Helping Your Child With Diabetes

Diabetes On The Brain

Exercising With Microvascular Complications

Getting To Know Your Oats

Lunar New Year Recipe Delights

DIABETIC SOCIETY OF SINGAPORE WISHES EVERYONE A HEALTHY NEW YEAR 2013 & ALL CHINESE READERS A HAPPY LUNAR NEW YEAR.
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BUILD HEALTH OR PRODUCE DISEASE

Just a few hours into my first clinic for the new year, I came across an amazingly disciplined patient who has diabetes. I asked her if she checked her blood sugar regularly. Truth be told, I was expecting her to say that she checked it once in a (long) while. This is the typical answer I have got for the last twenty years talking with patients who have diabetes. Her answer surprised me. She said, “Yes, just six times a day and before and after every meal.” And that, despite her primary care doctor telling her that there is no need to be over exuberant! She also put herself on a strict regime of healthy diabetes-friendly foods - brown rice, wholemeal bread, lots of fish and vegetables, white meat and the like.

Not too unexpectedly, she has no signs of diabetic retinopathy or other diabetes-related complications. Now, I am not suggesting that you check your blood sugar six times a day. In fact, if you avail yourself to be regularly checked by your general practitioner or endocrinologist, you have already done quite well. The main point about this story is not so much how often she checked her blood glucose but about how she developed such strong discipline and determination. It is about how it is possible not to succumb to temptations in food-mad Singapore and especially during this festive season!

Someone sent me a watch list for 2013. Amongst the dos and don’ts is the famous quotation by the American nutritionist Adelle Davis: ‘Eat breakfast like a king, lunch like a prince and dinner like a pauper’. Of course, if you have diabetes and are on insulin or oral medication you need to check with your primary care doctor and make sure you don’t end up with hypoglycaemia (‘hypos’) or wild swings in your blood sugar. A lesser known “food quote” by Davis which I like is this: “As I see it every day, you do one of two things, build health or produce disease in yourself.”

So, let’s take this quote to heart each time we have our next meal and hopefully for as long as my iron-willed patient.

Have a healthy year ahead!

Dr Yeo Kim Teck
Senior Consultant
Apple Eye Centre

Diabetic Society of Singapore is a non-profit organisation affiliated to the International Diabetes Federation and the National Council of Social Service. DSS gratefully accepts donations of any amount to help fight diabetes. All donations are tax exempt. Cash donations must be made in person at our HQ. Cheque donations should be made payable to Diabetic Society of Singapore. You may also make online donations via www.sggives.org/diabetes.

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In line with this year’s theme from IDF - ‘Protect our Future: The Right Education for All’, World Diabetes Day 2012 was held at NUSS The Graduate Club.

A joint-event with the 13th National Eye Care Day by the Singapore National Eye Centre working with the National University Hospital, the Singapore Eye Research Institute (SERI) and with the involvement of the NUS Medical Society and student nurses from the Alice Lee Nursing Centre, we answered IDF’s call to Educate, Engage and Empower Youth and the General Public on Diabetes.

Minister of Health Mr Gan Kim Yong once again graced and opened the event which saw busloads of senior citizens from community centres and organisations.

In his speech, Minister Gan disclosed that official health figures show that 400,000 people in Singapore now have diabetes.

Furthermore, approximately 1 in 700 diabetics developed kidney failure requiring dialysis. In 2010, approximately 1 in 110 diabetics suffered a heart attack, 1 in 140 diabetics suffered a stroke, and 1 in 400 underwent lower limb amputations.

Minister Gan added that his Ministry will continue to improve our healthcare system; and to enable more Singaporeans to benefit from the Chronic Disease Management Programme (CDMP), the Medisave withdrawal limit for the scheme has been increased.

In addition, the Community Health Assistance Scheme (CHAS) was enhanced in 2012 to enable middle and low income Singaporeans to benefit from subsidised care for GP visits. Minister Gan reiterated that the public must also play their part by leading healthy lifestyles and encouraging others to do so.

Together, we can all promote healthy communities and families and thereby protect our future.

The event, as in previous years, provided a platform to raise awareness about diabetes, its complications and its management. It also provided complimentary eye, health, dental and foot screenings, educational talks, exhibition and product sales by pharmaceutical and industry partners as well as educational and fun activities by the main organiser, Diabetic Society of Singapore (DSS).

DSS would like to thank our Guest-of-Honour, Mr Gan Kim Yong, all volunteers, nurses, supporting organisations, partner companies and sponsors for the success of World Diabetes Day 2012.
More than 400,000 people in Singapore now have diabetes.

1 in 700 diabetics developed kidney failure requiring dialysis.

In 2010, approximately 1 in 110 diabetics suffered a heart attack. 1 in 140 diabetics suffered a stroke, and 1 in 400 underwent lower limb amputations.

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Temasek Polytechnic
Touch Diabetes Support
Structured Exercise Program For Beginners

Diabetic Society of Singapore, together with Tan Tock Seng Hospital, worked on an Exercise Program for Beginners. The three-month course ran from 15 September to 8 December 2012 and was conducted by Mr Ray Loh, a physiologist with the hospital.

