

Review

The Annual **National Diabetes Organization®** Publication

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2011-2012

AN ACTIVE & SUCCESSFUL 1st YEAR!

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SANOFI, A DIVERSIFIED GLOBAL HEALTHCARE LEADER, FOCUSED ON PATIENTS' NEEDS

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Our strategy is based on three key principles: **increasing innovation in R&D, seizing external growth opportunities and adapting the company's model to future challenges and opportunities.**

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With approximately 110,000 employees in 100 countries, Sanofi and its partners act to **protect health, enhance life and respond to the potential healthcare needs of the 7 billion people around the world.**



كلمة وزير الصحة علي حسن خليل

تقدمها. فتوجهنا أولاً لإنشاء البرنامج الوطني للسكري وتعاوناً معه لإصدار بروتوكولاً طبياً لمرض السكري وعملنا أيضاً على برنامج الاكتشاف المبكر للمرض وعلى تعزيز ثقافة المواطنين وخاصة المصابين بالمرض وأولئك المعرضين للإصابة به ووفرنا الأدوية اللازمة والأنسولين للمرضى.

٣. إن الميزة الأساسية لهذا المرض أنه يتفاعل إيجابياً مع برامج الوقاية ليصبح مرضاً عادياً يمكن التعايش معه وبالتالي متابعة الحياة والعمل والانتاج بشكل عادي.

٤. إن التوجه الأساسي في مواجهة مرض السكري يكمن في تعزيز الشراكة والتنسيق بين الوزارات المعنية: صحة، شؤون، بيئة، تربية، داخلية وبلديات، والهيئات الضامنة العامة والقطاع الخاص والمنظمات الأهلية **كالتجمع الوطني للسكري - DiaLeb** والنقابات المهنية وبالذات الجمعية اللبنانية لأطباء الغدد الصماء والسكري والمنظمات الدولية الداعمة. كل إنسان وكل مؤسسة قادرة أن تجد لها مكاناً ودوراً في حملات وبرامج مكافحة مرض السكري.

٥. إننا نولي أهمية خاصة للدور الذي تلعبه وسائل الإعلام على اختلاف أنواعها فهي جسر عبور الكلمة والثقافة إلى عموم المواطنين.

إن مواجهة مرض السكري يجب أن تبقى دوماً عملية مستمرة بما أنها تتطلب الكثير من الجهد والإمكانات. الطريق طويل سنسلكه سوياً لنصل يوماً إلى تثبيت حق المواطن في الصحة الجيدة.

أعود لأهنئ جمعية **التجمع الوطني للسكري - DiaLeb** على نشاطها متمنياً لها النجاح والتوفيق في نشاطاتها ومبروك لكم العدد الأول من مجلّتكم **DiaLeb Review**.

يعتبر مرض السكري من أهم أمراض العصر، فهو يصيب ثلاثمائة مليون شخص في العالم حالياً ليصبح هذا الرقم أربعاً مائة وخمسون مليوناً عام ٢٠٢٥. في لبنان نشهد كذلك تعاضداً في معدلات الإصابة بالسكري ١٨٪ من السكان.

إنه مرض يصيب كل الأعمار بمن فيهم الأطفال، إنه مرض مرتبط إلى حد كبير بسلوكيات الحياة التي نعيش والأنماط الغذائية التي نمارس ومرتبطة أيضاً بالظروف البيئية والأوضاع الاقتصادية للفرد والدولة هذا إضافة أيضاً لارتباطه بالبيئة النفسية للمريض ومحيطه.

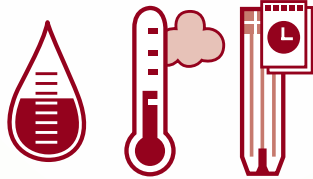
إن هذه الحقائق تجعل من كل عمل وجهد يبذل لرفع مستوى ثقافة المواطنين بمرض السكري وبوسائل الوقاية منه والتخفيف من الإشراقات البالغة الخطورة التي يسببها للمريض، إن هذه الحقائق تدفعنا للتقدير والشكر لكل مؤسسة أو جمعية أهلية نشطة **كالتجمع الوطني للسكري - DiaLeb** متمنين لكم دوام العطاء والنجاح.

