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Association of Diabetes Nurses
香港糖尿科護士協會
AHKDN Newsletter

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通訊顧問：徐業成醫生 出版部主管：劉秀蓮 編輯組：鍾巧儀、關綺媚、梁逸思、蘇德宜、余舜華

編者的話 **抑鬱症**是一種漸趨普遍的情緒病，據統計，本港已有超過三十萬人患上抑鬱症，近期有很多研究發現，糖尿病和抑鬱症有著互相影響的關係，而糖尿病患者亦有多於兩倍的風險患上抑鬱症，所以今期通訊內容亦以糖尿病及抑鬱症作為主題，讓我們對兩者作進一步的了解。新出的4mm筆針針咀你有否用過或介紹過給病人使用？在今期的 chat corner 裡亦有所介紹，而「糖尿病中心天地」則介紹位於新界西的博愛醫院糖尿病中心；內容咁豐富，你又點會錯過？

Depression and Type 2 Diabetes

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"My mother has never stopped worrying ever since she learned that she had diabetes. She even refuses to use insulin because it serves as a reminder that she is a diabetic patient, a fact which she always refuses to accept." A friend told me.

Actually, this phenomenon is not uncommon. Diabetes and psychology have been linked for a long time. As early as the 17th century, a famous English physician T. Willis (1621-1675) already noted that diabetes often occurred amongst individuals who were suffering long-term stress, sadness or sorrow. The psychosomatic model, which was put forward more than 50 years ago, also postulated that psychosocial factors could trigger or maintain various disorders, including diabetes. Despite the general acceptance of this theory, the psychological aspects are often neglected in daily clinical practice.

Double burden of depression and diabetes

Depression is one of the most common psychological disorders affecting patients with diabetes. The risk for developing depression is estimated to be at least double for those with diabetes than their non-diabetes counterparts[1]. Some studies have also found an elevated prevalence of diabetes among individuals with depression. Moreover, compared to individuals with depression or diabetes alone, patients with both conditions have higher symptom burden and worse glycemic control and are at increased risk for co-morbidities, premature mortality and loss of productivity[2-5].

Risk factors for depression

Both non-diabetes factors and diabetes specific factors have been implicated in the co-occurrence of diabetes and depression. Non-diabetes factors include female gender, lack of social support, low socioeconomic status, old age, etc. Diabetes specific factors include occurrence of late complications, persistent poor glycaemic control, need for insulin therapy etc. Indeed, living with diabetes, a lifelong disease, is challenging. From the very beginning of learning the diagnosis of diabetes to the onset of complications, patients have to face many burdens and barriers in coping with the multiple demands due to diabetes in their daily life. For those without sufficient coping skills, internal and external factors may interact together to give rise to depression, which in turn can have negative impacts on their diabetic control.

Screening for depression, an unmet need

In spite of increasing recognition of the bi-directional relationship between depression and diabetes, many patients remain undiagnosed and suboptimally managed. The low rate of diagnosis is partly due to the difficulty in detecting depression. The symptoms of depression vary considerably and common symptoms such as fatigue, appetite loss, and trouble in sleeping may be attributed to diabetes. As a result, early depression may be overlooked or confused with other common complaints in diabetes patients. Due to its common occurrence and potential health implications, it is now increasingly advocated to use validated self-administered tools such as Patient Health Question-9 (PHQ-9)[6] and the Center for Epidemiological Studies Depression-20 scale (CESD-20)[7]. to screen for depression in diabetic subjects.

PHQ-9

The PHQ-9 is a 9-item self-administered measurement focusing on the frequency of nine symptoms over the past two weeks. Each item scores from 0 (not at all) to 3 (nearly every day), with a total score ranging from 0 to 27. Generally, scores of 5, 10, 15 and 20 represent thresholds of mild, moderate, moderately severe and severe depression, respectively. A cutoff value of 10 is often used to predict major depression, but it may differ according to the clinical settings. As a severity measure, a higher score on the PHQ-9 also indicates greater depressive symptoms and worse psychological well-being. The last question on the questionnaire asks whether patients have had thoughts of suicide. A positive response calls for an urgent need to follow up his/her psychological status.

