# Changing Diabetes® in the community Vol V, Issue - 2, July 2016



IN THIS ISSUE



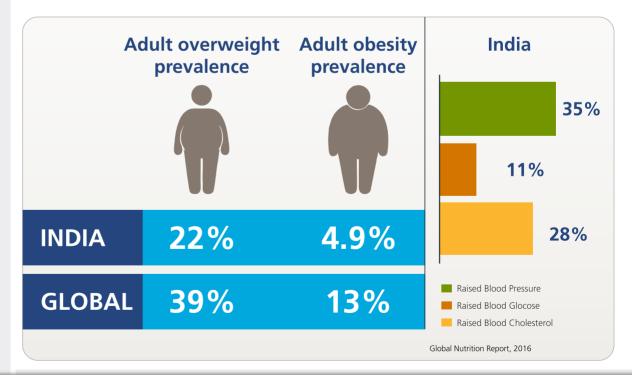




# LEAD Puducherry



# Act today to change tomorrow



changing diabetes<sup>®</sup> in children





Dear Friends
JOIN HANDS TO FIGHT AGAINST DIABETES

As per latest IDF Atlas 2015, India is home to 69.2 million people with diabetes and the number is expected to go up to 123.5 million by 2040. The situation is assuming alarming proportions especially as the onset of diabetes is starting early. Novo Nordisk Education Foundation (NNEF) in collaboration with various state governments has been working consistently to spread diabetes awareness.

This year, the World Health Organisation (WHO) declared the World Health Day (WHD) as 'Beat Diabetes' day. In line with the said theme, NNEF-run Changing Diabetes Barometer (CDB) programme organised several awareness and HCP outreach activities. The objective was to spread the message about diabetes and the need to get detected early to initiate in-time treatment for an effective control.

In Bihar, the WHD programme commenced with a patient education camp and 'make your own plate' poster, inaugurated by Secretary Health-cum Executive Director and attended by around 500 people. The assembled senior government doctors appreciated NNEF's efforts.

In Gujarat, we conducted various activities including a skit play, in association with the nursing staff of SSG Hospital, Vadodara; a diabetes talk show on diabetes, in association with Medicine Department, Bhavnagar Medical College, attended by over 1000 people; and a patient education camp attended by around 5,000 people, in collaboration with Sir T hospital, Bhavnagar.

And at Odisha, we took the lead to make young India aware about diabetes by organising a debate competition at a Government school, Bhubaneswar attended by Director Public Health (DPH), Additional Director NCD and Joint Director NCD.

A testing camp was also organised by Odisha Government, in association with NNEF for staff members of the Directorate of Health and Family Welfare. A closing note by Dr. C R Nayak and Dr. PKB Patnaik included essentials about diabetes and the important work being done by NNEF in Odisha.

The WHD commenced in Puducherry with a diabetes education and counselling activity inaugurated by Dr. KV Raman-DMS Department of Health & Family Welfare in the presence of Dr. G Raghunathan,

Deputy Director I.E.C and Dr. K Shanthimathi, Program Officer, NCD program, volunteers from local NGOs and government department.

I am thankful to the Puducherry government for recognising the work done by NNEF and allocating space at the Government Lifestyle Centre to organise diabetes awareness initiatives. Other awareness programmes included school health programmes, in association with the State NCD cell, to educate students on diabetes prevention and encourage them to adopt a healthy lifestyle.

The CDB Puducherry chapter also conducted diabetes education program at Mother Theresa institute of Medical Sciences and Post Graduate institute, in association with Department of Health and Department for Woman and Child development, Puducherry Government.

In Madhya Pradesh, a number of awareness activities were organised such as diabetes awareness walk; and patient education programmes at Bhopal, Gwalior and Indore and at Datia led by Dr. P Batham and Dr. Ojha.

I am also happy to share that the CDB programme in Madhya Pradesh has taken the next step towards sustainability as the project has been rolled out in 47 districts in the state.

We are thankful to Shri Narottam Mishra, Minister for Health Govt. of Madhya Pradesh; Ms Gauri Singh, Principal Secretary health; Shri Pankaj Agarwal, Health Commissioner and Dr. K.L. Sahu, Director NCD Public Health & Family Welfare (Govt of Madhya Pradesh) for their guidance and support in rolling out this programme seamlessly.

