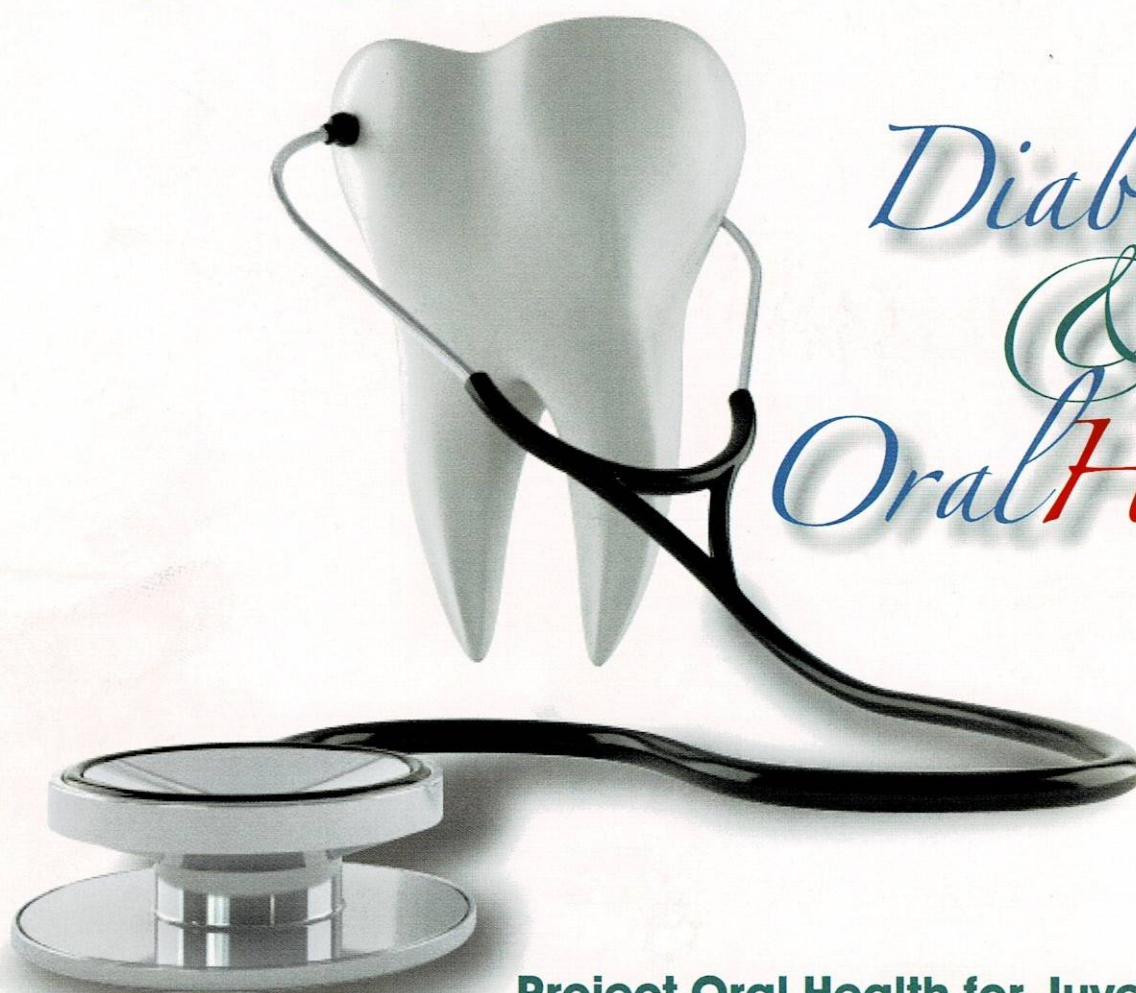


diabetesWATCH

A Publication of the Diabetes Philippines

philippines

January - April 2015
Year MMX15, NO.4



Diabetes & Oral Health

Project Oral Health for Juvenile Diabetics

Avoiding Dental Amputations

Mouthwashes - are they effective?

Is toothbrushing enough?

Diet for Oral Health

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REFERENCES: 1. Haak T, Meinicke T, Jones R, et al. Initial combination of linagliptin and metformin improves glycaemic control in type 2 diabetes: a randomized, double-blind, placebo-controlled study. *Diab Obes Met.* 2012; 14: 565-574. 2. Price computed based on Trajenta and Trajenta Duo treatment cost per day (using list price for both brands)



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From the EDITOR'S DESK



Nothing but the Tooth

*The man with a toothache
thinks everyone happy
whose teeth are sound.
~George Bernard Shaw*

About 60 to 90% of school kids and almost 100% of adults worldwide have dental cavities. Severe periodontal disease (which affects the gums, connective tissues and bones supporting the tooth) is seen in 15 to 20% of middle-aged adults. These dental problems can lead to severe pain, discomfort and tooth loss.

Oral health disorders are the oft-forgotten complications of diabetes. Dental problems like gum disease, tooth loss and mouth infections often plague people with poor blood sugar control. Other oral complications include bad breath, dry mouth, poor healing and burning sensation over the mouth and/or tongue.

Furthermore, serious gum disease can worsen blood sugar control and may even be linked to systemic diseases such as heart disease and cancer.

The International Diabetes Federation recommends that health care providers:

- Inquire at least annually for symptoms of gum disease (like redness or swelling and bleeding while brushing teeth).
- Advise patients that daily dental care and regular dental check-ups are a normal part of diabetes self-management.
- Educate patients about implications of diabetes for oral health.

Pretty soon dentists will be able to screen for diabetes without the physical or psychological trauma of a needle prick. Sampling gingival crevicular blood (or blood oozing from the gums) has been found in clinical studies to be a safe, easy, comfortable alternative to finger puncture to measure blood sugar.

So let's brush up on oral health now. In celebration of National Dental Health Month held each February, we have filled this issue with the truth about the "sweet" tooth and lots of mouth care tips to smile about. Thanks to Dr. Ed Ofilada for the great idea!

Joy
Joy Arabelle C. Fontanilla, MD
Editor-in-Chief



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The prime mover of effective prevention and excellent diabetes care in the Philippines

OUR VISION

By 2020, we envision:

1. Fewer Filipinos with diabetes
2. Improved quality of life for Filipinos with diabetes

OUR VALUES

INTEGRITY Above all, the nobility of our purpose.

We serve patients, pursue education and conduct research with zeal and without regard for personal gain. Honesty and transparency rule our behavior in relating with fellow members, partners, supporters and other stakeholders of our organization.

EXCELLENCE Passionate workers, 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 our vision. Our mentors, generous with their knowledge and time, model excellent leadership.

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

COMMITMENT Persistent in our search for solutions to diabetes. We have selflessly devoted five decades to the improvement of diabetes care, education and research to prevent the onset of the disease in high risk individuals and the complications in those already afflicted by it. We take on responsibilities with diligence until their successful conclusion.

Your PRESIDENT SPEAKS



First, let me thank our Diabetes Philippines members for the trust you have given me and the rest of the board of DP when you elected us to lead this organization for the next two years. We will uphold the mission of Diabetes Philippines, which is to be the prime mover of effective prevention and excellent diabetes care in the Philippines. And as always, we will commit to do this with integrity and excellence, practicing cooperation and mutual respect for

one another. This, we can and will strive to do with the help of the Almighty, the source of everything good.

Now, to work: In this issue, we will be sharing with you facts about "Oral Health and Diabetes". This is usually an overlooked complication of diabetes. We hope this issue of *DWatch* will remind us to take time for this common problem. We thank our partners in dentistry, in particular, Dr. Edmund Julian Ofilada, who has been working closely with us in this endeavor, both in writing for this issue and also for participating in our workshops, to help increase awareness and improve the oral health of persons with diabetes.

We all know that maintenance of proper oral hygiene is part of healthy lifestyle recommendations. It has been shown that poor oral hygiene is associated with inflammation of the gums (gingivitis), which if left untreated will destroy the tissues surrounding and supporting the teeth (periodontitis), leading to loss of teeth. We also know that in persons with diabetes, whose blood sugars are high, infections are common and more severe, so that gingivitis and periodontitis are really prevalent. Vice versa, inflammation has been shown to be associated with worsening of glucose control and some researches have also shown that chronic inflammation (with the associated increase in inflammatory markers) can aggravate the already increased cardiovascular risk in diabetics.

So, prevention of loss of teeth and possibly reduction of cardiovascular risk should be more than enough motivation for us to practice and teach good oral hygiene.

Dr. Rima T. Tan
President

diabetes philippines

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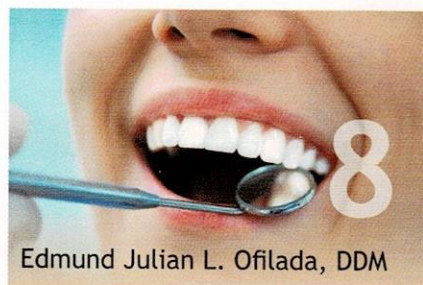
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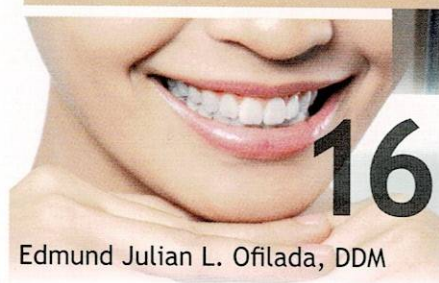
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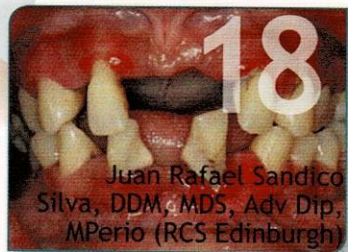
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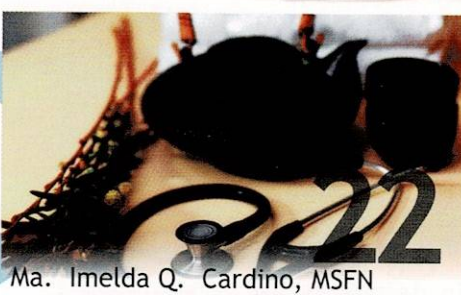
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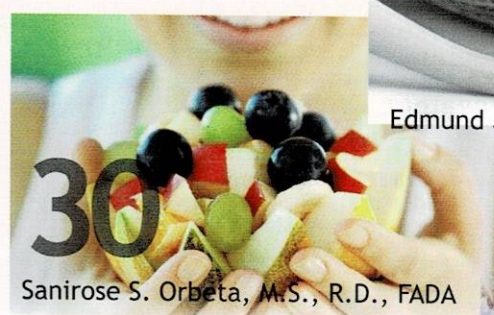
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ON THE MOVE