CESD-20

All questions of the CESD-20 scale are about common depressive symptoms over the past week. Each item was scored from 0 (rarely or none of the time, less than one day) to 3 (all of the time, 5-7 days) with possible total scores ranging from 0 to 61. A score of 16 to 21 is considered to be mild to moderate depression, whilst a score of 22 or higher signifies the possibility of major depression.

Depression and type 2 diabetes (DD2) in Hong Kong

As in most urbanized societies, the rapid socioeconomic development and stressful lifestyle in Hong Kong results in a rising prevalence of diabetes and depression. Studies have revealed that 10-30% of Chinese patients with chronic disease have depressive symptoms. Although 1 in 10 people in Hong Kong has diabetes, the prevalence of co-morbid depression and associated risk factors remains largely unknown.

Supported by the European Foundation for the Study of Diabetes (EFSD) and the Asia Diabetes Foundation (ADF), the Chinese University of Hong Kong conducted a research study between August 2010 and July 2011 to investigate the prevalence and factors associated with depression in Chinese patients with type 2 diabetes. In this study, Chinese type 2 diabetes patients attending hospital-based clinics were asked to complete the PHQ-9 and CESD-20 during their diabetes comprehensive assessment for risk factors and complications. A subgroup of patients was referred to clinical interview by psychiatrists using the Mini International Neuropsychiatric Interview (MINI) [8]. Using the latter as a gold standard, both PHQ-9 and CESD-20 had satisfactory sensitivity and specificity for screening depression amongst Chinese patients with type 2 diabetes. Using these tools, 18.0% of patients were found to have depressive symptoms, most of whom were not diagnosed or untreated.

Conclusion

In Hong Kong Chinese patients with type 2 diabetes, depression is common which can be detected using PHQ-9 and CESD-20 for further interventions.

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Appendix

1. Patient Health Questionnaire-9 (PHQ-9) 病人身心健康問卷

	Over the last 2 weeks, how often have you been bothered by any of the following problems? 過去的2星期內，你有沒有出現以下的症狀?	Not at all 沒有	Several days 有幾天	More than half the days 一半以上的天數	Nearly every day 幾乎每天
1	Little interest or pleasure in doing things 做事情興趣減少。	☐	☐	☐	☐
2	Feeling down, depressed, or hopeless 心情絕望無助，憂鬱或者悲傷。	☐	☐	☐	☐
3	Trouble falling or staying asleep, or sleeping too much 難以入睡，易醒或睡太多。	☐	☐	☐	☐
4	Feeling tired or having little energy 覺得疲勞或沒有力氣。	☐	☐	☐	☐
5	Poor appetite or overeating 胃口不好或吃太多。	☐	☐	☐	☐
6	Feeling bad about yourself - or that you are a failure or have let yourself or your family down 覺得自己不好，失敗或讓自己，家人失望。	☐	☐	☐	☐
7	Trouble concentrating on things, such as reading the newspaper or watching television 集中精神有困難，如看報紙或電視。	☐	☐	☐	☐
8	Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual 行動或講話慢到別人都可以注意到，或是煩躁到靜不下來。	☐	☐	☐	☐
9	Thoughts that you would be better off dead or of hurting yourself in some day 有自殺的念頭或想傷害自己	☐	☐	☐	☐

Source: Albert Yeung, Freddy Fung, Shu-Ching Yu, et al., *Validation of the Patient Health Questionnaire-9 for Depression Screening Among Chinese Americans*. Compr sychiatry, 2008. **49**(2): 211–217.

2. The 20-item Center for Epidemiological Studies Depression Scale (CESD-20)

在過去的一個星期內，你是否出現過以下的情況呢?