The program included exercise precautions, techniques, correct intensity, home exercises, diets and exercise motivation, etc. Every session consisted of warm ups, exercises, cool downs and educational information.

Miss Ann Lim, a DSS member and participant, said, ‘The program is good. My weight has improved and I hope there will be more of such programs next year’. From the enthusiastic response of the participants, we too hope to make this a regular DSS program. Give us a ring!

Eye-ducation

A joint effort by DSS and SNEC, the forum was held at the SNEC Auditorium on 22 September 2012. Response was overwhelming with more than 200 participants filling the auditorium and the adjoining seminar room.

Chaired by Dr Gemmy Cheung, a consultant from Vitreo-Retina Service at SNEC, the event included an engaging panel of speakers – Dr Gavin Tan, Dr Lawrence Lim and Dr Elaine Huang, all from SNEC’s Vitreo-Retina Service, and DSS’ very own consultant, Mdm Lai Yee Khim. Topics such as ‘Your eyes may not be fine even when you are seeing fine’, ‘Living with Diabetes’, ‘The aging eye – how the macula degenerates and the latest treatments’ and ‘Floaters & Flashes – Should you be concerned?’ kept the audience rapt and full of questions.

We thank Singapore National Eye Centre for their kind collaboration in this event.
MacRitchie Reservoir Walk

We gathered at Marymount MRT station on 22 September 2012 at 8:30am, all revved up for this walking event. The weather was nice. It was great to see kayakers in the lake. Kayaking is a great way to lose body weight. We were all set to lose some weight ourselves, so we started walking to burn calories.

One member got really enthusiastic and started to run towards the tree top trail. The tree-top trail was so very pleasant to step on. And it was exhilarating to watch so many agile monkeys in action - moving, jumping, sliding down the ropes, reminding us that this is their territory! Wish we could be as energetic as they!

LUNCHTIME TALKS

In conjunction with World Diabetes Day 2012, DSS was privileged to be invited by the Pharmaceutical Company, Boehringer Ingelheim, to deliver two lunchtime talks to their employees.

1. Diabetes & Its Prevention
2. Diabetes Myths & Diabetes Resources

The two talks were a hit with the 30-odd employees who responded enthusiastically and came loaded with questions. A six-minute video clip featuring Stretching Exercises You Can Do in the Office got them on their feet for a stimulating workout. Needless to say, a healthy lunch with plenty of greens was served after that.

To walk the talk, Boehringer Ingelheim launched a weekly 4.5 km walk initiative to encourage their employees to adopt a physically active lifestyle.

DSS efforts to improve public awareness and education on diabetes are ongoing as we address the rising incidence of diabetes in Singapore. Ring DSS at 6842 3382 to arrange for health talks on diabetes prevention.

Dinner @ Changi City Point

At 6:30pm on 24 November 2012, Juliana, the organiser of the DSG event, called me on my phone: “Hi, where are you? We’re already here at the Expo MRT Station!” Such enthusiasm to get the event going. But I think everyone was hungry! I was there shortly and we all snaked our way to Changi City Point which was teeming with people because of the expo sale nearby.

We welcomed two new faces that day and they shared their experiences with us. We discussed the benefits of exercise, the best time to exercise for insulin dependent and non-insulin dependent patients. Each time we go out, we have the pleasure of having a nurse from Diabetic Society of Singapore and her professional advice.
Towards Healthy Eating

Just Desserts

by Rodiah Hashim

Under the supervision of their lecturer & SIP coordinator, Ms Siti Saifa, students of Temasek Polytechnic’s Applied Food Science & Nutrition Course kindly showed us how people with diabetes can enjoy simple yet nutritious desserts. At the Bedok Diabetes Education & Care Centre Activity room on 13 October 2012, the innovative team of three worked hard to prepare and present their recipes, Dessert of Eight Fortune and Soy Bean Milk Custard with Strawberry.

Participants were treated to samples of the desserts that were prepared in advance. They gave the thumbs up for the delicious taste and flavours of the desserts. Kudos to our future generation of nutritionists and dietitians! DSS thanks Equal for sponsoring the event and Temasek Polytechnic for offering their expertise.

Visit to Gardenia

Wednesday, 12 September 2012, may have been a weekday but we had two busloads of people joining us for a visit to the Gardenia Bakery.

By courtesy of Temasek Polytechnic, Section Head of Nutrition Research Applied Food Science & Nutrition Miss Kalpana Bhaskaran gave a talk on ‘Sticky Truths about Sweeteners’ followed by a presentation and a tour of the bakery by Mr Soe Wynna, assistant manager, marketing communications department.

DSS wishes to thank Gardenia Foods (S) Pte Ltd for being our kind host and for their generous doorgifts to our participants.

