

DIABETES WATCH

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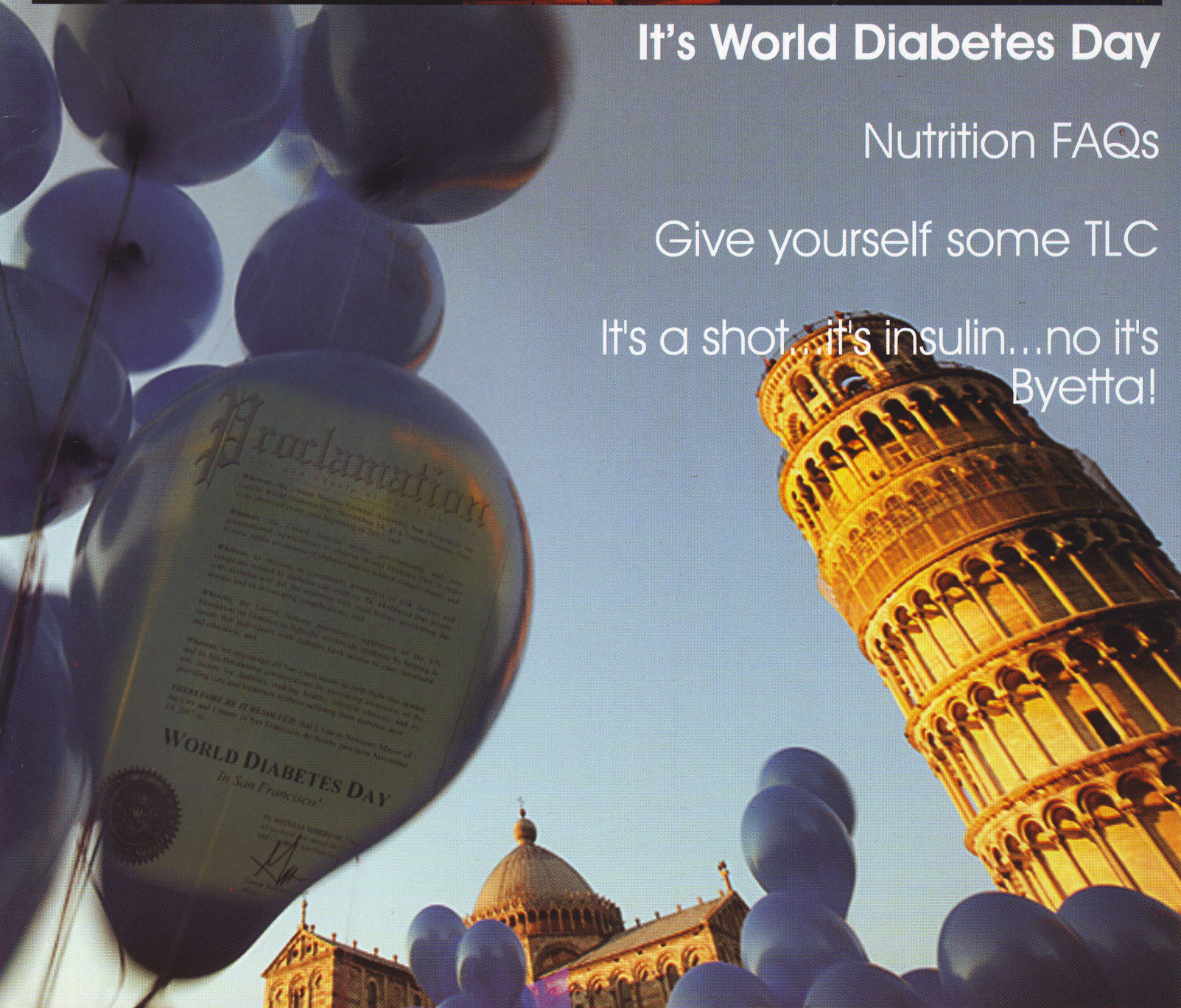


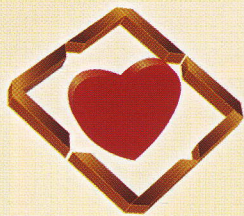
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- Cuzi K, Consoli A, DeFronzo RA. Metabolic effects of metformin on glucose and lactate metabolism in non-insulin dependent diabetes mellitus. J Clin Endocrinol Metab 1996; 81 (11): 4059-67.
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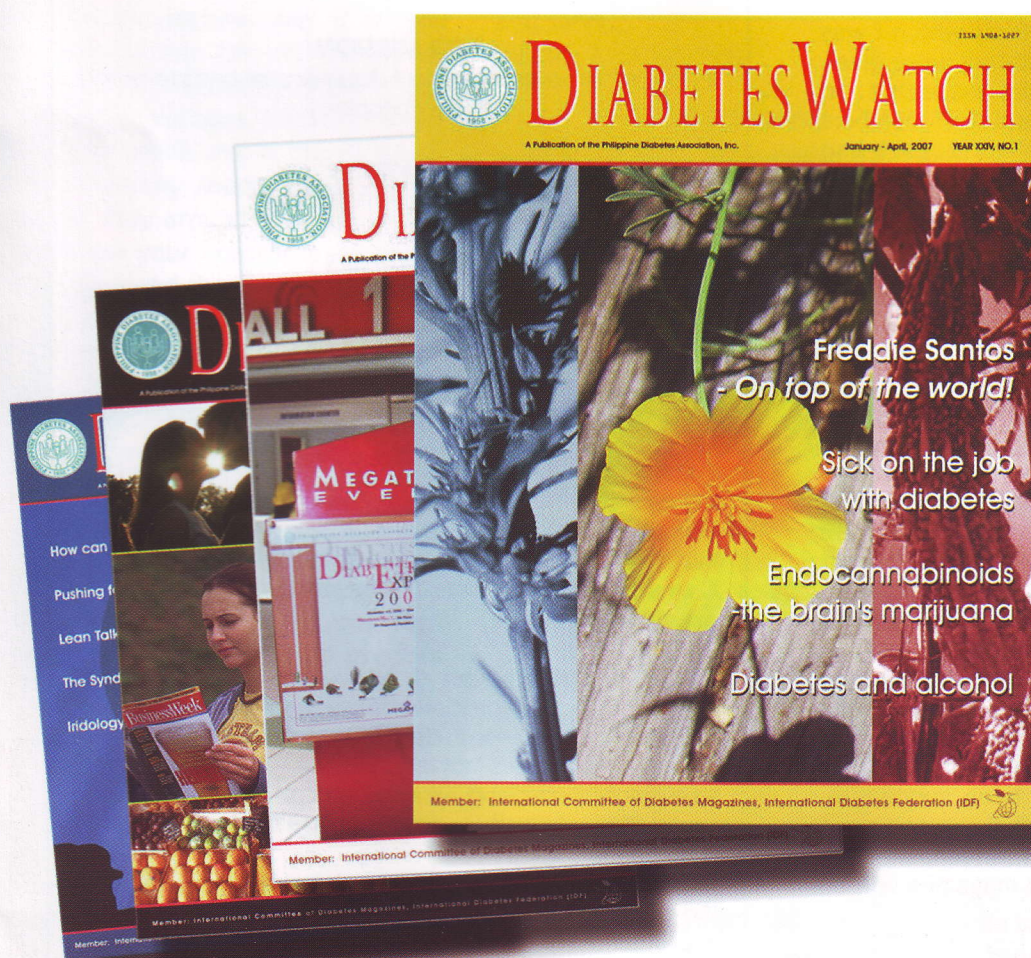


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FROM THE EDITOR'S DESK



It has been a grand journey!

DiabetesWatch was started by Dr. Augusto Litonjua during his term as president of the Philippine Diabetes Association. It was envisioned to be a public service tool of the society bringing news and information about diabetes to the medical world and the general public. It started as a black and white newsletter which came out twice a year and was given away for free. Somewhere along the way it became a member of the International Committee of Diabetes Magazines under

the International Diabetes Federation.

In 2003, during one ICDF meeting in Paris which I was attending with Dr. Tish Gatbonton; pointers were given on how we can improve the diabetes magazine. In attendance were other editors in chief and staff members from diabetes publications all over the world. Each had brought along copies of their magazines to share with everyone. I clearly remember it being said during that meeting that to improve magazine look and format professional help is really a must. There was also a British journalist who gave us important tips and pointers on magazine etiquette.

That meeting inspired the makeover of the DiabetesWatch. I felt that since medical doctors were already benefitting from so many conferences and seminars hosted by the pharmaceutical companies, we were duty bound to provide more lay friendly information to the patients with diabetes and their relatives. The magazine was transformed from newsletter format to a 36 page full color magazine format with very lay friendly articles many of which were discussions about food- our patients' favorite topic! Mr. Dondi Gerardino, our layout artist joined the staff in 2003, and is responsible for the colorful and attractive layout and graphics. I would like to thank everyone who helped DiabetesWatch through the years. Space constraints prevent me from listing individual names but you know who you are. Your contributions have been invaluable.

As I pass the baton to Dr. Elizabeth Paz-Pacheco, the next editor in chief, I am confident that the magazine will be in very good hands.

Ma. Teresa Plata-Que
Ma. Teresa Plata-Que



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EXCELLENCE *Perfectionists, we expect from ourselves only the best effort.* We continuously upgrade our knowledge and skills, adopt ever-improving technologies, and expand the reach of our services to attain a diabetes-free Philippines. Our mentors, generous with their knowledge and time, model excellent leadership.

COOPERATION *We work as one for the common good.* Enjoying the camaraderie, observing politeness and maintaining loyalty even in dissent. We partner with companies and other specialties that reach for the same goal. Caring for everyone's well being, we make work pleasant for members and staff.

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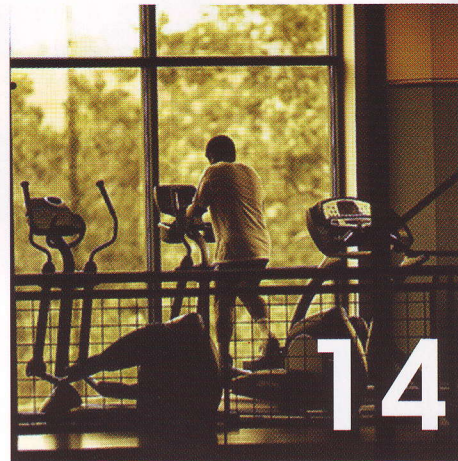


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Patricia Gatlinton, MD

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Patricia Gatlinton, MD

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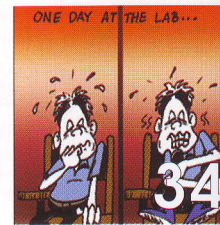
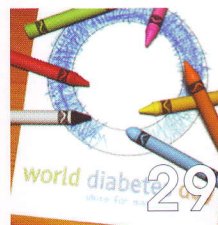
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Ma. Imelda Q. Cardino, RD

-- "Ordinary" baked, broiled, or grilled items will taste different by serving different sauces.

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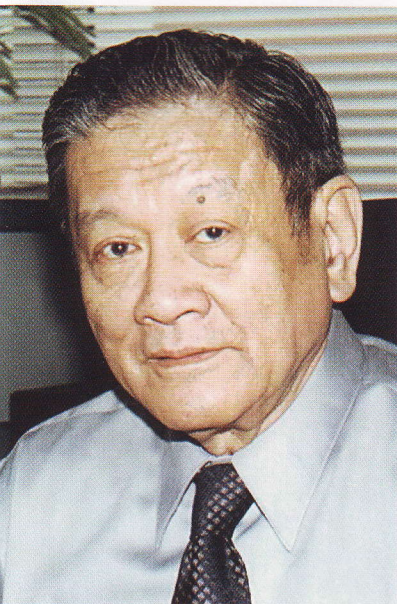
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MEANDERINGS



The Post Prandial Glucose Test - it's coming of age!

Augusto D. Litonjua, MD
Editor Emeritus

"Self monitoring of blood glucose is currently the optimal method for assessing plasma glucose levels." This should include taking the blood for sugar levels 2 hours after the meals.

Way back in the 1960's, when I was editor of the Proceedings of the UP College of Medicine, I wrote an editorial urging the use of the postprandial (after meal) blood glucose test. My colleagues in that institution derided that piece - with criticism ranging from "Of course it would be higher, one has already eaten," to "If one eats and takes his medicines, then it would be low, so what?". I persisted in its use when managing my patients with diabetes. Today, with the adoption of the International Diabetes Federation of a guideline for the management of postmeal glucose, I believe I have been vindicated!

