

Diabetes Preventing the Preventable Forum 2023



Organizer:

亞洲糖尿病基金會 **Asia Diabetes Foundation** **Co-organizers:**





DIABETOLOGISTS & ENDOCRINOLOGISTS ALLIANCE 香港醫學會 THE HONG KONG MEDICAL ASSOCIATION



香港家庭醫學學院 The Nong Tong College of Jamily 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.

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

CO-ORGANIZERS







SUPPORTING ORGANIZATIONS



香港醫學會 THE HONG KONG MEDICAL ASSOCIATION



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ORGANIZING COMMITTEES

Chairman: Professor Juliana Chan Co-chairmans: Professor Alice Kong Professor Andrea Luk Members: Ms. Amy Fu Mr. Jason Lam Dr. Eric Lau Ms. Vanessa Lau Ms. Renee Tse

PROGRAM COMMITTEES

- Members: Dr. Alvin Chan Professor Juliana Chan Dr. Elaine Chow Ms. Harriet Chung Dr. Chung Ping Ho Professor Alice Kong Dr. Mary Kwong
- Ms. Kit Man Loo Professor Andrea Luk Dr. Risa Ozaki Dr. Rose Ting Dr. Man Wo Tsang Professor Martin Wong



Juliana Chung Ngor Chan

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

Professor Juliana Chung Ngor Chan is a Professor, Department of Medicine & Therapeutics, Faculty of Medicine, the Chinese University of Hong Kong (CUHK). She is also the Director of the Hong Kong Institute of Diabetes and Obesity at CUHK 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 100 postgraduate students/fellows. She is a member of steering committees of multinational studies and advisory boards of Hong Kong Government and international agencies.



Peter Ka Lun Chan

Podiatrist and Chairperson, International Podiatrists Association of Hong Kong

Mr. Peter Ka Lun Chan is a Podiatrist and the Chairperson, International Podiatrists Association of Hong Kong. He is the co-founder of International Podiatrist Association of Hong Kong. He was graduated with a degree in podiatry and registered in UK. He has postgraduate training in sports medicine, Chinese medicine and diabetic foot management. He is a member of the Royal College of Podiatry and is one of the first Hong Kong Podiatrist to obtain the Fellow from the Royal College of Surgeons and Physicians in Glasgow. Mr. Chan was the Podiatry Service In Charge at Kwong Wah Hospital before he left Hospital Authority. In 2013, he established the first hospital based podiatry clinic in a private hospital in Hong Kong. In the past 25 years of podiatric work, he has written more than 60 podiatry related articles in newspapers and journals and lectured in Hong Kong and mainland.



Elaine Yun Ning Cheung

Specialist in Endocrinology, Diabetes & Metabolism and Clinical Associate Professor (Honorary), Department of Medicine & Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong

Prof. Elaine Yun Ning Cheung is a Specialist in Endocrinology, Diabetes & Metabolism and Clinical Associate Professor (Honorary), Department of Medicine & Therapeutics, Faculty of Medicine, the Chinese University of Hong Kong. Prof. Cheung graduated from the University of Hong Kong and obtained her fellowship in internal medicine in 1999 and endocrinology, diabetes and metabolism in 2004. She attained her Medical Doctorate degree in 2015 in the field of osteoporosis under the supervision of Prof. Annie Kung. She has published 16 articles in peer reviewed journals in the field of osteoporosis and related topics. Her main research focus is on diabetes epidemiology and osteoporosis.



Elaine Yee Kwan Chow

Clinical Assistant Professor, Phase 1 Clinical Trial Centre and Department of Medicine & Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong and Honorary Resident, Prince of Wales Hospital, Hospital Authority

Dr. Elaine Yee Kwan Chow is a Clinical Assistant Professor, Phase 1 Clinical Trial Centre and Department of Medicine & Therapeutics, Faculty of Medicine, the Chinese University of Hong Kong and Honorary Resident, Prince of Wales Hospital, Hospital Authority. Her main research areas are hypoglycemia, glycemic variability, newer insulins and glucagon-like peptide-1 receptor agonists (GLP-1-RA) and glucose lowering drugs. She has been the principal investigator or co-investigator for over 50 Phase 1 to 4 studies relating to cardiometabolic drugs. She is currently the principal investigator for several studies evaluating continuous glucose monitoring devices and comparing different insulins and glucose lowering drug combinations on glycemic variability. She is also interested in drug utilisation and pharmacoepidemiology using drug data from large registries. She has published in leading journals including *Diabetes Care, Diabetologia* and *Diabetes*.





Connie Lai Ling Hui

Assistant Professor, Department of Food Science and Nutrition, Faculty of Science, The Hong Kong Polytechnic University

Dr. Connie Lai Ling Hui is an Assistant Professor, Department of Food Science and Nutrition, Faculty of Science, the Hong Kong Polytechnic University. She studied Nutrition at the Chinese University of Hong Kong and obtained her PhD from School of Public Health, the University of Hong Kong in 2009. Her research interests include early origins of health and disease, infant feeding and child growth, early life risk factors for cardiovascular and type 2 diabetes and the role of nutrition in healthspan and biological ageing.



