DPP 2020

亞洲糖尿病基金會
Asia Diabetes Foundation

Diabetes Preventing the Preventables Forum 2020

2 Aug 2020 • Hong Kong

Co-organizer:

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

Supporting organizations:

香港醫學會
The Hong Kong Medical Association

香港家庭醫學學院
The Hong Kong College of Family Physicians

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WELCOME MESSAGE

Dear faculty and delegates,

Every person with diabetes has a unique set of risk factors which the care team has to systematically measure, manage and monitor in order to prevent premature death and disabilities for preserving the quality of life.

The most challenging aspect in managing diabetes is to help patients manage their disease for the rest of their life and to personalize treatment choices at different stages of the disease.

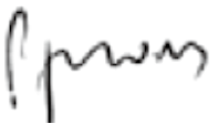
The DPP Forum is an annual meeting which aims to foster collaborations amongst relevant stakeholders to develop care models which can bring out the best of our expertise and technologies in order to make chronic care accessible, sustainable and affordable.

To this end, we 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 in pursuit of prevention and control of diabetes and chronic disease.

Best regards,

Professor Juliana Chan
Chairman



Professor Alice Kong
Co-chairman

Professor Andrea Luk
Co-chairman

ORGANIZER

亞洲糖尿病基金會
Asia Diabetes Foundation

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CO-ORGANIZER

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

SUPPORTING ORGANIZATIONS

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The Hong Kong Medical Association

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The Hong Kong College of Family Physicians

ORGANIZING COMMITTEE

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Dr. Rose Ting
Dr. Man Wo Tsang
Ms. Karen Wong
Professor Martin Wong

FACULTY MEMBERS

Alvin Chung Yuk Chan

Chairman, Board of Education, The Hong Kong College of Family Physicians, Hong Kong

Dr. Alvin Chung Yuk Chan is a Specialist in Family Medicine and currently in solo private practice. Dr. Chan is also the Honorary Clinical Associate Professor in Family Medicine of the Chinese University of Hong Kong. He is the Chairman of the Board of Education, the Hong Kong College of Family Physicians. During his service in Hospital Authority's Head Office as Senior Manager in Primary Care, he took a leading role in the development of the RAMP Programme for DM patients in GOPCs.

Juliana Chung Ngor Chan

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 Chung Ngor Chan is Professor of Medicine and Therapeutics, Faculty of Medicine, the Chinese University of Hong Kong. She is also the Founding Director of the Hong Kong Institute of Diabetes and Obesity and the Chief Executive Officer of the Asia Diabetes Foundation. Her major areas of interest include genetics, 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 the Government of the Hong Kong Special Administrative Region and international agencies.

FACULTY MEMBERS

Norman Nor Chan

Specialist in Endocrinology, Diabetes and Metabolism, Hong Kong

Dr. Norman Nor Chan is an Endocrinologist in the private sector and he is also a Director of Norton Medical Laboratory. Dr. Chan is also an Honorary Associate Professor in the Department of Medicine and Therapeutics, Faculty of Medicine, the Chinese University of Hong Kong. He obtained his MD in 2002 (in London) and was awarded Fellowship of Royal College of Physician (Glasgow) in 2006. He started his private practice in Hong Kong in 2002 when he helped to establish Qualigenics Diabetes Centre. He has since opened his own clinic in 2012 in Central. Dr. Chan has published a few book chapters as well as numerous scientific papers in well recognised international medical journals such as the Lancet.

Elaine Yee Kwan Chow

Assistant Professor, Phase 1 Clinical Trial Centre and Department of Medicine and Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong

Dr. Elaine Yee Kwan Chow is an Assistant Professor of the Phase 1 Clinical Trial Centre and Department of Medicine and Therapeutics, Faculty of Medicine, the Chinese University of Hong Kong. She was previously a Clinical Research Fellow of the University of Sheffield and NIHR Cardiovascular Biomedical Research Unit, United Kingdom. Her main research areas are beta-cell function and insulin sensitivity in familial young onset diabetes, continuous glucose monitoring devices, and hypoglycaemia-related cardiac death in diabetes. She is currently principal investigator for several studies evaluating continuous glucose monitoring devices and comparing the effect of different insulins on glycaemic variability.

FACULTY MEMBERS

Harriet Hau Yee Chung

Centre Manager, Health In Action and Honorary Nurse Consultant, Asia Diabetes Foundation, Hong Kong

Ms. Harriet Hau Yee Chung is the Centre Manager of Health In Action in Hong Kong and the Honorary Nurse Consultant at the Asia Diabetes Foundation. She has assisted in setting up the first nurse-led "Kwai Tsing Community Health Management Hub" with a Social-Medical Model of health to serve the underprivileged population. Harriet has also assisted in developing a few nurse-led assessment and chronic disease management centres from public hospital settings to community settings in Hong Kong in the past decade. She was conferred her Fellowship (Medicine-Diabetes) in Hong Kong. From 2009 to 2019, Harriet was honoured with the Merit Award, Outstanding Achievement Award, and an excellent award in her nursing projects. Given Harriet's devoted contribution to the nursing field, the South China Morning Post presented an award of "Healthcare Spirit Awards – Spirit in Long-Serving Nursing Award" to her in 2019.

Owen Ho Ko

Assistant Professor and Head of Translational Neuroscience Unit, Division of Neurology, Department of Medicine and Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong

Dr. Owen Ho Ko holds Bachelor of Medical Sciences (BMedSci, 1st class) and Bachelor of Medicine and Bachelor of Surgery (MBChB) from the Chinese University of Hong Kong. He pursued PhD in neuroscience under the supervision of Professor Thomas Mrsic-Flogel at University College London in the UK. Currently, Dr. Ko serves as a principal investigator at the Gerald Choa Neuroscience Center and the Li Ka Shing Institute of Health Sciences of the Chinese University of Hong Kong. Leading a team with expertise in biology, chemistry and engineering, his research works focus on the principles by which neural circuits mediate sensory perception and behavior, neurovascular biology, as well as the development of novel neuroimaging tools. Dr. Ko notable awards include a runner-up award of the 2014 Eppendorf & Science Prize for Neurobiology based on his PhD works, and the 2020 Croucher Innovation Award that supports his ongoing research in neurovascular and glial dysfunctions in neurodegeneration.

