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

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## Editorial

Rats brought us "Plague" or "Black Death" and killed more than 200 million people in the 14th century. In the Year of the Rat, it gave us not the same but we had a new infectious disease "COVID-19" worldwide. Hong Kong has already faced over 200 deaths from COVID-19 and the number is increasing. As a healthcare association during this period of time, we advise our patients to stay home, practice social distancing, reinforce on hand washing, eat healthy and stay active in-door. Hopefully, the coming Year of the Ox will bring us a new and a good start.

Keep healthy always!

## President Words

Sarita Chan President of AHKDN 2020 - 2022

I am pleased to announce that the new term of AHKDN membership was renewed in August 2020. May I take this opportunity to thank the new council members for their unfailing contribution; our honorary advisors for their expert guidance; and the past Presidents from the year 2008 to 2020 for their great authentic leadership, leading AHKDN to a mature and an independent association for diabetes nurses.

I think all of you would agree that we have had a very harsh time in 2020 because of the crisis of Coronavirus Disease 2019 (COVID-19) pandemic. The COVID-19 outbreak in Hong Kong is part of the worldwide pandemic. The disease was caused by severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) and the first case in Hong Kong was confirmed on 23 Jan 2020 before it eventually spread all over the world. With the experiences of SARS epidemic in 2003, people in Hong Kong raised their alertness by wearing masks in the public, practise hand hygiene and disinfect home environment. In order to control the outbreak of COVID-19 in the community, the Hospital Authority triggered the 'EMERGENCY' response on 25 January 2020 and the government of Hong Kong have launched different preventive measures, such as prohibition of group gathering, maintain social distancing, contact tracing, 14-day quarantine, etc. However, the number of confirmed cases is still rising. The new disease not only affects our daily life, work schedule and economy but also brings about a big burden to our health care system.

The theme of the 16th AHKDN Newsletter is 'COVID-19 and Diabetes'. It aims to provide updated information on the management of diabetes under the COVID-19 pandemic from the perspective of endocrinologists and diabetes nurses; and from hospital to community. Since the outbreak is not yet been under control, we have to stay alert and comply with the safety measures. COVID-19 pandemic is a chance to use technology to reboot our nurses' training and patients' education. AHKDN provides and supports ongoing training via webinar seminar during the outbreak. With internet and advanced technology, we can keep ourselves updated and connect with others without boundary while we are staying safely at home.

Last but not least, wish you all stay safe in the crisis of COVID-19 pandemic and hope to see all your happy faces again in the near future.

# Management of diabetes in the COVID-19 pandemic: from endocrinologists' perspective

Dr. Joanne Lam Specialist in Endocrinology, Diabetes and Metabolism

As of 2nd November, 2020, there are already over 47 million COVID-19 positive cases with over 1.2million deaths all over the world.[1] Hong Kong has 5,337 cases with 105 deaths.[2] In addition of loss of lives, COVID-19 has greatly impacted our daily routines, including work, school, social activities & health seeking behaviour.

Diabetes is one of the most common comorbidities linked to the severity of COVID-19 infection. In fact, people with underlying medical conditions, including history of cardiovascular disease, diabetes mellitus, hypertension, chronic lung disease, chronic kidney disease, immunocompromised state and obesity, are at increased risk of complications from COVID-19. For individuals infected with COVID-19, there is ~3-fold increased risk of mortality in patients with diabetes mellitus compared to those without.[3] Better blood glucose control is associated with improved outcome in diabetic patients infected with COVID-19.[4]

People with diabetes are at risk of infection, as there are defects in innate immunity affecting phagocytosis, defects in neutrophil chemotaxis and defects in cell-mediation immunity.[5] A more specific mechanism might play a role in COVID-19 infection, it has been shown that SARS-CoV-2 uses angiotensin-converting-enzyme 2 (ACE2) receptor for host cell entry.[6] Acute hyperglycemia has been shown to upregulate ACE2 expression on cells, which might facilitate viral cell entry.[6] On the other hand, chronic hyperglycemia downregulates ACE2 expression which facilitates cellular damage and inflammation.[6]

Some patients are afraid of attending medical follow up due to fear of getting infected with SARS-CoV-2. In fact, with proper infection control measures, the risk of getting COVID-19 from outpatient clinic follow up is much less than eating inside a restaurant, going to the beach or cinema… To prevent infection in diabetes, it is of utmost importance to optimize medical therapy to achieve good metabolic control. In fact, COVID-19 is a good opportunity to better educate our patients on self-management of their diabetes and comorbidities.