Alice Pik Shan Kong

Professor, Department of Medicine & Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong and Honorary Consultant, Prince of Wales Hospital, Hospital Authority

Professor Alice Pik Shan Kong is a Professor in the Department of Medicine & Therapeutics, Faculty of Medicine, the Chinese University of Hong Kong, and Honorary Consultant at the Prince of Wales Hospital, Hospital Authority. She graduated from the Chinese University of Hong Kong and completed her training in General Medicine and Endocrinology at Queen Elizabeth Hospital, Hospital Authority. She 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 300 articles in peer-reviewed journals.



Maria Kwan Wa Leung

Service Director (Primary & Community Health Care) and Chief of Service, Department of Family Medicine, New Territories East Cluster, Hospital Authority

Dr. Maria Kwan Wa Leung is the Service Director (Primary & Community Health Care) and Chief of Service, Department of Family Medicine, New Territories East Cluster, Hospital Authority. She is a family medicine specialist. After graduating from the King's College, UK, she then received her Family Medicine training in Hong Kong. She has been supervising various chronic disease program in the department for more than ten years, including Risk Assessment and Management Programme for the diabetics and hypertensive patients.



Juliana Nga Man Lui

Research Assistant Professor, Department of Medicine & Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong

Dr. Juliana Nga Man Lui is a Research Assistant Professor, Department of Medicine & Therapeutics, Faculty of Medicine, the Chinese University of Hong Kong (CUHK). Prior to joining CUHK, she worked at the Health Economics Research Centre, the University of Oxford. Her current research focuses on economic evaluation of novel interventions and risk stratification programs in reducing diabetes related chronic disease complications. She is also interested in patient reported outcomes research, which aims at measuring, analysing and improving quality of life and wellbeing of patients.





Jason Chiu Ming Ng

Associate Consultant (Medical), Department of Medicine, Queen Elizabeth Hospital, Hospital Authority and Honorary Clinical Assistant Professor, School of Clinical Medicine, Department of Medicine, The University of Hong Kong

Dr. Jason Chiu Ming Ng is an Associate Consultant (Medical), Department of Medicine, Queen Elizabeth Hospital, Hospital Authority and Honorary Clinical Assistant Professor, School of Clinical Medicine, Department of Medicine, the University of Hong Kong. He is also the Physician In Charge of diabetes centre in Queen Elizabeth Hospital, Hospital Authority. He is the immediate past President of Diabetes Hongkong and council member of the Hong Kong Society of Endocrinology Metabolism & Reproduction. Currently, he is the Chairperson of working group of Telehealth for Diabetes Care, committee member of the Diabetes IT working group and committee member of Central Committee Diabetes Service. He is also a leading person to edit the Clinical Practice Guideline for Diabetes in Hospital Authority.



Fei Chau Pang

Commissioner for Primary Healthcare, Primary Healthcare Office, Health Bureau, The Government of the Hong Kong Administrative Region of the People's Republic of China and President, The Hong Kong College of Community Medicine

Dr. Fei Chau Pang is the Commissioner for Primary Healthcare, Primary Healthcare Office, Health Bureau, the Government of the Hong Kong Administrative Region of the People's Republic of China. He is the President of the Hong Kong College of Community Medicine. He has the fellowship of the Hong Kong College of Physicians, Hong Kong College of Community Medicine and the Royal Australasian College of Medical Administrators. Prior to this position, Dr. Pang was the Clinical Associate Professor of the School of Public Health, LKS Faculty of Medicine of the University of Hong Kong and Honorary Consultant of Department of Medicine, Queen Mary Hospital, Hospital Authority. Dr. Pang is an experienced health service executive and have been the Head of Human Resources of the Hospital Authority to provide strategic advice and leadership to the HR function of over 40 public hospitals. He has extensive management experiences in healthcare sector like being the Hospital Chief Executive of the Grantham Hospital and Tung Wah Hospital, Chief Manager under Cluster Services Division and Quality and Safety Division at Head Office of the Hospital Authority. He was appointed as the member of the Elderly Commission of the Government of the Hong Kong Special Administrative Region between 2015-2019. He was the elected Council member of the University of Hong Kong in 2021/22.





Simon Ka Ho Szeto

Assistant Professor, Department of Ophthalmology and Visual Sciences, Faculty of Medicine, The Chinese University of Hong Kong and Honorary Associate Consultant, Hong Kong Eye Hospital

Dr. Simon Ka Ho Szeto is an Assistant Professor, Department of Ophthalmology and Visual Sciences, Faculty of Medicine, the Chinese University of Hong Kong. He received his ophthalmology training in Hong Kong Eye Hospital and obtained his fellowship in 2019. His research focus on diabetic retinopathy, diabetic macular edema, retinal imaging and vitro-retinal surgical techniques.



