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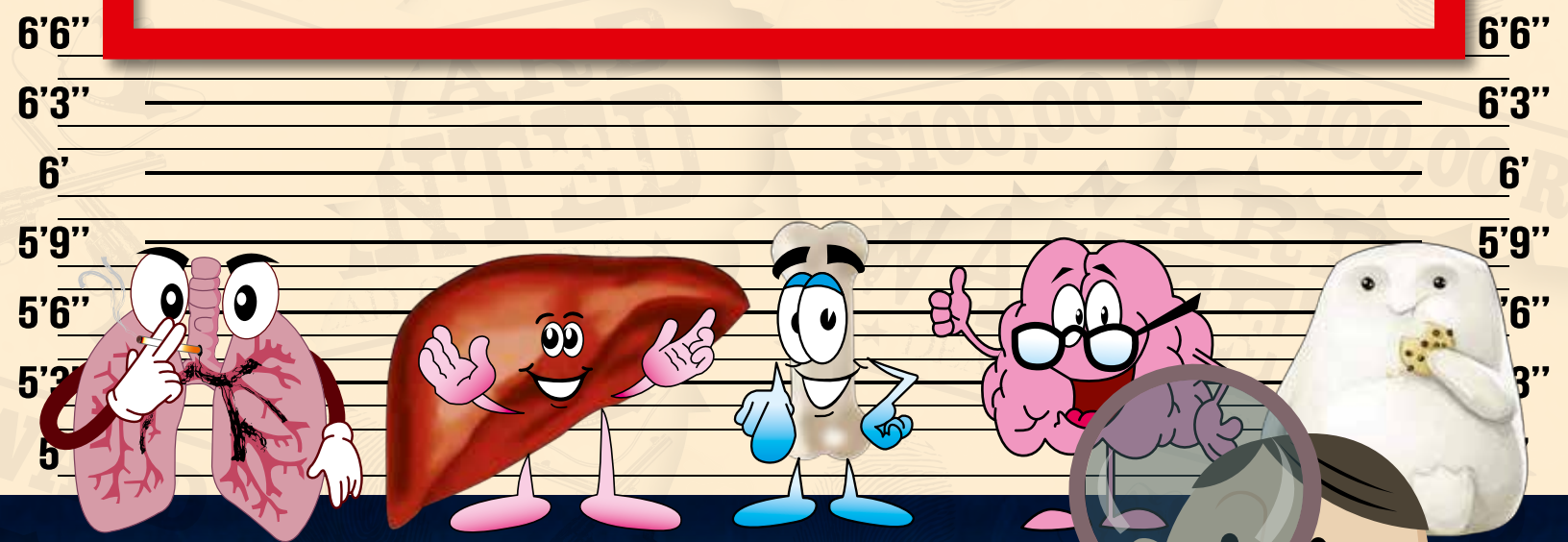
NOT THE USUAL SUSPECTS



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Your PRESIDENT Speaks

As the Bible says, "To every thing there is a season, and a time to every purpose under the heaven", and so, as I end my term as your president for 2015-2016, I believe that it was really God ordained that I got to serve in an organization whose vision of improving the lives of Filipinos with diabetes is so close to my heart. And, as seasons pass so I must move on too.

I leave content with the thought of what has been achieved the past few years. We have kept true to our goals and maximized our education, networking and advocacy campaigns. Albeit, lacking in some areas, we did our best given the prevailing conditions. We have computerized membership records and election procedures. We have completed our very important Financial Manual, the purpose of which is to provide the end users with clear guidelines about the Association's financial processes, recording and reporting practices. Last but not the least, we have started and will soon finish the construction of our four-storey Diabetes Philippines building along Boni Avenue.

I would like to sincerely thank our members, whose love and support carried us through difficult periods; our senior mentors, who guided us; the DP Board of Directors, who were very generous with their time and brainpower in helping the Association achieve its mission/vision and in crafting the necessary changes; the DP staff (Ruth and Julie), who helped us tremendously in doing the work set before us, and of course the Lord God who has guided me through it all. Maraming salamat po.

Being in and leading the Association has taught me many things, especially organizational skills. I willl take the learnings and the beautiful memories with me and for this, I am truly grateful. Of course, I am not leaving the Association for good, I will still be around to help, support and guide the future leaders and the Association as a whole, when needed. Diabetes Philippines still has a gigantic job to do in helping to address this epidemic of Diabetes. I have great hopes and good wishes and will continue praying for everyone involved in this enormous task of beating Diabetes.

Humbly yours,

Rima T. Tan, MD
President

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OUR MISSION

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 solution 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.

From the EDITOR'S DESK

Greetings!

Diabetes Watch Jul-Dec 2016 edition is titled "Not The Usual Suspects" and spotlights the not so common manifestations of diabetes. Your eyes, your kidney, your heart, even your feet... those are the organs that often come to mind when we speak of diabetic complications. In this issue, we bring to light disorders of the liver, the joints and bones and even the lungs that manifest in persons with diabetes. Featured scientific articles include "Fatty Liver and Diabetes", "The Rheumatologic Manifestations of Diabetes" and "Diabetes and the Lungs".

This year's annual convention "Diabetes Dialogues: Crosstalks with the Experts" was held last November 10-11, 2016 at EDSA Shangri-La Hotel and gathered over a thousand delegates. Congratulations to Diabetes Philippines for a job well done!

The IDF Congress in Taipei was well attended by DP officers and members. We even sent delegates to attend the Asia Pacific Diabetes Epidemiology and Education Training Course (APDEC) and the Train the Trainers program of the IDF-WPR. Our Young Leaders in Diabetes (YLD) also had a memorable experience in Taipei in their pre-convention gathering – in light of this, we've dedicated a whole section on YLD to focus on the youth, specifically our type 1 diabetes warriors, who in their novel ways bring diabetes awareness to the forefront locally and abroad.

In our DP On the Move pages, follow the other activities that DP has been busy with including the Diabetes Awareness Week, the World Diabetes Day, Gimik Diabetes and the IDF Congress in Taipei last December 2016.

Read on!

