香港糖尿科護士協會
Association of Hong Kong Diabetes Nurses



2013 5th AHKDN Annual Symposium and AGM

Our Mission

The Association of Hong Kong Diabetes Nurses (AHKDN) is dedicated to driving professional development and practice of its members, advancement of the diabetes management standard and thus improvement of living for people affected by diabetes in Hong Kong.

Advisors

Honorary Advisors:
Professor Clive Cockram
Professor Karen SL Lam
Professor Ann TY Shiu
Professor Frances KY Wong
Dr Tsui Ip Shing
Ms Marg McGill

Honorary Auditor:
Mr Nicholas CK Fung

Honorary Legal Advisor:
Mr Anthony James Hung

The 2012 to 2014 Council

President:
Ms Mok Pik Hung, Maisy 莫碧虹

Vice-president:
Ms Kwan Yee Mei, Jo Jo 關綺媚

Honorary Secretary:
Ms Hung Siu Chan, Veronica 孔笑珍
Ms Wong Ka Chee, Karen 王家緻

Treasurer:
Ms Koo Wai Kuen 古慧娟

Head of Communication:
Ms Law Chin San 羅展珊

Head of Education:
Ms Yeung Hoi Ming, Theresa 楊海明

Head of Publication:
Ms Lau Sau Lin,Tracy 劉秀蓮

Councilors:
Ms Chan Oi Ying, Sarita 陳愛英
Ms Lam Yuen Hung 林婉虹
Ms Lee Kar Bik 李嘉碧
Mr Leung Sum Ming 梁心銘
Ms Ho Sau Yee 何秀儀

We believe

- Diabetes self-management education (DSME) is an integral part to the success of diabetes management leading to control of the disease and improvement in quality of life for all people affected by diabetes.
- The diabetes nursing discipline should pay an important role in providing and improving quality diabetes care and education being provided to the community.
- The Association, as a local academic and professional body, has an obligation to advance and maintain standard of local diabetes nursing practice by supporting professional training and education to local nurses.

Our Goals

- We promote interests, fraternity and professional growth of diabetes nurses and its members.
- We promote communication among diabetes nurses and other organizations caring of diabetes.
- We maintain and enhance professional practice standard of diabetes care and education in Hong Kong.
- We organize conferences, seminars or workshops both locally and globally relating to diabetes and other chronic diseases.
- We organize and conduct surveys and studies on diabetes care and education in Hong Kong.
- We sponsor members to attend and participate in conferences, seminars, workshops relating to diabetes care.
- We promote the community awareness and about diabetes and healthy lifestyle.
- We advocate the better care quality of care and rights for people affected by diabetes.



Message from President

On behalf of AHKDN, I would like to mourn for our beloved council member Lee Kar Bik who passed away at January 2013. She served her whole life in diabetes services for children and adolescents and contributed a lot in the development of the Association of Hong Kong Diabetes Nurses.

AHKDN focuses on the professional development and standard of practice in diabetes nursing. Besides providing the training opportunities, we set up the outstanding award for experience and green diabetes nurses to promote the good practice. Furthermore, we conduct the community events to promulgate the awareness diabetes and public education. The community event "My DM Partners" has commenced at May 2013, this campaign shares the stories of diabetic patients how to live positively with the support from family, health care professional and community, the stories continuous to post on the free newspaper - Skypost until September 2013.

The theme of this annual symposium is "Swirl the knowledge field, Unite the family support", we has invited two distinguished speakers to share their expertise on new perspective of diabetes management and family therapy for chronic illness, I believe the enlightened lectures would inspire us in diabetes care.

Last but not the least, I would like to express my heartfelt thanks to our honorary advisors and council members to lead the development of AHKDN in different aspects.