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Date: 26th January 2013, Saturday
Time: 12:00pm to 4:30pm
Venue: Orchid Country Club, Emerald Suite 1
(Orchid Club Road Off Yishun Ave 1)

EAT RIGHT WITH DIABETES

Program Highlights

‘Label Reading’
Talk By: Mr. Won Tin Chiang, Senior Dietitian, Clinical Services, National Healthcare Group Polyclinics

Supermarket Tour
Lead By: Mr. For Wei Chek, Manager, Nutrition & Dietetics Services, Mount Alvernia Hospital
and Mr. Won Tin Chiang, Senior Dietitian, Clinical Services, National Healthcare Group Polyclinics

‘Choose the Right Food’
Talk By: Mr. Derrick Ong, Director, Eat Right Nutrition Consultancy,
Accredited Practising Dietitian (Australia), Accredited Dietitian of Singapore, Workplace Health Programme (WHP) Consultant

‘Manage Diabetes with Glycemic Index’
Talk By: Ms. Kalpana Bhaskaran, Section Head, Nutrition Research,
Applied Food Science & Nutrition, Temasek Polytechnic, Nutritionist SNDA

Special Guest:
Talk By: Hj. P.M. Mohd Moideen, Vice President of Diabetic Society of Singapore

Registration Fee: $5.00 for DSS Members $10.00 for Public
Name: ___________________________
Membership/NRIC No: ___________________________
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When you attend diabetes education classes you learn about all the complications you can avoid by keeping your blood glucose and weight in control. A1Cs under seven lower the risk of nerve and kidney damage, heart attacks, oral problems, eye disease and sexual dysfunction.

But few diabetes classes ever address the toll that diabetes takes on another of our organs: our brains. Unfortunately, the brain is not magically spared from the ravages of high or low blood glucose.

Gail Musen, PhD, Assistant Investigator at the Joslin Diabetes Center is a cognitive psychologist with interests in the areas of memory and cognition. She has collaborated with biophysicists, psychiatrists and endocrinologists at Joslin and Beth Israel Deaconess Hospital to design studies looking at what areas of the brain are affected by diabetes and how glycaemic variations can modify usual brain processes.

Using a technique called magnetic resonance imaging (MRI) Musen and her team were able to identify brain areas that may be associated with alterations caused by diabetes.

The normal brain consists of both white and grey matter. Most of us have heard of grey matter which is involved in muscle control, seeing and hearing, memory, emotions, and speech.

But the grey matter doesn’t stand alone. The grey matter we have is divided into different regions and the white matter helps these regions talk to each other. You can think of the white matter as the network cabling connecting a series of computers together.

Musen’s research showed that people with type 1 diabetes have less grey matter in some brain regions than people of the same age who do not have diabetes. Specifically, there was less grey matter density in areas that are responsible for learning and memory.

In addition to looking at how diabetes can change brain anatomy, she also compared brain activity during episodes of experimentally induced hypoglycaemia in people with and without diabetes.

A special kind of MRI called a functional MRI (fMRI) can detect blood flow and oxygen consumption in the...
brain. This technique allows scientists to see which brain regions are most active as we perform particular tasks. The areas with the greatest oxygen consumption are working the hardest.

Luckily, these changes do not necessarily translate into poor cognitive function for people with type 1 diabetes.

When people with type 1 are acutely hypoglycaemic, they draw on more areas of the brain to help maintain cognitive capacity than people without diabetes who have had hypoglycaemia induced.

For example, Musen and colleagues showed that during a memory task conducted while hypoglycaemic, people with type 1 diabetes needed to engage more brain regions than non-diabetic control subjects to maintain good performance.

What this means is that even though people with type 1 have less grey matter in certain regions, they may be able to compensate by recruiting more brain tissue than non-diabetic individuals to complete the same task.

This may help to explain why people who are frequently hypoglycaemic can often appear to be in control even though they have blood glucose values in the forties.

Researchers have been attempting to determine the affects of glycaemic control on real-world cognitive performance for some time now.

The Epidemiology of Diabetes Interventions and Complications (EDIC) study, which continued where the Diabetes Control and Complications Trial (DCCT) left off, compared the brain function of those who received intensive control (lower A1C) to those who received conventional therapy (higher A1C). One concerning finding of the DCCT was that intensive control equalled a greater risk of hypoglycaemia.

EDIC, however, discerned no long-term effects of frequent hypoglycaemia on cognitive performance.

But it is not just people with type 1 who have cognitive changes. “People with type 2 heading into middle-age need to be especially concerned,” says Musen. This is when structural changes occur in the brains of people with type 2. Type 2 diabetes is a risk factor for dementia.

In the general population, groups at risk for dementia show less brain activity in some regions than people without that risk – Musen and her team showed that this was also true in those with type 2 diabetes.

