Association of Diabetes Nurses

# 香港糖尿科護士協會通訊
# AHKDN Newsletter

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## 編者的話

一元復始，萬象更新。回顧 Diabetes Educators Group (DEG)『香港糖尿教育工作組』已成立十六週年，今天能茁壯成長，全賴一群同業努力不懈的默默耕耘。為了特顯我們的專業性及標誌著『香港糖尿病教育』的發展更跨進一大步，我們正式命名為 Association of Hong Kong Diabetes Nurses (AHKDN)『香港糖尿科護士協會』；本通訊亦隨之改名為『香港糖尿科護士協會通訊』。所以今期特與大家分享這些年來『香港糖尿病教育』的發展；此外，更闡述香港糖尿聯會對糖尿病的診斷、病情控制的指標及監察的立場聲明。

## Words from President of "Association of Hong Kong Diabetes Nurses Newsletter"

Congratulations to the first publication of the "Association of Hong Kong Diabetes Nurses Newsletter". I would like to take this opportunity to announce to you that our association the Association of Hong Kong Diabetes Nurses Limited (AHKDN) is born. Some of you may realize that the forerunner of AHKDN is the Diabetes Educators Group (DEG). DEG was formed in early 1990, as a subgroup of the Diabetes Division (DD) of the Hong Kong Society of Endocrinology, Metabolism and Reproduction (HKSEMR). After 2 decades development, DEG has grown significantly in terms of number and competence of members as well as its contribution to the society. With such advancement, DEG foresees a need to establish itself as an independent professional association for furthering professional development of members and contribution to local society. In addition, the establishment of the AHKDN will support the setting up of the Hong Kong Academy of Nursing, which is going to be a local statutory professional body of nursing for accreditation of fellowships of various nursing specialties in near future.

AHKDN newsletter is the continuity of DEG Newsletter. The first volume of DEG Newsletter was published in June 1997. The publication aimed at improving communication among members and providing update information about diabetes to members and nursing colleagues. Throughout these 10 years, lot of members and colleagues found the newsletter useful to them, and requested extra copies for their own reference. Despite the Newsletter has changed its name, I am absolutely sure that our association and the editorial board will continue our commitment to share knowledge and experience in diabetes care and education with the audience. And the AHKDN Newsletter will continue to facilitate communication both among members and with other nursing colleagues who support it.

The last but not least, I would like to extend my deepest appreciation to the editorial board of the DEG Newsletter & AHKDN Newsletter, the founding council members of our new association and other members who have supported DEG activities all these years. Without your dedications, our dream to establish ourselves as an independent professional association will not have come true.

Winnie Cheng
Founding President
(2008-10)

Veronica Hung
(Advanced Practice Nurse, NTWC-Pok Oi Hospital)

In 2005, Diabetes Hongkong has established three Position Statements with support from Hong Kong College of Family Physicians (HKCFP) and Hong Kong Society of Endocrinology, Metabolism & Reproduction (HKSEMR) for healthcare professionals for optimizing diabetes care by early diagnosis and tight control.

## The rationale of the position statements

The prevalence of diabetes is increasing dramatically worldwide. In 1995, there were 135 million people with diabetes worldwide, with the number expected to rise to 330 million by 2025 according to the estimation of the International Diabetes Federation (IDF), and more than 60% of those affected will be in the Asia-Pacific region.

It is estimated that there are about 700,000 diabetics in Hong Kong. 1 One in 10 people in Hong Kong have diabetes; the prevalence increases from 2% in those under 35 years to over 20% in those over 65 years of age.

Much of the rise in diabetes prevalence is attributed to the increasing prevalence of obesity, especially central obesity, and sedentary lifestyle.

Uncontrolled diabetes will lead to microvascular complications (retinopathy, nephropathy and neuropathy) and macrovascular complications (coronary heart disease, cerebrovascular disease and peripheral vascular disease).

In light of the evidence provided by several recent studies such as DCCT, UKPDS, the position statements recognize the treatment of diabetes with blood sugar control as close to normal as possible is the best way to reduce complications; screen patients to detect diabetes or even pre-diabetes before symptoms develop; support regular blood sugar monitoring so as to monitor the achievement of diabetes control.

## Position Statement 1: Defining and diagnosing diabetes

The classification of diabetes is determined by the aetiological process rather by the treatment modality. There are two main categories: type 1 and type 2.

