THE

# *DIABETES CAMP 2018*

The KEY in HELPING Diabetic Patients live a healthier life.

## THEME:

"GET-UP-GO-AND ENJOY LIFE."

DATE : MAY 11- 12, 2018

VENUE : SANTA MONICA BEACH CLUB AND RESORT
Banilad, Dumaguete City

SPONSORED BY :

The International Diabetes Aid Fund - Japan
Insulin for Life - Australia
Negros Island Diabetes Association_NIDA, Inc.

"For God so loved the world that He gave his only begotten Son, that whosoever believe in Him should not perish, but have everlasting life."

John 3:16

TABLE OF CONTENTS:

HOW IT ALL BEGAN - INSULIN FOR LIFE AUSTRALIA

(Taken from Google)

Insulin for Life began in Melbourne, Australia way back in 1984. Our founder, Ron Raab OAM read a story about a young girl in Africa with Type 1 diabetes whose only wish was to live until Christmas. She was able to obtain a small amount of insulin, lived until Christmas but sadly passed away soon afterwards. Ron, who has had Type 1 diabetes since the age of six, realized this could have been his fate had he lived in another part of the world.

While working with the International Diabetes Institute, he was approached by a pharmacist involved with the International Diabetes Federation, who asked if he had access to insulin that could be donated for use by a diabetes specialist in Tanzania. Ron had his "light bulb moment" as he realized that perfectly good insulin and diabetes supplies no longer needed in Australia could be sent to places around the world where they were desperately needed. Insulin for Life was born.

As health care professionals around Australia learned of the program, they collected and donated more and more supplies which would otherwise have been wasted, allowing Insulin for Life to send millions of dollars of life saving insulin and other diabetes supplies to those who need them most.

**About NIDA, Inc.**

**On October 13, 2013, diabetes patients in the province were gathered at the Macias Sports Complex in the City of Dumaguete, Philippines. Diabetes patients as far as Canlaon City in the North and the municipality of Basay in the South were invited. The patient's**

**coming were supported by the Local Government Units of the Municipalities and the province of Negros Oriental. Almost all diabetes patients of the province came to hear the good news that insulin dependent diabetics can avail of the very expensive insulin through out their lives.**

**Insulin For Life – Australia was introduced to the province by the Good Samaritan Lady native of the municipality of Tayasan, Negros Oriental. She married an Australian and is presently living with her family in Australia – Mrs. Chatty Harris is a Registered Nurse. Chatty is a very vigorous and energetic volunteer of Insulin For Life - Australia. She believe there are plenty of indigent patients in the province who cannot afford to buy insulin which resulted to various unprecedented deaths because of complication brought about by diabetes. Diabetes ranked one of the top ten most dreadful death causing diseases in the province of Negros Oriental. With her various visits in the province, she was able to bring with her one of the Board of Directors of Insulin for Life Australia, Mr. Neil Donelan. Mr. Neil Donelan was introduced as the person responsible in bringing free insulin to the least privileged diabetes patients in the province. Ms. Chatty Harris was also able to coordinate her desire to organize diabetes patients with the Negros Oriental Provincial Hospital through the Office of the Governor of the Province Roel Ragay Degamo.**

**She was then introduced to Dra. Clarita Cadiz, a Diabetes Educator, PAMS at the Provincial Hospital. Since then, Insulin For Life Australia and the Province of Negros Oriental collaborated to provide the needed insulin for diabetes patients in the locality. Insulin distribution was coursed through the office of Dra. Cadiz at the NOPH. Distribution of insulin were mostly scheduled every first Saturday of the month.**

**Dra. Clarita Cadiz was instrumental in organizing the Negros Island Diabetes Association which was formally registered as a Non profit Non stock corporation by the Securities and Exchange Commission on September 13, 2016 under SEC Registration Number CN201621147.**

**The Negros Island Diabetes Association_NIDA, Inc. was incorporated with the following incorporators and members of the Board of Trustees:**

| | | |
|---|---|---|
| 1. | Mr. Perfecto C. Lim | Chairman of the Board |
| 2. | Mr. Nager N. Garcia | Vice Chairman |
| 3. | Mr. Renelito Caballo | Board Secretary |
| 4. | Mrs. Estela Velasco | Member |
| 5. | Miss Rita Ann Ambroce | Member |
| 6. | Mr. Cipriano Estrada Jr. | Member |
| 7. | Mr. Arnold Torres | Member |
| 8. | Mr. Edgar Torres | Member |
| 9. | Mrs. Milagros Asildo | Member |
| 10. | Mrs. Judith Yan | Member |
| 11. | Mrs. Eunice Montanez | Member |
| 12. | Mr. Jesus Ozoa II | Member |
| 13. | Mr. Omar Serion | Member |
| 14. | Miss Aida Labe | Member |
| 15. | Mrs. Marilyn Cadelinia | Member |

**In January 6, 2017, the General Assembly of NIDA, Inc. during its General Assembly and Annual meeting confirmed the Officers of the Association which were duly elected during its conceptualization and SEC Registration. The following officers were duly elected and confirmed by the General Assembly:**

| | |
|---|---|
| **Mr. Perfecto C. Lim** | **President** |
| **Mr. Nager N. Garcia** | **Vice President** |
| **Miss Rita Ann Ambroce** | **Secretary** |
| **Mrs. Estela Velasco** | **Treasurer** |
| **Mr. Edgar Torres** | **Auditor** |
| **Mr. Cipriano Estrada Jr.** | **Public Relations Officer** |
| **Mr. Jesus Ozoa II** | **Sgt at Arms** |
| **Mr. Arnold Torres** | **Sgt at Arms** |

**The following committees were also organized with the sitting chairman to choose whoever he or she thinks appropriate to become his members:**

**COMMITTEE ON FINANCE**
**Chairman – Mr.Nager N. Garcia**
**Members : Mrs. Estela Velasco**
**Mrs. Marilyn Cadelinia**

**ELECTION COMMITTEE**
**Chairman- Mrs. Eunice Montanez**
**Members Shall be chosen**

**WAYS AND MEANS COMMITTEE**
**Chairman - Mr. Cipriano Estrada Jr.**
**Members Shall be chosen**

**COMMITTEE ON EDUCATION**
**Chairman - Miss Rita Ann Ambroce**
**Members Shall be chosen**

**SCREENING COMMITTEE**
**Chairman Mr. Perfecto Lim**
**Members Mr. Nager N. Garcia**
**Mr. Cipriano Estrada Jr.**
**Mr. Arnold Torres**
**Mr. Edgar Torres**

**ETHICS COMMITTEE**
**Chairman Mr. Renelito Caballo**
**Members Mr. Arnold Torres**
**Mr. Perfecto Lim**
**Mr. Cipriano Estrada Jr.**
**Miss Rita Ann Ambroce**

**Since it was organized, NIDA, Inc. was able to launched two Diabetic Camps, a Diabetic Forum and various Fun Run Activities during World Diabetes Day in the month of November since it was organized in 2015.**

**The first Diabetic Camp held at the Tejeros Highland Resort in the Municipality of Valencia on April of 2016 was the first sponsored by NIDA, Inc. through the members support and solicitations. There were only twelve Type 1 (juvenile) patients in that one day diabetes camp. The first Diabetes Camp was a great success which was attended by visitors from Australia.**

**In May 2017, NIDA, Inc. sponsored the Diabetes Forum for one day at the St. Paul University- Dumaguete. The forum was a real success and was attended by some visitors not only from Insulin for Life Australia but also from Insulin for Life Taiwan. NIDA, Inc. was able to raise 80K through its Raffle Ticket Draw and from its members**

**monthly contribution. During this forum, NIDA members were able to ask direct questions to the panel of doctors regarding diabetes and the importance of knowing its proper management. Questions regarding insulin supply from other countries was also deliberated with Mr. Neil Donelan and Ms. Chatty Harris answering queries regarding the matter. Parlour games were played by the children by the visitors from Taiwan. The children were given tokens and glucometers as their prizes.**

**At present, NIDA, Inc. has 186 active members including more than 30 type 1 juveniles. The children's insulin are freely given to the children and they are not oblige to pay the monthly contribution of Php 50.00/month.**

**NIDA, Inc.**

**VISION STATEMENT**

**"Negros Island Diabetes Association, Inc. (NIDA, Inc.) envisioned that one day, all diabetes patients in the Island of Negros Philippines shall have the opportunity to manage their diabetes through proper education and access to free insulin through international assistance and shall enjoy their lives to its fullest."**

**MISSION STATEMENT**

**" We believe that no-one should die of diabetes complications because of poverty and ignorance. We believe that with proper education and management and free access to a simple drug like insulin, relief can be accessed around the world to save lives and help those with diabetes survive and thrive in their communities."**

**PROGRAM Day 1 May 11, 2018**

| | | |
|---|---|---|
| **7:00 AM** | **Registration** | **Secretariat** |
| | **Blood Sugar Testing** | **Diabetes Educators** |
| **8:00 AM** | **Opening Program** | |
| | **Invocation** | **Sr.Mary Rose Deloria, Carm, OL** |
| | **National Anthem** | |
| | **Welcome Address** | **Clarita S. Cadiz PAMS, Consultant** |
| | **Introduction of Inspirational Speaker** | **Mr. Edgar Torres** |
| | **Words from Insulin For Life Australia** | **Mr. Neil Donelan** |
| | | **Director – IFL Australia** |
| **8:45 AM** | **Camp Rules and Reminders** | **Mrs. Estela Velasco NIDA Treasurer** |
| **9:00 AM** | **Snacks Snacks Snacks Snacks** | |
| **9:15 – 11:15** | **The Diabetes Conversion Map** | **Louie Margarette Garrido** |
| | | **ELI LILLY Philippines** |
| | | **Diabetes Educator** |
| **11:20 AM** | **Plenary Session 2** | **Marlon Satonero** |
| | **Insulin Injection Techniques** | **Sanofi Pasteur Philippines** |
| | **Footcare for Diabetes** | **Diabetes Educator** |
| **11:30 AM** | **Plenary Session 3** | **Grace Baring RN** |
| | **Management of Hyperglycemia and Hypoglycemia** | **Diabetes Educator** |
| **12:00 NN** | **Lunch Break** | |
| **1:00** | **Energizer/Unfreezer** | **Diabetes Educators** |
| **1:15 – 2:00 PM** | **Exercise and Recreation for Diabetics** | **Ms. Chaty Harris, RN** |
| | | **IFL - Australia** |
| **2:00 - 4:00 PM** | **Nutrition Workshop** | **Ms. Delia Serion RND** |
| | | **Diabetes Educator** |
| | | **Clinical Nutritionist & Diatician** |
| **4:00 PM** | **Snack Break Snack Break** | |
| **4:30 PM** | **Open Forum** | **Diabetes Educators/Doctors** |
| **4:30 PM** | **Recess Break Playground and Swimming Pool** | **Diabetes Educators/NIDA Officers** |
| **6:30 PM** | **Dinner** | |
| **7:30 PM** | **Socials with Ms. Chaty Harris and Diabetes Educators** | |
| **9:00 PM** | **Slumber Time** | |

**THE PARTICIPANTS**

**1**

NAME : **FAITH AMAHIT**
ADDRESS: TINAOGAN, BINDOY, NEG. OR.
DATE OF BIRTH: JANUARY 8, 2009
AGE : 9 YEARS OLD
PARENTS:
FAITH IS UNDER THE CARE OF HER GRANDPARENTS WHO ARE FARMERS
PHYSICIAN : LEAH VERDELIO
INSULIN: LANTUS
DOSSAGE: 28 UNITS
AMBITION IN LIFE: NONE YET

**2**

NAME : **GION LEMUEL QUINDO**
ADDRESS: SUBA, BAYAWAN CITY
DATE OF BIRTH: March 31, 2005
Age : 13
Father : John Quindo
Mother: Gina Quindo
Occupation : Not mentioned
Physician: Not mentioned
Insulin : Not specified
Dossage: 33 units in the morning
15 units in the evening
Ambition in life: To become a Surgeon

NAME : **JOHN JESON RETORBAR**
ADDRESS: Sundo-an, Manjuyod, Neg. Or.
DATE OF BIRTH: June 14, 1996
AGE: 21
Father : Glezer Retorbar
Occupation : Welder
Mother : Eliza Retorbar
Occupation: None
Physician: Not mentioned
Insulin : Novomix
Dossage: 30 units in the morning
15 units in the evening
Ambition in Life: Not specified


**3**


NAME : **JOSH REYN BILLONES**
ADDRESS: North Poblacion, La Libertad
Negros Oriental
DATE OF BIRTH: June 30, 2000
AGE : 17
Father : Reynaldo Billones
Occupation: Not specified
Mother : Mercedita Billones
Occupation: Public School Principal
Physician: Not specified
Insulin :Apidra and Lantus
Dossage: 10 units Apidra; 30 units Lantus
Ambition in life: To become a successful and license Doctor

**4**


NAME : **KIRBY WENDELL ALAGA**
ADDRESS: Anhawan, Dauin, Negros Oriental
DATE OF BIRTH: July 13, 2001
AGE: 16
Father : Not mentioned
Mother : Concepcion Alaga
Occupation : OFW
Physician : Dra. Leah Verdillo
Insulin : Lantus and Apidra
Dossage: 40 Units Lantus
5 units Apidra (morning & Evening)
Ambition in Life: Not mentioned

**5**


**6**

NAME: **MICHAEL B. SAMONTANEZ**
ADDRESS: Tambo, Ayungon, Negros Oriental
DATE OF BIRTH: October 3, 1997
AGE: 20
FATHER: Eladio Samontanez
Occupation: Farmer
MOTHER : Teresita Samontanez
Occupation: Farmer
Physician : Not mentioned
Insulin : Novomix
Dossage: 24 units AM; 16 units PM
Ambition in Life: Not mentioned


**7**

NAME**: DANIEL DEQUISO JR**
ADDRESS: Canlaon City
DATE OF BIRTH: March 6, 1995
AGE: 23
Father : Daniel Dequiso Sr
Occupation: Farmer
Mother : Merlita Dequiso
Occupation: Farmer
Physician: Not mentioned
Insulin : Not Specified
Dossage: 24 in the morning; 10 in the evening
Ambition in Life: To become a good father


**8**

NAME: **WICHELLE A. CAPITAN**
ADDRESS: Malabuhan, Siaton, Neg. Or.
DATE OF BIRTH: October 30, 2009
AGE: 8
Father: Not Mentioned
Mother: Micheline M. Capitan
Occupation: Housekeeper
Physician: Dr. Mark Udarbe
Insulin: Protaphane and Actrapid
Dossage: 30 Units AM; 10 units PM
Ambition in Life: to be a successful woman


**9**

NAME: **MHIRA JOY D. TINAMBACAN**
ADDRESS: Salag, Siaton, Negros Oriental
DATE OF BIRTH: September 29, 1998
AGE: 19
Father : Benjamin Tinambacan
Occupation: Seasonal Welder
Mother: Corazon Tinambacan
Occupation: Housewife
Physician: Dr. Proceso Marc Udarbe
Insulin: Actrapid and Protaphane
Dossage: AM 24 units Protaphane; 6 units Actrapid; Noon 6 units Actrapid PM 6 units Protaphane, 6 units Actrapid
Ambition in life: Office Manager; Journalist


**10**

NAME: **JOVANIE DAGA**
ADDRESS: Amlan, Negros Oriental
DATE OF BIRTH: November 4, 2000
Age: 17
Father: Chonito Daga
Occupation: Laborer
Mother : Rosalinda Daga
Occupation: None
Physician: Not specified
Insulin: Humalog
Dossage: AM 20 Units; PM 10 Units
Ambition in Life: Not specified