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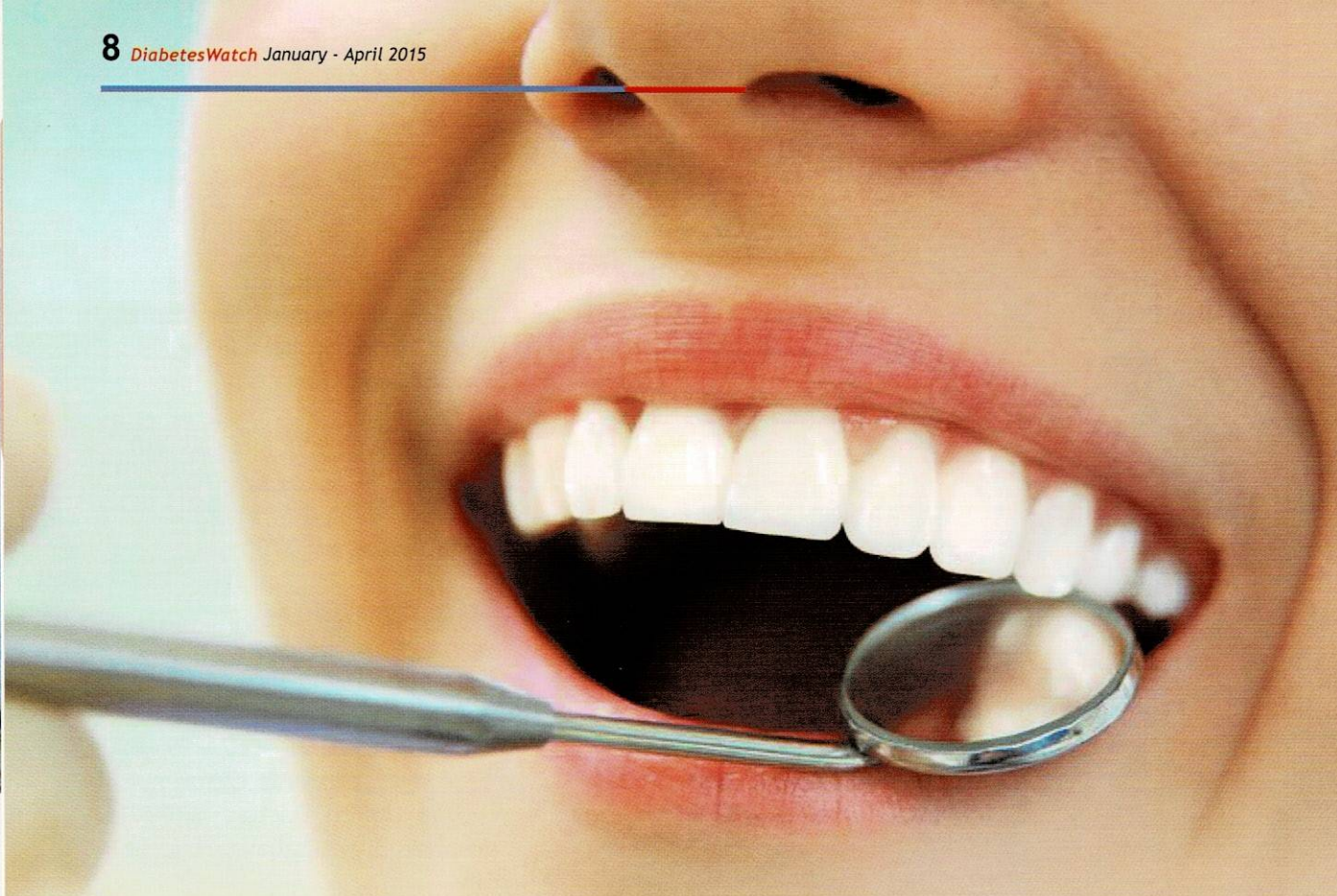
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Oral and Systemic Health Relationship Formation of the Diabetes Philippines' Oral Health Committee

Edmund Julian L. Ofilada, DDM

The evidence about the relationship between oral and systemic health has been slowly mounting. By 2010, there have been 89 studies which included a non-diabetes control group, conducted in 30 countries from six continents that examined the relationship of diabetes and periodontitis.

The Scottsdale Project was initiated in 2007, in Scottsdale, Arizona, to increase recognition among various health professionals of the expanding base of evidence supporting interrelationships between inflammatory periodontal disease, diabetes, coronary heart disease, and ischemic stroke.

The Australian Diabetes Council in 2011 launched an oral health promotion project that included not only

dental and medical health professional, but also diabetes educators.

The International Diabetes Federation came out with their own module to address the problem of educating health professionals on the topic of oral health. It enumerated the roles that health care professionals can play in supporting oral self-care and in working together with dentists and other oral healthcare professionals.

A joint workshop between the European Federation of Periodontology and the American Association of Periodontology reviewed in a systematic manner the epidemiological evidence for directional associations between periodontal diseases and diabetes and the ev-

idence for beneficial effects of periodontal treatment on diabetes outcomes.

They also came out with guidelines for physicians, dentists and patients. The relationship between diabetes and periodontitis may be summarized this way:

- People with diabetes are 2-3 times more likely to develop periodontitis.
- Diabetic patients with periodontitis are more likely

The goal and purpose of the Oral Health Committee are the following:

1. To evaluate new evidence and knowledge about the relationship of oral health and diabetes.
2. To promote and disseminate knowledge about oral health and diabetes among dentists, physicians, other healthcare professions and lay people with diabetes.
3. To initiate and participate in community activities that aim to improve the general and oral health of



Members of the Oral Health Committee. From left to right: Drs. Conch Medina, Nanette Vergel de Dios, Jolina Santos, Vicente Medina, Richard Elwyn Fernando (President of Diabetes Philippines), Edmund Julian Oflada, Gerardo Mabasa, Maritess Villarico, Rafael Silva, and Rocky Dizon.

to have poor glycemic control, and that periodontal treatment may improve glycemic control.

- Diabetic patients with periodontitis are more likely to have heart and kidney complications.

The relationship between diabetes and periodontitis therefore appears to be a bidirectional (two-way) relationship and Inflammation is the common thread that links them together.

Recognizing that patients with diabetes can benefit from improved oral health care, Diabetes Philippines created the Oral Health Committee under the Council of Complications to pave the way for educating healthcare professionals and patients about the importance of maintaining good oral health.

people with diabetes.

4. To encourage and initiate research in the field of oral health and diabetes.

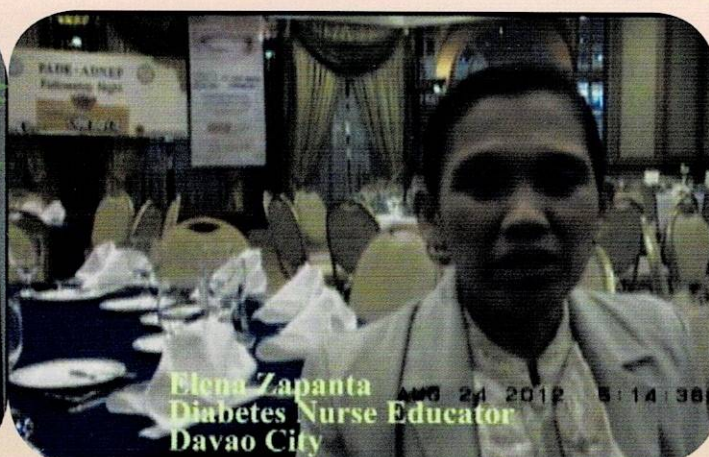
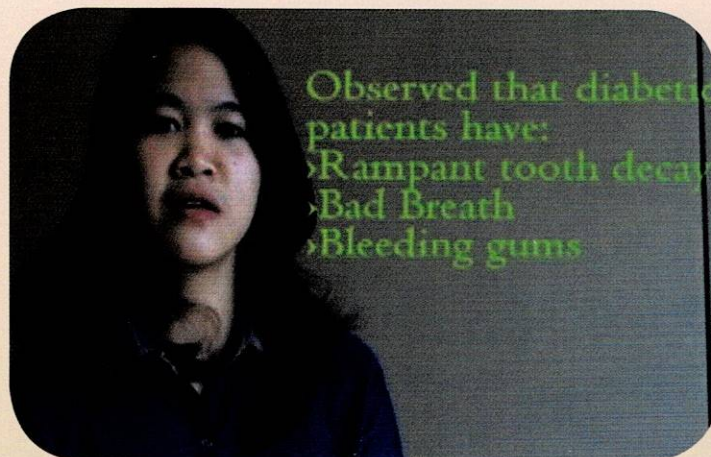
Data from Project Oral Health for Juvenile Diabetics reveal that the children with diabetes aged 11-15 have 9 teeth that are either decayed, missing or filled and that periodontitis was found in 34% of type 1 diabetic patients 19 years old and below. Abitong and colleagues found 68.2% of adults with type 2 diabetes, 35 years old and above, suffer from periodontitis.

An interview with Ms. Zsa Zsa Bautista, a diabetes educator in Luzon revealed that most of the patients she talked to had bad breath, tooth decay and bleeding

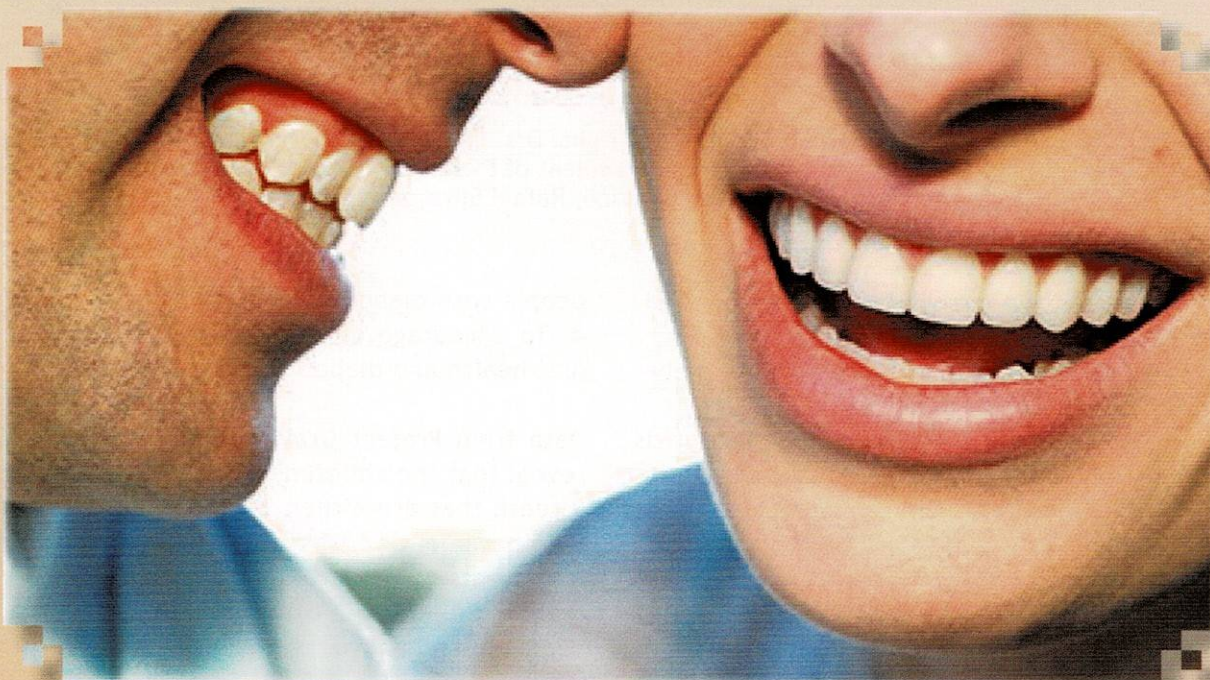
gums. What's worse is the patients were not mindful of their teeth and how this affected their diabetes. Ms. Elena Zapanta, a diabetes educator from Davao complained of the lack of guidelines for the delivery of dental treatment to diabetic patients in her area.

Some of the patients end up not having the dental treatment that they need.

The Committee plans to improve the oral health of diabetic persons young and old by initiating community projects that engages local dentists and diabetes clubs where Diabetes Philippines chapters are present. The Committee believes that only by concerted efforts of all stakeholders will their efforts be successful. ○



On the left is Ms. Zsa Zsa Bautista, a diabetes educator who works in Laguna and other areas in Luzon. On the right is Ms Elena Zapanta, a diabetes educator from Davao.