Marsha C. Tolentino, MD
Editor-in-Chief

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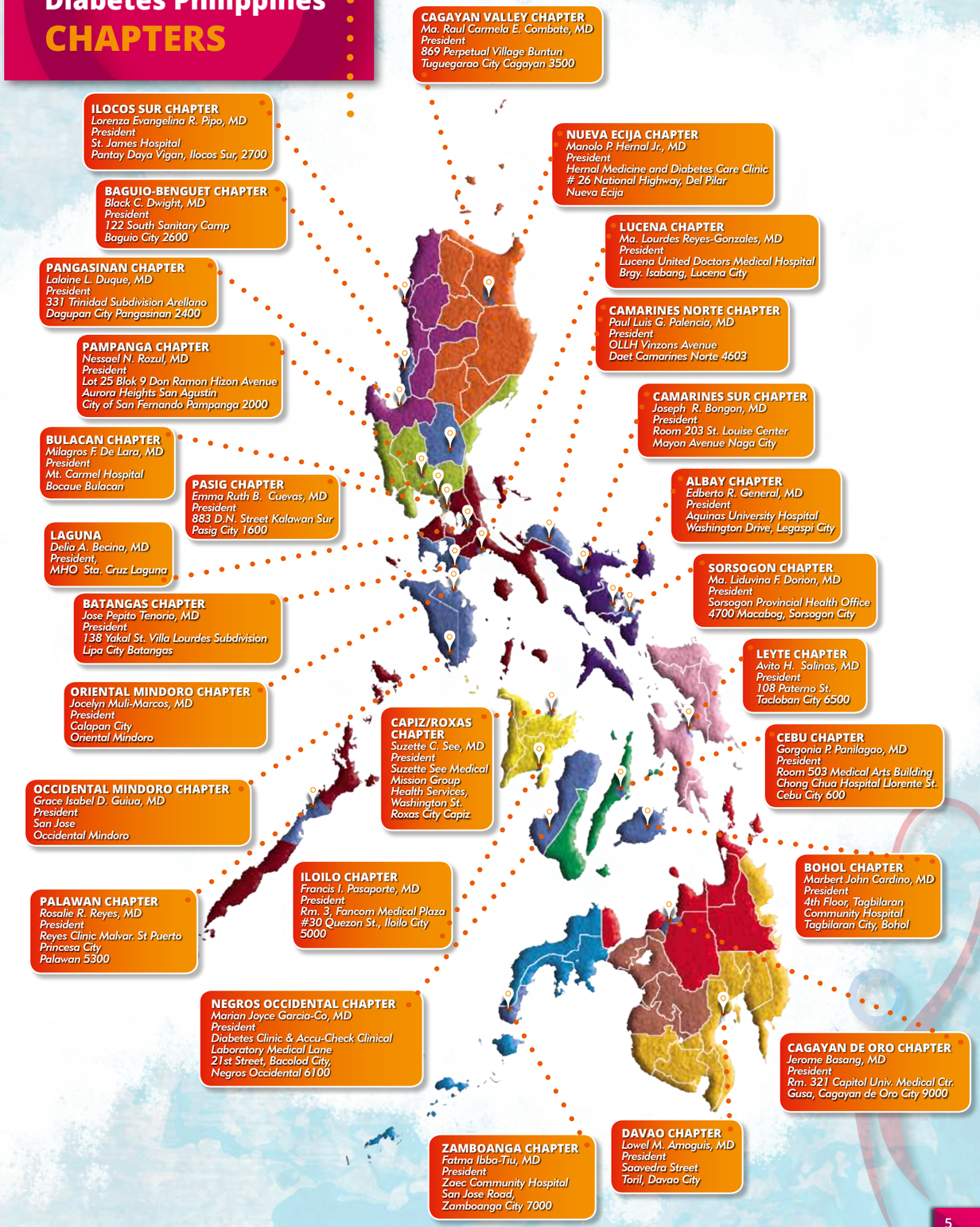
Diabetes Philippines CHAPTERS



by
Janus P. Ong, MD

Fatty Liver and Diabetes

Nonalcoholic fatty liver disease or more commonly - *Fatty Liver* - is a term given to a group of conditions that cause an accumulation of fat within the liver. As its name suggests, Fatty Liver is fat build-up in persons who do not consume excessive amounts of alcohol. Most experts believe that a daily intake of two or more standard drinks for women and three or more standard drinks for men is considered excessive. A standard drink is equivalent to 12 oz. of beer, 5 oz. of wine, or 1.5 oz. of distilled spirits.

Fatty Liver can be either simple fatty liver or nonalcoholic steatohepatitis (NASH). Both have an abnormal amount of fat in the liver cells; however, there is inflammation within the liver in NASH, which may result in liver damage. Once the cells are damaged, they can die and be replaced by scar tissue. Patients with simple Fatty Liver do not develop serious liver disease but those with NASH can develop progressive liver disease. This can lead to cirrhosis and liver cancer in a third of patients.

Fatty Liver is considered the most common form of chronic liver disease in the world today. While there are no exact estimates, it is believed that Fatty Liver affects at least a third of all Filipinos. One of the reasons for this high rate is the increasing numbers of Filipinos who have either diabetes mellitus or overweight/obesity. As much as 80 percent of diabetic persons have fatty liver. This is because most diabetics are overweight or obese and are insulin resistant. Both overweight and obesity and insulin resistance lead to Fatty Liver.

The recognition of Fatty Liver among those with diabetes is important because not only does Fatty Liver lead to liver disease and its complications; it also contributes to cardiovascular

disease. Diabetic patients with Fatty Liver often have higher triglycerides and lower high-density lipoprotein levels as well as higher glucose levels compared to those without fatty liver. These abnormalities can lead to a greater predisposition to developing heart and vascular diseases.

The diagnosis of Fatty Liver can be challenging because majority of patients do not have symptoms. Liver enzymes (i.e., abnormal ALT or AST) are not reliable because they can remain normal. Moreover, liver enzymes cannot reliably predict who among those with Fatty Liver has developed serious liver disease such as cirrhosis. While MRI is a very sensitive test, it is not widely available, is expensive, and can be uncomfortable for many persons. A liver biopsy is the best test to diagnose Fatty Liver. It not only detects fat buildup in the liver but is also able to differentiate between simple Fatty Liver and NASH as well as to define the extent of liver damage in the form of scar tissue formation or fibrosis. A liver biopsy however is invasive and expensive, and thus, has been used mainly in cases where there is a need to exclude other forms of liver disease such as autoimmune liver disease or excessive buildup of iron in the liver. For the majority of patients, Fatty Liver is diagnosed by an ultrasound. An ultrasound is relatively inexpensive, safe and remains to be the test that is most acceptable to patients in the evaluation for Fatty Liver.

The prevention and treatment of Fatty Liver in diabetics employs many of the same strategies that are used for diabetes. Lifestyle changes in the form of dietary modification and increased physical activity leading to weight loss remains the best advice for diabetics with Fatty Liver, especially those who are overweight or obese. The target weight loss is 7-10% over 6 to 12 months as this has been shown to lead to improvement in Fatty Liver.

