

D IABETES LEADER 2018 Edition



The Official Newsletter of the Philippine Center for Diabetes Education Foundation, Inc.



THE CHAMPS AGAINST DIABETES ARE BACK!



Dr. Augusto D. Litonjua
President

The culminating celebration of Diabetes Awareness Week (DAW) which we have been celebrating for the past 24 years went underway last Sunday, July 23, held at the Activity Center of Festival Supermall in Alabang. The Center partnered again with Filinvest Supermall and the 3 major societies fighting against diabetes: The Philippine Society of Diabetes, Endocrinology & Metabolism (PSDEM), Diabetes Philippines (DP) and the Philippine Chapter of the American Association of Clinical Endocrinologists (AACE Philippines).

We had our pharmaceutical partners also joining in the affair: Abbott Nutrition International, Bayer Philippines, Corbridge Phils., Inc., Eli-Lilly Philippines, Inc., Johnson and Johnson -Lifescan, Inc., Kalbe International (Diabetasol), LRI - Therapharma, Multicare Pharmaceuticals Phils., Inc., Inc., Novo Nordisk, Otsuka Pharmaceuticals, Inc., Sanofi Aventis Phils., Inc., and Servier Philippines, Inc.

The morning schedule – which was hosted by some of our past Endocrine Fellows, namely: Dr. Andres Ebison, Jr., Dr. Milldeanna De Guzman & Dr. Beijnerinck Ivan Cudal, was the more “serious” part of the day had the 4 presidents of the medical societies giving brief talks on the growing prevalence of diabetes and the whys to curb that growth. The Center also honored its “diabetes achievers”

– 6 getting a gold citation for having 30 years of the disease without complications, and 5 for the silver citation for a 20 year complication free life.



THE PRESIDENTS
Dr. Litonjua, Dr. Dela Peña, Dr. Cruz & Dr. Aragon

Our Guest speaker was Deputy Commissioner Ricky Santos of the Philippine Basketball Association. The former first lady, Mrs. Amelita M. Ramos who is the Chairman of the Center was also there to grace our event. Also present in the event were Col. Andrew Nocon, Red Cross Vice Governor with his wife, Mr. Alvin Patrimonio, Ms. Emily De Leon, Senior Manager of Exhibits Group of Festival Supermall. Mr. Chad Borja, together with his daughter, Gabrielle Marie Singson, who gave us again some sort of a mini concert because of the numerous songs they sang.

The afternoon schedule included games and celebrity appearances from Ms. Andrea Torres, Mr. Ivan Dorschner and Mr. Jak Roberto. They were there to celebrate with us thru the help and generosity of Atty. Felipe Gozon.



What's inside?

- 29th and 30th Intensive Training Course
- NADE 2017: Scaling New Heights in Diabetes Care
- Diabetes Awareness Week
- Camp Cope
- Servier Lectures
- Activities for the Year

The 30th

INTENSIVE TRAINING COURSE for DIABETES EDUCATORS



Philippine Center for Diabetes Education Foundation, Inc. (DIABETES CENTER PHILIPPINES)

Philippine Center for Diabetes Education Foundation, Inc.
April 24-28, 2017 | City Garden Grand Hotel, Makati City

By: *Daveric A. Pagsisihan, MD*

In 2015, International Diabetes Federation estimated that 415 million adults have diabetes. This is expected to rise to 642 million or 1 in 10 adults by 2040. With these rising numbers, more people adept with caring for persons with diabetes are necessary. In April 24 to 28, 2017 at the City Grand Garden Hotel in Makati City, the Philippine Center for Diabetes Education Foundation Inc. once again trained 71 doctors, nurses and nutritionists coming from different parts of the Philippines, as far north as Ilocos Norte, and as far south as Davao City. The 30th batch, aptly and timely called Batch #De30 proved to be up to the challenge of providing best care for Filipino patients with diabetes and committed to the phrase "Change is Coming" in their respective parts of the country.



The 5-day workshop was really an "INTENSIVE" training, as participants were equipped with knowledge on diabetes and insulin history, basic pathophysiology of diabetes, micro- and macrovascular complications of the disease, medical nutrition and exercise therapies, oral agents and injectable treatment options, and diabetes in special populations like children and pregnant women, and with skills on moderating diabetes conversation maps and diabetes flip charts, performing self-monitoring of blood glucose using different models of glucometers, and demonstrating various insulin injection techniques on themselves.



The activity simulating diabetes complications of peripheral neuropathy, blindness (from retinopathy, macular edema or cataract), and leg amputation was an eye opener for most of the participants. As diabetes educators and care providers, knowledge of how these complications arise is already a given fact, but actually experiencing these for themselves is another thing. Walking in their shoes is literally painful and difficult. Though indirectly taught, the attitude of compassion and empathy is vital in delivering the best care for persons with diabetes.



