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

AHKDN web-site: http://www.ahkdn.com Email address: newsletter.ahkdn@hotmail.com
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

JULY 2013
AHKDN
8th NEWSLETTER

編者的話

胰島素發明至今已經九十年，當中救治了無數糖尿病患者。施行胰島素注射，一定需要洽當的注射器，今期主題會一同回顧多年來胰島素注射器的轉變，並探討最新胰島素注射器的應用及病友現身談談"注射"的親身感受。另外還會報導本會第五屆週年大會的情況，給大家留下美好的回憶！

Evolution of Insulin Delivery Devices

Leung Sum Ming, APN, OLMH
MEDM, MN, FHKAN(Medicine-Diabetes), RN, BN.



• Becton & Dickinson

Insulin Syringes

When insulin was first discovered in the early 1920s, the method of insulin delivery was mainly by using large glass syringes and reusable needles. These syringes were invented in the mid-1800s. They needed regular sterilization by boiling. Needles were reused by re-sharpening with a pumice stone. The disposable syringe was developed in the 1950s to dispense the polio vaccine. These syringes were manufactured by Becton, Dickinson and Co. and were also used by diabetes for insulin injections.

Subcutaneous insulin injection remains the most common form of delivery, using a needle and syringe. This delivery mode last for over 50 years. Insulin syringe delivery has several potential problems, including the inconvenience caused by the need of carrying many insulin injection related accessories, failure to administer accurate doses, adverse psychological and social impact. Injection via syringes may lead to misunderstanding of sickness and drug abuse. The development of insulin pens has therefore focused on ways to counteract these problems.





• Glass syringes



• Needles were re-sharpened with a pumice stone



• Disposable Insulin syringes

External Insulin Pumps

Modern external insulin pumps weigh less than 4 oz and consist of an insulin reservoir, a small battery-operated pump, and a computerized control mechanism. Pumps are designed to deliver both basal and bolus doses (usually a rapid-acting insulin analog) via a subcutaneous cannula. Pre-meal or snack bolus doses can be utilized to compensate patient's estimated carbohydrate intake at mealtime and to correct out-of-range SMBG readings. Multiple basal delivery profiles can allow patients to select different basal infusion rates based on different daily activity schedules. In addition, some pumps have occlusion and near-empty alarms.



• First Insulin Pump



• MiniMed Paradigm



• Omnipod

Some advanced insulin pump models have wireless connection with blood glucose meter (e.g., OneTouch® Ping™, OmniPod®, and MiniMed Paradigm®) or subcutaneous interstitial glucose sensor (MiniMed Paradigm®) for semicontinuous glucose-driven insulin rate adjustment.

A new trend of insulin pumps is the tubing-free "patch" pump. The OmniPod® insulin pump adheres directly to the skin and contains an integrated infusion set and automated inserter. The pump connects wirelessly with a separate controller that includes an integrated BG meter. It can allow patients to wear the pump in the shower and prevent the risk of disconnection from conventional design pump during exercise. It is expected that more patch pumps will come to the market in the future.

Pump therapy is not only costly, but also requires a high level of motivation and commitment to diabetes self-management. It is utmost essential to monitor blood glucose regularly whilst on a pump. Not all patients with diabetes are willing or able to undertake this commitment. Although external insulin pumps remain hard to access and expensive, many people with diabetes find them to be accurate, precise and flexible as insulin delivery systems provide tight blood glucose control.

The publication of the results of the landmark Diabetes Control and Complications Trial (DCCT) in 1993 clearly demonstrated the need for intensified methods of blood glucose (BG) control in type 1 diabetes to prevent complications such as retinopathy, nephropathy, and neuropathy. Five years later, the importance of intensive glycemic control to prevent microvascular complications in type 2 diabetes was shown by the United Kingdom Prospective Diabetes Study (UKPDS). The publication of the DCCT results greatly contributed to the rapid growth of CSII use in the United States, because almost half of the DCCT patients in the intensive treatment arm had been treated with insulin pump.

