DPP 2025

DIABETES PREVENTING THE PREVENTABLE FORUM 2025

18 May 2025 · Hong Kong

Organizer:

亞洲糖尿病基金會
Asia Diabetes Foundation

Co-organizers:

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

APCDS
Asia Primary Care Diabetes Society

DIABETOLOGISTS & ENDOCRINOLOGISTS ALLIANCE

Supporting organizations:

香港中文大學
The Chinese University of Hong Kong

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

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

香港醫學會
THE HONG KONG MEDICAL ASSOCIATION

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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.

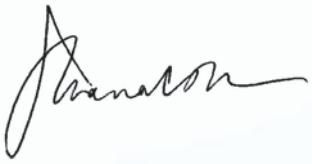
The most challenging aspect in managing diabetes is to help patients manage their disease for the rest of their life and to personalize treatment choices at different stages of the disease.

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.

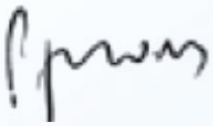
To this end, we have invited a faculty of experts and thought leaders with a diversity of experiences who will share with us their views and insights into this health care challenge.

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

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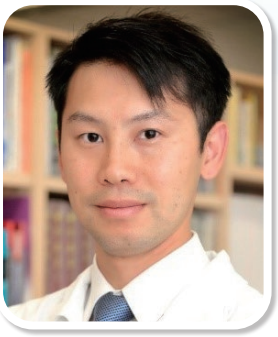
	Ms. Kitman Loo	Prof. Andrea Luk	Prof. Ronald Ma
	Dr. Tony O	Dr. Risa Ozaki	Dr. Rose Ting
	Dr. Man Wo Tsang	Prof. Martin Wong	

FACULTY MEMBERS



Jones Chun Man Chan

Clinical Associate Professor (honorary), Division of Clinical Pharmacology, Department of Medicine and Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong

Dr. Jones Chun Man Chan is Clinical Associate Professor (honorary), Division of Clinical Pharmacology, Department of Medicine and Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong. He is also a Consultant Toxicologist at the Prince of Wales Hospital Poison Treatment Centre. He has completed training in Geriatric Medicine, Clinical Pharmacology, and Clinical Toxicology. Currently, Dr. Chan serves as the head of the Poison Treatment Centre and the Geriatric Division of Prince of Wales Hospital. He has collaborated extensively with clinical pharmacists to ensure the safe and appropriate use of medications for elderly patients, including implementing a drug refill system and conducting comprehensive drug reviews in both inpatient and outpatient settings. His research interests include the management of patients with toxicology and drug-related problems, particularly in the elderly population.

Wai Sze Chan

Assistant Professor, Clinical Psychology, Department of Psychology, The University of Hong Kong

Prof. Wai Sze Chan is an Assistant Professor, Clinical Psychology, Department of Psychology, The University of Hong Kong. She is a USA-licensed clinical psychologist and a registered clinical psychologist in Hong Kong. Prof. Chan's research program systematically evaluates how the disruption of sleep influences the regulation of eating and how evidence-based psychological interventions for disordered eating and insomnia can be delivered to the public effectively and efficiently to improve people's dietary behavior and health.

FACULTY MEMBERS

Johnny Tsz King Cheung

Medical Officer, Department of Family Medicine, New Territories East Cluster, Hospital Authority

Dr. Johnny Tsz King Cheung is Medical Officer, Department of Family Medicine, New Territories East Cluster, Hospital Authority. He obtained his Bachelor of Medicine and Bachelor of Surgery (MBChB) and Bachelor of Science in Public Health from the Chinese University of Hong Kong. Dr. Cheung's research focuses on the epidemiology and pharmacoepidemiology of diabetes, as well as multimorbidity in ageing population. He has authored and co-authored over 20 peer-reviewed papers in diabetes and public health, including BMC Medicine and eClinicalMedicine. He has received notable awards, such as the International Diabetes Federation-Western Pacific Region Early Mid-Career Researchers Prize, and Young Investigators Poster Presentation Award at the 25th and 26th Diabetes and Cardiovascular Risk Factors – East Meets West Symposium.

Edith Wing Kar Chow

Clinical Lecturer, Division of Endocrinology and Diabetes, Department of Medicine & Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong

Dr. Edith Wing Kar Chow is Clinical Lecturer, Division of Endocrinology and Diabetes, Department of Medicine & Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong. She graduated from the University of California Berkeley, majoring in Psychology; then, she obtained her MBChB from the Chinese University of Hong Kong. She received her specialist training at the Prince of Wales Hospital and obtained her specialist qualification in Endocrinology, Diabetes, & Metabolism in 2024. She is involved in conducting clinical trials at the Phase 1 Clinical Trial Center. Her research interests include diabetes epidemiology, hypertensive disorders, and adrenal diseases.

FACULTY MEMBERS

Connie Lai Ling Hui

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

Prof. Connie Lai Ling Hui is an Assistant Professor, Department of Food Science and Nutrition, Faculty of Science, The Hong Kong Polytechnic University. She graduated from Food and Nutritional Sciences Department, The Chinese University of Hong Kong and obtained her PhD from School of Public Health, The University of Hong Kong. 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 biological ageing.

Stanley Sai Chuen Hui

Emeritus Professor & Adjunct Professor, Department of Sports Science & Physical Education, Faculty of Education, The Chinese University of Hong Kong

Prof. Stanley Sai Chuen Hui is Emeritus Professor & Adjunct Professor, Department of Sports Science & Physical Education, Faculty of Education, The Chinese University of Hong Kong. He is an expert in exercise science and specialized in fitness assessment, and exercise prescription for general and special population. Fellow of American College of Sports Medicine (ACSM), Founder and President of the Asian Council for Health Physical Activity and Fitness, Vice-President of the Physical Fitness Association of Hong Kong, China, and Council Member of the Hong Kong Association for the Study of Obesity. Currently the Director of Exercise-is-Medicine Hong Kong.