These awareness initiatives would not have been a resounding success without the support of the state governments and guidance of government healthcare professionals. And for this, I am thankful to all our stakeholders for their continued assistance.

Our awareness programmes focus on spreading the message on diabetes and related health risks; and work towards improving access to care for people living with diabetes.

As part of our mission towards building capability of government HCPs, we conducted two training programmes for healthcare professionals in Puducherry and Bihar, as part of LEAD- Learning & Excellence Academy for Diabetes and co-morbidities.

In line with our sustained endeavour to bring all partners and stakeholders on one platform, we are partnering with a leading industry body to bring to you a healthcare focused mega-event that will debate, discuss and suggest actionable measures to address the NCD treatment burden in India. This initiative will be a never-seen before forum of leaders and decision-makers who will be coming together to make a difference to Indian healthcare system. Our CDB teams will be reaching out to you soon on this.

#### Melvin D'souza

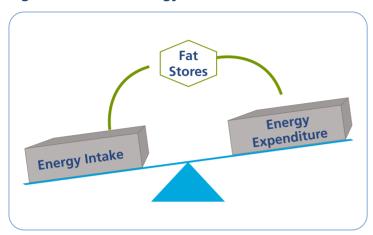
Managing Trustee, Novo Nordisk Education Foundation

# India's obesity doubled in 10 years

Obesity refers to an excess amount of body fat<sup>1</sup>.

Obesity is caused by long term positive energy balance (figure 1). When energy intake is more than the energy expenditure, the energy is stored in the form of fat in body subsequently leading to obesity<sup>2</sup>.

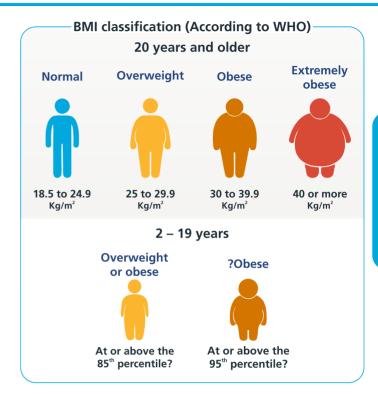
**Figure 1. Positive Energy Balance** 

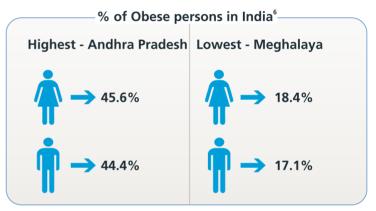


Obesity has been described as a worldwide pandemic. Globally, more than 2.1 billion people are overweight or obese. Overweight and obesity are the fifth leading cause of death in the world, accounting for nearly 3.4 million deaths annually. Globally, the prevalence of overweight and obesity is increased by 28% in adults and 47% in children between 1980 and 2013<sup>3</sup>.

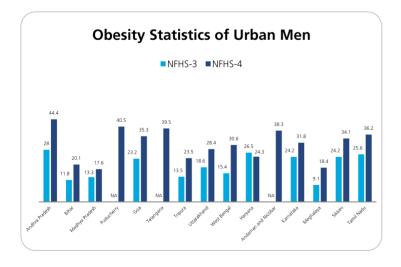
More than one in 10 men and one in 7 women are obese<sup>3</sup>.

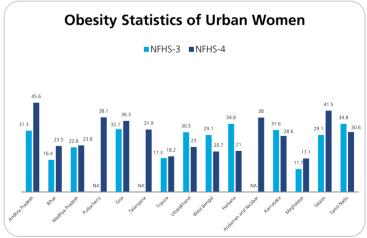
According to the Lancet medical journal, based on global trend, the World Health Organisation has predicted that 18 % of men and 21 % of women, will be obese by 2025<sup>4</sup>.





#### Prevalence of obesity in different states of Urban India<sup>7,8</sup>









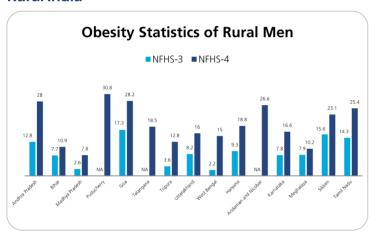


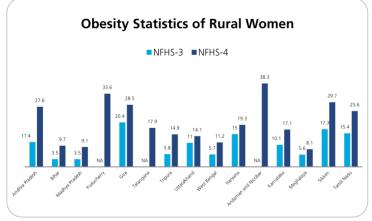
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#### Complications Associated with Obesity<sup>3</sup>



#### Prevalence of obesity in different states of Rural India<sup>7,8</sup>





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### **World Health Day Activities** in Odisha

On the eve of World Health Day (WHD) 2016, Director of Health Services attended a screening at the Directorate of Health.