DIABETES QUERIES

Florence Amorado-Santos, MD
Mary Mediatrix Medical Center



Quite funny. Dentists and Endocrinologists/Diabetes Specialists have many things in common. First, they both treat diseases which start with the letter D (Dental disease and Diabetes). Second, their societies both carry the same acronym (PDA for Philippine Dental Association and Philippine Diabetes Association (later changed to Diabetes Philippines). Third, their counterpart societies also have the same acronyms (ADA for American Dental Association and American Diabetes Association). It could be mere serendipity. But looking at the crossroads, both of these fields carry an insurmountable role in caring for oral health of patients with diabetes.

I was surprised during one of my regular diabetes clinic visits, I was given a referral by my doctor to see a dentist. Is this now a part of routine diabetes care?

I commend your physician because admittedly even I sometimes tend to overlook the need for referral of my patients to a dentist. Patients with diabetes are more prone to periodontal (gum) diseases especially if they have poorly controlled blood glucose. The recent guidelines (2015) from American Diabetes Association states that dental disease is now a component of comprehensive diabetes evaluation. So, have those teeth and gums checked!

A magazine article said that females with diabetes are more susceptible to dental diseases compared to men. I have been diagnosed with diabetes for 5 years now but I have good blood sugar control, will I still be predisposed to dental problems?

There's a lot to say about this issue. Literature says that one's dental health is hormone-related. And true enough, a woman's life travels through different hormonal milestones which can be related to dental health. During puberty and menstruation, fluctuations in hormones make women prone to gingivitis, canker sores and cold sores which tend to be recurrent during menstrual cycles. During pregnancy, the chemical composition of the saliva changes and can lead to gingivitis due to saliva's decreased antimicrobial capacity. Having dry mouth during pregnancy is also common and it's appropriate to seek dental consult for prescription of toothpaste and mouth rinse which do not contain drying agents. Lastly, menopause faces many oral conditions such as dry mouth, altered taste percep-

tion, pain and burning sensations. All of these symptoms should be brought to the attention of a dentist for proper treatment. So, as a woman with diabetes, you are recommended to see a dentist regularly.

I was quite surprised that diabetes and dental diseases are closely linked. What should a patient with diabetes like me watch out for?

There's a whole wide range of clues that a patient with diabetes has dental problems. Among the signs and symptoms are gingivitis (tender or swollen gums), xerostomia (dryness of mouth), occurrence of bleeding whenever brushing or flossing teeth, pus oozing from gums, salivary gland dysfunction, teeth that seem to be longer than normal or seem to be moving away from each other, increased incidence of bacterial, viral and fungal infections, dental caries, abscess formations, loss of teeth, impaired ability to wear dental prostheses due to loosely fitting pieces, taste impairment and burning mouth syndrome. No dilly-dallying, see a dentist right away!

Being diagnosed with diabetes, what should I tell my dentist during my routine visits?

Your dentist must know if you have good glucose control and well-managed hypertension during visits especially if you are to undergo a procedure. Your current medications such as insulin shots, antihypertensive drugs or blood thinners should be well-recorded in your dental chart. Your dentist must be guided on all your regimens in the event that there would be a need to adjust or discontinue any of these medications. ○

For more queries and suggestions, feel free to email the writer at
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PROJECT **O**RAL HEALTH for JUVENILE DIABETICS

Edmund Julian L. Ofilada, DDM

In 1996, Project Oral Health for Juvenile Diabetics (POHJD) was initiated to provide dental treatment to type 1 diabetics in Metro Manila. The project was started with the premise that the oral health of type 1 diabetic patients is largely neglected because of the financial demands of diabetes and the lack of information regarding the importance of oral health to children and families of diabetic patients.

In 1998, funding for the project was provided by the Jash Ressei Committee in Japan through the Religious of the Sacred Heart, a religious organization here in the Philippines. Government hospitals such as the Philippine General Hospital were informed of the existence of the project and its goals. Non-governmental organizations such as the Juvenile Diabetes Foundation Philippines, Inc. (JDFPI), Diabetes Care (Diacare), and the Institute for Studies in Diabetes Foundation, Inc. (ISD-FI) were also tapped to refer patients to POHJD. Private physicians were informed of the project as well. Patients were informed that they will receive free dental treatment until they reach the age of 20. From then on, they are only entitled to a 50 percent discount. It became apparent right away that tooth decay was rampant in this population and that dental care is a low priority among these patients. The cost of managing diabetes is the first priority.

By 2010, POHJD has treated more than 100 type 1 diabetic patients. However, despite the large number of patients treated, it was still a small percentage of

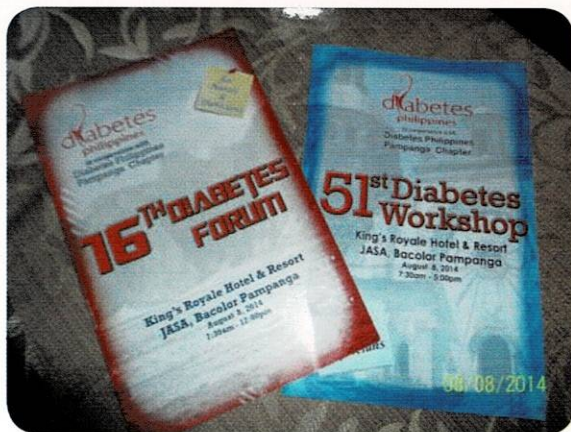


the total type 1 diabetic population and many among the 100 patients seen didn't finish their treatment or missed their recall visits.

In 2012, through the kindness of private individuals, NGOs and pharmaceutical companies POHJD was able to give away insulin and insulin syringes to those who are in dire need of assistance. It became obvious that in order to bring the patients in the dental clinic, we must first address their most important concern, their diabetes.



The strategy that was developed was along the lines of the common risk factors approach of the WHO to non-communicable diseases and it was proving to be effective. Not only did the oral health of the children improve but also their blood sugar levels as evidenced by the results of their HbA1c levels. The dental clinic proved to be a good venue to reinforce what the children have learned in summer during their diabetes camp.



During the 51st Diabetes workshop and the 16th forum of the Diabetes Philippines held in Bacolor, Pampanga last August 8, 2015, POHJD Pampanga was inaugurated. Three dentists from Pampanga volunteered to be oral health advocates for children with diabetes in their area..

Diabetes Philippines donated glucose meters and strips to aid the dentists in monitoring the patient's blood sugar during dental treatment while POHJD donated



(Photo: From left to right, the dentists from Pampanga: Drs Antonniette Macalino De Guzman, Maria Irene De Guzman Yu and Katriona Jay P. Enriquez and, Dr Richard Elwyn Fernando, President of Diabetes Philippines on the far right.)

lancets and syringes to be given to the patients to encourage them to have their oral health needs treated. POHJD Pangasinan was inaugurated last September 15, 2013 during the 52nd Diabetes workshop and the 17th forum of the Diabetes Philippines held in Dagupan City. Dr. Maria Isabella Esperanza Sevilleja-Maala responded to the call to be the oral health advocate for the type 1 diabetic children in her locality.

The volunteer dentists who are now members of the Oral Health Committee of Diabetes Philippines will also



(Photo: Drs. Maria Isabella Esperanza Sevilleja-Maala of Pangasinan and Edmund Julian L. Oflada, Project Coordinator of Project Oral Health for Juvenile Diabetics)

be tasked to create a model of a community project that will address the oral health needs of the elderly diabetic patients in cooperation with the local diabetes clubs and the local chapter of Diabetes Philippines. The young and the elderly are most vulnerable to oral health problems due to lack of access to dental care facilities and the financial burden that accompanies the management of diabetes.○



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PH-LIPA-04-2014-0

I CAN SMILE AT MY DIABETES

Edmund Julian L. Ofilada, DDM

Oral health is one aspect of diabetes care that is often neglected among physicians managing patients with diabetes. Poor motivation and lack of willingness to seek dental treatment, much less preventive care, characterizes families with children who have diabetes.

These are just among the many reasons that have contributed to the poor oral health of diabetic patients. Foremost among these though is cost of dental treatment. Managing diabetes takes a big slice out of the family's financial capacity and leaves very little room for anything else.

“DATI
PINIPIGIL
KONG NGUMITI
AT
NATATAKOT
AKONG MAPAG-
TAWANAN.”



“KAPAG
SUMASAKIT
ANG IPIN KO
TUMATAAS
ANG
BLOOD SUGAR
KO”

Currently, Philhealth's priority for coverage of dental services is limited to surgical procedures performed in the hospital setting. This policy completely disregards what the WHO has espoused all these years, which is the preservation of health, particular during the early years of development. Children with diabetes have been shown to be particularly vulnerable to dental diseases due to socio-economic and biological factors in various local studies. The life course approach was designed to promote better outcome in the quality of life of patients by ensuring a good start in life, particularly the early years. Children diagnosed with diabetes are particularly vulnerable due to the difficulty in coping with the demands of a diabetic life at such an early age.

At a time when peer pressure and acceptance are very important, sticking out of the crowd because of your disease can be stifling emotionally and developmentally. Blood sugar control and monitoring is sometimes compromised for fear of being an outcast from one's peers.



The problem of poor appearance can further add to isolation and rob a child of the enthusiasm to participate in school.



While diabetes can be hidden from view and a period of hyperglycemia can be tolerated for a time, poor appearance due to the presence of badly decayed teeth or bleeding gums in comparison is difficult to mask.

Hiding behind a handkerchief or limiting your smile dissipates spontaneity. Children and teens can be particularly cruel with their comments during childhood and teenage years which can leave lasting scars. Type 1 diabetic children who underwent dental treatment through Project Oral Health for Juvenile Diabetics know this very well and can speak more fluently about the effects of dental treatment in these critical years of development in the life of someone with type 1 diabetes.

**"NABAWASAN
ANG PAGKAMA-
HIYAIN KO AT
MADALAS NA
AKONG TUMA-
WA."**

**MADALAS NA
AKONG
MAKIPAGUSAP
SA IBA AT NAG-
ING MAINGAY
SA KLASE."**



References:

Managing Periodontitis in Type 1 Diabetic Patients Improve Glycemic Control. Accepted for publication, St. Luke's Journal of Medicine.

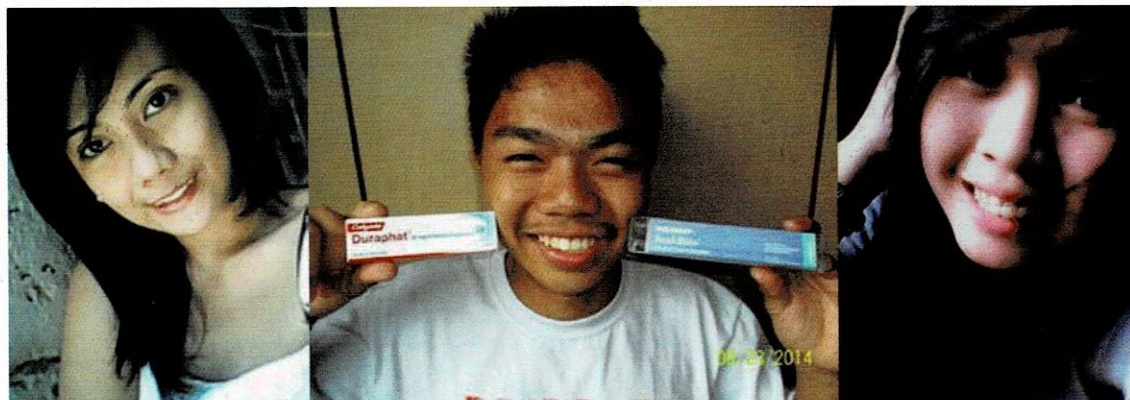
Oral Health Status of Children Attending a Summer Camp for Diabetes Children. Accepted for publication, St. Luke's Journal of Medicine.

