slates Manila meet in 1995

The central council of the Western Pacific Region of the International Diabetes Federation (IDF-WPR) will hold its meeting in Manila just before the AFES Congress to prepare for its regional scientific meeting to be held in HongKong in 1996. The council meeting is planned for late November, 1995.

Aside from the Philippines, the IDF-WPR counts among its members: Japan, Australia, New Zealand, South Korea, China, Taiwan, HongKong, Malaysia, Singapore, Indonesia and Papua New Guinea.

EDITORIAL COMMENT

SUMMING UP

Augusto D. Litonjua, M.D.
President, PDA

After 11 years of this presidency, one must face up to an accounting, of what had been done, and what could have been done in that space of time.

We consider the establishment and ownership of a permanent site for our national headquarters as our foremost accomplishment. Now, records can be preserved, more data can be generated, and lines of communication will be definite. The immense value of the permanent office and a full-time secretary cannot be over-emphasized.

The finances of the PDA have never been more stable as now. No longer do we have to wait for each annual convention to have funds to carry on the year's activities. Contributing to the coffers are the regular activities of the association - the midyear and annual conventions, and the much sought after postgraduate sessions billed, PDA DiabetesWorkshop, now on its 9th undertaking.

DiabetesWatch is now on its 11th year - it is distributed internationally and nationally. It is accepted among physicians and patients - this must be constantly nurtured, for it is one of the hallmarks of the association's activities. It is a member of the International Committee of Diabetes Magazines of the International Diabetes Federation.

In the inside pages of this issue of DiabetesWatch are the names of the 28 chapters of the PDA. Their distribution all over the country attests to the national character of the PDA. It is envisioned that each province of the nation shall have a chapter of the PDA, and that each could continue to maintain their educational clinics, and carry on their primary task for creating awareness of diabetes mellitus.

None of the above could have been brought to fruition without the help of our colleagues and friends in the pharmaceutical industry. To them, we owe a tremendous lot and their continued support will guarantee this association's activities.

Thus, it is envisioned that the PDA will grow stronger over the years - its place as the premier organization for diabetes being assured for its past and present achievements. Nothing can be more gratifying than to know that one had participated in some ways to its being. If only we could have built a strong lay section, then the accomplishment would have more complete, and more satisfying.

To all those who helped this presidency in formulating and putting into action its various accomplishments must receive the lion's share of the plaudits. "And the hand having writ, must now move on."

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