Maisy Mok

President

The 5th AHKDN Annual General Meeting

13th July 2013 (Saturday)

Jordon Room, 2/F, Eaton Smart Hotel, 380 Nathan Road, Kowloon

Program Committee

Chairman:
Ms Veronica Hung

Members:
Ms Jo Jo Kwan
Ms Karen Wong
Ms Theresa Yeung

Organisation Committee

Chairman:
Ms Koo Wai Kuen

Members:
Ms Sarita Chan
Ms Ho Sau Yee
Ms Lam Yuen Hung
Ms Tracy Lau
Ms Law Chin San
Mr Leung Sum Ming
Ms Maisy Mok

Moderators

Ms Sarita Chan
Ms Karen Wong

Outstanding Achievement Award

Panel:
Professor Karen Lam
Professor Ann Shiu
Ms Veronica Hung
Ms Maisy Mok

Schedule

1:45 – 2:00pm	**Registration**
2:00 – 2:20pm	**5th Annual General Meeting**
	Annual Report — Ms Maisy Mok, President
	Financial Report — Ms Koo Wai Kuen, Treasurer
2:20 – 2:30pm	**President Welcome**
	Ms Maisy Mok
2:30 – 2:50pm	**Outstanding Award Presentation**
2:50 – 4:00pm	**Keynote Speech (1)**
	New Perspective Management in Diabetes Care
	Dr Tsang Man Wo
	Consultant, Head of Endocrine Team,United Christian Hospital
4:00 – 4:30pm	**Tea Break**
4:30 – 6:00pm	**Keynote Speech (2)**
	Family Therapy for Families with Chronically ill Members
	Dr Yung, Tsang Sun-May, Grace
	Green Pastures, Chief Executive, Chief Clinical Supervisor
6:00 – 6:05pm	**Closing Remark**
	Ms Koo Wai Kuen
	Chairman of AGM Organisation Committee
6:05 – 6:10pm	**Group Photo**
6:30pm	**Annual Dinner**



ABSTRACTS

Keynote Speech (1)

Dr Tsang Man-Wo
Specialist in Endocrinologist, Diabetes & Metabolism
Consultant, Department of Medicine & Geriatrics
United Christian Hospital

Introduction

Dr. Tsang Man Wo, MBBS (HK), MRCP (UK), FHKCP, FHKAM (MEDICINE), FRCP (EDIN), FRCP (Glasg), FRCP (Lond), Head of Diabetes and Endocrine Division, Consultant, Medical and Geriatric Department, United Christian Hospital. He is dedicated to patient care , teaching and training of endocrine trainee and General Practitioners in Diabetes and Endocrinology. He also demonstrates keen interest in clinical research. He is one of the few diabetologists who promotes diabetes service and awareness in the community. He is a founding member of Diabetes Hongkong and founder of "Health Run"-Diabetes Hongkong to promote fitness and prevention of diabetes mellitus.

New perspectives in management of Diabetes Mellitus

Diabetes mellitus (DM) refers to a group of common metabolic disorders that share the phenotype of hyperglycemia. There are several distinct types of diabetes exist, but two most common types are type I diabetes and type 2 diabetes (T2DM). T1DM is associated with an autoimmune response resulting in the destruction of pancreatic β-cells, this leads to absolute insulin deficiency. T1DM may present at any age, although the peak incidence is in the first two decades. T2DM consists 95% of the diabetes population, and it is a global problem. Insulin resistance and beta-cell dysfunction are the major pathophysiology of T2DM.

Diabetes Control & Complication Trial (DCCT) in type-1 DM and United Kingdom Prospective Studies (UKPDS) in type-2 DM confirmed the glucose theory of microvascular complications and form the foundation for DM management.

Management of DM is lowering blood glucose to control symptoms (thirst, polyuria, nocturia and blurred vision). Thereafter, the aim is to prevent microvascular complications: retinopathy, nephropathy and neuropathy while macrovascular prevention can better achieved with control of sugar, blood pressure and lipid .UKPDS also teaches us thatT2DM is a progressive chronic disease. Diet, lifestyle modification and medications are but seldom sufficient to produce long-term good metabolic control in patients with T2DM. For newly diagnosed T2DM, current strategy is rapid escalating level of intervention after initial modalities failed to achieve target of control. The choice of agents depends on clinical and biochemical factors and careful consideration of the possible benefits and risks of treatment for the individual patient.