FACULTY MEMBERS

Yim Chu Li

Consultant, Department of Family Medicine and Primary Health Care, Kowloon Central Cluster, Hospital Authority

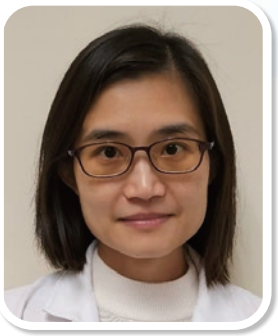
Dr. Yim Chu Li is a Consultant, Department of Family Medicine and Primary Health Care, Kowloon Central Cluster, The Hospital Authority, where chronic disease management, including diabetes, is a key focus. With extensive experience in public primary care. Dr. Li previously chaired the Quality Assurance Subcommittee of Coordinating Committee (Family Medicine) of Hospital Authority, overseeing chronic disease care standards. Currently, as Chairperson of the HKCFP Quality Assurance & Accreditation Committee. Dr. Li actively contributes to structured CME training for family physicians, emphasizing early diabetes management in primary care.

David Tak Wai Lui

Clinical Assistant Professor, Department of Medicine, School of Clinical Medicine, The University of Hong Kong

Prof. David Tak Wai Lui is Clinical Assistant Professor, Department of Medicine, School of Clinical Medicine, The University of Hong Kong. He obtained his MBBS degree with Honours from the University of Hong Kong. He is an academic endocrinologist with research focusing on studying endocrine epidemiology (including bone fragility in diabetes) and endocrinology in systemic diseases (including COVID-19) through cohorts and big data analysis. He has over 100 publications in international journals. He now serves on the Editorial Board of *JCEM* and Endocrine Practice, and is a member of the Asia-Pacific Consortium on Osteoporosis.

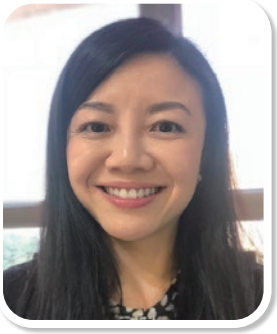
FACULTY MEMBERS



Grace Chung Yan Lui

Head of Division and Clinical Associate Professor (honorary), Division of Infectious Diseases, Department of Medicine & Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong

Prof. Grace Chung Yan Lui is Head of Division and Clinical Associate Professor (honorary), Division of Infectious Diseases, Department of Medicine & Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong. She is an Infectious Diseases specialist in Hong Kong. Her research interests include respiratory viral infections, ageing in people living with HIV and antimicrobial stewardship.



Andrea On Yan Luk

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

Prof. Andrea On Yan Luk is Professor, Department of Medicine and Therapeutics, Faculty of Medicine and Medical Director, Phase 1 Clinical Trial Centre, The Chinese University of Hong Kong. She also serves as an Honorary Consultant at the Prince of Wales Hospital. She is the President of the Hong Kong Association on Study of Obesity. She obtained her Bachelor of Medicine and Surgery at the University of Auckland, New Zealand, and completed her specialist training in Endocrinology, Diabetes and Metabolism in Hong Kong in 2007. Her research interests include diabetes epidemiology, diabetic kidney disease, young-onset diabetes and translational research related to diabetes care paths. She leads the analysis of a large database of 0.9 million people with diabetes in Hong Kong. She has received multiple competitive research grants and has been the principal or co-investigator of over 120 clinical trials on treatment of diabetes and obesity. Prof. Luk has published over 200 articles in peer reviewed journals and 3 book chapters including contribution to the 10th edition of the International Diabetes Federation Atlas. She has received several awards including the Xiaoren Pan Distinguished Research Award for Epidemiology of Diabetes in Asia in 2022 and the Harry Keen Memorial Award of the International Diabetes Epidemiology Group in 2019.

FACULTY MEMBERS

Risa Ozaki

Consultant and Division Head (Clinical Services), Division of Endocrinology and Diabetes, Prince of Wales Hospital, Hospital Authority and Honorary Clinical Associate Professor, Department of Medicine & Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong

Dr. Risa Ozaki is a Consultant and Division Head (Clinical Services), Division of Endocrinology and Diabetes, Prince of Wales Hospital, Hospital Authority and Honorary Clinical Associate Professor, Department of Medicine & Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong. She graduated from the University of Sheffield in the United Kingdom and subsequently specialized in Diabetes and Endocrinology. She has particular interest in the development of quality improvement programs to improve upon diabetes patient care by means of structured care and team based approach. Dr Ozaki has been involved in drug development serving as principal investigator and co-investigator in more than 80 clinical trials relating to different classes of drugs in the field of diabetes, obesity and cardio-renal diseases.

Tony Chun Kwan O

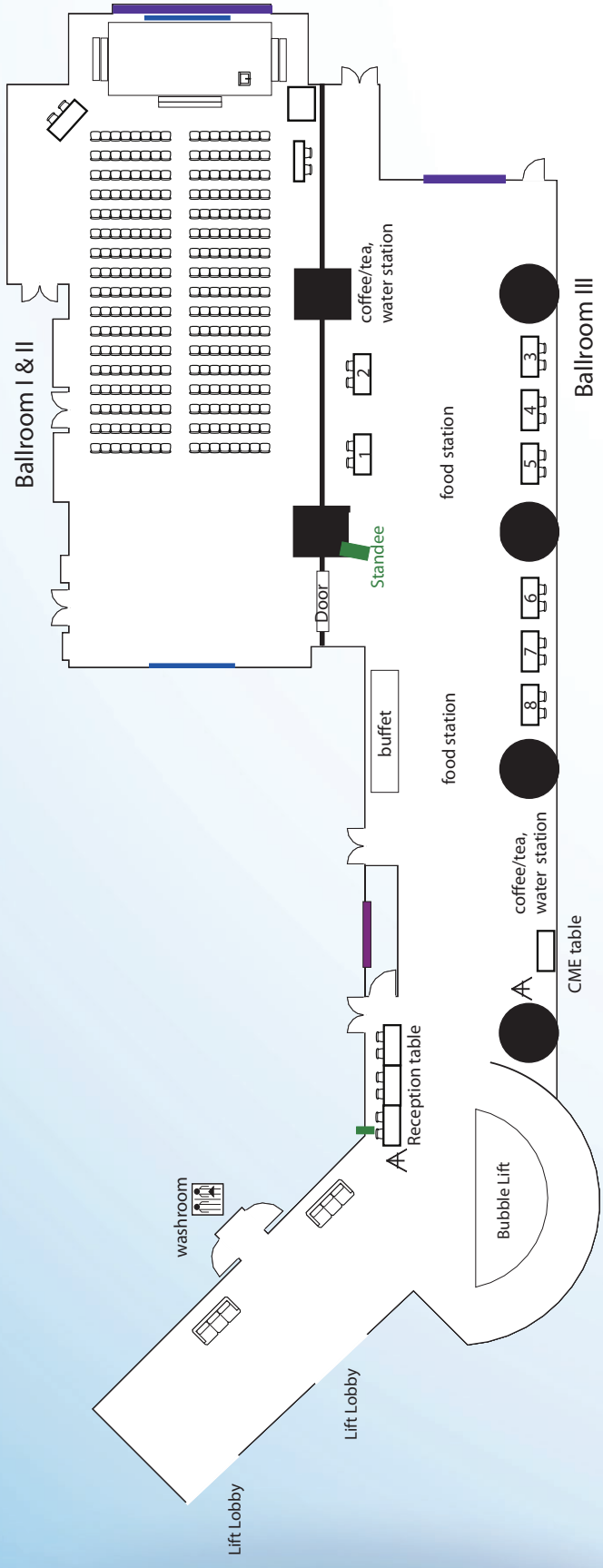
Clinical Lecturer, Division of Clinical Pharmacology, Department of Medicine & Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong

Dr. Tony Chun Kwan O is a Clinical Lecturer, Division of Clinical Pharmacology, Department of Medicine & Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong. He is an early career clinical researcher with a particular interest in precision and structured care of individuals with diabetes, especially young-onset diabetes. He has been engaged in multiple epidemiological and interventional studies investigating the effects of incorporation of novel components such as biogenetic information and cognitive behavioural therapy on glycaemic control and long-term outcomes in individuals with diabetes.

SCIENTIFIC PROGRAM

18 May 2025 (Sunday)		
08:30 – 09:00	Registration	
09:00 – 09:05	Welcome remarks	Alice Pik Shan Kong
Symposium 1 Lifestyle therapy: updates on diet, exercise and sleep ***Co-chairs: Alice Kong and Kitman Loo***		
09:05 – 09:35	Vitamin D and diabetes risk	Connie Lai Ling Hui
09:35 – 10:05	Exercise in people with diabetes: what's new	Stanley Sai Chuen Hui
10:05 – 10:35	Sleep deprivation and food-seeking behavior	Wai Sze Chan
10:35 – 10:50	Break	
Symposium 2 *(supported by Zuellig Pharma Limited)* ***Co-chairs: Elaine Chow and Maria Leung***		
10:50 – 11:20	Role of family medicine in early management of T2D	Yim Chu Li
11:20 – 11:50	Legacy effects in type 2 diabetes: early treatment intensification and glycaemic control	Johnny Tsz King Cheung
Symposium 3 *(supported by Eli Lilly Asia, Inc.)* ***Co-chairs: Juliana Chan and Man Wo Tsang***		
11:50 - 12:50	New horizons in obesity care – the role of GIP/GLP-1 receptor agonist in weight management	Andrea On Yan Luk
12:50 - 13:50	Lunch	
Symposium 4 Personalized diabetes care – maximizing benefits and minimizing harm ***Co-chairs: Kitty Cheung and Andrew Ho***		
13:50 – 14:20	Diabetes and bone health	David Tak Wai Lui
14:20 – 14:50	In-hospital management of hyperglycaemia	Risa Ozaki
14:50 – 15:20	How to interpret oral glucose tolerance tests?	Tony Chun Kwan O
15:20 – 15:35	Break	
Symposium 5 Addressing the multiple needs of people with diabetes ***Co-chairs: Alvin Chan and Jason Ng***		
15:35 – 16:05	Risks of new classes of glucose-lowering drugs	Edith Wing Kar Chow
16:05 – 16:35	Vaccination for people with diabetes	Grace Chung Yan Lui
16:35 – 17:05	Physician-pharmacist collaborative care to optimize pharmaceutical care in elderly patients	Jones Chun Man Chan
17:05 – 17:10	Closing remarks	Andrea On Yan Luk

FLOOR PLAN & EXHIBITORS



Booth No.	Exhibitors Name
1	Zuellig Pharma Limited
2	Boehringer Ingelheim (HK) Limited
3	Merck Pharmaceutical (HK) Limited
4	Servier Hong Kong Limited
5	Abbott Laboratories Limited
6	Novo Nordisk Hong Kong Limited
7	Fresenius Kabi Hong Kong Limited
8	Asia Diabetes Foundation

ACADEMIC ACCREDITATIONS

College Name	CDE/CE/CEU/CME/CNE/CPD points
Association of Hong Kong Diabetes Nurses Limited (For ALL NURSES)	6.5
College of Pharmacy Practice	7
Hong Kong College of Community Medicine	6
Hong Kong College of Emergency Medicine	6
Hong Kong College of Paediatricians	6
Hong Kong College of Physicians	3
Hong Kong College of Radiologists	6.5
Hong Kong Dietitians Association	1.5 core + 3.5 non-core
Hong Kong Nutrition Association Limited	5
Hong Kong Podiatrists Association	3
International Podiatrists Association of Hong Kong	10
Medical Council of Hong Kong	5
Occupational Therapists Board	Pending
Physiotherapists Board	Pending
The College of Ophthalmologists of Hong Kong	3
The College of Surgeons of Hong Kong	6
The Hong Kong College of Anaesthesiologists	6.5
The Hong Kong College of Family Physicians	5
The Hong Kong College of Obstetricians and Gynaecologists	6.5
The Hong Kong College of Orthopaedic Surgeons	5
The Hong Kong College of Otorhinolaryngologists	3.5
The Hong Kong College of Pathologists	6.5
The Hong Kong College of Psychiatrists	6

SYMPOSIUM 1

Lifestyle therapy: updates on diet, exercise and sleep

09:05 – 09:35

Vitamin D and type 2 diabetes

Connie Lai Ling Hui

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

While lifestyle modification remains the key strategy to prevent and manage type 2 diabetes (T2D), the role of vitamin D in preventing T2D is attracting increased attention. Recently, the U.S. Endocrine Society updated the clinical practice guideline to support the empiric use of vitamin D supplementation for people with prediabetes based on its potential to reduce progression to T2D. The average vitamin D dosage (3500 IU/day) in randomised controlled trials considered by the Society is significantly greater than the level recommended for the general adult population (600 IU/day), which is the same as the Recommended Daily Allowance established by the former American Institute of Medicine, now the National Academy of Medicine.