On the culminating activity of the workshop, a truly inspiring message was delivered by Dr. Nenita Collantes, President of the Philippine College of Physicians. She posed the challenge of always being grateful to our Creator, colleagues and patients, and working to multiply oneself to ensure that the best diabetes care is given to majority of the Filipino people. The participants also showcased their talents in singing, dancing and acting to mark the end of a truly intensive yet informative and innovative workshop.



The ITC 2017 Experience

By: Lyza Camille P. Gadong, MD



I was fortunate enough to participate in this year's Intensive Training Course for Diabetes Educators. It was a fruitful five day event that not only required us to become students, but teachers, actors and singers as well.

The program included lectures on diabetes, its complications, and the use of insulin in its management. We were exposed to the different diabetes conversation maps that takes us through the path a diabetic takes through the course of his disease, from denial to acceptance to active participation in taking care of his body. The diabetes conversations was a great aid in helping us anticipate the possible questions that our future patients might have for us, and an insight into the things they might want to know more about that would ultimately convince them to be compliant to their medications.

I enjoyed the workshops on insulin administration and blood sugar monitoring because it tackled the nitty gritty details on the proper instructions we should give our patients. Plus, it allowed us to fill in our patients shoes, forcing us to test out needles and injections.

All in all, it was a platform that enabled us to interact with educators from all over the Philippines and see Diabetes from a doctor's, nurse's, and nutritionist's point of view.





NADE 2017: BREAKING NEW GROUND IN DIABETES MANAGEMENT

By: Joy Arabelle C. Fontanilla, MD, FACE, FPCP, FPCDE, FPSEDM
(Chair, National Assembly of Diabetes Educators)

Philippine Center for Diabetes Education Foundation, Inc.
(DIABETES CENTER PHILIPPINES)

*I've always been independent.
I've always had courage.
But I didn't always own my diabetes.
~Mary Tyler Moore*

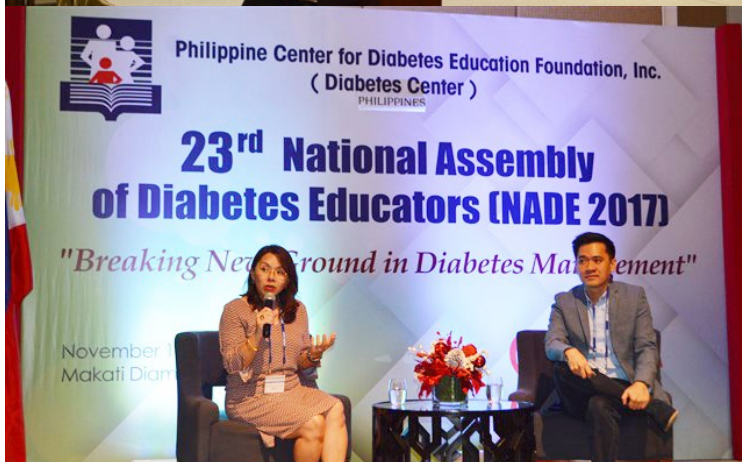
Diabetes spares no one. It respects no borders, gender, age or social class.

According to the International Diabetes Federation, in 2017, around 425 million adults worldwide were estimated to have diabetes. This number is expected to soar to 629 million in the year 2045 if no one does anything about it.

Diabetes kills one person every 8 seconds. It counts among the top ten causes of death globally. Diabetes, together with cardiovascular disease, cancer and lung disease, is responsible for over 80% of deaths due to non-communicable diseases.

Diabetes can cause complications like eye disease, heart disorders, pregnancy problems, nerve damage, kidney injury and others. Thankfully, these consequences are preventable through good control of blood sugar, blood pressure and cholesterol levels along with adoption of healthy lifestyle habits.

The diagnosis of diabetes can be a burden to many. Diabetes self-care can be challenging for both the person with diabetes and his/her caregiver. Empowering patients with the proper tools, knowledge and skills to "own" their diabetes and care for themselves or their affected loved ones can lighten the diabetes burden, however. Diabetes educators (DEs) (trained health care professionals such as nurses, dietitians and physicians) can teach patients prevent and self-manage diabetes and its complications.



The 23rd NADE was held on November 15, 2017 at the Makati Diamond Residences in Makati City. About two hundred participants from all over the country attended the meeting. The theme for the conference was **Breaking New Ground in Diabetes Management**. The morning symposia covered updates on the classification and diagnosis of diabetes, diets for pregnant patients, one-on-one education tactics and new definition of hypoglycemia.