Patients should be encouraged to maintain a well-balanced diet and regular exercise during COVID-19. During COVID-19, people eat more often at home than before. People with diabetes are encouraged to choose fresh meat and vegetables, rather than processed food. Steaming, boiling, braising and baking are preferred cooking methods, instead of frying. Use less sugar, salt and oil during cooking, and consider more natural ingredients to increase the flavor of food, like ginger, vanilla, spring onions…

Exercise has been shown to improve immunity. Many patients might be staying at home and sitting down more often than they usually do. In fact, there are a variety of activities that we can do at home, like online exercise classes, active video games (e.g. Xbox Fitness, Wii Fit), rope skipping, muscle strengthening exercises (e.g. push-ups), yoga and pilates… Doing any activity at the home is better than none at all.

It is also a good opportunity to advise our patients to quit smoking during COVID-19 pandemic. Smoking is a major risk factor for ischemic heart disease, stroke and cancer. Smokers may also have a higher risk of getting COVID, as smokers cannot wear a mask properly during smoking. The act of smoking means that fingers (and possibly contaminated cigarettes) are in contact with lips, which increases the possibility of transmission of virus from hand to mouth. If smokers get coronavirus, they run a greater risk of getting a severe disease because their lung function is impaired.

Most patients with type 2 diabetes have other components of metabolic syndrome, including hypertension and hyperlipidemia. Both hypertension

and cardiovascular disease are associated with higher mortality in patients with COVID-19, it is important to intensify metabolic control in patients with diabetes. Therefore, anti-diabetic drugs, anti-hypertensives, and statins should be reviewed and optimized. Patients should be advised to monitor their blood sugar and blood pressure, especially if they are feeling unwell.

There have been some controversies regarding the use of angiotensin-converting enzyme inhibitor (ACEI) and angiotensin II receptor blockers (ARB) in patients with COVID-19 at the beginning of the pandemic, as animal studies have shown that the expression of ACE2 is substantially increased in patients treated with ACEI and ARB.[7] Some scientists speculated that the use of ACEIs and ARBs might lead to increased expression of ACE2, which would facilitate SARS-CoV-2 entry. However, a recent meta-analysis has shown decreased mortality in COVID-19 patients with hypertension treated with ACEI or ARBs.[8] It was postulated that the binding of SARS-CoV-2 to ACE2 may attenuate ACE2 activity, leading to higher level of plasma angiotensin II, resulting in heightened inflammatory and oxidative organ damage.[9] ACEI or ARBs might mitigate these deleterious effects of angiotensin II. Therefore, all cardiology and hypertension societies recommend the continuation of ACEI or ARBs in patients with COVID-19.[10]

For patients with diabetes, it is important to take precautions to avoid the virus if possible. The recommendations that are being widely issued to the public are especially important for patients with diabetes, and people in close contact with patients with diabetes, including (1) Wash hands thoroughly and regularly. (2) Avoid touching your face before you have washed your hands. (3) Avoid crowded places. (4) Wear a mask properly in all public places. (5) Minimize social gatherings.

We are all waiting eagerly for the availability of COVID-19 vaccine, hoping an effective vaccine can put an end to the COVID-19 pandemic and return our lives to normal. While waiting for the COVID-19 vaccine, patients with diabetes should consider receiving other effective vaccines, including influenza and pneumococcal vaccines, as they are at higher risk of complications and mortality from these common respiratory infections. Pneumococcal and influenza immunization in patients with diabetes can reduce morbidity and mortality related to these diseases.

Last, but not least, some people infected with COVID-19 only have mild symptoms. If patients with diabetes are feeling unwell (even if having very mild symptoms only), they should seek medical advice promptly so that appropriate diagnosis and treatment can be initiated at the earliest possible time. The "Sick Day Rules" should be reinforced, including (1) Keep hydrated. (2) Take diabetes medications as usual. Insulin treatment should never be stopped. (3) Monitor blood sugar regularly.

The COVID-19 infection is destined to stay with us for a long while until the availability of effective vaccine and treatment. Everyone has the responsibility to fight the pandemic together. Maintaining a healthy lifestyle, including eating a balanced diet and regular exercise, can help to build a stronger immunity. We should also protect ourselves by wearing a mask and keeping social distance.