The main indications of insulin pump include patients with type 1 diabetes who are unable to reach optimal glycemic control using MDI, patients with histories of frequent or severe hypoglycemia or hypoglycemic unawareness, and patients who need more intensive management because of current microvascular complications.

Insulin Jet Injectors



The insulin jet injector was first offered for individual use in 1979. A modern insulin injector looks similar to an insulin pen with a larger size. It consists of three pieces – a metal pen-like delivery device, a disposable plastic nozzle, and a disposable adapter to connect the injector to an insulin vial. The detachable nozzle and adapter are intended for multiple uses before disposal.

Insulin jet injector ejects a fine spray of insulin through the skin using a high-pressure air current. It is an advance alternative for those people with diabetes who have needle phobia. The air pressure is generated by either a powerful spring device or a nitrogen or cartridge dioxide cartridge. The pressure can be adjusted to meet user's preference while causing the least discomfort. Other advantages are more safety, less risk of contamination, and no more scar tissue build up at the injection site.

Insulin jet injector is not commonly used as this type of device is expensive and requires frequent maintenance and regular sterilization. It also takes more time to set up than it does to fill up insulin syringes. Another main reason concerns about painful sensation felt by users. Many users find the pressure required to force the insulin through the skin most intolerable. It may cause bleeding, swelling or bruise at the injection site. Some users intend to terminate because of the annoyance caused by the noise that made by the compression system during use.

Implantable Insulin Pumps

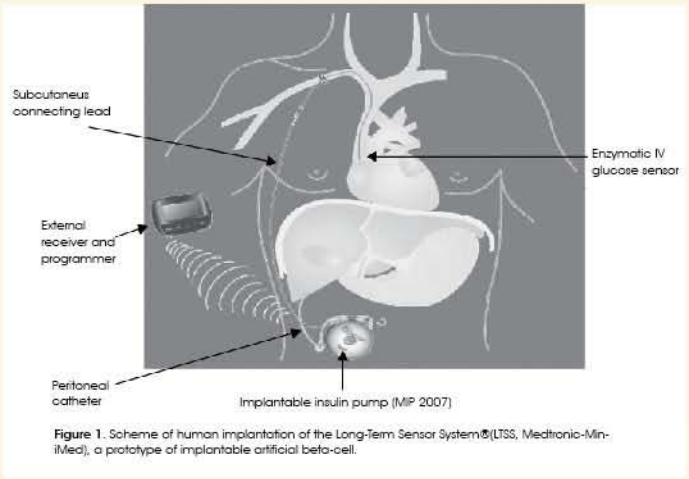


Figure 1. Scheme of human implantation of the Long-Term Sensor System®(LTSS, Medtronic-MiniMed), a prototype of implantable artificial beta-cell.

The first implantation of an insulin pump in a human subject was invented in September 5, 1980. The Minnesota group published their report of the implantation of an Infusaid Model 400, Constant Rate infusion pump, delivering insulin intravenously (Superior Vena Cava) in a 54 year old, type 2 diabetes man. This type of pump is implanted surgically, and can deliver a continuous basal dose of insulin and a bolus dose when required. At this stage, implantable insulin pumps are still under development.

Insulin Pens



The first manufactured insulin pen, the NovoPen® (Novo Nordisk), was introduced in 1985. It is more socially acceptable than insulin syringes. It also allow users to administer insulin during travel or whenever suitable. The advantages of insulin pens over insulin syringes have been confirmed in numerous studies. They include greater accuracy, ease to use, better patient satisfaction, improved quality of life, and treatment adherence. Nowadays, insulin pens are either disposable one-shot devices or with replaceable insulin cartridges.

Many current insulin pen models can allow backward dialing to correct misdialed doses without wasting insulin. Both (HumaPen LUXURA™ HD [Eli Lilly] and NovoPen Junior [Novo Nordisk]) allow the dose to be adjusted in half-unit increments.