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**Does this mean that because you have diabetes you will automatically lose cognitive function? Absolutely not. Diabetes is but one risk factor among many. And like so many other risks associated with diabetes, new research is investigating the benefits of diet and exercise as a preventative measure.**

**Will people with type 1 in the 70s and 80s start to show cognitive dysfunction directly attributable to diabetes, even if they have been in excellent control? We don’t know at present but the brain is a very resilient organ with a large reserve capacity.**

**Like other diseases that cause structural brain changes, the effects of glycaemic variation appear to take a long time to produce detrimental effects on long-term cognition.**

**Advances in medicine and knowledge about proper lifestyle have far extended the years people with diabetes can expected to live healthy lives. We now have people with type 1 who are 75-year medallists at the Joslin Diabetes Center. Keeping blood glucose in good control especially in middle age is the best preventive medicine we have to ensure long-term brain health.**

Source: Posted on November 28, 2011 by Joslin Communications
Parenting a child is not easy. It becomes more challenging when the child we are taking care of has diabetes. The range of challenges of taking care of a child with diabetes is diverse and changes according to their developmental years. We take a look at how to manage some of these challenges that may arise for school-aged children between six and 12:

 ✓ Regular consultation and contact with the healthcare team. As your child experiences growth spurts, you may need to adjust the way his diabetes is managed. It is essential that you keep to the regular follow-up appointments your child has with the healthcare professionals.

 ✓ Always check before making any conclusions. Growth spurts may contribute to some instances of hypoglycaemia. Some parents may wrongfully “blame” their child for hypoglycaemia, thinking that the child has neglected taking insulin behind their back when it could have been due to growth spurts. Check with your doctor or diabetes nurse educator before jumping to any conclusions.

 ✓ Sort out if it is a medical or behavioural problem. Hypoglycaemia may make a child emotional or irritable. In some instances, parents of younger children have been advised by healthcare professionals to monitor the child’s blood sugar levels when the child is emotional to ascertain if it is hypoglycaemia or just a tantrum. Following medical advice would be needed if the tantrums are due to hypoglycaemia, while setting limits and being firm would be the course of action if the child is losing his or her temper.

 Emphasise your children’s strengths and let them know you noticed them. Encourage them to pursue their interests as much as their health allows them to.
Grant them their feelings. Your child may feel angry or frustrated at the strict regime he or she has to keep to for health’s sake. Acknowledge their feelings.

Allow them to express their feelings and coach them to share it in a socially accepted manner. Diabetes has already taken a lot from them and you would not want to even take away their feelings by asking them to suppress it or by you ignoring their feelings.

Treat them like any normal child. Your child probably feels different from other children. As much as diabetes and the healthcare regime are an essential part of their daily life, try not to make it so HUGE that they are nothing else but a child with diabetes.

Emphasise their strengths and let them know you noticed them. Encourage them to pursue their interests as much as their health allows them to. As much as you would want to remind them to take care of their health, make it a point to talk to them about things other than their health.

Get the whole family involved. Very often it is encouraging to the child with diabetes and benefits every family member’s health if the whole family decides to make healthier diet choices. Children with diabetes feel left out or feel it is unfair that they are not able to eat what their siblings can have. It also teaches our other children to be sensitive and empathetic.

Connect them through support groups. Let your child get to know other children with diabetes. This helps them to make friends with children who understand what they are going through and realise that they are not alone in their struggles. They can also draw inspiration from peers and role models who have succeeded in living a normal life.

Tailor parenting advice to your child’s needs. It is inevitable that you will come across many and sometimes even contradicting advice and tips. Every child is different.

One helpful way to help you feel less helpless in parenting your child is to view each attempt as an experience that will only make you wiser and more resilient and in a better position to help your child.
CHAP CHAI
BRAISED MIXED VEGETABLES
SERVES 6
BY TAN GEK SUAN

INGREDIENTS

- 3 cabbage leaves
- 1 tablespoon dried shrimps
- 3 pieces dried sweet bean curd
- 1 tablespoon salted soya bean paste
- 2 sticks dried crinkled bean curd
- 2 tablespoons cooking oil
- 5 pieces dried mushrooms
- 1 teaspoon minced garlic
- 10 pieces Cloud Ear Mushrooms
- 2 cups water
- 20 dried Lily Buds
- 1 bundle cellophane noodles
- Salt
- Sugar

METHOD OF PREPARATION

1. Cut the cabbage leaves into 3 x 3 cm pieces.
2. Scald the sweet bean curd and cut each one, widthwise, into 4 pieces.
3. Soak the crinkled bean curd in some hot water until soft. Snip them into pieces, about 3 cm in lengths.
4. Soak the lily buds, dried mushrooms and cloud ear mushrooms together, in some hot water until soft.
5. Cut off and discard the hard ends of the lily buds, the stems of the dried mushrooms and the hard centres of the cloud ear mushrooms.
6. Soak the cellophane noodles in some water until soft.
7. Soak the dried shrimps in some hot water until soft.
8. Drain all the water used for scalding and soaking the different ingredients.
9. Heat the oil in a casserole or pot and fry the garlic until golden.
10. Stir-fry the bean paste with the garlic until it is fragrant.
11. Add the dried shrimps, cabbage, lily buds, the two kinds of mushrooms and bean curd.
12. Stir to combine the ingredients.
13. Pour in the water and bring the gravy to a boil.
14. Lower the heat and let the chap chai simmer until the cabbage is soft.
15. Lastly, add the cellophane noodles, some sugar and salt to taste.
16. Serve with steamed rice or rice porridge.