The current concept of individualized treatment focuses on better care through better understanding of individual's overall risk and use of appropriate regimen to achieve a sustain DM control and avoid complication development. With new agents added to our armamentarium, incretin agents such as: DPPIV and GLP-1, paradigm of DM management has shifted to beta cell preservation and salvage. Studies will confirm if these new modalities can lead to sustain beta cell preservation or even cure of the disease.



ABSTRACTS

Keynote Speech (2)

Dr Yung, Tsang Sun-May, Grace
Green Pastures, Chief Executive, Chief Clinical Supervisor

簡介 *Introduction*

容曾莘薇 博士

Dr. YUNG TSANG Sun May, Grace
「青草地全人發展中心」總監・臨床督導總監
Chief Executive, Chief Clinical Supervisor

容曾博士從事教育工作近四十年，並於1992年獲頒香港優秀教育工作人員愛心獎。她在1983年開始輔導工作，2002年創辦了青草地全人發展中心，致力在教導、輔導、督導和出版等服務。作為資深心理輔導及家庭治療師、課程導師及策劃者，容曾博士輔導取向建基於「沙維雅成長模式」，委身於促進個人從內到外的和諧一致，以及家庭和人際關係的融和,是第一位當選為Virginia Satir Global Network（沙維雅環球網絡）幹事的亞洲人，也是第一位在2009年獲得該網絡頒發Living Treasure 榮譽的亞洲人。她會繼續致力於發展和推動適合華人社會的聚焦於成長的輔導及督導理念。

Family Therapy for Families with Chronically ill Members

A fundamental form of suffering in chronically ill persons is the feeling of losing the self, from the consequences such as loss of productive function, facing financial crises, causing family strain, stigma, and a certain degree of restriction in ones own existence.

The four major sources of suffering are: (1) leading restricted lives, (2) experiencing social isolation, (3) being discredited and (4) burdening others.

At the same time, chronically ill persons are also rewarded with attention and power, while family members either are rewarded with a sense of fulfilment through finding the “meaning of life” or suffered from the burden and restriction of continuous care-giving.

Family is usually the first and foremost support system for an ill person, one member's chronic illness influences the lives of everyone in the family, resulting to roles and routines change. Family member may come together and grow closer, or vice versa. Under effective guidance, their lives may take on new meaning, and they may find unexpected rewards on their journey through this shared family experience of chronic illness.

Satir Growth Model Family Therapy is a means to facilitate members to draw on their resources and to develop new ones to transform through processes activated by the chronic illness of a member into a more fulfilling status of connecting in love, hope and peace.

Family members, including the ill person, would:

1. understand oneself better and be able to be grounded under this situation;

2. be in touch of their deep yearnings and to connect with love;

3. have a sense of worthiness – maintain a sense of self-control, independence and optimal social involvement, while accepting the changes in life;

4. be open and congruent in negotiating the demand and provision of care-giving … …



Outstanding Achievement Award

Title: Development of an interactive program for type 2 diabetes on glycaemic control and weight management

Tammy TY SO[1], Zoie SY HO[2], YM WONG[1], LOO KM[1], YEUNG HM[1], CHOY WY[1], CHIK MY[1], LEE KY[1], LI D[2], WONG YK[3], SO MM[3], LAW A[3], LI Y[3], WONG Y[3], HO SY[3]

Diabetes and Endocrine Centre, Prince of Wale Hospital (PWH)
Diabetes Nurse[1] Patient Care Assistant (PCA)[2] Clerical or Supportive staff[3]

Mortality and complications risk would be multiplied for obese diabetes symmetrically in suboptimal control. Hence, it is at high priority for Diabetes Centre to mobilize the whole nursing and supportive team to initiate certain services for such high risk group.

Contents

"Interactive Weight Management Program" was launched in August 2012, mainly facilitated by a diabetes nurse and a PCA. It consists of 3 interactive workshops, totally in 10 hours; focusing on skills and knowledge empowerment for a positive attitude towards healthy lifestyle, weight control and diabetes self-care.