FACULTY MEMBERS

Alice Pik Shan Kong

Professor, Department of Medicine and Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong

Professor Alice Pik Shan Kong is Professor in the Department of Medicine and Therapeutics, Faculty of Medicine, the Chinese University of Hong Kong, and Honorary Consultant at the Prince of Wales Hospital, Hong Kong. Professor Kong graduated from The Chinese University of Hong Kong and completed her training in General Medicine and Endocrinology at Queen Elizabeth Hospital, Hong Kong. Professor Kong is the Steering Committee Member of Joint Asia Diabetes Evaluation (JADE) Program. She is the Council Member of Diabetes Hong Kong and the ex-Vice President of Hong Kong Association for the Study of Obesity. Professor Kong's research interests are obesity, insulin resistance and diabetes with particular focus on lifestyle factors including sleep and diet in adults and adolescents. She is an invited reviewer for many local and international journals. She has presented at numerous local, regional and international meetings and has published over 230 articles in peer-reviewed journals.

Timothy Chi Yiu Kwok

Professor, Department of Medicine and Therapeutics and School of Public Health, Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong

Professor Timothy Chi Yiu Kwok graduated from University of Leicester in the United Kingdom and received specialist training in Geriatric and Internal Medicine in St George's Hospital in London before returning to Hong Kong, to join the Department of Medicine and Therapeutics, Faculty of Medicine, the Chinese University of Hong Kong (CUHK) in 1994. He obtained his MD in 2004. He was promoted to professorship in 2006. At CUHK, he is director of Jockey Club Centre for Positive Ageing (a comprehensive care centre for people with dementia) and Jockey Club centre for osteoporosis care and control. His research interests include dementia, B vitamins for brain health, osteoporosis, falls, nutrition in older people.

FACULTY MEMBERS

Sylvia See Way Lam

Senior Dietitian, Pro-Cardio Heart Diseases and Stroke Prevention Centre, Hong Kong

Ms. Sylvia See Way Lam obtained her Master of Nutrition and Dietetics qualification from the University of Sydney, Australia in 2000. She has been practicing in Hong Kong for almost 20 years specializing mainly on areas of diabetes, cardiac rehabilitation, weight management, other obesity-related conditions and eating disorders. She is currently the Senior Dietitian in Pro-Cardio Heart Diseases and Stroke Prevention Centre in Hong Kong. She has been the Chairperson of the Hong Kong Dietitians Association from 2007 to 2019, actively promoting Hong Kong's dietitian profession.

Ms. Lam often provides nutrition seminars to local and international conferences, corporate companies and academic institutions. She is a reputable spokesperson for providing up-to-date nutrition education and information to the public through different media.

Lee Ling Lim

Associate Professor, Department of Medicine, Faculty of Medicine, University of Malaya, Malaysia

Dr. Lee Ling Lim is Associate Professor and Consultant Endocrinologist at the Department of Medicine, University of Malaya (UM). Her research interests are the epidemiology and molecular aspects of diabetes, heart failure and other cardiovascular-renal diseases, as well as health services and translational research. She currently leads the Multidisciplinary Diabetes Research Group at UM. Dr. Lim serves on the Committee of the IDF World Diabetes Atlas. She is an Associate Editor of BMC Endocrine Disorders and Editorial Board Member of the Primary Care Diabetes Europe.

FACULTY MEMBERS

Vincent Chung Tong Mok

Head of Division of Neurology and Assistant Dean (Admissions, Student Affairs), Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong

Professor Vincent Chung Tong Mok is the Head of Division of Neurology and Assistant Dean (Admissions, Student Affairs) at the Faculty of Medicine, the Chinese University of Hong Kong. He was appointed as Mok Hing Yiu Professor of Medicine in 2018. Professor Mok's research focuses in the vascular contribution to dementia. He is the first in the world to highlight the high prevalence of cerebral small vessel disease in Asia and its importance to dementia in this region. He received the Higher Education Outstanding Scientific Research Output Award (Science & Technology) in Natural Sciences (1st Class), from the Ministry of Education, China in 2011 and the Excellent Research Award, from the Food and Health Bureau of the Hong Kong in 2017. He was awarded the Outstanding Fellow of the Faculty in 2016 and received 7 times Teacher of the Year Award from the Faculty. He was the Chair of the International Society of Vascular Behavioral and Cognitive Disorders 2018 and the Chair of the International Congress of Parkinson and Movement Disorder Society 2018.

Man Wo Tsang

Specialist in Endocrinology, Diabetes and Metabolism, Hong Kong

Dr. Man Wo Tsang is a Specialist in Endocrinology, Diabetes and Metabolism. He graduated from the University of Hong Kong (HKU) in 1981 and received Endocrine training in Department of Medicine, HKU and Joslin's Clinic, Boston. He was the Head of the Division of Endocrinology, Metabolism and Diabetes, and Director of the Diabetes Ambulatory Care Centre at the United Christian Hospital before retirement in 2014. He is currently Director-Professional Development and Clinical Services in UMP Healthcare Group. He is also Honorary Associate Professor at the HKU with regular clinical duties. He served a MRCP (PACE) examiner between 2006-2014 and Trainer of PACE exam since 2015.

FACULTY MEMBERS

Vincent Wai Sun Wong

Professor, Department of Medicine and Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong

Professor Vincent Wai Sun Wong is Professor at the Department of Medicine and Therapeutics, Faculty of Medicine, the Chinese University of Hong Kong. His research focuses on viral hepatitis and non-alcoholic fatty liver disease (NAFLD). He has authored over 350 articles, and his latest h index is 76. He wrote the Asia-Pacific Guidelines on the Management of NAFLD in 2018. He served as the president of the Hong Kong Association for the Study of Liver Diseases from 2015 to 2017.

Enoch Wu

Specialist in Endocrinology, Diabetes and Metabolism, Hong Kong

Dr. Enoch Wu graduated in the United Kingdom in 2003 and completed his Specialist training in Endocrinology, Diabetes and Metabolism at the Prince of Wales Hospital, and subsequently pursued overseas training in Obesity Management at the University of Sydney. He has been engaged in Medical Education and Research as an Honorary Clinical Assistant Professor at the Chinese University of Hong Kong.

His areas of expertise includes Diabetes and Obesity, and he has extensive experience in the establishment of the Multidisciplinary Management Team for Obese Patients with Metabolic Syndrome, which won the Hospital Authority Outstanding Team Award in 2016. He has been in private practice since 2017.