Given the high prevalence of T2D and prediabetes in Hong Kong, widespread vitamin D deficiency and the low cost of vitamin D, it is important to establish whether vitamin D protects against T2D. This presentation summarises and appraises the latest evidence from observational studies, randomised controlled trials and Mendelian Randomisation studies on the role of vitamin D in preventing T2D. This information will assist healthcare professionals in providing evidence-based advice to patients on the use of vitamin D supplementation for the prevention of T2D.

09:35 – 10:05

Exercise in people with diabetes: what's new

Stanley Sai Chuen Hui

Emeritus Professor & Adjunct Professor, Department of Sports Science & Physical Education, Faculty of Education, The Chinese University of Hong Kong

Diabetes is a kind of metabolic disease that characterized by disorder of muscle energy metabolism due to inactive or lack of insulin. Exercise training has been found to improve muscle metabolism of diabetes patients by triggering insulin activation or simulating insulin effect to improve glucose utilization. However, proper exercise prescription is a key issue in terms of the selection of exercise mode, intensity, frequency and duration. Over the recent decades research focus has been placed on proper exercise intensity and modes. Some studies suggesting high intensity interval training (HIIT) whereas more discussion emphasizing low intensity aerobic exercise instead of higher intensity, using cycling as recommended mode. HIIT was found to improve mitochondrial function by reducing insulin resistance. HIIT has been suggested to associate with exercise-induced glycaemic control, increased concentration and translocation of GLUT-4 in the plasma membrane, increased glucose uptake. Regardless the potential training effects, safety is a major concern when prescribing HIIT for diabetes patients. The option between low intensity (LIAE) vs high intensity aerobic exercise (HIAE) persists as an ongoing research debate. The advantage of LIAE is safe and guaranteed acute and long-term training effects. Resistance training used to be a skeptical mode but some recent studies found it useful in improving metabolic regulation in diabetes due to the training effect in muscle hypertrophy. Some recent studies suggested that mind-body exercise (MBE) such as Taichi, yoga, Baduanjin or combination of these BME for diabetes management due to it's significant effects on overall quality of life and sleep quality, and reduction on some metabolic syndromes such as blood pressure and obesity. Compared to exercise modes and intensity, exercise duration is less a recent research focus. The general guidelines is accumulation of 150 minutes of low to moderate intensity aerobic activities per week, supplement by muscle strengthening exercise. A recent study revealed that even weekend warriors (i.e., less frequent sessions of exercise in a week but accumulate the same amount of exercise duration during weekend) experienced similar benefits in body weight management. We look forward to conducting more research in this area in the future to discover more appropriate personalized exercise prescriptions suitable for diabetic patients to assist in disease management, thereby reducing diabetics' dependence on and burden on the medical system.

10:05 – 10:35

Sleep deprivation and food-seeking behavior

Wai Sze Chan

Assistant Professor, Clinical Psychology, Department of Psychology, The University of Hong Kong

Epidemiological evidence has shown that people who sleep less than 7 hours per night on average have higher body masses and greater risks of developing obesity. One of the potential mechanisms explaining this association is that sleep deprivation alters eating behaviours. Observational findings suggest that people who sleep less than 7 hours per night on average tend to consume more snacks and calorie-dense food in naturalistic environments; however, these associations may be confounded by individual differences in impulse control and lifestyle factors. Experimental studies have found that experimental sleep restriction leads to increased caloric consumption in ad-libitum food consumption tasks in controlled laboratory environments. However, the excess food consumption in laboratory tasks may not represent real-life eating when social, economic, and other factors are often major determinants of food choices and consumption.

In this talk, I will present the findings from two experimental sleep restriction studies conducted by my research team. In the first study, generally healthy adult participants underwent a total sleep deprivation condition and a normal sleep condition in a random order with a 3-day washout in between. Breakfast consumption in the following morning after each sleep condition was measured using an ad-libitum food consumption task in the laboratory. No significant differences in the consumption of calories or macronutrient were observed.

In the second study, generally healthy participants were randomly assigned to undergo a 3-night partial sleep restriction condition and a 3-night normal sleep condition followed by a 2-night sleep recovery in a random order. Both conditions were conducted in the participant's home. Participants' sleep was monitored using actigraphy and by research assistants using teleconferencing to ensure they slept no more than 5 hours each night for 3 nights in the partial sleep restriction condition. Food consumption was measured using 24-hour dietary recall or eating in free-living conditions. Total daily caloric intake was not significantly different across conditions; however, the micronutrition composition was found to be significantly different across partial sleep, normal sleep, and sleep recovery conditions, suggesting less protein and more carbohydrate consumption under the partial sleep deprivation condition. Implications of these findings, especially with respect to health consequences, will be discussed.

SYMPOSIUM 2

(supported by Zuellig Pharma Limited)

10:50 – 11:20

Role of family medicine in early management of T2D

Yim Chu Li

Consultant, Department of Family Medicine and Primary Health Care, Kowloon Central Cluster, Hospital Authority

Family physicians (FPs) play a pivotal role in the early management of Type 2 diabetes (T2D), leveraging their first-contact accessibility, comprehensive care approach, and continuity of care. As primary care providers, FPs excel in opportunistic screening of high-risk populations and conduct systematic case detection, enabling timely identification of prediabetes or asymptomatic T2D to delay complications when interventions are most effective. Our patient-centered model incorporates thorough risk assessment that extends beyond glycemic control to address comorbidities, social determinants of health, and the psychological impact of chronic disease on patients and their families. Through culturally sensitive interventions and the therapeutic relationships FPs cultivate, we effectively promote adherence to both preventive measures and treatment plans. Evidence demonstrated effective early intervention create lasting legacy effects to these patients at their early stage of diabetes.