For several years now, a group called International Prandial Glucose Regulation (PGR) Study Group has been publishing data on the ill-effects of uncontrolled blood sugars after meals. In summary, present evidences show that the sudden rises of the blood sugar after meals causes changes that have been cited as the reasons for the complications of diabetes mellitus, e.g., oxidative stress, inflammation and malfunction of inner lining of the arteries. These are probably the reasons why uncontrolled high blood sugars after meals are associated with increased risk for blindness and thickening of the walls of the arteries, specifically the big blood vessels which supply blood to the brain (the carotids). The uncontrolled sugar levels after meals have also been associated with decreased blood flow to the muscles of the heart (myocardium). The sudden surges of the blood sugar after eating have also been shown to impair the 'cognitive function' of elderly people with type 2 diabetes. And, finally, the very high blood sugar levels after meals have been shown to impart a risk for the development of cancer!

Thus, the International Diabetes Federation has made some 'evidence statements' to the effect that 1. Treatment with agents that target postmeal glucose reduces the events in the vasculature, and 2. Targeting both postmeal and fasting

plasma glucose is an important strategy for achieving optimal glycemic control.

The recommendations are that the postmeal glucose is best determined two hours from the start of a meal as this "conforms to guidelines published by most of the leading diabetes organizations and medical associations."

The International Diabetes Federation (IDF) recommends that the normal postprandial blood glucose should not exceed 140 mgs (or, 7.8 mmol/L).

The IDF statement further says, "Self monitoring of blood glucose is currently the optimal method for assessing plasma glucose levels." This should include taking the blood for sugar levels 2 hours after the meals.

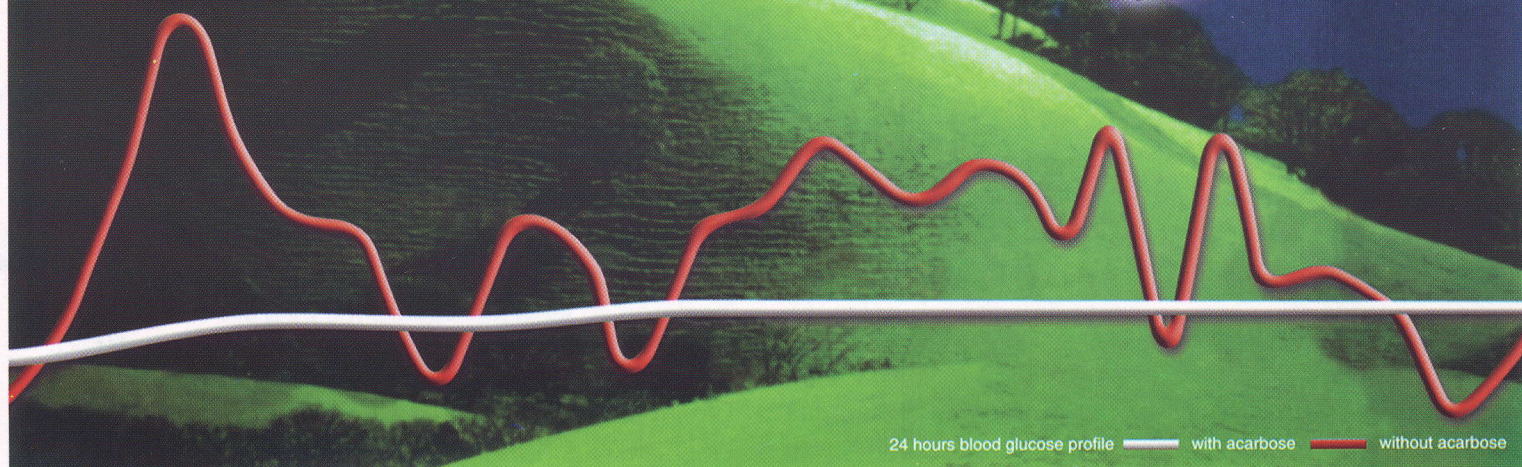
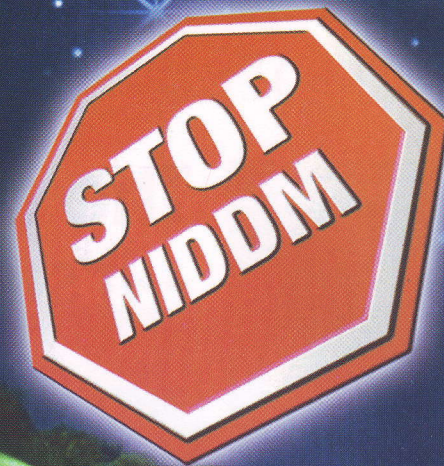
Several pharmacologic agents preferentially lower postmeal plasma glucose levels. "Traditional therapies" include the alpha glucosidase inhibitors (voglibose, acarbose), glinides (repaglinide, nateglinide), and rapid acting insulins.

New classes of therapies for managing postmeal plasma glucose in patients with diabetes are the incretins, i.e., GLP-1 derivatives and dipeptidyl peptidase-4 inhibitors. These are available as exanetide, sitagliptin and vildagliptin.

It is imperative that the optimal control of the diabetic condition should include the normalization of the postmeal glucose levels. Patients should monitor their blood for the sugars after meals, and physicians should prescribe the appropriate treatment to lower these adequately and safely. It is time that the ravages of diabetes mellitus be minimized, considering the burgeoning rise of diabetes in the Philippines. We have good drugs now available for the control of the fasting and postmeal glucose levels. And we should not forget to especially control the sugar levels after eating - for they have been likened to dangerous waves that continually beat on the walls of the arteries which account for many complications of diabetes. **D**

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¹Mertes G Diabetes Research and Clinical Practice 52 (2001) 193-204; ²Chiasson J-L et al. JAMA 290 (2003) 486-494; ³Hanefeld M et al. Eur Heart Journal 25 (2004) 10-16; ⁴Chiasson J-L et al. Lancet 359 (2002) 2072-77; ⁵Menelly GS et al. Diabetes Care 23 (2000) 1162; ⁶Yang WY et al. Chin J Endocrinol Metabol 17 (2001) 131-136

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THE TOP TEN....THINGS YOU SHOULD DO TO HAVE LESS COMPLICATIONS FROM DIABETES

Roberto C. Mirasol, MD
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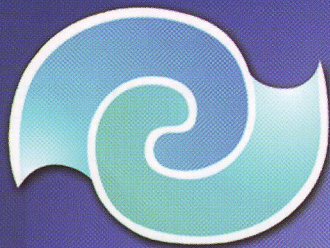


There is no cure for diabetes! It is a chronic disease and complications could set in if you do not care for yourself. Two recent landmark trials, the Diabetes Control and Complications Trial and the United Kingdom Prospective Diabetes Study have shown that with tight control of blood sugars you maybe able to prevent the complications from diabetes. However, it is not just control of your blood sugars; there are other things you need to do. I have listed them here in no specific order. I believe all are equally important.

1. Have your eyes checked and dilated once a year by your ophthalmologist. Eye complications are preventable. Your eye doctor can detect retinal (back of the eye) changes early on and burn them to stop them from progressing. If your sugars are poorly controlled, you may need to see your eye doctor more often.
2. Check your urine for small amounts of protein (microalbuminuria). These changes if detected are the earliest sign of kidney disease in diabetes. These are reversible and could be treated with ace inhibitors or angiotensin receptor blocking agents.
3. Take your aspirin. If there are no contraindications, aspirin is one of the cheapest and most effective drugs to prevent heart disease and strokes. The dose of aspirin is anywhere from 81 mg to 325 mg/dl. Talk to your doctor to find out if aspirin is good for you.
4. Have your blood pressure checked as often as possible and drink your anti- hypertensive medications regularly. Control of blood pressures has been shown to prevent kidney disease, heart disease and strokes. Keep your blood pressure below 130/80.
5. Don't smoke. If you are a smoker, plan to quit smoking. If you aren't a smoker, don't start. Smoking could affect your lungs, heart and your small blood vessels. It can make you more prone for respiratory infections.
6. Check your feet regularly. Patients who check their feet regularly have been shown to have fewer amputations. High risk foot patients may need to be monitored closely. Diabetes can damage the nerves in your feet (neuropathy), reducing the sensation of pain. You can have wounds without knowing it. Diabetes also narrows or blocks off your arteries (atherosclerosis), reducing blood flow to your feet. Your wounds will be more difficult to heal. Sometimes small wounds can easily become huge problems if not attended to early enough.
7. Have a flu shot once a year and a pneumonia vaccination every five years. Diabetics have been shown to have more serious infections than those who don't. This is a recommendation which we often ignore.
8. Have a lipid profile done. LDL or the bad cholesterol should be less than 100 mg/dl. In more recent studies however targeting LDL to less than 70 mg/dl is ideal. If you are not hitting your targets, your doctor will prescribe a statin to bring it down.
9. Visit your dentist regularly, at least twice a year. Your mouth has a lot of bacteria and is a rich source of infection especially your gums. Have proper oral care and floss daily.
10. Monitor your blood sugars regularly. There's no other way. It's important to have feedback on your control. Your doctor may ask you to go to the laboratory for haemoglobin A1C. This is an average of your blood sugars for the past 8 to 12 weeks. You should target less than 6.5 %.

It is hoped that if you all do these, you will have less complications and will have a long complication free diabetes life. A tall order indeed! Is it possible? Of course, but we need to start early. Start now!

For any more queries, suggestions or comments, please call us at PDA 5311278 or e-mail me at mbmirasol@yahoo.com.



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ANSWERS TO YOUR FREQUENTLY ASKED QUESTIONS

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May I take as much sugar-free foods as I like?

Sugar-free foods are those which do not contain sugar. A sugar-free item is not always "calorie-free" and therefore cannot be considered a "free" food, meaning foods that may be taken liberally or "without limit": For example, light / diet carbonated beverages are "free foods" since they are essentially calorie-free (approximately 3 calories or less per can). Hence, they may be taken in prudent amounts. Sugar-free baked items (such as sugar-free bread, sugar-free cakes and pastries, sugar free hopia, etc) are NOT CALORIE-FREE since the flour, fat, and other ingredients used to make the product are NOT ZERO ENERGY (calorie). The energy content of the product may have been significantly reduced because of the use of an alternative sweetener but it does not mean that it no longer contributes any calorie. Reading the information on the nutrition labels will give you the what you need. If they do not provide any nutrition information then you have no way of knowing how much of the product you may take and to replace what in your meals. To illustrate,

the NUTRITION FACTS on the pack of SUGAR FREE CHOCOLATE CHIP COOKIES state that one piece of the sugar-free chocolate chip cookie provides approximately 50 calories, 6 gm carbohydrate, 0.6 gm protein, 3 gm fat, and 43 mgs sodium. This information will then guide you as to how much of the

item you may take.

Are Virgin Oils "free" foods?

Virgin olive oil and virgin coconut oil have one thing in common besides being both "virgins": they both contribute approximately 45 calories per teaspoon. In other words, neither of them are considered "calorie-free" but olive oil is considered as "cholesterol-free", being an example of a monounsaturated fatty acid. NEITHER ONE IS A "FREE FOOD". Therefore one teaspoon of either one should be counted as one fat equivalent.

Are all products labeled as "good for the heart" or "heart-friendly" also good for diabetics?

Not all food products supposedly "heart-friendly" are necessarily "diabetes-friendly". These products may have good fiber content, low in sodium and cholesterol but may not necessarily be reduced in sugar content or sugar-free. For example, a food supplement that is marketed as a "heart friendly" product has significant amounts of sugar added to it. Again, what is important is to read the nutrition labels or the list of ingredients in order to

evaluate the suitability of the product. One teaspoon of sugar is approximately 5 gm so that if the product has 15 gm of sugar that will be approximately equivalent to 3 teaspoons of sugar (or equivalent to 1 tablespoon).

Does fresh unsweetened calamansi juice cause weight loss?

The amount of PURE FRESH CALAMANSI JUICE in a glass of the beverage is minimal, probably just about a teaspoon or two. It is actually mostly water than juice. Therefore, the calorie it will contribute is negligible and hence considered a "FREE" food when sweetened artificially. This preparation does not cause weight loss. One will lose weight IF the juice made him feel full after drinking it so that the amount of food eaten afterwards is very much less. It is the reduction in the total energy value of food eaten that may cause weight loss (plus an increased physical activity) and not the calamansi juice per se.

Are all artificial sweeteners safe?

There are certain recommendations for "safe" use of artificial sweeteners. Discussion of these sweeteners will be lengthy and will be an article in



Water does not contain any calories. It is important that one takes liberal amounts of water especially if one wants to lose weight since it improves metabolism. Water will not cause weight gain.

itself. Hence, a simple and concise reply is provided here.