Over the past 20 years, insulin pens have been constantly refined to meet users' needs. For example, FlexPen® (Novo Nordisk) requires a relatively lower injection force to maintain dose accuracy. Another example is HumaPen® MEMOIR™ device (Eli Lilly) has a memory function for recording the date, time, and amount of the previous 16 doses (including priming doses), so that users and healthcare providers can easily review user's history of insulin administration.

Insulin Inhalers



Inhalable insulin was available from September 2006 to October 2007 in the United States. The first product was called Exubera, a powdered form of recombinant human insulin. The dose is inhaled through the mouth and goes directly into the lungs for absorption and passes into the bloodstream.

A systematic review concluded that inhaled insulin appears to be as effective, but no better than injected short-acting insulin. The additional cost is so expensive that it is unlikely to be cost-effective. Because of poor sales, Pfizer discontinued the production and sale of Exubera in October 2007.

Most insulin inhalers use rapid-acting insulin, so that they cannot totally replace all insulin injections. Fast and slow acting inhalable insulin are still under development. Furthermore, the consistency and adjustment of dose is also being considered. Concerns have been raised if the user gets a cold would they still be effective.

As a new method of delivering insulin, inhalable insulin may become the key pharmaceutical product in the future of diabetes management.

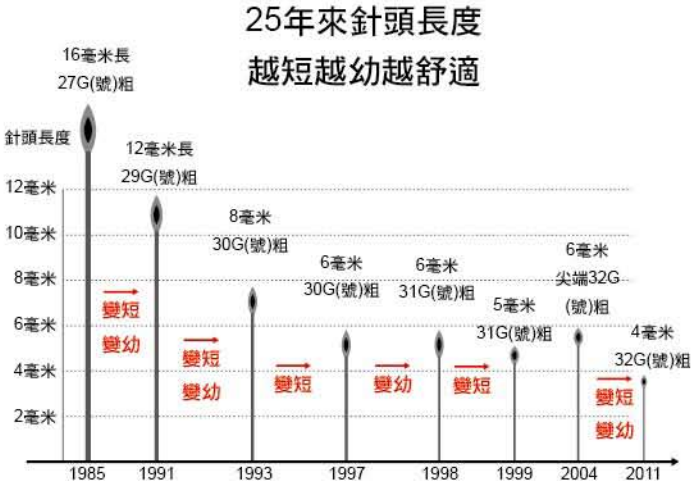
In clinical practice, some of our patients reported that they had not been offered the option of an insulin pen by their physicians. There is a need to increase health care provider awareness of the benefits and limitations of the currently available devices for insulin administration so that patients are informed of the range of options available and are thus able to choose the device that best suits their individual needs.

Evolution of Insulin Delivery Devices

Winnie Cheng, NC(Diabetes), KCC
FHKAN(Medicine-Diabetes), MSN, RN

Background

Recent studies showed that 4mm pen needle (PN) has significantly lowered risk of intramuscular insulin injection and thus reduced risk of fluctuating blood sugar profiles. Should we advise our diabetic patients using 4mm pen needles then? However, do diabetic patients well adapt to this shortest PN when switched from longer needles such as 5mm, 6mm or 8mm. Are there any practical issues with 4mm PN? As Diabetes Nurses, we need to know more about our patients' perceptions and grasp more practical immediate issues towards this 4mm PN.



A Survey to Learn About What We Want to Know

A prospective pilot survey was conducted from August 2011 to March 2012 in Diabetes Centre of Queen Elizabeth Hospital and United Christian Hospital so as to provide more information for Diabetes Nurses to consider when advising patients on insulin injection. 34 subjects with diabetes on longer PN (8mm, 6mm or 5mm) were randomly selected and consented to switch to 4mm PN for two to four weeks. Questionnaires included perceptions and outcomes Five-Point Likert Scales were pain level, satisfaction level, insulin leakage, force to push insulin, and ease of injection to different body areas pre- and post- switch from longer to shorter PN. Insulin leakage volume pre- and post switch was compared using a droplet size chart representing 1uL, 10uL, 20uL, and 40uL. A total of 31 completed pre- and post-questionnaires received for further analysis. Statistical analyses were conducted using SAS (v9.1).