The continuity of care inherent to family medicine ensures a comprehensive approach to diabetes management. FPs initiate evidence-based pharmacological and non-pharmacological therapies, provide ongoing monitoring of metabolic and cardiovascular risks, and implement systematic screening for diabetic complications. This care model is further strengthened by a multidisciplinary approach, involving nurses and allied health professionals to support patient self-management, deliver education, and conduct thorough assessments for complications. FPs coordinate care across specialties and maintain integration between primary and secondary services, ensuring efficient communication, shared decision-making, and clear care plans between FPs and specialists. This facilitates timely specialist referrals while preserving continuity. The collaboration optimizes healthcare resource utilization and reduces the burden on the healthcare system, while ensuring patients receive personalized, high-quality care.

Through combination of first-contact accessibility, a holistic perspective, and strong care coordination capabilities, FPs are uniquely positioned to improve outcomes in early T2D management. Our ability to address the complex biopsychosocial needs of individuals and families empowers them to implement timely interventions that can alter the disease trajectory and enhance the quality of life for those living with diabetes.

11:20 – 11:50

Legacy effects in type 2 diabetes: early treatment intensification and glycaemic control

Johnny Tsz King Cheung

Medical Officer, Department of Family Medicine, New Territories East Cluster, Hospital Authority

Early and timely intensification of treatment is crucial for achieving optimal glycaemic control in type 2 diabetes (T2D). Despite significant therapeutic advancements, approximately half or more of patients worldwide fail to maintain target HbA1c levels, thereby increasing their risk of microvascular and macrovascular complications. This persistent gap is largely attributed to therapeutic inertia, which arises from a complex interplay of challenges related to clinicians, patients, and healthcare system.

The concept of the legacy effect underscores the long-term benefits of early intensive glycaemic control. The UK Prospective Diabetes Study (UKPDS) demonstrated that a 1% reduction in HbA1c is associated with a 14% decrease in myocardial infarction (MI) risk, a 37% reduction in microvascular complications, and a 21% decrease in diabetes-related mortality. The Vildagliptin Efficacy in combination with metfoRmIn For early treatment of type 2 diabetes (VERIFY) trial further highlighted the benefits of early dual therapy with metformin and dipeptidyl peptidase-4 inhibitors (DPP4i), which delayed treatment failure by 2.1 years compared to stepwise approaches. These benefits are most pronounced in younger patients, who experience prolonged exposure to hyperglycaemia. However, older or frail individuals may require less stringent glycaemic targets to mitigate the risks of hypoglycaemia and mortality.

Current guidelines prioritize organ-protective medications, such as sodium-glucose cotransporter 2 inhibitors (SGLT2i) and glucagon-like peptide-1 receptor agonists (GLP-1 RA), among T2D patients with cardiovascular (CV)-kidney conditions, regardless of baseline HbA1c levels. GLP-1 RA excel in glycaemic control and weight loss but are associated with gastrointestinal side effects and subsequent discontinuation. SGLT2i demonstrate CV-kidney benefits, yet carry risks of genital tract infections and diabetic ketoacidosis. Notably, most cardiovascular outcomes trials (CVOTs) for these two agents predominantly enrol high-risk individuals, limiting their generalizability to lower-risk groups. The placebo-controlled design of the CVOTs also limits the comparable glycaemic control achievable by comparator drugs that are used in current practice. The relatively high cost of these newer medications further hinders accessibility.

While DPP4i lack proven CV-kidney benefits, they are likely to offer safe and durable glycaemic control. DPP4i enhance glucose-dependent insulin secretion from pancreatic beta-cells, thereby improving beta-cell function. Notably, Asians exhibit poorer beta-cell function and greater insulin resistance compared to other populations, despite a lower prevalence of obesity. A meta-analysis has demonstrated that DPP4i provide superior glucose-lowering efficacy and beta-cell function improvement in Asians compared to other ethnic groups. To illustrate the practical advantages of early treatment intensification using metformin and DPP4i, case studies from our locality will be shared.

This presentation argues that glycaemic control remains a cornerstone of T2D management, even as organ-protective therapies offer significant benefits for high-risk groups.

SYMPOSIUM 3

(supported by Eli Lilly Asia, Inc.)

11:50 – 12:50

New horizons in obesity care – the role of GIP/GLP-1 receptor agonist in weight management

Andrea On Yan Luk

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

The management of obesity has entered a new era with the introduction of dual agonists targeting the glucose-dependent insulinotropic polypeptide (GIP) and glucagon-like peptide-1 (GLP-1) receptors. These novel therapeutic agents offer a promising approach to weight management by leveraging the synergistic effects of GIP and GLP-1 receptor agonism. This lecture explores the potential of GIP/GLP-1 receptor agonists in addressing the complex pathophysiology of obesity. Clinical trials have demonstrated the efficacy of these dual agonists in promoting significant weight loss and improving metabolic health. By enhancing insulin secretion, suppressing glucagon release, and reducing appetite, GIP/GLP-1 receptor agonists provide a comprehensive strategy for obesity care. This review will discuss the mechanisms of action, clinical outcomes, and potential benefits of incorporating GIP/GLP-1 receptor agonists into obesity treatment regimens, highlighting their role in transforming the landscape of obesity management.

SYMPOSIUM 4

Personalized diabetes care – maximizing benefits and minimizing harm

13:50 – 14:20

Diabetes and bone health

David Tak Wai Lui

Clinical Assistant Professor, Department of Medicine, School of Clinical Medicine, The University of Hong Kong

Both type 2 diabetes and osteoporosis are global health issues, particularly with the increasing age of the population. Fragility fractures are the dreaded consequence of osteoporosis. Mounting evidence has established the higher fracture risk in people with type 2 diabetes. Hip fractures are among the most severe types of fragility fractures. People with type 2 diabetes who sustain hip fractures have even worse clinical outcomes, underscoring the urgency of addressing these issues. It is crucial to prevent this preventable in type 2 diabetes.

The significance of accurate fracture risk assessment cannot be overstated. It is a pivotal step in targeting the treatment of the high-risk population to reduce fracture risks. Bone mineral density (BMD) measured by dual-energy x-ray absorptiometry is used in the operational definition of osteoporosis. Interestingly, people with type 2 diabetes have a higher BMD than those without. Various strategies have been proposed to account for this diabetes-specific excess in fracture risk.