Annette Wai Kwan Tso

Specialist in Endocrinology, Diabetes and Metabolism and Honorary Clinical Associate Professor, The University of Hong Kong

Dr. Annette Wai Kwan Tso is a specialist in Endocrinology, Diabetes and Metabolism. She is also a Honorary Clinical Associate Professor at the University of Hong Kong and Honorary Consultant at Queen Mary Hospital, Hospital Authority. She graduated from the University of Cambridge, UK and received endocrinology training at Queen Mary Hospital, Hospital Authority. Dr. Tso was a Research Fellowship at Joslin Diabetes Centre, Harvard Medical School, Boston, U.S.A. She has published over 60 articles in peer-reviewed journals.





Yu Cho Woo

Consultant, Department of Medicine, Queen Mary Hospital, Hospital Authority

Dr. Yu Cho Woo is a Consultant, Department of Medicine, Queen Mary Hospital, Hospital Authority. He is a specialist in Endocrinology, Diabetes and Metabolism. He graduated from the Chinese University of Hong Kong in 1994 and obtained his Doctor of Medicine from the University of Hong Kong in 2021. He received his training in internal medicine and endocrinology at the Ruttonjee Hospital, Queen Mary Hospital in Hong Kong and St. Bartholomew Hospital in London.

Dr. Woo has been active in the promotion of public awareness on various aspects of diabetes including prevention, management and control of the disease. He is the immediate past President of Diabetes Hongkong and is now the council member of Diabetes Hongkong and the Hong Kong Obesity Society. He has received multiple individual and team awards. He is a member of the award-winning HKWC COVID-19 combat team.

Dr. Woo has a board-spectrum list of publications in the field of endocrinology. His current research interest is on diabetes risk assessment and bone health in people with diabetes and chronic diseases. He is the principal investigator of the 5th Hong Kong Cardiovascular Risk Prevalence Study and the Bone Health in Diabetes project.

SCIENTIFIC PROGRAM

7 May 2023 (Sunday)				
08:45 - 09:10	Registration			
09:10 - 09:15	Welcome remarks	Andrea On Yan Luk		
Symposium 1 Co-chairs: Kit Man Loo and Chiu-chi Tsang				
09:15 - 09:45	Diabetic eye disease and preventable blindness	Simon Ka Ho Szeto		
09:45 - 10:15	Diabetic foot disease and preventable lower extremity amputation	Peter Ka Lun Chan		
10:15 - 10:45	Vitamins and type 2 diabetes	Connie Lai Ling Hui		
10:45 - 11:00	Break			
Symposium 2	(supported by Sanofi Hong Kong Limited) Co-chairs:	Edith Chow and Rose Ting		
11:00 - 11:30	Importance of early insulisation	Annette Wai Kwan Tso		
11:30 - 12:00	Treatment simplicity in diabetes management	Alice Pik Shan Kong		
Symposium 3 (supported by Servier Hong Kong Limited) Co-chairs: Harriet Chung and Risa Ozaki				
12:00 - 12:30	Quality of life and treatment in diabetes	Juliana Chung Ngor Chan		
12:30 - 13:15	Lunch			
Symposium 4 (supported by Novo Nordisk Hong Kong Limited) Co-chairs: Victor Hung and Mary Kwong				
13:15 - 14:15	Time In Range and PPG control beyond HbA1c	Elaine Yee Kwan Chow		
Symposium 5 Co-chairs: Ka Kui Lee and Tellus Ng				
14:15 - 14:35	Anti-obesity drugs in the pipelines	Jason Chiu Ming Ng		
14:35 - 14:55	Cost effectiveness of controlling obesity for prevention of NCD	Juliana Nga Man Lui		
14:55 - 15:10	Break			
Symposium 6	Co-chairs: Al	vin Chan and Juliana Chan		
15:10 - 15:30	Continuation of care and RAMP in primary care setting	Maria Kwan Wa Leung		
15:30 - 15:50	How can the JADE portal facilitate our practice?	Elaine Yun Ning Cheung		
15:50 - 16:10	Implementation of Chronic Disease Co-care Program on Diabetes	Fei Chau Pang and Yu Cho Woo		
16:10 - 16:35	Panel discussion	All		
16:35 - 16:40	Closing remarks	Alice Pik Shan Kong		

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FLOOR PLAN & EXHIBITORS



Booth No.	Exhibitors Name
1	Sanofi Hong Kong Limited
2	Novo Nordisk Hong Kong Limited
3	Servier Hong Kong Limited
4	Merck Pharmaceutical (HK) Limited
5	Zuellig Pharma Limited
6	Bayer HealthCare Limited
7	Fresenius Kabi Hong Kong Limited
8	Novartis Pharmaceuticals (HK) Limited
9	AstraZeneca Hong Kong Limited