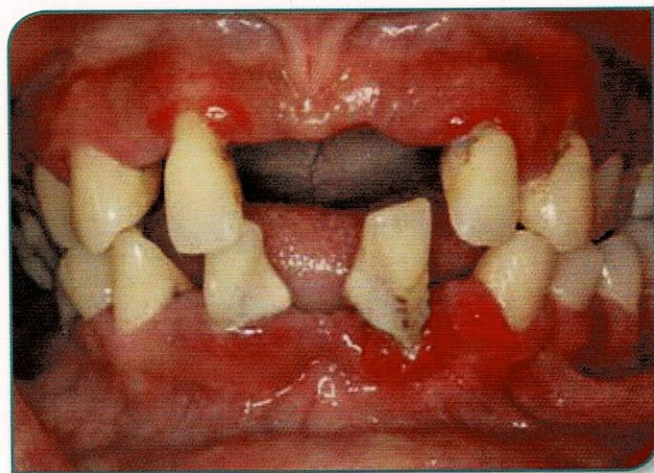
A Pilot Study to Determine the Attitudes and Practices Regarding Oral Health Among Physicians Treating Patients with Diabetes. Journal of the Philippine Dental Association 2014; 64 (2): 36-48.

A Survey on the Barriers to Dental Care among Individuals with Type 1 Diabetes. Philippine Journal of Internal Medicine. April - June 2013 ; 51(2):

Periodontal Health of Type 1 Diabetic Patients in the Philippines. St. Luke's Journal of Medicine 07/2012; 08(2):33-38.

Caries Experience of insulin-Dependent Diabetic Patients in the Philippines. St. Luke's Journal of Medicine 01/2012; 8(1):11-16. ○





Avoiding Dental Amputations: Periodontal Disease in the Diabetic Patient

Juan Rafael Sandico Silva, DDM, MDS, Adv Dip, MPerio (RCS Edinburgh)

Keeping a full set of pearly whites can be more challenging for someone with diabetes. Dental amputations, which may range from the loss of the tooth's root to the loss of the whole tooth itself, happens more frequently to people with poor glycemic control. As such, people with diabetes are more prone to tooth loss than those without.

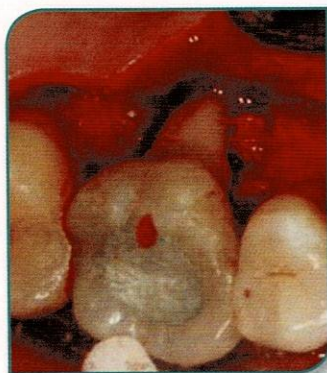


Figure 1: (a) Tooth for amputation of the root. (b) Severe loss of support at one out of three roots on the upper first molar. (c) Good wound healing 2 months post-operative.

What is Periodontal Disease?

Periodontal disease is more commonly known as gum disease or its old term pyorrhoea. In Periodontal disease, microbes cause the supporting structures of the teeth - or the periodontium - to become persistently inflamed. This is thought to be widespread in the Philippines with data suggesting that 78% of Filipinos have varying forms of periodontal disease.

Periodontal disease and diabetes share a two-way relationship, with one affecting the other. More than two decades ago, periodontal diseases were even dubbed as the sixth complication of diabetes. Since the notable

publication by Loe in 1993, significant developments have come out on how diabetes affects one's teeth, as well as how periodontal infections and inflammations lead to diabetes and diabetic complications. Researchers have even suggested that periodontal disease can adversely affect the metabolic control of diabetes.

Clinical trials have also shown that treatment of periodontal disease may have a measurable improvement, not only in the person's quality of life, by being able to talk more comfortably, eat healthier and smile more heartily, but improvement as well in mean HbA1c values.

The two common types of periodontal disease are gingivitis and periodontitis. In both cases, a person has a prolonged gum inflammation made apparent by red, swollen gums that easily bleed while brushing, flossing or eating hard food. These are reversible conditions that do not lead to lasting consequences if controlled early. However, if gingivitis is left untreated, or poorly and incompletely treated, it can progress to periodontitis. The defining feature of periodontitis is the destruction of the supporting structures, such as loss of the connective tissue attachment, alveolar bone loss and formation of periodontal pockets. This may manifest as receding gums that pull away from the teeth, increasing spaces between teeth, loose or separating teeth, pus discharge, sores in the mouth, persistent bad breath and changes in the fit of teeth upon biting.



Figure 2: Gingivitis can be identified as reddish to purplish gingiva (gums) that easily bleed when touched with a toothbrush or floss. Around the teeth substantial dental plaque deposits or microbial biofilms are adherent.



Figure 3: Rough dental calculus found underneath the gum line of an extracted tooth. Dental plaque collects on the surface of the calculus and is associated with destruction of the periodontium or supporting structure of the teeth, leading to loosening and ultimately necessitating removal of the offending tooth.

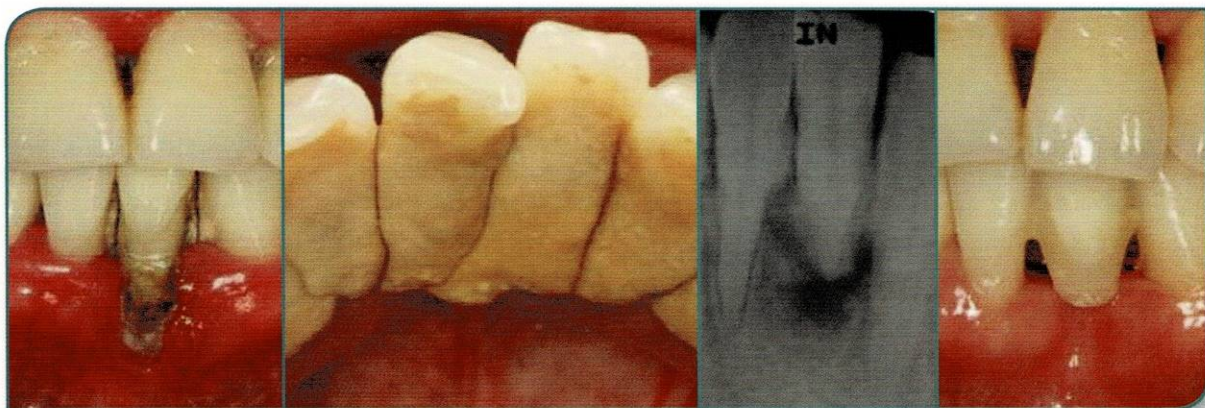


Figure 4: (a-c) Severe destruction of the periodontium or supporting structures of the teeth as can be seen clinically and through a radiograph. Associated with heavy hard and soft deposits, which are dental calculus and plaque respectively. (d) Provisional fiber reinforced splint supporting the extracted tooth 1 year post-operative.

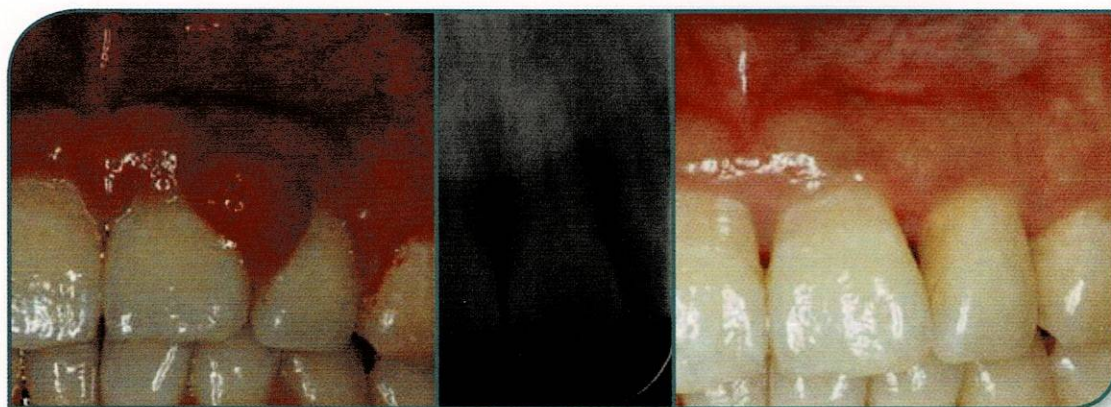


Figure 5: (a) Periodontal abscess between the central and lateral incisor in a 35/M with poorly controlled DM Type 2. (b) Periapical radiograph showing crestal alveolar bone loss and subgingival calculus (yellow arrow). (c) 1 week after non-surgical root debridement without antibiotics, resolution with marked reduction in the inflammation can be noticed.

In the mouth, the non-shedding of the hard surface of teeth leads to the build-up of microbial biofilms or dental plaques compared to desquamating mucosal surfaces. These significant deposits are associated with teeth and soft tissue disease. Classic studies, such as the study by Loe et al in 1965, had volunteers who stopped brushing their teeth. As the plaque was allowed to accumulate, the once relatively healthy gums began to redden, swell and bleed - all indicative of inflammation. Once they resumed oral hygiene practices, the clinical signs of inflammation disappeared.

Diabetes and the Treatment of Periodontal disease

Essential in the treatment of the periodontal disease is communication between the patient, the medical doctor and the dentist. Persistently poor metabolic control leads to poorer treatment outcomes and more invasive treatments such as tooth extractions. Factors such as cigarette smoking, and poor hygiene and dental compliance must also be addressed.

As periodontal disease is a microbial infection, control of the dental biofilm is important in preventing infection. A large part of periodontal treatments centers on the disruption of the biofilm, which includes oral hygiene instructions and scaling and root debridement. Non-surgical scaling and root debridement aims to mechanically remove plaque and calculus from the tooth surface, both above and beneath the gum line. This involves using hand instruments or a powered scaler with or without adjunctive local or systemic antimicrobials. Periodontal surgery may be considered after initial treatment to facilitate direct access to the infected

tooth surface and modified gingival tissues to simplify oral hygiene practices. Adjunctive pharmacotherapies, such as host modulation using a low dose of doxycycline may inhibit matrix metallo-proteinase.

Diabetes mellitus leads to a hyper-inflammatory response to the bacterial challenge in periodontitis and impairs repair. These effects are at least partly mediated by the receptor for advanced glycation end products and its ligands. Periodontitis can adversely affect glycemic control in patients with diabetes mellitus and contribute to the development of its complications.

As inflammation can promote insulin resistance and dysregulate glycemia, treatment of periodontal infections and the associated inflammation could result in improved glycemic control seems biologically plausible. A Cochrane systematic review in 2010 identified in a meta-analysis a significant reduction in mean HbA1c of 0.40% at 3-4 months after periodontal treatment. Treatment included oral hygiene instructions, scaling and root planing, tooth extractions, and most used adjunctive antibiotics.

Oral Health Behaviors

Much of the success in treatment of periodontal disease is behavior change that could be facilitated by the clinician. Since periodontal disease is a chronic condition, that proposes goals to be achieved during the lifetime of tooth (or individual). The oral health educator or dentist possesses the opportunity to relate oral health goals and broader general health goals. It may also be an advantage to maintain as much teeth as possible since elderly subjects participating in the oral

health survey of the British National Diet and Nutrition Survey (NDNS) showed that those with fewer number of teeth (1-10 vs 21+ teeth) reported an oral impact on daily life in particular, the ability to eat several common types of foods.

Philippine Society of Periodontology

The Philippine Society of Periodontology is composed of periodontists and dentists with a special interest in Periodontology. A periodontist is a dentist who specializes in the prevention, diagnosis and treatment of periodontal disease and in the placement of dental implants. At www.philperio.org you may find a listing to help you find a practitioner in your area. 



Figure 6.(a-b) Generalized Aggressive Periodontitis in a 24/F. Severe attachment loss at the upper front teeth leading to pathologic tooth migration or drifting. (c) Orthodontic treatment may correct the tooth position and bring back her smile.