Equally important is the need to address diabetes-specific risk factors to minimize the fracture risk by optimizing glycaemic control and selecting concomitant medications that are optimal for bone health.

Regarding the efficacy of anti-osteoporosis therapies in type 2 diabetes, post-hoc analyses of randomized controlled trials and observational studies suggest that they are likely as effective as in the general population. Therefore, the effective implementation of a management plan helps optimize bone health in type 2 diabetes.

In this talk, the local epidemiology of fragility fractures in diabetes will be discussed in relation to glycaemic control to shed light on the actions needed to tackle bone fragility in diabetes.

14:20 – 14:50

In-hospital management of hyperglycaemia

Risa Ozaki

Consultant and Division Head (Clinical Services), Division of Endocrinology and Diabetes, Prince of Wales Hospital, Hospital Authority and Honorary Clinical Associate Professor, Department of Medicine & Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong

Diabetes accounts for over 30% of non-critically ill hospitalized patients. Another 12%-25% of hospitalized patients without a known prior history of diabetes will experience hyperglycaemia during their hospitalization. In-patient hyperglycaemia which is defined as any blood glucose ≥ 7.8 mmol/L, is associated with an increased risk of adverse clinical outcomes, including infections, prolonged hospital length of stay, post discharge disability and mortality. The importance of achieving glycaemic control safely during hospitalization cannot be over-emphasized.

In general, treatment of diabetes should be intensified with insulin and/or other glucose lowering therapies during hospitalization, when hyperglycaemia is persistently above 10 mmol/L, with a glycaemic target of 7.8-10.0 mmol/L. Studies targeting more intensive glycaemic goals of 4.4-6.1 mmol/L have been shown to have no significant treatment advantage but instead were associated with a slightly higher but significant mortality risk.

Glucose levels may be affected by a complex interplay between the stress of the acute illness leading to the hospitalization, poor oral intake, need for enteral or parenteral feed, medications that may affect glucose levels and the patient's background glycaemic control. Initial glucose management needs to be individualized based on severity of hyperglycaemia, any decompensation, hydration status, prognosis and the acute illness itself. Treatment options may range from continuous intravenous insulin infusion to subcutaneous basal insulin or basal plus or basal bolus insulin to only oral glucose lowering medications. When transitioning from more intensive continuous insulin infusion to subcutaneous insulin therapy, effective strategies including treatment overlap and insulin dose estimation are important in ensuring a smooth transition.

Over the recent decades, there have been important advances in the available technology in ambulatory glucose monitoring and ambulatory insulin delivery systems. The increasing popularity in the use of continuous glucose monitoring and automated insulin delivery devices including hybrid closed loop pumps, calls for guidance in the management of these patients when they are hospitalized.

This talk will address the challenges of in-hospital management of hyperglycaemia and how it can be optimized to minimize adverse clinical outcomes.

14:50 – 15:20

How to interpret oral glucose tolerance tests?

Tony Chun Kwan O

Clinical Lecturer, Division of Clinical Pharmacology, Department of Medicine & Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong

Different glycemic measures during oral glucose tolerance test (OGTT) and glycated haemoglobin (HbA1c) are used to define diabetes and intermediate hyperglycaemia (IH) with variation across the recommendations from different professional bodies. While HbA1c is an average measure of long-term glycaemic control carrying no value in informing pathophysiology underlying heterogeneity of diabetes/IH, elevated fasting plasma glucose (FPG) and/or post-load glucose (PG) could hint us on the insulin resistance and/or beta cell dysfunction at different levels, especially at the IH stage, where overt glucotoxicity has not set in. The association of impaired fasting glucose (IFG) and impaired glucose tolerance (IGT) with age, genetic and lifestyle factors shows discrepancy. The defect in glucose metabolism in a specific IH-subtype would likely track into and be the predominant mechanism leading to the onset of diabetes.

There is a discordance between IFG and IGT. The relative contribution of IFG and IGT to the IH population largely varies across countries, with IGT predominancy in the Chinese population. A substantial proportion of new-onset diabetes would be missed without performing OGTT due to non-diabetic FPG and HbA1c. The comparative predictive power of different glycaemic measures for incident diabetes varies across subpopulations characterized by non-glycaemic factors. While there are increasing efforts to delay progression into diabetes, existing evidences for lifestyle and metformin intervention apply mainly to IGT but not isolated IFG.

The International Diabetes Federation recently advocates using 1-hour PG to define IH and diabetes based on 40-year epidemiological evidence suggesting its superiority over other measures including 2-hour PG for predicting incident diabetes and associated complications. Its good predictive power has been validated in our and other East Asian cohorts. Nevertheless, the cut-off ≥ 8.6 mmol/L to define IH was largely based on the Caucasian population, and a higher cut-off might be more suitable for East Asians due to different metabolic phenotypes. Besides, we found that the good predictive power of 1-hour PG for incident diabetes decreased significantly when moving from individuals with no family history to those with a family history of young-onset diabetes, where FPG outperformed 1-hour PG. While high 1-hour PG is associated with substantial beta-cell dysfunction supported by our and others' data, its association with insulin resistance remain heterogenous across East Asian studies, which might be related to difference in non-glycaemic characteristics of these cohorts. These data again reinforced the heterogeneity of IH/diabetes, where more precise classification incorporating biogenetic and clinical measures as well as lifecourse information would guide precision management to give better outcomes.

SYMPOSIUM 5

Addressing the multiple needs of people with diabetes

15:35 – 16:05

Risks of new classes of glucose-lowering drugs

Edith Wing Kar Chow

Clinical Lecturer, Division of Endocrinology and Diabetes, Department of Medicine & Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong

Since the 21st century, new classes of glucose-lowering drugs have emerged. Namely, DPP-4 Inhibitors (DPP4i), GLP-1 receptor agonists (GLP1-RA), and SGLT-2 inhibitors (SGLT2i) have transformed the care of people with diabetes, shifting the focus from a glucose-centric approach to one emphasizing organ protection. Nonetheless, the expanding use of these agents raises concerns regarding their safety. The use of DPP4i was associated with pancreatic beta cell preservation (1). But there had been concerns regarding the risk of heart failure (2) and bullous diseases (3). GLP1-RA has revolutionized care for people with obesity, and there have been established benefits in people with heart failure (4) and diabetic kidney disease (5). However, concerns exist regarding the risk of adverse effects on skeletal and bone health, ophthalmic complications, and neuropsychiatric events (6). Lastly, SGLT2i is now a cornerstone therapy for people with diabetes, kidney diseases, and heart failure, but it carries risk for genitomycotic infections and ketoacidosis (7).