HOT TIPS

- This dish can be prepared ahead for cooks busy with other New Year preparations. The taste of this dish is enhanced by longer cooking. It can be prepared a day ahead and reheated before serving.

- The Cloud Ear Mushroom (Bok Jee) is also known as Wood or Black Fungus. Valued for its health giving properties, especially for cleansing the blood, it is often included in the meal for ladies in confinement.

- If it is cooked without the pork and dried shrimps, it is a vegetarian dish for those who abstain from eating meat on the first and 15th day of each lunar month.

**NUTRITION INFORMATION per serving:**

- Energy (1 kcal = 4.2kJ): 158kcal
- Protein: 5g
- Total fat: 10g
- Saturated fat: 2g
- Cholesterol: 9mg
- Carbohydrate: 12g
- Dietary Fibre: 1.2g
- Sodium: 490mg
- CHO exchanges = 0.8
IKAN GERANG
ASSAM
FISH IN SPICY & SOUR GRAVY
SERVES 4—6
BY TAN GEK SUAN

INGREDIENTS
600 g 1 whole fish, Pomfret, Red Snapper or Sea Bass
8 fresh red chillies
20 shallots
7 candlenuts
1 piece galangal, 2cm thick
1 piece turmeric, 5cm in length
1 tablespoon shrimp paste/belachan
1 tablespoon tamarind pulp
4 tablespoons cooking oil
3 cups water
Salt

METHOD OF PREPARATION
1. Flake the fish scales if necessary. Clean the fish and discard the entrails and gills.
2. Cut two gashes diagonally on both sides of the fish.
3. Squeeze the tamarind pulp in the water to make a juice.
4. Deseed the chillies and chop them coarsely.
5. Peel the shallots, galangal and turmeric and chop them coarsely.
6. Grind the candlenuts, galangal, turmeric, chillies, shallots and Belachan into a fine paste.
7. Heat the oil in a wok or large pot and fry the spicy paste until the oil oozes out of the paste. Add 2 tablespoons of water during the frying to prevent the paste from curdling.
8. Strain in the tamarind juice and bring the gravy to a boil until oil rises to the top.
9. Add some salt to taste.
10. Put the fish into the gravy, lower the heat and simmer until the fish is cooked.
11. Serve with steamed rice.

HOT TIPS
- To enhance the aroma of the gravy - Fry two smashed stumps of the lemongrass in the hot oil before adding the spicy paste.
- Instead of the tamarind pulp, use three pieces dried tamarind slices (Assam Gelugor/Assam Jawa) to give the gravy a tangy taste. Put them into the pot after adding the water. The sourness is somewhat different from that obtained from the tamarind pulp, mint leaves and drizzle some prawn paste over (Hae Ko or Otak Udang or Petis).

NUTRITION INFORMATION per serving:
- Energy (1 kcal = 4.2kJ) 346kcal
- Protein 23g
- Total fat 23g
- Saturated fat 1.9g
- Cholesterol 10mg
- Carbohydrate 11g
- Dietary Fibre 1.0g
- Sodium 560mg
- CHO exchanges = 0.7

Recipes have been reproduced with permission from the cookbook A Nonya’s Choice - Specially Selected Gems from a Nonya’s Table, authored by Tan Gek Suan. Available for sale. Tel: 9381 1570.
SUGAR FREE MUFFINS

BY DELCIE LAM

MAKES 50

INGREDIENTS

150g rice milk
2g lemon juice
180g wholemeal flour
5g baking soda
2.5g baking powder
200g oil
150g agave

Optional:
20g fresh blueberry or cranberry or strawberry

METHOD OF PREPARATION

2. Sieve flour, baking soda and baking powder together.
3. Add in oil, agave, rice milk with lemon juice into the flour mixture.
4. Mix well into batter.
5. Spoon into muffin cases and put to bake at 170 degree celcius for 20 mins.
Did I take my insulin shot? Yes? No? 
Oops, I can’t recall…..

If you take more than 1000 insulin injections per year, it becomes so repetitive and habitual that forgetting it sometimes is not surprising. It is the same as asking yourself, ‘did I turn the stove off’, ‘did I lock the car’ or ‘where did I put my reading glasses or left my keys’.

But, what do you do when you start asking yourself, ‘Did I take my insulin shot? So, do I just take a shot or give it a miss? ’

A missed insulin dose will elevate your blood sugar level, resulting in a hyperglycaemia. A double dose will lower your blood sugar level, resulting in a hypoglycaemia. Both hyperglycaemia and hypoglycaemia are exhaustive and dangerous events with onset symptoms that no one should suffer. Don’t leave your health to chance.

Timesulin
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*insulin pen not included.

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Timesulin is available at TOUCH Diabetes Support & Diabetic Society of Singapore (DSS) outlets. Ask your Doctor or Diabetes Nurse Educator about how Timesulin can help you to improve your quality of life.