Interactive formats including peer sharing, games, reflective story, role play, exercise sessions, goal setting, PCA & peer phone support, etc.

Main theme of Workshop 1--Principles of diabetes and weight management; 2 --How to eat healthy and yummy; 3--Psychosocial well-being

Results

Total 60 patients enrolled into 6 classes with 8-12 patients/class. 41 have completed all 3 workshops, while others are in progress.

By completion, 100% rated overall "Satisfaction" to the program. Preliminary results on week-8 (Workshop 3): 80% improved HbA1c (baseline-A1c 9.5%, wk8-A1c 8.3%) & 43% shown weight lost. For a longer observation on week-24, 57% presented weight loss while wk 24-A1c maintained at 8.3%.

Statistical analysis will be carried out when more psycho-social & health parameter is on-board.

Conclusion

Focused Program is essential for obese diabetes especially for those in suboptimal control. Interactive contents with vivid formats will be the trend in diabetes education. Training to PCA on structured diabetes care is also a new initiative in effective diabetes management.

Title: Improving Glycaemic Control in the Management of Diabetes – the Role of Continuous Glucose Monitoring in Diabetes Nurse Clinic

Wong KKC[1], Hui E[1,2], TanKCB[1,2], Chow WS[1], Woo YC[1], Yeung CY[1], Leung CY[1], Yee ASW[1], Leung ELY[1] and Lam KSL[1,2]

(1) Department of Medicine, Queen Mary Hospital, HKSAR
(2) Department of Medicine, The University of Hong Kong, HKSAR

Introduction

To evaluate the effectiveness of CGM in improving glycaemic control of insulin-treated diabetic patients in outpatient setting

Methodology

All patients, who attended the Diabetes Nurse Clinic at Queen Mary Hospital and had CGM assessment from 2010 to 2012, were included. Nocturnal / unrecognised hypoglycaemia, or post-prandial hyperglycaemia were recorded. Changes in insulin regimens and HbA1c level pre- and post-CGM were compared.

Results and Outcomes

52 insulin-treated diabetic patients (27 Type1 and 25 Type 2) with mean age 45.8 ± 14.4 and mean duration of diabetes 13.2 ± 8.4 years, had CGM performed. CGM revealed that 28 patients (54%) had at least 1 nocturnal hypoglycaemic episode, and 11 (21%) had 2 to 3 episodes. 50 (96%) had post-prandial hyperglycaemia in any one main meal, and 21(40%) in all 3 main meals.

50 (96%) patients required insulin dosage adjustments according to the pattern of glucose excursions identified in CGM, and 15 (29%) had insulin regimen intensified.

Lifestyle modification was reinforced. 37 (71%) patients had improvement in HbA1c by 6 months post-CGM. Mean HbA1c dropped from 8.9% ± 1.4 to 8.3% ± 1.1 ($P<0.001$).

Conclusion

CGM provides diabetic patients with additional insights regarding nocturnal hypoglycaemia and post-prandial hyperglycaemia, which can guide insulin adjustments and lifestyle modification in outpatient setting, leading to better glycaemic control, potentially minimizing hospital admissions.

Green Award

Title: A HbA1c Converter

Chui OL and Yeung CW
Diabetes Nurse,
Queen Elizabeth Hospital

Abstract

HbA1c and spot blood glucose together provide a comprehensive view of glycemia to guide diabetic treatment. HbA1c has been used as a target of control parameter for people with diabetes because of its correlations with various chronic diabetic complications in many epidemiological studies. It reflects patients' glycemic status over a period of 60 days, while measuring spot glucose at different times allows patients to understand how various factors' impact on one's glycemia. It is a quite complex mathematic concept to understand for patients and sometimes general practitioners.