Type 2 diabetes is more prevalent than type 1 and accounts for 95% in Asia. Unlike type 1 diabetes, it goes undiagnosed for years because of asymptomatic for individual to notice. They are at risk of developing micro- and macrovascular complications at the time of diagnose.

According to the statement, it shares the same criteria with ADA; the diagnosis of diabetes should always be confirmed by repeating the plasma glucose measurement on another day, unless there is unequivocal hyperglycaemia with acute metabolic decompensation or other obvious symptoms.

Fasting plasma glucose can be used as screening test without risk factors.
In those patients with risk factors of glucose intolerance:
* family history of diabetes
* history of gestational diabetes,
* obesity or hypertension,

Pre-diabetes refers to those with impaired fasting glucose (IFG) and/or impaired glucose tolerance (IGT)

An OGTT should be performed to minimize the chance of missing the diagnosis of diabetes or IGT or IFG.

Recently, the cut-point for IFG is lowered to a fasting plasma glucose (FPG) ≥ 5.6 mmol/L. There is a large body evidence showing that those with IGT have an increased risk of progression to frank diabetes, and they also have an increased cardiovascular risk.

| Diagnostic | Fasting Plasma Glucose (mmol/L) | 2-hour plasma glucose (mmol/L) |
|---|---|---|
| Diabetes | ≥7.0 and/or | ≥11.1 |
| IGT | <7.0 and | ≥7.8-11.1 |
| IFG | 5.6 – 6.9 | |
| Normal | <5.6 | |

**Table 1:** Diagnostic criteria of diabetes and pre-diabetes by fasting plasma glucose or OGTT, 75 g glucose load

## Position Statement 2: Targets for Glycaemic Control

HbA1C, which reflects the body's average glucose level over the previous two to three months, is a predictor of the risk of complications and the most accurate indicator of how blood glucose has been controlled over time. Maintaining on A1C level of 6.5% is the most important target to strive for.

However, the targets need to be tailored-made for individual. Age, presence of complications and /or co-morbidities, prognosis, renal function, and risk of hypoglycaemia must be taken into consideration when determining targets for glycaemic control.

| Index of Control | Ideal | Fair | Poor |
|---|---|---|---|
| $HbA_{1C}$, DCCT aligned (%) | <6.5 | <7.5 | <8.5 |
| Fasting plasma glucose (mmol/L) | 4.0-6.0 | <8.0 | >10.0 |
| 2-hour post-meal plasma glucose (mmol/L) | <8.0 | <10.0 | <12.0 |

**Table 2:** Targets of glycaemic control

## Position Statement 2: Targets for Glycaemic Control

HbA1C, the accepted golden standard for monitoring glycaemic control should be

**M**easured at least two times annually who meet treatment goals and whose self-monitored blood glucose results are stable;
**M**easured every two to three months in patients whose therapy has changed or who are not meeting glycaemic goals; and
**M**easured by a laboratory using a certified DCCT-aligned method

## Self-monitoring of blood glucose (SMBG)

In addition to regularly measuring HbA1c, most people with diabetes benefit from self-monitoring of blood glucose (SMBG). Active patient participation in the management of diabetes leads to improved blood sugar control and thus minimizes the risk of developing diabetic complications. This position statement's key recommendations concerning SMBG are:

**D**aily glucose measurements are necessary for patients using insulin, and for other patients during illness or when their blood glucose levels are poorly controlled or unstable.
**I**n well-controlled and stable patients on oral agent therapy, testing blood glucose one or two days per week is acceptable; consistently well-controlled patients can test less frequently.

**B**lood glucose must be tested more often when adjusting oral medications or insulin doses.
**S**MBG should include both preprandial and two-hour postprandial testing.
**H**ealth-care professionals should teach patients how to perform SMBG, interpret results, and guide management.
**A**s the accuracy of SMBG is equipment-and user-dependent, metre results should be compared with simultaneous laboratory glucose measurements. Patient's monitoring technique should be evaluated annually and when parameters of glycaemic control do not match metre readings.