**11**

NAME: **MARGARET LIM**
ADDRESS: Banilad Highway, Dumaguete City
DATE OF BIRTH: November 6, 1999
AGE: 18
Father: Perfecto Lim
Occupation: Retired Chemist
Mother : Merely Lim
Occupation: Housewife
Physician: Dr. Marc Udarbe
Insulin: Novomix and Lantus
Dossage: 20 Units AM 20 Units PM
Ambition in Life: Not specified

**12**

NAME: **ERIC C. VALENCIA**
ADDRESS: Asagra, Tanjay City
DATE OF BIRTH: November 22, 2000
AGE: 17
Father : Nilo Valencia
Occupation: Vendor
Mother: Zosima Valencia
Occupation: Vendor
Physician: Not specified
Insulin: Novomix and Lantus
Dossage: 20 Unit AM & PM
Ambition in Life: Not mentioned

**13**

NAME: **ZHAFIA ADRAH V. Al- HERGAIL**
ADDRESS: Sta. Agueda, Pamplona
DATE OF BIRTH: June 19, 2013
AGE: 5
Father : Faisal A. Al-Hergail
Occupation: None
Mother Shalalon Velasco
Occupation: Call Center
Physician: Dra. Verdillo
Insulin: Insulatard
Dossage: AM 14-16; PM 8-10
Ambition in Life: Not mentioned

**14**

NAME: **JENETH ACEBES**
ADDRESS; Dawis, Bayawan City
DATE OF BIRTH: September 20, 2000
AGE: 17
Father: Jimmy Acebes
Occupation: Farmer
Mother Evangeline Acebes
Occupation: Housewife
Physician : Dr. Amasula
Insulin: Novomix and Lantus
Dossage: AM 10 units Novo; PM 25 units Lantus
Ambition in Life: Not Specified

**15**

NAME: **ROBEE E. SUMANDO**
ADDRESS: Apolong, Valencia, Neg. Or.
DATE OF BIRTH: November 6, 2005
AGE: 12
Father : Romy F. Sumando
Occupation: Masson Carpenter
Mother: Rebecca E. Sumando
Occupation: Housewife
Physician: Dr. Proceso Marc Udarbe
Insulin: Novomix
Dossage: AM 30 Units; NN 20 Units; PM 20 Units
Ambition in Life: To become a successful Doctor

**16**

NAME: **LYKA VENIDO**
ADDRESS: Bios, Amlan, Negros Oriental
DATE OF BIRTH: June 21, 205
AGE: 12
Father : Not mentioned
Mother : Lorna Venido
Occupation: Not Specified
Physician: Not specified
Insulin : Novomix and Lantus
Dossage: 34 units AM; 22 Units PM
Ambition in Life : Not mentioned

**17**

NAME**: JHERLYN PAULO**
ADDRESS: Danao, Kabulakan, Santa Catalina
DATE OF BIRTH: September 21, 1999
AGE: 18
Father: Gerry Paulo
Occupation: Carpenter
Mother : Marelyn Paulo – Housekeeper
Physician: Dr. Borromeo
Insulin: Actrapid & Lantus
Dossage: 12 Units Actrapid; 24 units Lantus
Ambition in Life: To become a successful woman


**18**

NAME **: JHUSTINE FAITH ORBETA**
ADDRESS: Domolog, Bindoy, Negros Oriental
DATE OF BIRTH: June 22, 2000
AGE: 17
Father: Rodrigo Orbeta
Occupation: Municipal Security Guard
Mother: Emma Orbeta
Occupation: Housewife
Physician: Dr. Marc Udarbe
Insulin: Novomix & Lantus
Dossage: AM 15 Units Novomix, 20 Lantus;
NN 10 units Novomix; PM 10 units Novomix
Ambition in Life: To become a successful Nurse

**19**

NAME : **FLORENZ MARIE K. ACSON**
ADDRESS: Siaton, Negros Oriental
DATE OF BIRTH: July 3, 2000
AGE: 17
Father: Great A. Acson
Occupation: Not specified
Mother: Jennifer K. Acson
Occupation: None
Physician: Not mentioned
Insulin: Not specified
Dossage: Not Specified
Ambition in Life: Not mentioned

**20**

NAME : **SHANE DHALLE C. CONDIMAN**
ADDRESS: Siaton, Negros Oriental
DATE OF BIRTH: May 24, 2005
AGE: 12
Father : Sherwin Dave C. Condiman
Occupation: Not specified
Mother: Aileen C. Condiman
Occupation: Not specified
Physician: Not mentioned
Insulin: Not mentioned
Dossage: Not specified
Ambition in Life: Not mentioned

**21**

NAME: **RAYNE B. ARBOLADO**
ADDRESS: Tabuc-tubig, Dumaguete City
DATE OF BIRTH: February 2, 2004
AGE: 14
Father: Ray D. Arbolado
Occupation: None
Mother Arlene B. Arbolado
Occupation: None
Physician: Not specified
Insulin: Novomix; 30 Flixpin; Humalog 50
Dossage: 40 Units
Ambition in Life: None yet

**22**

NAME: **JILL MARK A. DELORIA**
ADDRESS: Arellano St, Zamboangita, Neg. Or.
DATE OF BIRTH: January 27, 2011
AGE: 7
Father: Carmelito M. Deloria Jr.
Occupation: Farmer
Mother: Geraldine A. Deloria
Occupation: Housewife
Physician: Dra. Leah Tayco & Dra. Verdillo
Insulin: Protaphane
Dossage: 29 Units
Ambition in Life: To have a long life

**23**

NAME : **ARVIN JHADE M. COPIO**
ADDRESS: San Jose, Negros Oriental
DATE OF BIRTH: March 19, 2005
AGE: 12
Father : Marvin Copio
Occupation : None
Mother Marian M. Copio
Occupation: Office Clerk
Physician: Dra. Verdillo
Insulin: Lantus
Dossage: Not specified
Ambition in Life: Not mentioned

**24**

NAME: **JOVE JEAN BRIONES**
ADDRESS: Manluminsag, La Libertad
DATE OF BIRTH : February 16, 2011
AGE: 7
Father: Jovanni Briones
Occupation: Farmer
Mother: Jeneth Briones
Occupation: Housekeeper
Physician: Dr. Marc Udarbe
Insulin: Novomix
Dossage: 8 units AM; 8 units NN; 6 units PM
Ambition in life: To become a Nurse

**25**

NAME: **REYMARK A. CALIDGUID**
ADDRESS: Manjuyod, Negros Oriental
DATE OF BIRTH: July 29, 2000
AGE : 17
Father: Rogelio Calidguid
Occupation: Carpenter
Mother: Antonieta Calidguid
Occupation: Housewife
Physician: Not mentioned
Insulin: Novomix and Lantus
Dossage: 25 units Novomix 3x daily;
60 units Lantus/day
Ambition in Life: Not specified

**26**

NAME: **ADRIAN T. MOLOS**
ADDRESS: Guihulngan City
DATE OF BIRTH: June 10, 2007
AGE: 10
Father : Jose Lazaro P. Molos
Occupation: Not specified
Mother: Anne T. Molos
Occupation: Not specified
Physician : Dr. John Uy
Insulin: Not Specified
Dossage: 23 Units morning; 10 units Evening
Ambition in Life: To have a long life

**Blood Sugar Testing and Children's Individual Physical Check-up**
**By: Dra. Clarita Cadiz and Diabetes Educators**

After registration, the children undergo Blood Sugar Testing which was spearheaded by the Diabetes Educators who volunteered to ensure the children are in the right physical condition while attending the one day camp intended for them.

Parents and guardians were also present during the Blood Sugar Testing to monitor blood sugar condition of their children.

Dra. Clarita Cadiz with Ms. Del Serion, Grace Baring and Marieta Naanos discussing the overall physical conditions of the children.

NIDA Officers in charge in the registration of participants Type 1 Diabetes during the first day of the camp.

All Participants of the two day Diabetes Camp were given Free T-shirts. Compliments from IFL Australia through Ms. Chaty Harris and Mr. Neil Donelan. Mrs. Merle Garcia and Mrs. Nazarena Estrada were in charged in distributing the T-shirts ensuring that all participants were allocated.

Parents were allowed to participate during the lecture and forum discussion with their children being the persons mostly responsible in the management of their children's diabetes. Ms. Chatty Harris was responsible in deciding the parents to attend the camp.

**9:15 – 11:15 AM** **The Diabetes Conversion Map**

**By: Louie Margarette Garrido**

Registered Nurse
Diabetes Educator
Representative of Eli Lilly makers of
Humalog;
Humulin;
Basaglar
Eli Lilly Insulin line product insert
Eli Lilly Insulin line product monograph Eli Lilly Insulin on line information-elililllyinsulinproducts.com

**Power Point Presentation**

**Let's talk about DIABETES**

**382M people suffer from diabetes which is equivalent to 1 in 12 adults with diabetes worldwide. More than 592,000,000 people are expected to be diagnosed with diabetes by 2035.**

**As of today, dec.2013 based on the IDF statistics, 382 M people suffer from diabetes which is equivalent to 1 in 12 adults with diabetes worldwide. Half of these individuals have diabetes but do not know it. By 2035, it was projected that it will give rise to a figure of 592 M people. New estimates suggest that every 6 seconds, one person dies from diabetes and close to half of those deaths occur in people under the age of 60. (Reference: IDF DIABETES ATLAS 6TH EDITION) . In our country, records of the National Nutrition and Health Survey showed that 4.6 percent of the population, or about 3.7 million adult Filipinos, suffer from diabetes. (March 4, 2006 Philippine Star) Many are still UNDIAGNOSED. According to the 2008 survey, 1 out of every 5 Filipinos living in the Philippines have diabetes.**

**In our country, records of the National Nutrition and Health Survey showed that 4.6 percent of the population, or about 3.7 million adult Filipinos suffer from diabetes. 1 out of every 5 Filipinos living in the Philippines have diabetes.**

**As of today, dec.2013 based on the IDF statistics, 382 M people suffer from diabetes which is equivalent to 1 in 12 adults with diabetes worldwide. Half of these individuals have diabetes but do not know it. By 2035, it was projected that it will give rise to a figure of 592 M people. New estimates suggest that every 6 seconds, one person dies from diabetes and close to half of those deaths occur in people under the age of 60. (Reference: IDF DIABETES ATLAS 6TH EDITION) . In our country, records of the National Nutrition and Health Survey showed that 4.6 percent of the population, or about 3.7 million adult Filipinos, suffer from diabetes. (March 4, 2006 Philippine Star) Many are still UNDIAGNOSED. According to the 2008 survey, 1 out of every 5 Filipinos living in the Philippines have diabetes.**

**What is DIABETES ?**

**DEFINITION… ...and the Latin word mellitus = sweet as honey**

**The Greek word Diabetes = to Siphon/pass through**

**Diabetes - a disease in which the body does not produce or properly use insulin.**

**Insulin - a hormone that is needed to convert sugar, starches and other food into energy needed for daily life.**

**What happens when…**

**YOU EAT FOOD?**

**When you eat food, the body breaks down all of the sugars and starches into glucose, which is the basic fuel for the cells in the body. Insulin takes the sugar from the blood into the cells. When glucose builds up in the blood instead of going into cells, it can lead to diabetes complications.**

**In mammals, food enters the mouth, being chewed by teeth, with chemical processing beginning with chemicals in the saliva from the salivary glands. Then it travels down the esophagus into the stomach, where acid both kills most contaminating microorganisms and begins mechanical break down of some food (eg denaturation of protein), and chemical alteration of some.**

**What happens when…**

**YOU EAT FOOD?**

**SUGAR enters your blood stream**

**When you eat food, the body breaks down all of the sugars and starches into glucose, which is the basic fuel for the cells in the body. Insulin takes the sugar from the blood into the cells. When glucose builds up in the blood instead of going into cells, it can lead to diabetes complications.**

**Simple sugars are far and away the predominant carbohydrate absorbed in the digestive tract, and in many animals the most important source of energy. Monosaccharides, however, are only rarely found in normal diets. Rather, they are derived by enzymatic digestion of more complex carbohydrates within the digestive tube.**

**Particularly important dietary carbohydrates include starch and disaccharides such as lactose and sucrose. None of these molecules can be absorbed for the simple reason that they cannot cross cell membranes unaided and, unlike the situation for monosaccharides, there are no transporters to carry them across.**

**Insulin acts as a messenger to instruct the body's cells to absorb glucose, in effect reducing blood glucose levels.**

**What happens when…**

**you have DIABETES ?**

**When you eat food, the body breaks down all of the sugars and starches into glucose, which is the basic fuel for the cells in the body. Insulin takes the sugar from the blood into the cells. When glucose builds up in the blood instead of going into cells, it can lead to diabetes complications.**

**In people with diabetes, blood glucose levels are too high. These high levels occur because glucose remains in the blood rather than entering cells, where it belongs. But for glucose to pass into a cell, insulin must be present and the cell must be "hungry" for glucose.**

**People with type 1 diabetes don't make insulin. For them, insulin shots are the only way to keep blood glucose levels down.**

**People with type 2 diabetes tend to have two problems: they don't make quite enough insulin and the cells of their bodies don't seem to take in glucose as eagerly as they should.**

**Classification of Diabetes**

**Type 1 diabetes –**

**Results from the body's failure to produce insulin. It is estimated that 5-10% of Americans who are diagnosed with diabetes have type 1 diabetes.**

**Type 2 diabetes –**

**Results from insulin resistance (a condition in which the body fails to properly use insulin), combined with relative insulin deficiency. Approximately 90-95% (16 million) have type 2 diabetes.**

**The classification of diabetes includes four clinical classes**

**Type 1 diabetes results from β-cell destruction, leading to absolute insulin deficiency**

**Type 2 diabetes results from a progressive insulin secretory defect on the background of insulin resistance**

**Other specific types of diabetes due to other causes; e.g., genetic defects in β-cell function, genetic defects in insulin action, diseases of the exocrine pancreas (such as cystic fibrosis), and drug- or chemical-induced diabetes (such as in the treatment of AIDS or after organ transplantation)**
**Gestational diabetes mellitus (GDM), diabetes diagnosed during pregnancy that is not clearly overt diabetes**

**Some patients cannot be clearly classified as having type 1 or type 2 diabetesClinical presentation and disease progression vary considerably in both types of diabetes. Occasionally, patients who otherwise have type 2 diabetes may present with ketoacidosis. Similarly, patients with type 1 diabetes may have a late onset and slow (but relentless) progression despite having features of autoimmune disease**

**Such difficulties in diagnosis may occur in children, adolescents, and adults. The true diagnosis may become more obvious over time.**

**Gestational diabetes –**

**Gestational diabetes affects about 4% of all pregnant women - about 135,000 cases in the United States each year.**

## Cardinal Symptoms of Diabetes

**Polyphagia**

**Excessive hunger**

**with**

**Unexplained Weight Loss**

**Polydipsia**

**Excessive thirst**

**Polyuria**

**Excessive urination**

**Not all patients with diabetes may experience polyphagia. Some may observe weight loss rather than polyphagia.**

## Other Symptoms of Diabetes

**Nausea and**

**Vomiting**

**Weight Loss**

**Extreme Fatigue**

**Recurring skin, Gum, Bladder infections**

**Blurred Vision**

## Risk Factors for Diabetes

**Obesity**

**Diet and physical inactivity**

## Family history of diabetes

**Ethnicityl**

**DIABETES RISK FACTORS**

**Increasing age**
**Insulin resistance**

## Diagnosis of Diabetes Mellitus

**There are three different tests to determine whether a patient have prediabetes or diabetes:**

**DIAGNOSIS OF D.M.**

- **Oral glucose tolerance test (OGTT).**
- **The A1C test**
- **The fasting plasma glucose test (FPG)**
- **A1C ≥6.5 or**

