DPP 2017

亞洲糖尿病基金會
Asia Diabetes Foundation

Diabetes Preventing the Preventables Forum 2017

www.adf.org.hk/dpp2017

Supporting organizations:

香港中文大學
The Chinese University of Hong Kong

香港糖尿病及肥胖症研究所
HONG KONG INSTITUTE OF DIABETES AND OBESITY

7 May 2017
Kerry Hotel

CONTENTS

WELCOME MESSAGE

Dear faculty and delegates,

Welcome to Hong Kong, a beautiful city with a rich history and culture. Just like most cities in Asia undergoing rapid transition, diabetes has come a long way over the last two decades. From a simple classification of type 1 and type 2 diabetes, there is now an explosion of information on the phenotypes and genotypes of this complex disease. From a handful of medications, we are now overwhelmed with a growing number of compounds for the treatment, of not just diabetes, but many of its associated conditions and comorbidities.

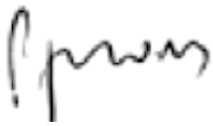
Diabetes is a lifelong disease and the most challenging aspect in managing diabetes is to help patients manage their disease for the rest of their life. To do this effectively, the care team has to systematically collect and manage a large amount of information, collected at any one time and over time, in order to assess and advise their patients accordingly.

Our health care systems have never been designed to manage these chronic problems and information which are new health care challenges. This DPP Forum is a meeting designed to address these needs. It aims to foster collaborations amongst all relevant stakeholders, who see the need of a new paradigm shift to change the way how chronic care should be delivered, in order to bring out the best of our expertise and technologies to make chronic care accessible, sustainable and affordable.

To this end, we are fortunate to have invited a faculty of experts and thought leaders with a diversity of experiences who will share with us their views and insights into this health care challenge.

We hope you will enjoy this meeting and that you will continue to be part of this growing network to prevent and control diabetes and chronic disease.

Best regards,



Prof. Juliana Chan
Chairman

Prof. Alice Kong
Co-chairman

ORGANIZER

亞洲糖尿病基金會
Asia Diabetes Foundation

Address: Flat 4B, South Entrance, Block B, Staff Quarters, Prince of Wales Hospital, Shatin, N.T., Hong Kong
Tel: (852) 2637 6624
Email: enquiry@adf.org.hk
Website: www.adf.org.hk

SUPPORTING ORGANIZATIONS

香港中文大學
The Chinese University of Hong Kong

香港糖尿病及肥胖症研究所
HONG KONG INSTITUTE OF DIABETES AND OBESITY

ORGANIZING COMMITTEE

Chairman: Prof. Juliana Chan

Co-chairman: Prof. Alice Kong

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Dr. Douglas Chan
Dr. Alvin Cheung
Ms. Amy Fu
Ms. Vanessa Lau
Prof. Andrea Luk
Prof. Ronald Ma
Dr. Risa Ozaki
Dr. Wing-Yee So
Dr. Rose Ting
Prof. Martin Wong
Ms. Rebecca Wong

FACULTY MEMBERS

Douglas Chan

General Practitioner, Hong Kong

Dr. Douglas Chan obtained his MBBS at the University of Hong Kong in 1986. He practiced as General Practitioner (GP) for more than 25 years. He obtained Diplomas in Community Psychological Medicine, Practical Dermatology, Medicine, Community Geriatrics, and Family Medicine during his years of GP practice. He is also a Honorary Clinical Assistant Professor in Family Medicine, the University of Hong Kong since 2011 and Clinical Tutor in the Chinese University of Hong Kong since 2013. Dr. Chan serves as Council Member of the Hong Kong Medical Association since 2014 and is currently Co-chairman of the Task Force in Public-Private Partnership.

Juliana Chan

Chair Professor, Department of Medicine and Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong and Chief Executive Officer, Asia Diabetes Foundation, Hong Kong

Professor Juliana Chan is a Chair Professor of Medicine and Therapeutics, at the Chinese University of Hong Kong. She is also the Founding Director of the Hong Kong Institute of Diabetes and Obesity and Chief Executive Officer of the Asia Diabetes Foundation. Her major areas of interest include genetic epidemiology, clinical trials and care models in diabetes. Her team advocates the use of risk stratification, registry, personalized reporting and collaborative care to prevent and control diabetes. She has published over 500 papers and trained more than 50 postgraduate students/fellows. She is also a member of steering committees of multinational studies and advisory boards of Hong Kong Government and international agencies.

FACULTY MEMBERS

Alice Kong

Associate Professor, Division of Endocrinology and Diabetes, Department of Medicine and Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong

Dr. Alice Kong is an Associate Professor in the Department of Medicine and Therapeutics at the Chinese University of Hong Kong, and Honorary Associate Consultant at the Prince of Wales Hospital, Hong Kong. Dr. Kong is the Steering Committee Member of Joint Asia Diabetes Evaluation (JADE) Program. She is the Vice President of Hong Kong Association for the Study of Obesity. Other professional association memberships include Hong Kong Society of Endocrinology, Metabolism and Reproduction and American Diabetes Association. Dr. Kong's research interests are obesity and diabetes including care models and diabesity associated lifestyle factors and complications. She is an invited reviewer for many local and international journals, including Annals of Internal Medicine, Diabetes, Clinical Endocrinology, Diabetic Medicine, etc. She is an Associate Editor of Primary Care Diabetes and an editorial board member of Current Diabetes Reports. She has presented at numerous local, regional and international meetings and has published over 190 articles in peer-reviewed journals.