ACADEMIC ACCREDITATIONS

College Name	CDE/CE/CEU/CME/CNE/CPD points
Association of Hong Kong Diabetes Nurses Limited (For ALL NURSES)	5.5
Hong Kong College of Community Medicine	6
Hong Kong College of Emergency Medicine	б
Hong Kong College of Paediatricians	6
Hong Kong College of Physicians	6
Hong Kong College of Radiologists	6
Hong Kong Dietitians Association	0.5 core and 4.5 non-core
Hong Kong Nutrition Association Limited	5
Hong Kong Physiotherapy Association Limited	5
Hong Kong Podiatrists Association	3
International Podiatrists Association of Hong Kong	10
MCHK CME Programme	5
Medical Laboratory Technologists Board	Pending
Occupational Therapists Board	Pending
Pharmacy Central Continuing Education Committee	6
The College of Ophthalmologists of Hong Kong	6
The College of Surgeons of Hong Kong	6
The Hong Kong College of Anaesthesiologists	6
The Hong Kong College of Family Physicians	5
The Hong Kong College of Obstetricians and Gynaecologists	5
The Hong Kong College of Orthopaedic Surgeons	5
The Hong Kong College of Otorhinolaryngologists	3
The Hong Kong College of Pathologists	6
The Hong Kong College of Psychiatrists	6

SYMPOSIUM 1

09:15 - 09:45

Diabetic eye disease and preventable blindness

Simon Ka Ho Szeto

Assistant Professor, Department of Ophthalmology and Visual Sciences, Faculty of Medicine, The Chinese University of Hong Kong and Honorary Associate Consultant, Hong Kong Eye Hospital

Diabetes mellitus (DM) is a common medical condition that affects around 10% of the population in Hong Kong. It is estimated that diabetic retinopathy (DR) is present in 40% of diabetic patients in Hong Kong, out of which 10% have vision-threatening diabetic retinopathy (VTDR).

VTDR includes proliferative diabetic retinopathy (PDR) and diabetic macular edema (DME), with the latter being the most common cause of vision loss in diabetic patient. Intensive glycemic control, together with prompt diagnosis and treatment of VTDR can prevent irreversible vision loss. DR could be asymptomatic until advanced stages and routine screening for DR using mydriatic fundus photographs has been shown to be effective in preventing blindness from DR.

DR in Hong Kong is screened by primary care physicians and optometrists using non-stereoscopic fundus photographs (FP). However, there are some limitations of the current screening programs. Firstly, conventional FP only covers the posterior pole of the retina, which may miss pathology, such as neovascularization and vitreous hemorrhage located in peripheral retina. Secondly, peripheral predominant diabetic retinopathy (PP-DR) may be associated with greater risk of DR progression. Lastly, the diagnosis of DME based on FP has a high false positive rate, leading to over-referral to ophthalmologists and straining the public health care system.

The implementation of UWF images to improve peripheral retina visualization and optical coherence tomography (OCT) to improve cost-effectiveness of DME screening. The cost and efficiency of OCT can be improved further when combined with artificial intelligence (AI), negating the need for expert interpretation of OCT images.

DME is the major cause of irreversible vision loss in diabetic patient. The current first-line treatment would be regular intra-vitreal anti vascular endothelial growth factors (VEGF) injections, with intra-vitreal steroid and macular lasers as secondary supplementary treatment. However, despite regular injections, 40% of patients have suboptimal vision gain. Recent research showed that OCT features can act as biomarkers to predict the prognosis or even therapeutic agents.

In summary, recent advances in retinal imaging and AI can be used to improve VTDR and DME screening and prognosis determination of DME.

Diabetic foot disease and preventable lower extremity amputation

Peter Ka Lun Chan

Podiatrist and Chairperson, International Podiatrists Association of Hong Kong

In 2005 the Lancet wrote: "Every 30 seconds a lower leg is lost due to diabetes somewhere in the world". The increase prevalence of Diabetes is a global and local health issue. Diabetes related feet complications from foot ulcerations, infections to gangrene can lead to the devastating consequence of foot amputation. International guidelines from professional and government bodies on diabetic foot management have been implemented globally for more than two decades. According to World Health Organization (WHO) and International Diabetes Federation (IDF), diabetic foot problems are still amongst the most common, costly and severe complications of diabetes. How are we doing to tackle this growing problem...

10:15 - 10:45

Vitamins and type 2 diabetes

Connie Lai Ling Hui

Assistant Professor, Department of Food Science and Nutrition, Faculty of Science, The Hong Kong Polytechnic University

The use of nutrition supplements to treat prediabetes, i.e. to reduce the risk for progression to type 2 diabetes (T2D) is attractive. Vitamin C, Vitamin D and nicotinamide mononucleotide (NMN, a Vitamin B3 molecule) may play a role in preventing T2D through respectively the antioxidant properties, the anti-inflammatory effects and the increase of nicotinamide adenine dinucleotide (NAD+).