Signs and symptoms suggesting referral to a Dentist or Periodontist

- ∞ Bleeding gums, especially during brushing or flossing.
- ∞ Red, swollen or tender gums or other pain in the mouth
- ∞ Receding gums that appear to be pulling away
- ∞ Teeth that look longer
- ∞ Loose or separating teeth
- ∞ Pus between gums and teeth
- ∞ Sore at the mouth
- ∞ Persistent bad breath
- ∞ Increasing spaces between teeth
- ∞ Change in the way teeth fit together during biting
- ∞ Change in the fit of partial dentures

Adapted from the American Academy of Periodontology
(www.perio.org)



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Recommendations on Clinical Care for People with Diabetes

1. Inquire annually on the dental care the diabetic person has received and whether the person visits a dental professional regularly for check-ups.
2. Inquire at least annually for symptoms of gum disease (including bleeding when brushing teeth, and gums which are swollen or red).
3. In those people not performing adequate day-to-day dental care, remind them that this is a normal part of diabetes self-management, and provide general advice as needed. Advise those not attending regular dental check-ups on the importance of doing so.
4. In those people with possible symptoms of gum disease, advise them to seek early attention from a dental health professional.
5. Education of people with diabetes should include explanation of the implications of diabetes, particularly poorly controlled diabetes, for oral health, especially gum disease.

Modified from the Guideline on Oral health for people with diabetes 2009, by the International Diabetes Federation.



STANDARDS OF MEDICAL CARE IN DIABETES 2015: FOCUS ON MEDICAL NUTRITION THERAPY

Ma. Imelda Q. Cardino, MSFN

Every year the American Diabetes Association updates the standards of medical care in Diabetes Mellitus. Recommendations for the current year may be found in *Diabetes Care* 2015; 38 (Suppl. 1) : .S4 | DOI: 10.2337/dc15-S003.

The nutritional highlights (SECTION 4) and other recommendations influencing the dietary management are discussed in this report.

Of particular importance is the emphasis on PATIENT-CENTEREDNESS. Individualization of nutritional management is emphasized. In other words, it is not simply calculating the daily calorie allowance but more importantly, discussing with the patient how the nutritionist-dietitian may assist him/her in achieving goals such as blood sugar level, cholesterol, weight target, etc. through appropriate nutrition.

“OPTIMIZING PROVIDER AND TEAM BEHAVIOR”

The care team should prioritize timely and appropriate intensification of lifestyle and/ or pharmaceutical therapy for patients who have not achieved beneficial levels of blood pressure, lipid, or glucose control.

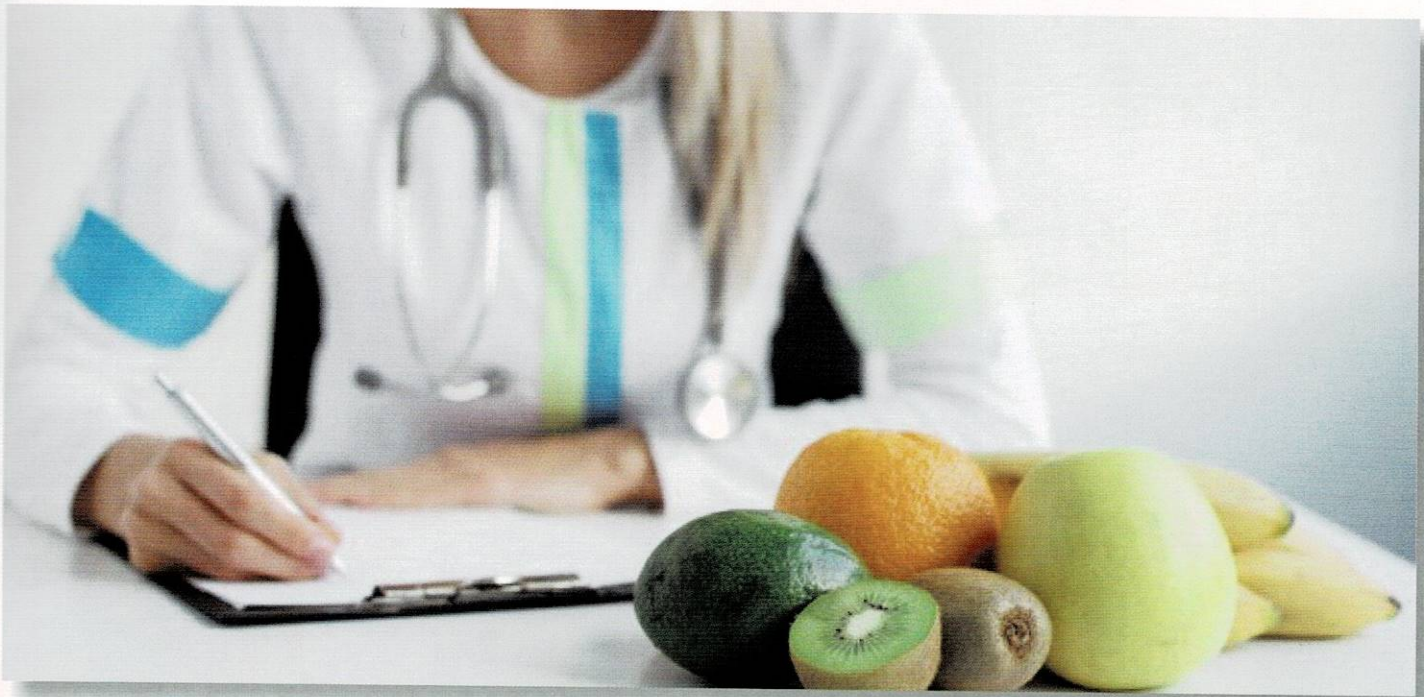
Strategies such as explicit goal setting with patients; identifying and addressing language, numeracy, or

cultural barriers to care; integrating evidence-based guidelines and clinical information tools into the process of care; and incorporating care management teams including nurses, pharmacists, and other providers have each been shown to optimize provider and team behavior and thereby catalyze reductions in A1C, blood pressure, and LDL cholesterol.”

SUPPORTING PATIENT BEHAVIOR CHANGE is very important. Encouragement for positive results and reinforcement of learning in case targets are not achieved. The health care provider should refrain from scolding the patient or blaming him/her in case targets are not achieved. While it is true that some patients would require a more “authoritative” approach, nevertheless a positive attitude of the health care provider promotes better results than putting the blame on the patient for non-achievement of goals. Re-assessment is necessary.

Equip the patient with the necessary information in order that he/she may MANAGE SELF. Patient education has shown improved self-management. Open communication lines to the health care team have a significant effect on outcomes.

HEALTHFUL EATING IS TO BE PROMOTED. This means that education on nutrient-dense foods is in order



while emphasizing appropriate portion sizes. Improvement of overall health is the goal. Hence, individualized targets must be set: glucose and blood pressure levels, lipid targets, weight maintenance goal, among other parameters.

Since INDIVIDUALIZATION is the focus, consider personal preferences, cultural influences, etc. Macronutrient proportion is individualized as well (carbohydrate, protein, and fat ratio) in addition to micronutrient targets. Not to be overlooked is the food proportion and timing of meals in relation to physical activity and medication. Thus eating patterns must also be considered in coming up with nutritional recommendations.

Note that there is no IDEAL PERCENTAGE OF CARBOHYDRATE, PROTEIN, AND FAT. As mentioned over and over, individualized needs should be considered in coming up with meal patterns and portions.

Carbohydrate portions may be monitored through evidence-based estimation or carbohydrate-counting since carbohydrate remains critical in achieving glycemic control. Carbohydrate amount and available insulin may be the most important factors influencing glycemic response after eating and should be considered when developing the eating plan.

The U.S. Department of Agriculture recommendation for dietary fiber is 14 g fiber/1,000 kcal. One-half of the grain intake should be in the form of whole grains.

Sucrose-containing foods, being calorie-dense, are better substituted with nutrient dense foods such as vegetables and fresh fruits.

The use of artificial sweeteners are safe if consumed

in amounts not exceeding the acceptable daily intake (ADI).

Protein recommendation is influenced by individual response, even in the case of patients with cardiovascular and kidney diseases. Hence, monitoring is important in order that metabolic targets are achieved.

The Institute of Medicine has defined an acceptable total fat for adults to be between 20 and 35% of energy with no tolerable upper intake level defined. The type of fatty acids consumed is more important than total amount of fat when looking at metabolic goals and risk of CVD.

The consumption of fish (particularly fatty fish) at least two times (two servings) per week is recommended.

Recommendation for alcohol consumption (one to two drinks for males and zero to one drink for females) and sodium intake (2,300 mgs per day) remain the same. It is recommended that persons with hypertension should aim for less sodium than the amount stated.

There is insufficient evidence to support the routine use of micronutrients such as chromium, magnesium, and vitamin D to improve glycemic control in people with diabetes.

There is insufficient evidence to support the use of cinnamon or other herbs/supplements for the treatment of diabetes.

It is suggested, however, that for a holistic understanding of all the recommendations, the reference cited here should be read in its totality. 

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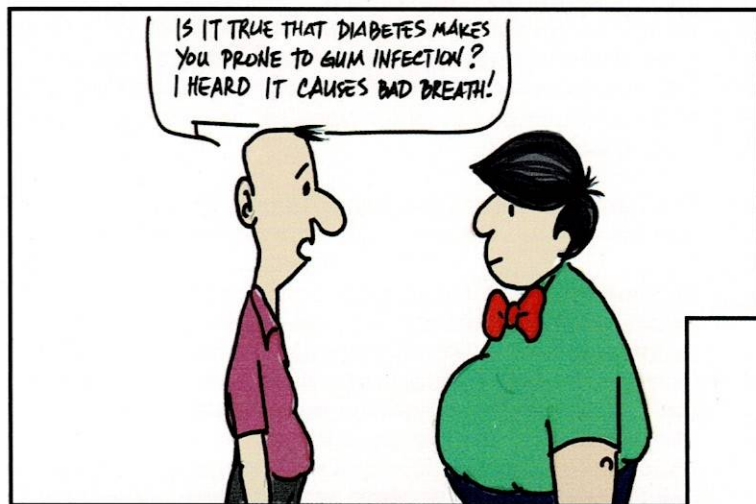
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The Lighter Side of Diabetes By: Dr. Allan S. Hernandez



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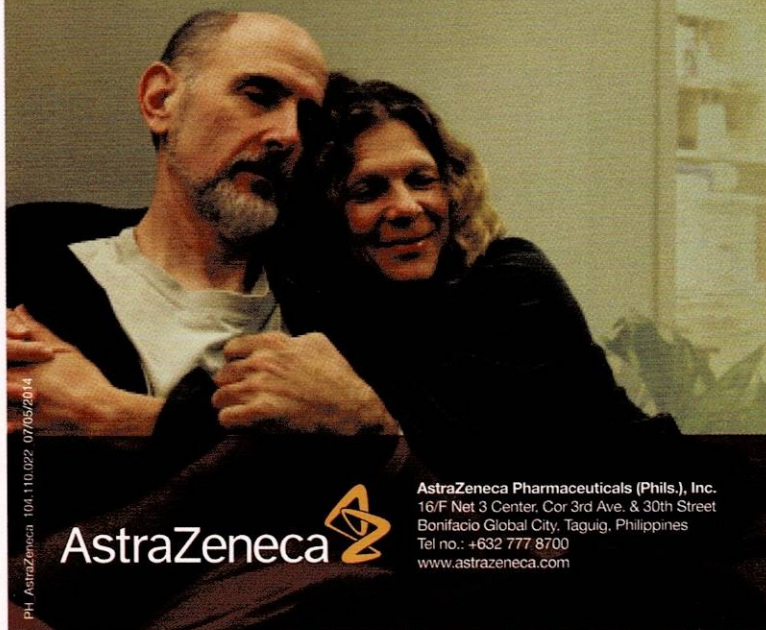
References: 1. Temmlin P et al. Clin Pharmacokinet 2005;44:724-729. 2. US Patient No. 6475521 B1 S. Nathan DM et al. Diab Care 2009; 32:193-203. 4. Blonde L et al. Cyt Med Res Opin 2004;29:556-572. 5. Gartner AJ. Ann J Med 1997;102:491-7.