The afternoon symposia also tackled the anti-inflammatory lifestyle as a key to longevity, diabetes prevention approaches, continuous glucose monitors and proper



In this regard, the Philippine Center for Diabetes Education Foundation or Diabetes Center Philippines holds an annual National Assembly of Diabetes Educators (NADE) to update DEs on the standards and trends in diabetes care.



Help us help others conquer new heights through state-of-the-art diabetes education. Support the Diabetes Center and let us all break new ground in diabetes management!



What's for 2018?

This year, NADE is slated for Saturday, November 10, 2018 at Makati Diamond Residences with the theme **Proven Strategies to Win Over Diabetes**. During the event, Diabetes Center President Dr. Augusto D. Litonjua, Training Chair Dr. Cynthia Halili-Manabat, Board Director Dr. Tommy Ty Willing, and Executive Director Ms. Erlinda Inocencio also swear in a new batch of Associate Diabetes Educators.

All interested parties are invited to come. For inquiries and pledges of support, please contact the secretariat through Ms. Ella Babasanta-Respicio at 892-1064, 888-8999 loc. 2287 or email diabetes.center@yahoo.com.

2018 NADE PROGRAMME



NADE ORGANIZING COMMITTEE

Augusto D. Litonjua, MD
Overall Adviser

Joy Arabelle Castillo-Fontanilla, MD
Chairperson, 2015 National Assembly of Diabetes Educators
Co-Chair, Training Programs, PCDEF, Inc.

Cynthia H. Manabat, MD
Chair, Training Programs, PCDEF, Inc.

Erlinda B. Inocencio
Executive Officer, PCDEF, Inc.



DIABETES AWARENESS WEEK 2017

July 23, 2017 Activity Center Festival Supermall Alabang



Our Audience



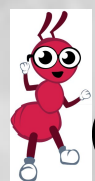
Screening and Diagnostics



2017 Diabetes Achievers



Ball signing of the Presidents and other guests





Mr. Alvin Patrimonio sharing some messages for the crowd.



???



Mr. Chad Borja and daughter, Gabrielle sharing their beautiful voices to the audience



Celebrity Guests: Ms. Andrea Torres, Mr. Ivan Dorschner, Mr. Jak Roberto



DIABETES SWEEPED BY THE CHAMPS!





Philippine Center for Diabetes Education Foundation, Inc.
(DIABETES CENTER PHILIPPINES)

26th Diabetes Awareness Week

THE FIGHT GOES ON...

AGAINST DIABETES!



Join Us!

July 22, 2018
Festival Supermall
Alabang, Muntinlupa City
10:00 AM - 3:00 PM

www.pcdef.org

•Corporate Partners•

Abbott Nutrition International • Ascensia Diabetes Care • Corbridge Group Phils., Inc.
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Multicare Pharmaceuticals Philippines, Inc. • Novo Nordisk •
Otsuka Philippines. Pharmaceutical, Inc. • Servier Philippines., Inc.

The Philippine Center for Diabetes Education Foundation, Inc. will once again celebrate for its 26th year, the Diabetes Awareness Week. Diabetes mellitus in the Philippines poses a great threat to our country's health. The number is still increasing, the complications keep on coming, it is now being seen in younger Filipinos, and the burden is getting heavier specially the cost of treatment. It is a daunting task but the Diabetes Center is keen on fighting against all odds.

For the past years we have been creating awareness of the disease: its nature, its complications, and its treatment. We believe that we had made a big impact but to sustain it is a different matter. This is the reason we have to keep on creating awareness on Diabetes. It may be the key to prevent it from affecting us Filipinos.

If you are, then join us as we celebrate the Diabetes Awareness Week this July 2018. We will have a purpose filled activity on July 22, 2018 at the Festival Supermall in Alabang. Be there. Spread the word.



This is the time to
end diabetes.
Invite everyone
as the *FIGHT* goes on...
against *DIABETES!*



CAMP COPE RETURNS

By Andres V. Ebison, Jr., MD

Camp C.O.P.E. has been one of the flagship program of the Philippine Centre for Diabetes Education Foundation Inc (PCDEFI) for children with Type 1 Diabetes Mellitus (DM). C.O.P.E., which stands for 'Children Overcoming Problems Everywhere' , aims to empower juvenile Diabetes patients, making them more knowledgeable about their illness and reenforce life after the diagnosis.



For the past two decades, it has been more than just a " summer camp". This annual summer activity becomes an avenue for the children to interact by sharing, laughing

and playing with other kids living with the same condition. Aside from the usual camp activities, educational sessions and workshops are crafted and conducted by endocrinologists and diabetes educators to help them understand Type 1 DM and its management. Together with dietitians and nurses, the whole team provide the much needed motivation for the campers to be independent and confident in taking care of themselves.