Epidemiological studies are important to guide evidence-based nutrition supplementation to prevent T2D. Prospective observational studies have consistently reported lower levels of some vitamins in associations with higher risk of T2D. However, such inverse associations may be confounded. Randomised controlled trials (RCTs) provide stronger evidence of causal relationships, but RCTs are usually limited by the short duration of the interventions and small sample size. Mendelian Randomisation (MR) approach is a genetic epidemiology tool that can be used to evaluate the causal effects of exposure to a nutrient on a disease by limiting confounding and reverse causation bias. However, MR analyses are subject to several strong assumptions.

The evidence from recent RCTs and MR studies on the role of Vitamin C, Vitamin D and NMN in the prevention of T2D are reviewed and discussed.

SYMPOSIUM 2 (supported by Sanofi Hong Kong Limited)

11:00 - 11:30

Importance of early insulisation

Annette Wai Kwan Tso

Specialist in Endocrinology, Diabetes and Metabolism and Honorary Clinical Associate Professor, The University of Hong Kong

Type 2 diabetes is characterized by the presence of insulin resistance and progressive pancreatic failure. The latter results in glycemic control being increasingly difficult over time. Although there are now many more classes of oral hypoglycemic agents at our disposal compared to 20 years ago, secondary drug failure due to progressive pancreatic failure remains a challenge in diabetes management. The importance of glycemic control in the prevention of microvascular and macrovascular complications is well established and the timely introduction of insulin plays a major role in maintaining optimal glycemic control. In addition, early utilization of insulin therapy in acute hyperglyemia for a short term has also been demonstrated to help preserve beta cell function, eventually prolonging the years of insulin-free diabetes management.

Since the first discovery of insulin 100 years ago, we have witnessed the progression of insulin products in clinical practice, from animal insulins to human insulins, and now to newer generations of insulin analogues that attempt to imitate the inate pancreatic function, with more effective glycemic control and lower risks of hypoglycemia. Despite these advancements, however, insulin initiation and subsequent intensification is often delayed, with procrastination from patients and even physicians at times. In this lecture, we shall discuss the latest advances of insulin products, explore how to overcome the inertia of insulin initiation and how to optimize glycemic control with individualization of therapy for your patients.

11:30 - 12:00

Treatment simplicity in diabetes management

Alice Pik Shan Kong

Professor, Department of Medicine & Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong and Honorary Consultant, Prince of Wales Hospital, Hospital Authority

Type 2 diabetes (T2D) is a progressive disease affecting more than half a billion of people worldwide. With the increasing understanding of the pathophysiology and development of new classes of anti-diabetic agents, many patients with T2D require multiple therapies including insulin especially those with predominant insulin deficient phenotype. From the real-world data of Joint Asia Diabetes Evaluation (JADE) Program, a cross-sectional study involving nearly 100,000 patients from 11 Asian countries/regions (2007-2017) showed that one in five patients with T2D were insulin users. Moreover, patients with T2D are at increased risk of cardiovascular diseases and diabetic nephropathy. Recent evidence from cardiovascular outcome trials demonstrated the cardio-renal protective effects of glucagon-like peptide 1 receptor agonists (GLP-1-RA), resulting in the popularity of the use of this class of drug in patients with T2D. Treatment simplicity is an important but underrecognized aspect in diabetes management, especially in older adults. Of note, T2D is prevalent in older adults with more than one quarter of people over the age of 65 years having diabetes.

Combinations of GLP-1-RA with basal insulin have been shown to be effective, and fixed-ratio combinations of basal insulin plus GLP-1-RAs represent a practical strategy to improve compliance. This talk will review the current literature related to the use of fixed ratio combination of basal insulin plus GLP-1-RAs in the management of people with T2D.

SYMPOSIUM 3 (supported by Servier Hong Kong Limited)

12:00 - 12:30

Quality of life and treatment in diabetes

Juliana Chung Ngor Chan

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

Diabetes is a chronic and silent condition which can lead to multiple disabilities and premature death if not diagnosed, managed or controlled. Multiple medications, technologies and strategies have been proven to reduce risk factors and improve clinical outcomes. However, long term adherence remains a major barrier in part due to the lack of symptoms and urgency for intervention. There is now increasing attention on the roles of patient reported outcomes and social determinants of health which call for a patient-centred approach to prevent and control diabetes. Quality of life can be broadly defined as a sense of physical, mental and social wellness which can be influenced by many factors, one of which is medications. In a cross-sectional analysis of the Joint Asia Diabetes Evaluation (JADE) Register (2007–2019), we evaluated the health-related QoL (HRQoL) in 42,813 patients with type 2 diabetes treated with oral glucose lowering drugs (OGLDs) and 5,082 treated with lifestyle modification (LSM). Patients treated with LSM had better HRQoL than those treated with OGLDs. Amongst those treated with OGLDs, 60% received sulphonylureas (SUs), of whom 47% received gliclazide. Over 20% of patients reported having some problems with pain/discomfort or anxiety/depression. Good HRQoL was positively associated with male sex, education level, balanced diet and regular exercise, and negatively with complications/comorbidities, self-reported hypoglycemia, smoking, HbA1c, age, body mass index and disease duration. Patients receiving gliclazide versus non-gliclazide SUs had lower HbA1c and better HRQoL in all dimensions with the majority having perfect HRQoL. This real-world evidence emphasises the importance of adopting a holistic approach in managing patients with diabetes taking into consideration QoL during selection of medications.

