

Singapore

Diabetes EDUCATORS

ASSOCIATION OF DIABETES EDUCATORS (SINGAPORE) AUGUST 2016 MICA (P) 123/03/2015)

Message from President

Our mission is to promote optimal health and well-being of people with diabetes through effective education and counseling so as to achieve our vision to improve their lives.

Let's focus on our 3 core pillars of education, counseling and outreach. Our strategy will be to equip, empower and engage the people caring or living with diabetes.

Through our seminars and workshops, we hope to equip some of you who do not have the opportunity to pursue formalized diabetes nursing training and be updated with latest diabetes management and technologies. It also provides a platform for learning and sharing with one another in our professional growth and development.

As we counsel our patients, we must first be empowered before we can empower our patients in their diabetes care. I strongly encourage each of you to pursue Certified Diabetes Educator (CDE) certification to hone your skills and knowledge. With these skills, you will be able to impact the people caring and living with diabetes through our programs e.g. IControl GP program.

After declaration of war on diabetes by Health Minister Gan Kim Yong, we need to engage the public better in our outreach. We are honoured that ADES has been invited to be a member of the Diabetes Prevention and Care Taskforce by MOH. Through this, we hope to contribute in preventing diabetes and reducing diabetes complications among our fellow Singaporeans.

Again, together we will build ADES from strength to strength focusing on our core pillars of education, counseling and outreach.



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Editorial Team

Aslena Bte Hussain
Sharifah Shahira

Email

ades@ades.org.sg

Website

www.ADES.org.sg

Managing Diabetes from a TCM Perspective

Prevention and Control Diabetes Seminar on 28th May 2016 at KKWCH.

by Mr Yan Yew Wai

This is my first time attending an event organized by ADES, and I am glad to say that it was a very positive experience. The whole seminar ran smoothly and comprised of a good mixture of content, practical to nurse educators in their functional roles. Besides learning from the other speakers-Dr Fadzil and Ms Abbie Sim on their respective fields of exercise and dietary management in diabetic patients from a biomedical perspective, I was also pleasantly surprised to find out that ADES is actually a non-profit organization comprising of volunteers, a group of passionate diabetes nurse educators dedicated to its cause of improving the lives of people with diabetes through education. And they have conducted themselves professionally, and offered their time and services selflessly to the community through a series of community engagement programmes.

It was an honour to have been invited to share how TCM views and manages DM patients. I must say that the greatest challenge in delivering this talk was in bringing across some of the TCM concepts such as *Qi* and *Blood*, *Yin* and *Yang*, phlegm, dampness and blood stasis as TCM is based on entirely different principles compared to conventional medicine which doctors, nurses and other allied health professionals are familiar with. Through this session, I hope that I have addressed some of the common misunderstandings on TCM, such as the Zang-Fu or organ system in TCM is not the same concept behind physical organs described in biomedical anatomy, acupuncture is not absolutely contraindicated in diabetic patients, and no, steroids are not present in most of our herbal prescriptions. One of the core doctrines in TCM is emphasis on individual difference, and this is reflected in the classification of DM into various sub-types according to the symptoms exhibited. Treatment, which can be in the form of herbal prescription, acupuncture, dietary therapy is then given based on the diagnosed sub-type and underlying path. In all, I found this seminar to be extremely enriching and I hope that the participants felt the same way too!



Conversation Map Facilitator Training

by Aslena Bte Hussain

Conversational Map training session was organized on 22nd February 2016. 22 participants attended from various institutions. The event was sponsored by AstraZeneca.

The Conversation Map program is a patient-centered, innovative tool for diabetes education developed in collaboration with the International Diabetes Federation (IDF), Eli Lilly and Company and other leading diabetes experts.