Results

Demographics of All Subjects

Among these 31 subjects, 20 (64.5%) of them were female; 46.7% Type 1 Diabetes. Mean BMI was 24.05 ±5.09kg/m2 (17.5-40.0kg/m2); mean age was 48.9±18.6 years (13-76 years; mean HbA1c was 8.7±1.7% (5.7-12.7%) and average insulin dose was 46.9±18, 6 units (6-86 units). Of all analyzed, 33.3% generally injected with high speed to avoid pain and 49% of them were using 8mm needle.

Findings

There was no significant difference in the volume of insulin leakage pre- and post PN switch when injecting on abdomen (p= 0.7530) or thigh (p=0.5637); no significant difference in level of pain (p=0.051) though less pain was reported by quite a number of respondents. And there were no significant difference in level of convenience to use as well as force to push insulin pre- and post PN switch.

Conclusion

The use of 4mm PN showed no difference in insulin leakage and forces to push insulin. Significantly less pain was reported when switched to 4mm PN from 8, 6, 5 mm PN in a heterogeneous sample with obese, overweight, normal, and skinny patients though statistically not significant. No other significant adverse events reported when switching to 4mm PN. As 4mm PN has been proven to have lower intramuscular injection risk, this pilot study provided more information for nurse educators and clinicians to consider teaching patients using 4mm PN with proper insulin injection technique.

Limitations and Discussions

Though results of this survey told us that 4mm PN seem fits our patients as there were no significant difference between longer needles with the shortest 4mm PN and there were less pain reported by our patients, more clinical experience or further large scale studies can be considered to get more information on this topic.

Some questions raised by several respondents worthwhile our further explorations and taking into account when providing advices to our patients in our daily clinical care.

1. was not painful at all and thus not sure insulin has been injected or not
2. Worried about whether 4mm PN bend easier if re-use
3. Needed to be injected at an angle of 90 degrees with this 4mm shortest needle
4. One skinny, brittle T1DM reported less unpredicted hypoglycemia while majority of the respondents did not find any change in HBGM results pattern

我的終生伴侶 — 胰島素

Kitty
一型糖尿病患者

由開始需要接受注射胰島素來控制糖尿病，至今不覺已有二十年了，沒有它不能活到今天，回想起當時的情境，實在記憶尤新。初患病時當然是由吃藥開始，但發覺效果未如理想及經檢驗後，原來胰臟已失去功能，完全不能製造胰島素，唯一的療法只有靠注射。「醫生！我唔要打針呀！」但這是不可能，只好硬著頭皮接受現實。學習的過程真是要很大的勇氣，試問一個很怕痛及打針的人，怎可能自己刺自己！在糖尿科護士循循善誘之下，衝破心理障礙，用抖得利害的手，完成第一次注射。現在已經神乎其技，無論在餐桌前或任何交通工具上也可進行，不會局限有廁所內了！我很幸運，一開始用的是筆針，攜帶方便，對需要工作的我實在是恩賜！當時用的針咀是12mm，沒多選擇，及後生產了8mm、6mm和4mm。較短的針咀會減少注射時的痛楚及出血的情況，科技越進步，人類生活質素便越提高。胰島素的種類和成份也很多，支援不同病情的病人，近期更有些吸入方式的，不用注射,免了皮肉之苦，但欠缺準確性，對於我這個對胰島素敏感的人是不適用。為了要病情控制理想，曾用胰島素泵，但因支援不足、費用昂貴及帶來不便，於是放棄了這方法。現在最新發明的胰島素槍，是用壓力射入體內，效果如何未知，但體積也不小，攜帶沒現時的筆針方便，所以論準確性及輕巧，還是保持現狀，現期待著日後有新發明，真的有效可代替我每日注射五次，那麼我們糖尿病人便有福了！

5th AHKDN AGM Outstanding Achievement Award

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:

People with Type 1 or long-standing Type 2 Diabetes Mellitus constantly face challenges in achieving optimal glycaemic control. Fluctuations between severe hypoglycaemia and hyperglycaemia also impact tremendously on patients' quality of life. Hospital stay, which does not reflect patients' usual daily activity, may be necessary for insulin adjustment. Continuous Glucose Monitoring (CGM), by assessing glucose concentrations continuously over 72 hours in the interstitial fluid via a subcutaneous sensor, helps to identify patterns of glucose excursions in outpatient setting. It is particularly useful in individuals with suspected nocturnal/unrecognised hypoglycaemia, or with HbA1c above individualised target despite intensifying therapeutic regimens.