The DHS also briefed the gathering about essential lifestyle modification measures for a healthy, active life.



Director Public Health (DPH) Dr. Kailash Dash, Additional Director Dr. B Kindo, Joint Director (JD) NCD Dr. P K B Patnaik, and SE Mrutyunjaya took part in different activities at Unit 1 high school, bhubaneswar. Around 220 students and 15 teachers were present to mark the occasion. The agenda included:

- 1. Presentation by DPH and JD on NCD related to diabetes and life style modification, healthy food habits
- 2. Announcement of the winners of debate competition
- 3. Prize distribution
- 4. Q & A session on diabetes related gueries.

The NNEF was highly appreciated by DPH and the other dignitaries for marking World Health Day in the school.









# **Creating Awareness Regarding Diabetes through different Education Programme in Madhya Pradesh**

On the occasion of World Health Day (WHD), NNEF organised a number of activities across Bhopal, Datia, Gwalior and Indore District Hospital to create awareness among people regarding diabetes.

#### **Datia**

An awareness walk on diabetes was organised to make people aware on diabetes. The walk was flagged off by CS Dr. Pansari. CMHO and Dr. R S Gupta. All NCD doctors and around 100 paramedics from CMHO & CS office have participated in this awareness walk. This was followed by a patient education programme where Dr. P Batham and Dr. Ojha educated people on diabetes management.

#### **Bhopa**

At Bhopal a patient education programme was organised with more than 40 people with diabetes. The WHD PEP was inaugurated by CS Dr. I K Chuk and key physicians including Dr. Anil Shukla, Dr. Rachana Gupta and Dr. Princika Jain has educated people on diabetes management while Dr. Rachana Gupta educated patient with diabetes on retinopathy.

#### **Gwalior**

At Gwalior, a comprehensive patient education programme was organised, where more than 60 people with diabetes have attended this programme. The programme was organised specially for one to one counselling of patient with diabetes by key doctors. More than 75 uncontrolled patient with diabetes were invited for this dedicated programme. Dr. DK Sharma and Dr. S K Sharma spent more than 3 hours for this programme. Each of them have counselled close to 30 patient with diabetes during this dedicated one to one counselling programme.

#### Indore

One patient education programme was organised to educate PwD on diabetes. The patient education programme was attended by more than 80 people organised at the OPD area. Dr. Ulah Mahajan and Dr. Ira facilitated the programme.



















# **Management of Diabetes during Ramadan**

Fasting during the holy month of Ramadan is an important spiritual practice. Throughout this month most people who fast consume two meals per day. one before dawn, referred to as Suhoor (predawn), and the other after sunset, referred to in Arabic as Iftar (breaking of the fast meal)<sup>1</sup>. Although fasting during Ramadan helps in adapting better lifestyle, facilitating weight loss and smoking cessation, patients with uncontrolled diabetes face possible major metabolic risks (figure 1).

There are 148 million Muslims with diabetes across the world, of which over 116 million may fast during Ramadan<sup>2</sup>. The Epidemiology of Diabetes and Ramadan (EPIDIAR) study reported 42.8% of patients with T1DM and 78.7% of those with T2DM fast for at least 15 days during Ramadan<sup>3</sup>

#### Figure 1: Key risks associated with fasting for patients with diabetes



According to CREED study, 94.2% fasted for at least 15 days and 63.6% fasted every day during the month. These patients included 33.3% low risk and 31.4% moderate risk patients who, according to the American Diabetes Association recommendation, are advised against fasting for prolonged period<sup>4</sup>

#### All patients are advised to break their fast if4:

- 1. Blood glucose < 70 mg/dL (3.9 mmol/L) a. re-check within 1 h if blood glucose 70-90 mg/dL (3.9-5.0 mmol/L)
- 2. Blood glucose >300 mg/dL (16.7 mmol/L)
- 3. Symptoms of hypoglycaemia or acute illness occur

