AHKDN NEWSLETTER

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

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Editorial

2019 is the year of the Pig. The Pig is the twelfth of all zodiac animals. At this end of the Chinese calendar cycle, it is time for us to reflect on the past 11 years and prepare ourselves in facing the coming challenges. Our theme of this newsletter focuses on the "Oral anti-diabetic agents in the past ten years and in the future". The advancement of new drugs and technology enhance the diabetes management and improve our services for our diabetic patients. In Chinese culture, pigs are the symbol of luck, prosperity and wealth. Let us enjoy the good fortune that comes with the year of the Pig!

President of AHKDN 2018-2020

Karen Wong

Time flies and AHKDN has entered another decade of journey. Over the past ten years, due to advances in technology and research, many new classes of anti-diabetic drugs have emerged in market. Patients with diabetes could have more variety and options for drug choices according to diabetes treatment consensus and guidelines.

We are glad to have endocrinologist Dr TP Ip to share and update on the development and use of anti-diabetic drugs in the last decade and way forward. This is encouraging for patients with diabetes as more therapeutic choices can be tailored for individual needs. However, lifestyle modification is still essential to work with anti-diabetic drugs together.

As for the role of diabetes nurse, we need to educate and empower patients on their understanding and proper drug use. It includes how to match the drug with the daily routine; monitoring of blood glucose and observing side effects in order to attain safe and effective use of anti-diabetic drugs to optimize glycaemic control.

Hong Kong is an international city with different ethnic groups living together, therefore, diabetes nurses need to provide appropriate diabetes care to patients according to different specific cultural needs. Advanced Practice Nurse (APN) Ms Mabel Ng would share her experience and provide practical tips for diabetes and Ramadan management for patients with Muslim religious background.

AHKDN will keep the spirit to maintain and enhance professional practice standard of diabetes care and education in Hong Kong by organising educational seminars and training; working out projects of evidence-based practices. In addition, we would join community programmes to raise community awareness about diabetes and healthy lifestyle.

Oral Anti-Diabetic Drugs in the Past Decade and the Future

Dr. Ip Tai Pang

Consultant Endocrinologist,

Tung Wah Hospital

Introduction

The last decade can be regarded as the "Golden Decade" in the field of therapeutics of type 2 diabetes (T2DM). Before 2006, there were only a few classes of oral anti-diabetic drugs (OADs) for the treatment of T2DM. Metformin and the sulphonylurea (SU) group were the mainstay of treatment. Alternative classes of OADs are the *a*-glucosidase inhibitor (acarbose) and the glinide (repaglinide) but they were considered agents with limited clinical therapeutic efficacy. The thiazolidinedione (TZD) group of drugs were potent in glucose-lowering but they became out of favour after a meta-analysis in 2007 which reported a significant

43% increase in the risk of myocardial infarction (MI) associated with the use of rosiglitazone. In the past decade, two novel classes of OADs namely the dipeptidyl peptidase-4 (DPP-4) inhibitors and the sodium-glucose cotransporter-2 (SGLT-2) inhibitors were approved for treatment of T2DM.

The exciting part in the field of T2DM management in the past decade is not just limited to the development of these new classes of drugs but also to the more in-depth understanding in the approach to management of T2DM. In this article, several important new concepts in the therapeutics of T2DM will be highlighted.

(1) Avoidance of hypoglycaemia

The ACCORD Study published in 2008 identified a previously unrecognized harm of intensive glucose lowering, which might lead to an increase in mortality in high-risk patients with T2DM. The reason for this increase in mortality was believed to be due to the occurrence of hypoglycaemia. Subsequent analyses in both the ACCORD and the ADVANCE study consistently demonstrated that hypoglycaemia increased mortality but interestingly the increase in mortality was much higher in those patients with a poorer diabetic control. In other words, a better DM control together with avoidance of hypoglycaemia should help to decrease mortality of T2DM patients.