In terms of diet, caloric restriction to achieve weight reduction is advised and is probably best achieved in conjunction with a nutrition specialist. Many experts now recommend that patients with Fatty Liver adapt a "Mediterranean diet" which consists of lower carbohydrate intake (40% of total daily calories) and higher amount of fat intake (40% of total daily calories) but in the form of monounsaturat-

continued to page 33

by
Marie Yvette Rosales-Amante, MD

Rheumatologic Manifestations of Type 2 Diabetes

Unlike the microvascular and macrovascular complications of diabetes, which have been extensively studied, the nature of musculoskeletal complications of diabetes have only been described in observational reports. The pathogenesis is not clearly elucidated, and the association of rheumatologic manifestations is based mostly on epidemiologic studies.

The rheumatologic manifestations of diabetes mellitus are the following:

1.Syndromes of limited joint mobility: diabetic hand syndrome (diabetic cheiroarthropathy), adhesive capsulitis (frozen shoulder, periarthritis), trigger finger (flexon tenosynovitis) dupuytren's contractures, osteoporosis); diffuse idiopathic skeletal hyperostosis (DISH);

2.Neuropathies: neuropathic arthritis (Charcot joints, diabetic osteoarthropathy, Carpal tunnel syndrome, diabetic amyotrophy, reflex sympathetic dystrophy,

3. Diabetic muscle infarction (Serban , J Med Life 2012)

Another proposed way of classifying rheumatologic manifestation may be according to its association with diabetes:

1. Conditions unique to DM

Diabetic muscle infarction

2. Conditions occurring more frequently in DM

Neuropathic arthropathy
Limited joint mobility
Stiff hand syndrome
Dupuytren's disease
Stenosing flexor tenosynovitis (trigger finger)
Shoulder capsulitis
Calcific shoulder periarthritis
Carpal tunnel syndrome

3. Conditions sharing risk

factors of DM and metabolic syndrome

Diffuse idiopathic skeletal hyperostosis

Gout

Osteoarthritis

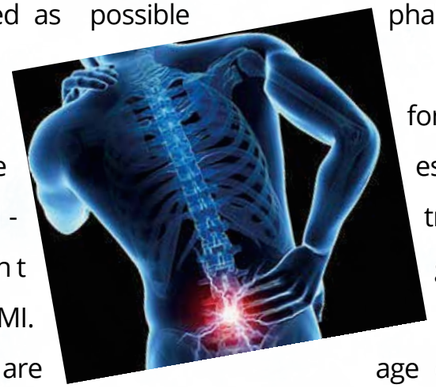
(Odrobina and Kay, Rheum Clin of N Am, 2010)

1. Conditions unique to DM - Diabetic muscle infarction (DMI)

Diabetic muscle infarction is an uncommon complication of diabetes. DMI almost always presents with the acute onset of muscle pain and swelling, involving the thigh muscles in more than 80% of cases. A palpable mass is appreciated in 30-40 % of cases.

The diagnosis of DMI is based on a typical clinical presentation and characteristic findings on imaging studies. Typical findings on magnetic resonance imaging (MRI) include isointense swelling on T1-weighted images and diffuse heterogeneous hyperintensity on T2-weighted images of the affected muscle, with subcutaneous and subfascial edema .

Hypercoagulability as a result of derangements in the coagulation-fibrinolytic system and endothelial dysfunction in diabetes have been proposed as possible mechanisms for the development of DMI. There are no proven treatments, but antiplatelets and anti-inflammatory agents have been used.



2. Conditions occurring more frequently in DM

a. Neuropathic osteoarthropathy (Charcot osteoarthropathy/neuropathic arthropathy)

Neuropathic osteoarthropathy is a progressive, degenerative arthropathy, associated with diabetes. The prevalence of neuropathic osteoarthropathy among patients with diabetes has been reported to be 0.15%. The joints most commonly involved include the ankle, tarsometatarsal, metatarsophalangeal, and toe interphalangeal joints.

The old theory for the pathogenesis has been attributed to progressive joint and bone damage due to repeated weight-bearing trauma in the setting of sensory loss caused by neuropathy (neurotraumatic theory). More recent mechanisms of bone resorption suggest that increased expression of proinflammatory cytokines, such as TNF-a, may stimulate bone resorption through a cascade of molecular processes .. Normally, voluntary immobilization caused by pain limits this process. However, when pain sensation is impaired, the patient continues to walk and sustains repeated microtrauma that perpetuates inflammation and the resulting bone destruction.

Early imaging (MRI) and immobilization are important to prevent progression of bone and joint damage.

b. Limited joint mobility (LJM) (Diabetic cheiroarthropathy)

The clinical presentation of LJM is stiffening of the hands. Other characteristics may be paresthesias in the hands, followed by pain that is exacerbated by activity. The prevalence is 45% and 76% among those with type 2 diabetes, as compared with between only 4% and 20% among individuals without diabetes. LJM is diagnosed based on the presence of characteristic findings on physical examination, such as the inability to appose the palmar surfaces of the hands and fingers with the wrists dorsiflexed (the prayer sign).

Studies have failed to demonstrate an association between glycemic control and the presence of LJM, though prolonged hyperglycemia before the diagnosis of diabetes has been identified as one the predisposing factors. Nonsteroidal anti-inflammatory drug and physical therapy remain the primary therapeutic modalities for patients with LJM.

c. Stenosing Flexor Tenosynovitis (Trigger finger)

Stenosing flexor tenosynovitis typically presents with locking (or "triggering") of fingers in flexion, extension, or both, most commonly involving the thumb, middle, and ring fingers. The fibrosis and thickening of the tendon sheath, where it passes through a pulley or over a bony prominence, restricts movement of the flexor tendon.

The prevalence of stenosing flexor tenosynovitis ranges between 5% and 36% among patients with type 1 and 2 diabetes, as compared with 2% in the general population. The occurrence of trigger finger correlates significantly with duration of DM but not with glycemic control. Treatment involves modification of activities to avoid triggering of digits, nonsteroidal anti-inflammatory drug therapy, splinting, corticosteroid injection into the tendon sheath, and surgical release.

d. Dupuytren's Disease

Dupuytren's disease is characterized by thickening of the palmar fascia, palmar or digital nodules, skin tethering, pretendinous bands, and flexion contractures of the fingers. It is more prevalent among patients with diabetes, affecting between 16% and 42%, than in the general population. Intralesional cor-

ticosteroid injections and surgery followed by hand therapy have been the standard treatments for Dupuytren's disease.

e. Adhesive Capsulitis of the Shoulder (Shoulder Periarthritis, Frozen Shoulder Syndrome)

Adhesive capsulitis usually presents as painful progressive restriction of range of shoulder motion, especially on abduction and external rotation. Its natural progression usually stats with pain, then stiffness, and then recovery. The length of the recovery phase depends on the duration of the stiffness phase, with symptoms lasting for an average of 30 months. The prevalence of shoulder periarthritis among patients with diabetes ranges from 10% to 29% and is about 5-fold that in the general population. Histologic studies suggest fibrosis rather than an active inflammatory process in adhesive capsulitis.