#### T1DM patients with any one of the following conditions are strongly advised not to fast4:

- 1. History of recurrent hypoglycaemia
- 2. Hypoglycaemia unawareness
- 3. Poor diabetes control
- 4. Brittle diabetes

- 5. Non-compliance with medical treatment
- 6. Patients who are 'unwilling' or 'unable' to monitor and manage their blood alucose levels

The decision by an individual with T1DM to fast during Ramadan must be respected. There is some evidence to suggest that, as long as they are otherwise stable and healthy, they can do so safely. However, strict medical supervision and focused education on how to control their glycaemic levels is essential

As with adults, adolescents with T1DM who decide to fast (and their parents) must be aware of all potential risks associated with Ramadan fasting.

#### Flow chart: Patient assessment during Ramadan<sup>4</sup>

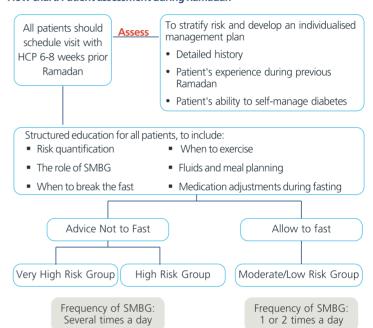


Figure 2: IDF-DAR risk categories for patients with diabetes who fast during Ramadan<sup>4</sup>

#### **VERY HIGH RISK HIGH RISK** One or more of the following: One or more of the following: T2DM with sustained poor glycemic control\* Severe hypoglycaemia within the 3 months prior Well-controlled T1DM • DKA within the 3 months prior to Ramadan Well-controlled T2DM on MDI or mixed insulin • Hyperosmolar hyperglycemic coma within the 3 Pregnant T2DM or GDM controlled by diet only months prior to Ramadan or metformin · History of recurrent hypoglycaemia CKD stage 3 · History of hypoglycaemia unawareness Stable macrovascular complications Poorly controlled T1DM Patients with comorbid conditions that present Acute illness Pregnancy in pre-existing diabetes, or GDM treated with insulin or SUs People with diabetes performing intense physical • Chronic dialysis or CKD stage 4 & 5 Treatment with drugs that may affect cognitive · Advanced macrovascular complications · Old age with ill health If patients insist on fasting then they should: · Be prepared to break the fast in case of hypo- or hyperglycemia • Receive structured education • Be prepared to stop the fast in case of frequent hypo-• Be followed by a qualified diabetes team hyperglycemia or worsening of other related • Check their blood glucose regularly (SMBG) medical conditions · Adjust medication dose as per recommendations

#### **MODERATE / LOW RISK**

#### Well-controlled T2DM treated with one or more of the following:

- · Lifestyle therapy
- Metformin
- Acarbose
- Thiazolidinediones
- Second-generation sulfonylureas
- Incretin-based therapy
- SGLT2 inhibitors
- Basal insulin

#### Patients who fast should:

- Receive structured education Check their blood glucose regularly (SMBG)
- Adjust medication dose as per recommendations

Patients who are in the two highest categories of risk are advised not to fast; however, many of these patients will choose to do so and this must be

\*The level of glycaemic control is to be agreed upon between doctor and patient according to a multitude of factors; CKD, chronic kidney disease; DAR, Diabetes and Ramadan International Alliance; DKA, diabetic ketoacidosis; GDM, gestational diabetes mellitus; IDF, International Diabetes Federation; MDI, multiple dose insulin; SGLT2, sodium-glucose co-transporter-2; SMBG, self-monitoring of blood

Disclaimer: The information provided in this newsletter is purely for knowledge sharing purpose. Please note that for any medical guidance and advice, please check with your doctor for the same







Structured diabetes education should be provided to patients to make informed decisions regarding their behavior and to self-manage their diabetes during fasting effectively. The key areas are included in figure 3.