Hypoglycaemia might lead to sympathoadrenal activation, vasoconstriction, increase in blood viscosity, endothelial dysfunction, acceleration of atherosclerosis, activation of coagulation pathway and increased susceptibility to arrhythmia, all of which contribute to cardiovascular (CV) complications. Repeated episodes of hypoglycaemia had also been linked to the development of dementia. Other important clinical consequences of hypoglycaemia include a defensive eating behavior, weight gain, an increase in risk of road traffic accidents and hospitalization, and a reduction in quality of life etc.

The need to avoid hypoglycaemia had led the ADA/EASD in their 2015 Position Statement to adopt a patient-centred approach such that target HbA1c needed to be individualized and achieved without an undue risk of hypoglycaemia. The clinical implication is that OADs with a high potential of causing hypoglycaemia (i.e. sulphonylureas and glinides) should preferably be avoided especially in those high risk patient groups namely the elderly, patients with impaired renal function and patients with established CV diseases.

(2) The preferential use of OADs with proven cardiovascular benefits in patients with established cardiovascular diseases

The EMPA-REG CV outcome trial published in 2015 came as a great surprise to the profession because this was the first time in the literature that a glucose-lowering drug, empagliflozin, could significantly reduce the risk of major adverse CV events (MACE) by 14% as a primary outcome in T2DM patients with established CV diseases primarily through a significant 38% reduction in CV mortality without a significant risk reduction in MI or stroke. A 35% reduction in hospitalization for heart failure (HHF) was also observed with the use of empagliflozin. Canagliflozin, another member of the SGLT-2 family, also demonstrated similar CV benefits in patients with established CV diseases in the CANVAS Study. Dapagliflozin, in the recently published DECLARE-TIMI 58 Study, however did not show a lower rate of MACE in the study population in which about 60% of patients were recruited based on clinical CV risk factors and did not have established CV diseases at baseline. Nevertheless, dapagliflozin did demonstrate a significant 27% reduction in risk of HHF in this patient population whose CV risk was not as high.

Another benefit of the SGLT-2 inhibitors is the significant reduction in the renal endpoints of progressive albuminuria, worsening of renal function, initiation of renal replacement therapy and renal deaths, which were consistently demonstrated in the three SGLT-2 inhibitor trials. The current consensus as highlighted in the latest 2018 ADA/EASD Consensus Report is that a SGLT-2 inhibitor should be considered the priority second-line OAD if the patient has pre-existing atherosclerotic CV diseases (ASCVD), heart failure or chronic kidney disease (CKD). Certainly, the potential adverse effects such as urogenital infection, dehydration, hypotension, euglycaemic diabetic ketoacidosis and the recently reported Fournier gangrene of the perineum need to be cautioned. An increase in the risk of fracture and lower limb amputation associated with the use of canagliflozin should also be taken into consideration when a SGLT-2 inhibitor is to be selected.

The role of pioglitazone, a member of the TZD class, in secondary prevention of CV diseases was also revitalized following the publication of the results of the IRIS Study in early 2016. In the IRIS Study, pioglitazone significantly reduced 3-point MACE by 24% in patients with insulin resistance and a history of recent stroke or transient ischaemic attack over a median treatment period of 4.8 years. This Study provided a confirmatory proof to pioglitazone's potential CV benefits previously suggested by the PROactive Study in which pioglitazone significantly reduced the combined secondary endpoint of all-cause mortality, non-fatal MI and stroke by 16% in T2DM patients with established CV diseases, a magnitude which was comparable to that achieved by the SGLT-2 inhibitors. Pioglitazone has been suggested to be an optimal agent to be combined with a SGLT-2 inhibitor to achieve maximum CV protection for high risk T2DM patients.

With its potent glucose-lowering effect by targeting insulin resistance at different tissues, virtual absence of hypoglycemia, durability in preserving β-cells, concomitant efficacy against non-alcoholic fatty liver disease, convincing data for secondary prevention of ASCVD and its relative low cost, pioglitazone should deserve a more popular use in T2DM patients. Certainly, the risk of fluid retention and weight gain, and potential increase in the risk of heart failure and peripheral fracture should be cautioned.