Analgesics, physical therapy, and intra-articular corticosteroid injections are the preferred modes of therapy during the initial painful phase of shoulder adhesive capsulitis. During the adhesive phase, physical therapy and operative treatments are typically used. Manipulation under anesthesia may be complicated by fracture, shoulder dislocation, tendon rupture, or neurologic injury. Arthroscopic capsular release has been an effective treatment modality for refractory shoulder adhesive capsulitis among patients with diabetes (Odrobina and Kay, Rheum Clin of N Am, 2010)

f. Carpal tunnel syndrome (CTS)

Carpal tunnel syndrome (CTS) is an entrapment neuropathy caused by compression of the median nerve within the carpal tunnel. CTS presents with pain and paresthesias of the thumb, index, and middle fingers and of the radial aspect of the ring finger. Physical examination will reproduce the symptoms by percussion of the median nerve at the wrist (Tinel's test) or on wrist dorsiflexion (Phalen's test). In patients with diabetes, bilateral involvement of the median and ulnar nerves has been described, with resulting atrophy of the thenar, hypothenar, and intrinsic muscles of the hand.

Many studies have shown that intrinsic nerve pathology, in addition to external compression, might contribute to the pathogenesis of CTS in diabetes.

3. Conditions sharing risk factors of DM and metabolic syndrome

a. Diffuse idiopathic skeletal hyperostosis (DISH, Forestier's disease)

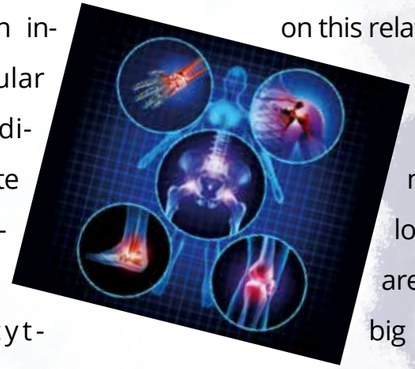
DISH is characterized by the calcification and ossification of ligaments and enthe-

ses. Its prevalence is 13 % in the general population versus 40 % in the population with diabetes. Hyperinsulinemia has been suggested to link DM and obesity with the development of vertebral hyperostosis. The diagnosis of DISH is based on radiologic features: symmetric peripheral enthesopathy and continuous ossification along the anterolateral aspect of 2 or more contiguous vertebral bodies support a probable diagnosis of DISH.

Analgesics, heat application, exercise, and local corticosteroid injections have been used to treat patients with DISH but there is no definite data. A small study showed improvement in spinal range of motion (but not pain) in patients who underwent a program of mobility, stretching, and strengthening exercises.
(Odrobina and Kay, Rheum Clin of N Am, 2010)

b. Crystal – induced arthritis (Gout)

In patients with gout, monosodium urate crystals are deposited in joints as a result of hyperuricemia. Acute attacks of gouty arthritis occur when intra-articular monosodium urate crystals are phagocytized by white blood cells that then release inflammatory mediators. Hyperuricemia has been strongly associated with diabetes and the metabolic syndrome.



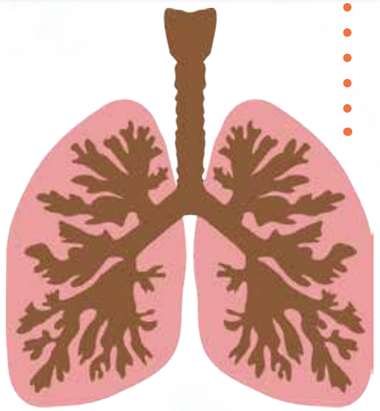
c. Osteoarthritis (OA)

Obesity is a known risk factor of the development of hip and knee OA. However there is no clinical evidence that diabetes predisposes on to develop early or severe OA. The observation that osteoarthritic cartilage is modified with AGEs has suggested a potential role for this process in the pathogenesis of OA.

Conclusion

Diabetes is associated with various musculoskeletal manifestations. Most of the data on this relationship are based on epidemiologic observation; definite pathophysiologic explanations are lacking. There is a big need for prospective trials to establish relationships like tight glycemic control and prevention or alleviation of these rheumatologic problems. At the molecular level, further studies are important in order to clarify the potential contribution of cytokines to the development of most of the rheumatologic manifestations discussed. Identification of such molecular targets for therapy would be a welcome advancement in the treatment of patients with diabetes affected by rheumatic diseases.

by
Marsha C. Tolentino, MD



Diabetes and the Lungs

Five hundred twenty-five thousand, six hundred minutes in a year…12-20 breaths per minute…This averages out to over 8 ½ million a year – every breath necessary for life.

Among the top 20 causes of death in the Philippines, Diabetes ranks #4- this was according to the WHO data published in 2014. But in the top 10 are other respiratory illnesses and these include #3- Influenza and Pneumonia, #5 -Tuberculosis, #7- Lung Disease, #10- Asthma and #12- Lung Cancer.

How does diabetes relate to these other respiratory diseases and are people with diabetes more prone to these lung conditions?

Diabetes and Lung Conditions:

A study in Diabetes Care looked at the health data of over 1.8 million people with and without diabetes. The survey found that adults with either type 1 or type 2 diabetes are more likely to have asthma, chronic obstructive pulmonary disease (COPD) and pulmonary fibrosis than those without diabetes. Diabetics are nearly twice as likely to have been hospitalized for pneumonia. There was however, no increased risk for lung cancer in this study.

The Diabetic Lung

Lung function is a measure of how well you're breathing. And people with diabetes have reduced lung

function (3-10% less) compared to nondiabetics. This adversely affects how well your lung delivers oxygen to your body. This mild decrease doesn't interfere with daily life in general but can cause problems for smokers, obese people and those with concomitant lung disease, like COPD or asthma. Studies show that as blood sugar levels increase, lung function worsens, and the longer the duration of diabetes, the greater the deterioration. Diabetes also accelerates the anatomical and biological changes such as those seen in the aging lung.

How diabetes hurts lung function is not fully understood. Glycosylation end products in the lungs and chest wall, decreased muscle strength, myopathic and neuropathic changes affecting respiratory muscles, and increased susceptibility to harmful effects of cigarette smoking/air pollutants and systemic inflammation have all been postulated to contribute to the adverse relationship of diabetes and respiratory function. And let's not forget obesity. Obese people have lower lung function and higher rates of diabetes compared to normal weight individuals.