## References


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# 香港糖尿病教育的發展


## 糖尿專科護士關綺媚 (聖母醫院)


透過一群在糖尿科默默工作的同事之不斷努力及付出。轉眼間，香港糖尿教育工作組已經歷了十六個寒暑，在今年四月亦正式成立為“香港糖尿科護士協會”。
十六年可以令一位稚嫩的嬰孩成長為可愛的少女。而香港糖尿教育工作組經歷了這麼多年的變化，也同時見證著香港糖尿病教育的發展，究竟我們是怎樣走過這黃金歲月的呢？就讓我們一起回顧糖尿病教育是如何在香港發展。
歸納各姊妹提供的資料，我們會把香港糖尿病教育的發展分成四個階段。從荒涼的歲月到播種的時期，至萌芽的年代發展成為茁壯的今天。這裡，會為大家介紹當中不同時期的變化。

## 荒涼的歲月

在八十年代中以前，我們沒有正統的糖尿病教育模式，更不用說有專職的護士負責病人教育的工作，所有的病人教育都是片斷式的進行，只在有需要的時候，才會由醫生或病房護士指導基本維生知識。由於學習內容與技巧都不能有系統及連貫性的跟進，所以就算是學習注射胰島素這樣簡單的程序，都必須要住院學習。換轉在今天講究成本效益的理念中，是多麼的浪費資源啊！在當時，給予病人的指導都是用單向的方式，比如說：『你有糖尿病，少吃一點飯，多做一些運動』等等的語句。其實少吃一點是多少，運動到甚麼程度才算多呢？諸如此類，我們只能夠相信當時只有「聰明」的病人才能掌握多一些照顧自己的竅門。在自我病情監測方面，也只有極少數的病人可以懂得用血糖來監測病情。

## 播種的時期

這個情況到了一九八七年開始才有所改善，比較有規模及連貫性的糖尿病人教育首先在一些教學醫院開始，好像瑪嘉烈醫院，威爾斯親王醫院及瑪麗醫院，但負責的護士往往只能從內科病房中抽調來兼任，護士可能要忙完病房的常規護理，才可進行病人教育工作，所以在當時的工作是非常辛苦的。至於護士對糖尿專科工作的認識，主要是靠當時很有心的糖尿專科醫生提供在職培訓。長遠的發展，需要知識來鞏固。專業培訓是很重要的，所以在一九八八年起，我們得到香港內分泌學會的贊助，有四名在職護士被送到澳洲的糖尿病專科醫院進行培訓，並成為首批註冊的糖尿科護士。直至一九九二年，另外六名護士也陸續從澳洲學成回來。

## 萌芽的年代

在回港以後，已受訓的護士不單在自己工作的醫院中繼續糖尿病人教育服務，她們亦希望可以繼續建立一份互相幫助、勉勵的關係，所以在一九九零年開始便成立香港糖尿教育工作組，除了一起設計病人教育課程和製作教材外，更合作在社區推廣教育活動。發展糖尿病人教育需要更多的專業人材，所以從一九九一年開始，我們的工作組便與香港內分泌學會和香港醫院管理局合作，舉辦本地糖尿專科護士培訓課程。大概每兩年舉辦一次，直到今年，已經有七屆共超過一百二十多人畢業，其中大部份均在糖尿病教育中心工作。
經過多年的努力，專科護理的重要性亦開始受到關注，香港醫院管理局於一九九二年開設了第一位糖尿專科護士的職位。我們的第一位糖尿專科護士就是我們熟識的黃綺雯護士 (Ms Rebecca Wong)。隨著糖尿病中心的相繼成立，糖尿專科護士的職位也增加。專科護士的出現也反映了糖尿病教育工作者的地位在香港醫療機構中得到認同和尊重。

## 茁壯的今天

今天，我們會稱香港的糖尿病教育為茁壯的年代。事實上，今天的糖尿病教育已經由片片段段模式的指導演變成全人護理。從病人教育 (Patient Education) 到自我管理教育 (Self-management Education)，亦代表著病人教育已經從被動轉變為互動和主動。而醫療科技的日新月異，亦讓糖尿病教育變得更多元化。

## 後記

隨著糖尿病護理可以成為香港護理專科學院當中之一的專科成員，亦意味著糖尿專科護士及糖尿病教育在香港護理體系中得到肯定及認可的地位。這樣糖尿護理及糖尿病教育的前路亦更具挑戰，但尤幸我們有一群很有心的糖尿科護士從不間斷地支持著糖尿病教育的工作。

## 香港糖尿科護士協會終於成立。

以下為第一屆中央委員會之成員簡介：

主席：鄭美雲女士
名譽秘書長：簡靜兒女士
副主席：關綺媚女士、羅展珊女士
司庫：莫碧虹女士
會務發展：劉小慧女士、鄧英好女士
中央委員：鍾巧儀女士、蕭素明女士、區家燕女士