(3) Extended use of metformin in patients with chronic kidney disease

Metformin has been the recommended first-line OAD in patients with T2DM but it is often stopped by clinicians for its potential association with lactic acidosis with the onset of renal function impairment. In 2016, the FDA relaxed the use of metformin in T2DM patients with moderate renal impairment such that metformin needs only to be stopped in patients with an estimated glomerular filtration rate (eGFR) below 30 ml/min/1.73m^2 because the benefits of continuing metformin markedly outweighed the potential risks. Epidemiological and patient registry studies consistently demonstrated that metformin significantly reduced CV mortality in elderly patients and in patients with CKD, congestive heart failure or chronic liver disease. Metformin use in CKD is considered to be safe if dosage adjustment according to the levels of eGFR is followed.

(4) Limited benefits of the DPP-4 inhibitors

The medical profession was quite excited following the initial FDA approval of sitagliptin, the first DPP-4 inhibitor, for the treatment of T2DM in 2006. However, the enthusiasm for this novel class of OADs gradually diminished in the subsequent years because of its very mild clinical glucose lowering efficacy and limited durability. Four CV outcomes trials have been published proving the safety of this class of OADs but none of them showed a superior CV benefit. The virtual absence of adverse effects may render the DPP-4 inhibitors a preferred class of OAD for the elderly with multiple comorbidities. However, one should still be cautioned against its potential association with pancreatitis, arthralgia, pemphigoid, and an increase in risk of HHF for saxagliptin.

(5) Comprehensive control of all CV risk factors

The Steno-2 Study was an open, parallel trial in which T2DM patients with microalbuminuria were randomized to either a comprehensive intensive treatment program (target A1c <6.5%, BP <130/80 mmHg, TC <4.5 mmol/L and TG <1.7 mmol/L) or to standard treatment. The initial results published in 2008 showed a significant 59% reduction in CV events and 57% reduction in CV deaths on top of the significant microvascular benefits in the intensive treatment group after a mean duration of 7.8 years. The extended follow up results at 21 years were recently published in 2016, which further consolidated the notion that an early and aggressive control all CV risk factors resulted in long-term CV and mortality benefits to T2DM patients.

Conclusions

A T2DM patient will have his life expectancy shortened by 6 years and his life expectancy will further be shortened by 12 years if he has concomitant CV diseases. Therefore, the objectives of treatment of T2DM nowadays is not just glucocentric to lower the blood glucose levels to prevent microvascular complications but also to address the increase in mortality associated with T2DM notably the macrovascular complications. Clinicians need to be aware of the CV benefits of some novel class of OAD (the SGLT-2 inhibitors) as well as be updated on the latest information on the conventional OADs (metformin, sulphonylureas and pioglitazone) such that a sensible judgement on the selection of OADs can be instituted for the benefits of the individual patient.

A new OAD, sotagliflozin, which is a dual SGLT-1 and SGLT-2 inhibitor has recently published its favourable phase 3 clinical trial data in glucose-lowering as an add-on therapy to insulin in type 1 DM patients. SGLT-1 is found in the proximal intestine. The blocking of the function of the glucose transporter at this site will help to decrease glucose absorption from the gut and is expected to blunt or delay postprandial hyperglycaemia. Its use in T2DM patients is anticipated.

Besides OADs, a number of novel injectables from the class of glucagon-like peptide-1 (GLP-1) receptor agonists (i.e. liraglutide, semaglutide, albiglutide and dulaglutide) have also been shown in their respective CV outcome trials to confer a significant risk reduction in MACE and total mortality in T2DM patients but detail discussions are beyond the scope of the current article. The oral preparation of the injectable GLP-1 receptor agonist, semaglutide, is currently undergoing a number of phase 3 clinical trials. Hopefully, the existing armamentarium of OADs will be extended in the years to come such that clinicians would have more choices to tackle the clinical complexity associated with T2DM.