There are plenty of artificial sweeteners available in the market. They may be grouped into two:

- **NON-NUTRITIVE** (such as saccharin, aspartame, sucralose, acesulfame-K, stevioside, cyclamate, fructofibres, alitame and neotame which are also called high-intensity sweeteners)
- **NUTRITIVE** (such as fructose, maltose, lactose, sorbitol, xylitol, mannitol, erythritol, isomalt, maltodextrin, polydextrose, glycyrrhizin, hydrogenated starch hydrolysate which provide about the same or fewer calories than sugar)

The following **ACCEPTABLE DAILY INTAKE (ADI)** of the sweeteners as approved by the American Food and Drug Administration and recommended by the American Diabetes Association may be used as a **GENERAL GUIDE**:

- Acesulfame - K15 mg/kg body weight
 Aspartame50 mg/kg body weight
 Saccharin5 mg/kg body weight
 Sucralose5 mg/kg body weight

Nutrition Facts	
Serving Size ½ cup (125 g)	
Servings Per Container 3	
Amount Per Serving	
Calories 100	Calories from Fat 10
% Daily Value*	
Total Fat 4g	7%
Saturated Fat 0g	0%
Cholesterol 0mg	0%
Sodium 250mg	10%
Potassium 530mg	15%
Total Carbohydrate 8g	3%
Dietary Fiber 1g	4%
Sugars 0g	
Regular	
Protein 0g	
Vitamin A 10%	Vitamin C 25%
Calcium 2%	Iron 10%
*Percent Daily Values are based on a diet of 2,000 calories per day. Your daily values may be higher or lower depending on your calorie needs.	
	Calories 2,000 2,500
Total Fat	Less than 65g 80g
Saturated Fat	Less than 20g 25g
Cholesterol	Less than 300mg 300mg
Sodium	Less than 2,400mg 2,400mg
Potassium	3,500mg 3,500mg
Total Carbohydrate	300g 375g
Dietary Fiber	25g 35g
Calories per gram: Fat 9 • Carbohydrate 4 • Protein 4	

Nutrition Facts	
Serving Size ½ cup (125 g)	
Servings Per Container 3	
Amount Per Serving	
Calories 152	Calories from Fat 0
% Daily Value*	
Total Fat 0g	0%
Saturated Fat 0g	0%
Cholesterol 0mg	0%
Sodium 250mg	10%
Potassium 530mg	15%
Total Carbohydrate 30g	10%
Dietary Fiber 1g	4%
Sugars 0g	
Fat-Free	
Protein 0g	
Vitamin A 10%	Vitamin C 25%
Calcium 2%	Iron 10%
*Percent Daily Values are based on a diet of 2,000 calories per day. Your daily values may be higher or lower depending on your calorie needs.	
	Calories 2,000 2,500
Total Fat	Less than 65g 80g
Saturated Fat	Less than 20g 25g
Cholesterol	Less than 300mg 300mg
Sodium	Less than 2,400mg 2,400mg
Potassium	3,500mg 3,500mg
Total Carbohydrate	300g 375g
Dietary Fiber	25g 35g
Calories per gram: Fat 9 • Carbohydrate 4 • Protein 4	

AMOUNT IN A 12-oz can of LIGHT/ DIET SODA

- Acesulfame - K: 40 mg IF BLENDED w/ ASPARTAME
- Aspartame: 90 mg IF BLENDED w/ Acesulfame - K
- Saccharin: 140 mg
- Sucralose: 70 mg

AMOUNT IN A PACKET/ SACHET (in mgs)

- Acesulfame - K: 50 mg
- Aspartame: 35 mg
- Saccharin: 40 mg
- Sucralose: 5 mg

SPECIALLY IN THE CASE OF THE PREGNANT PATIENT OR YOUNG CHILDREN, PLEASE ASK YOUR ATTENDING DOCTOR FOR GUIDANCE.

Does drinking lots of water increase weight?

Water does not contain any calories. It is important that one takes liberal amounts of water especially if one wants to lose weight since it improves metabolism. Water will not cause weight gain.

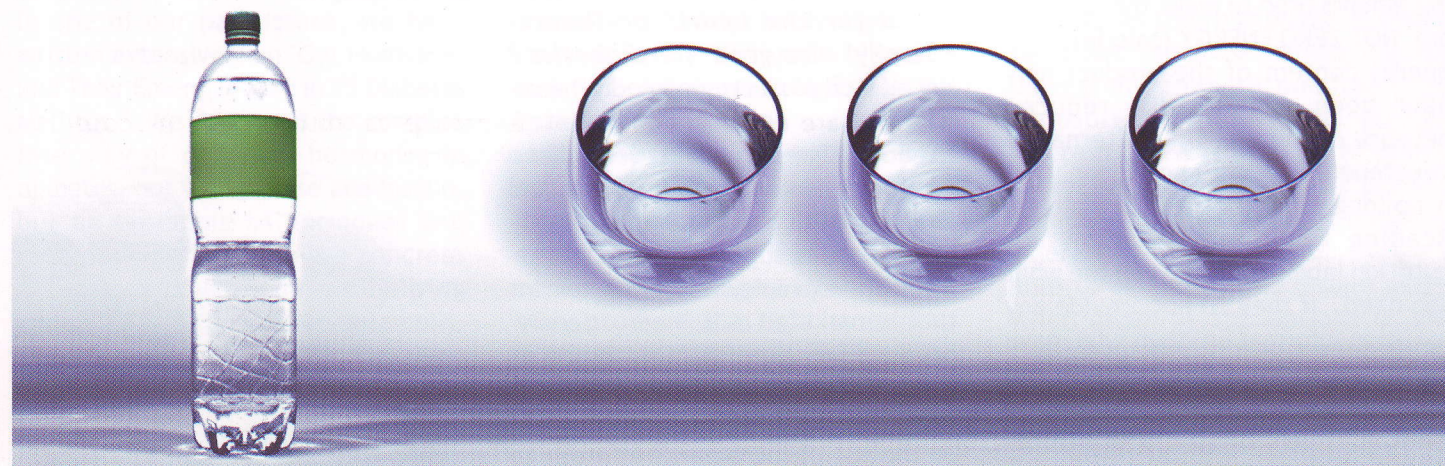
Should I take food supplements specially if I am trying to reduce?

Food supplements are also known as "dietary supplements". The term is generally restricted to additives with positive effects on health. Dietary supplements, as defined under the Dietary Supplement Health and

Cyclamate, along with saccharin, has been linked a long time ago in the causation of certain types of cancer. There was a time that these were banned but the ban was lifted sometime in 1991. However, some countries still ban these sweeteners.

A daily intake of 20 gm of mannitol or 50 gm of sorbitol may have a laxative effect (may cause diarrhea). Other sugar alcohols (erythritol, hydrogenated starch hydrolysates, isomalt, lactitol, maltitol, xylitol) may cause bloating or gas, specially if taken in large amounts.

Check labels for contents/ingredients. However, note the following:





With good selection and combination of vitamin-rich foods such as vegetables and fruits, your intake of essential nutrients will be adequate. It may not be necessary, therefore, to take vitamins supplements.

medical conditions. The best person to ask if you may take any of these is your doctor.

☺ If the food is cholesterol-free or fat-free, may I take as much as I like?

This question above is best answered showing the NUTRITION FACTS on the label of the regular product (left) and the fat-free version of the

product (right). The removal of fat does not necessarily reduce the calorie value since the substituted ingredient may, in fact, even increase the energy value. Therefore, a cholesterol-free or a fat-free product should not be perceived as being a CALORIE-FREE PRODUCT as well. These are different terms that are not equivalents or should not be interpreted as meaning the same thing. The better thing to do is read the nutrition labels so you can make an intelligent choice.

☺ Should a diabetic take vitamins especially if a reducing diet is prescribed?

Your prescribed diet may be reducing (meaning low calorie) but not

necessarily nutrient-deficient. With good selection and combination of vitamin-rich foods such as vegetables and fruits, your intake of essential nutrients will be adequate. It may not be necessary, therefore, to take vitamins supplements. Besides, vitamins may not be compatible with your prescribed medicines. For example, you have been prescribed a medicine to make you lose appetite to facilitate compliance to your calorie-controlled diet and effect weight loss. However, you decided to take vitamins which also contain B complex. The B complex vitamin *stimulates* appetite but you have been given a drug that will make you lose appetite. These two therefore run in opposite poles. What should you do? Inform your doctor about ALL supplements you are taking or what you intend to take. Then you will be properly guided.

Remember: if there are questions or doubts in your mind, ASK ! Getting your answers won't cost you extra but it does gain for you better HEALTH MILEAGE. D

Education Act of 1994 (DSHEA) is a product that is intended to supplement the diet and bears or contains one or more of the following:

- a vitamin or a mineral
- an herb or other botanicals (excluding tobacco)
- an amino acid
- a dietary substance which supplements the diet by increasing the total daily intake or
- a concentrate, metabolite, constituent, extract or combinations of any of the above

Through the DSHEA, the US Congress expanded the meaning of the term beyond "essential nutrients" to include such substances such as ginseng, garlic, fish oils, psyllium, enzymes, glandulars, and mixtures of these. Supplements are intended to be ingested either in pill, capsule, tablet, or liquid form. Therefore, they do NOT include injectibles, rub-on preparations, etc.

Food supplements are, as the term says, simply "supplements". They are NOT intended to replace a meal or to be taken as treatment or cure for



The Deadly Duo: Obesity and Diabetes

Patricia Gatlenton, MD
Our Lady of Lourdes Hospital

The two most serious health problems of this millennium are the deadly duo: Obesity and Type 2 Diabetes Mellitus.

By year 2030, the International Diabetes Federation (IDF) predicts that there will be more than 330 million people worldwide with diabetes and the majority will be from the Asia Pacific region. This pandemic is due to the shift in traditional healthy lifestyle choices in our part of the world: rice, vegetables and fish protein to western diets primarily calorie laden, artery clogging fast food.

The rise in the number of overweight and obese individuals parallels the rise in the number of persons with diabetes (PWD). Our sedentary lifestyles tip the energy balance toward weight gain. The world's children are at the center of this explosive problem. Type 2 diabetes now occurs at progressively younger ages, and ironically, because improved medical care has extended life expectancy, these children will have to live with the complications of diabetes far longer than their grandparents did, a generation ago.

But there is more. The triple threat is a triad of the deadly duo plus Hypertension. The deadly quartet is the triple threat plus dyslipidemia (low HDL-C, the good cholesterol; high LDL-C, the bad cholesterol; high triglycerides or fat), what physicians refer to as the metabolic syndrome—the perplexing clustering of metabolic abnormalities with motley other cardiovascular and life-habit risk factors—that are a major cause of disease.

The more risk factors you have, the

higher the likelihood you will die from a heart attack or stroke.

There is even more. Among the top ten countries with diabetes, six are from Asia (neighbors India, number 1; China, number 2; Indonesia, Pakistan, Bangladesh, and Japan). The Philippines ranks number 9, definitely a top 10 that we as a nation, should not aspire too. The 6th National Nutrition Health Survey of 1993 warns us that its time to wake up!

NATIONAL VITAL STATISTICS

The prevalence of fasting hyperglycemia in the survey is 4.6 percent, an increase from the previous prevalence of 4 percent. Ninety four percent of the population has a blood sugar within the normal range. The prevalence of impaired fasting glucose—a prediabetic condition—is 3.2 percent. This means based on an estimated population of 80 M, approximately 5.28 million Filipinos have abnormal blood sugars.

BODY BEAUTIFUL

How is the Filipino body habitus changing? Small, lithe and lean is the traditional body type—but given the abundance of nutrition and interactions between different gene pools—the

Filipino is now taller, and is more likely to be bulkier than a generation ago.

Of the several ways to measure degree of obesity available to us, the simplest would be a *body mass index (BMI)*, the waist circumference and the waist/hip ratio. Although not a direct measure of adiposity, the BMI is most widely used method. It is calculated from the height and weight as follows:

$$BMI = \text{body weight (in kg)} \div \text{square of stature (height, in meters)}$$

BMI defines the degree of risk for cardiovascular morbidity. A BMI between 25 and 30 kg/m² is low risk, above 30 kg/m² is moderate risk. A BMI between 25 and 30 is significant and requires therapeutic intervention when other risk factors like hypertension and glucose intolerance co-exist.

The survey says that five percent of the population has a BMI greater than 30, and 19.6 percent are overweight. Twenty four percent of the population is overweight or obese, an increase from 20 percent in 1998. Seven percent of the obese are women, and 3 percent are men. Obesity is most prevalent among those aged 40-59 years.

Classification of weight by BMI in adult Asians (WHO-WPR 2000)

Classification	BMI kg/m ²	Risk of co-morbidities
Underweight	<18.5	Low (but increased risk of other clinical problems)
Normal	18.5-22.9	Average
Overweight	≥23	
At risk	23-24.9	Increased
Obese I	25-29.9	Moderate
Obese II	≥30	Severe

THE SWEET DEFINITION

The IDF defines "diabetes mellitus" as a chronic condition where the pancreas does not produce enough insulin or the body cannot effectively use the insulin produced. The result is hyperglycemia—abnormally high concentration of glucose in the blood.

The World Health Organization defines diabetes as a metabolic disorder with defects in insulin secretion, action or both resulting in chronic hyperglycaemia producing long-term damage, dysfunction and failure of various organs.