Designed for groups of three to 10, the Conversation Map™ education tools use the power of small group dialogue and collaborative learning to improve personal health management and enhance interactions between people with diabetes and healthcare professionals. The Conversation Map™ education tools are culturally relevant and customized according to geographic location and specifically target topics identified as most critical for supporting successful diabetes self-management, including:

- Living with Diabetes
- How Diabetes Works
- Healthy Eating and Keeping Active
- Starting Insulin

The Conversation Map facilitator training provides participant with all the information and hands-on experience to be equipped as a successful facilitator.

For those who are interested to attend the Conversational Map Facilitator Training, the next session will be conducted on 1st October 2016.



Inspirational Patient

by Lim Pei Kwee

Turning point

Ms Heng Pei Yan was awarded the Singapore Health Inspirational Patient Award 2016 on 15 April 2016. On behalf of Association of Diabetes Educators Singapore (ADES), I was privileged to attend the award ceremony and we are so proud of her.

Every person's journey with diabetes is influenced by the different people along the way and turns one takes in their daily walk. Pei Yan was diagnosed with Type 2 diabetes at age 10. During her early years with diabetes, she was in denial most of the time and frustrated especially during the teenage years. Despite all her efforts, there were times when her blood glucose readings would not reach target. Coping with diabetes on top of other life demands just added more frustrations. She would keep her diabetes a secret from friends and inevitably skipped insulin injections.



Back in 2013, ADES nominated her to attend the Young Leaders in Diabetes programme at IDF World Congress in Melbourne. That was her turning point in her diabetes journey where she took control of her diabetes and achieved optimal control. She saw how open people were about their diabetes and it triggered her to do the same and embraced diabetes.

Things further improved for her when she switched to insulin pump therapy. A better understanding of carbohydrate counting and matching insulin to carbohydrates taken helped her to achieve target blood glucose. She was empowered to manage her diabetes and maintained good control.

As things improved for her and under mentorship of ADES, Pei Yan became a positive patient advocate. She started an online diabetes community (SGDOC) in Facebook which has 118 members. She is also actively volunteering in Sugar Rush Teen Support Group at KKH, leading and mentoring the youth. She was recently elected Vice-President of IDF Young Leaders in Diabetes and committed to be a powerful voice for diabetes prevention and discrimination worldwide.



Changing Clinical Practice in PPG Control for Asian Patient with Diabetes Mellitus.

by Lin Xueli

It is imperative to dock hours for a recertification on the registry, though most (if not, all) of us have spent our everyday amidst the sea of diabetics, soaking in the hyperglycemic experience of reasons and rightful excuses in our practice. We clocked Saturday afternoons at talks on diabetes research, new approaches in management and, swung our sugars roller coaster high in frenzy buffets of salivating good food!

Two Saturdays ago on 27th February, there was an all-for-grab afternoon talk at Shangri La Hotel ballroom. Posh venue usually implies heavy sponsorship and my eyes lit up at the expectation of free goodies and of course, food. Excuses it may be, carbohydrates high alarms were switched off, while the highest level of glucose correction methods were diligently employed thereafter. Practicing DNEs learned well from her patients.

It was a full-house event. I remembered as I stepped into the classy, orange-lit ballroom at Shangri La, I immediately recognized my long-time classmate from my diabetes education diploma. Then, another at the buffet queue and one from across the room, and even late into the talk, some old friends beckoned to acknowledge me from afar. There were warm handshakes, coy hugs and a good catching up of the old happy times.

Such moments were epic reunion of old friends and fond memories that were forgotten in swordfights of tired work. Upon realizing that they are still around, stuck in similar battleship of the diabetes kindred, struck a comforting chord of companionship. Save for the different institution settings, we were unflappable in our position of aiming guns at the diabetes pandemic. We are all still there, at it! And I believe the better part-for an altruistic cause.

The talk was tastefully given by Esther Bong, who lunged at us, as one participant pointed out, that what we had always thought true, will only be proven wrong in next 3 years as waves of new evidence and technologies lap over. Practical ways of overcoming the side effects of Exenatide were most effectively shared.