Further readings

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Sharing the Diabetes and Ramadan management in Diabetes Ambulatory Care Centre at United Christian Hospital

Ng Mei Po
Advanced Practice Nurse in Diabetes, UCH

The background of the Ramadan

Ramadan is a holy month for Muslims and, one of the five pillars of Islam. Fasting during this time is highly prescribed and lasts for 29-30 days. Muslim is forbidden to have food and drinks, medications in terms of oral and injection, sexual activity and smoking between dawn and sunset during Ramadan. The duration of fasting varies between countries which depends on the season and geographic location. Although fasting is mandatory for all healthy Muslim males and females, they are all more than willing to participate. It is because they believe their spiritual rewards are multiplied from the good deeds done during the Ramadan, except those exempted such as the elderly, children, pregnant women, the infirm and sick people.

Diabetes and Ramadan

Fasting during Ramadan has a number of physiological effects on both homeostatic and endocrine processes. It not only alters the timings of meals but may also disturb sleeping patterns and circadian rhythms. People with diabetes may change the type of medication being taken to prevent the potential health hazards, including hypoglycemia, hyperglycemia, dehydration and acute metabolic complications such as diabetic ketoacidosis[1]. On the other hand, fasting can provide a golden opportunity for them to establish a better lifestyle, facilitate weight loss and start smoking cessation[2]. For patients with diabetes who choose to fast, it may help them strengthen the therapeutic alliance between patient and health care professionals and enhance their self-care to diabetes management for both lifestyle modification and medication adjustment. As a result, a cornerstone of the Ramadan diabetes management is patient education, which should include information on risks, glucose monitoring, nutrients, exercise and medication during the Ramadan[3].

Sharing the Diabetes and Ramadan management in Diabetes Ambulatory Care Centre at United Christian Hospital

I) Assessment: Explore the educational needs for this group of patients

A Pakistani Diabetic Patient Group (PDPG) was formed in July 2011 to provide a dialogue-based group education program in Diabetes Ambulatory Care Centre at United Christian Hospital. An evaluation of the program showed that PDPG valued diabetes education and enjoyed group activities. Using the Diabetes and Ramadan Conversation Map as an educational tool, we were able to involve all of them to discuss this issue and educate them in a group approach. Before implementing the Diabetes and Ramadan Conversation Map, the information regarding both their desire of participation in fasting and their own self-management diabetes care during Ramadan was needed to be explored and collected. Therefore, the questionnaire was delivered to them 1 month prior to Ramadan during the medical consultation.

The questionnaire was presented in open-ended and close-ended questions.

1. Do you participate in the fasting during Ramadan? If yes, please continue to answer the following questions

2. Do you know the increased risk of diabetes related health problems during fasting?

If yes, please give some examples _____

3. Do you adjust your anti-diabetes medication during Ramadan?

If yes, who gives you the suggestion? _____ and how to adjust? _____

4. Do you change your food choices during Ramadan?

If yes, please state how you changed food choice _____

5. Do you increase the food amount in each meal during Ramadan?

If yes, how many percent more than usual? _____

6. Do you increase the frequency of self-monitoring blood glucose (SMBG) during Ramadan?

If yes, please state the frequency of SMBG _____

II) **Planning:** Make an individualized self-management of diabetes educational care plan to each participant according to their reply from the questionnaire. The content of the educational care plan for patients with diabetes who fast during Ramadan has included the risk category of fasting-related complications, the dietary advice, the frequency of SMBG, medication regime and feedback after adopting the educational plan

III) **Implementation:** An individualized self-management of diabetes educational care plan was implemented.

A) Inform the risk level of potential fasting-related complications

According to the 2010 American Diabetes Association recommendations, people with diabetes were categorized into four groups – very high risk, high risk, moderate risk and low risk[4]. The patients with diabetes who fast during Ramadan were informed of their risk categories and educated them how to carry on a safe Ramadan.