Figure 3: Key components of a Ramadan-focused educational programme<sup>4</sup>

**Blood Glucose** 

Fluid and Dietary

**Exercise advice** 

Medication

When to break the fast

#### Dose Adjustments in patients with diabetes during Ramadan fasting<sup>4</sup>

#### Metformin

Once daily Take at Iftar

Twice daily Take at Iftar and Suhoor

Morning dose to be taken before suhoor Thrice Daily Combine afternoon dose with dose taken at iftar

#### Sulfonvlurea -

1. Take at iftar

Once daily 2. In patients with well-controlled blood glucose levels the dose may be reduced

1. Iftar dose remains the same

2. In patients with well-controlled blood glucose Twice daily

levels, the suhoor dose should be reduced

1. Older drugs (e.g. glibenclamide) carry a higher risk of hypoglycaemia and should be avoided Older drugs

2. Second-generation sulfonylureas (glicazide, glimepiride) should be used in preference

#### Acarbose

No dose modification is considered necessary as the risk of hypoglycaemia is low.

#### **Thiazolidinediones**

No dose modification is required during ramadan and doses can be taken with iftar or suhoor

#### **DPP4\*** inhibitors

DPP-4 inhibitors do not require treatment Modifications during ramadan

\* Dipeptidyl peptidase-4

#### Long and Short acting insulin

NPH/determir/

1. Reduce dose by 15-30% glargine/degludec 2. Take at iftar

once-daily

in the class

NPH/determir/ glargine twice

Short acting

1. Take usual morning dose at iftar

2. Reduce evening dose by 50% and take at suhoor

daily

1. Normal dose at iftar

Omit lunch-time dose

3. Reduce suhoor dose by 25-50%

#### Long and Short acting insulin dose modification during Ramadan fasting

	Fasting/pre-iftar/ pre-suhoor blood glucose	Pre-iftar* Basal insulin	Post-iftar*/Post-suhoor** Short-acting insulin
	<70 mg/dL (3.9 mmol/L) or symptoms	Reduce by 4 units	Reduce by 4 units
ľ	70–90 mg/dL (3.9–5.0 mmol/L)	Reduce by 2 units	Reduce by 2 units
	90–130 mg/dL (5.0–7.2 mmol/L)	No change required	No change required
ľ	130–200 mg/dL (7.2–11.1 mmol/L)	Increase by 2 units	Increase by 2 units
ſ	>200 mg/dL (11.1 mmol/L)	Increase by 4 units	Increase by 4 units
	*Adjust the insulin dose taken before	suhoor; **Adjust the ins	ulin dose taken before iftar

#### SGLT2\* inhibitors

Can be used with caution in some patients. During ramadan no dose adjustment is required and it is advised that the dose be taken

\* Sodium-glucose co-transporter 2

#### **GLP1** Receptor Analogues

As long as glp-1 ras have been appropriately dose-titrated prior to ramadan (6 weeks before), no further treatment modifications are required

#### **Short-Acting Insulin Secretagogues**

The daily dose (based on a three-meal dosing) may be reduced or redistributed to two doses during ramadan according to meal size

#### Insulin Pump-

Basal rate

1. Reduce dose by 20–40% in the last 3–4 hours of fasting

2. Increase dose by 0-30% early after iftar

Bolus rate

Normal carbohydrate counting and insulin sensitivity principles apply

#### **MDI\*** in adolescents

Long / intermediateacting insulin

1. Reduce dose by 30-40%

2. Take at iftar

Short-acting insulin

1. Normal dose at iftar

2. Reduce suhoor dose by 25-50%

\* Multiple Daily Insulin

#### Premixed insulin -

Once daily

Take normal dose at iftar

Twice daily

1. Take normal dose at iftar 2. Reduce suhoor dose by 25-50%

Thrice Daily

1. Omit afternoon dose Adjust iftar and suhoor doses

2. Carry out dose titration every 3 days.

#### Premixed insulin dose titration during Ramadan fasting

Fasting/pre-iftar/pre-suhoor blood glucose	Premixed insulin modification
<70 mg/dL (3.9 mmol/L) or symptoms	Reduce by 4 units
70–90 mg/dL (3.9–5.0 mmol/L)	Reduce by 2 units
90–126 mg/dL (5.0–7.0 mmol/L)	No change required
126–200 mg/dL (7.0–11.1 mmol/L)	Increase by 2 units
>200 mg/dL (11.1 mmol/L)	Increase by 4 units

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# **Diabetes Education and Awareness Programme in Puducherry**

On the occasion of World Health Day (WHD), a diabetes awareness and education program was conducted in the "Govt. lifestyle modification centre" which was inaugurated and dedicated to the public by the Hon'ble CM of Puducherry on 5th March 2016.