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# Management of diabetes in the COVID-19 pandemic: from diabetes educator's perspective

Sarita Chan NC (Diabetes), KWC & PMH

We haven't seen the smiling faces since the outbreak of the Coronavirus Disease 2019 (COVID-19). The disease is caused by a novel coronavirus, severe acute respiratory syndrome coronavirus 2 (SARS-COV-2). The new virus and disease were unknown before the outbreak began in Wuhan in December 2019. COVID-19 was reported to the World Health Organization (WHO) on 31 December 2019 and declared as a global pandemic on 11 March 2020, eventually touching every corner of the world. There were nearly 66 million confirmed cases of COVID-19 and over 1.5 million deaths up till now. The outbreak brings a great challenge to the health care system.

Although the majority of COVID-19 patients present with mild or no symptoms, some patients may develop severe pneumonia, acute respiratory syndrome, multi-organ failure and even death. It is not yet known whether people with diabetes are more susceptible to COVID-19 but several studies have reported a greater risk of severe COVID-19 in diabetes patients[4]. Recent studies suggested that most people with COVID-19 have comorbidities and the most prevalent ones are hypertension, diabetes and cardiovascular disease[6]. Reports from CDC and other national health centres and hospital have shown that the risk of a fatal outcome from COVID-19 is up to 50% higher in patients with diabetes than in those who do not have diabetes[1]. It is because diabetes patients have impaired immune-response to infection. Previous studies provided evidence that HbA1c > 9% have been linked to a 60% increased risk of hospitalization and pneumonia-related severity during bacterial infection[8].

In Hong Kong, the first confirmed case was on 23 January 2020 and the initial cases recorded in January 2020 were mostly imported or import-related cases. Clusters were observed in the local community involving large gatherings. In view of the outbreak, the Hospital Authority activated '**EMERGENCY**' response on 25 January 2020 in public hospitals, universal masking is required in all hospitals and clinics; setting up isolation wards in major public hospitals; full personal protective equipment (PPE) for aerosol-generating procedures (AGPs), etc. Although governments of different countries including Hong Kong have launched preventive measures to control the outbreak such as restricting the movement of citizens; compulsory 14-day quarantine; border restriction; quarantine and isolation; social gathering restriction, social distancing; and mandatory wearing mask in public area, the crisis of COVID-19 still escalated in Hong Kong from mid-March to late March due to marked increase in imported cases and significant outbreaks in bars/pubs and karaokes. The number of cases had decreased gradually since early April. However, the subsequent waves of outbreak started from early July and December respectively again in Hong Kong. Up till December 2020, Centre for Health Protection (CHP) of Department of Health had recorded over 6500 cases of COVID-19 and over 110 deaths from disease in Hong Kong.






At the start of the outbreak, availability of daily necessities such as toilet paper, disinfection products, hand sanitiser and surgical face mask was insufficient to supply. Many pharmacies had long queues forming outside and some would queue overnight despite advice from stores. Panic buying caused many stores to be cleared of non-medical products such as bottled water, food and rice. Due to the severe shortages, one supermarket






was robbed by arm gangs who made off with 50 packets (600 rolls) of toilet papers. Moreover, some diabetes patients did not get enough alcohol wipe for home self-monitoring blood glucose and insulin injection.

Not only the patients, it is also a big challenge to the health care system. Extra healthcare professionals have been deployed to caring for the increasing caseloads of admitted confirmed and suspected patients. In addition, we need to manage new onset diabetes in infected patients and infected patients with diabetes under the stringent manpower situation in hospital. We are facing difficulty when teaching patients infected with COVID-19 in isolation ward. On the other hand, out-patient self-management education is also important. We should empower patients on the sick day management and prevention of infection through sensitisation for the importance of optimal metabolic control; optimisation of current therapy; caution against premature discontinuation of current therapy if possible to maintain maximal self- containment. Good metabolic control and taking measures for good health in diabetes patients are utmost important to prevent COVID-19 and other infections. The diabetes patients should maintain balanced diet, healthy nutrition, regular exercise, adequate rest, hand hygiene, wearing mask, avoid going to crowed area, keep good treatment compliance and home glucose monitoring which are essential components of diabetes management to ensure optimum metabolic control and enhance their immune system. However, some out-patient clinic or group education classes may need to be suspended or postponed. People with diabetes may be unwilling to attend the clinic to minimize the risk of exposing themselves to potential infection.