**Fasting plasma glucose (FPG)**

**≥126 mg/dl (7.0 mmol/l)**
**or**
**Two-hour plasma glucose ≥200 mg/dl (11.1 mmol/l) during an OGTT**
**or**
**A random plasma glucose ≥200 mg/dl (11.1 mmol/l)**

**CRITERIA FOR DIAGNOSIS**

**PREDIABETES:**

- **IFG**
- **IGT**
- **Increased HbA1C**

**In 1997 and 2003, The Expert Committee on the Diagnosis and Classification of Diabetes Mellitus1,2 recognized an intermediate group of individuals whose glucose levels, although not meeting criteria for diabetes, are nevertheless too high to be considered normal. This group was defined as having impaired fasting glucose (IFG) or impaired glucose tolerance (IGT)**

**IFG: fasting plasma glucose (FPG) of 100-125 mg/dl (5.6-5.9 mmol/l)**

**IGT: two-hour plasma glucose (2-h PG) on the 75-g oral glucose tolerance test (OGTT) of 140-199 mg/dl (7.8-11.0 mmol/l)**

**It should be noted that the World Health Organization (WHO) and a number of other diabetes organizations define the cutoff for IFG at 110 mg/dl (6.1 mmol)**

**Individuals with IFG and/or IGT have been referred to as having prediabetes, indicating a relatively high risk for future development of diabetes**

**IFG and IGT should not be viewed as clinical entities in their own right but rather risk factors for diabetes as well as cardiovascular disease (CVD)**

**IFG and IGT are associated with obesity (especially abdominal or visceral obesity), dyslipidemia with high triglycerides and/or low HDL cholesterol, and hypertension**

**Individuals with an A1C of 5.7-6.4% should be informed of their increased risk for diabetes as well as CVD and counseled about effective strategies to lower their risks (see Prevention/Delay of Type 2 Diabetes)**

## NORMAL VALUES

- **Normal fasting plasma glucose levels are less than 100mg/dL**

- **Normal Response to 2h post-meal or random blood sugar is less than 140 mg/dl**

**ADA – TARGET VALUES**

**Target Goals:**

**FPG : 70 mg/dl to 130 mg/dl**

**PPG : <180 mg/dl**

**HbA1c: <7 % (in general)**

**HbA1c: Close to normal (individual patients)**

**INSULIN**

**Medication instead of Drugs– positive msg. to px…. Test the knowledge of the participants.. ONE by ONE… Ask them what type of insulin they know?**

**Definition of INSULIN**

**Insulin is a hormone that is needed to convert sugar, starches and other food into energy needed for daily life.**

**It is produced from the beta cells of islets of Langerhans located in the Pancreas which is an organ situated behind the stomach.**

**When the pancreas is unable to produce any/sufficient amount of it, insulin becomes a necessary medication to treat it.**

**Where is your pancreas located?! – wild guess !**

**Insulin is a protein hormone that lowers the blood sugar. There are 2 types of Insulin:**

**1) Endogenous insulin- produced by the pancreas**

**2) Exogenous insulin – produced in the laboratory**

**Trivia: For T1 DM , injecting insulin is necessary for survival. Before the discovery of insulin in 1921, the life expentancy of T1 is only 1 year from discovery!Now we have many T1s who reach the age of 80!**

**Sources of Insulin:**

**Beef**

**Pork**

**Human Insulin**

**(Recombinant DNA Technology)**

- **has three amino acids variation**
- **has one amino acid variation**
- **has same amino acids sequence**

**Years ago, the insulins available were derived from 2 sources: beef and pork … in the early 1980s (1982), the first human drug produced by Recombinant DNA Technology was Humulin.**

## EXAMPLES of INSULIN

**RE-USABLE PEN**

**DISPOSABLE PEN**

**INSULIN PUMPS**

**When you work closely with your diabetes care team, insulin pumps can help you keep your blood glucose. The food you eat gets digested and broken down into a sugar your body's cells can use. This is glucose, one of the simplest forms of sugar.X levels within your target ranges.**

**People of all agesstands for advanced glycosylation (gly-KOH-sih-LAY-shun) end products. AGEs are produced in the body when glucose links with protein. They play a role in damaging blood vessels, which can lead to diabetes complications.X with type 1 diabetesa condition characterized by high blood glucose levels caused by a total lack of insulin. Occurs when the body's immune system attacks the insulin-producing beta cells in the pancreas and destroys them. The pancreas then produces little or no insulin. Type 1 diabetes develops most often in young people but can appear in adults.X use insulin pumps and people with type 2 diabetesa condition characterized by high blood glucose levels caused by either a lack of insulin or the body's inability to use insulin efficiently. Type 2 diabetes develops most often in middle-aged and older adults but can appear in young people.X have started to use them as well.**

**REMEMBER**

**FEAR of the injection is more Painful than the Injection itself!**

**GIVING THE INJECTION**

**If this will be the patient's first time to give an injection-have them inject themselves with some sterile saline before you teach them all the intricacies of how to measure up the injection.**

**It is a poor instructor who teaches the patient all about the insulin, how to prepare the insulin and then has them practice giving injections into an orange or some other unrealistic substitute.**

**Remember-Anxiety inhibits memory and concentration. Have them give an injection first. Give them lots of praise and congratulations for giving their first injection. The anxiety level will drop drastically and they will be better able to concentrate on you r teaching.**

**Then teach the steps needed to prepare the injection.**

**Lastly, never use oranges or other substitutes, have them practice on themselves. If they are excessively fearful-let them give YOU an injection of sterile saline. If they see that you are willing to let them give you an injection, they will trust that it can't be as painful as they had feared**

**Right Insulin**

**THINGS TO REMEMBER**

- **Right Dose**
- **Right Time**

**Patients are anxious when being started on insulin and when changes in therapy are made. This anxiety will block learning and memory. Always write down these directions for your patients.**

**What type(s) of insulin do you want them to take**
**How much insulin do you want them to take**
**When do you want them to take the insulin:**
**If an injection is to be given before a meal-explain how long before the meal (30 minutes, 45 minutes etc.)**

**INSULIN DELIVERY DEVICES:**

- **VIALS**
- **SYRINGE**
- **CARTRIDGE**
- **KwikPen**

**BLOOD SUGAR LEVEL MONITORING**

**The main goal of diabetes treatment is to bring sugar levels as close to normal as is safely possible**

**Keeping your blood glucose levels as close to normal can be a lifesaver. Tight control can prevent or slow the progress of many complications of diabetes, giving you extra years of healthy, active life.**

**WHY MONITORING IS IMPORTANT?**

**Times to test:**

- **Fasting (before morning meal)**
- **Before meals**
- **2 hours After meals (Post Prandial)**
- **Bedtime**


The children were taught how to self monitor their blood sugar level using the glucometers provided by Insulin For Life Australia for their home use. Thanks to Mr. Neil Donelan member of the Board IFL – Australia who relentlessly support the children suffering from Type 1 diadetes in the Island of Negros.

**SELF MONITORING BLOOD GLUCOSE (SMBG)**

**Other times:**

- **Illness**
- **Before long travel, exercise**
- **Stress levels**

## LIPID PROFILE GOALS FOR DIABETICS

- **Total Cholesterol : < 200 mg/dL**
- **LDL : < 100 mg/dL**
- **HDL : > 40 (men) > 50 (women)**
- **Triglycerides : < 150 mg/dL**

**Blood Pressure:**

- **Less than 140/80**

**Waist Circumference:**

- **Men should be below 90cm (35.5 in).**
- **Women should be below 80cm (31.5 in).**

**The risk of cardiovascular disease and mortality are increased for women and men with abdominal fat.**

**The most valuable and practical indicator of fat distribution and abdominal fat is a person's waist circumference.**

**11:20 AM Insulin Injection Techniques**
**By: Marlon Satonero**

Diabetes Educator
Representative from SANOFI Pasteur maker of :
Lantus
Toujeo
BG Star/Mystar
Levemer
Apidra

Diabetes Educator Mr. Marlon Satonero of Sanofi Pasteur - Insulin Division demonstrating the proper technique and procedures in handling and preparation of Glucometer. Miss Louis Garrido of Eli Lilly intensely watching while assisting Mr. Satonero with the microphone. Type 1 diabetes participants eagerly watching while testing themselves with the instrument.

Marlon demonstrating the proper preparation of insulin before injection.

Type 1 Diabetes patients intensely listening to his lecture and demonstration.

Marlon's demonstration of the proper techniques of injecting insulin at the abdomen taking into consideration that the small view window of the pen must face the person injecting.

**11:30 AM Management of Hyperglycemia and Hypoglycemia**
**By: Grace F. Baring**

Diabetes Educator
Registered Nurse
DOH - NOPH

Mam Grace Baring reviewing her power point presentation about the proper management of hypoglycemia as the Type 1 diabetes patients attentively concentrated to listen to her lecture and presentation.

**The children enjoyed the lecture presentation of Ms. Grace Baring regarding the correct management of Hypoglycemia and Hyperglycemia. The children were asked about what they feel when hypoglycemia occurred on them. Various answers were observed and the children were elated hearing various expereinces from their co-participants.**

**Power Point Presentation of Ms. Grace Baring**



# Diabetes

Hypoglycemia

&

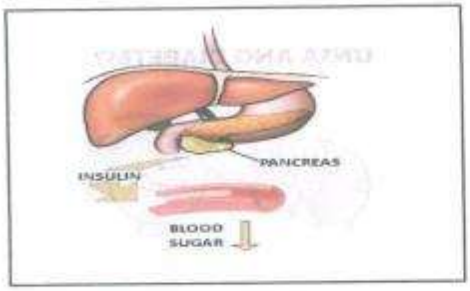
Hyperglycemia

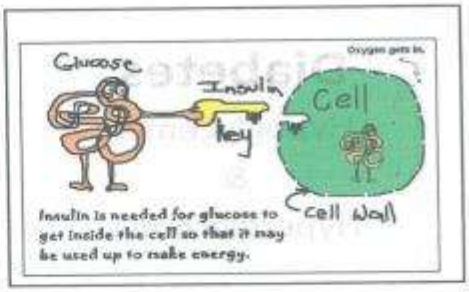
## UNSA ANG DIABETES?

**Diabetes**

- usa ka matang sa sakit diin adunay taas nga kalamay sa dugo gumikan sa pagkawala o pagkakulang sa insulin.

**Insulin** – hormone nga gihimo sa atoang pancreas. Gikinahaglan kini aron makasulod ang kalamay sa dugo ngadto sa "cell" sa atong lawas aron mahimong enerhiya




| BLOOD SUGAR | NORMAL | PRE DIABETES | DIABETES |
|---|---|---|---|
| Fasting Blood Sugar | Ubos sa 100 mg/dl | 100-125 mg/dl | 126 mg/dl pataas |
| Random Blood Sugar | Ubos sa 140 mg/dl | 140-199 mg/dl | 200 mg/dl pataas |
| HBA1C | Ubos sa 5.6% | 5.7-6.4% | 6.5% pataas |

## Hypoglycemia

*Don't skip meals if you have diabetes, particularly if you're taking diabetes medications.*

## Management of hypoglycemia

- If your blood sugar is less than 70 mg/dl, you need 15 to 30 grams of a quickly absorbed carbohydrate
- Wait 15 minutes and then recheck your blood sugar
- If your blood sugar is still less than 100 mg/dl, take another 15 grams of carbohydrate and retest your blood sugar in another 15 minutes.

## Quick Carbohydrate Guide for Treating Low Blood Sugars

- **Candies and Other Sweets**
- 5 small gum drops
- 12 gummy bears
- 1 Tablespoon honey, jam or jelly
- 1 Tablespoon sugar in water

**Beverages**

- 1/2 cup juice or regular soda
- 1 cup fat free milk

**Fruits**

- 1/2 banana
- 1 small apple
- 1 small orange
- 2 tablespoons of raisins
- 15 grapes

## Hypoglycemia


## What Causes Hypoglycemia?

## Causes of Hypoglycemia

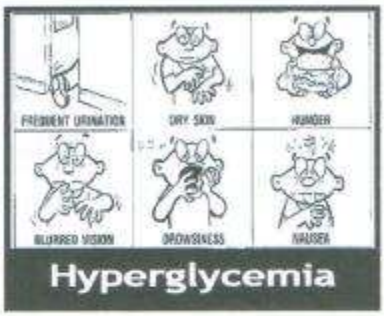
- If you miss a snack or don't eat a full meal
- If you eat later than usual
- Exercising too hard

## Causes of Hypoglycemia

- If you drink alcohol without eating any food
- Over dosage of diabetes medication

## Hyperglycemia

## Hyperglycemia




## Hyperglycemia

**Causes**

- Increased food intake
- Illness
- Stress
- Missed or not enough medication

**Management**

- Follow your meal plan
- Always take insulin and medication correctly
- Check blood sugar level regularly

**The Lunch Break**

The children waited for their turn to take their prepared lunched. Thanks to the Sta. Monica management who prepared them.

Parents joined their children taking their lunch. The parents were also given free lunch thanks to Ms. Chaty Harris.

**Ms. Chaty Harris**
Registered Nurse working in Australia
Diabetes Educator
Volunteer
Insulin for Life - Australia

Ms. Chaty Harris led the Exercise and Recreation for Type 1 Diabetic children preparing them for the afternoon session of the Diabetes Camp.

Diabetes Educators Marlon Satonero and Marieta Naanos joined the children doing the exercises and recreation for diabetics under the baton of Ms. Chaty Harris. The children enjoyed the whole proceedings.

Neil Donelan of Insulin For Life Australia and NIDA Officers joined the children and Ms. Chaty Harris doing the necessary exercises.


The children enjoying the recreational exercises for diabetics led by their benefactor volunteer from Insulin For Life Australia Ms. Chaty Harris.

**2:00 – 4:00 Nutrition Workshop**
**By: Ms. Delia Serion**
**RND, DE**
**Diabetes Educator**
**Clinical Nutritionist and Dietician**


Ms. Del Serion discusses with the children the three basic food groups: Carbohydrates, Protein and Fats.


Ms. Del Serion showing different kind of food on the table and gave instructions to the children to form three groups .

The food samples were mostly dummies to illustrate to the children what to eat and what to avoid.

Group 1 having difficulties in segregating the three major food groups : carbohydrates, protein and fats. Group members trying to discuss among themselves various food samples on the table.

Group 2 having difficulties in identifying fats from protein. Shown are group members in intense discussion regarding the matter.

Group 3 members trying to segregate the fats from protein and carbohydrates. The children were taught the importance of identifying the three basic food groups for their dietary requirements when they will go back to their individual homes.

Mam Del Serion assisted Group 2 in segregating Carbohydrates, fats and protein food groups while some parents were observing the proceedings. It is also important for the parents to be educated so that they can be of help when they will go home with their children.