يهمنا في هذه المناسبة أن نشدد على جملة أمور أساسية في تعاملنا مع مرض السكري.

١. إننا في وزارة الصحة العامة نعتبر هذا المرض قضية صحية عامة لما يمثله من أهمية على الصعيد الطبي حيث يسجل ٧٠ - ٨٠٪ من عمليات القلب المفتوح وبتر الأطراف وحالات القصور الكلوي وتلف شبكة العين كلها حالات مرتبطة بالتطور السلبي لمرض السكري.

٢. إن وزارة الصحة العامة عززت ومنذ سنوات عديدة التوجه في التعامل مع المرض نحو الرعاية الصحية الأولية واعتبرنا أنها تمثل الطريق الأقصر والأقل كلفة والأكثر فعالية من خلال المؤسسات الرعاية خاصة المراكز الصحية ونحن ننفذ حالياً برنامج اعتماد لها لرفع وتحسين نوعية الخدمات التي

The meter that thinks for itself





كلمة من الرئيس

د. جاكين قاصوف معلوف

التَّجَمُّع الوطني للسَّكري لم يكن حتَّى حلمًا إلى أن أتت السَّاعة فصار حقيقةً لتنمو منها ألامٌ كثيرةٌ منها ما تحقَّق وبعد الكثير.

عندما ولدت فكرة مجلَّة للتَّجَمُّع الوطني للسَّكري تباحثنا بكيفيَّة ملأ الصَّفحات حتَّى تكون مصدر إلهام وصوت ضمير وصرخة توعية... وإذا بنا بعد بدء العمل بها نجد أنفسنا أمام كمٍّ واسع من المواضيع والأنشطة.

لهذا بدا عددنا الأوَّل يكبر كأحلامنا وها هو اليوم بين أيديكم بفضل دعم واسع ومشكور من الاختصاصيِّين والعاملين والمتطوِّعين والمعلنين وكل من ساهم بولادة **DiaLeb Review**.

إن قارنا الإمكانيَّات مع الموجودات لعلمنا أنَّ الجهود كبيرة والقلوب أكبر. وإن درسنا الحالات لعلمنا أنَّ المعوقات كانت كثيرة: الوقت، المال، العاملون والعارفون. ومن الجهة الأخرى، العمل كبير، شاقٌّ ومتواصل ويلزمه الكثير من الإحتراف والمتابعة.

لهذا، فإنَّ الإلتزام ليس واجباً وحسب ولكنَّه أيضاً فرح: فرح تخفيف المعاناة، وتجميل الألم وتطوير الأسلوب، ورفع الإنسان.

لم تكن بدايةً عاديَّة لكن من قال أنَّ الهدف عادي والصرخة عاديَّة؟ نحن في بداية مشوارٍ طويل مع ما يسمونه مرضاً أو داءً أو حالةً لكنَّه حقيقةً تصيب مئات الملايين في العالم ومئات من الملايين غيرهم مصابون ولا يدرون. لهذا أصبحت جمعيَّتنا ليست فقط حالة، لكنَّها حاجة شديدة وملحة ونحن مجندون في خدمتها.

التَّحديات كثيرة والنَّاس مثالمة، والدَّرب طويلة وأنتم ونحن نسيرها معاً. أهدافنا كبيرة وقلوبنا كبير بكم وبالرسالة.

