

Singapore

Diabetes EDUCATORS

ASSOCIATION OF DIABETES EDUCATORS (SINGAPORE) DEC 2010 MICA (P 164/01/2010)

Greetings from the Editorial Committee

Time sure flies and we are already counting down for another great new year - 2011.

We would like to send out a special note thanking all our members who in one way or another has contributed their time, energy to the success of ADES. You are the reasons that keep us and the newsletter going.

We hope you continue to enjoy the articles. We would like to hear your constructive comments, any concerns and questions related to diabetes care via our email address website. Lets hope the next contribution of articles may even come from YOU!



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“Hear President Voices”

Thank you for allowing us to partner you in building ADES!

When you choose to invest your time to attend the education programmes organised by ADES, you are helping to shape and improve the care of people with diabetes in Singapore through your efforts in acquiring updated knowledge and skills.

Last year, the ADES had committed three major projects in diabetes education materials as follow:

- Diabetes Conversation Map™ along with Eli Lilly Singapore brought in a unique and new education delivery tool, the first of its kind in Singapore! The conversation-based learning resource is currently available in English & Chinese only. This tool was created by Healthy Interactions, a global leader in health education, in collaboration with International Diabetes Federation and other leading experts in the field of diabetes.

Up to today, we have conducted 6 Diabetes Conversation Map facilitator training sessions over the last 18 months for 110 ADES members. Several ADES members working in primary healthcare and community settings have successfully integrated the tool into their clients' teaching sessions. Many of our trained facilitators have been actively using the new interactive tools to conduct education sessions at the various community outreach programme.

- Patient Information Leaflet (PIL) on "What is HbA1c in Diabetes Mellitus?" was developed in two languages (English & Chinese) and supported by Bio-Rad. This year, with the demand for the PIL and generous support once again from Bio-Rad, we have revised and translated the PIL in Malay too. The printing of the PIL in all 3 languages would be ready by Sept 2010 for our members.
- Diabetes Education flipchart on glucose monitoring is in the process of completion and awaiting to be printed. This project was being tasked to a subgroup of ADES Diabetes Educators and headed by Dr. Tan Hwee Huan with the generous support from various glucometer companies such as Abbott, Bayer Healthcare, Johnson & Johnson and Roche Diagnostics.

Besides being involved in the production of education materials, ADES members from time to time were invited to provide more than 10 public diabetes education talks at community events from Sept 2009 to Aug 2010. ADES was also privileged to have been invited by Taiwan Diabetes Educators Association which have 13,000 members, to collaborate in the planning and set up of the 1st Asian Pacific Diabetes Educators Conference. This conference would be held in July 2011 in Taipei. I'm looking forward this event and with high hopes that ADES members won't miss this interactive and informative conference.

This year, I am honoured to represent ADES as an invited speaker in the Education Forum for the upcoming International Diabetes Federation (Western Pacific Region) in Busan, Korea this Oct 2010. I'll be sharing on Singapore's perspective in diabetes education. We hope through constant networking with other diabetes educators and experts in our regions, will give us new ideas in promoting diabetes education as we progress in ADES.

With the expected "Silver Tsunami" in Singapore, the demands for diversified diabetes education will increase in tandem with the aging population. So for the future, let us continue to seek innovations and opportunities with the collaborations of healthcare institutions, the community, pharmaceutical and glucose meters companies to improve the quality of diabetes education for people in Singapore.

Lastly, I would like to give my hearty thanks to ADES committee members (Exco committee, CDE committee, Education committee, Marketing committee, Newsletter Committee, Project committee, Social committee). With great commitment and sacrifice of their personal time they have contributed to the completion of projects and the success of events organized by ADES.

Lastly, I wish all of you and family great success and blessed health in the coming years.

Brenda Lim
President
Association of Diabetes Educators (Singapore)

World Diabetes Day

World Diabetes Day was introduced in 1991 by IDF and the World Health Organization in response to the alarming rise in diabetes around the world. Since 2007 World Diabetes Day is recognized as an official United Nations World Health Day.

The campaign draws attention to issues of paramount importance to the diabetes world and keeps diabetes firmly in the public spotlight.

Over 770 monuments and buildings in 82 countries were lit in blue for diabetes and more than 500 events in over 100 countries took place on World Diabetes Day. Discover all the exciting photos and Singapore's flyer was lighted in blue in-conjunction of World Diabetes Day!

In Touch with Diabetes Education - Filling the gaps with Diabetes Education

Jointly organised by



ONETOUCH
changes everything.

Do we ask ourselves if our customers were satisfied with our care? How do we know and measure? How can we transform waste into value for our customers? Can we change the way we do things? ADES members found out the answers from one of the speakers about Quality Care during this interesting workshop held on 4/12/10.