Patients may encounter problem of getting medications. Some patients may be unable to go to the hospital for reasons such as lack of surgical mask; under quarantine after visiting the affected country or being too weak and afraid of going to the hospital. The hospital authority has put forward measures to facilitate patients to get medicines. Relatives can go to the clinic to get medications on behalf of the patients if the patients' condition is stable. Some NGO also provide service to facilitate patient to get medications from hospitals.





疫情下普通科門診覆診病人的就診及藥物補充特別安排

在 2019 冠狀病毒病疫情下，已在醫院管理局（醫管局）轄下的普通科門診覆診的長期病患者，如因特殊情況而不能就診（例如擔心感染風險、居檢疫等），病人可聯絡相關診所，診所職員會因應情況為病人作出

更改覆診日期及安排補充藥物

如病人需要補充藥物，病人或其家人 / 照顧者可在原本的覆診日期前的便條及身份証明文件到診所，診所會按病人的情況為其更改覆診日期及補充藥物。

更改覆診日期

如病人因特殊情況而不能就診，可根據預約便條上的資料聯絡相關診所更改覆診日期。

Furthermore, government' s preventive measures such as school suspension, ZOOM lectures, home office, restricted social gathering made people staying at home. There are useful websites and APPs such as HA GO, DM Care APPs, Association of Hong Kong Diabetes Nurses, Diabetes Hongkong, Youth Diabetes Action, etc., providing updated information on COVID-19, diabetes management under the pandemic, smart tips on diet, home exercise, etc. Staying at home may make patients feel sad and lonely, they are encouraged to keep connection with family and friends through phone chatting, video call and various social media. Home exercise can keep them moving while self-cooking

may bring another fun. Such activities would keep close relationship with family members.

The COVID-19 experience is not the first nor will it be the last, it is time to redesign the care delivery model. As technology for communication improves, better data management and decision support software become available, it is expected that diabetes telemedicine and remote Continuous Glucose Monitoring (CGM) will become increasingly adopted. Evidences show that usage of CGM helps patients to improve glycaemic control and utilization of Telemedicine reduces risk of cross-contamination; reduces exposure in a congested hospital; provides rapidly accessible information through technology; and enhances active participation in self -management for people with diabetes.



















Lastly, having experienced the major infectious disease, Severe Acute Respiratory Syndrome (SARS) outbreak in Year 2003, people in Hong Kong have increased awareness and preparedness to avoid transmission by wearing surgical mask, performing hands hygiene and maintain environment hygiene. Wish the outbreak to be under control soon through every citizen' s effort coupled with the government' s effective preventive measures. We may adjust ourselves to a ' **New Normal**' until the vaccine for the COVID-19 is available.

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# Practical tips on injectable anti-diabetic agents and SMBG for persons with diabetes during COVID-19

Koo Wai Kuen Advanced Practice Nurse, Queen Elizabeth Hospital

Diabetes is one of the most important comorbidities linked to the severity of the coronavirus disease 2019 (COVID-19). It can be more difficult to treat due to fluctuations in blood glucose levels and, possibly, the presence of diabetic complications. There appear to be two reasons for this. Firstly, the immune system is compromised, making it harder to fight the virus and likely leading to a longer recovery period. Secondly, the virus may thrive in an environment of elevated blood glucose.

Thus, people with diabetes should intensify their metabolic and glycaemic control for the primary prevention of COVID-19 disease and other infections. Here we aim to provide to provide some practical advice to diabetic patients on injectable anti-diabetic agents during the COVID-19.

## A. Common injectable for treating diabetes are insulin and GLP1 receptor agonist.

### Glucagon-like peptide 1 receptor agonists

Synthetic glucagon-like peptide 1 (GLP1) receptor agonists are for treatment of type 2 diabetes. They are variably resistant to degradation by the enzyme dipeptidyl peptidase 4 (DPP-4) and therefore have a longer half-life, facilitating clinical use. They bind to the GLP-1 receptor and stimulate glucose-dependent insulin release from the pancreatic islets, slow gastric emptying, and reduce postprandial glucagon and food intake.