For its 22nd staging, the PCDEFI has taken one step forward by involving the parents in the camp. Probably, the first of its kind in the country, the PCDEFI though this program, recognizes the value and impact of the family, and the contribution it can give towards better diabetes management. While the children are being taught about their illness, it is also equally important to educate the family so it can provide the support every child with type 1 DM needs. Balanced nutrition, parenting style, parenting approaches and sports are just some of the topics lined-up for the parents.



It is the dream of the camp organizers and of the PCDEFI that the children, after attending the camp, with the help of their families, will gain confidence and good self-esteem while using their knowledge and skills in achieving their full potential now and in the future.





Merriam Webster defines a superhero as a fictional hero having extraordinary or superhuman powers; also: an exceptionally skillful or successful person."

This summer, Camp COPE lives up to its namesake in helping children with Diabetes overcome problems everywhere with the theme of superheroes. Campers, diabetes educators, physicians together with children with Diabetes Type 1 and their parents were divided into three groups based on famous superhero groups namely the Avengers, the Justice League and the X-men. Through lectures on Diabetes, nutrition, physical activity, and inventive games, Camp COPE provides a unique experience for children, parents and healthcare providers alike.

the X-men, fighting Diabetes requires a team effort. Just like the characters in X-men, children with Diabetes are born with or develop unique abilities and experiences to fight Diabetes, Just like the Justice League, as an individual, even though powerful, still need others to combat Diabetes and just like the Avengers, we "assemble" against Diabetes.

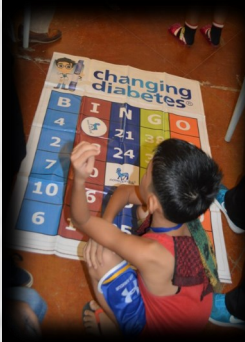


Merriam Webster defines a hero as "a person who is admired for great or brave acts or fine qualities." Indeed, when it comes to fighting Diabetes, each and everyone of us is a hero.

**-Dr. James Paningatan
TEAM XMEN**



Unlike in the comics, fighting Diabetes is not fictional. Participation in this activity help us realize that children with Diabetes Type 1 are heroes in their own rite as they encounter unique challenges and find ways to overcome them. Camp COPE helps participants to recognize that battling Diabetes is difficult as an individual. Similar to the different superheroes who encounter an extraordinary threat and create team ups like the the Avengers, the Justice League and



OUR CAMP COPE EXPERIENCE

Mommy Billie Dayao

When I got a call from Miss Ella Respicio with an invitation to join this year's Camp Cope (many thanks to Dra. Cua), I have to admit it got me really excited. Living with a child who has type 1 diabetes for a little more than 8 years now has often times been a lonely road. Diabetes can be quite harrowing mentally and emotionally. I looked forward to meeting and talking to other moms who shared the same struggles. Noah was excited about attending camp as well. The first time he met and got to interact with other diabetic children was late last year when a mother of 2 diabetic boys decided to organize a playdate for her boys with other diabetic kids. Those 2 hours just hanging out with the other boys made a difference. They were actually spent with very little talking and a whole lot of jumping and running around. But since then, I have never heard Noah raise the bitter question again of how come he, and neither nor both of his two younger sisters, have this insufferable and very inconvenient condition labeled Type 1 Diabetes! Maybe, in their own way, kids find comfort just to be around others who share what they have. In those 2 hours, I think he didn't feel so different from everyone else. That's why I was not surprised when Noah said, "Yes, I'll go!" when I told him about Camp Cope. We were both looking forward to the Camp Cope experience. Not only does he get to meet other diabetic kids and I get to meet other parents of children with diabetes, we also get to learn more about the disease that haunts us and that we try to conquer 24/7!

The whole camping experience was absolutely wonderful, especially for Noah whom I've never seen happier walking off to attend lectures and participate in activities with the other kids. It was overwhelming to see so many people unrelated to us, care so much for our little angels. The Camp facilitators/administrators were wonderful. The games were like "happy pills" for both parents and children alike. The food was absolutely great! If I had the culinary skills of Balai Indang's chef and Miss Ivy to guide the menu, my God! I'll have so much success at home feeding my husband and kids healthy food! Hmmm...maybe a short cooking class should be incorporated in the nutrition module. A few veggie recipes shouldn't take that much time!