B) Reinforce the concept of balanced diet during Ramadan[5]

i. Ensure meals are well balanced with 50% carbohydrate, 30% protein and < 20% fat intake

ii. Increase intake of high fiber carbohydrate that released energy slowly before and after fasting, eg Granary bread, beans, whole grant rice.

iii. Increase intake of vegetables and green salads, also temperate fruits

iv. Maintain consistent protein intake, eg fish, skinless poultry, dairy, nuts, seeds and legumes

v. Minimize foods that are high in saturated fat, eg ghee, samosas, pakoras

vi. Avoid sugary desserts

vii. Use small amounts of oil when cooking, eg olive, rapessed

viii. Keep hydrated between sunset and sunrise by drinking water or other non-sweetened beverages

ix. Avoid caffeinated and sweetened drinks

C) Instruct the frequency of SMBG[5]

Patients who would do fasting during Ramadan were advised to keep the blood glucose monitoring to identify and prevent any occurrence of hypoglycemia and hyperglycemia. They were advised to follow the schedule of blood glucose testing including Suhoor / Morning / Midday / Mid-afternoon / Iftar / 2hrs after Iftar depends on the risk of potential fasting-related complications.

D) Modify medication regime during Ramadan[5]

Patients who would fast during Ramadan would be provided with an individualized medication regime at Suhoor and Iftar. Individualized pharmacological option is the appropriate approach to greatly prevent the risks of hypoglycemia and hyperglycemia.

IV) **Evaluation:** Get feedback after following the individualized self-management of diabetes educational care plan[5]. Patients who fasted and followed the educational care plan during Ramadan was encouraged to express their feedback regarding any fasting-related complications, and any improvement from the educational care plan. After collecting feedback from the participants, Ramadan follow-up meeting with health care professionals was followed next in order to review medication and regime readjustments and assess how they handled the fasting.

Undoubtedly, it is a highly time-consuming and labor-intensive assessment and educational process to each patient with diabetes who fasts during Ramadan. However, it is a good time to build a good patient-health care professionals relationship from the mutual support and respect.

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Activities: June to November 2018

Education Seminar & Training

10th AHKDN Annual Symposium & Annual General Meeting was held on 23rd June 2018
A Decade of Diabetes Therapy 十年之約



2018-2020 AHKDN new council committee was elected

10th AHKDN Annual Symposium

Keynote Speech (1)
Speaker: Dr. Ip Tai Pang
Consultant, TWH
Topic: Oral Anti-Diabetic Drugs: What Have We Learnt and Not Learnt in the Past Decade?



Keynote Speech (2)
Speaker: Dr. Michele Yuen
Honorary Clinical Assistant Professor, HKU
Topic: Review A Decade: Injectable Anti-Diabetic Medications in Diabetes Care



10th AHKDN Annual General Meeting





Business report and financial report were given by President Ms. Veronica Hung and Treasurer Ms. Ho Sau Yee

Education seminars:

Date: 29th June 2018
Speaker: Dr. Osama Hamdy
Topic: Nutrition Interventions in Type 2 Diabetes: The Asian Perspective





Date: 8th September 2018
Speaker: Prof. Thomasz Klupa
Topic: Interactive "Telediabetes" – Standard of Diabetes Care in the 21st Century





Date: 19th September 2018
Speaker: Dr. Kitty Cheung and Ms. Veronica Hung
Topic: Treatment and Care of Acromegaly



Date: 19th September 2018
Speaker: Prof. Ian William Campbell
Topic: Pre-Diabetes: Why and How Should We Treat?



Date: 18th October 2018
Speaker: Dr. Alice Kong, Ms. Maisy Mok and Ms. Karen Wong
Topic: A-Z Symposium on Diabetes: Q



Date: 20th October 2018
Event: The 10th AHKDN Anniversary cum Evidence-Based Practice Symposium







Date: 17th November 2018
Speaker: Dr. Peter Tong & Ms. Sarita Chan
Topic: Diabetes Workshop at Macau – Optimizing Glycaemic Control in Type 2 DM Patients



Date: 18th November 2018
Event: Endocrinology, Diabetes & Metabolism Hong Kong Inauguration Conference



Date: 24th November 2018
Event: The 8th Diabetes Conversation Map (DCM) Annual General Meeting





Training

Date: 25th August 2018
Diabetes Conversation Map Facilitator Training Workshop




Date: 11th October 2018 to 29th November 2018
Update on Diabetes Education & Management Course 2018



Community Activities

Date: 29th September 2018
Activities: East Meets West Lay Program




Date: 13th October 2018
Activities: DM Alliance – Diabetes Complication Awareness Program 及早控糖 守護器官