Objectives:

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

Results and Outcomes:

52 insulin-requiring diabetic patients (27 Type 1 and 25 Type 2), with mean age of 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%) had post-prandial hyperglycaemia in all 3 main meals.

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

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

Conclusion:

CGMS provides additional insights to patients with Type 1 or Type 2 diabetes regarding nocturnal hypoglycaemia and post-prandial hyperglycaemia, which can guide the adjustment of insulin and life-style modification in outpatient setting for the optimization of glycaemic control as well as the avoidance of hypoglycaemia and hospital admissions.

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

Diabetes Nurse[1] Patient Care Assistant[2] Clerical or Supportive staff[3]

Diabetic patients are at high risk for co-morbidities which are closely related to disease duration and coexisting cardiovascular risk factors and complications[1]. Data from the Hong Kong Diabetes Registry and others have shown that Obese type 2 diabetic patients are one of the extremely high risk groups for future events. Mortality and complications risk [2] would be multiplied for obese people having diabetes symmetrically in suboptimal control.

Hence, it is of high priority to develop an innovative program to manage this high risk group. Being a diabetes education centre as well as a certified nurse-led clinic, it is a leading role of diabetes educator to mobilize the whole nursing and supportive team in planning and conducting a well structured program for quality diabetes care.

"Interactive Weight Management Program" was launched in Diabetes and Endocrine Centre (DMEC), Prince of Wales Hospital since August 2012. It is also one of a component of "Evaluation of Morbidities, Endpoints and Reaching targets in Diabetic patients managed by an All-encompassing program Led by a Diabetes specialist team" (EMERALD) study.

Aim

To develop an interactive program for type 2 diabetes people for enhancing their lifestyle modification, weight control as well as diabetes self-management.

"Interactive Weight Management Program" consists of 3 interactive workshops, totally in ten 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 and peer group phone support, etc. Between each visit, Patient Care Assistant(PCA) will make a phone call to each participant in reminding diabetes self-care aspects, reinforcing healthy lifestyle and calling to peers (see Appendix 1 for – PCA Telephone log sheet)

Target participants:

- Type 2 diabetes,
- aged 18-70,
- with BMI >27kg/m2 or Waist F>80cm, M>90cm
- HbA1c > 8%
- No major illness that contraindicated to perform moderate level exercise.

Workshop 1-3: 4-5 weeks interval

Day: on Tuesday/ Thursday PM

Time: 2pm – 5:30pm

Venue: 3L, DMEC, PWH

Facilitators: APN Ms Tammy TY SO
PCA Ms HO Sze Yin & Ms LI Dongqin
Supported by all DMEC staff

Class size: 8-12 participants / class

Main theme of each Workshop:

Workshop 1 -- Principles of Diabetes control and weight management
Workshop 2 -- How to eat healthy and yummy
Workshop 3 -- Psychosocial well-being: Positive thinking & stress management

Details of the program as below:

Workshops for "Interactive Weight Management Program"								
Time	*----------*----------*----------*----------							→Continue
Visit	1		2		3		4	other
Week	Recruitment -2 to 8 -wk	PCA Phone	Wk 0	PCA Phone	Wk 4-5	PCA Phone	Wk 8-10	components of the
Format	Group Edu	call	Workshop	call	Workshop	call	Workshop	EMERALD
Topic	Complications Screening Report Interpretation		General concept	Peers Phone call	Diet	Peers Phone call	Positive thinking, Be happy	study (multi-disci-plinary team approach.)