The diagnosis of diabetes requires a fasting plasma glucose (FPG) level of over 126 mg/dL on two separate occasions. A single random blood sugar (taken regardless of the last meal) of more than 200 mg/dL with the three classic P's (polyuria, polydipsia and polyphagia), also defines diabetes.

An oral glucose tolerance test (OGTT) is the gold standard for diagnosis. A non-pregnant adult takes 75 grams of glucose and his FBS, 1 hour and 2-hour sugar levels are measured. A FBS more than 126 mg/dL or a 2-hour sugar level more than 200 mg/dL also confirms diabetes. Values between 110 and 125 mg percent of FBS and a 2-hour post glucose level of 140-200 mg/dL is impaired glucose tolerance (IGT), a pre-diabetic condition.

SUGAR, SUGAR EVERYWHERE

How does diabetes come about?

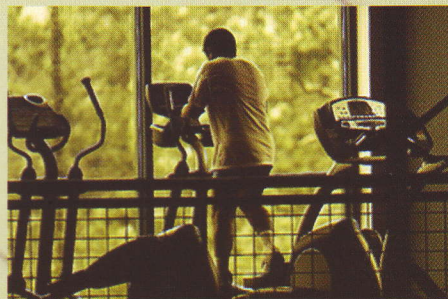
Rice, bread, potatoes—any carbohydrate we eat—is broken down in our stomachs by digestive enzymes into glucose. This is sugar's simplest form, the raw material that generates the body's energy. Protein and fat are alternative glucose sources which are stored in muscle and fat tissue and mobilized when we are fasting.

Normally, after a meal, the sugar in our stomach triggers sensors that alert the pancreas, a small factory that lies behind the curve of the stomach.

Special cells, the β -cells of the islets of Langerhans, discharge stored insulin in two bursts, an immediate tall spike, followed by a second, smoother curve that releases insulin in a steady stream (but smaller amplitude) that brings down glucose levels to normal.

Insulin is a hormone, a chemical messenger that docks on insulin receptors on every cell in the body—especially in insulin sensitive tissues: the liver, muscle and fat cells—and sets off a complicated chain reaction that allows specific transporters to pick up glucose waiting outside the cell doors. Once inside the cell, glucose undergoes a chemical cycle in the mitochondria, the cell's powerhouse, which generates energy so our hearts can pump, so we can breathe, think, see, and speak, live.

When insulin receptors are less



responsive to the effect of insulin, a state of insulin resistance results. Higher-than-normal amounts of insulin are necessary to maintain blood sugars at normal levels. In spite of the high levels of insulin, the insulin signal inside the cell is weak and fewer transporters travel to the cell wall to pick up the waiting glucose. Much less glucose enters the cell.

Because of insulin resistance, the pancreas works overtime to produce extra insulin. Unfortunately, the pancreas cannot keep this up for long, and the compensatory mechanism fails. Eventually, the β -cells are exhausted, insulin production drops and fasting blood glucose levels rise above 126 mg percent—the diagnostic cut off for diabetes.

This deficiency in β -cell insulin production together with a resistance to the effect of insulin in the body's tissues, results in Type 2 diabetes mellitus.

The diabetic has sugar everywhere but the body cannot use it properly. In the midst of plenty the body starves for glucose. The liver, the hub of glucose production, makes even more sugar from glycogen, its storage form. Once its own stores have run out, the liver pulls out protein and fat stores and manufactures more sugar. The problem is, all that extra sugar is useless and inflates the glucose levels further. It is a destructive cycle. Excess glucose is toxic to cells; it damages small and large arteries, oxidizes blood and lipids, leaks out in the urine, drawing water along with it causing frequent urination. Because the body wastes all its energy and cannot store any, the patient loses weight and has to eat voraciously to replenish himself.

By the time the full clinical spectrum of diabetes (frequent urination, extreme thirst and hunger) is manifest—some 10 to 15 years after the problem begins—the diabetic has numerous accompanying complications (hypertension, abnormal cholesterol levels, heart disease, kidney disease, etc).

Why is having diabetes such a big deal? COUNTING COMPLICATIONS AND COSTS

Diabetes is a disease that affects the entire body. It is not only about the blood glucose; other metabolic markers like cholesterol and lipids are also abnormal. The chronically high blood sugar damages small blood vessels of the retina and kidneys, and the large vessels of the heart and aorta, which can lead to heart attack and stroke.

Diabetic complications fall into two groups: short-term and long-term complications.

Short-term (acute) complications

People with diabetes, especially if blood sugar is not well controlled, are more prone to bacterial and fungal infections. Bacterial infections include styes and boils. Fungal infections include athlete's foot, ringworm and vaginal infections.

include low blood sugar, diabetic coma, lactic acidosis, and infections.

Low blood glucose (hypoglycemia): When the blood glucose drops too low (as the result of too much insulin, too much exercise or not eating enough food), a person cannot function normally. He may feel light headed, be sweaty, his hands could shake, and if his blood sugar is too low, he may become disoriented, drowsy or lapse into a coma. Eating some sugar, sucking on a sweet or drinking half a glass of soda or juice can rapidly reverse the problem. If the PWD is unconscious, he should not receive anything by mouth. He should be rushed to the nearest Emergency Room.

Diabetic ketoacidosis (DKA), or diabetic coma, is a severe condition resulting from a lack of insulin. It affects mainly people with Type 1 diabetes. Some usual causes include missing medication (insulin or tablets) and an infection. DKA may also herald diabetes in up to a third of patients. The patient is typically dehydrated, has trouble breathing, may complain of abdominal pain, has very high sugar levels and an acidic blood pH. Physicians may sometimes smell acetone on the breath. The patient requires intensive care, insulin, salt, potassium and water replacement. Identifying and treating infections with the appropriate antibiotics is important.

People with diabetes, especially if blood sugar is not well controlled, are more prone to bacterial and fungal infections. Bacterial infections include styes and boils. Fungal infections include athlete's foot, ringworm and vaginal infections. Physicians will often prompt a search for diabetes in patients with wounds that heal slowly, or have infections that deteriorate rapidly. Another problem is that infections in



PWD are often from multiple types of bacteria, which do not usually cause infection and are resistant to broad-spectrum antibiotics.

Long-term complications are a consequence of high blood glucose over a long period. Glucose toxicity damages large and small blood vessels and nerves. Left unchecked, this can cause the following complications:

Eye disease: Retinopathy (new blood vessel formation in the retina of the eye) is the major cause of blindness and visual impairment in adults. About 2 percent of all people who have had diabetes for 15 years become blind, while about 10 percent develop a severe visual impairment, including cloudy lenses (cataracts).

Kidney disease: Kidney disease, or nephropathy, is a major threat to people with diabetes.

By the age of 50, about 40 percent of people with type 1 diabetes develop severe kidney disease that may require dialyses and/or kidney transplant. One third of new dialysis cases in the United States are PWD. The earliest sign of nephropathy is evidence of protein in the urine.

Nerve disease: Diabetic nerve disease, or neuropathy, affects at least half of all people with diabetes and reduces sensation in the legs and feet in the classic stocking and glove distribution. Patients are prone to injury, ulceration

and amputation. Diabetes is the most common cause of lower-limb amputation that is not the result of an accident. Diabetic nerve disease can also lead to impotence or erectile dysfunction in more than 50 percent of men.

Cardiovascular disease: Disease of the circulatory system is the leading cause of death, the risk of heart disease or stroke increases two to five times in people with diabetes. Two out of every three persons with diabetes will die from a cardiovascular complication. Poor circulation in the legs (peripheral vascular disease) together with neuropathy, might lead to amputation.

In the Philippines, the average PWD has no comprehensive health insurance and must shoulder his own expenses for consultation and medication. Compliance is a major problem, mainly because of economic factors. Patients consult only when their health problems are severe. By then it often too late to ward off complications.

NO QUICK SOLUTIONS

The solution to diabetes and obesity is not simple. Therapeutic lifestyle changes: making the right choices from meal-to-meal and getting more physical are the foundation of the rest of the patient's life. Though pharmacotherapy may be necessary at some point, medications are only adjuncts to lifestyle. It's not a quick fix; diabetes and obesity require a change in lifestyle to address the problem.

BURN FAT, DROP KILOS

Weight loss is huge. More than any lifestyle variable, the loss of even 5-10 percent of initial body weight improves and may even reverse all the risk factors of the metabolic syndrome. It improves blood pressure, lipid abnormalities and blood sugar control.

However, this is easy to say and hard to do. To lose weight, the body needs to burn more energy than we take in as food. We need to restrict the amount of food we eat overall.

The key change to make is to increase servings of fruits, vegetables, and high-fiber whole grains, fish and low-fat dairy products that are nutrient-dense and low energy foods to displace the intake of low-nutrient, high-calorie foods.

The goal of dietary therapy is an energy deficit of 500-1000 kcal/d, leading to a weight loss of no more than 1-2 lb/wk. This way you keep weight off slowly, but surely.

Everyone benefits from regular physical exercise. By itself, exercise produces much less weight loss than restricting calories alone. Moderate physical exercise-between 30-60 minutes a day-optimizes maximum oxygen uptake,

increases basal energy expenditure and improves cardiovascular fitness. The US Surgeon General advocates brisk walking of 3 miles a day and resistance training 3 times a week.

For an exercise program to be sustainable the activity should be fun and something the patient enjoys, ideally incorporated into his daily activities.

A comprehensive physical activity prescription should include warm-up and cool-down periods, with exercises that help:

- Improve cardiovascular fitness
- Increase strength with resistance training
- Enhances flexibility through a wide range of motion

HEAVY CROSS, SWEET LIFE

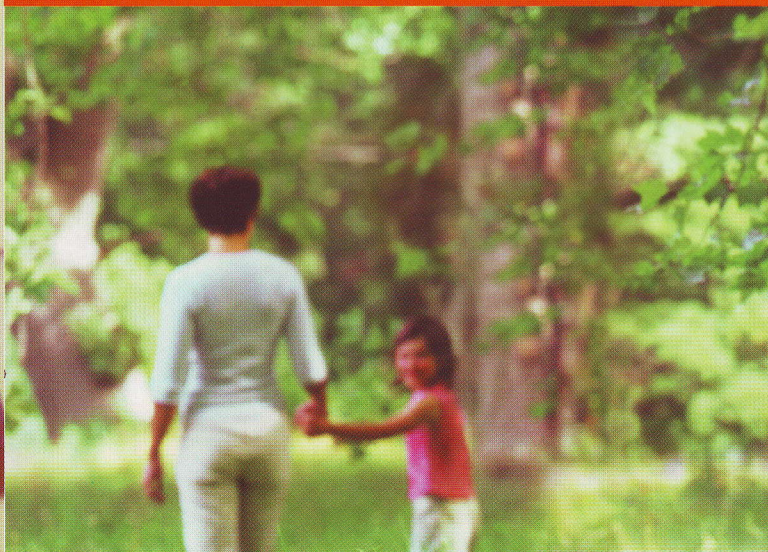
Diabetes and obesity co-exist in more than 50 percent of patients. It's almost

a chicken-and-egg quandary to which came first. Obesity and diabetes are chronic illnesses, a lifetime burden, and heavy crosses to carry.

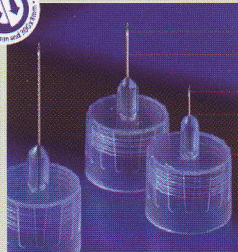
Once the PWD accepts the life-altering diagnosis and recognizes his responsibility, educates himself about the disease, follows nutrition and exercise recommendations, takes his medication regularly and sees his physician faithfully, he can achieve good control over his diabetes.

Though the diagnosis of diabetes is forever, there still can be a sweet happily-ever-after. And although desirable body weight may be an elusive goal, tolerance, understanding and a little encouragement goes a long way in helping the vertically challenged someday reach not for the sky, but for their toes. **D**

Certain things need special care.