SYMPOSIUM 4 (supported by Novo Nordisk Hong Kong Limited)

13:15 - 14:15

Time In Range and PPG control beyond HbA1c

Elaine Yee Kwan Chow

Clinical Assistant Professor, Phase 1 Clinical Trial Centre and Department of Medicine & Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong and Honorary Resident, Prince of Wales Hospital, Hospital Authority

HbA1c has long been regarded as the standard marker for glycemic assessment in diabetes. HbA1c also has its limitations, as it is affected by anemia and altered red cell turnover, and does not reflect hypoglycemia or postprandial glucose (PPG) excursions. Continuous glucose monitoring (CGM) is increasingly being used as an adjunct or alternative to fingerstick blood glucose monitoring. CGM provides comprehensive 24-hour glucose profiles with minute-to-minute glucose measurements. In this talk, via a series of case scenarios, we will illustrate how CGM metrics such as Time In Range can help clinicians optimize treatments and identify behaviours that contribute to suboptimal glucose control. We will also discuss the role of CGM metrics as clinical endpoints in the evaluation of pharmacological agents.

A significant proportion of type 2 diabetes patients initiated on basal insulin fail to reach HbA1c <7% despite achieving fasting glucose targets. This is more common in Asians, who exhibit more exaggerated PPG excursions due to physiological and dietary factors. Optimizing PPG control can be challenging in insulin-treated patients, having to account for meals, timings, and lifestyles. In the second part of the talk, we will highlight the pros and cons of basal insulin co-formulations. Combining the latest monitoring technologies with newer insulins may offer the best opportunity to control PPG while minimizing risks of hypoglycemia.

SYMPOSIUM 5

14:15 - 14:35

Anti-obesity drugs in the pipelines

Jason Chiu Ming Ng

Associate Consultant (Medical), Department of Medicine, Queen Elizabeth Hospital, Hospital Authority and Honorary Clinical Assistant Professor, School of Clinical Medicine, Department of Medicine, The University of Hong Kong

Obesity is one of the commonest chronic diseases in medicine, and can lead to complications such as hypertension, diabetes mellitus, hyperlipidaemia, cardiovascular disease, sleep apnoea, some kinds of malignancy, osteoarthritis and a myriad of other complications. Indeed, obesity becomes a global health concern. Hong Kong is no exception; around 30% of people in Hong Kong is obese. Lifestyle modification remains the cornerstone of the management of obesity. Exercise does not only improve cardiopulmonary fitness but also boosts our mood and concentration. Yet making healthy lifestyle changes is easier said than done. Searching a magic pill to counteract obesity is always a dream of modern medicine, but the development of anti-obesity drug is fraught with difficulties. Some of them are not well-tolerated; some might have a lot of side effects and some might not be effective. Several types of medications have been used for treatment of obesity, namely orlistat, a lipase inhibitor that works by blocking absorption of dietary fat; phentermine-topiramate, a combination of an appetite suppressant and an anticonvulsant; naltrexone-bupropion, a combination of an opioid antagonist and an antidepressant; liraglutide, and semaglutide, both are glucagon-like peptide-1 receptor agonists (GLP-1-RA). In particular, semaglutide has been shown promising result in weight reduction in the Semaglutide Treatment Effect in People with Obesity (STEP) program. The Semaglutide Effects on Heart Disease and Stroke in Patients with Overweight or Obesity (SELECT) trial will shed the light on cardiovascular outcome after medical treatment with semaglutide. For patients with diabesity, drugs of choice include metformin, SGLT2 inhibitor and GLP-1-RA. Some newer agent such as dual GLP-1/GIP receptor agonists also looks rewarding to treat diabetes and obesity in recent clinical trials. In this talk, we will review the efficacy and safety of the currently approved medications and discuss future therapeutic approach of treating obesity.

14:35 - 14:55

Cost effectiveness of controlling obesity for prevention of NCD

Juliana Nga Man Lui

Research Assistant Professor, Department of Medicine & Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong

Obesity is a growing public health challenge to all countries with significant health and economic impacts. It is considered as a "gateway disease" to a range of non-communicable diseases (NCD), such as type 2 diabetes, cardiovascular disease, chronic kidney disease and cancer. According to the World Obesity Atlas, the economic impact of overweight and obesity will surpass \$4.32 trillion annually by 2035 totalling to 3% of global GDP if no further treatment of policy intervention is implemented. The obesity epidemic may bankrupt any healthcare system and national economy if not controlled in time.