| Type of GLP1-ra (not fully listed) | Dosing |
|---|---|
| **Byetta** (Exenatide) | Twice daily dose. Inject in between two main meals. Better inject within 60 mins before meals and at least 6 hrs apart of two injections |
| **Victoza** (Liraglutide) | Once daily dose. Inject at any time, regardless of meal time, the same time of a day. |
| **Lyxumia** (Lixisenatide) | Once daily dose. Inject within 60 mins before 1st meal |
| **Bydureon** (Exenatide extended release) | Once weekly, same day each week<br>Can be taken at any time of day, independent of meals |
| **Trulicity** (Dulaglutide) | Once weekly, same day each week<br>Can be taken at any time of day, independent of meals |
| **Soliqua** (insulin glargine & Lixisenatide) | Once daily dose. Inject within 60 mins before 1st meal |

Special consideration if patients on GLP1 receptor agonists is suspected to be or COVID positive:

- Dehydration is likely to lead to serious illness so patients should be closely monitored
- Adequate fluid intake and regular meals should be encouraged
- If severe COVID symptoms with AKI or GI -> stop GLP1

**Insulin**

Insulin is the treatment for type 1 diabetes. Many patients with type 2 diabetes eventually require and benefit from insulin therapy.

| Insulins (not fully listed) | Compounds | Injection time |
|---|---|---|
| **Rapid acting analog** | Humalog<br>Novorapid | 0-10 mins before meals |
| **Short acting** | Actrapid<br>Humulin R | 30 mins before meals |
| **Intermediate acting** | Protaphane<br>Humulin N | Refer to prescription |
| **Basal analog** | Lantus<br>Levemir (Determir)<br>Tresiba | Any fixed time of a day |
| **Premixed insulin** | Mixtard<br>Humulin 70/30<br>HumalogMix 50/50<br>HumalogMix 75/25<br>NovoMix 30/70<br>Ryzodeg 70/30 | 30 mins before meal<br><br>0-10 mins before meal |

Special consideration if patients on insulin is suspected to be or COVID positive:

- Insulin therapy should not be stopped
- Carefully adjust regular therapy if appropriate to meet the therapeutic goals

## B. Prevention of infection in diabetes

People with diabetes should intensify their metabolic and glycaemic control to serve as the primary prevention of COVID-19 disease and other infection. The following contents should be included in the management:

- Reinforce patients with diabetes the importance of optimal metabolic control with
  - Good drug compliance
  - Correct injection time for injectable to optimize the effect
  - Correct injection skill to avoid dystrophy
  - Enough stock of medicine, syringe and pen needle especially if quarantine needed.
- Optimization of current treatment if appropriate
- Caution with premature discontinuation of established therapy
- Utilization of telemedicine and connected health models if possible to maintain maximum self containment

## C. Monitoring of glycaemic control

Glycaemic control can be monitored by HbA1c test, patient self-monitoring of blood glucose (SMBG) and continuous glucose monitoring (CGM). HbA1c is the major tool for monitoring glycaemic control and have strong predictive value for diabetic complications. Both SMBG and CGM may help with self management and medication adjustment.