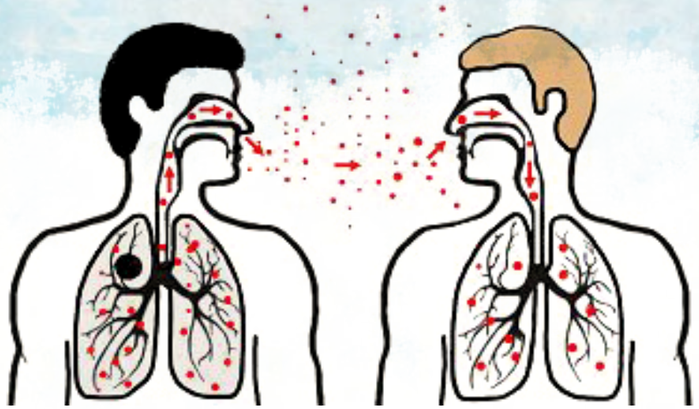
Pneumonia

People with diabetes especially those with type 1 have impaired immune function and are more prone to getting infections such as pneumonia. In fact, most diabetic patients are hospitalized for treatment of varied infections (UTI, Pneumonia, diabetic foot).

Breathing difficulties accompanied by fever, cough and chest tightness are symptoms of pneumonia. Left untreated, it can lead to dreaded complications such as fluid in the lungs or sepsis. Mild cases can be treated at home with oral antibiotics and rest. More severe cases will warrant hospital admission for intravenous antibiotics, fluid drainage and ventilator support if needed. Concomitant glycemic control with or without insulin is necessary. And completion of antibiotic course is obligatory even if symptoms have resolved.

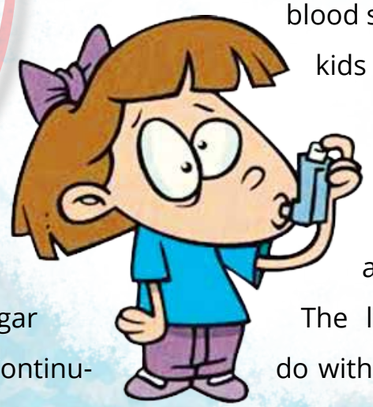
Tuberculosis

TB is prevalent in the Philippines and is a highly contagious mycobacterial infection. It is usually passed on through inhalation of droplets that someone with TB has sneezed or coughed



out. The common signs and symptoms of tuberculosis are generalized body malaise, weight loss, lack of appetite, fever, sweating and cough. Sometimes, patients remain symptom-free until the disease is more advanced in the lung or other tissues.

Worsening blood sugar in a diabetic patient may signify concomitant TB infection and a 6-month course of anti-TB meds is warranted. Insulin may be initiated for better sugar control. Continuous treatment with anti-TB meds even when symptoms have disappeared prevents recurrence and more importantly, antibiotic resistance.



Asthma

Both asthma and diabetes are common conditions accounting for the numerous patients with both of these diseases. Children who suffer both have a harder time controlling their blood sugar levels. These kids and their parents have more things to remember, to avoid, to control and to monitor. The link may have to do with inflammation but obesity has also been mentioned as worsening both asthma and diabetes.

Treatment for asthma, specifically oral or inhaled steroids, tends to increase weight and blood sugar and complicates diabetes treatment. Weight management with healthy diet and exercise is vital to address the diabetes and the asthma, and even the obesity.

Chronic Obstructive Pulmonary Disease (COPD)

COPD is a chronic lung disease characterized by breathlessness, phlegmy cough, wheezing or whistling breaths, fatigue and chest infections. The most common cause is smoking – smoke inhalation irritates the lungs which then release inflammatory chemicals to combat the infection resulting in inflammation and subsequent scarring in the delicate walls of the lungs. This results in loss of elasticity, reduced ability to breath in and out and decreased oxygen delivered to the bloodstream.

Decreased lung function in individuals with diabetes combined by this loss of elasticity from smoking makes diabetes and COPD a dangerous combination. There are ongoing debates as to whether diabetes causes COPD or whether COPD causes diabetes. Regardless of which is the bigger culprit, identifying one in the other is important in management.

As there is still no cure for COPD, medications only help relieve the symptoms – oxygen supplementation may be needed and anti-inflammatories including inhaled corticosteroids are given to relieve the breathlessness. Blood sugar control is important to prevent susceptibility to concomitant pneumonia.

And to prevent further lung damage, smokers must quit!

Smoking kills

Smoking harms more than just your lungs. It impairs your circulation and results in poor blood flow increasing your risk for serious complications such as nerve damage, blindness, kidney disease, and heart disease. Quit smoking to improve insulin resistance and improve blood sugar control. It won't be easy, so make sure you have the support of family and friends and even your physician. Nicotine patches/gums or prescription medications may help you achieve your goal.

Conclusion:

It appears that the lung is another target organ where diabetes can rear its ugly head. Understanding the diabetic lung is another research avenue that needs further exploration. Concomitant treatment of diabetes and the underlying lung problem can greatly improve the medical management of persons with both conditions.

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Asthma and Diabetes Don't Mix. Pediatrics. Nov. 2011

by
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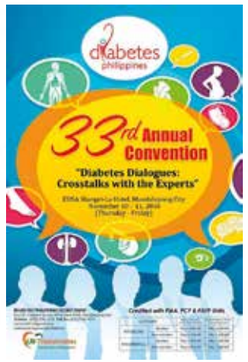
Scientific Co-Chairperson



Highlights of 33rd Annual Convention

"Diabetes Dialogues: Crosstalks with the Experts" was this year's theme and the objective was to bring to light the multidisciplinary approach when managing the patient with diabetes.

Highlighting the relationship between cardiovascular disease and diabetes mortality, a plenary lecture on the Management of Heart Failure in Diabetic Patients was delivered by renowned cardiologist Dr. Eugene Reyes followed by a symposium in talk-show format on the Impact on Cardiovascular Outcome Trials (CVOT) on the clinical practice of the endocrinologist and diabetes specialist, the nephrologist and the cardiologist. The lively tandem of hosts, Dr. Fatma Tiu and Dr. Richard Elwyn Fernando, moderated the forum that starred special guests, Dr. Rey Rosales, Dr. Agnes Cruz and Dr. Gilbert Vilela.

The 10th Dr. Augusto D. Litonjua Endowed Lectureship was delivered by Prof. Mark Emmanuel Cooper on the topic, "Uncomplicating Diabetes: The Pathophysiology of Diabetic Complications". Likewise, The 10th Dr. Ricardo E. Fernando Endowed Lectureship had former Secretary of Health, Dr. Esperanza I. Cabral elucidate "The Link Between Diabetes and Tuberculosis".