Workshop 1 (Basic Concepts)

Objectives:
By the end of Workshop 1, participants will be able to:

1.get to know each others, share past experiences on weight control and related difficulties

2.share past experiences on weight control and related difficulties

3.acquire an understanding of diabetes control in relation to obesity

4.gain basic knowledge on principles of weight control

5.understand related pharmaceutical or operational method for weight control

6.experience a complete phase of exercise (warm-up, aerobic, water bottle resistance exercise & cool-down)

7.Exchange of contact number for peer phone calls in between follow up.

Workshop 2 (Healthy Diet)

Objectives:
By the end of Workshop 2, participants will be able to:

1.share individual progress of weight control and diabetes care

2.have concepts on Diabetes dietary principles and Carbohydrate counting

3.acquire an idea on calorie control and low fat diet

4.know about the point-to-note when dining out

5.set individual objective and action plan related to dietary modification or weight control

Workshop 3 (Positive thinking, Stress Management, How to be happy)

Objectives:
By the end of Workshop 3, participants will be able to:

1.share individual progress of weight control and diabetes care

2.gain an idea on healthy life style and psycho-social well being

3.learn stress management technique and relaxation exercise

4.set individual objective and action plan related to exercise/stress management/ psycho-social health

5.have a sharing of feeling and attitude change by attending these 3 workshops (self-recognition)

The contents, format, run down and list of teaching aids of each workshop may refer to Appendix 2 for details.

Results

The program commenced recruitment since June 2012 and the first class was held in August 2012. Totally 56 patients being enrolled for the program as at 25.5.2013, 5 classes have been started with 8-12 patients per class. 29 have completed all 3 workshops, while others are still in progress.

By completion, 100% of participants rated "Overall Satisfaction" to the program and all shown "positive feedback" upon receiving regular phone calls from PCA.

By observation, participants showed enjoyment to the interactive activities, peer sharing and exercise session. They also rated "Good" on the program teaching materials including log books and exercise VCD.

Regarding health parameters, preliminary results shown: 86% improved HbA1c value (mean of pre-A1c 9.3% , post-A1c 8.2%); 38% (11 out of 29) had weight lost on week-8. For a longer observation on week-24, 61.9%(13 out of 21) shown body weight drop at a longer period since demonstrated lifestyle modification. Anyway, systematic statistical analysis by SPSS will be carried out when more data including psycho-social health parameter is on-board.

Conclusion

Development of the "Interactive Weight Management Program" is essential for type 2 obese diabetes especially for those in suboptimal glycaemic control. Interactive educational program with vivid contents and formats like group discussion, games, role-play, practical activities, reflective story, peer sharing, goal setting etc will be a new trend in diabetes education. Training to PCA on structured diabetes care is also a new initiative in effective diabetes management.

Reference

1.Chan JC, So W, Ma RC, Tong PC, Wong R, Yang X: The Complexity of Vascular and Non-Vascular Complications of Diabetes: The Hong Kong Diabetes Registry. Curr Cardiovasc Risk Rep 2011, 5(3):230-239.

2.Holman RR, Paul SK, Bethel MA, Matthews DR, Neil HA: 10-year follow-up of intensive glucose control in type 2 diabetes. N Engl J Med 2008, 359(15):1577-1589. Epub 2008 Sep 1510.

5th AHKDN AGM Green Award

A HbA1c Converter

OL Chui and CW Yeung,
Diabetes Nurse, Department of Medicine,Queen Elizabeth Hospital

Background

HbA1c and spot blood glucose together provide a comprehensive view of glycemia and demonstrate benefits to diabetic patients to guide diabetic treatment. HbA1c (or called A1c) is a measure developed in late 20th Century by Rahbar (1969) and nowadays, it has been used as a target of control parameter for people with diabetes because of its correlations with various chronic diabetic complications in many big epidemiological studies. A1c is a measure of patients' glycemic status over a period of 60 days, while measuring spot glucose at different times allows the patient to understand how various factors' impact on one's glycemia. A1c is an aggregate or mean concept which is quite complex mathematic concept to understand for patients and sometimes general practitioners. Quite often, A1c is read without the percentage and the numerical part of it is suffixed by the mmol/L and misinterpreted as a spot glucose reading.