Capitalizing on patients' understanding of spot glucose, we have developed the HbA1c converter to facilitate health care professionals to translate HbA1c into spot glucose levels and thus interpreting the parameter to patients. It is an inexpensive education tool designed primarily to help diabetes nurses to interpret HbA1c readings to patients. It can also be used by patients, other health professionals, or students to understand the HbA1c parameter and its glucose equivalents. The converter is a cod shape tool with traffic light colored appearence. The tool is user-friendly, accurate, time-saving and interesting when comparing to the traditional paper format conversion tables.

Facilitating patients' participation in self-management of diabetes and controlling risks for chronic complication are ultimate goals of diabetes education and patient empowerment. Understanding ones' HbA1c can be an important motivator for patients to set glycemic goals to achieve, and hopefully plan and commit efforts to achieve these goals and thus improve their control of diabetes



2012 – 2013 AHKDN Activities

Council Meetings

The 18th AHKDN council meeting was held on 16 August 2012

The 19th AHKDN council meeting was held on 25 October 2012

The 20th AHKDN council meeting was held on 24 January 2013

The 21th AHKDN council meeting was held on 15 May 2013

Promoting Communication among Members

AHKDN Website

- AHKDN website, www.ahkdn.com, had been revamped, available in English version as well as both traditional and simplified Chinese version.
- Active members list were uploaded on the web and members are required to log in at the "Member Zone" for reviewing of events photos. Members are welcomed to pass us any professional courses or resources to be uploaded in the "What's New".

AHKDN Newsletter

- The 8th issue of AHKDN Newsletter was published in July 2013, the main theme: Insulin Injection Device

Learning Activities

Educational Seminars for AHKDN members or / and nurses

The 8th AHKDN Education Seminar

Held at Lecture Theatre in Ruttonjee Hospital on 29 Oct 2012:
Sharing the experience of overseas training and 4mm pen needle survey
Guest speakers: Ms Maisy Mok, Ms Elaine Leung, Ms Tracy Lau and Ms Winnie Cheng



• Dr Norman Chan's presentation

The 9th AHKDN Educational Seminar

Held at Eaton Hotel on 17 Nov 2012:
Autonomic neuropathy, gastrointestinal tract and skin complication & Reproductive problem in Diabetic patients Guest speakers: Dr Norman Chan and Dr Chan Wing Bun respectively



• Dr Chan Wing Bun's presentation

The 10th AHKDN Educational Seminar

Held Consensus Meetings for the Evidence-based Practice Project:
Guidelines of Subcutaneous Insulin Injection Technique on 2 Mar, 23 Mar & 27 Apr 2013. The clinical guidelines were pending to be published.





Conversation Map

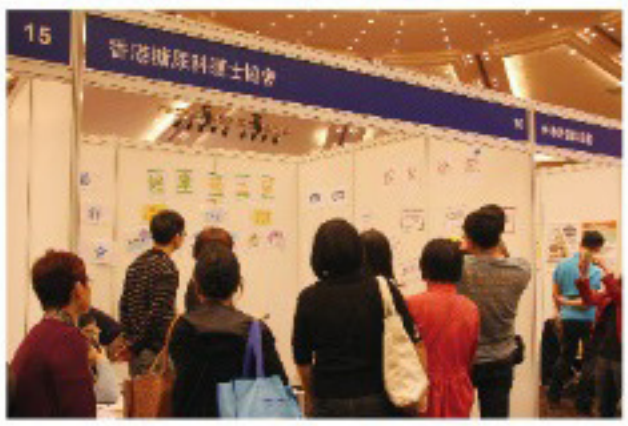
- Obtaining certificate as a facilitator in Conversation Map, a new approach was applied starting in 2012. Firstly, nurses are required to attend the 2 hours Orientation Programme and then attend the Facilitator Training Workshop for Diabetes Conversation Map. They are expected to gain experience in running a Conversation Map session with patients within 9 months after the training workshop. Moreover, they are required to submit an evaluation report before they are entitled to receive the certificate.

- A Diabetes Conversation Map Orientation Programme was run on 22 Sept 2012 with 64 attendances, a Diabetes Conversation Map Facilitator training programme was held on 1 Dec 2012 with 25 attendances.