Joseph Lam

General Practitioner, Hong Kong

Dr. Joseph Lam worked as solo practice in Wanchai as a family doctor since 1994. Apart from working as a local community family doctor, he also interested in chronic disease management such as Diabetes, Hypertension, Hyperlipidaemia, mood disorders and dementia. He is a Committee Member in the Hong Kong East Cluster of Hong Kong Medical Association. He participated in public-private interface of chronic disease management and liaise with other paramedical non-governmental organizations (NGO) such as Community Rehabilitation Network (for DM management) and Baptist Oi Kwan Social Service (for mood and dementia management). He has been working with Tung Wah Group of Hospitals Substance Abuse Centre since 2008 to deal with substance abuse counseling. He was also a Honorary Clinical Professor for Department of Family Medicine and Primary Care, teaching medical students since 2014.

FACULTY MEMBERS

Andrea Luk

Associate Professor, Division of Endocrinology and Diabetes, Department of Medicine and Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong

Dr. Andrea Luk is a specialist in endocrinology and is currently the Associate Professor, Division of Endocrinology at the Department of Medicine and Therapeutics, Faculty of Medicine, the Chinese University of Hong Kong. She is also the Deputy Medical Director of the Phase 1 Clinical Trial Centre at the Chinese University of Hong Kong, Honorary Associate Consultant at the Prince of Wales Hospital, and Deputy Medical Director of the Asia Diabetes Foundation. Dr. Luk graduated from the University of Auckland, New Zealand, and received post-graduate training in Sydney, Australia and Hong Kong. She obtained her fellowship in endocrinology, diabetes and metabolism in 2007 at the Hong Kong College of Physicians. Her main research focus is in diabetes epidemiology with special interests in diabetic kidney disease and young-onset diabetes. She is extensively involved in clinical trials from phase 1 through to phase 3.

Margaret McGill

Adjunct Associate Professor, Sydney Medical School and Sydney Nursing School, The University of Sydney, Australia

Professor Margaret McGill is an Associate Professor with the Sydney Medical School and Sydney Nursing School, the University of Sydney. She is an Associate Director of the Royal Prince Alfred Hospital Diabetes Centre.

She was the Vice President of the International Diabetes Federation (IDF) from 2003 - 2009. She was the Chair of the IDF Consultative Section on Diabetes Education (DECS) for 9 years and developed its global education strategy during this time.

She led the successful application for the RPAH Diabetes Centre to become an International Diabetes Federation Centre of Excellence in Education for health professionals and an NADC Centre of Excellence.

She was named in the 2011 Australia Day Honours List with the award of Order of Australia (AM) for her contribution to diabetes nationally and overseas.

FACULTY MEMBERS

Graham Ogle

LFAC General Manager, International Diabetes Federation (IDF) Life for a Child Program, Australia

Dr. Graham Ogle is a paediatric endocrinologist in Sydney, Australia. In the 1990s he worked in Papua New Guinea and Cambodia. Since 2000 he has been the General Manager of the International Diabetes Federation Life for a Child Program, which supports the care of 18,000 young people with diabetes in 42 countries, with the vision that "no child should die of diabetes". He has research interests in epidemiology, access to care, and other diabetes issues in less-resourced countries.

Brian Oldenburg

Professor, Non-Communicable Disease Control and Director, Centre for Health Equity, Melbourne School of Population and Global Health, The University of Melbourne, Australia

Professor Brian Oldenburg is a behavioral scientist and population health researcher. He is a Professor of Non-Communicable Disease Control and Director of the Centre for Health Equity in the School of Population and Global Health, the University of Melbourne, Australia. His research focuses on how to improve the prevention and control of diabetes, heart disease and co-morbid mental health conditions. He has also developed and evaluated new technologies and mHealth interventions to improve diabetes control and outcomes. In recent years, he also has been studying the spread of cardiometabolic disease in developing countries in Asia and Africa and how this can be addressed. He is a current Visiting Professor in Finland and China, including Shanghai Jiao Tong University and also, the Chinese University of Hong Kong.

FACULTY MEMBERS

Ambady Ramachandran

President, India Diabetes Research Foundation (IDRF) and Chairman, Dr. A. Ramachandran's Diabetes Hospitals, India

Professor Ambady Ramachandran is the President of IDRF. He has contributed extensively for diabetes care and epidemiological research in India for more than three decades and has published more than 300 research papers. His main fields of research have been epidemiology of diabetes in India and primary prevention of diabetes. The Indian Diabetes Prevention Programme (IDPP), conducted by him, has contributed significantly to the understanding of the preventive methodologies specifically effective in the Indian population.

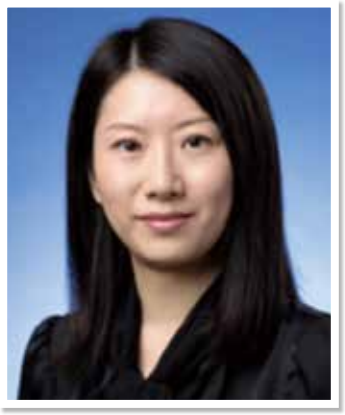
He is a visiting professor in the division of diabetes, endocrinology and metabolism, department of medicine, Imperial College London, United Kingdom. He is the Regional Editor of Diabetic Medicine (United Kingdom) and serves on the Editorial Board for Diabetes Care (United States of America), Diabetes Research and Clinical Practice.