Check us out at our virtual store: The Diabetic Store (Singapore) at www.thediabeticstore.com.sg

Or contact us to learn more at:

☎ 91706562 (Aileen)
✉ aileenlee@thediabeticstore.com.sg

http://alturl.com/829ir
Eating right and having a regular exercise routine have been shown to have a protective effect against the development of diabetes and heart disease.

Obesity is one of the risk factors for type 2 diabetes, heart disease and stroke. It is a basic fact that excess body fat results from an imbalance between energy input and energy output. Heart disease results with an increase intake of saturated & trans fat, elevated blood cholesterol and obesity. The higher the cholesterol level, the higher the risk of heart and blood vessel disease.

Wholegrains like wheat, brown rice, barley, and oats are more effective in controlling the blood sugar. These high fibre foods tend to be low in fat and thus the energy density of such diets tends to be low. This means they can be more satiating; they reduce eating speed because increased chewing is required, which slows gastric emptying and contributes to a feeling of fullness.

**WHAT’S SO SPECIAL ABOUT OATS?**

Oats, nuts and fish are highly effective in preventing overweight and excess cholesterol. Researchers have found that soluble fibres in oats, beans, psyllium fibers help lower blood cholesterol and fasting blood glucose levels. Beta glucon, a water soluble fiber in oats, is an active component for the cholesterol lowering effect. It is the major fermentable compound in both cooked and uncooked oats.

In the bowel, beta glucon is fermented by bacteria to short chain fatty acids that may yield significant amount of metabolisable energy. This soluble fiber plays major role in reducing the absorption of cholesterol in the small intestine. Pectin and oat bran together play a major role in reducing the absorption of cholesterol. Pectin is another soluble fibre found in certain foods such as carrots, peas, beans, apples, citrus fruits and apricots.

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**References:**


“Improved zinc and iron absorption from breakfast meals containing malted oats with reduced phytate content” Marie Larsson, Lena Rossander Hulthén, Brittmarie Sandstrom and Ann Sofie Sandberg British Journal of Nutrition / Volume 76 / Issue 05 / November 1996, pp 677 688 DOI: 10.1079/BJN19960075, Published online: 09 March 2007


www.diabetes.org
www.mayoclinic.com
www.eatright.org
NOT EVERYTHING IN THE NAME OF OATS IS GOOD FOR US

While oats provides countless health benefits, it is wise to read the food label of the oats product and opt for the low–sugar version. Some oatmeal cookies can have very little oats but more sugar and fats. Oat bran contains 50% more fibre and soluble fibre than oatmeal, thus making it more effective in lowering cholesterol.

Oatmeal is a whole grain (rolled oats) and oat bran is just the bran of the oats. Oat bran fills you up faster than oat meal. However, mineral availability can be impaired at high intakes of oats products due to the presence of high concentrations of phytates. Malting and soaking oats overnight can reduce the phytates, though.

To add more fibre to our diet, we need to gradually increase the amount to allow our digestive tract to adjust to the change. Adding fibre too quickly may cause gas, bloating or diarrhea.

While taking high fibrous food, do consume more water because fibre traps water and by soaking up, it keeps the waste products moving along the digestive tracts, smoothly.

A tenderly cooked cereal, with splashes of milk and embellished with nuts and fruit is so much more than a bowl of oats!

The greater the variety of food chosen, the better the mix of soluble and insoluble fibres. Combining high fibre cereal with our favourite cereal will enhance the flavour and variety, too! Wheat bran is a good source of insoluble fibre that helps to promote the regularity of bowel movements and prevents constipation. Whole grains with low saturated & trans fat food, fruits and vegetables work well in reducing and maintaining weight.

In addition to changing the diet, making additional heart healthy lifestyle changes is key to lowering our cholesterol in blood. Maintaining a healthy weight by controlling our carbohydrate intake keeps our blood sugar within a targeted range.

Oat meal is a whole grain (rolled oats) and oat bran is just the bran of the oats but oat bran satiates hunger more than oat meal.

So, start your day with a wholesome whole meal breakfast with

- Oats muffin or
- Oats porridge with nuts and fruits or
- Whole meal roll with egg or peanut butter along with a fruit.

To add more fibre to our diet, we need to gradually increase the amount to allow our digestive tract to adjust to the change.

Adding fibre too quickly may cause gas, bloating or diarrhoea.

by Kohila Govindaraju, freelance nutritionist
Do men get osteoporosis?

by Kohila Govindaraju, freelance nutritionist

Men’s likelihood of developing osteoporosis is real. It often gets overlooked in men because they do not get the early warning signs as women do with menopause. This is because the hormone loss in older men is more gradual than in women.

Hence, there is high chance of it going undetected. Osteoporosis in men will probably remain unnoticed until a fracture occurs, which may be too late for some patients.

Smoking, excess alcohol use, low calcium intake, inadequate physical activity, overconsumption of carbonated drinks and no exposure to sunlight may lead to osteoporosis.