Capitalizing on patients' understanding of spot glucose, we have developed the A1c converter to facilitate health care professionals to translate A1c into spot glucose levels and thus interpreting the parameter to patients.

Purpose

A1c converter is an inexpensive education tool designed primarily to help diabetes nurses to interpret A1c readings to patients. It can also be used by patients, other health professionals, or students to understand the A1c parameter and its glucose equivalents.

Description

The converter is a cod shape tool with traffic light colored outlook. The converter provides accurate conversion of 5.0-15.9% of A1c into spot glucose from 5.6-27.2 mmol/L. For example if one's A1c is 6.5%, the nurse can roll the A1c column to 6.5% and the equivalent mean glucose level 8.6 will be shown on its right side. Or if the patient's A1c is 10.8%, the nurse can ask the patient to dial the A1c column to 10.8% and s/he will find out her/his own glucose over the past 2 months being 17.1 mmol/L.





The tool is user-friendly, accurate, time-saving and interesting when comparing to the traditional paper format conversion tables. Moreover, the product is inexpensive as the cost of raw materials for producing one converter will be HK$ 4 each. For bulk production by vendor for 500 pieces, the cost is estimated to be HK$1 each.

Implication

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' A1c 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.

References

Rahbar, S., Blumenfeld, O., & Raney, H.M. (1969). Studies of an unusual haemoglobin in patients with diabetes mellitus. Biochem Boiphys Res Commun, 36, 838-845.

Professional Promote

Conference/Seminar	Date	Web-site
Annual Meeting & Exhibition, American Association of Diabetes Educators (AADE); Philadelphia PA	7 – 10 August 2013	http://www.diabeteseducator.org
49th Annual Meeting of the European Association For The Study of Diabetes; Barcelona, Spain	23 – 27 September 2013	http://www.easd.org
15th Diabetes & Cardiovascular Risk Factors – East Meets West (EMW) Symposium; Hong Kong	1st October 2013	http://www.eastmeetswest.org.hk
22nd World Diabetes Congress, International Diabetes Federation; Melbourne, Australia	2 – 6 December 2013	http://www.idf.org
Course	**Date**	**Web-site**
Basic Course in Diabetes Management & Education (BCDM)	September 2013 – February 2014	http://hkfrdd.org/bcdm1314
Professional Diploma Programme in General Endocrinology & Metabolism (GDEM)	April 2014 – March 2015	http://hkfrdd.org/gdem1415
Journal Article/web-site (New Approach on Diabetes Education)		
Elsevier Masson (2010), New injection recommendations for patients with diabetes, Diabetes & Metabolism, Vol. 36, S2 – S29.		

Activities Review: 5th AHKDN symposium & AGM

"Swirl the knowledge field, unite the family support 飛越知識領域，凝聚家庭力量" was held on 13/07/2013, Eaton Hotel.

On behalf of the council members, welcome to the guests:
Dr. MW Tsang, Prof. Karen Lam, Prof. Ann Shiu,
Dr. Jenny Leung, Dr. Victor Hung,
Dr. Susie Lum & Prof. Frances Wong



◄ Ms. Maisy Mok presented the President Report





► Dr. Tsang Man Wo, Head of Diabetes and Endocrine Division, Consultant, Medical and Geriatric Department, United Christian Hospital gave his expert talk on "New Perspective Management in Diabetes Care"



▲ There were 120 participants to join the AGM & symposium





▲ Prof. Karen Lam awarded the honor to 2 Outstanding Achievement Awards to Ms Karen Wong and Ms Tammy So; and a Green Award to Ms OL Chui & Ms CW Yeung.





▲ At Annual Dinner, we all enjoyed a delicious meal. We were all had fun during the night. You see some members were entirely engaged in the game. Further, how the lucky draw distributed the happiness to Dr. Susie Lum and the other three gainers.