- *The 3rd Diabetes Conversation Map Annual Meeting was conducted on 20 April 2013. Certificate was presented to 10 new Diabetes Conversation Map Facilitators.*







Promoting Health Awareness in Community

- The AHKDN was invited by the Provisional Hong Kong Academy of Nursing to run booths and health talk in "the World Health Day Health Carnival held in Wanchai on 6 April 2013

- The AHKDN was invited by Diabetes Hong Kong to run booth and health talk in "Diabetes Patient Congress 2013", held at Kowloon Bay International Trade & Exhibition Centre on 14 April, so as to arouse the public awareness on diabetes knowledge, diabetes care, self management and prevention of complications.

- AHKDN organized, a sponsored patient education activity: "My DM Partners" to arouse public awareness on diabetes care and address the appreciation of patients' positive attitudes in facing the disease. The kick-off ceremony: My DM Partners, 糖心路上的點滴, was held at the Lecture Theatre of Hospital Authority Head Office on 5 May 2013. 16 patients from 16 Diabetes Centre under Hospital Authority were invited to attend the ceremony and their true stories would be featured in the free newspaper Skypost from May to September 2013.



2012 – 2013 AHKDN Activities

Nomination & Sponsorship

Conversation Map Expert Trainer Training held in Dubai on 28 – 30 August 2012:1 member was nominated

Conversation Map Expert Trainer Training held in Istanbul, Turkey on 4-5 December 2012: 1 member was nominated.

14th Diabetes and Cardiovascular Risk Factors: East Meet West, held at Hong Kong Convention and Exhibition Centre on 1-2 October: 5 members were sponsored.

9th IDF-WPR Congress and 4th AASD Scientific Meeting was held in Kyoto, Japan on 24 -27 November 2012, 10 members were sponsored.

7th International Huaxia Congress of Endocrinology was held at Hong Kong Convention and Exhibition Centre on 30 Nov – 2 Dec 2012: 10 members were sponsored.

Diabetes Management Experience Sharing in Tokyo, Japan, held on 7 – 10 May 2013: 7 members were sponsored.

Demonstrating Leadership & Advocating for Better Care



1. The AHKDN was invited by the Association of Hong Kong Nursing Staff (AHKNS) to deliver lecture on Hong Kong Diabetes Nursing Development and Patient Care in 廣東省高要市人民醫院, 11-12 Jan 2013. Ms Maisy Mok and Ms Veronica Hung represented AHKDN to deliver the lecture.

2. The AHKDN was invited by the Provisional Hong Kong Academy of Nursing - Hong Kong College of Medical Nursing to deliver a lecture: Update on Evidence-based Diabetes Nursing Knowledge for the 4th educational seminar held at lecture room of Queen Elizabeth Hospital on 7 Mar 2013. Guest speakers: Ms Tracy Lau and Ms Maisy Mok

3. The AHKDN was invited by Hong Kong Society of Endocrinology, Metabolism and Reproduction (HKSEMR) to run a Diabetes Educator workshop: "Being a Diabetes Educator-from Practice to Accreditation" at the International Huaxia Congress of Endocrinology on 1 Dec 2012, with experience sharing with Diabetes Nurses representatives from Taiwan and China. Ms Tracy Lau and Ms Karen Wong participated as case presenters and Ms Wong Yin as moderator.

In Memory of Ms Lee, Kar Bik



Kar Bik, one of our Council Member (2012-14), passed away on 18 January 2013. It's difficult to express in words for our sadness. Kar Bik was such an enthusiastic, dedicated member, especially in caring of children and adolescent with diabetes. In many years, she was devoted much in the AHKDN's activities and the diabetes children camps. As a close partner and team member, we are all inspired by her endless dedication, love and devotion for her work.

Acknowledge :

Abbott · Bayer HealthCare · BD · Johnson & Johnson Medical Companies · Lilly · Novo Nordisk · Roche · SANOFI DIABETES