As for Noah, it was also the first time he actually cared about his BG readings. In fact, he went a little overboard with it! I think it had something to do with the children's BG readings taken all at the same time at the dining hall. Noah has always had a bit of the competitive spirit in him. I suppose he wanted to impress other kids with good numbers. Well, he may have wanted good numbers for the wrong reasons this time but to me what counts is, Oh he can be made to care after all! It's a miracle actually! And I'm always grateful for miracles - big or small! He also got very upset with bad readings, so much so that he'd get teary-eyed and moody and ask to be given extra boluses! Crazy but quite amusing! It pains me to know he'll have many more of those disappointments over the course of his life, but well, he just has to learn to live with it and know that he can't give up trying anyway. Diabetes will forever be a series of victories and disappointments. I just love it that he finally cares about his numbers and want to do something about it!

On our second night at Camp, I asked Noah how it went for him. The children had their lecture on what Diabetes was and he explained to me his understanding of the disease based on the lecture. I must say, he got a pretty of good grasp of it. In my own experience, I have tried to explain to Noah what diabetes was even when he was younger. Every so often over the years I would bring up the subject, hopefully to encourage him to talk about it, to not be embarrassed by it, to not be brought emotionally down because of it, and more than anything, to make him have a good grasp of it so he can start taking responsibility in managing his condition early on in life. After all, my husband and I can only do so much. His doctors can only do so much. The rest is really entirely up to him. In all these "mini" talks about his condition, I've always found in Noah more often than not, a dismissive attitude - half listening mostly, sometimes outright annoyed. His pedia-endo has tried to do the same to help me out and always Noah would be a polite but unwilling listener. However, here at Camp, during the lecture on understanding diabetes, Noah finally paid attention and LISTENED! To me, that is priceless! That he got the gist of it is a bonus. I'm sure the fact that he attended the module with kids just like him caused this "milestone". Another small and very appreciated miracle!

As for me, I found the experience quite enriching. The topics covered were quite comprehensive. I especially liked the modules covering the emotional/psychological health of diabetic kids and their families. I also liked Eli Lilly's emotional "map" exercise because I've found over the years that as a parent I rarely talk about my feelings on Noah's condition to other people who don't have Type 1 Diabetes plaguing their families. It's not because it embarrasses me, but simply because I don't like the pitiful looks and attempts at sympathy most people give me when I start talking about it. I don't blame them of course. I'd be the same if someone told me their kid had cancer or some other deadly or debilitating disease. It's a natural reaction. But Noah's diabetes has been a reality for my family for a number of years now. My two daughters have never known their Kuya before the disease struck him. Personally, I just need to talk about it simply to vent. I am not looking for a hug or a pat on the back or a nod of sympathy. Nor do I seek special treatment. Most times, I just wanna be able to talk about my feelings on diabetes in the same way I could vent about the crazy summer heat and how it annoys me. Those times when I



feel it to be too much and I need to cry, I have my husband and my mama for that. So, over the years I've always just talked about Noah's condition for practical purposes - in school, in the children's parties and playdates he attends, etc. Here, at Camp Cope, it felt safe to talk about my feelings to other parents who can genuinely relate to and sympathize with the emotional roller coaster my family and I go through without worrying they'll treat Noah or I differently after. It feels good to hear about other moms' heartaches and know I'm not yet numb to the painful reality of having a diabetic child.

The other topics I especially liked were diabetes foot care and the nutrition module. Podiatrists are not yet a thing here in our country. It's nice to know it is at least starting to get attention in some hospitals here. As for nutrition, I've always just obsessed about Noah's carbs. That's the first thing I look at when I pick up a food item at the grocery. It has always been too much work for me to look at the other nutritional components of food. It's the carbs that raises Noah's BG anyway. But Miss Ivy I suppose woke me up to and reminded me of the reality that other nutritional components affect Noah's overall health. Noah is not just a diabetic, he is also a growing boy that needs all the other nutrients in the food he eats.



I suppose like any other disease, diabetes can strike anyone. While it is unfortunate enough that a child develops diabetes, what makes it more cumbersome is the costly management of the disease. Knowing that the poor can be afflicted with the disease is different from actually being and interacting with these financially less-fortunate diabetic kids and their moms. More than anything, the camp experience was an eye opener for me. It was the first time I've actually met more than 5 diabetic kids in one place. Worse, it was the first time I met a group of diabetic kids who were mostly poor! It's hard to describe how I felt over the last 3 days - a sense of despair similar to what I felt upon Noah's diagnosis when I saw the other kids, a sense of helplessness knowing there's nothing I could offer to the other moms who seem to really need financial assistance for the medical needs of their children, sadness when I sense a few of the moms know and understand so little of diabetes other than their kids having "high sugar", shock that most moms don't bother to give correction boluses because it's not yet time for their children's scheduled insulin shot, and then there's that sense of shame as well. I felt ashamed for all those times I complained about how my life has been turned upside down since Noah got sick. I felt ashamed for all those times when the bitterness would creep back in and I allow myself to wallow in it longer than I should. Compared to these other families, Noah and I are luckier in one aspect. We are lucky to be among those who have the means and access to better care. I felt joy as well. While some of the kids may not always be able to afford the tools necessary for better diabetes management, they have no shortfall when it comes to the love they get from their families!