This diabetes education and awareness program has benefitted 280 people through various IEC activities. The program was inaugurated by Dr. K.V. Raman, DMS, DHFWS, in the presence of Dr. G. Ragunathan, DD, I.E.C and Dr. K. Shanthimathi, Non Communicable Diseases program officer.



Local N.G.Os, Govt department staffs and education institutions participation and volunteer support to this program made it a memorable event.

On a positive note, NNEF representative was informed by the DMS about allocation of space to NNEF activities at the "Govt life style centre" to conduct diabetes awareness initiatives throughout the year. This is one of the traditional building of Puducherry government and the oldest one where the first Chief secretariat was functioning in pre-independence era.

The "Learning and Excellence Academy for Diabetes and it's Co-morbidities - LEAD" training for doctors of Govt of Puducherry was conducted at NRHM conference hall in the State health Building of Directorate of Health and Family welfare services- Govt of Puducherry on 19 April 2016. The program was inaugurated by Director Dr. T. Kalimuthu, Puducherry State Health Mission, in the presence of Prof Dr. A.K. Das, Dr. G. Ragunathan, Deputy Director IEC, Dr. K. Shanthimathi, NCD program officer, Dr. J. Allirani, Deputy Director Family Welfare, Dr. N. Nilamani, NCD Training officer, Dr. J. Ramesh, H.O.D, Department of Medicine, Dr. S. Vijaya Bhaskar Reddy and Dr. Neera Gupta, NNEF.



The sessions were taken up by Dr. S. Vijay Bhaskar reddy, Consultant Endocrinologist, Prof. Dr. A. K. Das, H.O.D, Dept of endocrinology, PIMS, Dr. J. Ramesh, H.O.D Medicine, IGGH & PGI, Dr. Neera Gupta, Dr. K. Kumar, Specialist, Dept of Nephrology, IGGH & PGI. Around 52 doctors from Directorate of Health & Family Welfare services, Indira Gandhi Govt General Hospital & Post graduate Institution, Indira Gandhi Govt Medical College & Research institution have participated and underwent training on different LEAD modules.



All attendees actively participated in Q&A sessions, debates and discussions. A certificate of participation was also handed to each faculty and delegates by the dignitaries on behalf of LEAD. The announcement of scheduling the advanced LEAD course was made by Prof. Dr. A.K Das to the participants.









# Policies to reduce sugar intake: An effort to control NCDs

Contrary to popular belief, "sugar doesn't cause diabetes", sugar lead to obesity and that is why there's a strong correlation between countries that consume the most sugar and countries with high levels of obesity and

Global consumption for 2016/17 is forecasted at a record 174 million metric tons, exceeding production and drawing stocks down to the lowest level since 2010/11. Production is up 4 million tons to 169 million tons

The WHO recommends to reduce daily intake of free sugars to less than 10% of total energy intake, in adults and children to prevent overweight and obesity, increased risk of NCDs and dental caries. WHO also states that a further reduction to below 5% (about 6 teaspoons) per day would provide additional benefit<sup>2</sup>. The limits would apply to all sugars added to food, as well as sugar naturally present in honey, syrups, fruit juices and fruit concentrates.



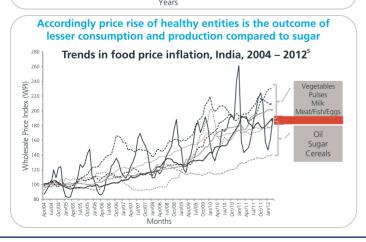
Reduction of sugar content below 5% (about 6 teaspoons) per day, prevents obesity, decrease the risk of other NCDs along with other benefits<sup>2</sup>

study, there is independent associations between per capita sugar consumption and prevalence of diabetes mellitus rates worldwide and with special regard to the South Asian region<sup>3</sup>.

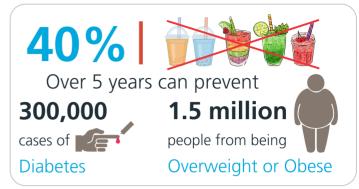
A number of countries, including Finland, France and Mexico, have introduced taxes in an effort to reduce consumption of sugar-sweetened beverages. Many public health commentators and national diabetes associations are calling for action to reduce sugar intake as an important step in stemming the increase in prevalence of type 2 diabetes.