”عندما ولدت فكرة مجلَّة للتَّجَمُّع الوطني للسَّكري تباحثنا بكيفيَّة ملأ الصَّفحات حتَّى تكون مصدر إلهام وصوت ضمير وصرخة توعية.“

اليوم نضع بين أيديكم العدد الأوَّل من **DiaLeb Review**. فيه ستقرأون مقالات وزوايا وشهادات حيَّة ودراسات. كما وسوف تتكلَّم الصُّور عن نشاطات متواصلة، داعمة ومثقِّفة.

الرسالة

من أجل تحسين حياة الأشخاص المتضررين من داء السكري ومساعدتهم للوقاية من هذا المرض من خلال تشجيعهم لاتباع نمط حياة صحي، ومعالجة القضايا ذات الصلة بحياة المريض الصحية الجسدية والنفسية، وتطوير ونشر المعلومات من أجل فهم أفضل للأمراض ذات صلة مباشرة بداء السكري.

الأهداف

- رفع مستوى الوعي ووضع أهداف مصممة بشكل جيد فيما يتعلق بالحاجة إلى الوقاية ومكافحة داء السكري.
- نشر المعلومات الطبية والمواد التعليمية المناسبة.
- مساعدة المتضررين على تحسين حياتهم وتعزيز جودة الرعاية الصحية والغذائية.
- تقديم برامج وخدمات في المجتمع المدني للسكان خاصة المعرضين لداء السكري.
- المساعدة في مجال البحوث وزيادة فعالية دراسات الطب الحيوي.

Editorial

Sylvie Maalouf Issa

Welcome to the first issue of **DiaLeb Review**, a magazine that highlights the National Diabetes Organization's activities over the past year and brings you information about diabetes from professionals in the healthcare field.



It has been two years since we officially began operations, and I am amazed and inspired by what we have accomplished! From a small duo, we have grown to a team of dedicated staff, volunteers and supporters who share our mission and passion for increasing awareness about diabetes, and enhancing the lives of all those affected by this widespread disease. It is a dream come true!

Being diagnosed with Type 1 Diabetes five years ago, was confusing and isolating. I knew nothing about the disease or the fact that a healthy young adult like me was susceptible to it. It took time to learn how to give myself insulin shots, count carbohydrates and adjust to the new lifestyle. My diabetes care team, endocrinologist, nurses, podiatrist, optometrist, dietician, and other doctors were essential in helping me get through diagnosis and adapting to my new life.

However, as anyone living with diabetes knows, it is a chronic lifetime condition which requires continuous management and care throughout every day of your life. This can be exhausting and take a toll on the most optimistic and educated of patients. I found that I craved to talk to someone like me -someone who understood- and I wanted additional information beyond what I obtained from doctor visits, which would allow me to live a happy life with diabetes. This is where the idea of **DiaLeb** was born: a patient association which would help all those living with diabetes in Lebanon. This vision was taken further to prevent the staggering rise in this disease by promoting healthy lifestyles and creating awareness about the need for early diagnosis and preventive care.

The **DiaLeb** team has been working hard to serve the community and continues to come up with new and creative ideas in order to promote awareness. We have held over 20 successful events at schools, universities, companies, and municipalities all over Lebanon, and had several TV and radio appearances. We have participated in the Beirut Marathon for two consecutive years as we focus on the importance of physical activity to prevent and manage diabetes. We have begun training programs for students of nutrition sciences with several universities and private education sessions for diabetes patients. And the list goes on.

“Being diagnosed with Type 1 Diabetes five years ago, was confusing and isolating.”

The overwhelming positive response we have received within the short time we have been operational has reconfirmed that there is a real need for bringing awareness about diabetes and providing support for those affected by the disease in Lebanon.

However, we could not be where we are today, nor reach our goals without the support of our donors and volunteers, and from the bottom of my heart, and on behalf of our small yet ambitious association, I would like to thank all of you who have made **DiaLeb** the success it is today.

The road is still long and we are still at the beginning; and I look forward to working harder, reaching more people and having a larger impact!

A helping hand for your diabetes patients



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Diabetes Mellitus

The Very Basics!