0=沒有或甚少 (少於1天)，1=偶爾 (1-2天)，2=經常(3-4天)，4=常常 (5-7天)

		0	1	2	3
1	我被事情所困擾				
2.	我的胃口欠佳				
3.	就算家人或朋友幫忙，我也不能擺脫憂愁				
4.	我與別人一樣心情好				
5.	我難於集中精神做事				
6.	我情緒低落				
7.	我做每件事都很費力				
8.	我對將來有信心				
9	我的人生是失敗的				
10.	我感到害怕				
11.	我不能安睡				
12.	我開心				
13	我比以前講話少了				
14	我感到孤獨				
15	感到別人並不友善				
16.	我生活得快樂				
17.	我曾哭過				
18.	我感到傷心				
19.	別人不喜歡我				
20.	我難以生活下去				

注意：題 4，8，12，16要反向計分，如選1，評2分。

總分 _____

Source: Radloff, L.S. (1977). The CES-D scale: *A self-report depression scale for research in the general population*. Applied Psychological Measurement, 1: 385-401.

「情」難自控？

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糖尿病 - 身、心挑戰

人面對壓力時會產生不同的情緒反應，如緊張、沮喪、沉默、失眠、亢奮、精神不能集中等，然而壓力是無形和非常主觀的感覺，即使兩個人面對同一的情境，也可以感受到不同程度的壓力，這與個人的性格、經驗及抗逆能力有密切關係。在壓力之下，身體會增加釋放壓力荷爾蒙(皮質醇)，以調節身體作出適當和迅速的反應。但若情況持續，便會導致一系列荷爾蒙的調節紊亂，引起血糖和血脂異常及血壓升高，加劇心臟病或中風等心腦血管疾病的危機。部份糖尿病患者對壓力的反應較為敏感，血糖度數因此容易波動。

近年不少研究顯示糖尿病和情緒病有互相影響的關係。適當控制壓力和情緒病是管理糖尿病非常重要的一環。做血糖記錄的時候，除了飲食和運動外，也可記下個人的情緒狀態。這樣有助患者了解自己的血糖水平是否受精神壓力影響，繼而尋求適當幫助。若患有情緒病，必須及早接受正式治療。

糖尿病與抑鬱症、焦慮症等的關係主要有兩方面。一是糖尿病患者需要承受長期患病、反覆血糖檢驗、每天服藥或注射胰島素、飲食控制、面對併發症等造成的持續壓力，容易產生負面情緒；二是抑鬱、焦慮等情緒可加劇內分泌紊亂、失眠及負面行為如暴飲暴食等，從而令糖尿病更難控制。

但有情緒問題不等同患有情緒病，後者需經專業人士作正式診斷和給與適當治療。除藥物治療外，「認知行為治療」可幫助患者改變思想及行為模式，和增強抗壓能力。

認知治療

「認知治療法」起源於六十年代，由貝克博士(Aaron T. Beck, M.D.)致力發展，這治療法認為情緒受困擾主要是因思想產生謬誤，故此治療的關鍵是改變這些謬誤，學習掌握自己情緒問題的根源，然後有系統地作出糾正及治療。扭曲的想法是由思想陷阱、個人規條及負面核心信念所導致，而且是從小學習，透過經驗累積得來而不自覺的思想模式。筆者現服務的香港復康會社區復康網絡會定期舉辦一個以「認知治療法」為主要理論架構的情緒管理課程，名『心情新角度』。這課程是幫助長期病患者辨識自己的思想謬誤，減少扭曲想法，透過建立正向思維來處理負面情緒。

以下和大家分享病患者(阿平)如何從課程中實踐適當情緒管理，最後遠離抑鬱的例子：

『我有糖尿病已15年，怎料今年更因心臟病要做搭橋手術。我是家庭的經濟支柱，患病後不能再工作，家庭出現經濟困難，最終唯有申請綜援。我怪責自己從前不注意健康，結果負累了家人，現在不能照顧家庭，還要以綜援過活，我覺得以後都是一個無用的人。