Date: 11th November 2018
Activities: 國際獅子總會中國港澳三0三區 - 獅子顯愛心，健康由此起，全城血糖關注日





Date: 11th November 2018
Activities: 香港糖尿聯會 - 糖尿健步行





Date: 11th November 2018
Activities: 兒童糖尿協會 - 童行有您2018



Diabetes Centre Round

Diabetes & Endocrine Centre at Queen Elizabeth Hospital

Winnie Cheng (Nurse Consultant in Diabetes, KCC)

Our Diabetes & Endocrine Centre has started its service at 9/F, Block T of QEH since March 2017. It locates at the top floor of the building with lots of glass curtain and natural sunlight, especially the Education Room and Endocrine Day Ward, together with its roof top garden, providing a warm and comfort zone for both patients and staff. Our services include the followings:

A. By Diabetes Nurses:

- Individual diabetes self-management education
- Metabolic Risk Assessment Module Program (MRAM)
- Interactive small group education for a) newly diagnosed diabetic patients employing the "Diabetes Conversation Map"; b) post MRAM reporting and education
- Joint Diabetes Empowerment Program by DM Nurse and Dietitian for patients with suboptimal DM control and/or impaired renal function
- Discussing the continuous glucose monitoring report and related lifestyles modification with patient
- Diabetes Prevention Program for Gestational Diabetes Women after delivery
- Diabetic education and management for in-patient consultation from all Departments in QEH
- Phone and walk-in consultation for trouble shooting

B. By Endocrinologists - Endocrine Clinics for patients with various endocrine diseases including diabetes

C. By both Endocrinologists and DM/Endocrine Nurses:

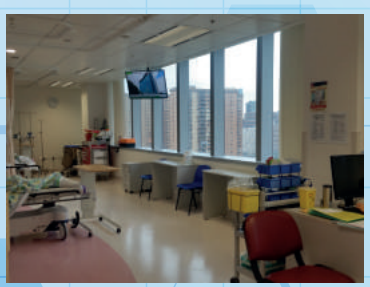
- Joint Diabetes Pregnancy Clinic -provide intensive care, diabetes education, psychological support and insulin adjustment through phone
- Joint Osteoporosis Clinic - provide regular assessment and self-care education to patients and their families

D. By Endocrine Nurses in Endocrine Day Ward:

- Conduct endocrine dynamic test and provide education regarding the disease and the tests
- Administer endocrine medications
- Educate patient on self-administration of endocrine medications and its related issues
- Monitor and manage complex diabetic or endocrine patients together with bedside education and counselling

Same as many Diabetes Centre, we adopt multi-disciplinary approach, adult learning theory and patient empowerment philosophy managing our patients and their families. Diabetes is a chronic disease affecting many people in Hong Kong. To ensure the continuous provision of quality care to our patients, our Centre is an accredited training site and we are dedicated to train our future Endocrinologists and Diabetes Nurses.






Reflection on "12th IDF-WPR Congress & 10th AASD Scientific Meeting"

CHENG Hop Chun (APN, TWEH)

LEUNG Suk Fun Betty (APN, AHNH)



The 12th International Diabetes Federation Western Pacific Region Congress (IDF-WPR 2018), and the 10th Scientific Meeting of Asian Association for the Study of Diabetes (AASD) were held from 22 to 25 November 2018 in Kuala Lumpur, Malaysia.

The IDF-WPR Congress, a regional congress under IDF, is held every 2 years in different parts of the West Pacific region; bringing leading scientists, practitioners, health care experts and care providers together to exchange the latest information and knowledge in combating diabetes, so as to benefit those who suffer from the disease. AASD was founded in 2009 to empower medical professionals in Asian countries on research activities. Its annual scientific meetings facilitate researcher and healthcare professionals in scientific discussion on diabetes and the related metabolic disorders.

This year's theme, "Enhancing Knowledge & Skills – Transforming Diabetes Care" highlights the latest advances in the prevention and treatment of diabetes. The major clinical aspects on therapeutics, complication, nutrition and exercise, and education on living concerning diabetes were addressed in a series of symposia. The topics on cardiovascular risk and diabetes, nutrition therapy in gestational diabetes, obesity, and diabetes technology were particularly intriguing. The congress also included plenary and presidential / award lectures, oral and poster presentations, debate and etc.