BD Micro-Fine™ Plus Pen Needles now incorporate thin wall technology



- Compatible with all leading insulin pens
- Optimised point geometry to reduce pain
- Proprietary micro-bonded lubricant for improved injection comfort
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- Increased inner bore diameter for faster and easier injections
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Pentoxifylline

TRENTAL

is proven therapy for:

- Diabetic Neuropathy¹
- Peripheral Arterial disease of the lower extremities such as Intermittent Claudication² and Ischemic Rest Pain
- Leg Ulcers³

Trental improves blood flow in the microcirculation

- Restores red blood cell deformability
- Inhibits platelet aggregation
- Decreases blood viscosity



Natrapharm

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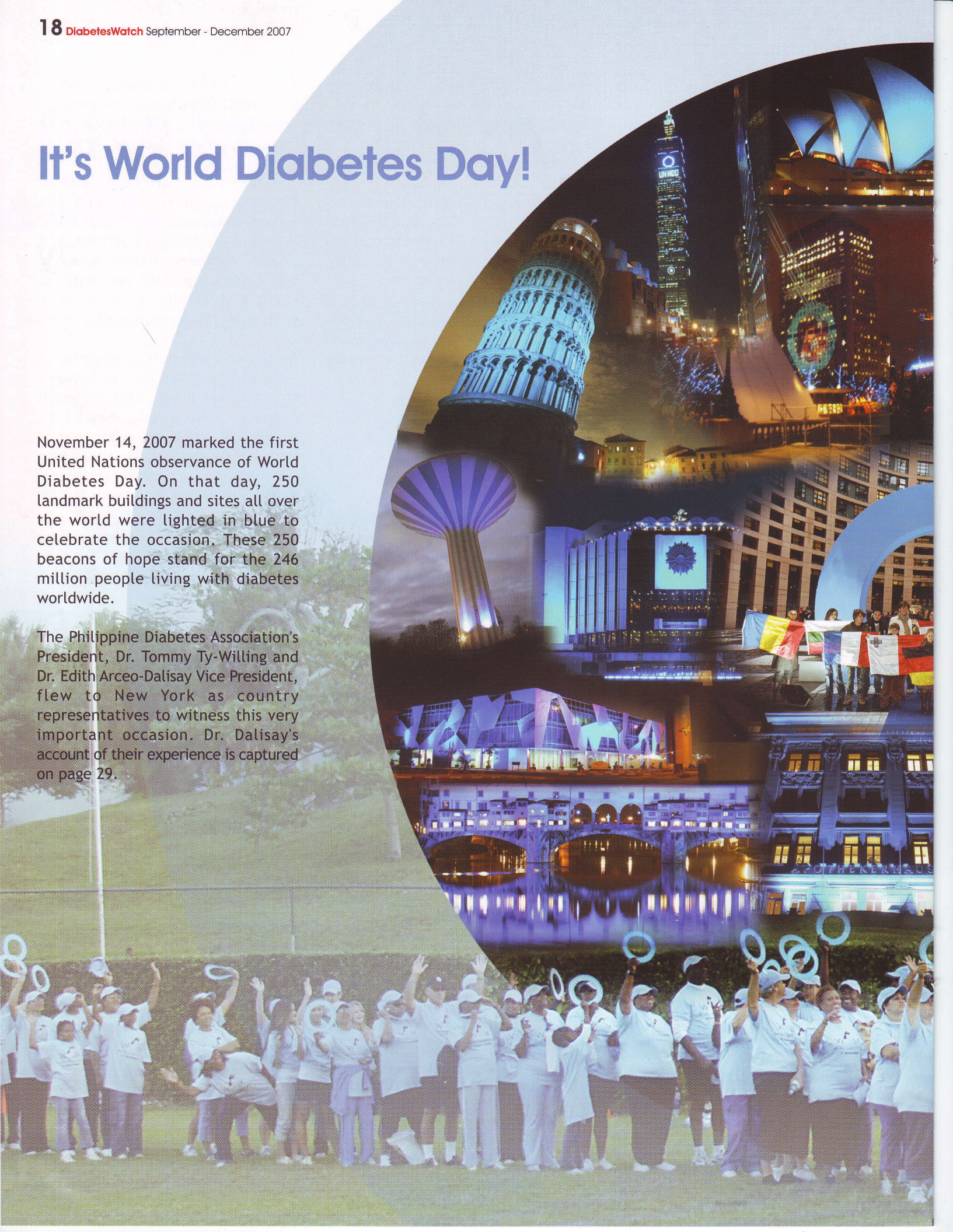
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2. Belcaro G. et al. Intermittent claudication in diabetes: treatment with pentoxifylline - a 10 month, controlled, randomized trial. Angiology. 2002 Jan-Feb.
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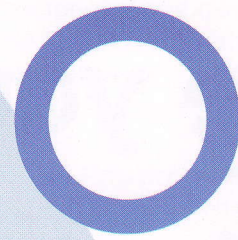
The Patriot Building, Km. 19 West Service Road, South Luzon Expressway, Parañaque City 1700 Philippines
Tel. Nos. 821-7382 • 776-2001 • 776-1182 to 83

It's World Diabetes Day!

November 14, 2007 marked the first United Nations observance of World Diabetes Day. On that day, 250 landmark buildings and sites all over the world were lighted in blue to celebrate the occasion. These 250 beacons of hope stand for the 246 million people living with diabetes worldwide.

The Philippine Diabetes Association's President, Dr. Tommy Ty-Willing and Dr. Edith Arceo-Dalisay Vice President, flew to New York as country representatives to witness this very important occasion. Dr. Dalisay's account of their experience is captured on page 29.





world diabetes day

The diabetes world came to secure a United Nations resolution on diabetes. The resolution gave our day the global recognition it deserves. Significantly, the resolution encourages governments to develop policies for the prevention, care and treatment of diabetes. It will be our task to make sure that governments hear this message and act.

It has been a truly remarkable effort to raise awareness. The campaign has been yet another illustration of what we can achieve when we Unite for Diabetes.

Thank you for everything!

See all the buildings and landmarks in one place at:
<http://www.worlddiabetesday.org/bluemonuments>

Give yourself some TLC

Patricia Gattbonton, MD
Our Lady of Lourdes Hospital

Face the facts: diseases of lifestyle are hazards of the living in this millennium. Time out of mind ago, our ancestors lived on what they could hunt and gather in the jungle or water around them. Nowadays, food is fast, if not nutritious and dinner is a phone call or a few minutes in the microwave away.

The medical deadly duo is obesity and diabetes, the triad is the duo + hypertension and the killer quartet is the triad plus high cholesterol levels. Genes do play a role, and we have no choice in our parents. Until science can modify gene expression, our only option is to adopt therapeutic lifestyle changes (TLC) to at best, prevent, and at worst, delay the onset of these diseases.

TLC involves diet modification, weight control, increased physical activity and stopping smoking.

Die with a T

A popular Garfield poster shows the fat cat moaning that diet is die with a T. Most of us probably agree, but professionals prefer the term medical nutrition therapy (MNT). The latest recommendations for dietary restrictions to lower LDL (bad) cholesterol by 10-20% from the National Cholesterol Education Panel of the Adult Treatment Panel III, (NCEP-ATP-III) are in the table.

Other recommendations include moderate alcohol intake, limit to 2 drinks a day for men, and 1 drink a day for women. A drink is 5.5 oz wine, 12 oz beer or 1.5 oz 80-proof whiskey.

You should also limit sodium chloride intake to less than 6.4 gm/day and drink at least 64 oz of water (8 glasses of pure, non-chlorinated water).

You can also follow the Philippine Association for the Study of Overweight and Obesity (PASOO) food and activity pyramid guide for Filipinos.

No couch potato

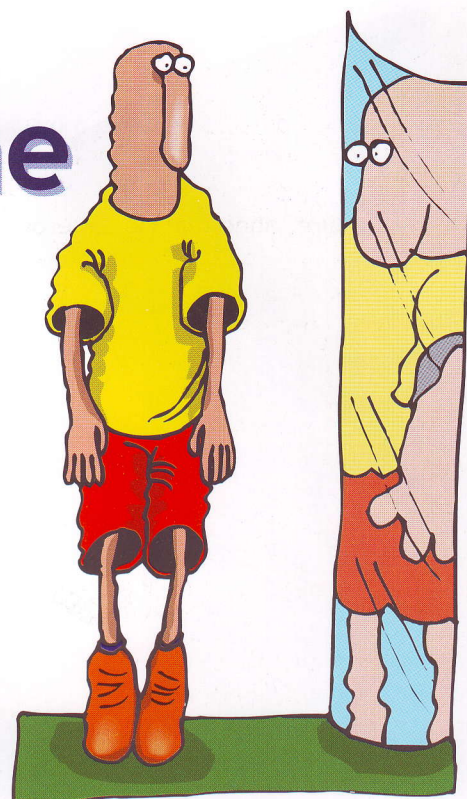
Admit it; it's comfortable to lie on the couch, a bowl of chips resting on your ample tummy, a cold glass of soda within arm's reach, only your fingers getting exercise clicking both the TV and DVD remote controls.

If you agree, then you are one of the 70% of adults who get no exercise. If you knew that a sedentary lifestyle gave you the same risk of heart attack and stroke as smoking, would you get off the couch?

Evidence from large prevention trials encourage us that regular exercise that increases the heart rate by 60-80% of maximal heart rate for 30-45 minutes a day for most days of the week lowers the risk of a heart attack or stroke by 50%.

Exercise also benefits blood sugar (lowers A1c by 10-20%), increases HDL (good) cholesterol by 30%, improves blood pressure, helps lose weight, and helps manage anxiety and depression. It also reduces risks for breast, colon and prostate cancer and delays the onset of diabetes.

Exercise programs should incorporate aerobic activities like running, walking, cycling and swimming, strength or



weight training to increase muscle mass and bone strength and stretching.

How do you know you are exercising at the right intensity? You should be able to talk without gasping, but do not have enough breath to sing. If you can take your pulse, see the side bar on how to calculate your maximum heart rate. If you have trouble finding a clear 30 minutes in your busy day, you can split it into three 10-minute blocks.

Body beautiful?

Being obese or overweight is a heavy cross to bear (no pun intended). How is the Filipino body habitus changing? Small, lithe and lean is the traditional body type-but given the abundance of nutrition and interactions between different gene pools-the Filipino is now taller, and is more likely to be bulkier than a generation ago.

From the 6th National Health Survey of 2003 we know that five percent of the population has a Body Mass Index (BMI) greater than 30, and 19.6 percent are overweight. Twenty four percent of the population is overweight or obese, an increase from 20 percent in 1998. Seven percent of the obese are

Obesity is most prevalent among those aged 40-59 years.

Obesity predisposes to diabetes, high blood pressure, abnormal cholesterol levels, heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea, respiratory difficulty and certain cancers.

Physicians treat overweight and obesity with a combination of dietary restriction, increasing physical activity, changing behavior, and in some cases, with drug therapy and weight loss surgery.

You should try to achieve and maintain desirable body weight (BMI 18.5-22.9). It is reasonable to aim for a 5-10% weight loss over 6 months. To do so, a calorie deficit of 300-1000 kcal/d is necessary to lose 1-2 lbs/wk.

The evil weed, indeed

Nicotine in tobacco kills. What is sad is that it is entirely preventable and boils down to individual choice. Compared to non-smokers, people who smoke 1 pack per day are 14 times more likely to die from lung, throat or mouth cancer, two times more likely to die from heart disease or a stroke.

Even more distressing is that if a smoker quits, after a year and a half, most of his increased risk is down to baseline, and by 3-5 years after stopping, his vascular risk is the same as that of a non-smoker.

Quitting smoking is the best gift you can give yourself and those who love you.

Get some TLC

We are how we live. Whether we chose to live and eat healthy, get exercise, lose weight and stop smoking, to a great extent, the choices we make directly effect the quality of our lives. If we make bad choices, then we have no one to blame later on but ourselves.

Now that we know what changes to

make and goals to aim for, let's make some baby steps day-to-day, until we are living healthier and better.

It's time to get some TLC. Therapeutic lifestyle changes translate to taking Tender Loving Care of yourself. Give yourself a lot of loving, give yourself some TLC. What are you waiting for? Make the decision today. **D**



Therapeutic Lifestyle Changes Diet

Food composition	Recommendation
Total fat	25-35% of total calories
Saturated fat*	<7% of total calories
Polyunsaturated fat	Up to 10% of total calories
Monounsaturated fat	Up to 20% of total calories
Carbohydrates	40-50% of total calories§
Fiber	20-30 gm/day
Protein	15-25% of total calories
Cholesterol	<200 mg/d
Total calories	Sufficient to maintain desirable body weight

* Trans fat also raise LDL cholesterol and should be kept to a minimum
§ Most as complex carbohydrates from whole grains, fruits and vegetables

Maximum heart rate = $[220 - \text{age in years}] \times (0.6 - 0.8)$

For example, if you are 45 years old: $\text{MHR} = [220 - 45] \times 0.7 = 122$

If your starting heart rate (HR) is 80, then you should warm up for 10-15 minutes until your HR is 122 and maintain the same intensity of exercise for 20-30 minutes checking your HR every 5 minutes to make sure you remain in the zone.

Are you obese or overweight?

Step 1:

Measure your BMI with this formula:

$\text{BMI} = \text{body weight (in kg)} \div \text{square of stature (height, in meters)}$

Step 2:

Look up your BMI in this table (for nationals of the Asian Pacific region only)

Classification	BMI	Cardiovascular risk
Underweight	<18.5	Low (but increased risk of other clinical problems)
Normal	18.5-22.9	Average
Overweight	≥ 23	
At risk	23-24.9	Increased
Obese I	25-29.9	Moderate
Obese II	30	Severe

KITCHEN CORNER



Green salads and it's health benefits

Sochie T. Balderamos, RD
National Kidney and Transplant Institute

Let me ask you a few questions. Do you like to eat salads? Next, what kind of salad do you eat? Green salad or vegetable salad? Is it the fruit salad variety or combined with other food like chicken macaroni salad or the Russian Potato Salad?