Noah has moved over time from multiple daily injections to the insulin pump, from finger pricks to the CGM and now to the FGM. In my experience with Noah, the increase in the cost of using an insulin pump and using continuous glucose monitors or flash glucose monitors does not equate to a corresponding improvement in HBA1Cs and other diabetes tests measuring good diabetes control. True, I find the insulin pump superior to MDIs. True, it has greatly improved Noah's quality of life. He now has more flexible meal times, less pressure to stick to a regular daily routine. In school, he can now make decisions on when to give himself bolus shots and how much because certain features of the pump make bolus calculations and tell you how much active insulin you still have in your system. On the psychological/emotional front, I suspect that with the pump he no longer feels like a "freak show" in school at meal times when he has to bring out all his diabetes gadgets just to check his BG and take his insulin shot. I mean all that drama, just to be able to eat lunch, could really be a downer especially when you only have a 30-40 minute lunch break! But I also learned the hard way that the pump is not a magical device that will solve all your diabetes management problems. In fact, it makes you work harder on understanding insulin. It forces you to master, or come as close as you can to mastering, carbohydrate counting. It makes you be more observant of what certain activities, certain types of stress, and even different times of the day make your child's BG rise or drop inexplicably when food or lack of it and not even sick days seem to be the culprit. If you want the insulin pump to work for your child, you must work very hard to get your money's worth. Worse, even now while on the pump, we have seldom reached HBA1Cs below 7.5mmol/L. But my point is, after all that hard work, I realized if I had put the same effort before on educating myself when we were still on multiple daily injections, I may have achieved better HBA1Cs for Noah even before we moved to the pump. Now I think this is where the program has great room for improvement. I feel it would benefit the kids greatly if we, the parents/caregivers, are better educated and trained in managing diabetes at home. In spite of the time constraint and parent's educational limitations, crucial topics such as insulin types and uses, carb counting, carb ratios and sensitivity, and adjusting insulin doses must be discussed in depth. All these things directly affect our children's BG readings daily. So every parent should understand them. Between doctor visits, our children depend on us solely for diabetes care. While it's true that some parents may find these topics more difficult to learn or understand, it still has to be taught. It has to be taught to us parents so we can make better use of the numbers derived from the blood samples of our kids on those damn expensive strips! We can give useful insights to our doctors when we know what to look for as our children go through their daily activities. It has to be taught so during our quarterly visits, we can help our doctors adjust our children's insulin regimens by keeping mental notes on the things we know affect our children's BG's directly.

As unfortunate as it sounds, our children's doctors will never have the time to educate us fully on diabetes management. There are too many other sick children requiring their attention. Educating oneself is a task every parent must force on himself/herself. And the camp is a great place to make parents start doing it. The challenge is how to simplify the process enough for a person without any medical background to understand it, for a person who might not have had the advantages of a complete education to be able to follow the formulas in arriving at carb ratios, insulin sensitivity for correction boluses, extra boluses to cover extra food taken, etc (there is always a calculator for the actual computation if math is a problem). And more than anything, I think every parent must be made to understand clearly first the concepts and the whys and hows behind these concepts. I believe, if given the opportunity such as the diabetes camp, any parent would be willing to walk the extra mile to work out those brain cells when it's their children's health at stake! And some parents will continue to work on educating themselves when they go back to their homes if given the right materials to start out their journey on the right path (which is why I appreciate very much Eli Lilly giving out the Diabetes for Dummies booklets to the moms). The right materials made simple and written in Filipino would be great take-home gifts for the moms I think. And while a more in-depth discussion of these topics may not be understood by all, I think a handful will get it. A handful will be inspired to continue educating themselves when they go back home. And a handful is better than not a single

one! (Looking back to the three days, we parents were really just loitering around and dozing off when the kids went swimming. There were more than enough facilitators watching over the children to make sure they are safe. That free time could be used next time for parents to learn the number crunching involved in using insulin more effectively. The number crunching is only a very small part of it anyway). I really just feel very strongly that children with diabetes will have a better chance in life if their parents strive for knowledge that equals or comes quite close to that of a diabetes educator's. We need this knowledge even more when financial constraints and access to medical centres are limiting factors in the care of our children.

To end this already very long and tedious "reflection paper", I am glad that Diabetes Center Philippines reached out to us. Endless thanks to you guys for devoting your time and energy on making the lives of children with diabetes and their families richer for having known you!