A symposium on the Long Term Effects of Diabetes on the Mother and the Fetus featured DP board member Dr. Francis Pasaporte, distinguished diabetologist Dr. Araceli Panelo, and pediatric endocrinologist Dr. Sioksoan Chan-Cua (standing in for Dr. Lorna Abad who was unable to make it). Topics tackled ranged from Antenatal Interventions to Improve Pregnancy Outcomes, to Protecting the Mother from Diabetes after Pregnancy, and finally to Preventing the Onset of Diabetes among Children of Diabetic Mothers.

The symposium on the Exercise Prescription for T2DM by Dr. Joy Arabelle Fontanilla made the audience aware that sitting is the next smoking! So much so that people had to get up and exercise before Dr. Grace Delos Santos' lecture on Repositioning Metformin. Simultaneously next door, the others were being updated on the Urologic Complications of Diabetes by Dr. Noel Zachary Recidoro and on the Diagnosis of Diabetic Kidney Disease by Dr. Albert Chua. Other plenary topics included Desynchronized Circadian Rhythm by Dr. Ernesto Ang and High Fat Diets and Liver Cirrhosis by Dr. Ira I. Yu.

A blockbuster among the delegates was the most engaging docutainment by Cebu cardiologists Drs. Celine Aquino and Marivic Vestal on the topic, Inane Things That Could Break Your Heart. Their article was featured in the previous Diabetes Watch issue. Their plenary was such a crowd-pleaser that there have been clamors for their return in next year's convention. Let's wait and see...

DiabetesWatch July - December 2016

Fellowship Night










IDF Council Meeting Global Village










Gimik Diabetes Year 10


















by
Allan Hernandez, MD

The Lighter Side of Diabetes

by
Olive Q. De Guzman-Quizon, MD, MPH, FPAFP, DPBCN

The APDEC Experience

The Asia Pacific Diabetes Epidemiology and Education Training Course (APDEC) was held in Taipei last October 26 - October 30, 2016 in conjunction with the 11th International Diabetes Federation- Western Pacific Region (IDF-WPR) Congress 2016 and 8th Asian Association for the Study of Diabetes (AASD) Scientific Meeting.

This course was designed for physicians, researchers and educator candidates from the Western Pacific Region Member Associations who are involved in the planning or implementation of diabetes related research projects and diabetes education.

The first two (2) days were spent in the review of epidemiology, study designs and statistical methods while the succeeding three (3) days focused on diabetes education training in combination with the new Train the Trainers Program of the IDF-WPR.

I was one of the 21 applicants from the WPR member associations representing Diabetes Philippines. The other participants were from Cambodia, Korea, China, Malaysia, Japan, Mongolia, Papua New Guinea, Indonesia and Taiwan. We were divided into two discussion groups under an expert tutor to facilitate the workshop. Prior to the actual training, we were instructed to submit a research proposal which we presented during the group discussion. This became the venue for healthy exchange of ideas from our group tutor and co-participants for the improvement of our proposed research projects.

It was a fast-paced training program, as each of the topics was just allotted 40 minutes to an hour so prior knowledge of the topics was an advantage. Fortunately, the speakers were very adept in presenting in a comprehensive but concise manner and they covered all the basics including updates. Questions and clarifications were tackled during group sessions.

As a culminating activity, each group presented their outputs during the group discussions. Our group decided to make a diabetes education program for Cambodia as our way of helping our group mate. During our discussions, the Cambodian delegates shared their plight in their hospital and community where they lack trained manpower and had limited resources for diabetes education. I realized how fortunate we are in the Philippines that we have diabetes education programs implemented by the government and private institutions and societies.

The APDEC experience rekindled the "researcher" in me, reinforced the "educator" side of me and opened opportunities for future collaborations with colleagues from other countries. Thank you Diabetes Philippines (DP) and IDF-WPR!

APDEC participants with the speakers and tutors, taken on the first day

APDEC participants with Train the Trainors participants and speakers, taken on the last day

by
Jolina Andrea D. Santos, MD

Train the Trainers Program 2016

The 11th International Diabetes Federation Western Pacific Region (IDF-WPR) Congress and 8th Asian Association for the Study of Diabetes Scientific Meeting held at Taipei International convention Center, Taipei, Taiwan last October 28-30, 2016 was set with the theme, "Create a new dimension in diabetes: Prevention, Protection and Care". In line with this, the first **IDF-WPR Education Program: Train the Trainers program 2016** was created to establish a module and training program for physicians, nurses, dieticians, and other diabetes educators focusing on diabetes education, prevention and management. Around 30 applicants from the Western Pacific region member countries took part in this 3-day program. The course format was composed of lectures and group discussions led by group tutors.

As we were divided into smaller groups, the exchange of insights and sharing of ideas and practices in different parts of the Western Pacific region was very educational and conveying. Lectures were given by distinguished professors who talked about the fundamentals of diabetes; healthy eating, physical activity and prevention of type 2 diabetes mellitus; clinical practices; self-management education including psychological and behavioral issues in diabetes; and lastly medications and complications of diabetes. The differences in culture and society, economic status, health practices among others revealed and somehow identified the needs of each country. We have our guidelines, we are equipped, but the question remains how come majority of the diabetic population still do not reach target?

I quote Prof. William Hsu who stated that, *"The challenge of diabetes prevention and treatment is not simply a pathophysiologic problem that can be solved by prescribing a drug. Rather, the diabetes epidemic carries a hefty economic, societal, technological, behavioral, regulatory and legal price tag"*. This is the reality. This is our challenge. As we look for solutions and ways to keep up with the tide, it was with hope that, at the end of the program, the participants would be able to combine science and practice in promoting a team-based care and change care setting to deliver an evidenced-based, patient-centered holistic approach.

The meeting was not purely academic in setting but was also a venue to build friendships and camaraderie. Being united in our purpose, in our goal, in our fight against diabetes requires great collaboration and dedication from different aspects of the health care system. Let us not waver in this battle but be steadfast as we look for more ways to improve the well being of our patients and bring them to target. In conclusion, the first Train the Trainers Program was fruitful and a success. Now all we need to do is put words into action starting from ourselves then passing it on to others. A Blessed Christmas and a sugar-free Season to all!

by
Francesca Isabel T. Villanueva

WDD with DOH

Last November 15, 2016, the Department of Health in partnership with Novo Nordisk and Ateneo De Manila University – School of Government celebrated World Diabetes Day by having a Stakeholders Forum. Stakeholders, by definition, are people who are involved in a specific cause or phenomenon. The stakeholders present during the event varied from healthcare professionals, businessmen, charity organizations, foundations, and even the people with diabetes. The event's goal was to create an action plan for the year. Prior to achieving this, people had to be oriented with the current situation of Diabetes in the country. The first forum involved the burdens of the disease. Professionals presented recent data on the morbidity rates of diabetes in the country and people who have lived or are exposed to the diabetes life. The second forum involved updates on both the private and public organizations, with the mission and vision they have for the people with diabetes in the country. There were also presentations on the latest research about diabetes in the country, which varies from community based approaches to scientific researches on the effectivity of various management approaches to a population of people with diabetes.