後來有機會參加了「心情新角度」課程，當中我學會了「思想陷阱」，知道自己經常跌進了「攬晒上身」和「打沉自己」的思想陷阱，其實家人願意與我共渡難關，我不應再責備自己。我又學會了用「分散注意力」來開解自己的情緒。當我情緒低落時，會用「聰明咭」的勵志說話來鼓勵自己。我也會多外出做運動以減少胡思亂想的機會。現在我的情緒雖然仍有起伏，但已經大有改善，最少不會情緒失控，而且也不會只鑽牛角尖，懂得找尋思想的「新角度」帶自己走出「陷阱」。』

紓抑解壓DIY

事實上我們無法控制別人及外界發生的事情，改變自己對事物的看法是處理壓力根源的有效方法。除透過「認知治療」小組外，大家亦可嘗試找出引起壓力的個人內在因素，例如：

1) 調校自己的要求或期望以合乎實際情況
2) 透過學習及參考別人的經驗提高自己應付困難的能力和信心
3) 主動尋求外間資源和別人的協助來紓緩情緒困擾

適度的壓力並非壞事，反之可造成原動力，例如提高糖尿病患者的危機意識，驅使他們積極控制飲食和運動。日常每個人都需要定時透過鬆弛的活動，讓身體得到短暫的休息，減輕過大壓力帶來的問題，令血糖水平及身心各種機能有機會回復正常狀態。而建立恆常運動習慣、培養個人嗜好、學習肌肉鬆弛法或意象鬆弛法都是紓抑解壓的有效方法。

Hide the invisible intramuscular or face the visible intradermal injection

Dr Yu Neng Chun,
President of Taiwanese Association of Diabetes Educators

Insulin delivery was designed by pen injection since 1985, the initial needle length was the same as the syringe of 12.7mm. In 1997 the BD Company launched 8mm disposal syringe needles and none shorter since then, on the contrary the evolution of the pen needle length became shorter from 8mm, 6mm, 5mm and finally to 4mm by 2010. Why has the length of the pen needle become shorter? Several studies confirmed the high risk of intramuscular injection with the 12.7 and 8mm syringe needles in the late 1990's (1-2). Although skin fold and angle injection technique had been adopted, there was no study confirming avoidance of intramuscular injection in the real practice of this procedure. Besides, patients might not even lift the skin fold and inject at an angle.

In 2001, one study using 6mm was compared with 12mm pen needle in normal and obese diabetic adult patients, which proved the shorter needle could decrease the risk of intramuscular injection. However, the intramuscular injection rate was still more than 20% in normal weight patient without skin fold, and the intradermal injection rate was also more than 20% by using angle injection without skin fold (3).

The accurate measurements of skin and subcutaneous layer were not clear until the implantation of high resolent sonography. Two studies were published in 2010, which revealed the average skin thickness for adults was approximately 2.2-2.4 mm around the arm, abdomen and buttock. The thickness around the thigh was the thinnest at approximately 1.9 mm. The children's average was 0.6-0.7 mm thinner than adults. No case had the skin thickness greater than 4mm, including obese individuals. Although the average thickness of subcutaneous layer was around 10.7~15.5 mm for adults, 7.4~11.0 mm for children at different sites, the variability of individuals was pretty high. By calculated estimation, the intramuscular injection was 15.3%, 5.7%, 1.8%, 0.4% for perpendicular injection with 8, 6, 5 and 4 mm needles respectively (4-5). Base on the current evidence, the needle length of 4mm can puncture through dermis layer perpendicularly and deposit the insulin into subcutaneous layer without injury to muscle in most adults. However, for lean adults and children, perpendicular injection with skin fold technique on extremities was suggested to avoid intramuscular injection .

Leakage of insulin after pen injection was observed with various lengths of pen needle, there was no difference between 8, 5 and 4mm needles (6), and the glycemic control showed no difference. The average leakage amount was only around 0.3-3% of injected insulin with 5mm needle (7). A larger amount of insulin leakage came mainly from inadequate retention time after needle insertion. Patients should be educated to wait at least for 10 seconds, and extend longer if obvious amount of insulin leakage is observed from the needle tip.