SCIENTIFIC PROGRAMME

2 August (Sunday)		
09:25 - 09:30	Welcome remarks	Juliana Chung Ngor Chan, Hong Kong
Symposium 1		**Co-chairs: Karen Wong and Rose Ting**
09:30 - 10:00	Micronutrients in diabetes – where is the evidence?	Lee Ling Lim, Malaysia
10:00 - 10:30	Intermittent fasting vs conventional caloric restriction in weight reduction	Sylvia See Way Lam, Hong Kong
10:30 - 10:45	Break	
10:45 - 11:15	Sleep, obesity and diabetes – what's new?	Alice Pik Shan Kong, Hong Kong
Symposium 2 (supported by Sanofi Hong Kong Ltd.)		**Co-chairs: Andrea Luk and Chung Ping Ho**
11:15 - 11:45	Glycaemic variability and time-in-range during initiation and self-titration of insulin therapy	Elaine Yee Kwan Chow, Hong Kong
11:45 - 12:15	Impacts of early combination oral and injectable therapy in type 2 diabetes	Enoch Wu, Hong Kong
Symposium 3 (supported by Abbott Laboratories Ltd.)		**Chair: Alice Kong**
12:15 - 13:15	Lunch break	
13:15 - 14:00	Coronavirus and diabetes	Norman Nor Chan, Hong Kong
Symposium 4		**Co-chairs: Elaine Cheung and Risa Ozaki**
14:00 - 14:30	How common and serious is fatty liver in type 2 diabetes?	Vincent Wai Sun Wong, Hong Kong
14:30 - 15:00	Cognition in diabetes	Vincent Chung Tong Mok & Owen Ho Ko, Hong Kong
15:00 - 15:15	Break	
15:15 - 15:45	Role of metformin in preventing dementia in diabetes	Timothy Chi Yiu Kwok, Hong Kong
Symposium 5		**Co-chairs: Martin Wong and Mary Kwong**
15:45 - 16:00	Roles of biogenetic markers in personalizing diabetes care	Juliana Chung Ngor Chan, Hong Kong
16:00 - 16:15	What is the role of community-based health care centre in prevention of diabetes and NCDs?	Harriet Hau Yee Chung, Hong Kong
16:15 - 17:15	A multidisciplinary case forum • 1 case presented by specialist • 1 case presented by family doctor	Man Wo Tsang, Hong Kong Alvin Chung Yuk Chan, Hong Kong
17:15 - 17:25	Closing remarks	Andrea On Yan Luk, Hong Kong

ACADEMIC ACCREDITATIONS

College Name	CDE/CE/CEU/CME/CNE/CPD points
Association of Hong Kong Diabetes Nurses Limited (For ALL NURSES)	6
Hong Kong College of Community Medicine	6 PP
Hong Kong College of Emergency Medicine	6 PP
Hong Kong College of Paediatricians	6 Cat. A
Hong Kong College of Physicians	6 PP
Hong Kong College of Radiologists	6 (Cat. B)
Hong Kong Dietitians Association	1 core and 4 non-core
Hong Kong Nutrition Association Limited	5
Hong Kong Physiotherapy Association Limited	5
International Podiatrists Association of Hong Kong	10
MCHK CME Programme	5
Occupational Therapists Board	Pending
Pharmacy Central Continuing Education Committee	6
Radiographers Board	Pending
The College of Ophthalmologists of Hong Kong	6.5 PP
The College of Surgeons of Hong Kong	6 PP
The Hong Kong College of Anaesthesiologists	6.5 Non-anaesthetic
The Hong Kong College of Family Physicians	5 (Cat. 5.2)
The Hong Kong College of Obstetricians and Gynaecologists	3
The Hong Kong College of Orthopaedic Surgeons	Pending
The Hong Kong College of Otorhinolaryngologists	3 (Cat. 2.2)
The Hong Kong College of Pathologists	6 PP
The Hong Kong College of Psychiatrists	6 (PP-OP)

SYMPOSIUM 1

09:30 - 10:00

Micronutrients in diabetes – where is the evidence?

Lee Ling Lim
Associate Professor, Department of Medicine, Faculty of Medicine, University of Malaya, Malaysia

The American Diabetes Association Standards of Medical Care currently do not support the use of dietary supplementation with vitamins and minerals in the management of diabetes due to the lack of clear evidence. However, cumulative evidence suggests that several vitamin and mineral supplements have the potential to improve glycemic control and diabetes-related complications in some cases. This presentation will review the scientific evidence supporting (or not supporting) the use of key micronutrients including magnesium, chromium, biotin, vitamins B, C, D and E, either in supplemental doses or as part of healthy lifestyle practices, in the management of diabetes.

10:00 - 10:30

Intermittent fasting vs conventional caloric restriction in weight reduction

Sylvia See Way Lam

Senior Dietitian, Pro-Cardio Heart Diseases and Stroke Prevention Centre, Hong Kong

According to the Population Health Survey 2014/15 conducted by the Department of Health, (Government of Hong Kong Special Administrative Region), 29.9% of persons aged 15-84 were obese (i.e. Body Mass Index (BMI) ≥ 25.0 kg/m^2) and another 20.1% were overweight (i.e. BMI 23 to 25kg/m^2). It is well understood that overweight/obesity increases the risk of metabolic syndromes including T2DM, cardiovascular diseases, stroke, cancers, joint disorders, and even mental disorders. It has been years that people/researchers aiming to find a "magic diet" for weight loss, and one of the most popular weight-loss strategies being used recently is intermittent fasting.

Intermittent fasting (IF) can be classified into alternative-day fasting (ADF), time –restrictive fasting (TRF), modified fasting regime (MF) (e.g 5:2 fasting diet) and also religious fasting (e.g. Ramadan). Besides weight loss, studies found some improvements in metabolic measures resulting from IF such as reduced LDL-C and triglycerides, C-reactive protein, insulin secretion, inflammatory markers, and increased HDL-C and growth hormones, subsequently lowering the risk of metabolic syndromes and even extended lifespan.

Calorie restriction (CR) means reducing average daily caloric intake, usually 25 – 30%, ower than a typical or habitual diet, without malnutrition or deprivation of essential nutrients. A pioneering study named the CALERIE trial found CR resulted in a 10% weight loss over 2 years, along with improvements in metabolic risk factors similar to those resulting from IF.

It is very important for individuals who attempt to try these weight loss methods to understand their advantages and disadvantages, but most importantly to provide one with adequate nutrition while minimizing side effects with sustainable weight loss.

10:45 - 11:15

Sleep, obesity and diabetes – what's new?

Alice Pik Shan Kong

Professor, Department of Medicine and Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong

There is a wealth of evidence suggesting a link between short sleep duration, obesity, diabetes and clustering of cardiovascular risk factors. Not only short sleep duration correlates with increased rate of obesity in adults, sleep curtailment in school children also put the young individuals at risk of obesity. While optimal sleep duration with lowest risk of diabetes is reported to be around 7 to 8 hours from a meta-analysis, we have found that sleep deprivation is prevalent in Hong Kong Chinese with type 2 diabetes and short sleep duration during weekends is associated with poor glycaemic control. In addition, we also found that irregular sleeping habits between weekends and weekdays with over-sleep compensation during weekends have negative impact on obesity indices and glycaemic control. Recent studies have demonstrated that disruption of the circadian rhythm may lead to epigenetic dysregulation and change of gut microbiota, resulting in weight gain and obesity. Taken together, sleep education is increasingly recognized as part of the lifestyle modification for individuals with obesity and diabetes.