During this talk, we will discuss the evidence behind these safety signals related to newer classes of glucose-lowering drugs. By critically appraising the literature and discussing clinical implications, this talk aims to inform clinical decision-making in the evolving landscape of diabetes treatment.

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16:05 – 16:35

Vaccination for people with diabetes

Grace Chung Yan Lui

Head of Division and Clinical Associate Professor (honorary), Division of Infectious Diseases, Department of Medicine & Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong

Diabetes increases the risk of infection and disease severity for many infectious diseases. People with diabetes have 2 to 4 fold increased risk of hospitalization due to infections and may have increased risk of mortality for some infections, such as COVID-19. The underlying mechanism is complex, and involves hyperglycaemia and impairment of both innate and adaptive immune systems in people with diabetes.

Effective immunization can reduce these risks. As we encounter emerging and seasonal infections, there are also new developments in vaccinations, which include new vaccinations and new versions of old vaccinations. For example, conjugate vaccines for pneumococcal infections have been available for around 15 years, recent developments include the increase in valency, or serotypes, being covered by newer generation of pneumococcal conjugate vaccines. Development of new vaccines include the introduction of different types of respiratory syncytial virus vaccines, including adjuvanted vaccine, bivalent vaccine involving glycoproteins from subgroups A and B, and mRNA based vaccine platform.

Vaccinations that are currently available and recommended for patients with diabetes will be discussed in this talk. These include vaccinations to prevent respiratory illnesses, such as influenza, COVID-19, pneumococcal diseases and respiratory syncytial virus, as well as other infections, such as herpes zoster. Recent data on the newer vaccines, including trial data and efficacy and safety data, will be discussed. The indication, schedule, effectiveness and side effects of these immunization will also be discussed.

16:35 – 17:05

Physician-pharmacist collaborative care to optimize pharmaceutical care in elderly patients

Jones Chun Man Chan

Clinical Associate Professor (honorary), Division of Clinical Pharmacology, Department of Medicine and Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong

Polypharmacy is an inevitable consequence of population aging, driven by the prevalence of multiple comorbidities and the increasing use of evidence-based medications. The causes contributing to medication use problems among older patients are complex and multifactorial, including factors related to the patient, the prescribers, and the prescribing system itself (1). These medication problems are further exaggerated in frail patients, who often experience frequent changes in their medication regimens during hospital admissions, leading to suboptimal medication adherence. This is partly due to low health and medication literacy, as well as the instability of their medical condition. Moreover, the long follow-up intervals at outpatient clinics and frequent changes in medications during unplanned hospital admissions result in substantial drug wastage, incurring financial losses and negative environmental impacts.

In addition to older frail adults, patients with cardiac or renal diseases are also at high risk of medication-related problems due to their complex medication regimens or altered pharmacokinetics, making them vulnerable to adverse drug effects. Physician-pharmacist collaborations in medication management and/or review could be cost-effective interventions to enhance the safe use of medications, tackle medication-related problems and reduce drug wastage in these patient groups.

Some medications, such as warfarin, although their use is decreasing, are still considered high-risk due to their narrow therapeutic index. Pharmacist-led warfarin clinic has been proven to be a safe and effective complement to traditional physician-led anticoagulation clinic (2). Furthermore, "pro re nata" (PRN) medications are often prescribed and dispensed without adequate scrutiny upon patient discharge from the hospital, and these medications are often continued during follow-up at the outpatient clinics, leading to an accumulation of unnecessary medications.

Pharmacists, with their expertise and the use of pharmacy informatics, play an indispensable role in the management of patients with complex needs, as the traditional physician-care model is overwhelmed by the aging population in public health settings. In this talk, Dr Chan will share his experience in delivering physician-pharmacist collaborative care services to address medication problems in older adults, as well as patients with cardiac and/or kidney disease.

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[^]In T2DM patients with established CVD

Abbreviations: CKD: Chronic kidney disease; CI: Confidence interval; CV: Cardiovascular; CVD: Cardiovascular disease; eGFR: Estimated glomerular filtration rate; HF: Heart failure; HFpEF: Heart failure with preserved ejection fraction; HFrEF: Heart failure with reduced ejection fraction; HHF: Hospitalisation for heart failure; HR: Hazard ratio; LVEF: Left ventricular ejection fraction; OAD: Oral antidiabetic drug; RRR: Relative risk reduction; SGLT2i: Sodium-glucose cotransporter-2 inhibitor; T2DM: Type 2 diabetes mellitus; uACR: Urine albumin-creatinine ratio