There were several people with type 1 diabetes present during the event. Majority of the attendants were not even aware that diabetes can affect children too, since much focus has been given to type 2 diabetes throughout the years. As participants of the event and one of the stakeholders, they were tasked to create a poster to show their vision and dream for people with diabetes in the Philippines. It is difficult to see what lies ahead for people with diabetes in the country, but with cooperation from the rest of the stakeholders present a brighter tomorrow could be just within our reach. The patient perspective is something that most professionals fail to appreciate. Professionals just tend to assume the perspective of the patients but some try their best to put themselves in the shoes of the patient or get to know the people who are living with diabetes and how they deal with it on a daily basis. More people need to understand on a much deeper level, aside from the things they read on their textbooks or what media dictates of the condition.

The people in this picture with paint on their hands are people with type 1 diabetes, who have become successful in their respective paths.

Fatty Liver and Diabetes

ed and omega-3 fatty acids. The Mediterranean diet is essentially rich in vegetables, fruits, and nuts. Fish and poultry are preferred over red meat. Fructose has been associated with development of Fatty Liver as well as inflammation in Fatty Liver; therefore, a reduction in intake of sugar-sweetened beverages is highly recommended. Coffee has been shown to be beneficial for Fatty Liver especially in preventing the development of liver cancer. However, experts do not advise those who do not regularly drink coffee to start drinking coffee just because either they want to prevent Fatty Liver or they already have Fatty Liver.

A sedentary lifestyle is associated with Fatty Liver. Increased physical activity should be an integral part of the lifestyle modification that is undertaken in Fatty Liver. Moderate intensity aerobic exercise such as brisk walking or stationary cycling for 30-45 minutes is recommended 3 to 5 times a week. In some studies, regular aerobic exercise without weight loss has been shown to improve Fatty Liver.

There currently is no proven effective medication for Fatty Liver. Some of the

continued to page 47

by
Francesca Isabel T. Villanueva

Young Leaders in Diabetes

young leaders in diabetes
A programme of the International Diabetes Federation

What do these three words mean? Let's take a look at the dictionary. Young means in an early stage of life, growth, or development, in other words not yet old. Leader means a person who leads. Diabetes means a serious disease in which the body cannot properly control the amount of sugar in your blood because it does not have enough insulin.

So what do these three words signify? The Young Leaders in Diabetes (YLD) is a program of the International Diabetes Federation (IDF) geared towards the youth with diabetes. This was first formed in Dubai and usually coincides with the World Diabetes Congress. There have been 3 venues for the program, Dubai (2011), Melbourne (2013), and Vancouver (2015).

This program is an integral part of the IDF 's increasing efforts in supporting leadership programs of membership associations

and enhancing the lives of people living with and at risk of diabetes more fully and powerfully. The mission of the Young Leaders is to raise awareness of diabetes by being a powerful voice for prevention, education, access to quality care, improved quality of life, and the end of discrimination worldwide.

Who are involved in this training program? The IDF has member associations throughout the following regions: Africa, Europe, Middle East and North Africa, North America and Caribbean, South and Central America, South-East Asia, and Western Pacific. A participating country may have at least one member association that is affiliated with the IDF. These member associations or MA then nominate their young leaders to the program and are carefully handpicked by the IDF-YLD Committee. To be considered an alumnus of the program, you must complete two training programs and have created projects in your country with the help of your MA.

The YLD training program is an avenue for people with diabetes who want to bring about change in their country with regards to diabetes. The YL's or Young Leaders get inspired with the different programs and ideas that their co-YL's are doing in other countries. They also become informed about the similarities and differences that are present in each of the countries or regions and become aware of different possibilities to bring about change in their community. This program also comes as an opportunity to network and connect with other individuals to create a united front or program that could influence the way people think of diabetes in an international scale.

Here are some programs that are spear-headed by Young Leaders all over the world:

- **T1 International**
  https://www.t1international.com

T1 International's founder and director Elizabeth Rowley has lived with Type 1 Diabetes for almost 25 years. Born and raised in the United States, she moved to London in 2011 for her master's degree. Elizabeth believes strongly that

where you were born should not determine whether you live or die with diabetes. Check out her program's website for more details. She has recently launched the Type 1 Access Charter which sets out the rights for people with type 1 diabetes and calls for them to be upheld. The idea of this is to bolster type 1 diabetes advocacy efforts worldwide.

DiAthlete

http://diathlete.org

Gavin Griffith's is the DiAthlete. He encourages and raises awareness of diabetes through sports. Born and raised in London, he has ran 29 miles along the Thanet Coast line in support of Queen Mary's Hospital 's Diabetes Clinic in 2008. His biggest challenge so far is taking the Great Britain Race 30/30 challenge of running 30 mile routes every day for 30 days starting from John O'Groats and finishing at Land's End (Mainland United Kingdom). Check out his journey at his website. He has recently given a symposium talk to the many professionals in diabetes health care at the recent ISPAD conference in Valencia, reflecting how important it is that the professionals understand and work with the patients, which will set the tone for the patient to work better with the professionals as a result - education goes best hand-in-hand with encouragement.

Our Young Leader from Hong Kong Hay Lam took on a tough endurance challenge with his project: cycling up the Wu Ling mountain in Taiwan, which summits at 3275m! Hay Lam was joined by 2 teammates living with Diabetes from Hong Kong, representing his IDF Member YDA and on the final day of the challenge they were joined by local riders from Taiwan's association (TDAC) pictured together at the summit.

Over in Zambia, our Young Leader in Diabetes, Chipimo Chisanga, and his colleague, Ngandwe Michelle Saya, have successfully started a live radio chat show to raise awareness and provide diabetes education from their personal experiences! They speak on the programme about 'what people do not know about diabetes (busting the myths)' whilst also teaming up with Doctors, in feeling that there is a lack of knowledge of the condition across Zambia, and not enough information available for patients.

These are just to name a few. You can check out the other programs created by the different Young Leaders all over the world at **www.facebook.com/youngleadersindiabetes** and **http://www.idf.org/youngleaders**.