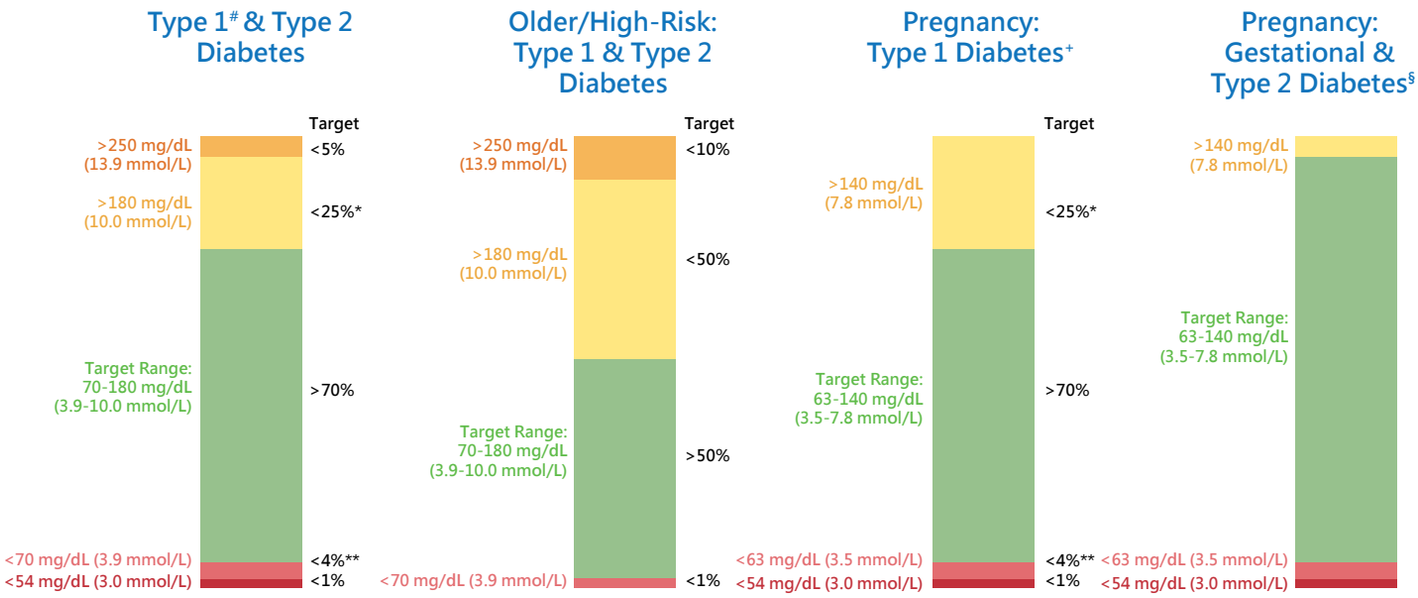
To optimize glycaemic control, patients should increase the frequency of SMBG or use of CGM, make sure all diabetes technical device in good order and adequate stock.

## Therapeutic aims:

HbA1c < 7%*, preprandial* blood glucose ~ 4.4-7.2 mmol/L, postprandial* blood glucose <10 mmol/L

*more or less stringent glycaemic goals may be appropriate for individual patients (ADA, 2020)

CGM / FGM targets:




# For age <25 yr, if the A1C goal is 7.5%, then set TIR target to approximately 60%. (See Clinical Applications of Time in Ranges section in the text for additional information regarding target goal setting in pediatric management.)

\+ Percentages of time in ranges are based on limited evidence. More research is needed.

§ Percentages of time in ranges have not been included because there is very limited evidence in this area. More research is needed. Please see Pregnancy section in text for more considerations on targets for these groups.

* includes percentage of values >250mg/dL (13.9 mmol/L).

** includes percentage of values <54 mg/dL (3.0 mmol/L).

In addition, people with type 1 or long-standing type 2 DM, are vulnerable to develop life-threatening Diabetic Ketoacidosis (DKA). They should be advised to check ketone at home if experiencing persistent hyperglycaemia, to make sure they are not worsening into DKA, regardless of having symptoms or not.

Finally, hope all "Keep healthy, stay safe".

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# People with diabetes in the community during COVID-19

Cindy Lui Centre Nurse of Diabetes Hongkong

Coronavirus disease 2019 (COVID-19) has emerged as a disease of global public health concern. People of all ages can be infected by the novel coronavirus, with symptoms varying from person to person and ranging from none or mild to severe. Moreover, the disease has greater impact upon people with underlying non-communicable diseases (NCDs), including diabetes. If infected, people with diabetes are more likely to become seriously ill or even die. Hong Kong people learnt from the tragic experience of 2003 SARS, most of them are cooperative and willing to wear masks in public areas, to wash hands frequently, and to keep social distancing, in order to prevent the spread of the disease. As a result, severe outbreak in the community has been avoided while our medical colleagues in all hospitals and out-patient clinics can concentrate on combating the disease, saving lives and promoting recoveries of our patients. So, have we addressed the needs of the people with diabetes in the community?

With the first COVID-19 death case, Endocrinologists and Public Health experts locally and globally both announced the strong correlation between the death from COVID-19 and diabetes. The threat of COVID-19 led to fears and worries of contracting the disease, and the lack of medical and hygienic supplies had also overwhelmed the diabetes population. Alcohol preps, previously as one of the essential supplies for finger pricking test and insulin injection, had run out of stock in the community due to fear; fear of contracting the disease, and fear of lacking disinfectant in times of crisis. Even though some patients were able to gain access to it, prices had been marked up to 5 to 6 folds. Diabetes Hongkong has received a lot of phone calls from members regarding medical supplies, especially on alcohol preps, surgical masks and hand sanitizers.