By using shorter pen needles, the procedure can be simplified without skin fold and angle insertion technique, which were mandatory only with needle length up to 8mm for adult, 6.0mm for children and lean adults. Both the skin fold and angle insertion techniques were difficult to be standardized causing a heavy work load upon diabetes educators during follow-up. This can be decreased by using shorter 4mm needle. Patients might be used to lifting the skin fold or making angle insertion by using longer needles, it is important to educate patients to change their habits when transferring to shorter 4 or 5 mm needles.

By emphasizing the simple "no pinch, no angle" concept, the risk of intradermal injection can be avoided effectively. The risk of invisible intramuscular injection was higher with needle length longer than 5mm, while the 4 mm needles might cause intradermal injection occasionally with inappropriate procedure. The sign is visible and can be corrected easily. Medications for diabetes control have increased rapidly these past few years, making insulin no longer the only injectable drug for diabetes. Having more patients with injection therapy, shorter and thinner needles can provide less physical and psychological burden with the same efficacy.

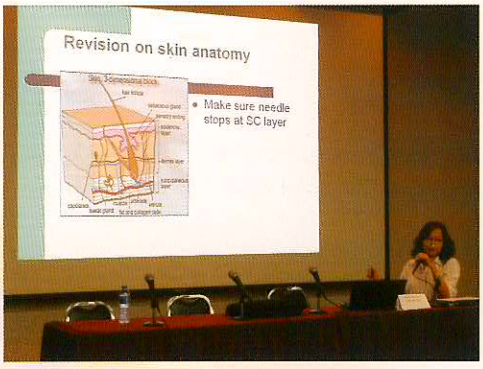
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Conference/Seminar	Date	Web-site
72nd Scientific Sessions of American Diabetes Association (ADA); Philadelphia PA	8 – 12 June 2012	http://www.diabetes.org
American Association of Diabetes Educators (AADE); Indianapolis IN	1 – 4 August 2012	http://www.idf.org
14th Hong Kong Diabetes & Cardiovascular Risk Factors - East Meets West Symposium	1 – 2 October 2012	http://www.eastmeetswest.org.hk
9th IDF-Western Pacific Region Congress; Kyoto, Japan	25 - 27 November 2012	http://www.idf.org/regions/western-pacific

Journal Article/web-site (New Approach on Diabetes Education)

1. de Groot, M., Kushnick, M., Doyle, T., Merrill, J., McGlynn, M. Shubrook, J. & Schwartz, F. (2010). Depression Among Adults With Diabetes: Prevalence, Impact, and Treatment Options, Diabetes Spectrum, 23(1):15-18
2. van Steenbergen-Weijenburg, K. M., de Vroege, L., Ploeger, R.R., Brals, J.W., Vloedbeld, M.G., Veneman, T.F., Hakkaart-van Roijen, L., Rutten, F.F.H., Beekman, A.T.F., van der Feltz-Cornelis, C.M. (2010). Validation of the PHQ-9 as a screening instrument for depression in diabetes patients in specialized outpatient clinics, BMC health service research, Aug 12;10:235

Activities Review





Sept to Oct., 2011 "Update on Diabetes Education and Management"
89 nurses enrolled the course.





14th Oct 2011 Diabetes Hongkong 15th Anniversary Fundraising Dinner, AHKDN held a table for the issue.





18 Nov 2011 The Autumn Symposium and AHKDN Annual Dinner

Program Objectives:
1. to update the enzyme technology of blood glucose analyzer and its interference in clinical aspect
2. to share oversea experience on DM technology and experience

Speakers:
1. Ms Prof Allen KC Chan – Dept of Clinical Pathology, PWH
2. Ms Veronica Hung
3. Ms Theresa Yeung
4. Ms Mabel Ng





6 Jan 2012 Special lecture on IT guideline and new 4mm Pen Needle experience sharing & trouble shooting

Speaker: Dr Yu Neng Chun, President of Taiwanese Association of Diabetes Educators







15 Jan 2012 'DM Family Day' to enhance public awareness in family support for insulin and pre-insulin users. Besides the cooking demonstration, health talks, exhibition, the Guinness Word Records by 'Most People Trialing an Insulin Pen - Single Venue' established.