The Servier Lecture Series

*Celebrating 25 Years of Partnership in
Diabetes Education and Care*

Diabetes Center Philippines and Diabetes Philippines, in cooperation with Servier Philippines, held the 25th Servier Lecture on 9 November 2017 at the EDSA Shangri-La Hotel.

The silver anniversary was aptly celebrated with Prof. Mark Cooper who delivered a timely topic entitled **“Renal Disease and its Impact to Diabetes Management Today”**.

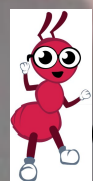


Professor Mark E. Cooper

Photo courtesy of: <http://www.med.monash.edu.au>

Professor Mark E. Cooper is 2016's Claude Bernard Distinguished Awardee - EASD's highest award in recognition of an individual's innovative leadership and lifetime achievements in diabetes research.

2016	“Renal Disease and its Impact to Diabetes Management Today” Professor Mark E. Cooper
2015	“Preventing Diabetic Complications: A Sulfonylurea Perspective” Prof. Davide Carvalho
2014	“Recent Outcomes Trials in Type 2 Diabetes: Their Impact to Disease Management Today” Prof. Stephen Colagiuri
2013	What matters in ADVANCE and ADVANCE-ON? Prof. Pavel Hamet
2012	“Glucose Variability and Diabetic Complications” Prof. Antonio Ceriello
2011	“Metabolic memory - the bitter legacy of hyperglycemia” Prof. Merlin Thomas
2010	“Diabetes and Infections” Prof. Clive Stewart Cockram
2009	“Microalbuminuria 2009” Prof. Giancarlo Viberti
2008	“Preventing Diabetes Complications: Blood Glucose Control and Beyond” Prof. Richard O'Brien
2007	“THE FATTY LIVER: Implications for the Pathophysiology and Treatment of Type 2 Diabetes” Prof. Hannele Yki-Järvinen
2006	“Who Killed the b-cell?” Prof. Ricardo E. Fernando
2005	“b-Cell Function, b-Cell Mass and Type 2 Diabetes” Prof. Erol Cerasi
2004	“Type 2 Diabetes and Vascular Disease: A Deadly Combination” Prof. Marja Riita Taskinen
2003	“The Future Impact of Diabetes” Prof. Martin Silink
2002	“Diabetes 2002: Winds of Change” Prof. Augusto D. Litonjua
2001	“Redefining Treatment Strategies for Type 2 Diabetes 2001” Prof. Eberhard Standl
2000	“Diabetes in the Year 2000” Prof. Philip Raskin
1999	“The Many Faces of Type 2 Diabetes” Prof. Harold E. Lebovitz
1998	“Diabetes and Obesity – the Link” Prof. Ian Caterson
1997	“Diabetes Complications: The Beginning of the End” Prof. Harry Keen
1996	“What is Diabetes Anyway?” Prof. Philip Home
1995	“The Physiology of Insulin Release” Prof. Simon van Haefen
1994	“Recent Trends in the Diagnosis, Management and Prevention of Type 2 Diabetes” Prof. David Lauj
1993	“Diabetes Mellitus – 2000: From Genes to Beans” Prof. Ronald Arky
1992	“New Approaches to the Management of Diabetes Mellitus” Prof. John Turtle



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Up to 2 tablets at breakfast
in most patients



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 F et al. *Metabolism Clinical and Experimental* 57 (2008) 1038-1045.