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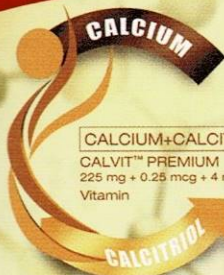
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1. Lincoff AM, et al. JAMA 2007;298:1180-1189
2. Erdmann E, et al. J Am Coll Cardiol 2007;49(17):1772-1780
3. Hansfield M, et al. Curr Med Res Opin 2006;22:1211-1215
4. Karanmanov B, et al. Curr Med Res Opin 2011;27:303-313

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P-11/DG/CIAB/06/02/2014

MOUTH WASHES - ARE THEY EFFECTIVE?

Nannette V. Vergel de Dios BS, DDM, MDSc, Dip. PBPerio

Chemical agents such as mouthwashes have been utilized in dentistry to prevent or inhibit the development and growth of dental plaque (now known as the dental biofilm). Dental plaque has long been recognized as the cause of dental caries or tooth decay and periodontal disease (infection of the tissues which surround teeth like the gums and supporting alveolar bone).

Figure 1. Dental Plaque/Biofilm disclosed (Areas stained red)



Mouthwashes are considered adjuncts to toothbrushing. Mouthwashes are never substitutes for toothbrushing! They are recommended whenever there are certain special needs of patients that require their use. Patients who are physically or mentally handicapped or who are hospitalized and cannot or no longer have the capability to perform adequate and acceptable toothbrushing may be prescribed supplementary use of mouthwashes (Figure 2 Oral hygiene devices). Chemical agents may also be used post-operatively following

mouth surgeries when thorough toothbrushing may be compromised.

Figure 2. Oral hygiene devices



Figure 3. Mouthwashes



A variety of mouthwashes are available in the market both "over-the-counter" or obtained on prescription by a health professional (Figure 3 Mouthwashes). Mouthwashes are usually classified according to the ac-

tive ingredients or substances which they contain and are either antimicrobial/antiseptic, anti-inflammatory or anti-plaque agents (Addy et al. 1983).

A chemical agent in mouthwashes is Chlorhexidine. It is considered the gold standard of mouthwash ingredients and thus far, the only chemical agent which science has identified to be used in "replacement for rather than as an adjunct to mechanical oral hygiene practices" (Addy & Moran 2008)(Figure 4 Chlorhexidine Mouthwash).

Figure 4. Chlorhexidine Mouthwash available in the Philippines



Most mouthwashes contain Fluoride which is a known caries/tooth decay preventive substance. Its efficacy against dental caries is well-established (Figure 3, 4 Fluoride Mouthwashes).

Figure 3. Fluoride Mouthwash



Figure 4. Fluoride Mouthwash



Another chemical agent incorporated in mouthwashes is Triclosan, an anti-microbial anti-fungal agent found in many consumer products like soaps, deodorants and toothpastes. The effectiveness of Triclosan in tooth-

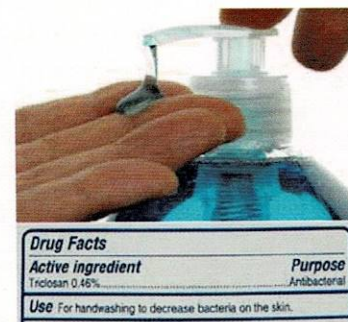
pastes in preventing Gingivitis or inflammation of the gums was established after thorough systematic reviews in 1997(Figure 5 Triclosan Toothpaste).

Figure 5. Triclosan Toothpaste



Recent concerns about its safety in health products had been circulated in the web. The US Food and Drug Administration (FDA) has issued a statement (updated 20 January 2015) however, that at present, there is no sufficient evidence that Triclosan is hazardous to humans. They further stated that changing consumer use of Triclosan-containing products is unwarranted (Figure 7 Triclosan handwash). Reviews to further assess safety concerns are being undertaken.

Figure 6. Triclosan Handwash



Mouthwashes as vehicles for anti-microbial agents in oral hygiene products are helpful aids to prevent the development of dental plaque. These products however are not meant to replace mechanical plaque control methods (toothbrushing) and professional tooth cleaning (Figure 9 Professional tooth cleaning). Certain chemical agents incorporated in mouthwash formulations have known beneficial benefits in terms of preventing certain oral diseases and mouth conditions. The use of mouthwashes therefore is basically adjunctive in nature and would therefore "appear as a way of overcoming the deficiencies in mechanical tooth cleaning habits as practiced by many individuals" (Martin & Addy 2008). ○

Figure 9. Professional Tooth Cleaning by the Dentist



TOOTHBRUSHING-IS IT ENOUGH?

By Edmund Julian L. Ofilada, DDM

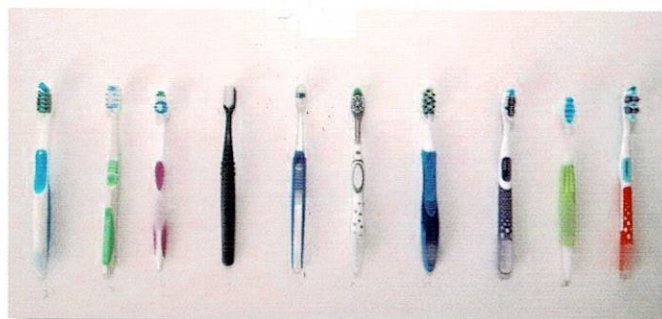
The cause of the two most common oral diseases namely: dental caries (tooth decay) and periodontal disease, is the dental plaque or now known as the dental biofilm. The dental biofilm attaches to the teeth and any hard surface in the mouth and consists of many types of microorganisms which include harmful bacteria and fungi. While the mouth has innate protective mechanisms to remove plaque like the beneficial “washing effect” of saliva on some areas of the teeth, it cannot remove the dental biofilm once it has adhered to the tooth surface. As such, it has become imperative that the dental biofilm be removed on a regular basis to prevent these two oral diseases as well as other mouth infections from occurring (Figure 1. Dental plaque/biofilm).

A proven effective method to remove the dental biofilm is toothbrushing (Fig.2 Toothbrush). Since the olden times, man has devised ways to clean teeth not only to prevent disease but to keep teeth looking good as well. The toothbrush has evolved in terms of design, shape, size of brush head, size and configuration of bristles, make of bristles (natural or man-made), handle design and configuration (Fig.3 Types of toothbrushes) and whether the toothbrush is manual or mechanically-driven (Fig.4 Manual vs. Mechanical brush).

Figure 2. Toothbrush

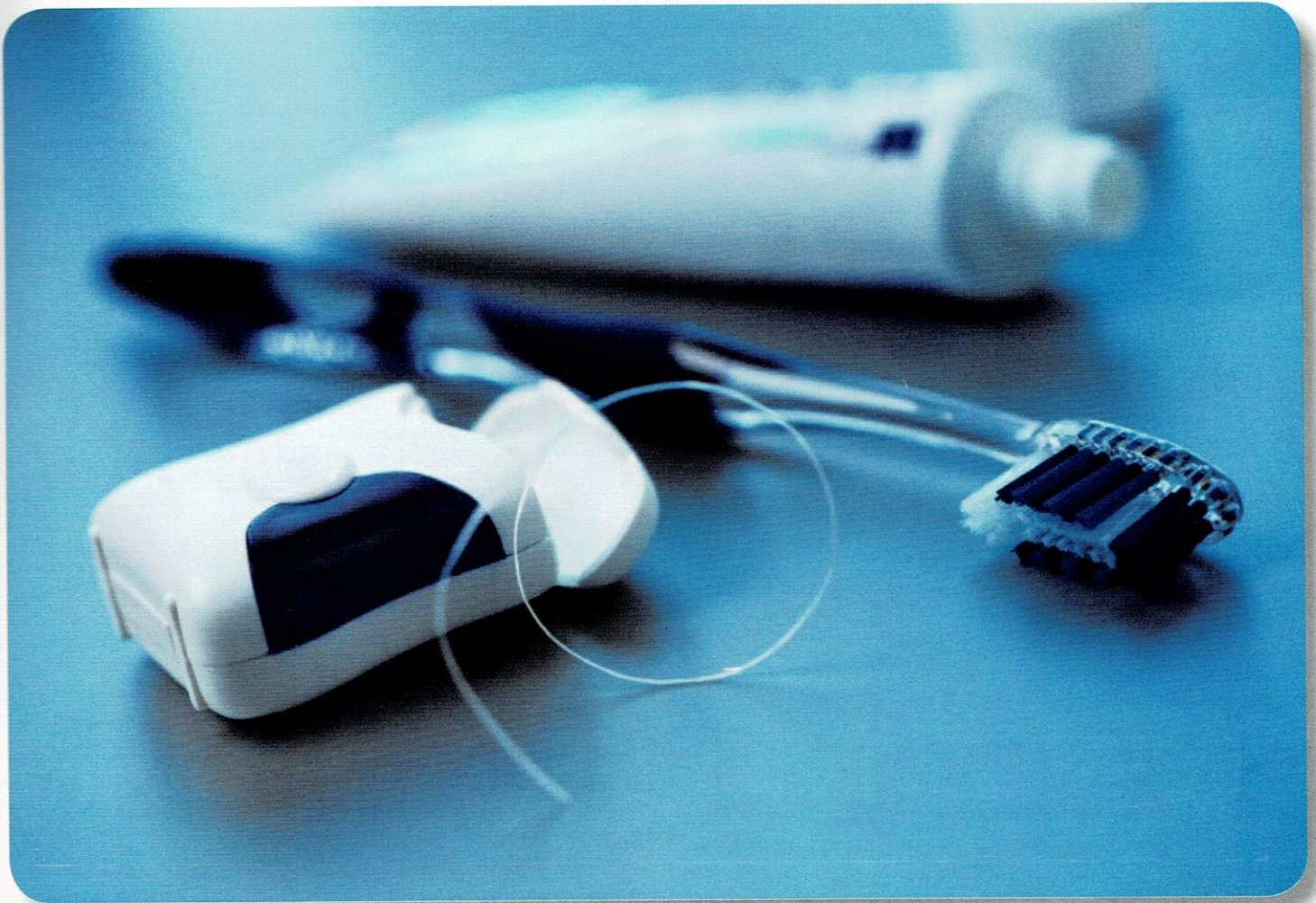


Figure 3. Different Types of toothbrushes



Powered toothbrushes in an independent systematic review conducted by van der Weijden & Slots in 2012, particularly the oscillating, rotating type was consistently found to be clinically superior to manual toothbrushes. Likewise, powered toothbrushes were observed to have greater ability to reduce plaque and gingivitis in most of the studies reviewed.

The effectiveness of toothbrushing as a plaque control method has been extensively reviewed. Several factors have been identified which influence toothbrushing ef-



fectiveness like duration of brushing, toothbrush design and function, ease of use and patient compliance (van der Weijden & Slot 2012). It was further noted that provided toothbrushing is done efficiently and at the right intervals, it can remove dental plaque/biofilm. As reported by van der Weijden & Slots (2012), a reduction by 42% in plaque scores were observed after brushing for two minutes compared with brushing for one minute, indicating that a greater amount of dental plaque/biofilm were removed.