Guy Rutter

Professor and Head of Section of Cell Biology and Functional Genomics, Department of Medicine, Faculty of Medicine, The Imperial College London, United Kingdom

Professor Guy Rutter is the Head of Section of Cell Biology and Functional Genomic at the Imperial College London. With funding from the Wellcome Trust, MRC, EU and others, his chief goals are to develop new means to enhance insulin secretion in Type 2 diabetes by studying the fundamental signalling pathways through which glucose act on the pancreatic β cell. He deploys knowledge flowing from genome-wide and other genetic studies for this disease, and state-of-the-art technologies ranging from mouse models through genome editing, optogenetics and photopharmacology.

FACULTY MEMBERS



Catherine Yeung

Associate Professor, Department of Marketing, Business School, The Chinese University of Hong Kong, Hong Kong

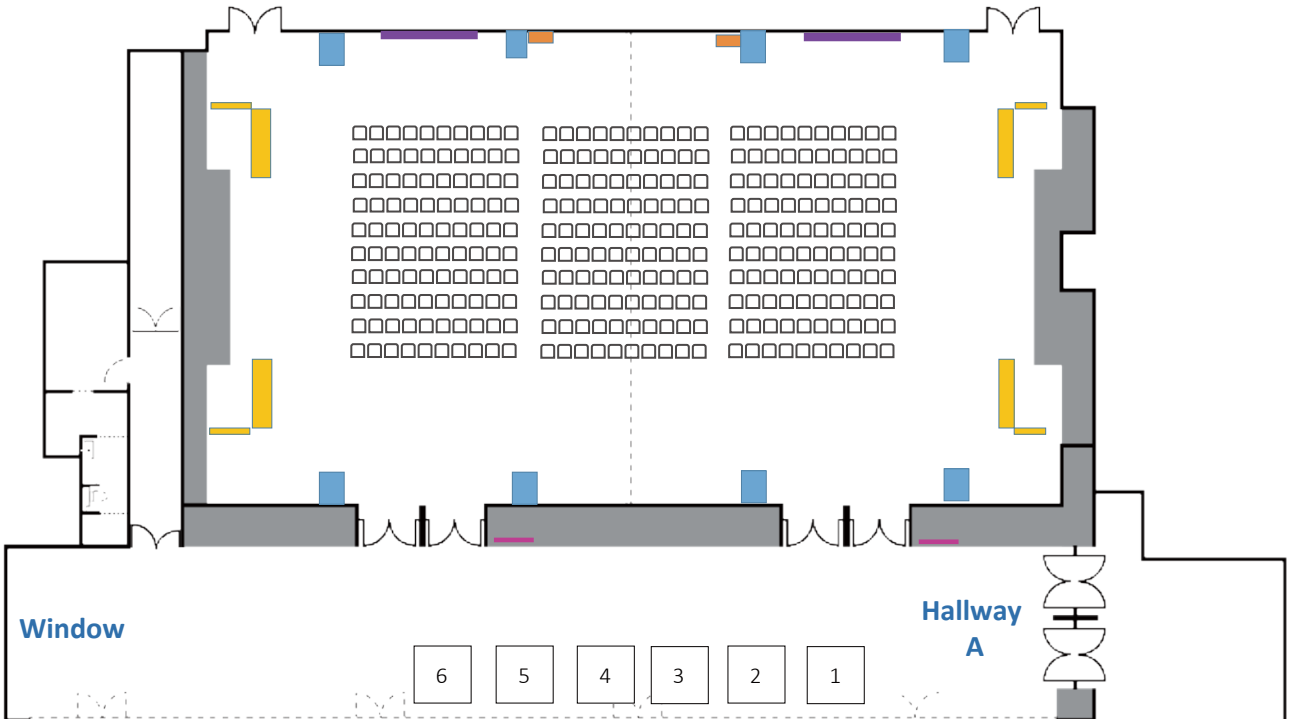
Professor Catherine Yeung is Associate Professor of Marketing at the Chinese University of Hong Kong Business School. She conducts scientific research in social and behavioral sciences. She examines how seemingly irrational thoughts influence judgments in everyday life. She also conducts community-based research, which develops and evaluates interventions that aim at improving individual and community wellbeing. She works extensively with partners including government agencies (e.g., Land Transportation Authority of Singapore) and community organizations (e.g., Singapore General Hospital, Asia Diabetes Foundation) that are interested in deriving policy implications based on research findings.

SCIENTIFIC PROGRAMME

7 May (Sunday)		
09:00 - 09:10	Welcome remarks	Alice Kong, Hong Kong
Plenary Symposium 1		**Co-chairs: Alice Kong and Rose Ting**
09:10 - 09:55	Pancreatic beta cell pacemakers	Guy Rutter, United Kingdom
09:55 - 10:40	Diabetes in the youth – evidence and trends	Graham Ogle, Australia
10:40 - 10:55	Coffee Break	
Symposium 1		**Co-chairs: Clive Cockram and Wing-Yee So**
10:55 - 11:25	How to personalize your choice of antidiabetic drugs	Andrea Luk, Hong Kong
11:25 - 11:55	Putting genetic testing in practice	Juliana Chan, Hong Kong
AstraZeneca Lunch Symposium		
11:55 - 12:25	Safety and effectiveness of SGLT2 inhibitors in real-world practice – An Asian perspective	Juliana Chan, Hong Kong
12:25 - 13:00	Lunch	
Plenary Symposium 2		**Co-chairs: Risa Ozaki and Rebecca Wong**
13:00 - 13:45	Behavior change to improve diabetes outcomes – what works	Brian Oldenburg, Australia
13:45 - 14:30	Improving patient outcomes through communication	Margaret McGill, Australia
14:30 - 15:15	Challenges and opportunities in diabetes prevention	Ambady Ramachandran, India
15:15 - 15:30	Coffee Break	
Symposium 2		**Co-chairs: Andrea Luk and Alvin Cheung**
15:30 - 16:00	How to promote healthy behaviors using behavioral economics	Catherine Yeung, Hong Kong
16:00 - 16:30	Diabetes Care in hospital setting – insights from specialists	Alice Kong, Hong Kong
16:30 - 17:00	Diabetes Care in community setting – insights from family doctors	Douglas Chan and Joseph Lam, Hong Kong
17:00 - 17:10	Closing Remarks	Juliana Chan, Hong Kong