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NOTE: All of the below information is intended to provide an overview ONLY about diabetes; it is important to refer to your doctor, diabetes educator, and dietician for actual management.

WHAT IS DIABETES MELLITUS?

'Diabetes mellitus' or 'sugar diabetes' refers to a problem in the body's metabolism which results in high level of sugar (glucose) in the blood, the normal level of fasting glucose being between 70-100 mg/dL; in diabetes, it is higher than 126 mg/dL.

HOW COMMON IS IT?

Diabetes constitutes a world epidemic, with the highest rates of rise occurring in the Middle-East. In Lebanon, a study conducted in 2005, estimated that one in six adults above age 40 years has diabetes.

HOW TO RECOGNIZE DIABETES MELLITUS?

Half of the people who have adult-type of diabetes do not know it or feel it. It is only when the blood sugar increases above 180 mg/dL on the long run that symptoms may develop; these are increased urination, increased thirst and hunger, weight loss, fatigue, blurry vision, and burning in feet.

HOW WE DIAGNOSE IT?

The diagnosis of diabetes mellitus is based on a blood test: for fasting, if two levels are above 126 mg/dL, the diagnosis is made in adults and children. Also, we can rely on the blood test for hemoglobin A1C which reflects the average blood glucose levels in the past 3 months. If the level is above 6.5%, we can usually make the diagnosis. Occasionally, if there are symptoms, a random glucose level above 200 mg/dL is also diagnostic.

It is important to note that these numbers do not apply to diabetes of pregnancy (or gestational).

WHEN SHOULD YOU DO A DIABETES TEST? AND HOW?

Since diabetes may not give symptoms, everyone above 45 years of age should do a fasting glucose or hemoglobin A1C test, at

least once every 3 years; and once a year if there are risk factors.

People who have symptoms should do a diabetes test immediately; and people who have risk factors such as strong family history, or obesity, or other associated health problems such as hypertension, lipid excess, should do the above test at an even younger age.

WHAT ARE THE DIFFERENT DIABETES TYPES (BRIEFLY TYPE 1, TYPE 2, GESTATIONAL, OTHER)?

The American Diabetes Association classifies diabetes mellitus into 4 categories:

Type 1 Diabetes, is characterized by the pancreas not making enough insulin. Most type 1 diabetes occurs in younger age group and it usually gives symptoms rapidly. The treatment of type 1 diabetes is INSULIN FOR LIFE to replace the pancreas's secretions.

Type 2 Diabetes, is characterized by the pancreas making some insulin, but the body not responding well to it. This type is the much more common type. It is linked to obesity and lack of exercise, and constitutes an epidemic. The treatment can be mixed (see below).

Gestational diabetes, is diabetes which occurs during pregnancy due to all the changes in the hormones.

Other types are more rare, and are secondary to other diseases.

WHY IS IT IMPORTANT TO TREAT DIABETES?

It is important to treat type 1 and type 2 diabetes to prevent complications from high sugar. The complications are on several organs, mainly: the retina of the eyes, the kidneys, the vessels of the heart, and the feet.

It is important to treat gestational diabetes mainly to prevent developmental abnormalities as the fetus is forming, and later in pregnancy, to prevent the baby from growing too large, as this may cause him/her to have some metabolic problems at birth and later.

WHAT ARE SOME PEARLS ABOUT DIABETES THERAPY?

- Since almost everything can affect blood sugar, education regarding diabetes (no matter what type) and lifestyle adherence are pillars in successful management.
- The treatment for both type 1 and type 2 diabetes is LIFE-LONG, as these are chronic conditions. The management may change according to the different phases in life, but the principles remain the same.
- As already emphasized, the ONLY currently available treatment for type 1 diabetes is insulin.
- The treatment for type 2 diabetes can be pills which improve insulin or the response to it. Also, as mentioned, losing some weight and exercising greatly improves the response to pills.
- Other than blood sugar control, it is also very important to pay attention to other factors related to complications of diabetes, such as keeping blood pressure and cholesterol under check; and doing regular eye and foot examinations.
- The treatment in gestational diabetes can be limited to pregnancy; however the mother will need to always be careful in keeping a healthy weight as she will be at risk to develop type 2 diabetes later in life.
- Whenever we treat diabetes, it is important to learn how to manage hypoglycemia or low blood sugar.