SYMPOSIUM 2

(supported by Sanofi Hong Kong Ltd.)

11:15 - 11:45

Glycaemic variability and time-in-range during initiation and self-titration of insulin therapy

Elaine Yee Kwan Chow

Assistant Professor, Phase 1 Clinical Trial Centre and Department of Medicine and Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong

A significant proportion of type 2 diabetes (T2D) patients do not achieve optimal glycaemic targets following initiation of insulin therapy. Hypoglycaemia, particularly following insulin initiation, poses a significant barrier to optimisation. Inertia to insulin titration may also be linked to long follow-up frequency by health care professionals. One way to overcome this is to implement a self-titration approach and allowing patients to effectively adjust their own glucose to an optimal level. Clinical trials have demonstrated the safety and efficacy of patient-led over physician-led insulin titration in uncontrolled T2D.

Continuous glucose monitoring (CGM) can provide powerful insights into 24-hour glycaemic profiles and glucose variability. It is helpful in detecting asymptomatic and nocturnal hypoglycaemic episodes, which occur frequently in patients initiated on basal insulin. In this talk, we will describe our experience of self-titration of insulin glargine 300 U/ml versus Neutral Protamine Hagedorn (NPH) insulin following a patient-adjusted algorithm among insulin-naïve T2D patients in Hong Kong. Despite similar HbA1c levels achieved, CGM revealed important differences in time-in-hypoglycaemia and glycaemic variability at night.

We will conclude by discussing how best to optimise insulin titration in T2D patients by considering choice of therapies, patient factors and health service organisation.

References

Russell-Jones D, Dauchy A, Delgado E, Dimitriadis G, Frandsen H et al. Take Control: A randomized trial evaluating the efficacy and safety of self- versus physician-managed titration of insulin glargine 300U/ml in patients with uncontrolled type 2 diabetes. Diabetes Obes Metab. 2019;1–10.

11:45 - 12:15

Impacts of early combination oral and injectable therapy in type 2 diabetes

Enoch Wu
Specialist in Endocrinology, Diabetes and Metabolism, Hong Kong

Diabetes mellitus is a multi-factorial disease. In modern diabetes treatment, controlling via one agent is seldom the solution. Instead, from the historical "triumvirate" (liver, muscle and pancreas), to the commonly known Ominous Octet, to the latest Egregious Eleven; we are discovering more and more organs that contribute to uncontrolled glucose in diabetics. Treatment for diabetes, therefore, should be focusing on addressing numerous problems, with the least disruption to the daily lives of patients possible.

Significant improvements have been made throughout the years, and currently there are as many as a dozen classes of anti-hyperglycaemic agents that we can utilize in helping patients to achieve their goals. Furthermore, many new classes offer extra benefits such as weight loss or cardiovascular protection. This prompts clinicians to combine several medications to maximize efficacy while minimizing side effects.

Despite physicians' good will, this can potentially lead to inconvenience in daily lives of patients, as they might need to take medications several times every day, and resulting in decreased adherence. A solution is thus invented: co-formulation of medications.

Fixed-dose and fixed-ratio combinations are gradually gaining spotlight as convenient regimens that patients can easily comply to. By taking several medications at once, patients have a simplified method to obtain best of both sides.

Recent studies have shown, in patients with diabetes uncontrolled by oral agents only, initiating a fixed-ratio combination of GLP-1 RA and basal insulin has a greater rate of achieving treatment target over monotherapy of either agent. This further supports the clinical value of applying combination therapy for patients who require intensification. In theory, the Ominous Octet can be all taken care of as simple as one tablet plus one injection, and if this regimen is started early in diabetes treatment, patients can have a lasting and prolonged protection.

This symposium will begin with introduction of currently available combinations in the market, subsequently, evidence from clinical trials will be discussed. Finally, cases will be shared to shed light on the type of patients that will benefit greatly with the initiation or switching to combination products.

SYMPOSIUM 3

(supported by Abbott Laboratories Ltd.)

13:15 - 14:00

Coronavirus and diabetes

Norman Nor Chan

Specialist in Endocrinology, Diabetes and Metabolism, Hong Kong

The COVID-19 pandemic has infected nearly 13 million and taken more than 570,000 lives in over 188 countries by July 2020. While there is no sufficient data to show that people with diabetes are more susceptible to COVID-19 infection, early studies from China found people with diabetes regardless of the types had greater rates of serious complications and fatality than people without diabetes. This observation is likely contributed by diabetes compromising the immune system. Increased inflammation and internal swelling could be attributed to viral infection as well as hyperglycaemia and both together could deteriorate the infection and lead to more severe complications.

Prevention of COVID-19 for people with diabetes is similar to the general public where they should follow government policies and practice social distancing and frequent hand washing. In addition, regular glucose monitoring to ensure normal blood glucose levels is of paramount importance for people with diabetes particularly during the recent spike in the new cases of COVID-19.

Although there is no available vaccine or treatment specific for COVID-19, people with diabetes could prepare themselves by having a complete balanced diet and regular exercises to enhance their immune system. In the nutrition management of people with diabetes, both over and under-nutrition should be avoided. The recently published State of Food Security and Nutrition in the World edition has forecasted that the COVID-19 pandemic could affect the nutritional status of over 130 million people by the end of 2020. In addition to adequate intakes of calories and macronutrients, the intakes of complete balanced micronutrients such as vitamins and minerals should not be neglected for the optimal integral diabetic management during this epidemic.

Both European Society for Clinical Nutrition and Metabolism (ESPEN) and American Society for Parenteral and Enteral Nutrition (ASPEN) have developed a guideline for the nutrition management during and post-infection. Symptoms such as vomiting, diarrhea and infection-induced poor appetite could contribute to increased energy requirement and decreased energy intake leading to potential malnutrition and development of complications. ESPEN and ASPEN have suggested using appropriate oral nutrition supplements (ONS) such as diabetic specific formula (DSF) to optimize the nutritional status of COVID-19 patients to improve relevant clinical outcomes and recovery of the COVID-19 infection.

SYMPOSIUM 4

14:00 - 14:30

How common and serious is fatty liver in type 2 diabetes?

Vincent Wai Sun Wong

Professor, Department of Medicine and Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong

Non-alcoholic fatty liver disease (NAFLD) is currently the most common chronic liver disease, affecting at least a quarter of the global adult population. In Western countries, NAFLD and its active form non-alcoholic steatohepatitis (NASH) have already become one of the leading causes of cirrhosis and liver cancer.