Sadly, the consequences of osteoporosis may be most damaging. physically, socially and emotionally. A fracture in hip may impair a person’s ability to walk. Worse still, it could also cause permanent disability.

Men also should not rule out osteoporosis, especially if they notice loss of height, change in posture or sudden onset of severe back pain and neck pain.

Like women, men also should not rule out osteoporosis, especially if they notice loss of height, change in posture or sudden onset of severe back pain and neck pain. Moreover, a sedentary lifestyle is the major risk factor in osteoporosis.

You can reduce bone loss and fracture risk by eating healthy and exercising regularly. Walking, dancing and aerobics are also highly recommended to improve bone strength.

Bones are not made from calcium alone. They need nourishment from calcium, vitamin D, phosphorus, magnesium, and boron. A diet poor in these nutrients may lead to osteoporosis.

Whole grains, beans, fresh fruits & vegetables, fish with meat are good sources of magnesium, zinc, and copper which support the bone formation.

Low-fat dairy products (milk, cheese, yoghurt, etc), salmon, sardines, almonds, green leafy vegetables are good sources of calcium. Vitamin D also aids in absorption of calcium in the body. Sunlight aids in Vitamin D formation so do expose yourself to sunlight for your body to produce sufficient Vitamin D.
What is in an egg salad?

An egg salad is an ideal snack for those who are lactose allergic. One large egg contains 25 to 30mg calcium providing 3 to 4% Daily Value (DV).

Mixing it with lettuce gives you 36 to 40mg calcium/100g providing 4% DV, with croutons (6 to 7 pieces) providing 2% DV. Altogether you can get 10% DV of calcium from this colourful snack.

In addition, we get vitamin C, iron, and fibre from the green leaves. Croutons are high in calories, especially from fat so let’s us use this sparingly.

**SOURCES OF CALCIUM**

- Low fat milk, cheese, and yoghurt are rich sources of calcium for those who are not lactose intolerant.

- Salmon, sardine and anchovy are high in calcium.

- Nuts, seeds and beans are good sources of calcium. So are spinach, okra, mustard green, swiss chard and broccoli.

- Egg is a good source of Vitamin D that enhances the absorption of calcium.

The bone loss and fracture risk can be reduced if we follow healthy habits like – improved diet and physical activity. We should do everything to minimise chronic stress because it can affect our mineral balance and result in poor bone density.

References
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Sports Nutrition. “A guide for professional working with active people”
www.hpb.gov.sg
Diabetic microvascular complications involve small vessels, such as capillaries. These include retinopathy and neuropathy. Care should be taken while exercising if you have any of these conditions. Here are some exercises to avoid and exercises you can do:

**Diabetic Retinopathy**

Diabetic retinopathy (DR) is a microvascular complication that can affect the retina, the macula, or both and is a leading cause of visual disability and blindness in people with diabetes.

For patients with active proliferative retinopathy, strenuous exercise may speed up vitreous haemorrhage or traction retinal detachment.

These individuals should, if possible, avoid anaerobic exercise and physical activity that involves straining, jarring or valsava-like manoeuvres (coughing, sneezing, laughing, straining at stools, etc) or exercises that dramatically elevate blood pressure.

Exercises such as walking, swimming, stationary cycling and low impact aerobics are more suitable.

**Diabetic Nephropathy**

Serious and progressive complications of diabetes may lead to end stage renal failure.

No specific physical activity is recommended but you should avoid activities which cause the systolic blood pressure to rise to 180 to 200 unless blood pressure is carefully monitored during exercise.

**Diabetic Neuropathy: Peripheral**

Loss of lower-extremity sensation coupled with impaired peripheral vascular function can contribute to lower-extremity (commonly foot) ulceration.

Care must be taken as pins and needles may result in loss of protective sensation in the feet.

Significant pins and needles is a warning sign to limit weight-bearing exercises.

Repetitive exercise on insensitive feet can lead to ulceration and fractures. Furthermore, peripheral neuropathy can increase risk of loss of balance and, thus, falls.

Avoid prolonged walking, stepping exercises and jogging. Intermittent exercises, swimming and stationary cycling as well as resistance exercises in seated position are safe. Do not swim if you have foot ulcers.

Proper footwear is essential and must be emphasised for individuals with pins and needles. The use of silica gel or air midsoles as well as polyester or blend (cotton-polyester) socks are useful to prevent blisters.

Keep the feet dry to minimise trauma to the feet. Individuals must monitor closely for blisters and other potential damage to their feet, both before and after physical activity or exercise.
Diabetic Neuropathy: Autonomic

People with diabetes also frequently have autonomic neuropathy, including cardiovascular autonomic dysfunction, which is manifested as abnormal heart rate and vascular control.

Diabetes-related cardiac autonomic neuropathy is frequently underdiagnosed and can include clinical abnormalities such as resting tachycardia, exercise intolerance, resting heart rate variability, slow heart rate recovery after exercise, “silent” myocardial infarction, and increased risk of mortality. These individuals may be insensitive to low blood glucose levels, thus regular glucose checks are important.