WHAT IS HYPOGLYCEMIA?

Hypoglycemia refers to low blood sugar level, below 70 mg/dL, with or without symptoms. The symptoms are dizziness, shakiness, sweating, extreme hunger, and palpitations. It is important to recognize low blood sugar to prevent it from dropping even lower. If feeling low, one should always check with the dextrometer to confirm, whenever possible; then, take one glass of water with 3 teaspoons of sugar, or half a cup of juice; and recheck glucose 15 minutes later.

Screening & Prevention of Type II Diabetes

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Type II Diabetes is defined as an elevation in blood glucose resulting from resistance to insulin action and deficit in insulin secretion. Diabetes is associated with other metabolic disturbances such as hyperlipidemia and hypertension.

Diabetes is a major cause of cardiovascular mortality and morbidity. It is associated with a variety of disabling and life threatening complications such as nephropathy, the renal complication of diabetes, retinopathy, the retinal complication, neuropathy which is a source of disabling pain, hypotension and gastro intestinal symptoms. Diabetics are at higher risk of foot ulcers leading in some cases to amputation of lower limbs. They are more prone to infections, surgery complications and even get depressed more frequently.

Tight control of diabetes and of associated risk factors has been shown to reduce complications. Early intervention achieves tight control easier. Screening is the key for early diagnosis. **Table 1** shows major screening recommendations. Screening is generally recommended in high risk populations i.e.: age>45, family history, overweight, obesity, steroids. Screening relies mainly on fasting blood sugar. The normal range is typically below 100 mg/dL. People who have values above this threshold are at high risk and should monitor their blood sugar regularly. Abnormal is con-

sidered 126 (mg/dL) and with that value, the patient will need to come in and have a second test done. Diabetes is confirmed with two separate values greater than 126 mg/dL. The ADA has recognised recently HbA1c as a valid screening tool. HbA1C values above 6.5% are diagnostic of diabetes. ADA has published online a risk calculator: <http://www.diabetes.org/diabetes-basics/prevention/diabetes-risk-test>. Patients are encouraged to check their risk and discuss with their physicians about the screening strategy to adopt.

Patients at high risk or those with pre diabetes (sugar values are above 100 mg/dl but less than 126 or HbA1C between 5.7 and 6.4%) should be followed up carefully. Evidence has shown that intensive lifestyle modifications, increased physical activity, and to a lesser degree pharmacologic treatment reduce the risk of developing subsequent diabetes. The identification of this group of patients is a shared responsibility between primary care physicians, endocrinologists, and patients. Identification can reduce diabetes prevalence and may help reduce the burden of this disease.

TABLE 1. SCREENING RECOMMENDATIONS FOR DIABETES

ADA	Testing to detect type 2 diabetes should be considered in asymptomatic adults with a BMI of 25 kg per m ² or greater and one or more additional risk factors for diabetes.
	Additional risk factors include physical inactivity; hypertension; HDL cholesterol level of less than 35 mg per dL (0.91 mmol per L) or a triglyceride level of greater than 250 mg per dL (2.82 mmol per L); history of CV disease; A1C level of 5.7 percent or greater; IGT or IFG on previous testing; first-degree relative with diabetes; member of a high-risk ethnic group; in women, history of gestational diabetes or delivery of a baby greater than 4.05 kg (9 lb), or history of PCOS; other conditions associated with insulin resistance (e.g., severe obesity, acanthosis nigricans).
	In persons without risk factors, testing should begin at 45 years of age.
	If test results are normal, repeat testing should be performed at least every three years.
USPSTF	All adults with a sustained blood pressure of greater than 135/80 mm Hg should be screened for diabetes.
	Current evidence is insufficient to assess balance of benefits and harms of routine screening for type 2 diabetes in asymptomatic, normotensive patients.