The main invited speaker was Debra Ee, Lean Facilitator from Kaizen Office, Tan Tock Seng Hospital. She shared and elaborated on how ADES may use the model and tools such as lean thinking, concept of customer and Kano Model of Quality to incorporate with our mission to promote optimal health and well being of people with diabetes through effective education and counselling. We have a quick summary on what she shared with the audience.

In the Concept of Customer, to understand the perspectives and expectations of customers, we should ask 6 basic questions as in Who are my customers?, What are their needs and demands?, Do I fulfill these needs and demands?, How do I know?, How do I measure?, and How can I improve?

After watching a touching story shared by a mother who lost her young child during hospitalization, the audience knew the importance of meeting the needs of the customer or the lack of it and its' consequences.

The Agency for Healthcare & Quality (AHRQ) defined Quality Healthcare as "healthcare that is accessible, effective, safe, accountable and fair". The Institute of Medicine (IOM) defined it as "the degree to which healthcare services

for the individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge".

Change is inevitable. Without change there can be no improvement as what Albert Einstein wisely thought "The definition of insanity is doing the same thing over and over and expecting different results"!

In the past we were concerned and focused on quality assurance of patient care delivery - The WHAT of Care: Patient Care Given and the The WHO of Care: Patient Care Giver. With that in place, now its time to look at improving the system and processes as in - The HOW of Care: Patient Care Processes and The RESULT of Care: Patient Care Outcome through systems thinking and quality improvement.

Lean Thinking as practised the Toyota Way is "The endless transformation of waste into value from the customer's perspective". Waste is considered as using resources which did not add value to the customers. 8 types of wastes are identified as in the acronyms DOWNTIME: Defects, Overproduction, Waiting, Not using staff talents, Transport, Inventory, Motion and Extra-processing. The Lean Process is about continuous incremental improvement by first looking at the current state, identifying the waste, future state, implementing measures and adjustment.

These were already ongoing and being practised by most healthcare institutions in Singapore...so we are in the right track.

The following talk by Ms Jenny Lau, Clinical & Education Executive from Johnson & Johnson(J&J), was an update of the 4-steps process of data on blood glucose monitoring consisting of collection of data, setting of goals, selection of therapy and reassessment of data. Questions raised by the audience included their concerns of some physicians not analysing the records of blood glucose monitored by their patients. However according to Mr Willy Low of J&J, current trends showed an increase in the numbers of doctors who did look at the blood glucose profile of their patients, which was encouraging.

The last 2 speakers, Ms Jessica Khoo and Ms Aslena Bte Hussein from Novo Nordisk reinforced the guidelines on insulin, shared an evidenced-based review on use of basal analogue insulin Levemir in Type 1 diabetes patients and suggested ways to handle patients who had fears for injections, commonly seen by many diabetes educators.

The audiences found the workshop relevant and informative except for the insufficient time allocated to the talk on quality care.

Perhaps we can start looking at our own practises as diabetes educators and apply the principles learnt to improve the value in our delivery of care for our customers.

By Noorani Bte Othman
Information extracted from presentations.



every day millions of people worldwide trust FlexPen®¹

- Trusted**
 - FlexPen® is associated with improved adherence leading to reduced health care costs²
- Simpler**
 - FlexPen® is simpler for patients to learn and use^{3,4,5}
- Safer**
 - Consistent and accurate dose delivery^{6,7}



Novo Rapid® FlexPen®
(insulin aspart)



Novo Mix® 30 FlexPen®
(biphasic insulin aspart)



Levemir® FlexPen®
(insulin detemir)

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The 8th International Diabetes Federation (IDF)



The 8th International Diabetes Federation (IDF)-Western Pacific Region (WPR) Congress was held in Busan, Korea from 17th – 20th Oct 2010. In his opening address, IDF President Jean Claude Mbanya reported that there were 300 million people worldwide who are affected with diabetes. He urged all healthcare professionals to be more proactive in helping to control the diabetes epidemic.

Our ADES's President Ms Brenda Lim was honoured to be invited in the Education Forum to share on Singapore's perspective in Diabetes Education.



Both ADES in collaboration with Diabetic Society of Singapore shared a booth at the exhibition in Global Village, connecting with other healthcare professionals in the region. Manning the booth, the three of us ADES members, Brenda, Lam Chin Chin and I were pleased to see that all ADES newsletters displayed were picked up by visitors by the end of the congress.

Our healthcare colleagues in Cambodia and Vietnam had reached out into the rural areas to bring diabetic care and education to the people living in these areas.. Many countries in the regions have widely adopted the self-care management for patient-centred care model.