17 March 2012 Diabetes Conversation Map Annual Gathering



25 February 2012 Diabetes Conversation Map Orientation Program

Program Objectives: To provide participants an insight and understanding about the concept of using Conversation Map for Chinese diabetic patient

Speaker: Ms Eva Kan

Facilitators:
Ms Ann Shiu
Ms Annie Leung
Ms Harriet Chung
Ms Jo Jo Kwan
Ms Theresa Yeung
Ms Maggie Lau

Introduction to New Territories West Diabetes Centre at Pok Oi Hospital

Veronica Hung
APN, Diabetes Specialist, POH

New Territories West (NTW) Diabetes Centre was established in September 2006 in amid of opening Pok Oi Hospital (POH) new building. The former diabetes service in NTW was provided separately by Tuen Mun Hospital Diabetes Day Centre and a diabetes nurse in POH.

The centre's design emphasizes on one-stop multi-disciplinary service with all allied health services located just next to the centre on the same floor. It has a spacious and comfortable waiting area, providing home-like environment to clients. The individual consultation room protects patient's privacy during education assessment and counselling. Along the corridor, there are a number of education theme boards to arouse interest in self management of diabetes.





We serve paediatrics referred from paediatric diabetes clinic and adults from Medicine and Geriatric clinic of POH and Tuen Mun Hospital (TMH). In addition, the centre also provides support to Family Medicine Specialist Clinic in POH through shared care with family physicians.

Our patient-centred multidisciplinary structured programmes include diabetes self management education (DSME), diabetic complication screening (DMCS) and ambulatory anti-diabetic drug dosage adjustment. If necessary, patients can be referred to see endocrinologist in the diabetes fast track assessment (DFTA) clinic. Our diabetes nurse educators are visiting TMH regularly serving in-patients requiring immediate need for diabetes nursing care. Our centre is also actively participating in the workup and management of morbid obesity patients undergoing bariatric surgery.

Apart from clinical service, our centre is obliged to be a training centre for doctors and nurses in diabetes care. Our endocrinologists and diabetes nurse educators are regularly organizing updated educational workshops in NTW. We are also running clinical trials on diabetic patients and involving in quality improvement projects (e.g. patient empowerment programme), and supporting activities organized by diabetic patient self-help group.

Announcement

"EXPAND OUR DIABETIC HORIZONS, LET THE SPIRIT SOAR"

拓闊知識，關愛心靈

4th AHKDN Annual Symposium and AGM is coming.....

Date :	7 July 2012 1400-1800	
Venue :	Jordan Room, 2/F, Eaton Smart Hotel HK, 380 Nathan Road, Kowloon	
Programme :		
14:00-15:00	Annual General Meeting & Election (members only)	
15:00-16:00	Guest Lecture I	Guest speaker
	New anti-diabetic treatment in Clinical Practice	Dr Chan Wing Bun
16:00-16:30	Tea reception	
16:30-17:30	Guest Lecture II	Guest speaker
	Caring for our mind in adversity	Dr Chen Chia Lu Sylvia
17:30-18:00	Discussion	
	All members & non-members are welcome for the Guest lectures! (2 CNE points)	
18:30	Annual Dinner Members only (HK$100 / member)	

Registration will be announced later, **please reserve your time!**

Enquiries: Ms Koo Wai Kuen 2958 6574
Ms Tracy Lau 2595 6940



經常感覺疲累?

佳膳低升糖指數配方™是專為關注血糖人士而設的營養均衡配方營養品，一杯已有齊人體所需要的各種營養素。其清淡呃呢喱口味美味可口，而且沖調方法簡便。從此關注血糖人士再不需要為選擇合適的早餐以及小食而煩惱。

營養完整均衡

升糖指數為22，低升糖指數有助穩定血糖水平

一杯有齊30種人體所需要的維他命，礦物質以及微量元素，供給人體所需

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不含蔗糖，乳糖及果糖能有效減低血糖不穩的情況

每杯含3.8克水溶性及非水溶性纖維；平衡纖維組合能增加腸胃的耐受性，亦有助血糖及膽固醇控制

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