Recently, UK government has also taken initiative to develop strategies to stop the diabetes epidemic from continuing to grow. Taxation of sugar sweetened beverages were included while milk-based drinks or fruit juices are exempted. The government also committed to fund £520 million revenues per year collected from the soda tax for physical education and sport to fight sedentarism in primary school<sup>4</sup>

Increased consumption and demand leads to increased production of sugarcane compared to other healthy entities Trends in production of food groups - India tonnes 1951 - 2010 350.00 300.00 250.00 200.00 150.00 \_\_ Production 100.00 50.00



A study states that, reducing the amount of sugar in soft drinks and fruit juices by 40% over five years could prevent 300,000 cases of diabetes in the UK and stop 1.5 million people from being overweight or obese<sup>6</sup>



The Indian government is also planning to implement tougher advertising norms, tax on sugar-containing beverages and junk food to prevent obesity in order to check the growing incidence of diabetes in the country. The health ministry and the central food safety regulator are working on a proposal to cut consumption of unhealthy food and beverages, mainly among children

#### International Diabetes Federation advocates the following specific measures for awareness of sugar based products to the public8:

- 1.The introduction of clear, unambiguous, colour-coded front of pack labelling which gives total sugar content, including all types of sugar, including those with alternative names (such as high fructose corn syrup).
- 2.A ban on advertising of sugar-sweetened beverages and high sugar foods to children and adolescents
- 3. Revision of healthy eating guidelines to reduce consumption of foods with naturally high sugar content (eg certain fruits and fruit juices).
- 4.A ban on sponsorship of sporting events by manufacturers of sugar-sweetened beverages or high sugar foods
- vending machines in schools and policies to restrict access in workplaces
- 6. An obligation to make clean drinking water freely available in all schools, places of employment and in public open spaces
- 7.Government incentives (including taxes) to reduce consumption of sugarsweetened beverages and high sugar foods
- 8.Government incentives to promote production of leafy vegetables and fruit in preference to sugar
- 9.Government incentives to increase availability and affordability of fresh vegetables, fresh fruit and clean drinking water
- 10.A regulatory framework for reformulation of processed foods to reduce sugar
- 11. Public health campaigns to educate people about the health risks associated with
- 12. Further research to be undertaken to establish links between sugar intake and

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  8. IDF Framework for Action on Sugar. International Diabetes Federation, 2015







## **Diabetes Education and Awareness Camp in Bihar**

On the occasion of World Health Day (WHD), NNEF executed patient education programme and make your own plate programme at New Gardiner Road Hospital, Patna. The key dignitaries Director in chief, Dr. Azad Hind Prasad, CS, Patna, Dr. Girendra Sekhar Singh, State Programme Officer, SHSB, Dr. Mahesh Kumar Sinha, Superintendent, NGRH, Dr. Monaj Kumar Sinha, MO, NGRH, Dr. Akhilanand Singh, Dietician, NGRH, Ms. Nirja Joshua, ACMO, Patna, Dr. Rajendra Prasad Sinha, OSD to ED, Mr. Masood Alam, Regional Director, Dr. K K Mishra inaugurated the programme. They spoke about the importance of lifestyle modification and how people can manage diabetes and can prevent diabetes by measuring few simple steps. Dr. Mahesh Kumar Sinha and Dr. Manoj Kumar Sinha have appreciated NNEF efforts across Bihar to fight diabetes. After the brief speech of the dignitaries Secretary, Health cum executive director, SHS, Sri Jitendra Srivastava joined for inauguration of the screening camp and interacted with patient with diabetes and CDiC children.

Dr. Monoj Kumar Sinha and Dr. Neerja Joshua also addressed patient with diabetes and CDiC children on various aspects of diabetes management.

The awareness camp was followed by a patient education and awareness programme where Dr. Ajoy Kumar, MO NGRH, CS Patna, Dr. Girendra Sekhar Singh and SPO Dr. Mahesh Kumar Sinha interacted with diabetes patient on diabetes management. More than 750 people were educated on diabetes management. This event was covered in the local news channels and media.



















## **World Health Day Activities Marking in Gujarat**

#### Jogger's Park, Bhavnagar

On the occasion of World Health Day (WHD), Novo Nordisk in collaboration with Sir T Hospital, executed the health camp with the theme of 'Commentary of Diabetes Booklet" at Jogger's Park, Bhavnagar on 6th April 2016. The programme was inaugurated by Dr Pramod R. Jha, HOD Medicine of Bhavnagar Medical College who was also actively involved in people counselling. Around 250 people attended the camp and received diabetes booklet. The activity reached approximately 5000 people residing over there.