It is imperative to attend such talks, to have our thoughts rustled, be proven wrong, again and again. But all these keeled over to a greater sentiment of friendship, encouragement and special connection that occurs every once in a long while. Our work is important, so are our comrades, even more compelling!



Little India Migrant Workers Community Outreach 2016

by Ong Siew Leng Apple

A total of seven enthusiastic ADES diabetes educators spent a meaningful half-day at the Little India Migrant Workers Community Outreach on the 14 May 2016, from 1530 to 2100 hours. The outreach is a joint partnership with the Worldwide House of Transformation and Singapore Nurses Association, Dermatology Chapter; with an aim to reach out to the foreign migrant workers and community at the Little India.



Volunteers from the ADES, World House of Transformation and Singapore Nurse Association.

The services provided by the ADES volunteers were primarily blood pressure monitoring; point-of-care glucose test; and targeted health counseling. Health counseling topics include healthy diet, weight management, regular exercise, blood pressure and diabetes prevention and management. Insulin injection technique and injection sites rotation was also given to a family member of the migrant workers. English and Tamil health educational materials published by the Health Promotion Board were given at post counseling for their reference.

We reached out to 168 foreign migrant workers and community on that raining Saturday. About 65% (n=110) of them have a body mass index of more than 23kg/m²; which highlights possible unwise diet selection and lack of regular exercise amongst the foreign migrant workers.

10 out of 168 (6%) of the foreign migrant workers have an elevated point-of-care glucose, glucose level ranging from 12mmol/L to >20mmol/L, and 1 with a reading of >33.3mmol/L. Half of this group (n=5) has known Type 2 diabetes mellitus and formerly follow-up at their homelands. Sadly, they neglected their diabetes care follow-up or missed their medications when they came to Singapore.

Another 24% (n=40) of the foreign migrant workers were found to have repeated high blood pressure, ranging from 141/90mmHg to 187/133 mmHg. All of these workers were asymptomatic.

The ADES volunteers advised 5 migrant workers (3 with blood glucose level 15mmol/L and above; 2 with hypertension urgency) to seek stat treatment at the private primary care clinics. The rest of the foreign migrant workers with elevated blood pressure and point-of-care glucose level were advised to review their blood pressure and blood glucose level at the primary care clinics, their company doctors or Karunya Community Clinic at Chander Road. The ADES volunteers noticed the migrant workers expressed they are more ready to follow up at the Karunya Community Clinic as it is more affordable for them.

ADES Volunteer performing point-of-care glucose test.



Walking with People with Diabetes from Diabetic Society of Singapore

by Ms Agnes Ngoh

On 30th April 2016, 2 members from Association of Diabetes Educators Singapore (ADES), volunteered to join in the walk organised by Diabetic Society of Singapore - Support Group (DSS-DSG) at Coney Island. This activity was led by people with diabetes who formed the DSS-DSG. Close to 50 members and volunteers attended. In preparation before the 1 hour walk, members did a pre and post self blood glucose testing and warm-up exercises.

Along the walking journey, there were many exchange of experiences of how individual coping with their diabetes. Being there, we were privileged to share and help to clarify their concerns in particular on the myths of hypoglycaemia and effects of medication in relation to diet control. At the end of the walk, we were impressed with the group leader, Ms Juliana Lim who led to conduct a foot care education, get the DSG members to inspect their feet and advice on the importance for annual foot screening.

It was an enjoyable experience to walk with people with diabetes and was heart-warming to see that people with diabetes are taking the lead to organize events for their peers. We look forward for more ADES members to volunteer and support future DSS-DSG activities.



A Diabetes Group Education for Empowering Patients Program Undergoing Fasting During Ramadan

Guat K. TAN¹, Helen A Mendoza², Maudrene LS TAN³, Nursyafiqah A. YAZID¹, Su M. Lim⁴ and Eric YH Khoo^{2,5}

¹ Department of Nursing, National University Health System, ² Division of Endocrinology, University Medicine Cluster, National University Health System, Singapore,

³ Saw Swee Hock School of Public Health, National University of Singapore, ⁴ Department of Dietetics, National University Health System, Singapore,

⁵ Department of Medicine, Yong Loo Lin School of Medicine, National University of Singapore, Singapore.