In response to the lack of medical supplies in the community, Diabetes Hongkong and other community NGOs have coordinated the community donation of surgical masks, alcohol preps, and ordered extra materials from suppliers to distribute to the needy ones. Education on the proper wearing and disposal of surgical masks, and how to use alternative methods for cleansing of skin was introduced so that people with diabetes could be able to perform their daily procedures in a clean and safe manner.




To minimize the necessity of people with stable NCDs to wait in high risk hospital settings and out-patient clinics, the Hospital Authority has cancelled non-urgent appointments and allows them to obtain medications from the designated community pharmacies or GOPC clinics without consulting their doctors. As a result of the measures aiming at reducing social gathering, the pandemic has forced them to slow down their pace of life and to prioritize their essentials in life, such as health, family, intimate relationships, work-and-life balance, religion, etc. We have received an increased

number of telephone enquiries regarding medication consultation, the diagnostic criteria of diabetes, the interpretation of laboratory findings, and knowledge of diabetes complications, etc. It thus has provided a great opportunity for those people with diabetes to make lifestyle modification and to reconsider their health, both physical and psychological health. They start to cook more at home, to start exercise and to understand better what is diabetes and how to live with it.



With the government' s promulgation of restriction order, most public health talks have been cancelled accordingly in order to follow the law requirement. Some of the talks have been switched to online channels, via zoom, YouTube or Facebook live. People with diabetes begin to adapt to a new learning method. Even though people with diabetes might not find this method as desirable as traditional talks, this change would facilitate continual learning of new knowledge and recapping learnt messages. In addition, videos with health messages on COVID-19 and diabetes, nutrition, diabetes self-care and simple home exercises have been produced and distributed to various online channels. People with diabetes can then share important messages through Facebook, WhatsApp and WeChat to their friends in different social circles.

For people with diabetes, self-care is the cornerstone of optimal diabetes management. In order to provide continuous supplies for monitoring of blood glucose to people with diabetes, "Self-monitoring of Blood Glucose (SMBG)" program continued to serve our members. The importance of SMBG is emphasized as maintaining optimal blood glucose control in order to obtain a better immune system. People with diabetes should also make use of SMBG or CGM for guiding food choices and to reinforce positive lifestyle changes.







To conclude, in facing the COVID-19 pandemic, people with diabetes in the community face both threats and opportunities in times of crisis. People can be overwhelmed by increasing demand of infection control measures and negative emotions such as fear and social isolation. While on the other hand, they can make use of such time-out period to restructure their essentials of life. In general, most of the needs of people with diabetes are catered by community NGOs, especially at the early stage of the pandemic. This leaves another challenge for health care professionals in striving to search for effective ways to deliver health messages to people with diabetes and their family members in view of the lingering worldwide pandemic.

# Upcoming Professional Meetings

| Course / Conference | Date / Duration | Venue |
|---|---|---|
| **American Diabetes Association 68th Advanced Postgraduate Course**<br>https://professional.diabetes.org/meeting/annual-advanced-postgraduate-courses/68th-advanced-postgraduate-course | 3rd - 7th February, 2021 | USA<br>Virtual |
| **11th Emirates Diabetes and Endocrine Congress**<br>https://edec-uae.com/ | 4th - 6th March, 2021 | Virtual |
| **81th Scientific Session of American Diabetes Association(ADA)**<br>https://professional.diabetes.org/scientific-sessions | 25th - 29th June, 2021 | Washington DC, USA |
| **Association of Diabetes Care & Education Specialists Annual Conference 2021**<br>https://www.adcesmeeting.org | 13th - 16th August, 2021 | Phoenix, AZ, USA |
| **57th Annual Meeting of European Association for The Study of Diabetes ( EASD)**<br>https://www.easd.org/annual-meeting/easd-2021.html | 27th September - 1th October, 2021 | Virtual |
| **International Diabetes Federation Congress 2021**<br>https://www.idf.org | 6th - 9th December, 2021 | Bangkok, Thailand |
| **International Diabetes Federation- Diabetes Complications Congress 2022**<br>https://www.idf.org | 3rd - 5th November, 2022 | Lisbon, Portugal |

## Annoucement

The 13th AHKDN Annual General Meeting & Symposium

on 26th June 2021

**The 2nd AHKDN Evidence-based Practice Symposium**