ON THE MOVE

Diabetes Awareness Week

Diabetes Awareness Week was proclaimed in 1993 by then President Fidel V. Ramos to be celebrated every 4th week of July. This year, it has been successfully held at the 2nd Floor, Activity Center of Festival Supermall in Alabang on July 24, 2016 (Sunday) with the theme "Beat Diabetes with a Knockout Punch". This activity is spearheaded by the Philippine Center for Diabetes Education Foundation, Inc. together with Diabetes Philippines, Philippine Society of Endocrinology Diabetes and Metabolism and the American Association of Clinical Endocrinologists Philippine Chapter. The event was graced by Former President Fidel V. Ramos and the Presidents of the four associations.

Former president
Fidel V. Ramos

Augusto D. Litonjua, MD
President, Philippine Center for Diabetes Education Foundation, Inc.

Rima T. Tan, MD
President,
Diabetes Philippines

Jose Carlos S. Miranda, MD
President, American Association of Clinical Endocrinologists – Phil. Chapter

Nemencio A. Nicodemus, Jr., MD
President, Philippine Society of Endocrinology, Diabetes & Metabolism

Oath of Office/ Induction of DP Lucena Chapter

September 30, 2016

Ms. Leyden V. Florido, RN one of the Board of Director of Diabetes Philippines National *(far left)* inducted the new set of officers and directors of DP Lucena Chapter last September 30, 2016 at Queen Margarette Hotel, Lucena City.

From left to right: Dr. Maria Lourdes Reyes- Gonzales (President) , Noel S. Ayala,MSN,RN (Vice President) Katherine Baladad-Malundas, RN (Secretary) Maria Soledad Yu, RND (Treasurer), Kathlyn Joey Samonte, RND (Assistant Treasurer) Thelma S. Villota, MSN, RN (Auditor) Leonila Lapid, MSN, RN (BOD), Josephine Racsag ,RN (BOD), Inducting Officer, Ms. Leyden V. Florido, MAN, RN
Not in Picture: Assistant Secretary (Tricia Asio, RN)

Oath of Office/ Induction of DP Occidental Mindoro Chapter

November 10, 2016

From left to right: Dr. Grace K. de los Santos (DP Treasurer), Ms. Evangeli A. De Jesus, Dr. MarshaC. Tolentino, Dr. Fatma I. Tiu (DP Board of Directors), Dr. Rima T. Tan (DP National President), Dr. Grace Isabel D. Guiua (President, DP Occidental Mindoro Chapter), Alice B. Agar (Vice President, Occidental Mindoro Chapter), Josephine G. Fantone (Secretary and Treasurer, Occidental Mindoro Chapter), and Dr. Agnes T. Cruz (DP Vice President), Dr. Francis I. Pasaporte (DP Secretary) and Mr. Maxim T. Legaspi (DP Board of Director)

From left to right: Inducting officer Dr. Rima T. Tan, President of Diabetes Philippines National and the new set of officers and directors of DP Occidental Mindoro last November 10, 2016 at Edsa Shangri-La Hotel, Mandaluyong.

58th Diabetes Workshop and 23rd Diabetes Forum

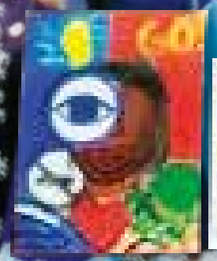
Queen Margarette Hotel,
Lucena City
September 30, 2016

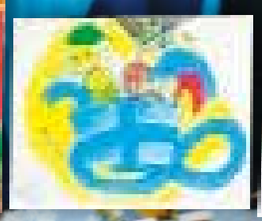
DiabetesWatch July - December 2016

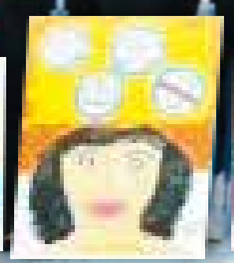
WORLD DIABETES DAY CELEBRATION

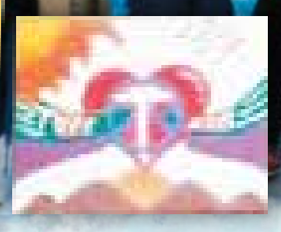
A Stakeholders Forum "Eyes on Diabetes"

Bayview Park Manila
November 15, 2016









DiabetesWatch July - December 2016

by
Paul Kenneth Ira,
YLD Representative

YLD Congress, Taipei

Last October 24, 2016 The Young Leaders in Diabetes in Western Pacific Region Congress was held in Taipei, Taiwan. Many Young Leaders in Diabetes (YLD) came to represent their country, becoming the voice of the youth and their fellow type 1 patients with diabetes. Fourteen Young Leaders from Malaysia, Indonesia, Singapore, Australia, Fiji, Japan, Thailand, Korea, Philippines and Taiwan with different backgrounds united to create a positive wave of hope to help people living with diabetes.

They went through several sessions to hone and develop their skills in different aspects such as disaster and emergency preparedness, graphic design, fund raising, policy making and public speaking. These were essential in creating and supporting projects and ideas for improvement of diabetes healthcare and spreading of awareness. The activities and seminars were well prepared and remarkably delivered by the key speakers.

United in Diabetes, these Young Leaders will use gained knowledge to formulate projects that highlight diabetes awareness and improve the lives of people with Type 1 diabetes. These shared experience created bonds as strong as family, aptly symbolized by the blue web and blue circle ribbon, which everyone held and took back to their homes. The Congress also served as preparation for the World Diabetes Day. The Young Leaders left Taipei invigorated and confident that they had the support of each other whenever, and wherever they would need it.

Fatty Liver and Diabetes

medications used to treat diabetes mellitus have shown promise in treating Fatty Liver. These include pioglitazone and the glucagon-like peptide 1-receptor agonists such as liraglutide. However, more studies are needed before these drugs can be recommended specifically to treat Fatty Liver among diabetics. Drugs that lower cholesterol have not been shown to improve Fatty Liver among patients with diabetes. These drugs, however, are important to prevent heart disease and its complications among diabetics with high cholesterol and can be safely given to diabetics with Fatty Liver. Vitamin E has been shown to be effective only in nondiabetics with Fatty Liver. Other drugs such as ursodeoxycholic acid or silymarin have either not been studied well or have not been shown to be effective in diabetics with Fatty Liver.

diabetesWATCH philippines

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1. The ADVANCE Collaborative group. N Eng J Med 2008; 358: 2560-2572. 2. Perkovic V et al. kidney Int. 2013 Jan. Advance Online Publication. 3. Turnbull FM et al. Diabetologia (2009) 52: 2288-2298. 4. Sawada T et al. Metabolism Clinical and Experimental 57 (2008) 1038-1045.

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