INTRODUCTION

- Fasting during Ramadan is one of the five pillars of Islam, and is an obligatory duty for all healthy adult Muslims.¹
- Ramadan, which requires drastic changes in the diet and sleep patterns have been shown to have adverse effects on metabolism²⁻³ and cause distress in patients with T2DM.⁴
- Prolonged fasting in a patient with diabetes presents risk of acute complications such as hypoglycemia, hyperglycemia, ketoacidosis, dehydration and thrombosis.
- The ADA has recommended educating patients with diabetes in order to manage a safer fast.
- Objectives:** To 1) evaluate the effectiveness of group patient education (GPE) of type 2 diabetes patients who are fasting in the month of Ramadan in preventing hypoglycemic/hyperglycemic episodes; 2) determine if the GPE would help reduce diabetes-related distress during the month of Ramadan

METHODS

STUDY DESIGN AND PARTICIPANTS

- Patients were recruited from the outpatient clinics of the division of Endocrinology in the National University Health System.
- Inclusion criteria and exclusion criteria are found in Figure 1.
- A total of 5 GPE sessions (lasting 3 hours per session) were conducted, from May to June 2015, by Diabetes Nurse Educators, a Dietician and a Doctor. Each group had 5 to 8 patients and their relatives.
- The GPE utilized the diabetes conversation map (DCM), focusing on recognition of warning symptoms of hypoglycemia and hyperglycemia and acute metabolic complications, blood glucose monitoring, meal planning and offered an individualized diabetes treatment plan.
- The Audit of Diabetes-Dependent Quality of Life (ADDQoL) and Problem Areas in Diabetes (PAID) questionnaires, HbA1c, BMI, blood pressure were administered and measured pre-GPE and 2 weeks after Ramadan to evaluate the effectiveness of GPE.
- Feedback focus group session was conducted 2 weeks after Ramadan.

DATA COLLECTION

- Mean and standard deviations were used to describe continuous variables while percentages were used to describe categorical variables.
- Independent t-tests were used to compare the continuous variables and two-sample test of proportions were used for the categorical variables.
- A p-value of ≤ 0.05 was used to indicate statistical significance.
- A summary of findings from the focus group session was compiled to qualitatively evaluate the effectiveness of the GPE.

STATISTICAL METHODS

Figure 1: Recruitment process with inclusion and exclusion criteria

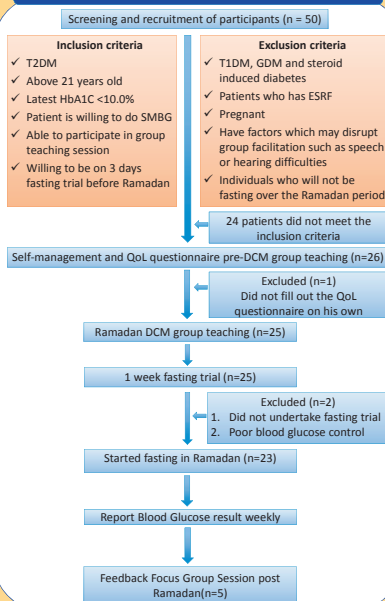


Table 1. Pre- and Post- changes

Variables	Subjects	
	Pre	Post
Clinical variables		
HbA1c (%)	8.4 (1.5)	8.1 (1.5)
BMI (kg/m ²)	30.2 (4.9)	30.0 (5.1)
SBP (mmHg)	133.3 (14.8)	136.7 (15.5)
DBP (mmHg)	71.9 (10.2)	73.1 (9.9)
Psychosocial variables		
PAID	34.5 (18.6)	34.1 (19.4)
PAID ≥ 40 (n, %)	11 47.8%	9 40.9%
ADDQoL	5.8 (2.4)	5.4 (2.4)