#### Victoria Park, Bhavnagar

In continuation with WHD celebration, in association with Medicine Department, Bhavnagar Medical College, Novo Nordisk successfully executed the "Free Stand Talk show on Diabetes" at the Victoria Park on 7 April, 2016. This event was attended by 1000 people who were also given diabetes booklet (Gujurati). To resolve the queries of the interested people, two to three groups, comprising 15 - 20 people were provided an opportunity to directly interact and resolve their queries with the HOD Medicine, Dr. P R Jha and Physician, Dr. Vishnu Gosami.

The duo also asked the people to stick to their medication for proper diabetes management. Both the HOD and physician took the reference of Novo Nordisk's Gujarati diabetes booklet and addressed the audience with their expertise knowledge.

#### SSG Hospital's Skit Play on Diabetes

In collaboration with nursing staff of SSG Hospital, the NNEF team executed a skit play on Diabetes on 8 April 2016. The incorporated messages regarding diabetes, its symptoms, diagnosis, diet counselling and treatment including both OAD (oral antidiabetic drugs) and insulin. This awareness activity was executed twice and was watched by about 300 People. The activity was covered by local media channels.

#### Skit play and Awareness Programme, Jamnabhai Hospital Vadodara

In association with non-communicable disease (NCD) cell at Jamnabhai Hospital, Vadodara a skit play on diabetes and awareness programme was executed. The skit was followed by a session on diet and on diabetes prevention by the NCD Diabetes Counsellor, Ms Dipti Saxena and Physician, Dr Vinu Patel respectively. The event was attended by Dr R M Mehta, Medical Superintendent and about 150 people.

#### **Nurses Education Programme**

A nurses education programme was executed in GMERS Gotri in GMERS Gotri, Vadodara on 12 April and was attended by 31 nurses.















# Changing Diabetes<sup>®</sup> in Children (CDiC) – Making a difference through commitment, compassion and care for children with type1 diabetes

The Changing Diabetes in Children program (CDiC), focuses at improving access to care for children with type1 diabetes coming from poor (BPL) families. This programe is marching towards completion of its 5th successful year of care, with > 4000 children registered.

This year, to commemorate the World Health Day (WHD) on 7 April 2016, CDiC centers across the country had undertaken a series of activities focused on the child, care givers and health care professionals. This year's WHD is focused on Diabetes along with the "Beat Diabetes", campaign announced by WHO. On this occasion all the CDiC children who had participated in the various activities undertook

- A pledge to create awareness on diabetes and
- Improve the overall knowledge about diabetes to prevent & manage it better.

This campaign helped in reaching out to >750 children and over 2000 adults who care for these children through structured type1 diabetes programs, focused on awareness and better management.

As part of the WHD campaign, an e-mailer campaign was launched to create awareness on the possibility of diabetes in children. This was reached to > 1000 people. Apart from this an educational series titled, "Do's & Don'ts", addressing the HCPs, diabetes educators and other caregivers of children with type1 diabetes was also initiated. The first 3 in this series has focused on type1 diabetes, insulin and monitoring, which have been released and received very well by the addressees.

#### **Other key Events**

During the last quarter this year, 3 HCP training programs were accredited by the local medical council, with "2 credit hours" and 4 diabetes educator programs. These were conducted on 7 April at KIDS CDiC center at Bhubaneswar, 24 April at Gandhi Hospital, Hyderabad and 29 May at BDH, CDiC center Bengaluru attracting 123 Doctors. The diabetes educators education programs were conducted at Fortis Hospital, Bangalore on 26 April, SSKM Hospital, Kolkata on 31 May, IGGH & PGI conference Hall, Puducherry on 2 June and Ramdev Hospital, Hyderabad on 3 June, reaching to a total of 196 nurses and other para-medical professionals. These training were focused on capacity building for diagnosing & managing type 1 diabetes in children.













362 Scholarship Disbursed

to deserving eligible children with type 1 diabetes

21 CDiC Centres



CDiC Vision, "To initiate and strive for comprehensive diabetes care for the economically underprivileged children with type1 diabetes."