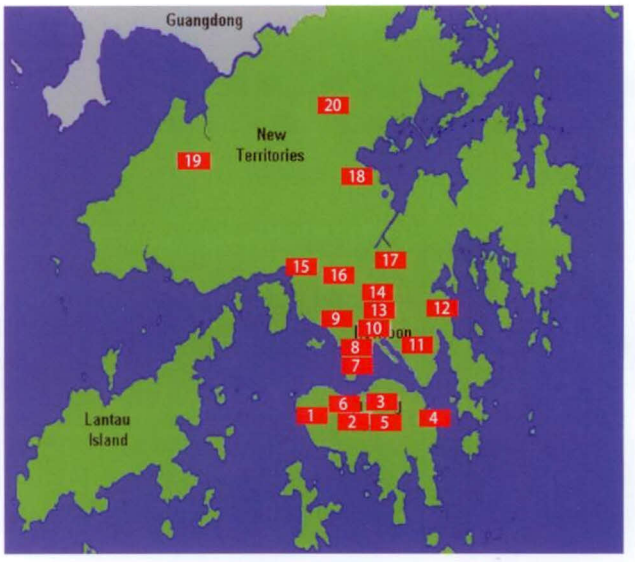
在此，本刊謹代表中央委員會向眾會員及各界友好的支持致意。並會陸續向大家介紹各委員會成員及本會之活動。




## Diabetes Education Service in Hong Kong

Jessica Huang Hiu Ying
(Diabetes Nurse, PYNEH)

DM education provided in Hong Kong since 1980. After getting trained from oversea and local, the number of the in-service DM nurse is now more than 40. Till 2007, the existing DM service in hospital and clinic are showed on the map.




Hong Kong Island ~~
1) Queen Mary Hospital
2) Ruttonjee Hospital
3) Tung Wah Eastern Hospital
4) Pamela Youde Nethersole Eastern Hospital
5) Hong Kong Sanatorium & Hospital
6) Qualigenics Diabetes Centre – Central Clinic

Kowloon ~~
7) Queen Elizabeth Hospital
8) Kwong Wah Hospital
9) Caritas Medical Centre
10) Qualigenics Diabetes Centre – Mong Kok Clinic
11) United Christian Hospital
12) Tseung Kwan O Hospital
13) Our Lady of Maryknoll Hospital
14) Hong Kong Buddhist Hospital
15) Yan Chai Hospital
16) Princess Margaret Hospital

New Territories ~~
17) Prince of Wales Hospital
18) Yao Chung Kit Diabetes Assessment Centre, CUHK
19) Alice Ho Miu Ling Nethersole Hospital
20) Pok Oi Hospital
21) North District Hospital

## 個案研討 —— 空腹血糖異常 (Impaired Fasting Glucose)

剛巧退休的陳先生偶然在一次體格檢驗中，驗出空腹血糖為6.4 mmol/L，化驗報告上列明正常空腹血糖值則為4.0 mmol/L至5.5 mmol/L。陳先生感到有些疑惑，他一向健康，沒有感到身體不適和不需要長期看醫生，為何空腹血糖會高於正常值呢？但當時化驗所的職員告訴他說，血糖稍高，不是糖尿病，不用憂心。

其後，一次朋友的聚會中，陳先生與一些患有糖尿病的朋友談及血糖值的指標，他的朋友一聽到陳先生的化驗報告，一致認為他沒有糖尿病，因為他們從多年來患糖尿病的心得，知道空腹血糖等於或高於7.0 mmol/L，才是糖尿病，還恭賀他仍是健康一族！

及後，陳先生思潮起伏，盤旋地想著，他的化驗報告高於正常指標，但又未被界定為糖尿病，感覺好像處於一個灰色地帶，於是決定再抽血作化驗。結果，今次空腹血糖化驗結果為6.1 mmol/L，陳先生見到這個報告，決意要為自己打開這個「灰色的謎」，他努力在互聯網中尋找資料。

終於，不枉陳先生的努力，他在美國糖尿病協會(American Diabetes Association)，世界衛生組織 (World Health Organization) 及香港糖尿聯會 (Diabetes Hongkong) 找到一致的立場聲明，空腹血糖值在5.6至6.9 mmol/L之間的人仕，被納入空腹血糖異常(Impaired Fasting Glucose)範圍，即是指這類人仕未達診斷為糖尿病的標準，但卻高於正常，稱為前期糖尿病，而其病情進度及背景則尚在研究。