FLOOR PLAN AND EXHIBITORS

Floor Plan



Exhibitors

Booth No.	Exhibitors Name
1	Asia Diabetes Foundation
2	AstraZeneca Hong Kong Ltd.
3	Eli Lilly Asia, Inc. (Hong Kong)
4	Merck Sharp & Dohme (Asia) Ltd.
5	Novartis Pharmaceuticals (HK) Ltd.
6	Sanofi-aventis Hong Kong Ltd.

Academic accreditations

Name of Institutions	CME/CNE/CPD points
Association of Hong Kong Diabetes Nurses Limited	6
College of Dental Surgeons of Hong Kong	Pending
College of Ophthalmologists of Hong Kong	3 passive
Hong Kong College of Community Medicine	6
Hong Kong College of Emergency Medicine	6 Cat. PP
Hong Kong College of Paediatricians	6 Cat. A
Hong Kong College of Physicians	6 passive
Hong Kong College of Radiologists	6 Cat. B Passive
Hong Kong Dietitians Association	5 non-core
Hong Kong Physiotherapy Association Limited	3
International Podiatrists Association of Hong Kong	10
MCHK CME Programme	5 passive
Medical Laboratory Technologists Board	0.5
Occupational Therapists Board	3
Pharmacy Central Continuing Education Committee	6
Radiographers Board	5
The College of Surgeons of Hong Kong	6 passive
The Hong Kong College of Anaesthesiologists	Pending
The Hong Kong College of Family Physicians	5 Cat. 5.2
The Hong Kong College of Obstetricians and Gynaecologists	5 non O&G
The Hong Kong College of Orthopaedic Surgeons	5 Cat. C
The Hong Kong College of Otorhinolaryngologists	3
The Hong Kong College of Pathologists	3 Cat. PP
The Hong Kong College of Psychiatrists	Pending
The Nethersole School of Nursing	6

PLENARY SYMPOSIUM 1

09:10 - 09:55

Pancreatic beta cell pacemakers

Guy Rutter

Professor and Head of Section of Cell Biology and Functional Genomics, Department of Medicine, Faculty of Medicine, The Imperial College London, United Kingdom

Persistently elevated levels of glucose and fatty acids are known to contribute to failed insulin secretion during the development of Type 2 diabetes. We have shown that glucolipotoxic conditions impair cell-cell communication ("connectivity") to impair insulin secretion[1]. Recently we have combined optogenetics and rapid Ca^{2+} imaging across the islet syncytium to demonstrate that a subset (~5%) of beta cells ("hubs") coordinate the activity of "follower" cells[2]. Photo-painting using a light sensitive-RFP revealed that hub cells are enriched for glucokinase, but show low levels of Nkx6.1 and insulin gene expression. These cells also display enhanced mitochondrial membrane potential in response to high glucose. Interrogation of single β cell RNASeq data[3] confirms the existence of a subset of cells with a similar transcriptomic configuration. Hub cells are unusually susceptible to metabolic stresses including high fatty acid/glucose levels, and cytotoxic cytokines, suggesting that they may be targeted in diabetes. Since deletion of GWAS genes for diabetes including *ADCY5* and *TCF7L2* affect cell-cell communication, future work will explore the possibility that genes at other *loci*, including *STARD10*[4] also act in part by altering hub cell-led β cell connectivity.

References

1. Hodson DJ, Mitchell RK, Marselli L, Pullen TJ, Brias SG, Semplici F, et al. ADCY5 couples glucose to insulin secretion in human islets. Diabetes 2014;63(9):3009-21.
2. Johnston NR, Mitchell RK, Haythorne E, Pessoa MP, Semplici F, Ferrer J, et al. Beta cell hubs dictate pancreatic islet responses to glucose. Cell Metab 2016;24(3):389-401.
3. Xin Y, Kim J, Ni M, Wei Y, Okamoto H, Lee J, et al. Use of the fluidigm C1 platform for RNA sequencing of single mouse pancreatic islet cells. Proc Natl Acad Sci U S A 2016;113(12):3293-8.
4. Carrat GR, Hu M, Nguyen-Tu M, Chabosseau P, Gaulton KJ, Bunt M, et al. Decreased STARD10 expression is associated with defective insulin secretion in humans and mice. Am J Hum Genet 2017;100(2):238-256.

09:55 - 10:40

Diabetes in the youth – evidence and trends

Graham Ogle

LFAC General Manager, International Diabetes Federation (IDF) Life for a Child Program, Australia

Type 1 diabetes (T1D) and Type 2 diabetes (T2D) vary in incidence across the globe. T1D is less common in East Asia populations than in many other countries, but incidence is rising steadily in some countries (including China and South Korea). T2D could be more common in East Asia than in most other countries, and rates in some East Asian countries are similar or higher than T1D.