Is toothbrushing sufficient to remove the dental plaque/biofilm? Many other plaque control devices are available like the dental floss, interdental brushes, toothpicks and rubber tips. These devices are considered adjuncts to toothbrushing. In another independent systematic review, it was concluded that flossing did not show a greater benefit for reduction in plaque scores nor for gingivitis. It was therefore stated that for a greater number of patients, recommending the use of the dental floss with toothbrushing has no scientific evidence (Berchier et al. 2008).

Figure 4. Manual vs. Mechanical Toothbrush



Toothbrushing by and large may be sufficient to ensure healthy mouths, prevent dental plaque/biofilm formation and prevent occurrence of dental diseases and mouth infections like dental caries and gingivitis. ○



DIET FOR ORAL HEALTH

Sanirose S. Orbeta, M.S., R.D., FADA
Consulting Clinical and Sports Nutritionist

Do you have a healthy smile?

Oral health is an important aspect of total health care yet it is most often neglected by many. Most of us know and practice proper dental hygiene, but only a few realize how food can affect teeth and gums. Dental caries and gum or periodontal diseases are the most common problem, and sugary foods have always been connected to tooth decay. Other factors also contribute to dental caries and gum problems, these include:

- The frequency of eating the wrong foods like soft pies, chocolates, caramelized pastries, creamy desserts and chewy candies.
- Type of food eaten - the better choices would be rice, pasta, noodles, corn, fruits and vegetables, or the base of the pyramid food guide with the inclusion of fish, chicken, and meats are healthier variety.
- Length of time food is retained on the tooth surface, for example, foods submerged in a sticky and sugary medium like soft drinks, chewing gums, sticky nougats and toffee.
- Genetics and inherited dental structures.
- The absence of proper dental hygiene.

Dental caries or tooth decays result when acid, produced by plaque bacteria mixed with carbohydrates in

food, cause demineralization on tooth enamel. Plaque is an invisible film that clings to the surface of the teeth and along the gumline. The following equation shows a quick summary:

$$\begin{aligned} \text{plaque bacteria} + \text{carbohydrate} &= \text{acid} \\ \text{acid} + \text{tooth enamel} &= \text{tooth decay} \end{aligned}$$

Periodontal or gum diseases are inflammatory disorders that can cause tooth loss, and some contributing risk factors are poor oral hygiene, heavy build up of oral plaques, tobacco use, and inadequate nutrition.

Dietary factors and eating patterns associated with dental caries risk

In the position statement of the Academy of Nutrition and Dietetics (2013) on oral health and nutrition, some dietary factors and eating patterns associated with dental caries risk were identified.

Dietary Factors associated with increased risk

- Sugar-sweetened liquids, such as carbonated juices and beverages, fruit drinks, energy drinks, and sweetened teas and coffees
- Sticky foods such as raisins, jams, jellies
- Slowly dissolving candies like lollipops
- Sugary starchy snacks, such as cookies, cakes, brownies
- Simple sugars, such as white or brown sugar, syrups, honey and molasses

Dietary Factors associated with decreased risk

- Sugar-free chewing gum, mints, and hard candies
- Fresh fruits, vegetables and salads
- High-quality protein foods, such as meats, chicken, beef, eggs, cheese, fish, shellfish, beans, nuts and legumes
- Whole-grain, low-sugar breads, cereals, soda crackers, graham crackers

Eating patterns associated with increased risk

- Frequent and prolonged intake of foods rich in simple sugar, honey, regular ice cream and sherbet
- Eating sticky, retentive foods alone like marshmallow, ube halaya, "bukayo"
- Sipping sugar-sweetened beverages like regular softdrinks for prolonged periods

Eating patterns associated with decreased risk

- Space the frequency of food and beverage intake at least 2 hours apart
- Select fresh, whole, unprocessed food such as fruits, fresh lumpia, tomatoes, cucumber to stimulate salivary output
- Chew sugarless gum for a brief period immediately after a meal or snack to minimize lingering food flavors such as paksiw, adobo, and salsas.

Nutrients to be emphasized

Calcium, Phosphorus and Vitamin D are important nutrients for oral health by helping build the jaw bone which help keep teeth in place in growing children, keep the jaw bone strong in adults and slow down the rate of jaw bone loss in elderly. Jaw bone loss can lead to loss of teeth, ill-fitted dentures and poor dentition.

Milk, dilis, sardines, yogurt, cheese, and deep dark leafy vegetables are some good rich sources of calcium. Phosphorus is the calcium's partner in strengthening bone and teeth. The abundant source of phosphorus is the animal protein. Vitamin D is known as the sunshine vitamin and also the partner of calcium in keeping the bones and teeth stronger. It helps deposit calcium in the bones and protect them from diseases. Water-Soluble Vitamins that include B-Vitamins and Vitamin C have vital role in maintaining healthy oral condition. Vitamin C from citrus fruits, guava, papaya, broccoli, supports immune response, helps regenerate tissue and helps absorb iron from plant sources of food. B-Vitamins help prevent cracked lips, tongue inflammation and irritation inside the cheeks. Zinc, from foods such as whole-grains, beef and milk helps fight gum infections and repair tissues. The use of fluoride toothpaste, fluoride rinses and flouridated water makes teeth healthier. Fluoride is a mineral that makes structure of teeth stronger by helping remineralize teeth and protects from acid attacks.

Nutrition recommendation for oral health

- Choose an overall eating plan that is balanced and varied. Good nutrition makes your gums more resistant to infections caused by bacteria in your mouth. Your food pattern should emphasize on calcium and calcium-rich foods as calcium is important for basic bone and teeth structure.
- Brush your teeth twice a day, and floss daily.
- Rinse or gargle with water if brushing is not always possible.
- Visit the dentist regularly.

EAT MORE	EAT LESS
Fresh fruit, cheese, milk, tomato juice, yogurt, peanuts, pretzels, popcorn, fresh vegetables, pickles, crackers, and peanut butter, unsweetened canned fruit, sugarless gums, singkamas, puto, plain bread.	Hard candies, sweet and chewy cookies, caramel, creamy pies, cakes, caramelized popcorn, chewing gum, ice cream, sugared cereals, candied fruits, chewy and sticky chocolates, glazed popcorn

Good oral health starts from birth. A well-nourished child served the correct foods early on by their parent will learn to develop good eating habits beneficial to his oral health. The child will eat only what is served to them so parent's choices count a lot. The next time you smile think of the many years of good dental care that brought about your glow and that beautiful smile! 

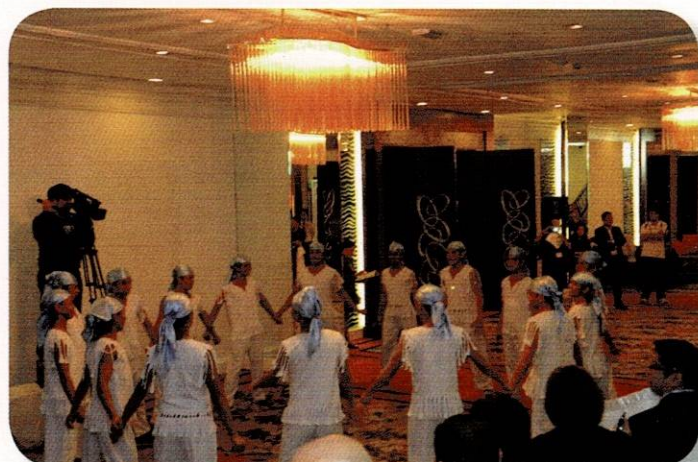
diabetes *ON THE MOVE* philippines

By: Joy C. Fontanilla, MD

31st Annual Convention of Diabetes Philippines and 9TH Course on Diabetes and Vascular Disease

**EDSA Shangri-La Hotel, Mandaluyong City
November 12 - 14, 2014**

During the opening ceremonies, the Bagitos dancers performed for the participants.



The regional chapter presidents paraded before the delegates.



Ribbon Cutting - standing from left to right; Mr. Maxim Legaspi, Drs. Agnes Cruz, Joy Fontanilla, Francis Pasaporte, Augusto Litonjua, Richard Elwyn Fernando, Rima Tan, Ms. Leyden Florido, Drs. Editha Dalisay, Tommy S. Ty Willing, Ms. Imelda Cardino and Evangeli De Jesus



Plenary Session 1

Speaker: Augusto D. Litonjua, MD

Title: **"New and Innovative Drug Therapies and Management in Diabetes"**

Chairman: Joy Arabelle C. Fontanilla, MD



Dr. Augusto D. Litonjua Endowed Lecture

Speaker: Prof. Stephen Colaguri

Title: **"Preventing Type 2 Diabetes and it's Complications - What is Possible in 2104?"**

Chairman: Tommy S. Ty Willing, MD



Plenary Session 2

Speaker: Richard Elwyn V. Fernando, MD

Title: **"DPPOS - The Diabetes Prevention Program Outcome Study"**

Chairman: Francis I. Pasaporte, MD

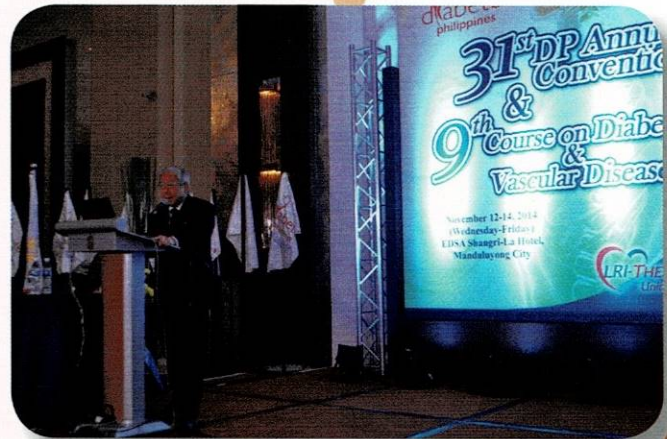


Plenary Session 3

Speaker: Rody G. Sy, MD

Title: "Pharmacogenomics, Diabetes and Cardiovascular Disease"

Chairman: Fatma Ibba-Tiu, MD



Plenary Session 4

Speaker: Florence A. Santos, MD

Title: "Update on the Assessment and Management of Microvascular Complications"

Chairman: Manolo P. Hernal Jr., MD

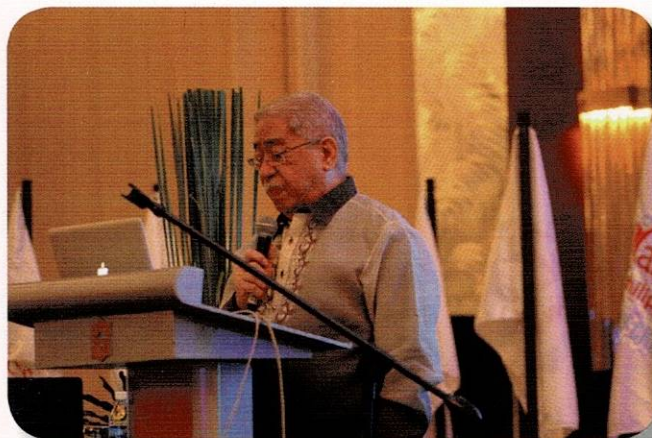


Dr. Ricardo E. Fernando Endowed Lecture

Speaker: Romeo A. Divinagracia, MD

Title: "Diabetes and Cardiovascular Disease"