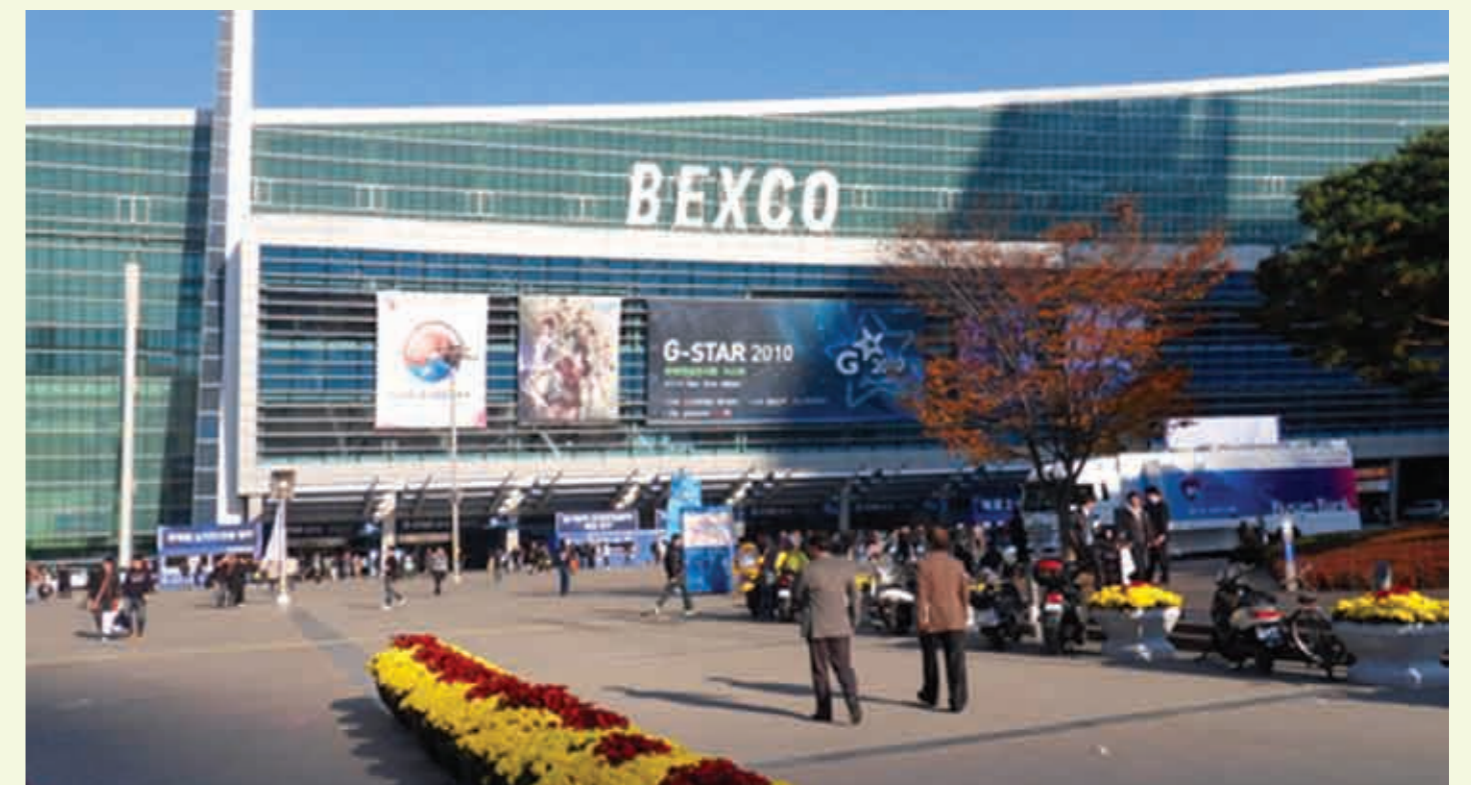
We were thrilled to hear that Singapore has been awarded to host the 10th IDF WPR congress in 2014. All ADES members should take this opportunity to participate in this congress.

Looking forward to 2014, let's us get started on research projects or studies that we would like to showcase and share during the 10th IDF WPR to be held in Singapore.

**Reported by
Ms Rohanah Pagi**



DSS and ADES team in front of Singapore booth.



China – Singapore Diabetes Education Exchange Programme



It was a great opportunity for seven of our ADES members to meet up with twenty four Endocrinologists and Senior Nurses from the Republic of China on 27 November 2010 in Singapore. The meeting was sponsored by Abbott Laboratories Pte Ltd. We were indeed privileged to have a sharing session with them.

Our members conducted the sessions in Mandarin. During the sharing and the exchange of information and ideas, we were able to foster good understanding, collaboration and bonding between the Chinese and Singaporean diabetes nurses and doctors.

We look forward for more such exchange programme to assist ADES members to work and make friends around the regions.



Sharing from a China delegate.



ADES 13th AGM cum CDE Graduation Ceremony

ADES held its 13th AGM in conjunction with Certified Diabetes Educators (CDE) graduation ceremony on 18 September 2010. The event were attended by 34 members at The Grassroots Club in Ang Mo Kio.