There are four key components of care: (1) Adequate insulin given as multiple daily injections or by insulin pump; (2) Self Monitoring of Blood Glucose (SMBG) 3-5 times per day, or by Continuous Glucose Monitoring (CGM) with the young person/family learning to adjust insulin dosages appropriately; (3) HbA_{1c} testing every three months (with a target of ≤8.5% (69mmol/mol), and ideally ≤7.5% (58mmol/mol)), with annual complications screening; and (4) Diabetes education. The importance of diabetes education cannot be over-emphasised – appropriate instruction, educational materials, encouragement, and 24-hour access to advice empowers the young person and their family to adjust insulin to their lifestyle rather than having diabetes dominate their lifestyle. In concert with SMBG, they learn to anticipate the effect of exercise and of various types of meals, and make appropriate insulin adjustments.

There is now strong evidence that complications appear even more frequently in youth with T2D compared to T1D, necessitating diligent care.

Careful attention to the issue of transitioning from paediatric to adult care is needed in all clinics to prevent hiatuses in care and deterioration in blood glucose control.

Benchmarking – comparing HbA_{1c} and other results across clinics – is proving to be an effective method of stimulating improvements in care.

Promising developments are occurring, in particular the "artificial pancreas" involving linkage of insulin administration by pump to CGM. Extensive research efforts are underway in the areas of islet cell transplantation and the vision of one day being able to prevent or cure T1D.

The talk will conclude with a brief summary of a successful international intervention to improve youth diabetes care in less-resourced countries.

SYMPOSIUM 1

10:55 - 11:25

How to personalize your choice of antidiabetic drugs

Andrea Luk

Associate Professor, Division of Endocrinology and Diabetes, Department of Medicine and Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong

Development of new anti-diabetic agents has taken momentum over the past decade and currently there are nine broad classes of drugs available for use in patients with type 2 diabetes. Each class is unique in its mechanism of action targeting different pathophysiological pathways of diabetes. Beyond the shared effect of glucose lowering, there are dissimilarities with respect to action on other metabolic outcomes, side effects and safety profile. The choice of anti-diabetic agent should factor in age, duration of diabetes, pre-treatment glycaemic control, metabolic phenotype and co-morbidities. Among patients with young-onset diabetes, measure of beta-cell reserve using C-peptide as surrogate, detection of autoimmune markers, and confirmation or exclusion of maturity onset diabetes of the young or other monogenic diabetes, are relevant information in the treatment selection process. For instance, sodium-glucose cotransporter-2 inhibitors which reduce weight and lower blood pressures, should be considered early in the therapeutic ladder of patients with metabolic syndrome. On the other hand, in those who are lean and have low C-peptide levels, initiation of insulin early in the disease continuum is recommended particularly if glycaemic control is not maintained. Whilst international guidelines broadly advocate personalisation of anti-diabetic treatment, the specifics of how this is best achieved are inadequately presented mostly due to the relative lack of evidence in this area. Future research should close this gap and focus at comparing drug combination and examine their relative effects in patients of different disease phenotypes.

11:25 - 11:55

Putting genetic testing in practice

Juliana Chan

Chair Professor, Department of Medicine and Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong and Chief Executive Officer, Asia Diabetes Foundation, Hong Kong

Diabetes is a multisystem disease due to complex interactions amongst multiple causes including but not limited to autoimmune and genetic factors, modified by age, gender and treatment to influence clinical outcomes spanning from full functionality to multiple morbidities. While autoimmune markers can be used to identify patients with or at risk of having type 1 diabetes, family-based linkage analysis, investigations of candidate genes and genome wide association studies have discovered rare and common genetic variants in type 2 diabetes, the majority of which are implicated in beta cell biology. Alongside, over 10 classes of anti-diabetic drugs including injectables have been developed calling for better disease classification and timely use of these drugs to maximize benefits, minimize harm and reduce glycemic burden. However, the phenotypic and genotypic heterogeneity in diabetes often leads to delayed initiation and intensification of therapy due to insufficient information. Using molecular markers to classify diabetes in young and lean patients and those with genetic predisposition for beta cell failure and complications should help physicians and patients make informed decision in selecting drugs based on aetiologies and risk stratification. Diagnosis of these index cases may also lead to opportunistic testing to identify high risk family members for early intervention. While ongoing research is needed to unravel the complexity of diabetes including clinical trials to provide the definitive evidence regarding the utility of these biomarkers, the practice of personalized medicine remains an art guided by evolving evidence, clinical acumen and informed choices.

ASTRAZENECA LUNCH SYMPOSIUM

11:55 - 12:25

Safety and effectiveness of SGLT2 inhibitors in real-world practice – An Asian perspective

Juliana Chan

Chair Professor, Department of Medicine and Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong and Chief Executive Officer, Asia Diabetes Foundation, Hong Kong

After more than 2 decades of intensive research, we have amassed a large body of knowledge regarding the causes, consequences and treatment of diabetes. The 'Asian' phenotypes, characterized by early onset of disease, low body weight but high adiposity as well as propensity for renal disease, reflect insufficient insulin secretion to overcome obesity-associated insulin resistance with rapid acculturation. The early onset of disease and thus prolonged exposure to glycemic burden can lead to multi-system failure, notably the heart and kidney.