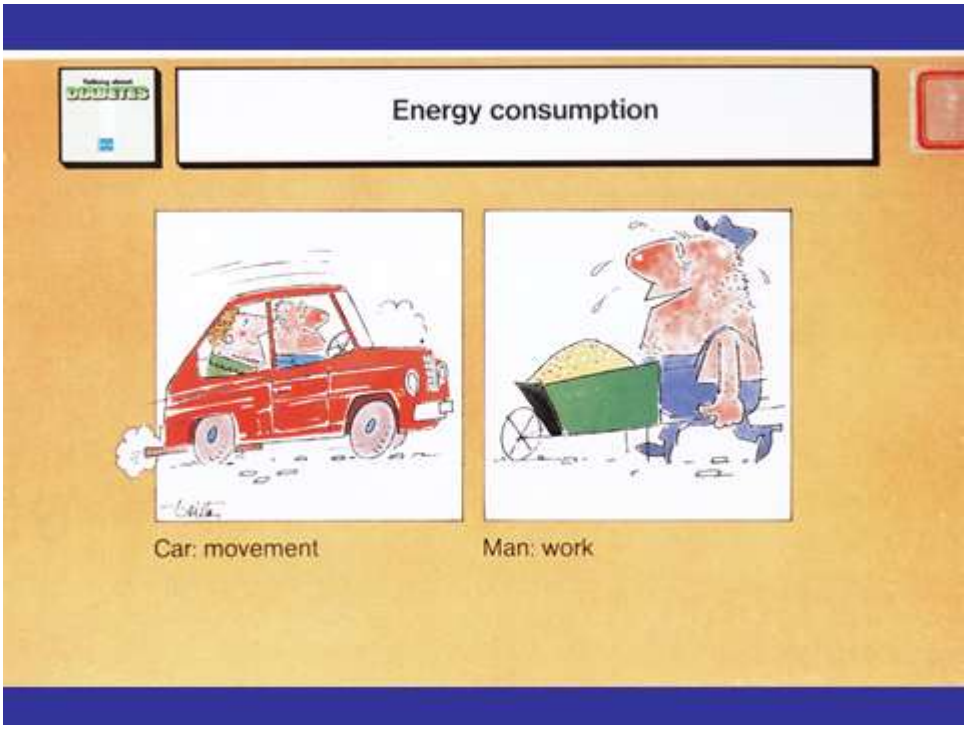
**Ms. Delia Serion's Power Point Presentation**

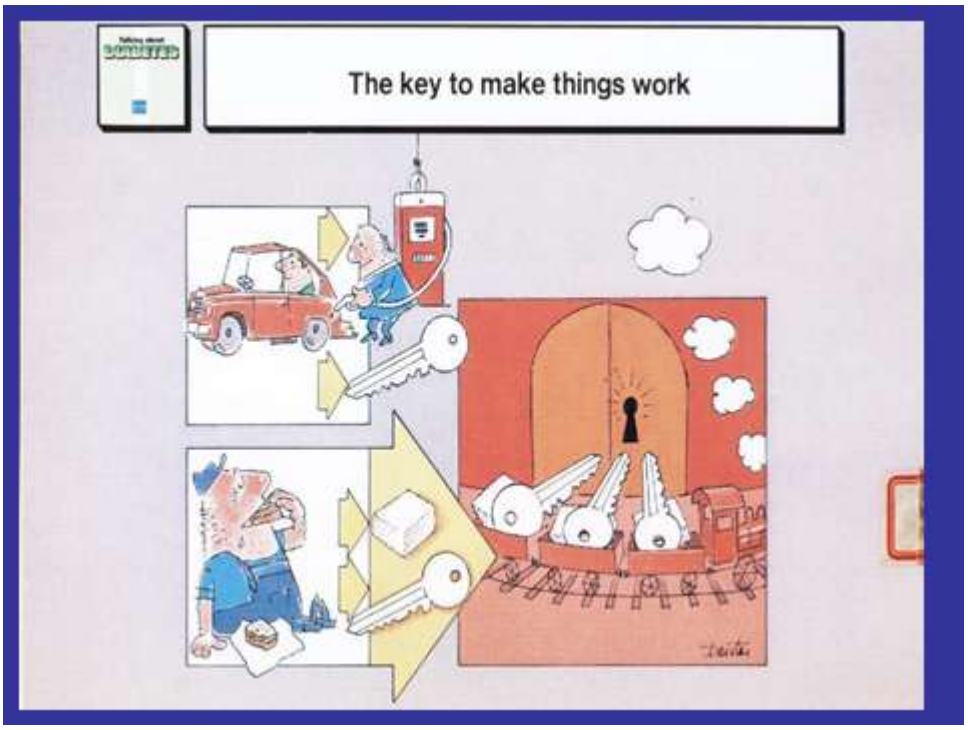
# Carbohydrate Counting

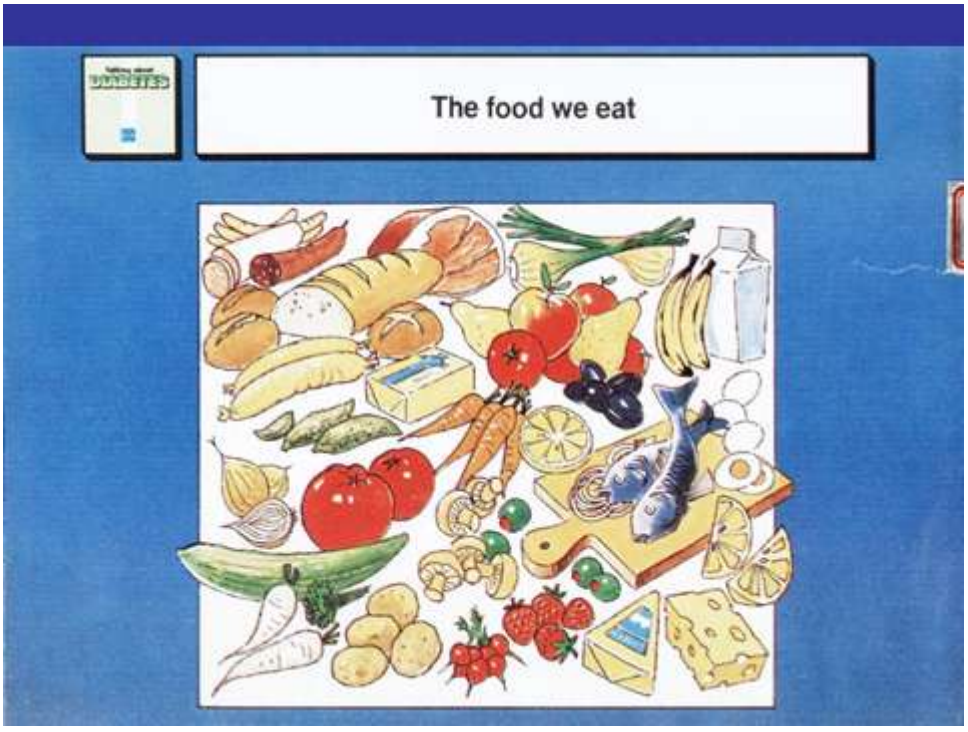
## NIDA

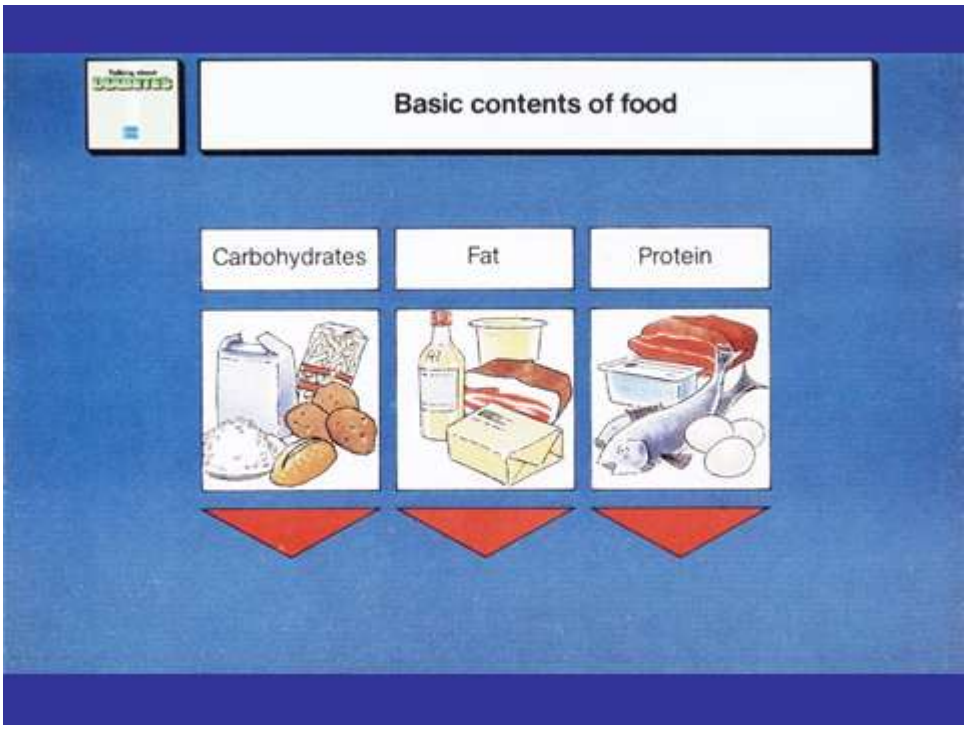
2nd Diabetes Camp

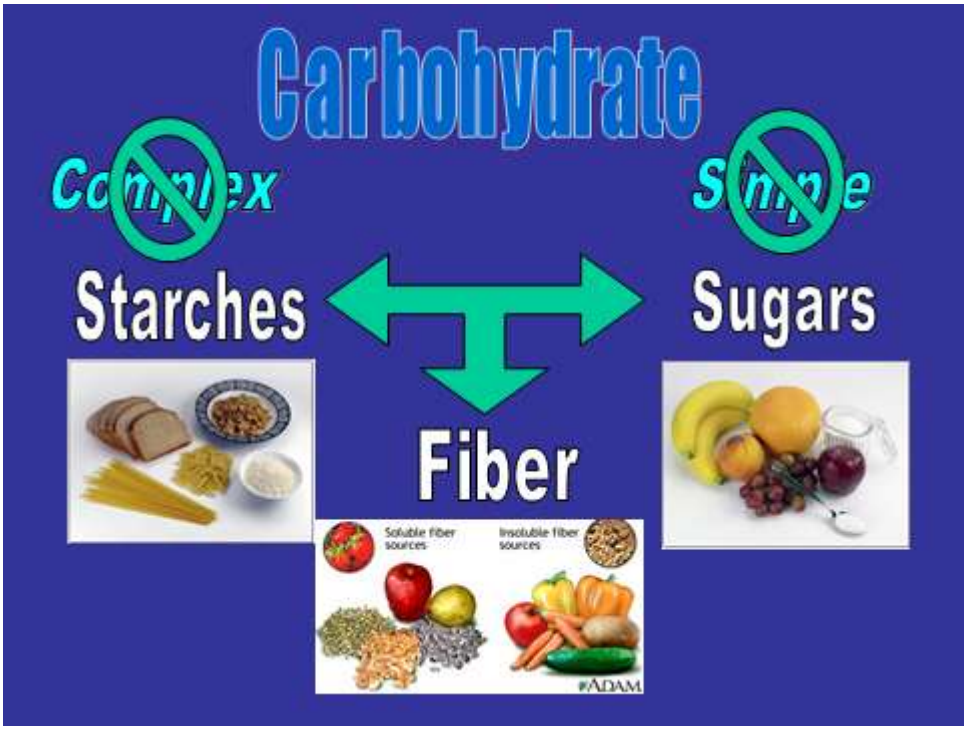
Delia Ediza Serion, RND, DE
National Nutrition Council
Department of Health