Invited speaker, Dr Collin Theng from National Skin Centre (NSC) gave an interesting insight on Diabetes and skin diseases. DM related skin conditions were not common topic and members fielded numerous questions so much so that our Guest of Honour, Ms Pauline Tan who was among the audience, can't helped noticing the energy and interest shown by members. Ms Tan is Chief Nursing Officer (CNO) with Ministry of Health (MOH).

Following the talk, ADES president, Ms Brenda Lim gave a welcoming address and thanked Ms Pauline Tan for gracing the CDE graduation ceremony. She encouraged ADES members to continue to excel in the community works for people with diabetes.

The five new CDEs were Angely Ng Bee Hoon, Lin Xue Li, Salmiah Bte Abdullah, Chionh Lay Keng and Jasmine Shew. Three others – Ms Joyce Lim, Fadilah Bte Ahmad and Ooi Chai Wah were re-accredited making it a total of 80 CDEs for year 2010.

Ms Brenda took the opportunity to thank the committee and members for their continuous support for ADES and looking forward their active participation in the upcoming 1st Asean Pacific Diabetes Educators Conference to be held in 9-10 July 2011 in Taipei – Taiwan.

**Reported by
Noorani Bte Othman
ADES Hon. Secretary**



Once-daily Januvia® (sitagliptin, MSD)



As monotherapy or in combination with other widely prescribed agents

JANUVIA® delivers **SUBSTANTIAL** glucose reductions for a broad range of patients with type 2 diabetes

In clinical studies,²

- Substantial HbA_{1c} reductions through a physiologic mechanism of action
- Generally weight-neutral therapy with a low risk of hypoglycemia
- Generally well-tolerated therapy
- Always once-daily dosing

Before prescribing, please consult the enclosed full Prescribing Information.

JANUVIA can be used as an adjunct to diet and exercise as initial therapy, alone or in combination with metformin, or as an add-on to metformin, PPAR γ agonist, sulfonylurea, sulfonylurea + metformin when the current regimen does not provide adequate glycemic control.

JANUVIA is contraindicated in patients who are hypersensitive to any components of this product.

When JANUVIA is used in combination with a sulfonylurea, a lower dose of the sulfonylurea may be considered to reduce the risk of sulfonylurea-induced hypoglycemia.

A dosage adjustment is recommended in patients with moderate or severe renal insufficiency or with end-stage renal disease requiring hemodialysis or peritoneal dialysis.

In clinical studies, the adverse reactions reported, regardless of investigator assessment of causality, in $\geq 5\%$ of patients treated with sitagliptin as monotherapy and in combination therapy with metformin or pioglitazone and more commonly than in patients treated with placebo, were upper respiratory tract infection, nasopharyngitis, and headache.

Janumet® (sitagliptin/metformin, MSD)

As initial therapy or for patients not controlled on metformin

JANUMET® provides **POWERFUL** HbA_{1c} reductions to help more patients with type 2 diabetes get to goal

In clinical studies,

- Powerful HbA_{1c} reductions to help more patients get to goal (HbA_{1c} goal $<7\%$)³
- Weight loss and less hypoglycemia (with sitagliptin 100 mg + metformin) vs a sulfonylurea + metformin⁴
- Comprehensive mechanism that targets 3 key defects of type 2 diabetes²

Before prescribing, please consult the enclosed full Prescribing Information.

JANUMET is contraindicated in patients with:

- Renal disease or renal dysfunction, eg, as suggested by serum creatinine levels ≥ 1.5 mg/dL [males], ≥ 1.4 mg/dL [females]
- Known hypersensitivity to sitagliptin phosphate, metformin hydrochloride, or any other component of JANUMET
- Acute or chronic metabolic acidosis, including diabetic ketoacidosis

JANUMET can be used to improve glycemic control as an adjunct to diet and exercise as initial therapy, in patients inadequately controlled on metformin or sitagliptin alone, in patients using sitagliptin + metformin in combination, and in combination with a sulfonylurea in patients inadequately controlled with any 2 of the 3 agents: metformin, sitagliptin, or a sulfonylurea.

When JANUMET is used in combination with a sulfonylurea, a lower dose of the sulfonylurea may be considered to reduce the risk of hypoglycemia.

In clinical studies, the most common adverse reactions reported, regardless of investigator assessment of causality, in $\geq 5\%$ of patients and more commonly than in patients treated with placebo were as follows: diarrhea, upper respiratory tract infection, and headache (for sitagliptin and metformin combination therapy); nasopharyngitis (for sitagliptin monotherapy); and diarrhea, nausea/vomiting, flatulence, abdominal discomfort, indigestion, asthenia, and headache (for metformin therapy).



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