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Leqvio® Important note: Before prescribing, consult full prescribing information. **Presentation: Solution for injection:** Each pre-filled syringe contains 1.5 mL of solution containing 284 mg inclisiran (equivalent to 300 mg inclisiran sodium). **Indications:** Leqvio is indicated in adults with primary hypercholesterolaemia (heterozygous familial and nonfamilial) or mixed dyslipidaemia, as an adjunct to diet: • in combination with a statin or statin with other lipid lowering therapies in patients unable to reach LDLC goals with the maximum tolerated dose of a statin, or • alone or in combination with other lipid lowering therapies in patients who are statin intolerant, or for whom a statin is contraindicated. **Dosage and administration:** Recommended dose: 284 mg inclisiran administered as a single subcutaneous injection: initially, again at 3 months, followed by every 6 months. Missed dose: • If a planned dose is missed by less than 3 months, inclisiran should be administered and dosing continued according to the patient's original schedule. • If a planned dose is missed by more than 3 months, a new dosing schedule should be started – inclisiran should be administered initially, again at 3 months, followed by every 6 months. Treatment Transition from PCSK9 Inhibitor Monoclonal Antibody: Inclisiran can be administered immediately after the last dose of a monoclonal antibody PCSK9 inhibitor. To maintain LDL C lowering it is recommended that inclisiran is administered within 2 weeks after the last dose of a monoclonal antibody PCSK9 inhibitor. **Special populations:** Renal impairment: No dose adjustments are necessary for patients with mild, moderate or severe renal impairment or patients with end stage renal disease. There is limited experience with inclisiran in patients with severe renal impairment. Inclisiran should be used with caution in these patients. **Hepatic impairment:** No dose adjustments are necessary for patients with mild (Child Pugh class A) or moderate (Child Pugh class B) hepatic impairment. No data are available in patients with severe hepatic impairment (Child Pugh class C). Inclisiran should be used with caution in patients with severe hepatic impairment. Pediatric patients (below 18 years): The safety and efficacy of inclisiran have not been established. Geriatric patients (65 years of age or above): No dose adjustment is necessary. **Method of administration:** Intended for administration by a healthcare professional. For subcutaneous injection into the abdomen. alternative injection sites include the upper arm or thigh. Injections should not be given into areas of active skin disease or injury such as sunburns, skin rashes, inflammation or skin infections. Leqvio should be inspected visually for particulate matter prior to administration. Each pre-filled syringe is for single use only. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Warnings and precautions:** Haemodialysis: Considering that inclisiran is eliminated renally, haemodialysis should not be performed for at least 72 hours after inclisiran dosing. **Pregnancy, lactation, females and males of reproductive potential Pregnancy:** There are no or limited amount of data from the use of inclisiran in pregnant women. Animal studies do not indicate direct or indirect harmful effects with respect to reproductive toxicity. As a precautionary measure, it is preferable to avoid the use of inclisiran during pregnancy. **Lactation:** It is unknown whether inclisiran is excreted in human milk. Available pharmacodynamic/toxicological data in animals have shown excretion of inclisiran in milk. A risk to newborns/infants cannot be excluded. A decision must be made whether to discontinue breast feeding or to discontinue/abstain from inclisiran therapy, taking into account the benefit of breast feeding for the child and the benefit of therapy for the woman. Infertility: No human data. No effects on animal fertility. **Adverse drug reactions:** Common (≥1 to <10%): Adverse events at the injection site (includes injection site reaction, injection site pain, injection site erythema, and injection site rash). **Interactions:** Not a substrate, inhibitor or inducer of CYP450 enzymes or common drug transporters. Not expected to have clinically significant interactions with other medications. Drug-drug interaction assessments demonstrated a lack of clinically meaningful interactions with either atorvastatin, rosuvastatin or other statins. **Packs:** Solution in pre-filled syringe: 1's **Legal classification:** P1S1S3 Last revision: Sep 2021 Ref: EU Dec 2020.

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Study Design[3]: A single-center study performed in Korea enrolled a total of 484 DM patients treated with moderate-intensity dose statin treatment for > 12 months (LIPITOR® 10-20 mg/day [n=295] or rosuvastatin 5-10 mg/day [n=189]) to investigate and compare the renal effects of moderate-intensity doses of statins in Asian patients with diabetes. The primary endpoints included the change in eGFR from baseline during the 12-month statin treatment, and the proportion of patients experiencing rapid renal decline (defined as a >3% reduction in eGFR in a 1-year period).

Abbreviations: CAD: coronary artery disease;CI: confidence interval; CVD: cardiovascular disease; DM: diabetes mellitus; eGFR: estimated glomerular filtration rate; HR: hazard ratio; LDL-C: low-density lipoprotein-cholesterol

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計劃內容

根據風險水平提供為期兩年的個人化干預

糖尿病風險評估
透過生物遺傳風險-基因測試(驗唾液)、血糖測試(篤手指)、體重指標及血壓等作風險分層

家庭醫生跟進

自我監察設備資助

護士提供個人化諮詢和教育

電子健康訊息

定期血液及尿液測試

藥物資助

專題工作坊或講座

了解更多

jc-pppyod.adf.org.hk

主辦機構：

香港中文大學 The Chinese University of Hong Kong
CU Medicine Faculty of Medicine
香港糖尿病及肥胖症研究所 HONG KONG INSTITUTE OF DIABETES AND OBESITY
亞洲糖尿病基金會 Asia Diabetes Foundation
聖雅各福群會 St. James' Settlement

MSc in Endocrinology, Diabetes and Metabolism

This two-year part-time programme aims to equip health care professionals with the latest advances in research and development in the fields of diabetes, obesity, metabolic and endocrine diseases. Students can also equip with the skills to diagnose, assess, manage and educate patients with these common but complex diseases in the community.

1 out of 8
CHINESE HAS DIABETES

Programme Highlights

- Latest research advances
- Clinical attachments
- Experiential learning
- Interactive workshops

Application Deadline:
31 May 2025
Quotable qualification by The Medical Council of Hong Kong with CME/CNE points from other professional accreditation organizations

Admission Requirements

In addition to the general requirement of the Graduate School, graduates from a recognized university with a relevant degree will also be accepted. For details, please refer to the Graduate School website (**www.gs.cuhk.edu.hk**)

Admission Procedures

Applicants are recommended to submit online applications with supporting documents (**www.gs.cuhk.edu.hk**) before the application deadline. The application fee is HK$300 (non-refundable)

Tuition Fee

HK$89,000 per annum
For exemptions, please refer to the Programme website (**www.hkido.cuhk.edu.hk/medm**)

Programme Director

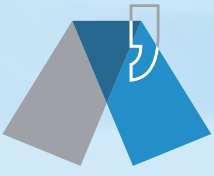
Professor Andrea OY Luk
Professor, Department of Medicine and Therapeutics, CUHK

Programme Co-directors

Dr Edith WK Chow
Clinical Lecturer, Department of Medicine and Therapeutics, CUHK

Dr Tiffany TL Yau
Clinical Professional Consultant, Kai Chong Tong Clinical Skills Learning Centre, CUHK

Application and Enquiries
Enquiry Hotline: (852) 3505-3130
Email: medm@cuhk.edu.hk
www.hkido.cuhk.edu.hk/medm
HKIDO



亞洲糖尿病基金會
Asia Diabetes Foundation

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