The key to make things work

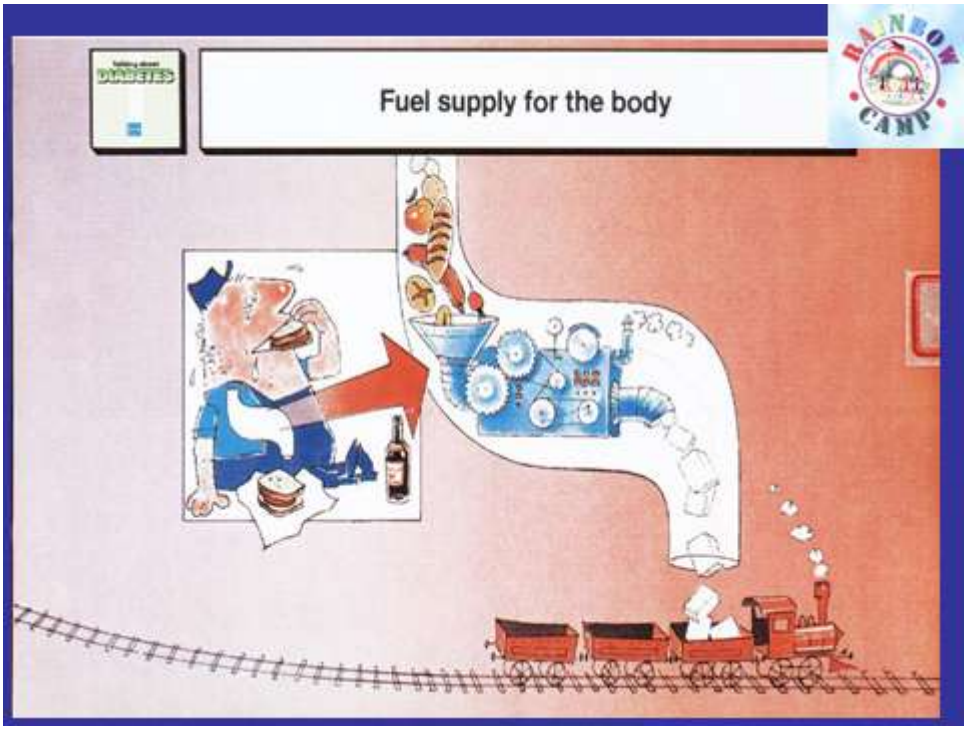

The food we eat

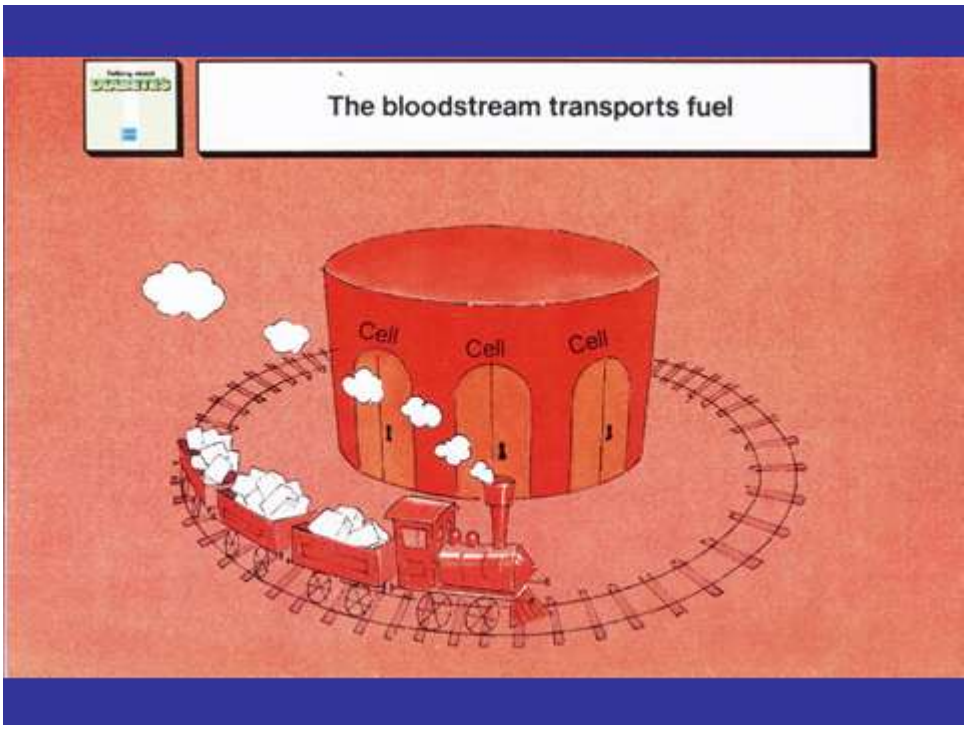

Basic contents of food
Carbohydrates
Fat
Protein

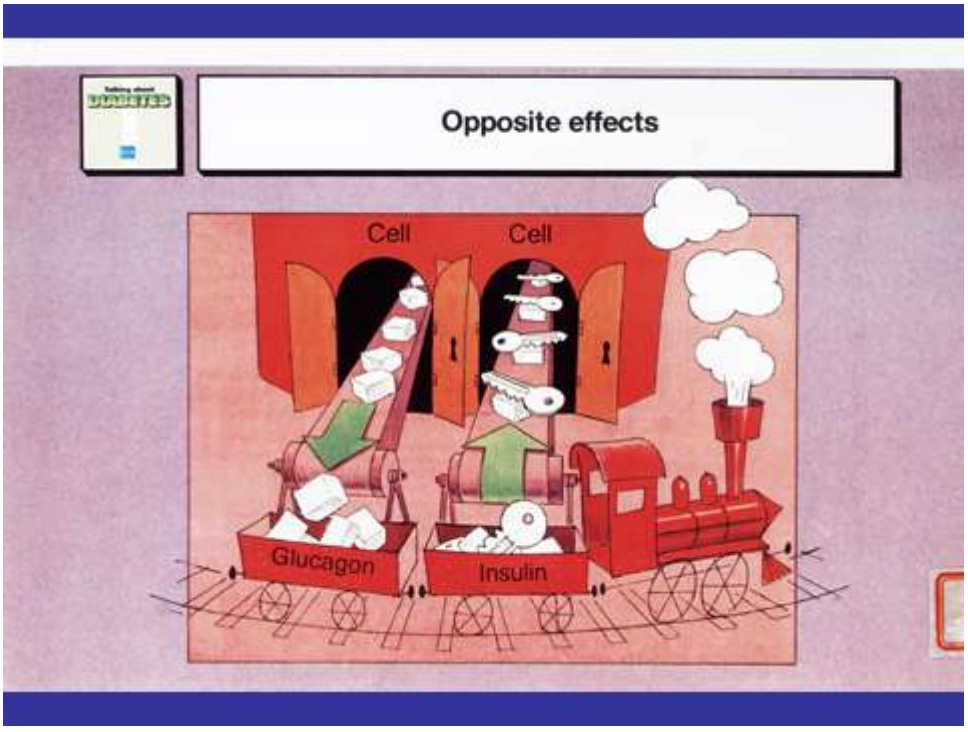

Carbohydrate
Complex
Simple
Starches
Sugars
Fiber
Soluble fiber sources
Insoluble fiber sources
A.D.A.M.

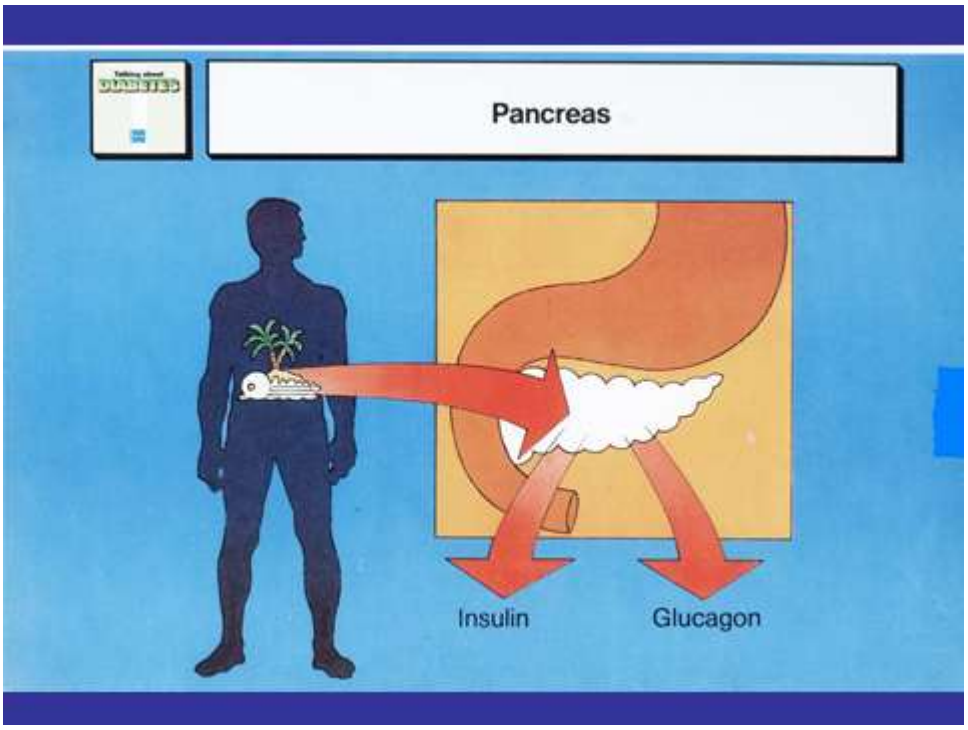
## Which foods contain carbohydrates?


## Fuel supply for the body




The bloodstream transports fuel
Cell
Cell
Cell


Opposite effects
Cell
Cell
Glucagon
Insulin




## Glucagon

plays an active role in allowing the body to regulate the utilization of glucose and fats.

Glucagon is released in response to low blood glucose levels and to events whereby the body needs additional glucose

## Glucagon

When glucagon is released it can perform the following tasks:

Stimulating the liver to break down glycogen to be released into the blood as glucose

## Glucagon

Activating gluconeogenesis, the conversion of amino acids into glucose

Breaking down stored fat (triglycerides) into fatty acids for use as fuel by cells

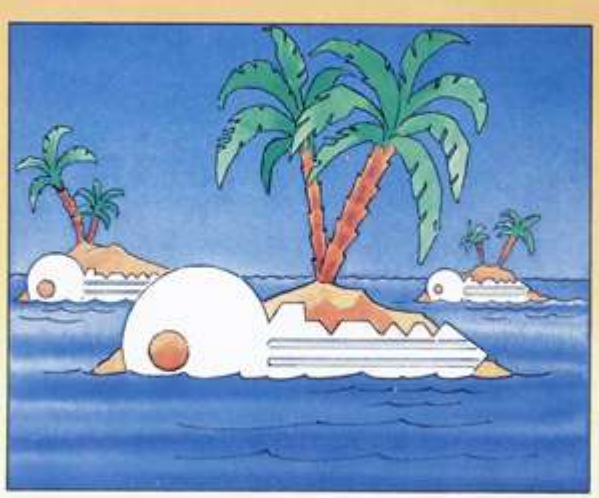
When blood glucose levels are low, glucagon is released and signals the liver to release glucose into the blood.

Type 1 - hypoglycemia -releases glucagon
Type 2 – hypoglycemia – signals liver to release Blood sugar to blood stream

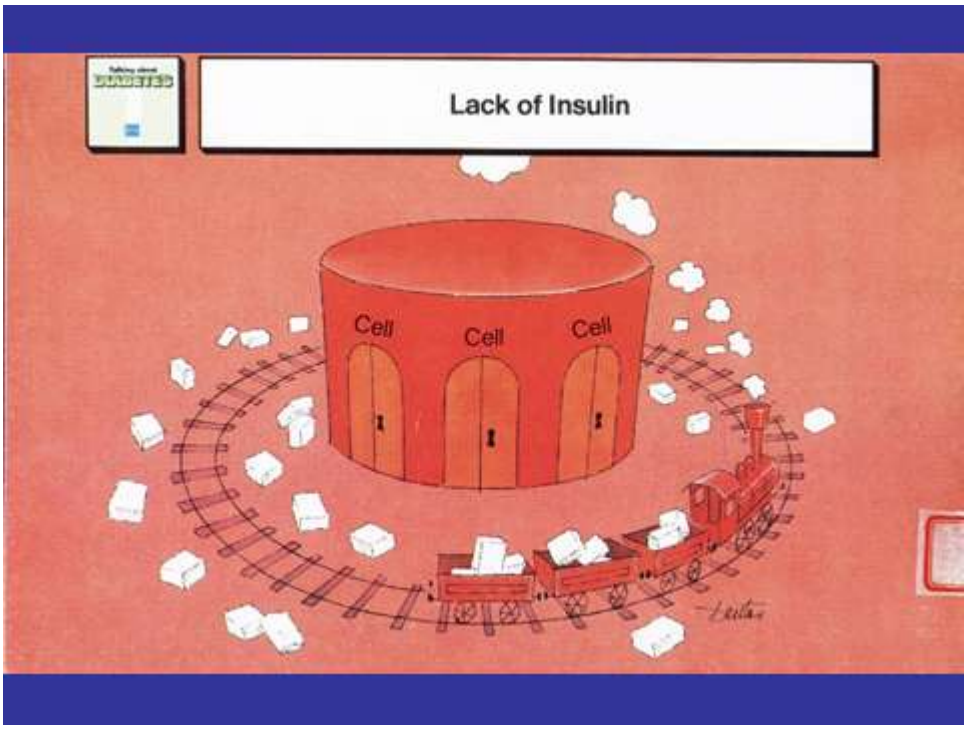
Glucagon secretion in response to meals varies depending on what we eat:

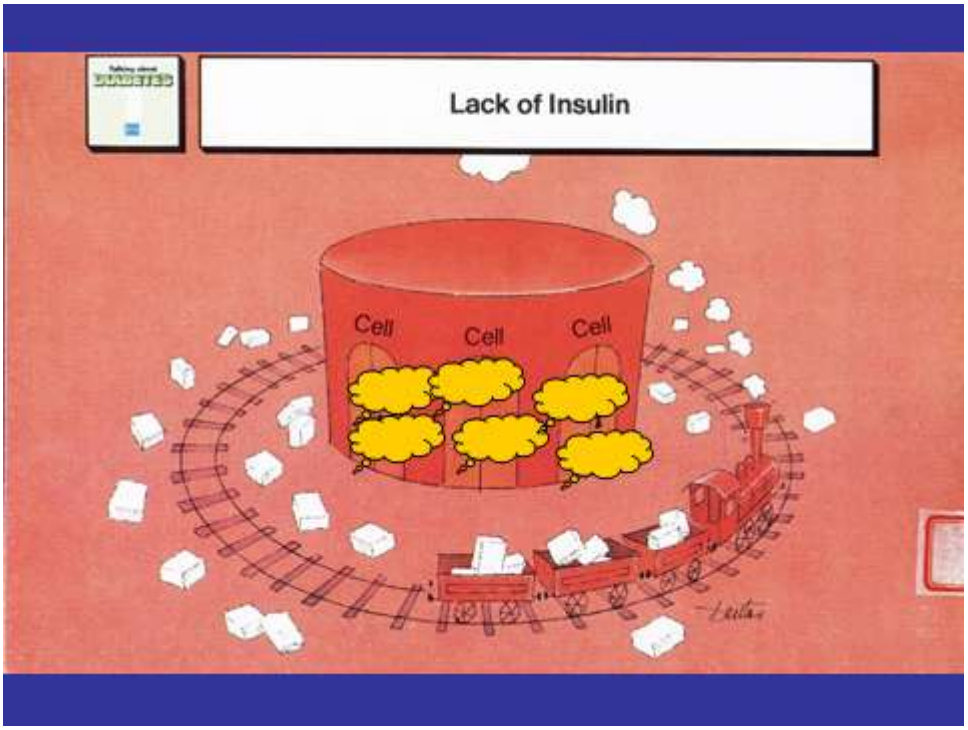
carbohydrate based meal-- glucagon levels in the blood fall to prevent blood glucose rising too high.
high protein meal, glucagon levels in the blood rise.

Insulin = key



Insulin = key


Lack of Insulin
Cell
Cell
Cell


Lack of Insulin
Cell
Cell
Cell

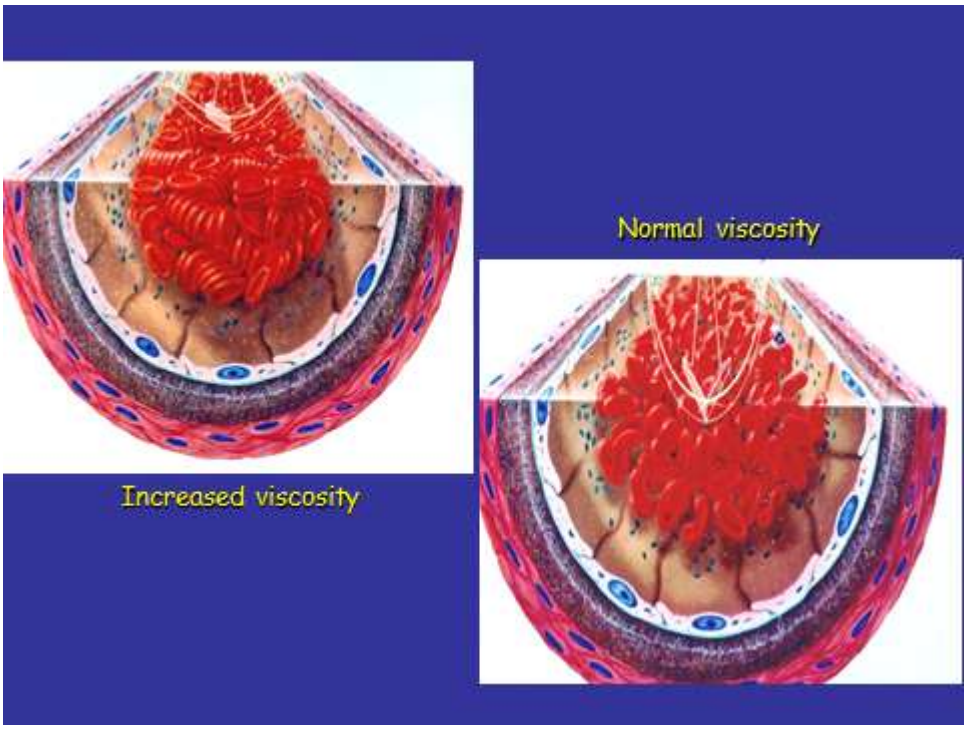
## Sensory nerve damage

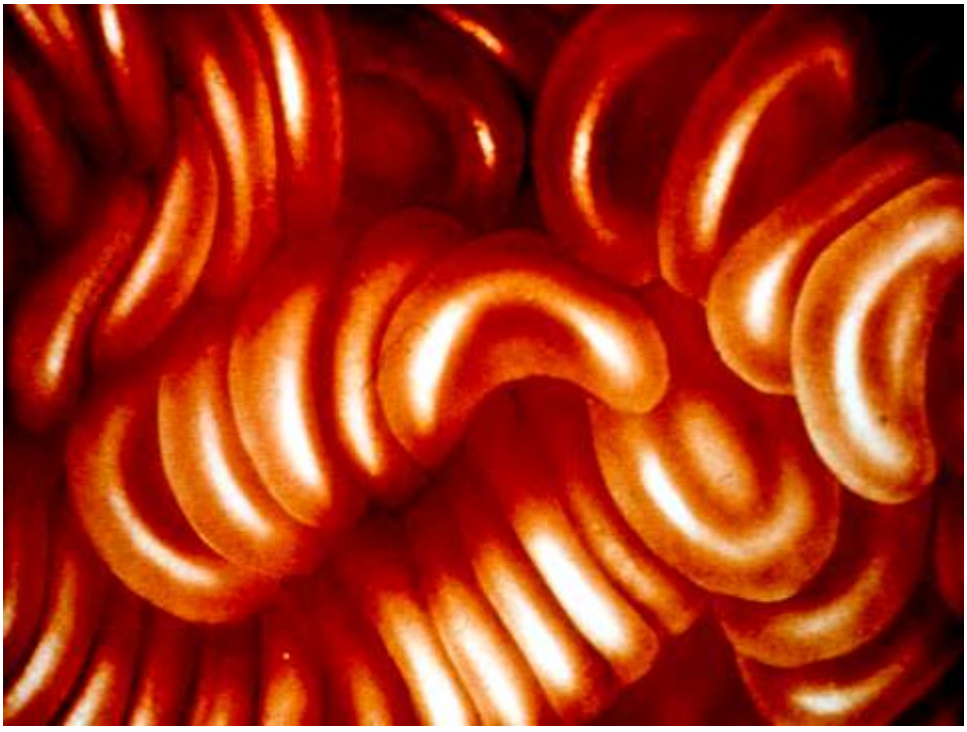
Normal

Diabetic Retinopathy

RETINOPATHY - a diabetes complication that affects eyes. It's caused by damage to the blood vessels of the light-sensitive tissue at the back of the eye (retina). At first, diabetic retinopathy may cause no symptoms or only mild vision problems.