Salad can be included in your daily meal plan depending on your menu or taste preference. It can be eaten as an appetizer, as an entrée, an accompaniment to a dish, as a snack and the last courser the dessert.

In our grandparents time, in the early years of the 20th century, a salad meant little more than a piece of cucumber, a few spring onions and a handful of radishes dressed with vinegar or sour cream.

Over the years, more exotic fruits, vegetables, herbs, edible plant leaves and flavoring oils have been added to the salad repertoire or recipes.

Adding to its freshness, providing

aesthetic colors to the dinner table from its most delicate crisp green palate cleaners to hearty meals that satisfy one's hunger, these popular dishes have plenty of nutritional values and health benefits.

Green salad is a good source of fiber. Dietary fiber has a positive impact on weight control because it delays gastric emptying and enhance a feeling of fullness. Vegetable salad is low in calories and low in fat content, hence a good food choice for people on weight reduction diet.

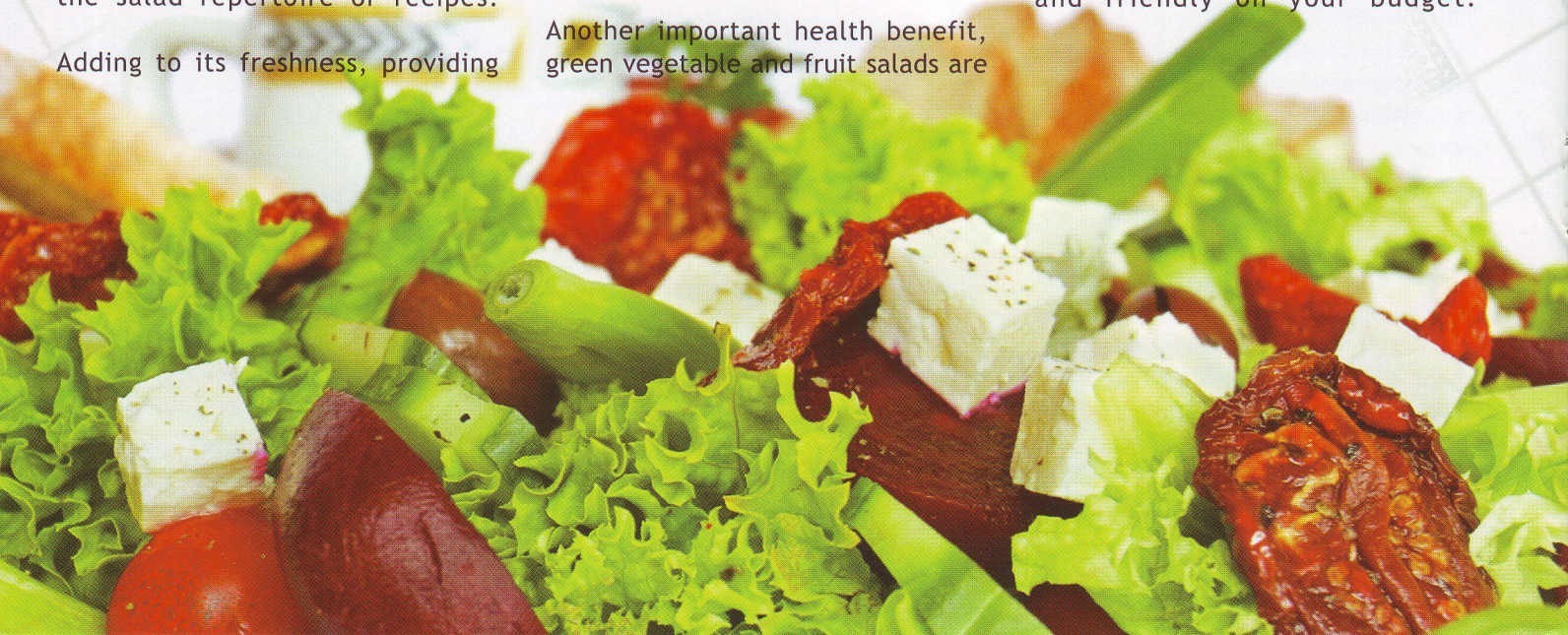
And because green salad is rich in fiber, even more if combined with other complex carbohydrates (grains and cereals), it can improve glucose tolerance by delaying the movement of carbohydrates into the small intestines providing longer conversion time of the complex carbohydrates to simple sugar making it an acceptable food choice to diabetic person.

Another important health benefit, green vegetable and fruit salads are

derived from plant sources, they have no saturated fats. Eating these versatile salads combined with other healthy lifestyle habits (regular physical exercise) can prevent people from having heart and other cardiovascular diseases.

Emphasizing the use of fresh and natural foods in our daily food intake coming from fruits, herbs, nuts, green veggies, they have higher amounts of antioxidants and vitamins such as beta carotene, vitamins C and E which protects the body from free radical cells and tissue damage. It also contains phyto-chemical substances that have anti-aging property and help our body fight cancer and other forms of infections.

Hence, these foods are beneficial and nutritious keeping us strong and healthy. To end this article, here are some delicious, delectable and nutritious salad recipes easy to prepare and friendly on your budget.



All time Filipino Salad Dishes

1. Pickled Papaya or the Atchara
2. Eggplant, Tomatoes and Onion Ensalada
 - Grilled Eggplant, Mashed
 - Thinly sliced or chopped onion and tomatoes
 - Dressed with little vinegar, salt, sugar and pepper to taste.
3. Ampalaya, Radish, Onion and Tomato Salad Supreme.
 - Ampalaya, finely sliced
 - Radish
 - Onion and Tomato, chopped
 - Dressed and tossed in vinegar, salt, sugar and pepper to taste.

New Salad Style and Variation Recipes**1. Green Salad with Lemon Vinaigrette****Ingredients:**

- 2 heads Lettuce
- 1 pc. Watercress or Celery Stalk slice thinly
- 1 tbsp. Chopped shallots or onion
- 2tsp Mustard
- ½ tsp Sugar
- 1tbsp Chopped fresh basil
- 1 tsp grated lemon zest (rind)
- 3 tps lemon juice
- 1 tbsp white wine vinegar
- 100 ml virgin olive oil

Procedures:

1. Break leaves of the lettuce. And chill.
2. Whisk together the shallots, mustard, sugar, basil, lemon, zest, lemon juice and vinegar in a bowl, mix until well blended.
3. Place the oils in a small jug and slowly add to the bowl. Whisk constantly to create a smooth, creamy dressing.
4. Season to taste with salt and pepper.
5. Drizzle the dressing over the salad greens, toss gently and serve.

2. Greek Salad**Ingredients:**

- 4 pcs. Tomatoes cut in wedges
- 1 med size Cucumber peeled, seeded and cubed

- 2pcs Green peppers - seeded and cut into strips
- 1 pc Red onions finely sliced
- 250 mg Cheese cut into cubes
- 3 tsp Parsley chopped
- 12 pcs Mint leaves chopped
- ½ cup Olive Oil
- 2 Tbsp Lemon juice
- 1 clove Garlic crush

Procedures:

1. Place all the greens and vegetables in a serving bowl.
2. Toss together gently.
3. Mix oil, lemon juice and crushed garlic. Shake well.
4. Pour dressing over the salad
5. Add pepper and salt to taste.
6. Serve on bed of lettuce leaves (Svgs. 6-4)

3. Crab Salad with Green Mango and Coconut**Ingredients:**

- 2 cloves Garlic, peeled
- 2 small fresh and red chillies
- 2 tbsps dried shrimps
- 2 tbsps Fish sauce
- 3 tbsps Calamansi juice
- 3 tps Sugar
- ½ cup Shredded coconut
- 1 ½ cup Shredded green mango
- ½ cup fresh mint leaves
- ½ cup Fresh corlander leaves
- 3 pcs lime leaves, shredded
- 2 tps Shredded ginger
- 500 gms crabmeat
- 2 tbsps crushed toasted peanuts
- Lime wedges, to serve
- Banana leaves, to serve

Procedures:

1. Place the garlic, chillies, dried shrimps and ½ tsp salt in a mortar
2. Pound to a paste, whisk the fish sauce, lime juice and sugar with a fork.
3. Bake the shredded coconut for 5 minutes.
4. Place the shredded mango in a large bowl, add the mint, corlander, lime, ginger, coconut and crabmeat.
5. Pour on then dressing and toss together gently.
6. Place a piece of banana leaf in each serving bowl.

7. Mound some crab salad on top, sprinkle with peanuts.
8. Serve immediately with lime wedges.

4. Asian Tofu Salad**Ingredients:**

- 1 pc red bell pepper, thinly sliced
- 1 pc green bell pepper, thinly sliced
- 2 cups sprouted bean
- 4 pcs spring onion sliced diagonally
- ¼ cup chopped fresh corlander
- 3 cups shredded Chinese cabbage
- ¼ cups chopped roasted peanut
- 450 gms tofu
- ¼ cup peanut oil

Dressing:

- 2 tbsps Chili sauce
- 2 tbsps lime juice
- ½ tsp sesame oil
- 1 ½ tbsp lite soysauce
- 1 clove chopped garlic
- 3 tps grated ginger
- ¼ cup peanut oil

Procedures:

1. Combine all ingredients together except tofu and peanut oil
2. Cut tofu into cubes and fry until golden brown. Drain oil and add to the salad.
3. Mix together all dressing and ingredients excepts peanut oil.
4. Whisk peanut oil then toss through the salad.
5. Serve immediately.

Reference:

- *New Styles Salads* -

Periplus Mini Cookbooks Published by Periplus Editions HK, ISBN - 13:978-962-8734-53-5

- *Nutrition- Second Edition-*

Paul Insel, R. Elaine Turner, Don Ross Jones and Bartlett Publishers, Inc. Copyright 2004, ISBN 07637-0765-1

- *The New Complete International Jewish Cookbook-*

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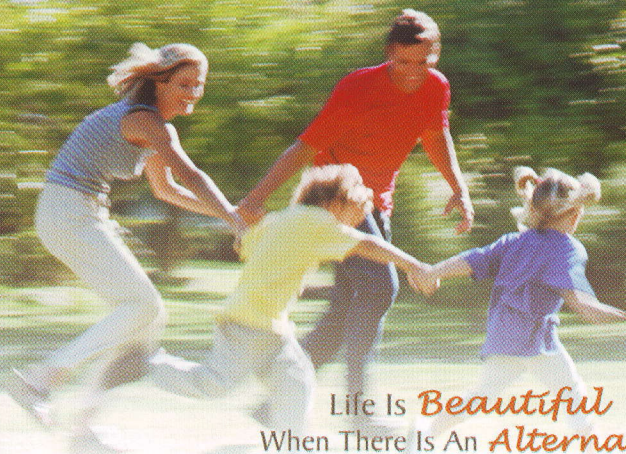


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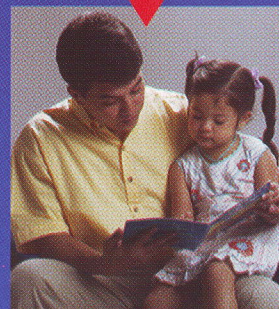
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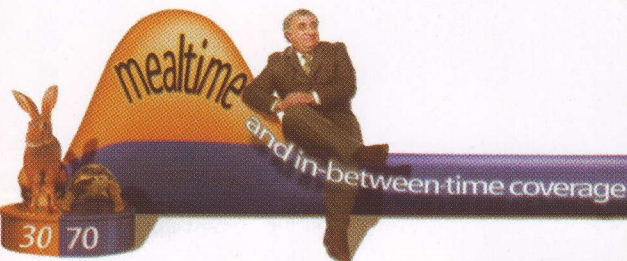
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diabetes,
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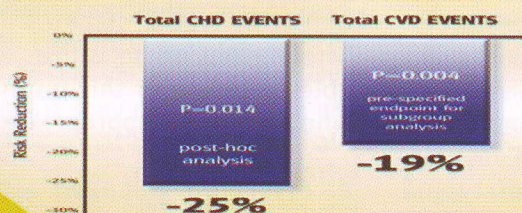
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ONE TABLET, ONCE A DAY

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**COMPLETE CONTROL
RIGHT
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for patients with type 2 diabetes



*It's a shot...it's insulin?..No, it's **BYETTA.***

Florence Amorado-Santos, MD
Mary Mediatrix Medical Center

The field of diabetes had really been moving in the fast lane for the past few months, a lot of new medicines have been coming out in the anti-diabetes market. Extensive research is going on and there are more agents in the pipeline coming up, all striving to improve the management of our diabetic patients and prevent the devastating complications of this disease. Treatment regimens are becoming more focused, targeting the hard core of diabetes, aiming for the ultimate cure.