It was a memorable study trip for us to learn and share together with 9 other diabetes nurse from different diabetes centers in Hong Kong during this congress. It provided us with a valuable occasion to discuss and exchange the experiences in providing diabetes care to our clients at our workplaces.

However, it was difficult for us to choose between the many interesting theses which were elaborated at parallel sessions. Several of us tried to attend different lectures; then shared the information of different lectures via our mobile phones and during the dinner discussion.

Furthermore, I was excited to share our local experience through the project "Exercise Promotion Program for the Diabetes Patients in TWEH" with health professionals from other parts of the world at the poster presentation.



On the other hand, this was a good opportunity to learn more skills and conversations to face end of life care in diabetes. These includes taking the 'golden opportunities' people offer during consultation, clarifying and documenting the individual's values, preferences and goals; without requiring the need to be done 'all at once' and do not interrupt the person's thinking process. The most important part is to listen, identify the individual's needs and concerns, and maintaining every good relationship starts with good communication.

New medication namely "Ryzodeg" is a soluble basal-bolus in one pen insulin, the combination of insulin with 30% rapid acting and 70% long acting insulin analogs. It would lower risk of hypoglycemia, improve glycemic control and fewer injections than basal and bolus therapy in patient with Type 2 Diabetes.

In conclusion, it was a wonderful and fruitful opportunity for us to join this exciting event and to learn the knowledge and experience from so many leading health professionals.

Professional Promote

Course / Conference	Date / Duration	Venue
American Diabetes Association 66th Advanced Postgraduate Course https://professional.diabetes.org/meeting/annual-advanced-postgraduate-courses/66th-advanced-postgraduate-course	22nd - 24th February, 2019	New York, USA
12th International Conference on Advanced Technologies & Treatments for Diabetes (ATTD) https://attd.kenes.com/2019	20th - 23rd February, 2019	Berlin, Germany
The 6th International Conference on PreHypertension, Hypertension & Cardio Metabolic Syndrome 2019 https://www.radcliffecardiology.com/events/6th-international-conference-prehypertension-hypertension-cardio-metabolic-syndrome-2019	28th February - 3rd March, 2019	Vilnius, Lithuania
Diabetes UK Professional Conference https://www.diabetes.org.uk/diabetes-uk-professional-conference	6th - 8th March, 2019	London, UK
9th Emirates Diabetes and Endocrine Congress https://edec-uae.com/	7th - 9th March, 2019	Dubai, United Arab Emirates
Diabetes Update 2019 https://www.diabetesupdate.ca/	20th - 23rd March, 2019	Boston, USA
The 7th World Congress on Controversies to Consensus in Diabetes, Obesity and Hypertension (CODHy) http://www.codhy.com/2019/	11th - 13th April, 2019	Sorrento, Italy
The 4th Annual Diabetes, Obesity & Metabolic Disease Conference https://www.cmemeeting.org/cme-conferences/new-orleans-louisiana-cme	12th - 14th April, 2019	Louisiana, USA
79th Scientific Sessions of American Diabetes Association(ADA) https://professional.diabetes.org/scientific-sessions	7th - 11th June, 2019	San Francisco, USA
American Association of Diabetes Educators (AADE) Annual Conference 2019 https://www.emedevents.com/c/medical-conferences-2019/american-association-of-diabetes-educators-aade-annual-conference-2019	9th - 12th , August,2019	Texas, USA
55th Annual Meeting of European Association for the Study of Diabetes (EASD) https://www.easd.org/annual-meeting/easd-2019.html	16th - 20th , September, 2019	Barcelona, Spain
International Diabetes Federation Congress 2019 https://www.idf.org/our-activities/congress/idf-2019.html	2nd - 6th December, 2019	Busan, Korea

Announcement

11th AHKDN Annual Symposium & AGM

Eye on Eyes 守望雙目

Date: 22nd June 2019

Venue: Cityview Hotel