NAFLD is strongly associated with metabolic syndrome. According to a recent systematic review and meta-analysis, NAFLD is found in 55.5% (95% CI 47.3-63.7) of patients with type 2 diabetes. Importantly, 37.3% of patients with type 2 diabetes have NASH, and 17.0% have advanced liver fibrosis. Several longitudinal studies also confirmed that type 2 diabetes is the metabolic factor most strongly associated with severe liver complications.

The best approach to identify severe liver disease among patients with type 2 diabetes is currently undefined and probably depends on the availability of investigations and the local referral pathway. We and others have demonstrated the possibility of using transient elastography (FibroScan) to diagnose advanced liver fibrosis during diabetes complications screening. In another multi-centre study in the United Kingdom, the use of Fibrosis-4 index (a simple fibrosis score comprising age, aminotransferases and platelet count) followed by a specific fibrosis biomarker called the Enhanced Liver Fibrosis score could increase the identification of advanced fibrosis by 5-fold in the primary care setting.

Like all metabolic disease, healthy lifestyle is the best method to prevent and treat NAFLD. A weight reduction of 10% or more of the baseline body weight can reduce liver fat, necroinflammation and fibrosis in the majority of patients. In selected patients with NASH, current guidelines endorse the use of vitamin E or pioglitazone. Recently, obeticholic acid, a potent farnesoid X receptor agonist, has been shown to reverse liver fibrosis in the phase 3 REGENERATE study; the drug is currently under review by the US Food and Drug Administration for conditional approval under the subpart H pathway. A number of other drugs are under phase 2 and 3 development and may eventually change the way we manage patients with NASH.

14:30 - 15:00

Cognition in diabetes

Vincent Chung Tong Mok

Head of Division of Neurology and Assistant Dean (Admissions, Student Affairs), Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong

Owen Ho Ko

Assistant Professor and Head of Translational Neuroscience Unit, Division of Neurology, Department of Medicine and Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong

Large scale epidemiological studies have consistently demonstrated that diabetes mellitus (DM) is a risk factor for dementia (Alzheimer's disease, vascular dementia, and any dementia). The CU-STRIDE study in Hong Kong also showed that DM significantly increases the risk of early-onset and delayed onset dementia among Chinese patients with stroke/transient ischemic attack. The mechanisms whereby DM induce cognitive decline can be multiple. One of these mechanisms are its association with vascular endothelial dysfunction and blood-brain-barrier leakage. In this lecture, mechanisms of how DM induce cognitive decline will be discussed. In addition, the latest findings on how a class of diabetic drug (glucagon-like peptide-1 receptor agonist) may reverse blood-brain-barrier leakage and its potentials in preventing dementia will be presented.

15:15 - 15:45

Role of metformin in preventing dementia in diabetes

Timothy Chi Yiu Kwok

Professor, Department of Medicine and Therapeutics and School of Public Health, Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong

Older people with diabetes mellitus (DM) are risk of cognitive impairment and dementia. Some epidemiological studies suggested that metformin is associated with lower risk of cognitive decline in older people with DM. This has been attributed to enhancement of insulin sensitivity. Accumulation of glucosylceramides (Glucerd) is known to be a consequence of insulin resistance. In a cohort of older people with DM, we have found that serum concentration of a Glucerd moiety 18:1/18:0 was associated with cognitive decline over two years. Interestingly, we found that use of metformin was associated with lower serum Glucerd in a dose related manner, the reduction in serum Glucerd 18:1/18:0 being significant only when the dose reached 2g daily.

On other hand, metformin is associated with lower serum vitamin B12. In a randomized placebo controlled trial of vitamin B12 supplementation in older people with DM and mild vitamin B12 deficiency, no benefit in cognitive function or brain atrophy was observed in the first two years. But in the open label extension trial of vitamin B12 supplementation for another two years, the subjects who had received vitamin supplement two years earlier had significantly slower brain atrophy, especially among those with mild cognitive impairment. This suggests that mild vitamin B12 deficiency does contributes to Alzheimer disease over the longer term. It is therefore prudent to check serum vitamin B12 in those on metformin and correct even mild deficiency i.e, serum vitamin B12 lower than 300pmol/L.

In conclusion, high dose metformin may have neuroprotective effects in older people with DM. But vitamin B12 deficiency needs to be looked out for.

SYMPOSIUM 5

15:45 - 16:00

Roles of biogenetic markers in personalizing diabetes care

Juliana Chung Ngor Chan

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

Every person with diabetes is unique in terms of his/her risk factors, trajectories and consequences. Given the same age, sex and disease duration, depending on their genetic makeup, lifestyle factors, environmental exposure and access to care, their outcomes can be very different. Similarly, despite sharing the same genetic profiles, these non-genetic factors can also affect the clinical outcomes in identical twins or close relatives with family history of diabetes. To this end, both common and rare genetic variants implicated in beta cell pathway may coexist in the same person while other hereditary factors such as chronic hepatitis B infection and haemoglobinopathy unrelated to beta cell biology may also contribute to loss of beta cell function. These diverse factors are particularly important in young people with diabetes, especially those with early onset of disease and atypical presentations. The use of biogenetic markers including C peptide, autoimmune markers, common and uncommon risk factors may provide important insights regarding the early onset of disease which can be used to engage patients as well as individualize therapies.

16:00 - 16:15

What is the role of community-based health care centre in prevention of diabetes and NCDs?

Harriet Hau Yee Chung

Centre Manager, Health In Action and Honorary Nurse Consultant, Asia Diabetes Foundation, Hong Kong

Today, Hong Kong is facing the problem of limiting healthcare resources with escalating health and medical needs. Inadequate, inaccessible, and inflexible primary healthcare services are recognized as an aged problem in Hong Kong. In response to the health needs of the general public, a Community-based health care centre (CHCC) can play a vital role as a gatekeeper of health for citizens. The CHCC should demonstrate its role with three main goals: Health Enhancement, Disease Prevention, and Disease Identification. Promote health awareness and literacy, identify high-risk groups, early diagnosis, and intervention to slow down the disease progress. All these proactive strategies can effectively prevent and manage non-communicable diseases in the community. The pioneer non-profit making nurse-led Community Health Management Centre with a "Medical-Social Model" was established in 2018 in Hong Kong. It handles the different health needs of the target population in Kwai Tsing with a variety of community health services provided by a multidisciplinary team and uses a transdisciplinary approach. Through a "Service-Research-Advocacy" model to progressively influence the public health policymakers to allocate better and mobilize the resources to serve the needy population in the future.