The introduction of new anti-diabetic drugs such as DPP4i, SGLT2i and GLP1 RA lower blood glucose without causing weight gain and hypoglycemia has offered new avenue for controlling cardiometabolic risk factors. The encouraging results regarding the benefits of SGLT2i in reducing cardiovascular-renal events may be particularly relevant to Asians with high prevalence of visceral adiposity and renal dysfunction.

Based on a large number of randomized clinical trials conducted in Japan and China, different SGLT2i have been shown to reduce HbA_{1c}, body weight and blood pressure as mono-or add-on therapies with low incidence of side effects such as ketosis, fractures or sepsis. In a real-world database consisting of 300,000 patients with type 2 diabetes from North America and Europe, the cardiovascular benefits of different SGLT2i were evident supporting that this may be a class effect.

Thus, we are now in a golden era where we can use evidence and technologies to reduce the burden of diabetes. The remaining challenge is to advocate the use of a system and policy approach to ensure that these benefits can reach out to a population of people with diabetes at large.

PLENARY SYMPOSIUM 2

13:00 - 13:45

Behavior change to improve diabetes outcomes – what works

Brian Oldenburg

Professor, Non-Communicable Disease Control and Director, Centre for Health Equity, Melbourne School of Population and Global Health, The University of Melbourne, Australia

Achieving significant behavior change even in well-controlled trials has proven difficult and challenging. And the evidence from more 'real world' trials is even more equivocal. Reasons for these disappointing outcomes include the following common beliefs or assumptions: (1) Behavior change is so obvious that it does not require serious scientific research; (2) Changing behavior is simply a matter of packing the messages correctly; (3) Improvements in knowledge and information will automatically lead to behavior change; (4) People act rationally all of the time; and (5) We can predict accurately who will change their behavior and when this will occur. However, we have learnt a lot about behavior change over the last 20 years and how to improve diabetes and other chronic disease outcomes. This presentation will discuss how we can improve these outcomes.

13:45 - 14:30

Improving patient outcomes through communication

Margaret McGill

Adjunct Associate Professor, Sydney Medical School and Sydney Nursing School, The University of Sydney, Australia

To practice the best medicine a deep knowledge of science is required but equally important is to practice the art of medicine. In this way we use evidence-based medicine, clinical judgement and take into account the patient's values and preferences. What is known about doctor/patient communication is: (1) Telling patients what to do is not effective, (2) Improving knowledge does not change behavior, (3) Health literacy is a problem and (4) Patients often leave the most critical issue to the end of the consultation. Barriers exist to effective communication including the patient may: (1) Feel they are wasting the doctor's time if you appear rushed, (2) Not mention details that place them in a "unfavorable light" and (3) Not understand medical terminology. Interestingly, most complaints about doctors are related to communication skills not clinical skills. Yet it is known that effective doctor/patient communication can be a great source of motivation, incentive, reassurance and support. Elements of an effective consultation are: expertise, empathy, listening, respecting the patient's viewpoint, shared decision making, encouraging the patient to ask questions and being culturally sensitive. Studies on communication tell us that 80% of people want their health care provider to listen to them, but just 6 in 10 say it actually happens and 90% of people want their providers to work together as a team, but just 4 in 10 say it actually happens. Patients of physicians with high empathy scores are: more likely to reach target HbA_{1c} ($p<001$), higher proportion of patients with good LDL control ($p<001$), lower rate of acute complications ($p<001$) and better self-care (e.g., improved diet, SMBG) ($p<001$). Patient's social disadvantage predicts: (1) Patient provides less information, (2) Less likely to be examined by doctor, (3) Doctor provides less information, (4) Lower levels of understanding and (5) Less satisfied by consultation. However, good communication takes this into account. The language used in diabetes needs to be considered. Many words have negative connotations eg compliance, "failing" to meet goals and make people feel they are passing or failing when they talk with their doctor. The answer is shared decision making or in other words talking with patients not at them. Finally, it is often difficult in busy diabetes services to give adequate time to each patient but highly functioning team based care can address many issues.

14:30 - 15:15

Challenges and opportunities in diabetes prevention

Ambady Ramachandran
President, India Diabetes Research Foundation (IDRF) and Chairman, Dr. A. Ramachandran's Diabetes Hospitals, India

According to the International Diabetes Federation (IDF) estimates, the global prevalence of 415 million people with diabetes in 2015 is expected to increase to 642 million by 2040. More than 80% of the persons with diabetes live in low and middle income countries where healthcare resources are meagre.

The rising incidence of diabetes calls for urgent action to prevent the occurrence of new cases, ie primary prevention is a major strategy to be adopted by every country. Community-based randomized, controlled prevention trials, conducted in the past two to three decades have unequivocally shown that primary prevention of diabetes is possible in all ethnic groups by lifestyle modification or by a few pharmacological agents. Many studies have indicated that the benefits of lifestyle modification can last for periods, varying from 10 to 20 years. Lifestyle transition related to diet, physical activity and stress factors have been the chief determinants of the rising prevalence of diabetes seen in the developing countries.

Ample evidences are available to show that lifestyle modification is an effective and safe strategy for primary prevention of type 2 diabetes in people of all ethnicities. However, several major challenges are faced in implementing primary prevention of diabetes on a large scale in a majority of the countries. The major challenges include identification of a simple and effective screening method for selecting persons for the programme and implementing strategies to keep the participants motivated and adherent to the lifestyle changes advised for long periods.