Presence of autonomic neuropathy may limit an individual’s physical activity capacity and increase the risk of adverse cardiovascular events. It is therefore important to measure blood glucose level before and after exercise as well as monitor heart rate during exercises.

BEFORE AND AFTER CHECKLIST

1. Check blood glucose levels before and after an exercise routine.
2. Check blood pressure before and after exercise.
3. If you suffer from numbness or pins and needles in the feet, monitor them for broken skin or blisters.
4. Monitor your heart rate during exercise.

Consult a doctor if one has not undertaken any formal exercise. Consult a physiotherapist to conduct a graded exercise test before prescribing specific exercises, especially so if you have other medical conditions or complications.

References

“Significant pins and needles is a warning sign to limit weight-bearing exercises. Repetitive exercise on insensitive feet can lead to ulceration and fractures.”
We run for many reasons. Some of us run so we can fit into our skinny jeans. Some of us do it because we just love running. I have run marathons (full & half) and the reason for doing them is to challenge myself. This time I ran the Angkor Wat International Half Marathon on 2 December not for self-fulfilment but to help raise money for the Sala Bai Hotel School in Siem Reap, Cambodia. The school provides free education and guaranteed employment for underprivileged Cambodians, with priority given to young women (70%).

I did the marathon along with 40 other individuals through a program run by a Singapore-based non-profit organisation called The Chain Reaction Project (TCRP) run by four very energetic and amazing women.

The journey began two months before the race. As a group we met every Saturday morning (between 7am and 8am) and we were trained by running coaches. We had three weeks of easy running and strength training at Labrador Park.

Being the only person with diabetes there, I had to inform them about my condition and what to do in case of an emergency like a low sugar level. Everybody was very worried the moment I told them. I had to tell them the signs of someone with a low sugar level (pale lips, incoherent responses, walking tipsy). The tricky part is distinguishing a low sugar level from general exhaustion. I had to show them how to use my glucometer.

Prevention is your best defense, so the training helped me figure out how my sugar levels felt at certain distances and paces. I also wrote ‘I am a Type 1 Diabetic’ on the front of my running bib, just in case. I checked my sugars before and after every training session, taking note of my pace and distance covered. This helped me understand how I was burning up my energy and when the critical levels are.

During the weeks before the race, we had a set running schedule for the week. On average, we clocked between 20km and 36km per week. This is hard to follow because even if you don’t have to work late or it is not raining, your sugar levels might be too low and you have to skip running that day.

On the days when you are not running, you feel like eating more and may end up ‘carbo-loading’. My doctor warned me about this. As diabetics, we can’t ‘carbo-load’ as our sugars would go up too high.

The evening before the race, I ran about 3km to raise my metabolic rate and loosen my muscles. Then I ate low G.I. (glucose index) foods including oats, foods high in protein, fruits and vegetables. In the morning, I ate a high energy protein bar (40g of carbohydrates), took a salt tablet and drank lots of water and juices. I try not to eat too much before a race so these bars are ideal because they give me the energy I need but do not make me feel uncomfortably full.

During the race, I had a sports gel pack at the 11km mark and another half at the 18km mark (I shared it with another runner who was having trouble and really needed the boost). These sports gel packs are packed with sugars, so it is good to carry one around in case of emergencies. I had three on me and I only needed two.

While training for the half-marathon, I also had to raise money for the school. Each participant had to raise a minimum of $1000. This involved asking the people around me and telling them what it is for. Some of us even had to do Dance Dares or shave our heads if we hit a certain amount. I am relieved and delighted to say that all of us exceeded that minimum amount although the official figures are not out yet.

Finally, we arrived in Siem Reap. I finished the race in two hours and 15 minutes and I was happy. But what made this all worthwhile was the day after the race. We went to the Sala Bai Hotel School and met the students we were raising the money for. Every year the school helps 100 impoverished students, and give them an opportunity for a brighter future. With this funding boost, it can expand their reach and help more young Cambodians get an education and earn a living when they graduate. The photo (above, left) was taken with Dek Dorng, a student from the Front Desk Class.

It felt great to be a part of this charitable cause and physically challenging experience. When you do something beyond yourself, you can’t define the joy of giving, or feel a need to calculate the cost of commitment. Like the TCRP’s slogan says, some things in life should not have to be counted.

For more information about The Chain Reaction Project (TCRP), log onto www.thechainreactionproject.com
Understanding Diabetes and Its Control
Self-Care Management Workshop 2013

Join our comprehensive 4-week program
Topics include:
Guidelines on diabetes self-care
Glucose testing and recording
Understanding medications
Foot care
Nutrition
Exercise
Complications of diabetes

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Central Singapore DECC: Blk 22 Boon Keng Road #01-15 Singapore 330022 Tel: 6398 0282

Understanding Diabetes and Its Control Schedule 2013

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Course Fee: $21.00 per person (4 sessions)
For registration, please call the respective centres.

Please note that the above dates may be subject to change.

Supported by Lions Diabetes Program