16:15-16:30

A multidisciplinary case forum - 1 case presented by specialist

Man Wo Tsang
Specialist in Endocrinology, Diabetes and Metabolism, Hong Kong

Ms Wong is a bank manager and mother of a 10-year-old child. When pregnant, she was diagnosed with gestational diabetes mellitus (GDM) which she managed with diet modification. For the past 5 years, she has been treated by a primary care physician for hypertension and hyperlipidameia which she manages with Lipitor (Atorvastatin) 20mg daily and Aprovel (Ibersatin) 150mg daily. 2 years ago, she was referred to me because of concerns regarding weight gain. Ms Wong gained 6kg in one year and was diagnosed with a fatty liver during an annual physical in February 2018. Over the course of 2 years, through intensive exercise and dietary control coupled with SGL-T and metformin, her weight dropped from 88kg to 68kg. HbA1c dropped from 7.8% to 5.9% and fasting hismitx was < 6mmol/L. She no longer takes Aprovel and reduced dosage of Lipitor from 20 to 10mg daily.

In conclusion, this case demonstrated a natural course of T2DM development: GDM, postpartum increase in weight evolved into T2DM with other comorbidities. In the early year during her illness her blood pressure and hyperlipdiaemia were successfully managed by her primary care physician until she was referred because of fatty liver and worsening of sugar control. The patient's success highlights that lifestyle modification should always be a cornerstone of DM care and should be intensified to reflect the progression of the disease. Without a motivated and engaging patient even the best program will be futile.

16:30-16:45

A multidisciplinary case forum - 1 case presented by family doctor

Alvin Chung Yuk Chan
Chairman, Board of Education, The Hong Kong College of Family Physicians, Hong Kong

Mr. Wong, 59 years old, noticed weight loss of 25kg over 9 months. He went to a private laboratory himself for check-up and found to have a high fasting sugar of 18.4mmol/L, HbA1c of 15.4%, while all other blood tests were unremarkable, apart from a LDL-C of 3.83mmol/L. However, CXR and USG abdomen reports were pending. He came to my clinic for management of the high blood sugar upon advice from the laboratory staff to seek prompt medical advice. Upon history review, Mr Wong had polydipsia/polyuria for few months already. His father had diabetes. He does not smoke nor drink. The past health was otherwise unremarkable. The blood pressure was 120/70mmHg, body weight was 53.8kg, Body Mass Index (BMI) : 19.7kg/m^2. The H'stix was 13.6mmol/L (fasting). After discussion with Mr. Wong, I have offered diet advice, and referred the patient to a dietitian in NGO, Janumet XR 100/1000mg was started. I have primed Mr. Wong that lipid lowering agent, and even Insulin may likely be needed as well. Mr. Wong returned 2 weeks later. The remaining reports (CXR, USG) were unremarkable too apart from a small GB polyp of 0.3cm. Mr. Wong tolerated well to the medication and had received education from dietitian already. The H'stix was 7.2mmol/L (4 hr post prandial). Atorvastatin 10mg was added. I also referred Mr. Wong to Hospital Authority Specialist Out-patient Clinics (SOPC) as well upon his request for long term financial implication. Mr. Wong returned 3 months later. The home glucose monitoring showed that he achieved a fasting sugar of 5.1-5.9mmol/L only. The hyperglycaemia symptoms subsided. He was referred to Diabetes Hong Kong for DM complication screening. Repeat blood test ordered which were, FBS 5.4mmol/L, HbA1c 5.8%, LDL-C 2.41mmol/L. He did not book SOPC appointment yet. The DM complication screening report came back, reviewed a microalbuminuria. Upon his follow up after another 3 months, HGM, fasting, around 6mmol/L, post meal usually 5.1-5.9mmol/Lmmol/L (checked at 3-4 hrs post prandial). The body weight was 67.2kg. Angiotensin receptor blocker was suggested but Mr. Wong declined.

Learning points, this case aims to illustrate a typical presentation of Diabetes in primary care, and how community resources can be of help to assist patient care. In order to support such chronic patients, the District Health Centre model can be a good way but financial support could be helpful for caring patients in the community.

ACKNOWLEDGEMENTS

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Rare: Hypersensitivity and urticaria. With insulin preparations, allergic reaction may occur; immediate-type allergic reactions may potentially be life threatening. Injection site reactions are usually mild, transitory and normally disappear during continued treatment. FlexTouch®, NovoFine®, Penfill®, and Tresiba® are registered trademarks of Novo Nordisk A/S.

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Reference: 1. Zinman B, et al. N Engl J Med. 2015;373(22):2117-2118. **2.** Jardiance Hong Kong Prescribing Information. **3.** Davies MJ, D'Alessio DA, Fradkin J,et al. Management of hyperglycaemia in type 2 diabetes, 2018. A consensus report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD). Diabetologia. 2018.

† JARDIANCE demonstrated RRR in CV death in adult patients with insufficiently controlled type 2 diabetes (baseline HbA1c 7-10%) and established CV disease (coronary artery disease, peripheral artery disease, or a history of myocardial infarction or stroke).[1]

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Gain Precious Time

Ketosteril®-supplemented vegetarian very low protein diet (sVLPD) could defer dialysis initiation by ameliorating metabolic disturbances associated with chronic kidney disease (CKD)[1]