In China, the highest percentage increase in top morbidity and mortality risk factors between 2009-2019 are all related to obesity, such as high body-mass index (+45.5%), high low-density lipoprotein (LDL) cholesterol (+26.9%), high fasting plasma glucose (+15.4%) and dietary risks (+15.3%) based on the Global Burden of Disease Study report. Obesity also brings about indirect societal costs, estimating to about a workforce reduction of 54 million people annually. The increasing prevalence of obesity necessitates novel therapeutic approaches beyond lifestyle interventions and traditional weight-loss medications.

Glucagon-like peptide-1 (GLP-1) receptor agonists and sodium-glucose cotransporter 2 (SGLT2) inhibitors, initially developed for treatment of type 2 diabetes, have demonstrated additional benefits for weight loss. A multinational randomized controlled trial reported that a combination of lifestyle intervention and GLP-1 medication yielded most significant weight loss reductions. Despite their proven clinical benefits to reduce obesity, the high-costs of such drugs have posed concerns on its cost-effectiveness of reimbursing the drug in different drug approving agencies across the world.

As all health systems face the common problem of limited resources, it is necessary to fully harness effective novel treatments in combination with traditional lifestyle interventions and come up with a sustainable cost-effective treatment program. Moreover, obesity cannot be tackled by any one party or stakeholder, it requires public-private multi-sectoral commitment and patient empowerment to rectify this current situation. With the help of health economic modelling, we may be able to evaluate the long-term cost-effectiveness of novel drugs and formulate treatment allocation strategies that are cost-effective and appropriate for a local healthcare setting.

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SYMPOSIUM 6

15:10 - 15:30

Continuation of care and RAMP in primary care setting

Maria Kwan Wa Leung

Service Director (Primary & Community Health Care) and Chief of Service, Department of Family Medicine, New Territories East Cluster, Hospital Authority

Diabetes mellitus (DM) is the third most common chronic disease encountered in our General Outpatient Clinics (GOPCs). As of 2021, more than 500,000 diabetic patients are being managed in the whole of Hospital Authority with about 60% being managed in GOPCs. With the population aging, the number of DM patients is on a rising trend with an annual growth of around 5%. In fact, among the new DM cases in 2021, there were more younger adults (62%) compared with the elderly group (>65 years old, 38%).

In order to manage and reduce complications among the diabetic patients, Risk Assessment and Management Programme for Diabetes Mellitus (RAMP-DM) has been established since 2009. This programme assesses DM patients on their important "ABC" parameters, including HbA1c, blood pressure and cholesterol level as well as their macrovascular and microvascular complications. The programme aims to stratify DM cases into different risk levels and provide care management that is tailor-made to their risk levels. A recent study from the University of Hong Kong in 2022 has shown that both macrovascular and microvascular complications as well all-cause mortality have been significantly reduced among RAMP-DM participants in a 10-year follow-up. A previous cost-effective analysis published in 2018 has also shown that RAMP-DM added as an intervention to DM patients is a cost-saving and efficient programme over 5 years.

In addition to RAMP-DM, there are also other various strategies in GOPCs improving diabetic control and reducing complications, including drug enhancement, tailor-made service delivery models, smoking cessation, regular audit on HbA1c control as well as patient empowerment programme. All these strategies have synergistic effects on each other in improving diabetic control. As of March 2022, 61% of our diabetic patients in GOPCs have achieved a target of HbA1c <7%.

DM is a serious chronic illness associated with various complications and increased mortality. Multipronged strategies should be adopted in the management, involving patients, their family doctors and community partners such as District Health Centres (DHCs). Future direction would be to improve collaboration among various parties in delivering good care to our diabetic patients.

15:30 - 15:50

How can the JADE portal facilitate our practice?

Elaine Yun Ning Cheung

Specialist in Endocrinology, Diabetes & Metabolism and Clinical Associate Professor (Honorary), Department of Medicine & Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong

In 2018, the American Association of Clinical Endocrinologists (AACE) created a dysglycemia-based chronic disease (DBCD) multimorbidity care model which consists of 4 stages along the insulin resistanceprediabetes type 2 diabetes (T2D) spectrum that are actionable in a preventive care paradigm to reduce the potential impact of T2D, subsequent complications and death.

Asian people with T2D commonly have poorer β -cell function and greater insulin resistance compared to the Caucasian population, which is attributed by their lower lean body mass and central obesity. They also tend to develop T2D at an earlier age with many require early insulin treatment. They are thus more prone to developing multiple complications and cancer. Renal complications are more prevalence compared to Caucasian populations.

However, in HK, a lot of subjects with T2D have suboptimal treatment and control of cardiometabolic risk factors. Diabetes comprehensive assessment (DCA) is crucial to T2D care. Yet, many of people with T2D under community care do not receive DCA regularly. As a result, they may not have enough education on self-care. They also may not be aware of their metabolic control and presence of complications.