Chairman: Editha Arceo-Dalisay, MD



Diabetes Philippines Business Meeting



Plenary Lecture 5

Speaker: Tommy S. Ty Willing, MD

Title: **"Novel Biomarkers and Cardiovascular Disease"**

Chairman: Paul Luis G. Palencia, MD



Plenary Lecture 6

Speaker: Helen Ong-Garcia, MD

Title: **"Pathophysiology of Cardiovascular Disease in Insulin Resistance"**

Chairman: Livia M. Villarez, MD

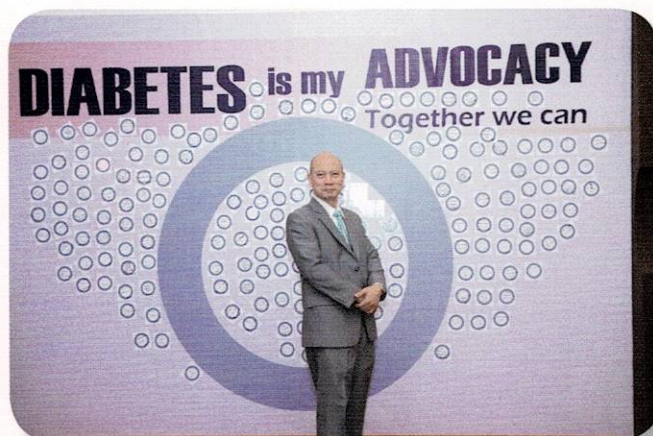
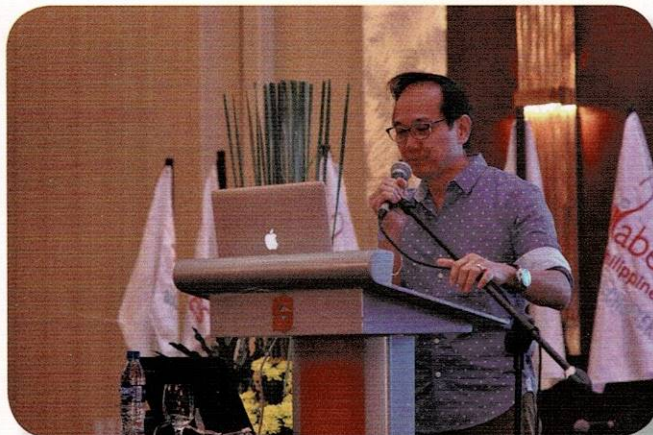


Plenary Lecture 7

Speaker: Gerry H. Tan, MD

Title: **"Diabetic Dyslipidemia - New Insights and Emerging Therapies"**

Chairman: Joseph R. Bongon, MD



Diabetes Philippines Fellowship Night



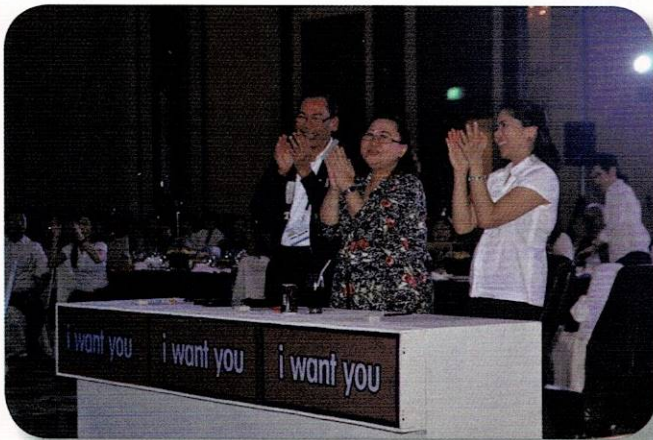
The fellowship night featured an opening dance number performed by the DP board, officers, members, corporate partners and friends. The night was capped by the DP's own version of the Voice dubbed as "The Voice of Diabetes Philippines" which was won by unanimous vote by Ms. Valerie Fortuna.



The Voice of DP contestants (from L to R): Mr. Keith Sison (LRI-Therapharma), Ms. Katrina Vitug (Corbridge), Mr. Ferdinand Lentejas, RN (DE), Ms. Shaina Merza (LRI-Therapharma) and Mr. Mark Mostalla (Scigen)



Ms. Valerie Fortuna wows the audience with her powerful rendition of Jennifer Hudson's "And I Am Telling You I'm Not Going"



The Voice of DP judges (from L to R): Drs. Edwin Liwanag, Susan Yu-Gan and Joy Fontanilla give a standing ovation to the winning performance.



Dr. Elenita Santos won the major raffle prize.

Induction of Diabetes Philippines Board (2015 - 2016)

November 14, 2014

EDSA Shangri-La Hotel, Mandaluyong City



List of 2015 - 2016 Diabetes Philippines Officers and Board inducted by DP Past President Susan Yu-Gan, MD (extreme right). From L - R: Richard Elwyn V. Fernando, MD, Ma. Imelda Q. Cardino, RND, Agnes T. Cruz, MD, Francis I. Pasaporte, MD, Rima T. Tan, MD, Grace K. de los Santos, MD, Fatma I. Tiu, MD, Marsha C. Tolentino, MD and Leyden V. Florido, RN

International Diabetes Federation - Western Pacific Region (IDF - WPR) Congress Nov. 21-24, 2014 Singapore



The DP booth was visited by local and foreign delegates at the IDF-WPR Global Village.



WORLD DIABETES DAY

November 14, 2014

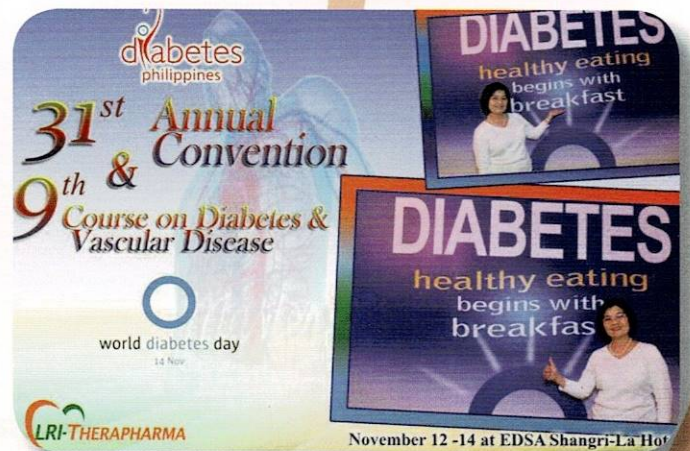
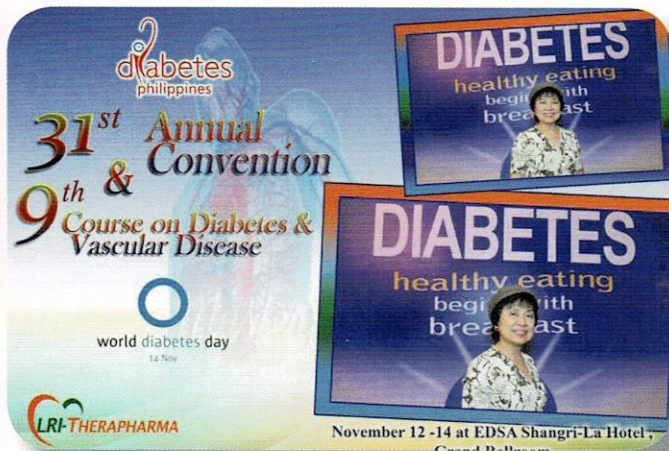


DP Annual Convention delegates pose before the photo wall with the universal symbol for diabetes - the IDF Blue Circle logo and post stickers bearing their wishes regarding the advocacy for diabetes.

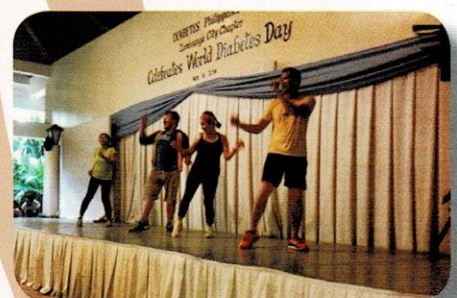
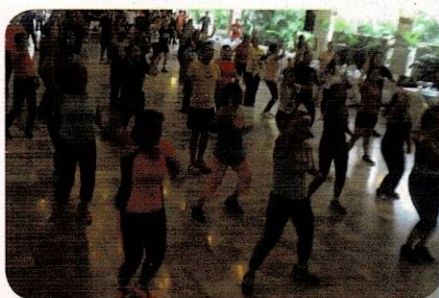
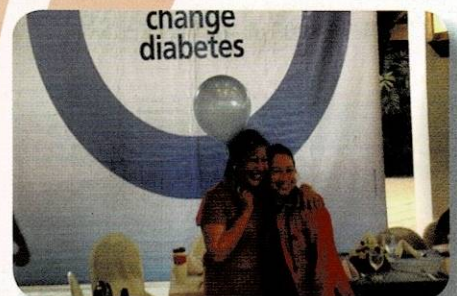
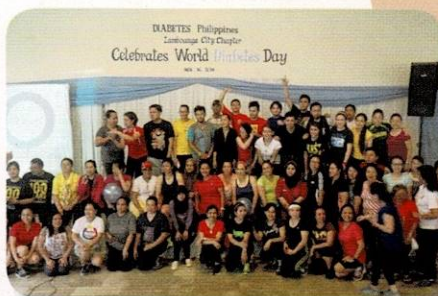
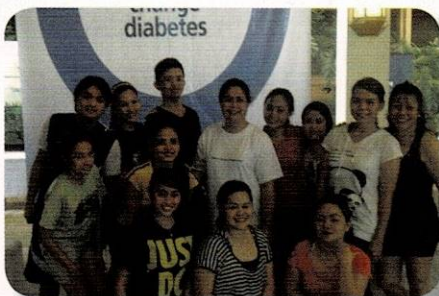


DP Trending - In celebration of World Diabetes Day, the DP Annual Convention participants pose behind the Blue Circle logo and post pictures all over social media to drum up awareness for diabetes

Photo booth



Zamboanga Chapter World Diabetes Day





2015 DIABETES PHILIPPINES SCHEDULED ACTIVITIES

- **53rd Diabetes Workshop and 18th Diabetes Forum**
Sikatuna Beach Hotel, San Roque 1, San Jose, Occidental Mindoro
February 13, 2015 (Friday)
Scientific Chairperson: Dr. Francis I. Pasaporte
Coordinators: Dr. Grace Isabel D. Guiua & Ms. Evangeli A. De Jesus
- **54th Diabetes Workshop and 19th Diabetes Forum**
MetroCentre Hotel and Convention Center
C.P.G. Avenue, Tagbilaran City Bohol
April 17, 2015 (Friday)
Scientific Chairperson: Dr. Francis I. Pasaporte
Coordinators: Dr. Lalaine Delos Santos & Ms. Marippee P. Genato
- **55th Diabetes Workshop and 20th Diabetes Forum**
Mamburao, Occidental Mindoro
October 2/3, 2015
Scientific Chairperson: Dr. Francis I. Pasaporte
Coordinators: Dr. Grace Isabel D. Guiua,
Dr. Ma. Teresa V. Tan
Ms. Evangeli A. De Jesus
- **32nd Diabetes Philippines Annual Convention**
EDSA Shangri-La Hotel, Mandaluyong City
November 12 - 13, 2015 (Thursday - Friday)
Scientific Chairperson: Dr. Agnes T. Cruz
- **Gimik Diabetes Year 9**
World Diabetes Day Celebration/Lay Annual Convention
November 15, 2014 (Sunday)
Venue: Pasig City Sports Center

FOR INQUIRIES PLEASE CALL:
Diabetes Philippines Secretariat
Telefax: (632) 531-1278 Tel. No.: (632) 534-9559
Email: diabetesphilippines@pltdsl.net
Website: www.diabetesphil.org

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References: ¹Zoungas S, Chalmers J, Kengne AP, Zoungas S et al. Diabetes Res Clin Pract. 2010;89(2):126-133. ²Perkovic V et al. Kidney Int. 2013;83(3):517-523. ³CONTROL Group. Turnbull FM, Abraira C, Anderson RJ, et al. Diabetologia. 2009; 52: 2288-2298. ⁴ADVANCE-ON Collaborative Group. N Engl J Med. September 2014. DOI:10.1056/NEJMoa1407963.

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