▲ Dr. YUNG TSANG Sun May, Grace, the Chief Executive of "Green Pastures" delivered a brilliant talk on "Family Therapy for families with a chronically ill member"

Diabetes Centre Round

International Diabetes Federation Centre of Education: CUHK-PWH DMEC

International Diabetes Federation
IDF Centre of Education
2011 - 2015

In December of 2011, the Chinese University of Hong Kong-Prince of Wales Hospital Diabetes & Endocrine Centre (CUHK-PWH DMEC) was designated as the International Diabetes Federation Centre of Education (IDF-CE). We are delighted to be one of the eight IDF-CE worldwide.

The CUHK-PWH Diabetes and Endocrine Centre is made up of 6 units affiliated to CUHK and PWH with complementary functions :

1. PWH Diabetes and Endocrine Centre
2. CUHK Hong Kong Institute of Diabetes and Obesity
3. CUHK Yao Chung Kit Diabetes Assessment Centre
4. Asia Diabetes Foundation
5. CUHK Diabetes Clinical Research Centre
6. CUHK Diabetes Research Laboratory, Li Ka Shing Institute of Health Science

Our objective is to improve chronic care and to translate research evidence to clinical practice with the goal to mobilize health care resources, disseminate clinical information and provide decision support to ultimately create a practicing environment conducive to holistic and preventive medicine.

Our Vision

To improve quality of diabetes care through innovative research and development of human resources

Our Mission

- To prevent and control diabetes through patient and professional education
- To translate research evidence to practice through the application of disease registry and protocol-driven care augmented by peer support
- To raise awareness and detect early diabetes using a proactive and empowering approach
- To advocate for policy change to strengthen the health care system to make quality chronic care affordable, sustainable and accessible
- To advance our understanding of diabetes and discover novel prevention and treatment strategies through basic, clinical and applied research

For more information about IDF of DMEC, please visit our web site:
www.idfce-hk.org



• IDF Representatives visiting CUHK-PWH DMEC



• Sharing with visitors from Vietnam, Singapore & Malaysia 1.2012







• DMEC Family pictures

Before the alignment with IDF, Diabetes and Endocrine Centre (DMEC) of PWH is a multi-disciplinary centre that provides a spectrum of services: diabetes education, complications screening and endocrine investigations to all patients referred from PWH. It is also a training centre for medical doctors, nurses and other healthcare professional on diabetes management and education. Since December 2011, DMEC is now being a member of a big family of 6 units stated above. Our vision, mission and scope of service are being diversified.

Being the IDF-CE in 2012, we've moved forward a big step on the aspect of providing training to health care professional and health care administrator worldwide. Our specialty training now focuses assisting developing regions on enhancing their diabetes care system like Vietnam, Cambodia, Indonesia, Thailand and India, etc. Also, several sharing and teaching sessions had been held in 2012 for the Eastern Asia, like HCP from China, Taiwan, Japan, Singapore & Malaysia.

On the other hand, more global expertise comes for sharing advanced diabetes practice and information to nurture our diabetes care knowledge and practice.

Looking to the future, IDF alignment allows DMEC opportunities to expand diabetes care and complications prevention, as well as health promotion, health protection and surveillance scopes out of Hong Kong into the Asian pacific regions and worldwide.

Let us work in accordance with the IDF mission to improve quality of diabetes care through innovative research and development of human resources.

Let's move forwards together -- UNION for Diabetes!

ANNOUNCEMENT

Coming soon!

Update on Diabetes Education & Management 2013

Date: 24th September to 12th November 2013,
(Total 7 lessons), every Tuesday

Time: 6:30 – 8:00pm

Venue: Seminar Room, HAHO.

ACCU-CHEK® Performa

Roche

Accu-Chek® Performa 血糖機
無需更換密碼牌
簡單易用　準確可靠



非凡體驗　誰說不可能
查詢電話：2485 7512

ACCU-CHEK®