Therefore, the strategy should focus on health education of the public including the youth and the adolescent population. Stress should be on improving the national capacity to detect and manage diabetes and other non-communicable diseases and to develop innovative, cost-effective and scalable methodologies. Recent studies haves shown the potential of information technology and mHealth in conducting large scale population studies in the prevention of several non-communicable diseases. It is ideal to develop national programmes such as the Finnish DEKHO initiated by the government.

A concerted effort by the government, the public and voluntary associations is mandatory to promote such programmes.

SYMPOSIUM 2

15:30 - 16:00

How to promote healthy behaviors using behavioral economics

Catherine Yeung

Associate Professor, Department of Marketing, Business School, The Chinese University of Hong Kong, Hong Kong

Behavioral economics (BE) integrates economics, psychology, and behavioral science to study and influence the ways people make choices. It provides insights into understanding why some people make seemingly irrational decisions regarding their health; it also sheds light on how behaviors can be shaped to improve health outcomes. According to BE theories, while most overweighed people know that they are at increased risk of developing type 2 diabetes, they may not be motivated enough to change their lifestyle for the better because they tend to discount delayed rewards, such as reduced risks of heart disease and cancer, relative to more immediate, smaller rewards, such as the immediate enjoyment of food indulgence. Accordingly, the key to chronic disease prevention is to motivate the initiation of lifestyle change by introducing more attractive immediate rewards and, at the same time, engage people in good habits that constitute a sustainable, healthful lifestyle. Behavioral insights are often used to change people's perception of a reward to make it more enticing; a given reward could deliver dramatically different health outcomes depending on how we frame it and how people perceive it. Behavioral insights can also be used to induce stronger commitment and adherence to weight loss programs. A theoretical framework with illustrating examples will be discussed in the talk.

Results of a Randomized Controlled Trial (RCT) conducted by the speaker will also be presented in the talk. The RCT demonstrated how men and women differ in the way they respond to incentives for weight loss. Insights derived from the RCT shed lights on the different forces that motivate men and women for weight loss.

16:00 - 16:30

Diabetes Care in hospital setting - insights from specialists

Alice Kong

Associate Professor, Division of Endocrinology and Diabetes, Department of Medicine and Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong

Diabetes is both a public and personal health disaster if not managed properly. Over 60% of all causes mortality and morbidities including stroke, leg amputation, heart disease, cancer, kidney disease, depression, to name but a few are causally linked to diabetes[1, 2]. Moreover, it is a worldwide phenomenon that majority of patients with diabetes are not reaching treatment goals due to clinical inertia with delayed escalation of therapy, poor treatment compliance and/or inadequate self management[3, 4]. Using Joint Asia Diabetes Evaluation (JADE) Program, a web-based platform and protocol-driven portal for the management of diabetes in Asia[5-7] as an example, how diabetes, a complex and chronic disease with multi-systems involvement, be managed within the framework of available guidelines to enhance collaboration between primary care providers and specialists would be elaborated.

Furthermore, patients with diabetes usually require multi-disciplinary care but many of them cannot afford time to see doctor on top of getting support from allied health professionals. By re-engineering of traditional clinic consultation format to a multi-component care program including a series of workshops led by a diabetes specialist team further augmented by peer support, we would like to share our experience in improving glycemic control and reducing attrition rate in difficult-to-treat group of diabetes in hospital setting.

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16:30 - 17:00

Diabetes Care in community setting – insights from family doctors

Douglas Chan and Joseph Lam
General Practitioner, Hong Kong

Primary care doctors in the private sector (GPs) are less equipped with resources in their clinics. Compared to colleagues working in government clinics, they do not have the luxuries of diabetologists or endocrinologists who can work closely with DM nurses, dietitians, podiatrists or physiotherapists to provide comprehensive care to their patients. Thus, many primary care doctors would resort to collaborating with non-governmental organizations to provide more comprehensive services for their patients; such as supporting patient empowerment, offering dietary advice, and providing advice on lifestyle modifications, including exercise prescription, etc.

Primary care doctors have the privilege of easy availability in terms of consultation time and clinic location and they have a long trusting relationship with their patients. They provide continual, comprehensive care not only to their diabetic patients, taking care of their physical and psycho-social well-being but also support their family members and carers. Furthermore, they have full range of diabetes drug armory at their full disposal and can tailor treatments according to individual patient needs.

In terms of prevention, primary care doctors have important roles. They can provide opportunistic screening to their patients by simple urine tests or finger capillary blood tests at any consultations. They can participate in public education on prevention of diabetes such as early detection, early symptoms recognition, and lifestyle modifications. These goals can be achieved through newspaper, radio/TV programs, roadshows, different forms of social media, carers groups, public lectures etc. Drug companies and pharmacists can chip-in their share in providing public education with collaboration with primary care doctors.

Primary care physicians also have pivotal roles in the prevention of diabetes complications by providing good glucose, blood pressure, and lipid control to their patients. Screenings of possible complications are offered to diabetes patients at regular intervals.

With the advent of Electronic Health Record Sharing System (eHRSS), primary care doctors can access patient records in Hospital Authority and share the patient data effectively. This platform provides comprehensive multidisciplinary care for patients and hence enhances efficient use of medical resources.