## 診斷糖尿病及前期糖尿病之指標

| 診斷 | 空腹血糖值 (mmol /L) | 餐後 2 小時血糖值 (mmol /L) |
|---|---|---|
| 糖尿病 (Diabetes Mellitus) | ≥ 7.0 或 | ≥ 11.1 |
| 葡萄糖耐量異常 (Impaired Glucose Tolerance) | <7.0 及 | ≥7.8 至11.0 |
| 空腹血糖異常 (Impaired Fasting Glucose) | 5.6 - 6.9 | |
| 正常 (Normal) | < 5.6 | |

## 信箱

糖尿專科護士鍾巧儀 (丘中傑糖尿病檢測中心)

**問：**請問糖尿科護士的工作包括什麼範圍?

**答：**基於不同的工作崗位要求及需要，糖尿科護士的工作變得十分多元化。例如：參與制定及推廣「糖尿病治理及教育」的方案及守則(protocol & guidelines) 、在臨床上帶領同業實踐優質的糖尿專科護理、提供全面及有系統的糖尿病教育、在醫院內協調誇部門的專業人員以提供無縫的醫療護理、臨床研教、參與社區的糖尿病教育項目以及糖尿病普查...等，全都是糖尿科護士的職責。

**問：**可否介紹有關糖尿專科護理訓練的資料給我?

**答：**其實本地及海外都有提供糖尿專科護理的培訓。在香港，「醫院管理局」及「香港內分泌學會」每兩年都會合辦認可的糖尿專科護理課程，多年來已經培訓了約百位合資格的註冊護士，大部份受訓後的護士都投身於糖尿病中心或從事有關的專科工作。此外本港的護理人員協會 / 機構及大學亦有不定期地舉辦與糖尿科有關的基礎及臻深課程予各級護士修讀。至於海外方面，澳洲、美國、加拿大、英國及新加坡...等，也有提供全面及有系統的糖尿專科護理培訓課程，以下數個網址均有提供不同程度的糖尿專科護理課程以供參考：

http://www.diabetes.org (American Diabetes Association)
http://www.aadenet.org (American Association of Diabetes Educators)
http://www.diabetes.org.uk (Diabetes UK)
http://www.joslin.org (Joslin Diabetes Centre)
http://www.diabetes.ca (Canadian Diabetes Association)



## 專業推介

| Conference / Seminar | Date | Venue | Web-site |
|---|---|---|---|
| 1. American Diabetes Association 68th Scientific Sessions | 6-10 June, 2008 | San Francisco, USA | http://scientificsessions.diabets.org/ |
| 2. AADE's 2008 Annual Meeting & Exhibition | 6-9 August, 2008 | Washington DC, USA | http://www.diabeteseducator.org/ProfessionalResources/AnnualMeeting |
| 3. 9th HK Diabetes & Cardiovascular Risk Factors: East Meets West Symposium | ~September, 2008 | HKCEC, Hong Kong | http://hkfrdd.org |
| 4. 4th Pan Pacific Nursing Conference | 13-15 November 2008 | Hong Kong | http://www.cuhk.edu.hk/med/nur/nursingconference08 |
| 5. Therapeutic Patient Education Conference | 5-8 November 2008 | Hungary, Austria | http://www.kenes.com/tpe/ |
| 6. 13th FEND Annual Conference "Wishes for Diabetes" | 5-6 September 2008 | Trevi Fountain, Rome | http://www.fend.org/conf2008/conf08.htmll |

| Course | Commence Date | Web-site / Contact Person |
|---|---|---|
| 1. Basic course in General Endocrinology, and Metabolism (CUHK) | April 2008-October 2008 | http://hkfrdd.org/gdem0809 |
| 2. Diabetes Care and Patient Education (USA on-line course) | --- | http://www.netce.com/courseoverview.php?courseid=313 http://www.netce.com/coursecontent.php?courseid=313 (course material) |

**Journal Article (DM Classification & Control)**


1. Expert Committee on the Diagnosis and Classification of Diabetes Mellitus: Follow-up Report on the Diagnosis of Diabetes Mellitus. Diabetes Care 2003;26:3160-3167.
2. IDF Task Force on Clinical Practical Guidelines. Global Guideline for Type 2 Diabetes. International Diabetes Federation, 2005.