In 1995, Hong Kong Diabetes Register (HKDR) was established in Prince of Wales Hospital (PWH). A structed protocol is used to gather data to stratify risk, triage care, empower patients and individualized care. This motivated a territory-wide diabetes risk assessment and management program provided by 18 hospital-based diabetes centers since 2000. By linking the data rich HKDR to the territory wide electronic medical record, risk equations were developed and validated to predict clinical outcomes. In 2007, the HKDR was digitalized to establish the web based Joint Asia Diabetes Evaluation (JADE) Program complete with risk levels and algorithms. Personalized reports are generated to reduce clinical inertia and empower self-management. In 2009, the JADE Program was adapted to form the Risk Assessment and Management Programme for Diabetes Mellitus (RAMP-DM) in the publicly funded primary care clinics, which reduced all major events by 30–60% in patients without complications. Meanwhile, a JADE-assisted assessment and empowerment program, aimed at complementing medical care in the community, also reduced all major events by 30–50% in patients with different risk levels.

مع الأراق

Implementation of Chronic Disease Co-care Program on Diabetes

Fei Chau Pang

Commissioner for Primary Healthcare, Primary Healthcare Office, Health Bureau, The Government of the Hong Kong Administrative Region of the People's Republic of China and President, The Hong Kong College of Community Medicine

Yu Cho Woo

Consultant, Department of Medicine, Queen Mary Hospital, Hospital Authority

As announced by the Policy Address 2022, the Government will launch a pilot Chronic Diseases Co-care Scheme (CDCC Scheme) which is part of the primary healthcare development and reform. This program will target at undiagnosed chronic diseases particularly hypertension and diabetes mellitus which may account for 50% of total patients in Hong Kong. The Primary Healthcare Office and Strategic Purchasing Office of Health Bureau will engage private medical clinics through service agreement on screening and treatment packages including investigation and community drug formulary. The packages will focus on continuity of care based on the concept of "family doctor for all" and community base health system. Participants with diagnosed prediabetes, hypertension and diabetes mellitus will be offered the packages as members of one district health center/express so to ensure a nursing support and follow-up. This program will lay down the service model for future primary healthcare system and purpose to shift the focus from treatment-centric to preventive care through changing the health seeking behavior.

ACKNOWLEDGEMENTS

The Organizing Committees would like to extend their sincere thanks to the following companies for their support to the Diabetes Preventing the Preventable Forum 2023.

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1. Klaff L et al. Accuracy and User Performance of a New Blood Glucose Motoring System [published online ahead of print, 2020 Nov 26]. J Diabetes Sci Technol. 2020; https://doi.org/10.1177/1932296820974348. 2. CONTOUR®PLUS ELITE User Guide, November 2019, Revision 11.19. 3. Richardson JM et al. Clinical Relevance of Reapplication of Blood Samples During Blood Glucose Testing. Poster presented at the 20th Annual Diabetes Technology Meeting (DTM); November 12-14, 2020. © 2021 Ascensia Diabetes Care. All rights reserved. Ascensia, the Ascensia Diabetes Care logo, Contour, Smartlight and Second-Chance are trademarks and/or registered trademarks of Ascensia Diabetes Care Holdings, AG.

Date of preparation: March 2021. G.DC.03.2021.PP-CPLUS_ELT-GBL-0029

* Minimum accuracy requirements of ISO15197: 2013 Section 6.3 standard require ≥95% of the measured values to fall within ±0.83 mmol/L at glucose concentrations <5.55 mmol/L or within ±15% ≥5.55 mmol/L of the referenced method.



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Reference: 1. Zimman 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 A (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 HbAtc 7-10%) and established CV disease (coronary artery disease, peripheral artery disease, or a history of myocardial infarction or strr Standard of care included CV medications and glucose-lowering agents given at the discribion of physicians. Empagification versus placebo on top of standard of care. Management of hyperglycemia in type 2 diabetes, 2018. A consensus report by the ADA and EASD stated that among patients with established CVD, there is likely cardiovascular benefit, with the evidence of benefit modestly stronger for emptioned and the stabilished CVD.

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References: 1. Verbalis JA, Adler S, Schrier RW, Berl T, Zhao Q, Czerwiec FS; SALT Investigators. Efficacy and safety of oral tolvaptan therapy in patients with the syndrome of inappropriate antidiuratic hormons escretion. Eur J Endocrinol. 2011 May; 164(6):727-732. 2, SAMSCA Hong Kong Prescribing Information. Revised Mar 2019. 3. Morris JH, Bohm NM, Nemecek BD, Crawford R, Kelley D, Bhasin B, Water PJ, Velaz JCG. Rapidity of Correction of Hyponatrumia Due to Syndrome of Inappropriate Secretion of Antibilarueli Hormone Following Tolvaptan. Am J Kidney Dis. 2015 Jun;71(6):772-752. 4. Schrier RW, Gross P, Cheorghiado M, Berl T, Velatila JG. Czerwi FS, Orlandi C, SALT Investigators: Tovapatan, as leadice va ori vaspressitiv 2-receptor antaponisti, for Hyponaternia. N Engl J Med. 3. ndi C; SALT Inves 355(20):2099-2112

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