COMPOSITION: Diamicron MR 60 mg, modified release tablet containing 60 mg of gliclazide, contains lactose as an excipient. **INDICATION:** Non-insulin-dependent diabetes (type 2) in adults, in association with dietary measures and with exercise, when these measures alone are not sufficient. **DOSAGE AND ADMINISTRATION:** One half to 2 tablets per day i.e. from 30 to 120 mg taken orally as a single intake at breakfast time, including in elderly patients and those with mild to moderate renal insufficiency with careful patient monitoring. One tablet of Diamicron MR 60 mg is equivalent to 2 tablets of Diamicron MR 30 mg. The breakability of Diamicron MR 60 mg enables flexibility of dosing to be achieved. In patients at risk of hypoglycemia, daily starting dose of 30 mg is recommended. Combination with other antidiabetics: Diamicron MR 60 mg can be given in combination with biguanides, alpha glucosidase inhibitors or insulin (under close medical supervision). **CONTRAINDICATIONS:** Hypersensitivity to gliclazide or to any of the excipients, other sulfonylurea or sulphonamides; type 1 diabetes; diabetic pre-coma and coma, diabetic ketoacidosis; severe renal or hepatic insufficiency (in these cases the use of insulin is recommended); treatment with miconazole (see interactions section); lactation (see fertility, pregnancy and lactation section). **WARNINGS:** Hypoglycemia may occur with all sulfonylurea drugs, in cases of accidental overdose, when calorie or glucose intake is deficient, following prolonged or strenuous exercise, and in patients with severe hepatic or renal impairment. Hospitalization and glucose administration for several days may be necessary. Patient should be informed of the importance of following dietary advice, of taking regular exercise, and of regular monitoring of blood glucose levels. To be prescribed only in patients with regular food intake. Use with caution in patients with G6PD-deficiency. Excipient: contains lactose. **INTERACTIONS:** Risk of hypoglycemia - contraindicated: miconazole; not recommended: phenylbutazone; alcohol; use with caution: other antidiabetic agents, beta-blockers, fluconazole, ACE inhibitors (captopril, enalapril), H2-receptor antagonists, MAOIs, sulfonamides, clonidine, NSAIDs. Risk of hyperglycemia - not recommended: danazol; use with caution: chlorpromazine at high doses; glucocorticoids; ritodrine; salbutamol; terbutaline; Potentiation of anticoagulant therapy (e.g. warfarin), adjustment of the anticoagulant may be necessary. **FERTILITY, PREGNANCY AND BREASTFEEDING:** Pregnancy: Change to insulin before a pregnancy is attempted, or as soon as pregnancy is discovered. Lactation: Contraindicated. **DRIVING & USE OF MACHINES:** Possible symptoms of hypoglycemia to be taken into account especially at the beginning of the treatment. **UNDESIRABLE EFFECTS:** Hypoglycemia, abdominal pain, nausea, vomiting, dyspepsia, diarrhea, constipation. Rare: changes in hematology generally reversible (anemia, leukopenia, thrombocytopenia, granulocytopenia). Raised hepatic enzymes levels (AST, ALT, alkaline phosphatase), hepatitis (isolated reports). If cholestatic jaundice: discontinuation of treatment. Transient visual disturbances at start of treatment. More rarely: rash, pruritus, urticaria, angioedema, erythema, maculopapular rashes, bullous reactions such as Stevens-Johnson syndrome and toxic epidermal necrolysis, and exceptionally, drug rash with eosinophilia and systemic symptoms (DRESS). As for other sulfonylureas: observed cases of erythrocytopenia, agranulocytosis, hemolytic anemia, pancytopenia, allergic vasculitis, hyponatremia, elevated liver enzymes, impairment of liver function (cholestasis, jaundice) and hepatitis which led to life-threatening liver failure in isolated cases. **OVERDOSE:** Possible severe hypoglycemia requiring urgent IV glucose, immediate hospitalization and monitoring. **PROPERTIES:** Diamicron MR 60 mg is a sulfonylurea reducing blood glucose levels by stimulating insulin secretion from beta cells in the islets of Langerhans, thereby restoring the first peak of insulin secretion and increasing the second phase of insulin secretion in response to a meal or intake of glucose. Independent hemovascular properties. **PRESENTATION:** Box of 60 tablets of Diamicron MR 60 mg in blister. Servier Philippines, Inc. #2 Orion Cor. Mercedes Sts., Bel-Air Village, Makati City.

www.servier.com

Further information available upon request.



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Philippine Center for Diabetes Education Foundation, Inc.
(DIABETES CENTER PHILIPPINES)

26th Diabetes Awareness Week

THE FIGHT GOES ON...

AGAINST DIABETES!



Join Us!

July 22, 2018
Festival Supermall
Alabang, Muntinlupa City
10:00 AM - 3:00 PM

www.pcdef.org

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Multicare Pharmaceuticals Philippines, Inc. • Novo Nordisk •
Otsuka Philippines. Pharmaceutical, Inc. • Servier Philippines., Inc.

*Activities for the
Year 2018*



Philippine Center for Diabetes Education Foundation, Inc.
(DIABETES CENTER PHILIPPINES)

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2018 PCDEF CALENDAR OF ACTIVITIES

- **CAMP COPE**
 - May 11 – 13, 2018
- **DIABETES AWARENESS WEEK**
 - "THE FIGHT GOES ON... AGAINST DIABETES!"
 - July 22, 2018 (Sunday)
 - Festival Mall, Alabang
- **INTENSIVE TRAINING COURSE FOR DIABETES EDUCATORS**
 - July 30, 2018 – August 3, 2018
 - Makati Diamond Residences
- **NATIONAL ASSEMBLY OF DIABETES EDUCATORS**
 - "PROVEN STRATEGIES TO WIN OVER DIABETES"
 - November 10, 2018 (Saturday)
 - Makati Diamond Residences



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