RESULTS

- Twenty-three patients with mean age of 56.5 years, 47.8% male, BMI of 30.2 kg/m² and HbA1c of 8.4% were enrolled.
- No significant changes were observed for the following: pre- and post- BMI, HbA1c and blood pressure as well as questionnaire scores.
- Only 2 patients (11%) reported more hypoglycemic occurrences and 3 (18%) reported more hyperglycemic occurrences during this Ramadan compared to the previous year
- No patient was admitted for diabetes crisis such as hypoglycemia or DKA/HHS, during Ramadan.

Key findings from focus group discussion

- All patients were keen to do SMBG post Ramadan.
- All patients preferred GPE over individual counselling as it allows them to share ideas & experiences with other patients.
- All patients preferred to use DCM in GPE as it is interactive and they can retain information better.
- Most patients were more conscious of their diet after attending GPE.

FEEDBACK FROM FOCUS GROUP

- "When I do my blood glucose monitoring, it allows me to do trial and error on my diet" (54 years old, Male).
- "By attending a group teaching session, it enables me to share knowledge and tips on self-management of DM among my peers" (53 years old, Female)
- "When I meet another peer with poorly controlled DM during the GPE, it made me reflect on what went wrong with that particular peer and hence, it will remind me not to follow the wrong example" (55 years old, Female).
- "I can feel the difference in self-managing my DM this Ramadan compared to the previous Ramadan" (58 years old, Female).
- "I am keen to see a dietician post Ramadan" (55 years old, Female).
- "After attending the GPE, I feel more confident in managing my DM the next Ramadan" (55 years old, Female).

DISCUSSION/CONCLUSIONS

- Majority of patients reported to have less hypo- and hyperglycemic occurrences than the previous year, suggesting that GPE might have been effective, even though the pre- and post clinical results were not significantly different.
- GPE did not seem to have a significant impact on reducing distress levels or improving health-related quality of life, but this could be due to the small sample size studied.
- More importantly, feedback from the focus group session suggested to conduct GPE using DCM for all diabetes related topics and the importance of dietician's role in the control of T2DM.
- This pilot study of group patient education program in NUHS seemed to have facilitated a safer Ramadan fast and should be studied in a larger scale to better determine its effectiveness.

REFERENCES

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CDE Presentation Ceremony 19th Annual General Meeting

Mind Matters Seminar

ADES

Door gift!

Date : 17th September 2016
(Saturday)

Programme:

Venue : Tan Tock Seng Hospital

Annex 2 L1-W-T008/009

Cost: Free (Members)

\$15 (Non-members)

1.00pm Registration & Lunch

2.00pm Challenges in diabetes counselling
(APN Heng Boon Ling)

2.45pm Mind over Matter (Heng Pei Yan)

3.15pm CDE presentation ceremony

3.30pm 19th Annual General Meeting

4.30pm End of Program

1 CNE
Point

Register here by 3rd September 2016

Conversation Map™ Tools

Training Workshop for Nurses

Synopsis/intro of programme: Diabetes Conversation Map is an educational tool using the power of small group dialogue and collaborative learning to improve personal health management and enhance interactions between people with diabetes and healthcare professionals.

Trainer : Brenda Lim
Date : 1st Oct 2016 (Saturday)
Time : 2.00 pm - 5.30 pm
(Registration starts at 1.30 pm)
Venue : TTSH ANNEX 2, Lecture Room 3 (L2-W-T003)
Fee : \$20 (Member) \$40 (Non-Member)

CPE Points
pending

DIABETES
CONVERSATIONS

Please register by 25 Sept 2016
Click here for registration

Organised by

ADES

Acknowledgement

ADES would like to thank
Ms Lee Hwee Khim
for contributing the article on
"Diabetes Care in Elderly Seminar"
in January 2016 newsletter.