Name of the medicinal product: Ketosteril® film-coated tablets. **Composition:** One film-coated tablet contains: (DL)-3-methyl-2-oxovaleric acid (α-ketoanalogue to DL-isoleucine, Ca-salt) 67 mg; 4-methyl-2-oxovaleric acid (α-ketoanalogue to leucine, Ca-salt) 101 mg, 2-oxo-3-phenylpropionic acid (α-ketoanalogue to phenylalanine, Ca-salt) 68 mg, 3-methyl-2-oxo-butyric acid (α-ketoanalogue to valine, Ca-salt) 86 mg, (DL)-2-hydroxy-4-methylthio-butyric acid (α-hydroxyanalogue to DL-methionine, Ca-salt) 59 mg, L-lysine acetate 105 mg (= 75 mg L-lysine), L-threonine 53 mg, L-tryptophan 23 mg, L-histidine 38 mg, L-tyrosine 30 mg, total nitrogen content per tablet 36 mg, calcium content per tablet 1.25 mmol = 50 mg. Excipients: Maize starch, crospovidone type A, talc, silica (colloidal anhydrous), magnesium stearate (Ph.Eur) [vegetable], macrogol 6000, quinoline yellow E104, basic butyla-ted methacrylate copolymer, triacetine, titanium dioxide E171, povidone K 29-32. **Therapeutic indications:** Prevention and treatment of damages due to faulty or deficient protein metabolism in chronic kidney disease in connection with a limited dietary protein intake of 40 g/day or less (adult). Usually this applies to patients whose glomerular filtration rate (GFR) is less than 25 ml/min. **Posology and method of administration:** If not otherwise prescribed the dose for adults (70 kg body weight) is 4 to 8 tablets three times daily during meals. The tablets must not be chewed. Ingestion during meals facilitates proper absorption and the metabolisation into the corresponding amino acids. **Contraindications:** Hyper-sensitivity to the active substances or to any of the excipients, hypercalcaemia and disturbed amino acid metabolism. **Special warnings and precautions for use:** The serum calcium level should be monitored regularly. A sufficient supply of calories should be ensured. No experience has been gained so far with the administration in paediatric patients. In the presence of hereditary phenylketonuria, attention should be given to the fact that Ketosteril® contains phenylalanine. Monitoring of the serum phosphate levels is needed in case of concomitant administration of aluminium hydroxide. **Interaction with other medicinal products and other forms of interaction:** Concomitant administration of calcium-containing drugs may cause or aggravate elevated serum calcium levels. Drugs that form hardly soluble compounds with calcium (e.g. tetracyclines, quinolines such as ciprofloxacin and nor-floxacin as well as drugs containing iron, fluoride or estramustine) should not be taken at the same time with Ketosteril® to avoid disturbed absorption of the active substances. An interval of at least two hours should elapse between the ingestion of Ketosteril® and these drugs. The susceptibility to cardioactive glycosides, and hence the risk for arrhythmia will increase if Ketosteril® produces elevated serum calcium levels. Uraemic symptoms improve under therapy with Ketosteril®. Thus, in case of aluminium hydroxide administration, the dose of this drug has to be reduced if necessary. Serum phosphate levels should be monitored for a decrease. **Pregnancy and lactation:** There are no adequate data from the use of Ketosteril® in pregnant women. Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryonal/foetal development, parturition or postnatal development. Caution should be exercised when prescribing to pregnant women. No experience has been made so far with the use during lactation. **Undesirable effects:** The intake of Ketosteril® may very rarely lead to hypercalcaemia. If hypercalcaemia occurs, the intake of vitamin D should be reduced. In case of persisting hypercalcaemia, the dose of Ketosteril® as well as the intake of any other calcium sources has to be reduced. **Overdose:** No case of overdose has been reported. **Special precautions for handling/storage:** Do not use Ketosteril® after expiry date! Keep out of the reach of children! Do not store above 25°C. Store in the original package.

Reference code : 796837/03

Reference : 1 Garneata L et al. JASN 2016

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HK-DA-113-2020

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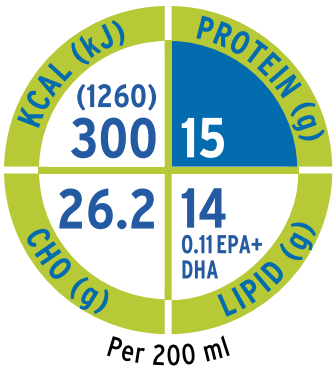
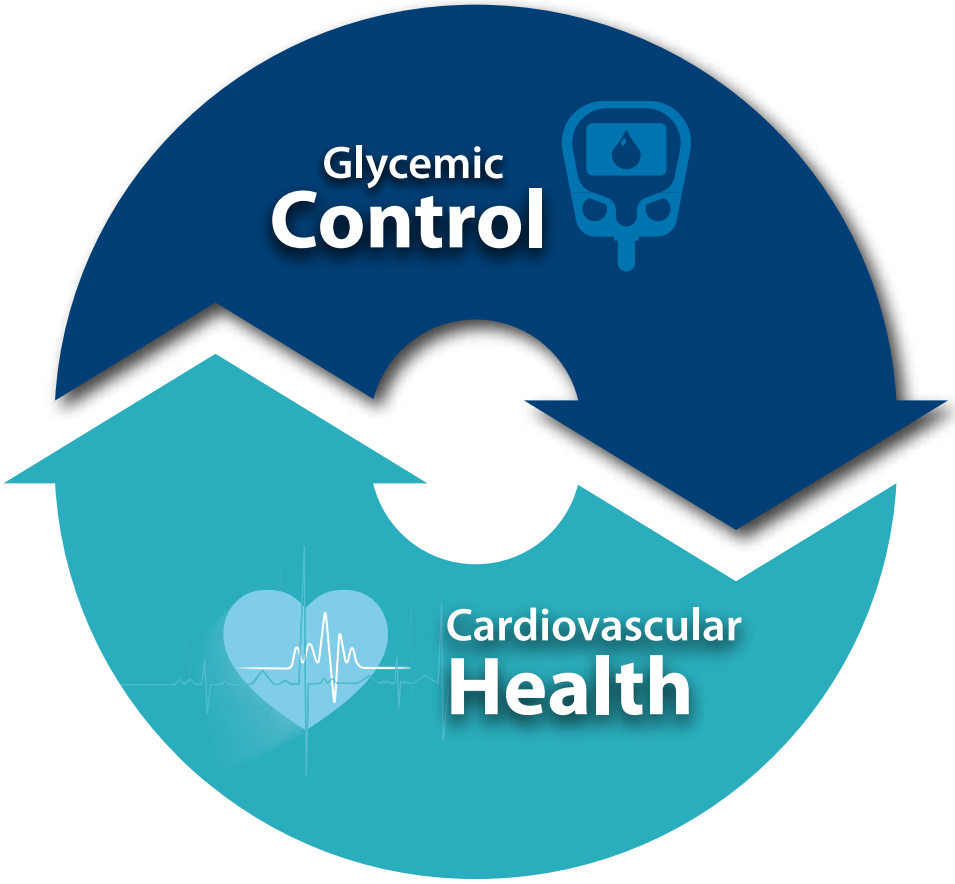
Against Diabetes





1.5 kcal/mL
(300 kcal/bottle)

Diben® - Optimized glycemic control

- Modified carbohydrate profile with low glycemic index for improved glycemic control[1,2]
- Balanced fat profile: rich in MUFA to improve glycemic control and insulin sensitivity[1], with fish oil for CV protection[3,4]
- Complete and balanced nutrition with Fibre
- High in protein (20 energy %) for muscle building

Recommendation for both supplementary nutrition and complete nutrition

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For healthcare professional only

References: 1. Mayr P, Kuhn KS, Klein P, et al. A diabetes-specific oral nutritional supplement improves glycaemic control in type 2 diabetes patients. Exp Clin Endocrinol Diabetes 2016; 124:401-409. 2. Hofman Z, van Drunen JOE and Kuipers H. The Glycemic Index of standard and diabetes-specific enteral formulas. Asia Pac J Clin Nutr 2006;15:412- 417. 3. Shearer GC, Savinova OV and Harris ES. Fish oil - how does it reduce plasma triglycerides? Biochim Biophys Acta 2012;1821:843-851. 4. Chen AH and Tseng CH. The role of triglyceride in cardiovascular disease in Asian patients with type 2 diabetes - a systematic review. Rev Diabet Stud 2013;10:101-109.