In one of our past issues, we have written extensively on "Gut Hormones and Their Emerging Role in T2 Diabetes Mellitus." We described the complex interplay of different hormones in diabetes, not just glucose and insulin, but an ensemble of hormones and peptides whether from the pancreas or outside the pancreas helping regulate the action of the beta cells. The gastrointestinal tract is one of the extrapancreatic source of glucose regulators.

And now, we have one of the latest additions to our antidiabetes bandwagon, Byetta.

Byetta pronounced (bye-A-tuh), generic name is exenatide is the first in a class of medicines for type 2 diabetes called "incretin mimetics" (mimics the antihyperglycemic action of incretin). Incretin is a gut-related factor that helps insulin exert a rapid and sustained effect during and after eating. BYETTA initially was discovered from the saliva of Gila monster, a poisonous, ugly-looking lizard, is unique and works in a different way than the other oral antidiabetes pills or insulin injections since it has a different chemical structure and pharmacological action. Patients who are not successful in controlling their blood sugar with the conventional treatment with oral medications such as sulphonylureas, metformin or thiazolidinediones may benefit from this agent by helping the body produce the right amount of insulin at the right time. BYETTA helps take the guesswork out of type 2 diabetes.

This new class of antidiabetes claims it will improve the fasting and postmeal glucose levels of our patients through the following mechanisms:

a. Enhances insulin secretion which is dependent on glucose levels. This is an acute effect from the beta cells of the pancreas in response to glucose level concentration. The insulin release subsides as blood glucose decreases and eventually normalizes (means insulin is signalled only when your body needs it most to maintain normal glucose levels).

b. Restores the first phase of insulin secretion. This phase normally happens during the first 10 minutes after exposure to intravenous glucose wherein there is a surge of insulin secretion. This is an early primary defect in Type 2 diabetes mellitus, wherein this phase is lost. Byetta is able to refurbish this insulin phase when given in appropriate levels.

c. Effect on glucagon secretion. Glucagon is the hormone that regulates the body's glucose levels. It comes from

the alpha cells of the pancreas, whereas insulin comes from the beta cells. Glucagon upregulates when the sugar is low and downregulates when the sugar is high. What Byetta does is to moderate the secretion of glucagon when there is already excess glucose which results in decreased glucose production of the liver and lower insulin demand. Despite this action, glucagon is able to maintain its vigilance to maintain euglycemia (normal blood sugar level) during episodes of hypoglycemia.



and check if you have any hypersensitivity to the ingredients present in Byetta.

d. Effect on gastric emptying. Byetta slows gastric-emptying (movement of food from the stomach to the small intestine) hence reduces the rate of exposure of the circulation to high glucose. In addition to this effect, patients will feel "full" faster and longer so they eat less. This mechanism may be attributed to patient's weight loss while using Byetta. (A welcome contrast to the weight gain that often accompanies insulin injection and other oral diabetes medicines)

If your physician has prescribed Byetta for you, here are some general points to keep in mind: ** (this does not replace the complete package insert of the medication nor the specific instructions of your attending doctor)

a. Tell your doctor if you have severe problems with food digestion since this drug can slow down the emptying of the stomach and can aggravate your stomach problems.

b. You cannot use Byetta if you have severe kidney disease or undergoing dialysis.

c. If you are pregnant or planning to become pregnant, discuss this with your physician before you start the medication.

d. If you are breastfeeding, inform your physician. There are no data yet to determine if Byetta is secreted through breast milk.

e. Read the product label of the drug

f. Know other medications you are taking and ask your physician which medications will be continued or stopped, if the timing of intake of the other medications needs to be changed and the possible interaction with other drug agents.

BYETTA is injected, twice a day, at any time within the 60 minutes (1 hour) before your morning and evening meals (or before the two main meals of the day, approximately 6 hours or more apart). Do not take BYETTA after your meal.

g. The most common side effects of Byetta include nausea, vomiting, diarrhea, dizziness, headache, feeling jittery and an acidic stomach. If these signs and symptoms tend to be persistent, seek consult immediately because they can be signs of other severe medical conditions (such as gallstones, pancreatitis, acid peptic disease).

h. BYETTA is injected, twice a day, at any time within the 60 minutes (1 hour) before your morning and evening meals (or before the two main meals of the day, approximately 6 hours or more apart). **Do not take BYETTA after your**

meal.

i. If you miss a dose of BYETTA, skip that dose and take your next dose at the next prescribed time. **Do not** take an extra dose or increase the amount of your next dose to make up for the one you missed.

j. Do not use Byetta for a condition for which it was not prescribed.

k. Make sure that you read the instructions in the package insert for proper storage of this drug.

The show had just begun for Exenatide (Byetta) here in the Philippines. Several patients have started receiving this medication. Its cost (Php 8,000 per prefilled syringe of either 5 mcg and 10 mcg, providing 60 doses for one whole month) might be a major barrier for patients to be able to comply as part of their antidiabetic regimen. Although, it would still bring us to the basic premise that our goal is to reach the target blood glucose level and prevent complications which would be more costly to deal with, in long term. Hence, the cost may be outstripped by the benefits of patients whose diabetes profile fits as a candidate for the use of this new agent.

Diabetes mellitus remains to be a huge global challenge and Byetta had unleashed another piece of the uncontrolled diabetes puzzle, that is, revealing the role of gut hormones to meet the unmet needs of diabetes treatment. Could it be the bridge to help our diabetics to reach their target? Doctors and patients alike are hopeful for this new agent. If Byetta will prove to be the eventual conduit for the complex crux of diabetes mellitus, it will be one big leap to hurdle the unremitting occurrence of its complications and unattained endpoints despite the long array of antidiabetes medications. **D**

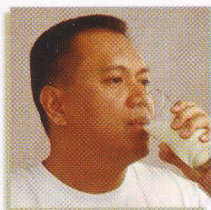
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Editha I. Arceo-Dalisay, MD
St. Luke's Medical Center

On December 20, 2006 the United Nations approved unanimously the resolution sponsored by the Government of Bangladesh which recognizes that "diabetes is a chronic, debilitating and costly disease associated with severe complications, which poses severe risks to families, member states and the entire world". The resolution, called "The United Nations Resolution on Diabetes (61/225, World Diabetes Day)" sets aside November 14 every year as UN recognized World Diabetes Day.

The UN Resolution has opened the door for diabetes to be put in the global agenda. The resolution poses two important challenges to member nations: the prevention of diabetes and the prevention of diabetic complications. The International Diabetes Federation which spearheaded the campaign to have this landmark resolution tabled at the UN and approved called on all its member diabetes organizations to partner in the efforts to see the fulfillment of this resolution.

attended by the representatives all IDF Member Associations. The forum tackled the diabetes pandemic, IDF governance and had group discussions on how to translate the vision of the resolution into action. In the evening, the IDF hosted a kick-off dinner at the Guastavino's Restaurant. It is during this event that we learned that the idea for the resolution came from an 18 year old type 1 diabetic from the USA. The girl named Claire, thought that the attention given to AIDS should also be given to diabetes. She brought the idea to Dr. Martin Silink, the IDF president who immediately saw the wisdom in the idea. Dr. Martin Silink then went around to several diplomats looking for a sponsor to the resolution. The Ambassador from Bangladesh took up the challenge and the rest is history.

On November 14, we went early to the grounds of the United Nations. Security was very strict and aside from the country representatives there were several patient groups present. The first activity was the Human Blue Circle where we all formed a symbolic blue

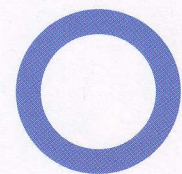
To celebrate the first UN led observance of World Diabetes Day, the IDF invited representatives of its member diabetes organizations to a series of meetings and activities in New York City. I, together with Dr. Tommy Ty Willing, the President of the Philippine Diabetes Association represented the Philippines in this momentous event.

The celebration started on November 13, 2007 with an IDF Forum

circle (the symbol for the Unite for Diabetes) holding blue UN umbrellas. Dr. Martin Silink and the Ambassador of Bangladesh gave brief remarks. Elliot Yamin, an American Idol finalist and a type 1 diabetic rendered a beautiful song with some children. This was then followed by the 246 steps Walk. This activity was a symbolic 246-step walk to commemorate the lives of the 246 million of people living with diabetes. The walk started from the UN building to the First Avenue to Guastavino's. Lunch was served at the end of the walk. At noon a Diabetes Awareness Rally commenced. There were several booth exhibits and a program also got underway. Meanwhile at the UN, a UN Panel Discussion for the UN Mission was organized in collaboration with the IDF. The panel discussion centered on how member nations will adopt the resolution in their respective countries.

The highlight of the affair was the UN Reception tendered by the Ambassador of Bangladesh for the IDF to celebrate the first UN observance of World Diabetes Day. During the reception, we watched the lighting of the Empire State Building in blue on a wide screen. All over the world 246 buildings were also lit up in blue to commemorate World Diabetes Day.

It was really an honor and a privilege to have represented the Philippines and the Philippine Diabetes Association in this momentous and historic event. But what we must realize is that this is just the beginning of this long journey to eradicate diabetes. And in this journey, for us to succeed, we must all unite for diabetes!



world diabetes day

PDA ON THE MOVE

34th DiabetesWorkshop

Century Park Hotel, Manila
August 10 -11, 2007

More than 200 delegates, most of them health professionals, trooped to the Century Park Hotel, Manila last August 10 and 11 to attend the 34th Diabetes Workshop. The workshop consisted mainly of clinical case discussions on the management of diabetes.

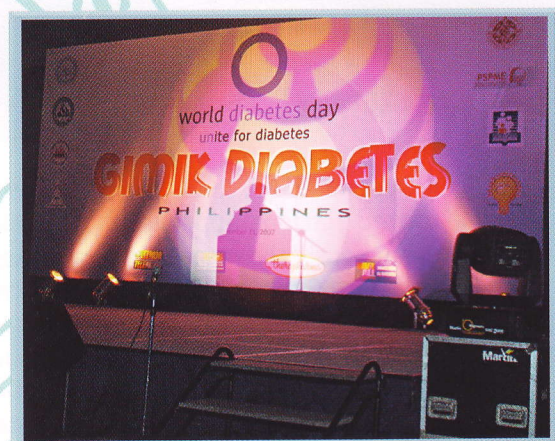


World Diabetes Day Celebration

(MOA Signing for GIMIK DIABETES
-October 30, 2007 Discovery Suites)

To celebrate World Diabetes Day, the signing of memorandum of agreement for GIMIK DIABETES was held last October 30, 2007 at the Discovery Suites. Those who signed the agreement represented various organizations endorsing health consciousness thru diabetes education. They were:

- Mr. John Dumpit - representing THERAPHARMA
- Mr. Angelo Palmones (Station manager of DZMM Radyo Patrol 630 khz)
- Dr. Tommy S. Ty Willing (President, PDA)
- Editha Arceo - Dalisay - (President, Philippine Society of Diabetologist)
- Ms. Cel Caballero - representing UNILAB Consumer Health



GIMIK DIABETES
SMX Convention Center,
Mall of Asia, Pasay
November 11, 2007

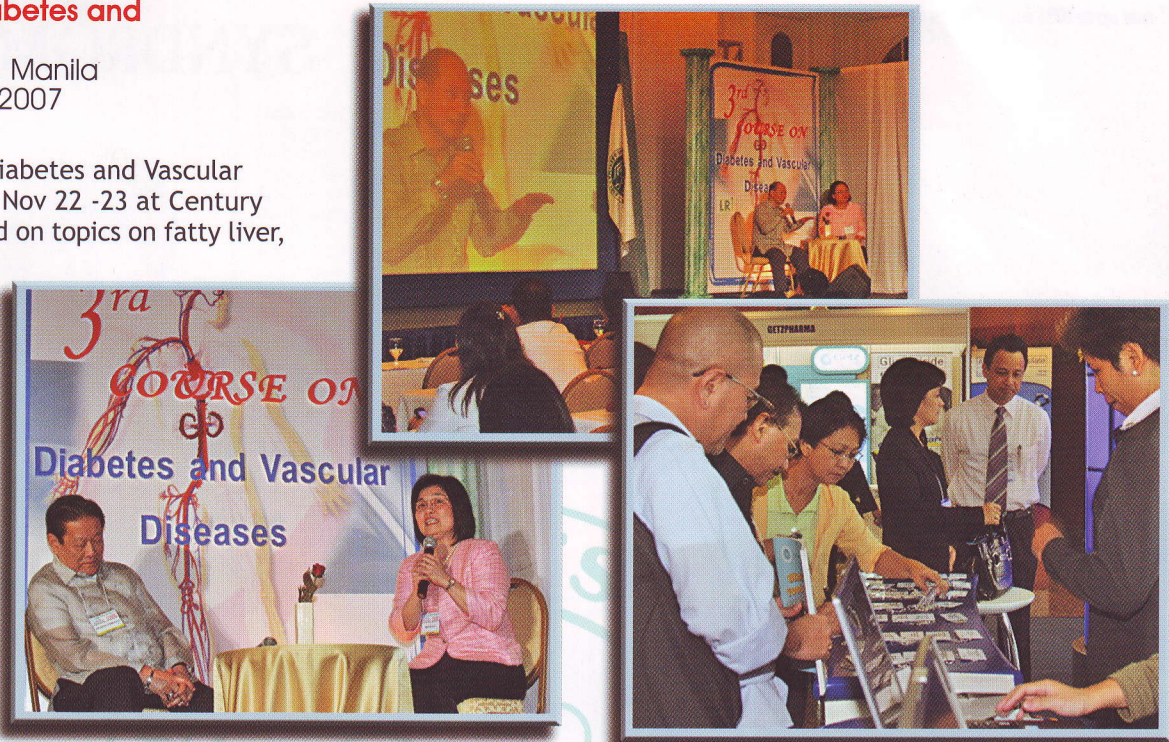


The Philippine Diabetes Association Inc., in collaboration with the Philippines Society of Endocrinology and Metabolism (PSEM), Institute for Studies on Diabetes Foundation Inc. (ISDFI), Philippine Center for Diabetes Education Foundation Inc. (PCDEF), Philippine Association of Diabetes Educators (PADE), Philippine Society of Pediatric Metabolism and Endocrinology (PSPME), Consortium of Government Diabetes Clinics in cooperation with UNILAB, Therapharma and ABS-CBN hosted the GIMIK DIABETES at the SMX Convention Center last November 11, 2007 in celebration of World Diabetes Day. More than 1000 attendees participated. Free blood sugar testing, entertainment from various artists of ABS-CBN, raffle draws and freebies for the participants made this year's World Diabetes Day celebration more colorful.