Edema (swelling) of the ankles and feet


Normal viscosity
Increased viscosity



## Symptoms of Hyperglycemia

Increased amount of daily urine

Strong feeling of thirst

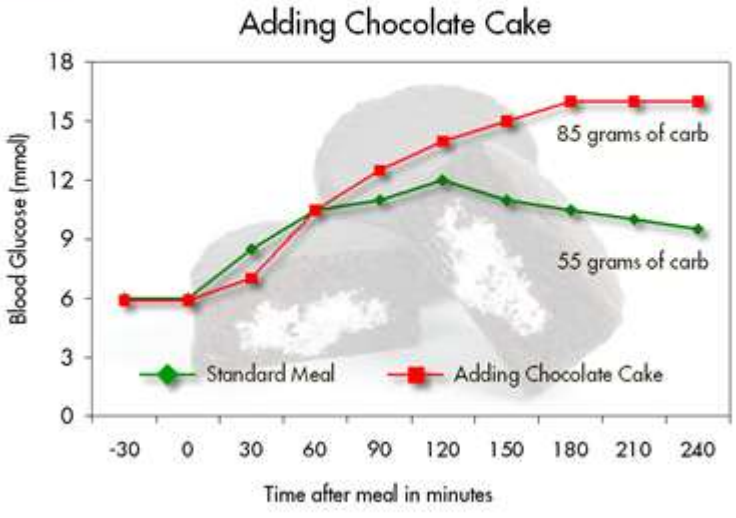
weight loss

Poorly Healing wounds

Tiredness and exhaustion

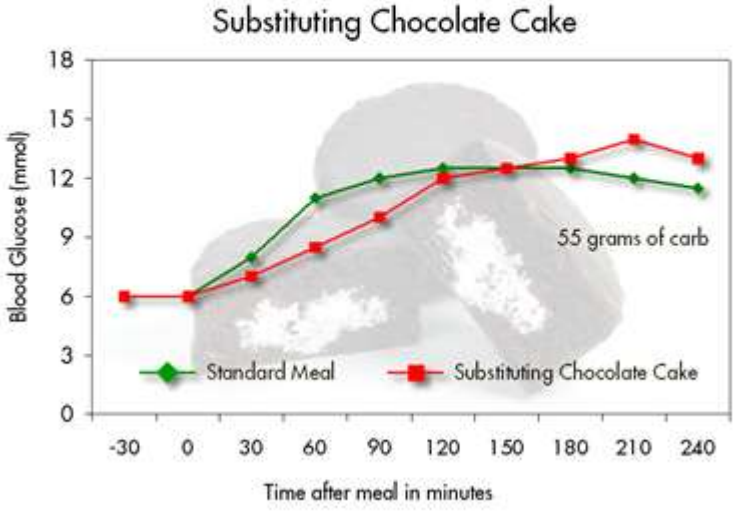
Itchiness

## It's not what you eat, it's how much that counts

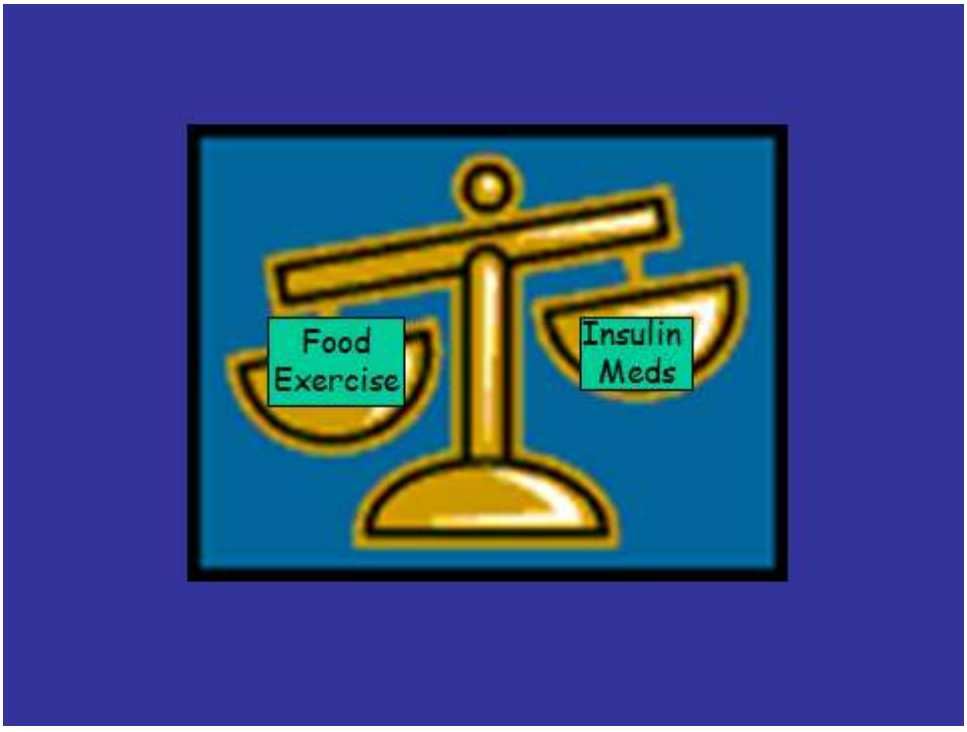



Adapted from *Diabetes Care*, 1990; 13:888-892

# It's not what you eat, it's how much that counts




Adapted from *Diabetes Care*, 1990; 13:888–892



## I. VEGETABLE GROUP

**1 SERVING = 5 grams Carbohydrate**
**25 Calories**

**1 SERVING = ½ cup cooked**
**1 cup raw**

| | |
|---|---|
| Ampalaya leaves* | Sili leaves* |
| Camote leaves* | Kangkong* |
| Ampalaya fruit | Cauliflower |
| Broccoli | Tomato* |
| Carrots* | Sayote |
| Baguio beans | Bean sprouts |
| String beans | Togue |

## IV. FRUITS

**1 SERVING = 15 grams Carbohydrate**
**60 Calories**

| | Measure |
|---|---|
| **A. High in Vitamin C** | |
| Atis | 1 piece |
| Dalanghita | 2 pieces |
| Guava* | 2 pieces (small) |
| Mango: green, ripe | 1 slice |
| Papaya, ripe | 1 slice (1 cup) |
| Strawberry* | 1 & ¼ cups |
| Suha | 3 segments |
| **B. Other Fruits** | |
| Apple* | 1 piece (small) |
| Banana, lakatan* | 1 piece |
| Chico* | 1 piece |
| Durian | 1 segment |
| Grapes* | 17 pieces |
| Langka | 3 segments |
| Lanzones | 7 pieces |
| Lychees | 5 pieces |
| Melon | 1 slice (1 cup) |
| Orange, small* | 1 piece |
| Pear, large* | ½ piece |
| Pineapple, fresh | 1 slice (¾ cup) |
| Rambutan | 8 pieces |
| Santol, large* | 1 piece |
| Watermelon | 1 slice(1 ¼ cups) |
| Buco meat* (acid ? fat) | ½ cup |
| Fruit juice: | |
| cranberry, grape, prune | 1/3 cup |
| orange, pineapple | ½ cup |
| buco water | 1 cup |

*These foods are good sources of fiber

## V. MILK

**1 SERVING:**

| | Carbohydrate | Calories |
|---|---|---|
| **Whole Milk** | 12 | 170 |
| **Low Fat** | 12 | 125 |
| **Non Fat Milk** | 12 | 80 |

| | Measure |
|---|---|
| Liquid milk | 1 cup |
| Powdered milk | 4 level tbsp |
| Yogurt | ½ cup |

## VI. Sugar Substitute

**1 SERVING = 5 grams Carbohydrate**
**20 Calories**

| | Measure |
|---|---|
| Sugar | 1 tsp |
| Honey | 1 tsp |
| Syrup | 1 tsp |
| Macapuno | 1 tsp |
| Candy | 1 piece |
| Condensed Milk | 1 tbsp |


# Carbohydrate Exchange List [1]

[1]Adapted from American Diabetes Association and Food and Nutrition Research Institute Food Exchange List

## II. RICE & SUBSTITUTE

**1 SERVING = 15 grams Carbohydrate**
**80 Calories**

| | Measure |
|---|---|
| **CEREALS AND GRAINS** | |
| Rice | 1/3 cup |
| Lugaw, thick consistency | 1 cup |
| Suman sa ibos | 1 piece |
| Suman sa lihya | 1 piece |
| Cereals, unsweetened | ¾ cup |
| Flour (dry) | 3 tbsp |
| Kutsinta | 1 piece, big |
| Noodles, sotanghon, bihon | 1/3 cup |
| Pasta spaghetti*, macaroni* | 1/3 cup |
| Puto, bumbong | 2 pieces |
| Oatmeal* | ¼ cup (3 tbsp raw) |
| Chestnut | 11 pcs large or 20 pieces small |
| **BREAD** | |
| Bagel | ½ piece |
| Bread, white, whole wheat* | 1 slice |
| Bread sticks, crisp 4 in long | 2 sticks |
| English muffin | ½ piece |
| Galyetas de patatas | 10 pieces |
| Hamburger bun | ½ piece |
| Hotdog bun | 1 piece |
| Pandesal | 2 pieces |
| Pasensya | 22 pieces |
| Pita | ½ piece |
| Raisin bread | 1 slice |
| Tortilla, corn 6 in. across | 1 piece |
| Waffle, 4-½ in. square, reg. fat | 1 piece |
| **STARCHY VEGETABLES** | |
| Baked Beans | 1/3 cup |
| Binatog | ½ cup |
| Corn on cob, medium* | 1 piece |
| Corn, whole kernel * | ½ cup |
| Mixed veg with corn, peas | 1 cup |
| Peas, green * | ½ cup |
| Potato, baked or boiled with skin* | 1 small |
| Potato, mashed | ½ cup |
| Squash | 1 cup |
| Sweet potato | ½ cup |
| Ube, gabi | ½ cup |

**CRACKERS AND SNACKS**

| | |
|---|---|
| Graham crackers | 8 squares |
| Popcorn, no fat added | 3 cups |
| Pretzels | 20 gms |
| Saltine-type crackers | 6 pieces |
| Whole wheat crackers, no added fat | 2–5 pcs |

**Count as 1 rice serving (80 Calories) plus 1 very lean meat (35 Calories)**
**= 115 Calories**

| | |
|---|---|
| Beans and peas (garbanzos, kidney*, black-eyed) | ½ cup |
| Lima beans* | 2/3 cup |
| Lentils* | ½ cup |

**Count as 1 rice serving (80 Calories) plus 1 fat serving (45 Calories)**
**= 125 Calories**

| | |
|---|---|
| Biscuit, 2-½ in. across | 1 piece |
| Corn bread, 2 in cube | 1 piece |
| Croutons | 1 cup |
| French-fried potatoes | 16-25 pcs |
| Muffin, small | 1 piece |
| Popcorn, microwave* | 3 cups |
| Pancake, 4 in across | 2 pcs |
| Sago, cooked | 1/3 cup |
| Taco shell, 6 in. across | 2 pcs |
| Waffle, 4-½ in square | 1 pc |
| Whole wheat crackers | 4–6 pcs |

## III. OTHER CARBO

| | | |
|---|---|---|
| Cake, unfrosted | 2 inch | 1 rice, 1 fat |
| Canton, miki | 1/3 cup | 1 rice, 1 fat |
| Cornik | ½ cup | 1 rice,1½ fat |
| Cheese cupcake | 1 piece | 1 rice, 1 fat |
| Doughnut, plain | 1 med | 1½ rice,2 fat |
| Ins. pancit canton | ½ pack | 2-½ rice, ½ MFmeat, ½ fat |
| Jacobina | ½ cup | 1 rice, ½ fat |
| Marmon | 1 piece | 1 rice, ½ fat |
| Pretzels, salted | 9 sticks | 1 rice, ½ fat |
| Salad Dressing, fat free | ¼ cup | 1 rice |
| Spaghetti sauce, Canned | ½ cup | 1 rice, 1 fat |
| Tortilla chips | 6-12 pcs | 81 rice, 2 fat |

## FAST FOODS

| | Serving Size | Each Per Serving | Kcal |
|---|---|---|---|
| Chicken Nuggets | 6 | 1 rice, 2 MF meat, 1 fat | 275 |
| Fish Sandwich w/ Tartar Sauce | 1 | 2 rice, 1 MF meat, 3 fat | 372 |
| Fish and Fries | 1 | 1 rice, 1 MF meat, 4 fat | 335 |
| Fish and Rice | 1 | 1 rice, 1 MF meat, 3 fat | 290 |
| Hamburger, regular | 1 | 2 rice, 2 MF meat | 310 |
| Individual Pan Pizza | 1 | 5 rice, 3 MF meat, 3 fat | 760 |
| Pizza, meat topping, thin crust | ¼ of 10 inch | 2 rice, 2 MF meat, 2 fat | 400 |
| Submarine sandwich | 1 (6 inch) | 3 rice, 1 veg, 2 MF meat, 1 fat | 460 |
| Taco, hard shell | 1 (3oz) | 1 rice, 1 MF meat, 2 fat | 245 |
| Tuna noodle casserole/ Lasagna/ Spaghetti w/ meat balls/ Mac n' cheese/ Chili w/ beans | 1 cup | 2 rice, 2 MF meat | 310 |

# Carbohydrates

# Vegetables

# Vegetables

1 Serving = 1/2 cup
= 5 gms CARBO
= 25 calories

Examples:

- 1/2 cup Broccoli
- 1/2 cup Cauliflower
- 1/2 cup Baguio beans
- 1/2 cup Tomatoes
- 1/2 cup Cabbage
- 1/2 cup Green Salad

# Fruits

# Fruits

1 Serving = varies
= 15 gms CARBO
= 60 calories

Examples:

- Mango - 1 slice
- Melon - 1 slice
- Pinya - 1 slice
- Pakwan - 1 slice
- Apple - 1 piece
- Ponkan - 1 piece
- Grapes - 17 pieces
- Lychees - 5 pieces

# Rice and Substitute

- Rice
- Bread
- Cereals
- Starchy Vegetables

# Rice and Substitute

1 Serving = 80 calories
= 15 gm CARBO

| | | | |
|---|---|---|---|
| Rice | - 1/3 cup | Boiled Corn | - 1/2 cup |
| Noodles | - 1/3 cup | Pasta | - 1/3 cup |
| B. Potato | - 1 small | M. Potato | - 1/2 cup |
| Lugao | - 1 cup | Skyflakes | - 2 pcs |
| Oatmeal | - ½ cup | French Fries | - 16 pcs |
| Tasty | - 1 slice | Cornik | - ½ cup |
| Pandesal | - 2 pieces | Canton | - ½ cup |
| Tortilla Chips | - 6-12 pcs | Popcorn | - 3 cups |