NOTES

NOTES

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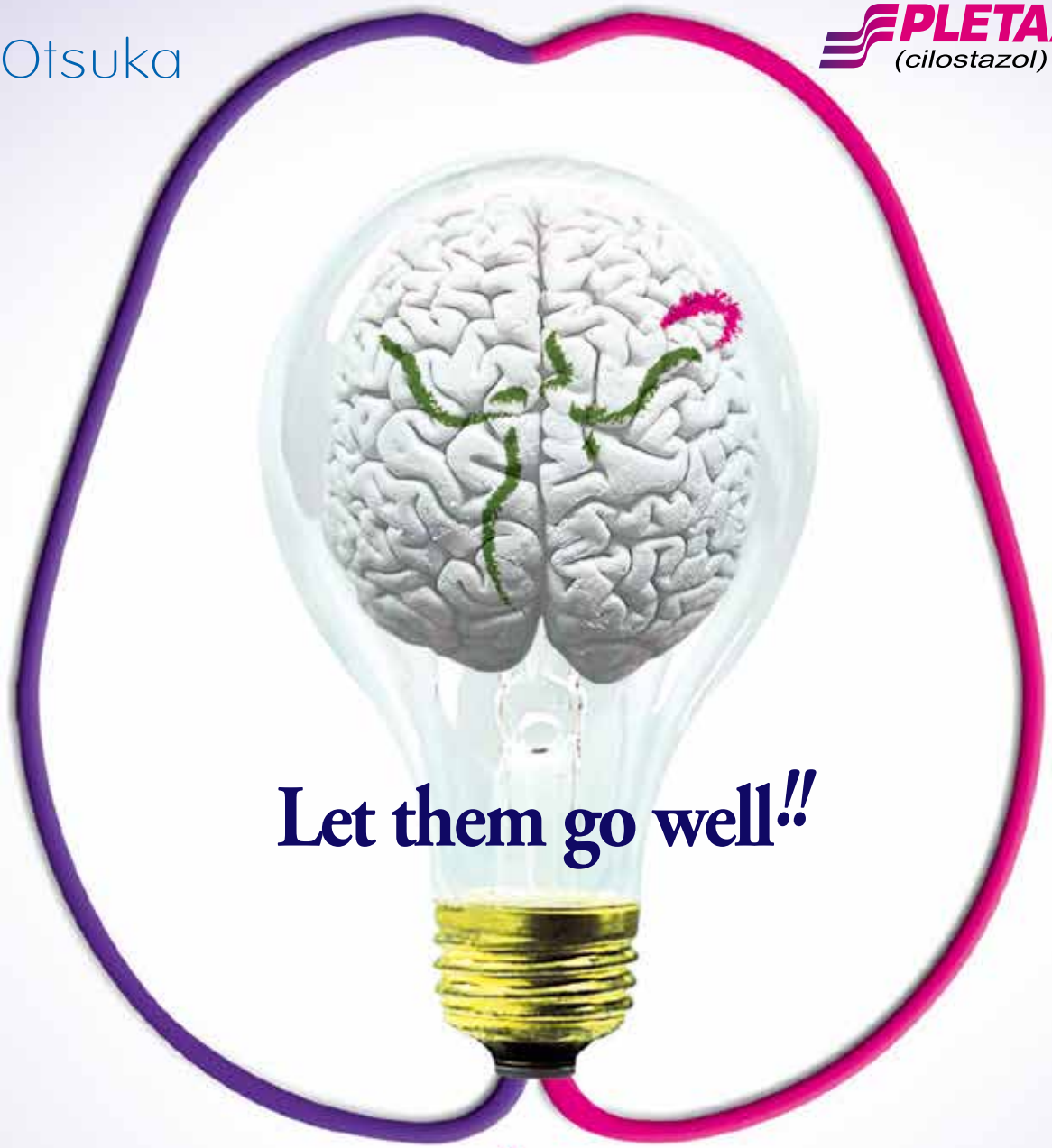

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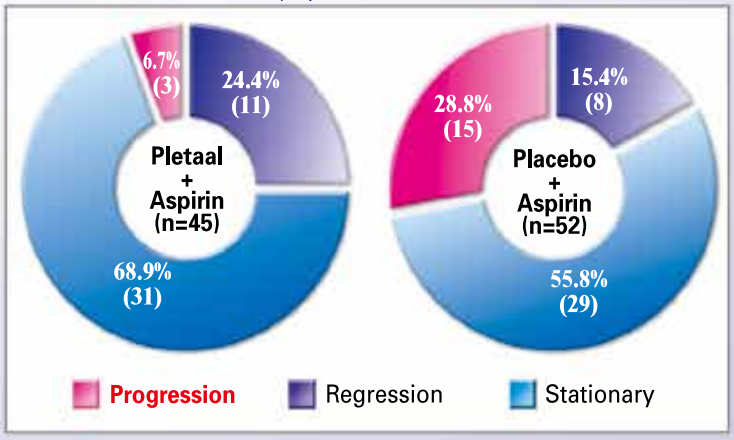

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References:

1. Pletaal® package insert
2. Kwon et al. *Stroke.* 2005; 36(4): 782-786

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* Applies to the adult population only

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*按2,000千卡的每日膳食計算，個人攝取量會因應能量需要而有所增減

- 應定時定量進食，少食多餐
- 少食高糖份食物/飲品，多選擇高纖食物
- 選用蒸、焓、滾、燉或炆等烹調方法
- 調味時，除鹽外，可以多選用天然香料，如檸檬、薑、蔥及蒜頭等
- 多選擇低升糖指數(GI)#的食物，例如全穀物、低脂奶類和乾豆等

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