3rd Course on Diabetes and Vascular Disease

Century Park Hotel, Manila
November 22-23, 2007

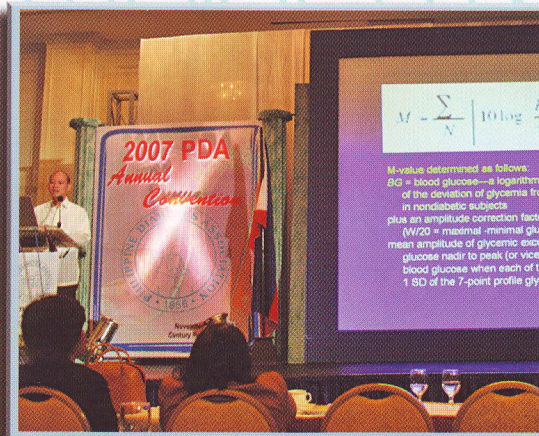
The 3rd Course on Diabetes and Vascular Disease was held on Nov 22 -23 at Century Park Hotel. It focused on topics on fatty liver, atherosclerosis, cardiovascular diseases. An estimated 500 attendees were present in this event.



2007 PDA Annual Convention

Century Park Hotel, Manila
November 20 -21, 2007

The PDA in cooperation with GSK staged a National Art Competition on November 20- 21 at the Century Park Hotel showing the talents and skills of our diabetologists in drawing and sketching and photography. The contest showcased different themes on diabetes. The winners were Dr. Allan S. Hernandez, Dr. Vanessa Conti, Dr. Sangumay Duran Anulacion, Dr. Danilo F. Baldemor, Dr. Emmanuel G.



Ruiz II, Dr. Werner Paul Irmischer, Dr. Ceferino Rene Villareal, Dr. Josierina Y. Sarmiento and Dr. Marcelyn P. Vitug.

Almost 1000 attendees filled the ballroom of Century Park Hotel showing that the PDA Annual Convention this year was a successful one. Professor Hannelle YKI Jarvinen, Professor of Medicine at the Department of Medicine, University of Helsinki in Helsinki Finland recipient of 1st Dr. Augusto D. Litonjua Endowed Lectureship Award was the international speaker. Dr. Rody Sy was the recipient of the 1st Dr. Ricardo E. Fernando Endowed Lectureship Award.



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*Reference: Physician Education Training Study, February 2005. Based on a study in the self-monitoring blood glucose (SMBG) industry involving 1,040 patients who contributed 31,339 samples over 27 months.



Zesty, healthy foods...try these!

Ma. Imelda Q. Cardino, RD
Makati Medical Center (Diabetes Clinic)

Everyone looks forward to a pleasurable meal, right? What if, suddenly, most of your favorite foods you need to avoid because of a "non-negotiable" reason like your health? Definitely, though you will muster all your strength to be disciplined, you would still want to have some alternatives...options. And if it you who also plans for all the other members of the family...wow (you know, different ages, different likes, different needs, etc in the family). Well, "healthy foods" need not be boring. Play around with spices and herbs, use your creativity to splash colors here and there, mix and match texture and flavor of various foods...and voila !!! You will surprise even yourself! To start you off, why not try these "not-so-new" simple but delicious recipes both the young ones and the young once will like.

"Ordinary" baked, broiled, or grilled items will taste different by serving different sauces. Here are some such sauces that are so easy to prepare and delicious.

SOY / GINGER DIP

4 tablespoons salt-reduced (or ordinary) soy sauce
1 tablespoon finely chopped fresh ginger

Combine and serve.

YIELD: ½ cup

CHILLI SAUCE

500 gm very ripe tomatoes
1 medium-sized onion, finely chopped
1 tablespoon tomato paste
2 fresh red or green chillies, chopped
½ cup water freshly ground pepper

Place all ingredients in a saucepan and simmer covered for 10 minutes. Puree and serve.

YIELD: 4 - 6 servings

SOY / MUSTARD DIP

4 tablespoons salt-reduced (or ordinary) soy sauce
1 tablespoon Dijon-style mustard

Combine and serve.

YIELD: 1/3 cup

TOMATO AND BASIL SAUCE

1 medium-sized onion, finely sliced
3 cloves garlic
1 cup water
500 gm very ripe tomatoes freshly ground black pepper
1 bunch fresh basil, roughly chopped, with stalks removed

Place onion, garlic and water in a saucepan. Cover and simmer for 5 minutes. Add tomatoes and pepper, cover and simmer for 10 minutes. Puree, stir in basil, and serve.

YIELD: 4 - 6 servings

YOGHURT DIP

1 medium-sized cucumber
3 cloves garlic, minced
2 cups low-fat yoghurt
2 teaspoons vinegar

2 teaspoons chopped fresh mint freshly ground black pepper

Peel and dice cucumber and stand in strainer to drain excess liquid. Combine all ingredients, chill and serve.

YIELD: 4- 6 servings

ITALIAN PARSLEY DIP

½ cup minced parsley
2 tablespoons minced fresh basil
3 tablespoons olive oil
2 tablespoons lemon juice
4 cloves garlic, minced
freshly ground pepper and salt to taste

In a blender or food processor, combine all the ingredients.

YIELD: 4- 6 servings

CREAM CHEESE BROWNIE ROYALE

1 package (about 15 ounces) low-fat brownie mix
2/3 cup cold coffee or water
1 package (8 ounces) reduced-fat cream cheese, softened
¼ cup fat-free (skim) milk
5 packets sugar substitute or equivalent of 10 teaspoons sugar
½ teaspoon vanilla

1. Preheat oven to 350°F. Coat 13 x 9-inch nonstick baking pan with nonstick cooking spray.

2. Combine brownie mix and coffee in large bowl; stir until blended. Pour brownie mixture into prepared pan.

3. Beat cream cheese, milk, sugar substitute and vanilla in medium bowl with electric mixer at medium speed



until smooth. Spoon cream cheese mixture in dollops over brownie mixture. Swirl cream cheese mixture into brownie mixture with tip of knife.

4. Bake 30 to 35 minutes or until toothpick inserted in center comes out clean. Cool completely in pan on wire rack.

5. Cover with foil and refrigerate 8 hours or until ready to serve. Cut into 16 squares; garnish as desired.

Nutrients per serving: 1 Brownie
Calories: 167, Calories from Fat: 25%,
Total Fat: 5g, Saturated Fat: 2g,
Cholesterol: 7mg, Sodium: 181mg,
Carbohydrate: 28g, Fiber: 1g,
Protein: 4g
Dietary Exchange: 2 Starch, ½ Fat
YIELD: 16 servings

CHICKEN BREASTS WITH LEMON AND CAPERS

¼ cup flour
¼ teaspoon black pepper
½ teaspoon paprika
2 skinned and boned chicken breasts (about 1 pound), halved and pounded to ¼-inch thickness
5 teaspoon corn oil
¼ cup low-sodium chicken broth
2 tablespoons lemon juice
2 tablespoons capers, drained

1. Combine the flour, pepper, and paprika in one plate. Press the chicken breasts into the mixture, coating them evenly all over and shaking off any excess.

2. In a heavy 10-inch skillet, heat the corn oil over moderately high heat for 1 minute. Add the breasts and cook about 3 minutes on each side; do not

overcook. Transfer the the breasts to a heated platter.

3. Add the chicken broth to the skillet, scraping up any browned bits on the bottom. Stir in the lemon juice and capers and heat through. Pour the sauce over the breasts and serve with Braised Spinach.

YIELD: 4 servings

One Serving: Calories: 208,
Total Fat: 7g, Saturated Fat: 1g,
Cholesterol: 66 mg, Protein: 27g,
Carbohydrates: 7g, Sodium: 189mg,
Added Sugar: 0, Fiber: 0

YOGURT SALAD DRESSING MIX

¼ cup chili powder

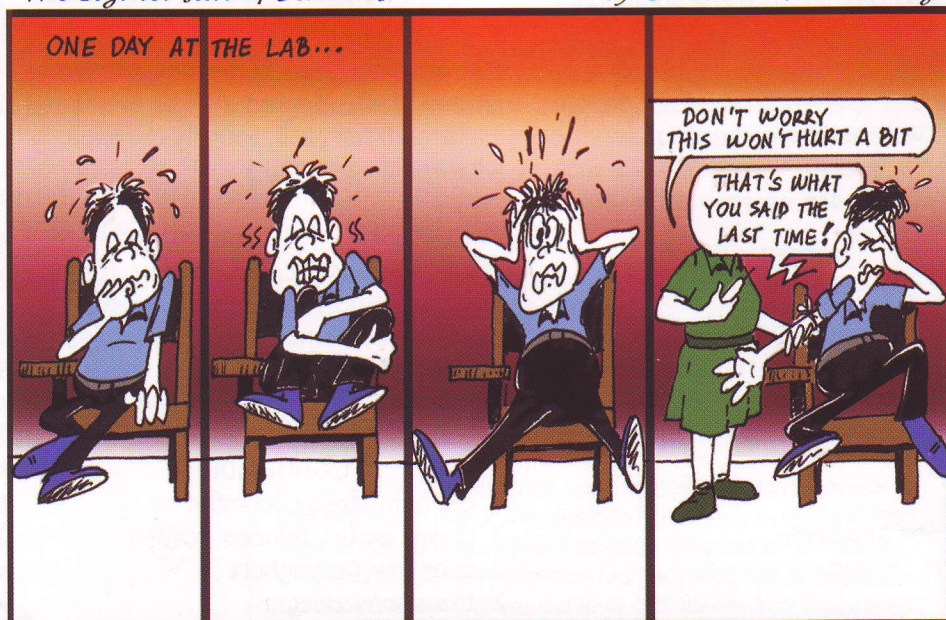


¼ cup ground cumin
1 tablespoon ground ginger
1 ½ teaspoons cayenne powder

Place all the ingredients in a ½ pint jar, cover tightly, and shake well to mix. Store in a cool, dark, dry place. Makes about ½ cup.

The Lighter side of Diabetes

by Dr. Allan Hernandez



To Make Yogurt Dressing In a small bowl, whisk together 2 teaspoons of the Yogurt Salad Dressing Mix, ½ cup plain low-fat yogurt, 3 tablespoons water, 1 tablespoon cider vinegar, 1 tablespoon lemon juice, 1 crushed clove garlic, and 2 tablespoons minced fresh parsley. Let stand at room temperature at least 30 minutes before using, then whisk again. Makes about 1 cup.

Two Teaspoons Mix: Calories: 18
Total Fat: 1g, Saturated Fat: 0,
Cholesterol: 0, Protein: 1g,
Carbohydrates: 3g, Sodium: 29mg,
Added Sugar: 0, Fiber: 0

Well, it is hoped that the above recipes will make your day!
BE WELL AND STAY HEALTHY! **D**

REFERENCES:

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2. Gribble FM, Ashcroft. Diabetologia 1999; 42 : 845-848.
3. O'Brien R.J. Diabetes Complications. 2000; 14 : 201-206
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