# Milk


1 Serving = 1 cup (liquid)
= 4 tbsp (powder)

| | CALORIES | CARBO |
|---|---|---|
| Full Cream | 170 calories | 12 gm |
| Low Fat | 125 calories | 12 gm |
| Non Fat | 80 calories | 12 gm |

# Milk Group


# Other Carbohydrates

# Sugar

1 Serving= 5 gms of Carbo
= 20 calories

| | |
|---|---|
| Sugar | - 1 tsp |
| Honey | - 1 tsp |
| Syrup | - 1 tsp |
| Macapuno | - 1 tsp |
| Candy | - 1 piece |
| Condensed Milk | - 1 tbsp |

- Macapuno
  - 1 tsp = 5 grams
  - $\frac{1}{4}$ cup = 4 tbsp
  - 1 tbsp = 3 tsp
  - $\frac{1}{4}$ cup = 12 tsp
  - $\frac{1}{4}$ cup = 60 grams

## 15 gms Carbohydrate

Apple
1 med pc

Ice cream
1 scoop

Carrots
1-1/2 cups

Crackers
3 pcs

## Carbohydrate Amount per Serving (gm)

| | | |
|---|---|---|
| • Vegetable | ½ cup | 5 gm |
| • Fruit | 1 fist | 15 gm |
| | 1 slice | |
| | ½ cup juice | |
| • Milk | 1 glass | 12 gm |
| | 4 tbsp (powder) | |
| • Rice | 1/3 cup | 15 gm |
| | 1 slice tasty | |
| | ½ cup noodles | |
| • Sugar | 1 tsp | 5 gm |

## How much CARBOHYDRATE to eat?

- Carbohydrate
  - Breakfast - 4 choices
  - Lunch - 4 choices
  - Dinner - 4 choices
  - Am Snack - 2 choices
  - Pm Snack - 2 choices

# Lunch/Dinner - 4 choices

1 Serving = 15 gm CARBO

Glucerna SR = 3 scoo

Rice - 1/3 cup Boiled Corn- 1/2 cup Noodles - ½ cup
B. Potato - 1 small M. Potato - 1/2 cup Lugao - 1 cup
Skyflakes - 2 pcs Oatmeal - ½ cup French Fries - 16 pcs
Tasty - 1 slice Cornik - ½ cup Pandesal - 2 pieces
Canton - ½ cup Tortilla Chips - 6 to12 pcs Popcorn - 3 cups

Mango - 1 slice Melon - 1 slice Pinya - 1 slice
Pakwan - 1 slice Apple - 1 piece Ponkan - 1 piece
Grapes - 17 pieces Lychees - 5 pieces

Milk - 4 tbsp (powder) or 1 glass (liquid)

1 Serving = 5 gm CARBO

Sugar - 1 tsp Honey - 1 tsp Syrup - 1 tsp
Macapuno - 1 tsp Candy - 1 piece Condensed Milk- 1T

# Am Snack - 2 choices

1 Serving = 15 gm CARBO

Glucerna SR = 3 scoo

Rice - 1/3 cup Boiled Corn- 1/2 cup Noodles - ½ cup
B. Potato - 1 small M. Potato - 1/2 cup Lugao - 1 cup
Skyflakes - 2 pcs Oatmeal - ½ cup French Fries - 16 pcs
Tasty - 1 slice Cornik - ½ cup Pandesal - 2 pieces
Canton - ½ cup Tortilla Chips - 6 to12 pcs Popcorn - 3 cups

Mango - 1 slice Melon - 1 slice Pinya - 1 slice
Pakwan - 1 slice Apple - 1 piece Ponkan - 1 piece
Grapes - 17 pieces Lychees - 5 pieces

Milk - 4 tbsp (powder) or 1 glass (liquid)

1 Serving = 5 gm CARBO

Sugar - 1 tsp Honey - 1 tsp Syrup - 1 tsp
Macapuno - 1 tsp Candy - 1 piece Condensed Milk- 1T

# Pm Snack - 2 choices

1 Serving = 15 gm CARBO

**Glucerna SR = 3 sco**

Rice - 1/3 cup Boiled Corn- 1/2 cup Noodles - ½ cup
B. Potato - 1 small M. Potato - 1/2 cup Lugao - 1 cup
Skyflakes - 2 pcs Oatmeal - ½ cup French Fries - 16 pcs
Tasty - 1 slice Cornik - ½ cup Pandesal - 2 pieces
Canton - ½ cup Tortilla Chips - 6 to12 pcs Popcorn - 3 cups

**Mango - 1 slice Melon - 1 slice Pinya - 1 slice**
**Pakwan - 1 slice Apple - 1 piece Ponkan - 1 piece**
**Grapes - 17 pieces Lychees - 5 pieces**

**Milk - 4 tbsp (powder) or 1 glass (liquid)**

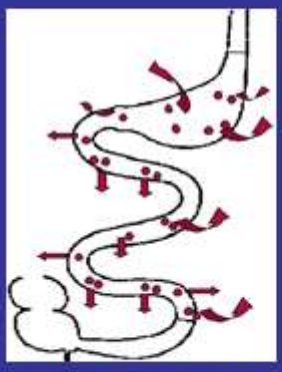
1 Serving = 5 gm CARBO

**Sugar - 1 tsp Honey - 1 tsp Syrup - 1 tsp**
**Macapuno - 1 tsp Candy - 1 piece Condensed Milk- 1T**

MNT for Diabetes Management

# Moderating the PPG Response

Points of absorption of slowly and rapidly digested carbohydrate in the gastrointestinal tract



Slowly Digested CHO

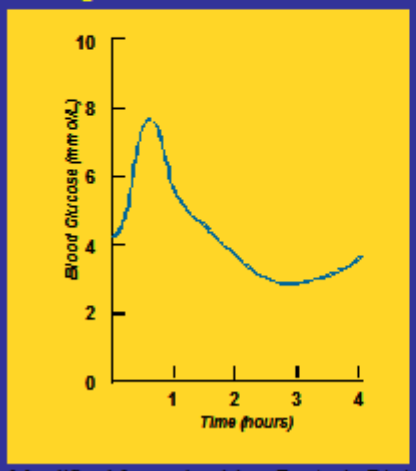
Rapidly Digested CHO

Jenkins DJ et al. *Diabetologia* 1982;23:477-484

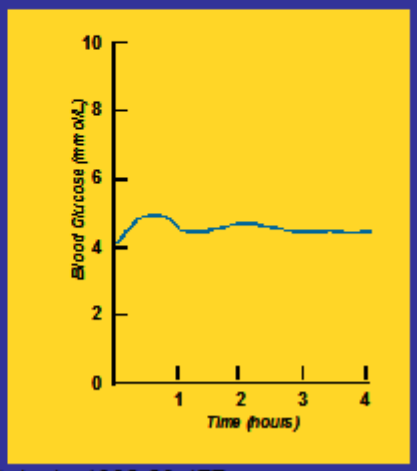
Glucerna® SR

## Glycemic Effects of Regular vs Modified Maltodextrin

Regular Maltodextrin



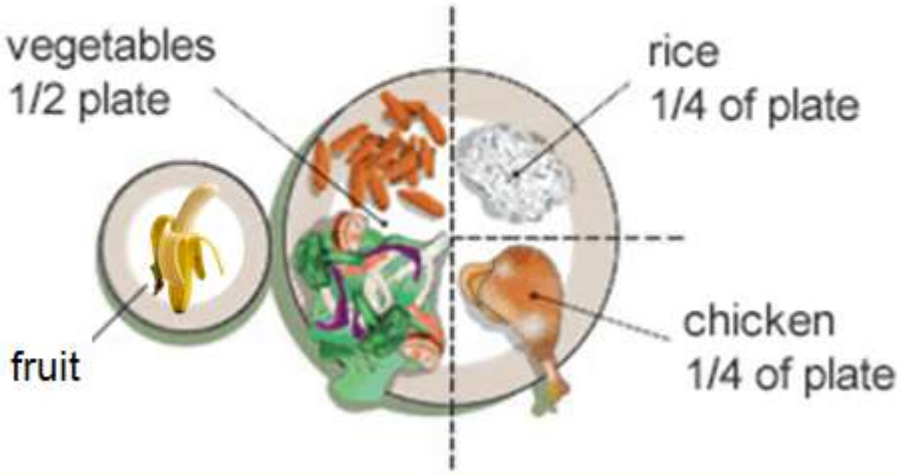

Modified Maltodextrin

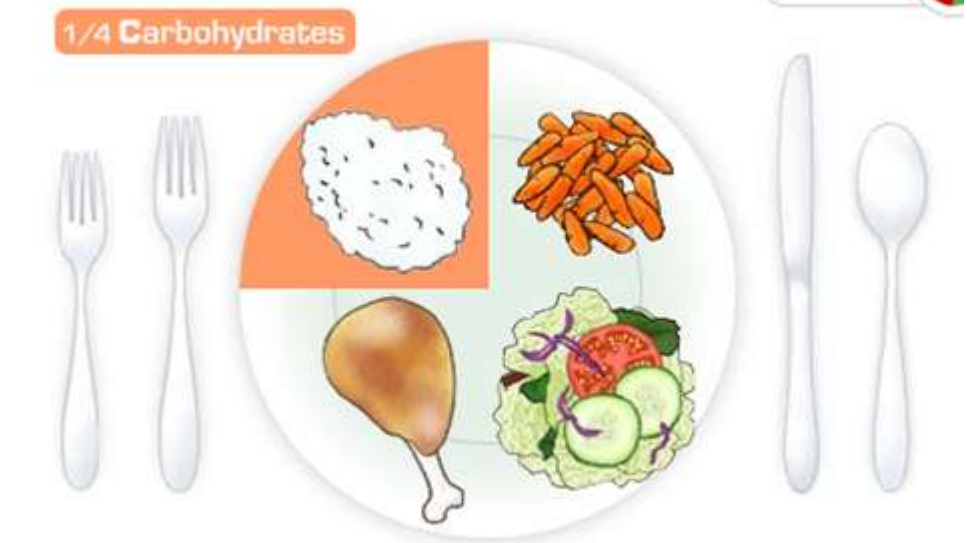


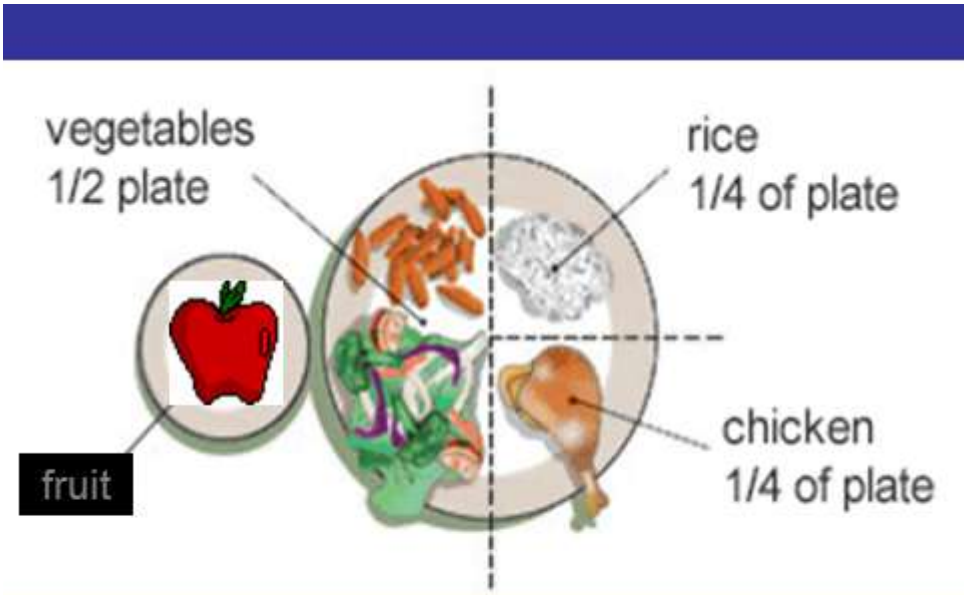

Modified from Jenkins D et al. *Diabetologia* 1982;23:477.

## A More Practical Tip On Following a Diabetic Healthy Diet

# Rate Your Plate





1/4 Carbohydrates


vegetables
1/2 plate
rice
1/4 of plate
fruit
chicken
1/4 of plate

**Children and Parents were encourage to read the Nutritional Facts of processed Food when buying.**

Macaroni & Cheese

## Nutrition Facts

Serving Size 1 cup 9 (228g)
Servings Per Container 2

| | | | |
|---|---|---|---|
| Start Here | **Amount Per Serving** | | |
| | **Calories 250** **Calories from Fat 110** | | |
| | | % Daily Value* | |
| **Limit these Nutrients** | **Total Fat** 12g | 18% | **Quick Giude to Percent (%) Daily Values** |
| | Saturated Fat 3g | 15% | |
| | **Cholesterol** 30mg | 10% | |
| | Sodium 470mg | 20% | |
| | **Total Carbohydate** 31g | 10% | **5% or less is low** |
| | Dietary Fiber 0g | 0% | |
| | Sugars 5g | | **20% or more is high** |
| | **Protein** 5g | | |
| **Get enough of these Nutrients** | Vitamin A 4 | % | |
| | Vitamin C 2 | % | |
| | Calcium | 20% | |
| | Iron 4 | % | |
| **Footnote** | *Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs. | | |

# Guide for Serving Sizes

| SERVING SIZE | FOOD |
| --- | --- |
| size of a baseball | medium fruit |
| size of palm | 3 oz meat or fish |
| size of fist | 1 cup vegetables |
| | 1/2 cup cooked pasta |
| thumb tip | 1 tsp |
| butter/margarine | |
| large handful | 1 cup dry cereal |

**Eat more vegetables. Be a VEGETARIAN !**

**4:00 – 6:00 PM Break**

**The children were given the opportunity to enjoy the amenities of the resort. Some children opted to take a short rest at their assigned rooms. Other prefer to socialized with other children while some enjoyed the warm waters of the swimming pool.**

**6:30 PM NIDA, Inc. Officers meeting with IFL Representatives Mr. Neil Donelan and Ms. Chaty Harris**

The meeting with NIDA Officers was called by Mr. Neil Donelan with Ms. Chaty Harris and Dr. Clarita Cadiz. Neil informed NIDA, Inc. that the on-going Diabetes Camp is being supported by the International Diabetes Aid Fund of Japan and that $ 2,000 US Dollars was given to Neil during his recent to Japan for the successful administration of the camp. Neil handed the money to NIDA Treasurer Estela Velasco for the payment of the unpaid balance of Santa Monica Resort the venue of the ongoing Diabetes Camp. The NIDA Officers and members of the Board of Trustees expressed their gratitude to the International Diabetes Aid Fund of Japan in supporting the activities of the camp. Neil informed the body that the IDAF-Japan can be visited in their website and that support of IDAF-Japan can be in a form of article writings for their international audience in the internet. He encouraged the officers to write short articles regarding the status of government programs for diabetes in the country. Japanese audience according to him need pictures to substantiate authenticity of the articles submitted.