Preferred 1st Injection for T2DM Control[1,2]

- Proven Glycemic Control in 6 head-to-head trials[3-8]
- Once-weekly dosing[9-11]
- A ready-to-use pen designed with patients in mind[10,11]

  Automatic dose delivery

  Each pen contains 1 dose of Trulicity®
  - No reconstitution or priming required
  - Pre-attached, hidden needle

Once-weekly dosing[9-11] **Ready-to-use pen[10,11]** **Proven glycemic control[3-8]**

PP-DG-HK-0055 05/19 4iC_933

T2DM = type 2 diabetes mellitus

References: 1. Gelhorn HL et al. Patient Prefer Adherence 2016;10:1337-48. 2. Gelhorn HL et al. Patient Prefer Adherence 2015;9:1611-22. 3. Wysham C et al. Diabetes Care 2014;37:2159-67. 4. Umpierrez G et al. Diabetes Care 2014;37:2168-76. 5. Nauck M et al. Diabetes Care 2014;37:2149-58. 6. Giorgino F et al. Diabetes Care 2015;38:2241-9. 7. Dungan KM et al. Lancet 2014;384:1349-57. 8. Blonde L et al. Lancet 2015;385:2057-66. 9. Trulicity® Instructions for Use. 10. Matfin G et al. J Diabetes Sci Technol 2015;9:1071-9. 11. Trulicity® 0.75mg and 1.5mg Prescribing Information.

Trulicity® Abbreviated Prescribing Information

Indication: Trulicity® is indicated in adults with type 2 diabetes mellitus to improve glycaemic control as: Monotherapy: When diet and exercise alone do not provide adequate glycaemic control in patients for whom the use of metformin is considered inappropriate due to intolerance or contraindications. Add-on therapy: In combination with other glucose-lowering medicinal products including insulin, when these, together with diet and exercise, do not provide adequate glycaemic control. Dosage: Adult Monotherapy: 0.75 mg once weekly. Add-on therapy: 1.5 mg once weekly. Elderly ≥75 years old: Initially 0.75 mg once weekly. Renal impairment: No dosage adjustment is required in patients with mild, moderate or severe renal impairment (eGFR <90 to ≥15 mL/min/1.73m^2). **Administration:** To be injected subcutaneously in the abdomen, thigh or upper arm. It should not be administered intravenously or intramuscularly. The dose can be administered at any time of day, with or without meals. **Contraindications:** Hypersensitivity to dulaglutide or any of its excipients. **Special Precautions:** Do not use in patients with type 1 diabetes mellitus or for the treatment of diabetic ketoacidosis. Do not administer IV. Acute pancreatitis. Hypoglycaemia. Limited experience in patients with congestive heart failure. **Adverse Drug Reactions:** Hypoglycaemia, nausea, diarrhoea, vomiting, abdominal pain, decreased appetite, dyspepsia, constipation, flatulence, abdominal distention, gastroesophageal reflux disease, eructation, fatigue, injection site reactions, acute pancreatitis, sinus tachycardia, first-degree atrioventricular block.
Full prescribing information is available upon request

trulicity®
dulaglutide once-weekly injection

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forxiga™ (dapagliflozin)

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HbA1c reduction
Reduction of 1.98% at 24 weeks[1]

Weight reduction
Reduction of 3.33 kg at 24 weeks[1]

BP reduction
3.3 mmHg reduction in SBP at 24 weeks[1]

forxiga™ and xigduo™ XR are not indicated for the management of obesity or high blood pressure, they are secondary endpoints in clinical trials.

BP=blood pressure. HbA1c=glycated haemoglobin. SBP=systolic blood pressure.

Reference: 1. Henry RR, et al. International Journal of Clinical Practice. 2012;66(5):446-56.

xigduo™ XR abbreviated prescribing information:
Presentation: Dapagliflozin/metformin HCl extended-release film-coated tablet. **Indication:** An adjunct to diet and exercise to improve glycaemic control in adults with type 2 diabetes mellitus when treatment with both dapagliflozin and metformin is appropriate. **Dosage and Administration:** Orally (tablet to be swallowed whole) once daily with the evening meal. For initial therapy, dapagliflozin 10 mg and metformin extended-release 500 mg taken once daily, with metformin extended-release titratable to 2000 mg once daily. For add on combination therapy, dapagliflozin 10 mg and metformin extended-release at the dose already being taken, or the nearest therapeutically appropriate dose taken once daily. The maximum dose is dapagliflozin 10 mg/metformin extended-release 2000 mg once daily. **Contraindications:** Hypersensitivity to dapagliflozin, metformin HCl or excipients. Diabetic ketoacidosis, diabetic pre-coma. Moderate or severe renal impairment (CrCl <60 mL/min or eGFR <60 mL/min/1.73 m^2). Acute conditions with the potential to alter renal function such as: dehydration, severe infection, shock, or intravascular administration of iodinated contrast agents. Acute or chronic diseases which may cause tissue hypoxia such as: cardiac or respiratory failure, pulmonary embolism, recent MI, shock, acute significant blood loss, sepsis, gangrene, pancreatitis. During or immediately following surgery where insulin is essential, elective major surgery. Hepatic impairment. Acute alcohol intoxication, alcoholism. Lactation. Precautions: Lactic acidosis. Renal impairment. Hepatic impairment. Iodinated contrast agent administration. Hypoxic states. Surgery. Risk of volume depletion, hypotension or electrolyte imbalances. Urinary tract infections. Vitamin B_{12} levels. Alcohol intake. Ketoacidosis. Risk of hypoglycaemia. Concomitant insulin, sulphonylurea, beta-adrenergic blocker or ethanol. Pregnancy and lactation. Elderly. **Interactions:** Rifampicin. Mefenamic acid. Cationic drugs (eg, amiloride, digoxin, morphine, procainamide, quinidine, quinine, ranitidine, triamterene, trimethoprim, or vancomycin). Frusemide. Nifedipine. **Undesirable effects:** Dapagliflozin: Hypoglycaemia, genital infection, urinary tract infection, back pain, polyuria, renal impairment, decrease in CrCl, increased blood creatinine, volume depletion and mild GI symptoms (such as diarrhoea, nausea, vomiting, abdominal pain and loss of appetite). **Full local prescribing information is available upon request. API.HK.XIG.0617**

Please contact (+852) 2420 7388 or HKPatientSafety@astrazeneca.com for reporting Individual Case Safety Report (ISCR) to AstraZeneca Hong Kong Limited.

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