**7:00 – 9:00 PM Socialization activities with Ms. Chaty and the volunteers Diabetes Educators**

**Diabetes Educators Ms. Louie Garrido, Marieta Naanos and Marlon Satonero led the children's social activities during the evening. Knowing each other and sharing their individual diabetes experiences helped them to be more educated in the management of their sickness most especially things they need to avoid.**

**Group Picture**


**Mr. Neil Donelan bestowed these children new hope to fight against diabetes. Continous supply of insulin from Insulin for Life Australia is coursed through the Negros Island Diabetes Association, Inc. NIDA subsidiazed the children's need for free insulin from IFL Australia. NIDA members are paying their monthly membership contributions to pay for activities such as the Diabetes Camp. It is also the source of funds for postage and transport of Insulin boxes from Australia to the Philippines.**

**DAY 2 May 12, 2018**

**6:00 AM Breakfast**
**7:00 AM Sent off of Children Participants**
**Arrival and Registration of Adult Participants (Type 2)**
**Blood Sugar Testing**
**Blood Pressure monitoring of participants**


**Random Blood Sugar Testing were conducted to make sure the adult participants were in the right physical conditions before the start of the camp activities.**

**Registration of Type 2 adult participants was challenging in the beginning. Some registrants queued till the outside of the convention hall and exposed to the severe heat of the sun. Registration included submission of empty imsulin pens or vials and payment of monthly contributions. The picture also showed representative from Abbott who distributed free Physician's Sample of Glucema an adult nutritional drink and Loyalty Cards.**

**8:00 AM Opening Program**

**Invocation by MSGR. Merlin Logronio who prayed that the disease of diabetes be healed through the holy saint Santa Paulina the Patron Saint for Diabetes.**

**Welcome address was delivered by NIDA, Inc president Perfecto Lim. His address focused in acknowledging the assistance bestowed by IFL Australia and the International Diabetes Aid Fund of Japan for making the 2018 Diabetes Camp a success. The Inspirational message was delivered by Mr. Neil Donelan Director and member of the Board Insulin For Life Australia. His inspirational message focused on the serious global problem of Diabetes and that IFL Australia is extending their assistance to all nations for diabetes patients to enjoy long life. He also thank the International Diabetes Aid Fund of Japan in extending their assistance to third world countries needing their help in fighting the diseases. He gave emphasis on the financial assistance of the IDAF Japan to make the 2 day Diabetes a successful one. He urged everybody to talk to him anytime and to enjoy the camp.**

Dra. Clarita Cadiz NIDA, Inc. Diabetes Educator and Consultant also delivered her short message emphasizing her gratitude to all the members of NIDA who attended the camp and to their benefactor IFL Australia headed by Neil Donelan and Ms. Chaty Harris. She was also grateful to the International Diabetes Aid Fund of Japan.

**9:00 AM Plenary Session 1**

**Diabetes Updates**
**By: Dr. Rosalyn Yu**
**Neurologist**
**Diabetes Specialist**
**Diabetes Educator**

**Dr. Rosalyn Yu delivering her lecture about the Complications of diabetes.**

**Dr. Rosalyn Yu receiving her Certificate of Appreciation and Token from Dr. Cadiz and NIDA Treasurer Estela Velasco. Del Serion at the Background.**

**ACUTE COMPLICATIONS OF DIABETES**

- **HYPOGLYCEMIA**
- **DIABETES KETOACIDOSIS (DKA)**
- **HYPEROSMOLAR HYPERGLYCEMIC STATE (HHS)**

**HYPOGLYCEMIA**

- **a condition characterized by abnormally low blood glucose (blood sugar) levels <70 mg/dl.**
- **referred to as an insulin reaction, or insulin shock.**
- **left untreated, hypoglycemia may lead to a seizure or unconsciousness**

**HYPOGLYCEMIA**

**Managing Hypoglycemia**

**For at risk patients- ask about symptomatic and asymptomatic hypoglycemia every encounter**

- **Preferred Treatment: 15-20g of glucose:**
- **4 ounces (1/2 cup) of juice or regular soda (not diet)**
- **2 tablespoons of raisins**
- **1 tablespoon sugar, honey, or corn syrup**
- **8 ounces of nonfat or 1% milk**
- **hard candies, jellybeans, or gumdrops (see package to determine how many to consume)**
- **glucose tablets (follow package instructions)**
- **gel tube (follow package instructions)**

**Do SMBG after 15mins (if normal consume meal/snack)**

**Cardiovascular disease**

**-affects the heart and blood vessels and may cause fatal complications such as coronary heart disease (leading to heart attack) and stroke**

**Kidney disease (diabetic nephropathy)**

**- can result in total kidney failure and the need for dialysis or kidney transplant.**

**Nerve disease (diabetic neuropathy)**

**-can ultimately lead to ulceration and amputation of the toes, feet and lower limbs. May also lead to Gastroparesis (nerve damage in which food is delayed from leaving the stomach) and Hearing Loss**

**Eye disease (diabetic retinopathy)**

**- characterized by damage to the retina of the eye which can lead to vision loss.**

**Oral Problems**

**- high blood sugar promotes oral infections which may lead to a severe form of gum disease is called Periodontitis.**

**Depression**

**-feeling down once in a while is normal. But some people feel a sadness that just won't go away. Life seems hopeless. Feeling this way most of the day for two weeks or more is a sign of serious depression.**

**PREVENTION OF DIABETES**

- **Stay at a healthy weight**

- **Stay active. It helps managing blood glucose, blood pressure, and cholesterol and lowers the risk for pre-diabetes, type 2 diabetes, heart disease, and stroke.**

- **Eat healthy**

- **Lower your cholesterol. Unhealthy cholesterol levels can raise your risk for type 2 diabetes and heart disease.**

**Gestational diabetes poses a higher risk for developing type 2 diabetes later in life.**

**There are some things that affect the risk for type 2 diabetes that you can't change like age, race & family history. But being aware of them influence your steps to lower your risk.**

**Management of Diabetes Mellitus**

**DIABETES Management**

- **Healthy Eating**

- **Medications**

- **Education**

- **Increased Physical activity**

**Define: HEALTHY EATING**

**A healthy diet is a way of eating that reduces risk for complications such as heart disease and stroke. Healthy eating includes eating a wide variety of foods including:**

- **Vegetables**
- **Whole grains**
- **Fruits**
- **Non-fat dairy products**
- **Beans**
- **Lean meats**
- **Poultry**
- **Fish**

**Role of food in the management of DIABETES MELLITUS**

**HEALTHY EATING**

**BALANCED DIET**

**FOOD PLATE**

**INCREASED PHYSICAL ACTIVITIES**

**Role of increased physical activity in the management of DIABETES MELLITUS**

- **Consult your physician**
- **Start gradually with an exercise plan that is suitable for your lifestyle**
- **Brisk walking is usually appropriate for most diabetics 90 to 120 steps per minute**

**Build up to 20 to 30 minutes of brisk walking every day of week (optimum)**

**EDUCATION**

**Role of Education in the management of DIABETES MELLITUS**

**MEDICATION Role of Medication in the management of DIABETES MELLITUS**

**10 AM Plenary Session 2 Diabetes Conversion Map and Insulin Injection Techniques**
**By: Ms. Louie Garrido and Marlon Satonero**

**Note: Please refer Day 1 lecture of Ms. Louie Garrido regarding the Diabetes Conversion Map and Insulin Injection Techniques.**

**Type 2 Diabetes patients completely focused on the power point and lecture presentation about the Diabetes Conversion Map of Ms. Louie Garrido**

**11:00 AM Plenary Session 3 The Psychological Impact of Diabetes to one's Life**

**By: Dr. Dulce Maria Rosario De Guzman**
**Doctor of Psychology**
**Silliman University**


**Dr. Cadiz sending off Dr. De Guzman after her Lecture.**

**Adult Participants taking waylay shot of the Power point presentation of Dr. De Guzman While other participants focused with the Presentation.**

**Participants were grouped and they eagerly participated in simple exercises such deep breathing, swaying and simple Tai-Chi moves. The participants were also asked to remember the persons ahead of them and at their back. It was a very simple exercise of knowing their co-participants.**

**The lecture of Dr. Dulce Maria Rosario De Guzman focused on the psycological impact affecting diabetes patients upon knowing they have the disease. She centered her discussion on the Five Stages of Grief which are :**

1. **Denial – " This can't be happening"**
2. **Anger - "Why me?", "It is not fair", "How can this happen to me?", "Who is to blame?"**
3. **Bargaining – "I'd do anything to turn back time", "If I could have done things differently"**
4. **Depression – "I'm so sad", What's the point?" "I miss my old life"**

5. **Acceptance – "I'm going to be OK", "I can take control and manage this"**

**She stressed that diabetes patients will undergo the process of grief stages before accepting they have the disease of diabetes. The process is stressful that is why patients should do simple slow paced exercises at home to fight stress. According to her slow walking back and forth in your room can ease stress and can burn calories. Just simple and slowly swaying of hands,and hips can do a lot of help. Deep breathing and slow paced dancing were also encouraged.**


**Particpants enjoying the activities during the lecture demonstration of Dr. Dulce Maria Rosario De Guzman.**

**12:00 NN Lunch Break**

**1:00 – 2:00 Exercise and Recreation for Diabetics**
**By: Ms. Chaty Harris**
**RN IFL Australia**
**And the Diabetes Educator volunteers**


**Participants relishing their experience in simple exercis and recreation for diabetes patients. Participants who were mostly Senior Citizens were having fun during the one hour unfreezing and energizer activities in the afternoon.**

Dr. Clarita Cadiz and partner enjoying the simple energizer during the afternoon break.

**2:00 – 4:00 PM Nutrition Workshop**
**By: Ms. Delia Serion RND DE**
**Nutritionist and Dietician**
**Diabetes Educator**

**NOTE: Refer to the power point presentation of Ms. Delia Serion presented during the first day of the camp with the juveniles.**

**Adult Type 2 Diabetes patients listened carefully to the lecture of Ms. Serion regarding what food to avoid and the importance of simple physical exercises.**

**4:00 PM OPEN FORUM**

**Ms. Louie Garrido**
**Moderator**

**Panelists:** **Dr. Proceso Mark Udarber**
**Dr. Clarita Cadiz**
**Dr. Leah T. Verdillo**
**Mr. Neil Donelan**

**Mr. Perfecto Lim :** **NIDA has two members undergoing dialysis, do they still need insulin injections ?**

**Dr. Proceso Mark Udarbe : Yes, dialysis is just an extension of their lives but still they need insulin injections because insulin is needed to convert the food they eat into available sugar for the body to survive.**

**Nager Garcia :** **The popular singer Mr. Gary Valenciano also known as Mr. Pure Energy has recently undergoing heart surgery because something blocked an artery of his heart, is insulin the culprit ?**

**Dr. Leah Verdillo :** **No, Mr. Gary Valenciano has Type 1 diabetes and is taking insulin injections for 39 years. Inspite all of his family's effort to have all his vital signs become normal complications was just unavoidable. Insulin was not the culprit, it has nothing to do with the heart conditions Mr. Valenciano has underwent.**

**Woman 1 :** **I will have my cataract operated, what should I do since I am diabetic ?**

**Dr. Udarbe :** **You must tell your Ophthalmologist that you are diabetic and a corresponding Doctor's clearance from your diabetes physician shall be required before you can be operated. You can only be operated once your blood sugar is in its normal level.**

**Woman 2 :** **I went to my Dentist and he told me a tooth need to be extracted, what shall I do ?**

**Dr. Udarbe :** **Likewise, the Dentist will ask for your diabetes doctor's clearance before he will extract your tooth. Your diabetes doctor will see to it that your blood sugar level is in its normal level before he will give your clearance. Always refer to your doctor on issues like these, most especially in situations where incision or operations are necessary.**

**Dr. Clarita Cadiz:** **A diabetes patient asked me if it is safe for him to take Viagra. I was not able to answer him. What should be my advise?**

**Dr. Mark Udarbe :** **It is safe to take Viagra to alter penile disfunction but first these things must be considered:**

1. **Is it for his legal partner, his wife ? If not….No!**
2. **Is he suffering from any heart ailment and taking any drug containing Nitrates? If yes ..No!**

**Having no other questions asked the open forum was adjourned and the guest were conferred with Certificates of Appreciation for their unwavering support of the NIDA 2018 Diabetes Camp.**

**Dr. Uy receiving her Certificate of Appreciation with Chaty Harris, Dr. Clarita Cadiz and Del Serion assisting.**

**Dr. Proceso Mark Udarbe receiving his Certificate of Appreciation with Neil Donelan Marilyn Cadelinia, Chaty Harris and Dr. Cadiz.**

**Dr. Verdillo receiving her Certificate of Appreciation with Neil Donelan, Dr. Cadiz, and Chaty Harris.**

**Mr. Neil Donelan, Delia Serion, Marlon Satonera and Marieta Naanos and Louie Garrido likewise, received their certificates and tokens.**

**Group Picture Taking with Neil Donelan, Chaty Harris, Dr. Udarbe, Dr. Verdillo and Dr. Cadiz**

**6:30 PM Insulin Distribution and Closing Program**

**The participants were becoming relentless despite their worries going back home. Some participants came from as far as Canla-on City in the North and as far as Bayawan City in the South. The most awaited part of the 2018 Diabetes Camp was the distribution of Insulin. It was suggested that each participant will receive two (2) injectable pens. These pens shall be placed in a brown envelop prepared for the purpose with the names of the members printed on it. The names of the NIDA members will be called to receive their share of insulin from Ms. Chaty Harris. Ms. Chaty Harris and members of her immediate family were responsible during the registration, collection of contribution, insulin sorting and placing the insulin inside the brown envelop. The NIDA Officers were not allowed to do the distribution per instructions from Ms. Chaty Harris.**


Insulin of various kinds in five (5) boxes arrived from IFL Australia to be distributed during the culmination of the 2018 Diabetes Camp. Each member participants of NIDA were allotted two (2) injectable pens. There were 123 participants who registered. Additional one (1) pen was given to those who patiently queued after the distribution proper. Others prefer to go home having a very tiresome afternoon.

**6:30 PM Sent off**

**The camp ended having no formal closing ceremonies. Almost all participants were hastily going to the bus terminal hoping they can still catch up the last bus home. Neil Donelan, Chaty Harris and the Diabetes Educators were going to Bacolod City, Negros Occidental to attend to the needed insulin distribution the next day May 13, 2018.**

# ACKNOWLEDGEMENT

**The Negros Island Diabetes Association, Inc. expressed their heartfelt gratitude to the following sponsors and donors who contributed in the successful implementation of the NIDA 2018 Diabetes Camp :**

- **The International Diabetes Aid Fund of Japan**
- **Insulin For Life – Australia**
- **Mr. Neil Donelan**
- **Ms. Chaty Harris and Family**
- **NIDA, Inc. Officers and members of the Board of Trustees**
- **NIDA, Inc. Working Committees**
- **All NIDA, Inc. member participants**
- **Mr. Marlon Satonero of Sanofi Pasteur – Insulin Division**
- **Ms. Louise Garrido of Eli Lilly Philippines**
- **Abbott makers of Glucerna**
- **Engr. James Jumawan and Family**
- **Negros Oriental Provincial Hospital**
- **Dr. Liland Zoila B. Estacion and Family**
- **Gov. Roel Ragay Degamo and Family**
- **Dr. Clarita Cadiz**
- **Dr. Proceso Mark Udarbe**
- **Dr. Leah T. Verdillo**
- **Dr. Dulce Maria Rosario Deguzman**
- **Dr. Rosalyn F. Yu**
- **Mrs. Delia Serion and Family**
- **Ms. Grace Baring**
- **Ms. Marieta Naanos**
- **Mr. Nager Garcia and Family**
- **Mr. Cipriano Estrada and Family**
- **Rita Ann Ambroce and Family**
- **Mrs. Estela Velasco and Family**
- **Mr. and Mrs Perfecto Lim**
- **Mr. Renelito Caballo and Family**
- **Mrs. Marilyn Cadelinia and family**
- **Santa Monica Beach Club and Resort**