Management of Diabetes in Pregnancy

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Most cases of diabetes in pregnancy (90%) are gestational diabetes (GD) which begins or is first recognized during pregnancy. The remaining are patients diagnosed with diabetes before pregnancy. Tight blood sugar control during pregnancy is the key for an optimal pregnancy outcome in either type of diabetes since poor blood sugar control can have serious short- and long-term consequences for both the mother and the baby.


GD affects ~7% of expectant mothers, making it one of the most common health problems of pregnancy. For few moms-to-be, the pancreas can't keep up with the increased insulin demand during pregnancy, and therefore blood glucose levels rise too high, resulting in GD which usually has no symptoms. That's why pregnant women are usually screened for diabetes at 24-28 weeks. In those at high risk for diabetes (obese, GD in a previous pregnancy, family history of diabetes and sugar in their urine test), screening is done at the 1st prenatal visit and repeated at 24-28 weeks. If the screening test is positive, a confirmatory test is then performed. Most women with GD go on to have healthy babies. Dietary changes and exercise may be enough to keep the blood sugar levels under control, but sometimes medications are needed. Artificial sweeteners may be safely used in moderate amounts. Complications of uncontrolled GD include overly large babies where the baby's shoulders may get stuck during delivery. This can result in

a fractured bone or nerve damage, both of which heal without permanent problems in the majority of babies. That is why some doctors may recommend that women with suspected large babies give birth by cesarean section. Shortly after birth, some babies may have low blood sugar (hypoglycemia), jaundice, polycythemia (an increase in the number of red cells in the blood), hypocalcemia (low calcium in the blood), breathing problems at birth (the lungs of babies whose mothers have diabetes tend to mature a bit later) and even stillbirth (death of baby before delivery) in the last two months of pregnancy. Finally, women with GD are at increased risk for developing preeclampsia, a disease characterized by high blood pressure and edema. GD goes away after birth, but it does increase the risk of a woman for developing diabetes later in life. One third of women who had GD will continue to have diabetes.

For women diagnosed with diabetes before pregnancy, medical help should be sought before getting pregnant. This preconception visit is essential since high dose folic acid should be started and tight blood sugar control (glycosylated hemoglobin levels Hb A1C <6.1%) should be ensured before pregnancy. Women with pre-gestational diabetes are at increased risk of abortion, polyhydramnios (excessive amniotic fluid), birth defects, stillbirth, and several complications in their babies like hypoglycemia, respiratory problems, growth restriction (low birth weights),

hypoglycemia, hypomagnesemia, polycythemia, hyperbilirubinemia (high bilirubin levels), and increased risk for the baby of inheriting diabetes. Women are at increased risk of delivering by cesarean and of having preterm labor and preeclampsia. To help reduce these risks, the patient should follow a meal plan and a liberal exercise program and should test blood sugar and take her medications, usually insulin and more recently oral hypoglycemics. She will have to come for more frequent prenatal visits than the usual. The recommended daily caloric intake is 30 kcal/kg and may be distributed as: 10-20% at breakfast; 20-30% at lunch; 30-40% at dinner; and up to 30% for snacks, especially a bedtime snack to reduce hypoglycemia at night. The goals of blood sugar control are 60-90 mg/dl before breakfast and 120 mg/dl 2 hours after meals. In case of hypoglycemia, a glass of milk is preferable to fruit juices containing high levels of glucose. A fetal ultrasound and echocardiogram (an ultrasound that focuses on the baby's heart) are usually ordered because the risk of birth defects, especially heart defects. Other tests include: fetal heart monitoring (non-stress tests) to check for his well-being and one or more ultrasounds during 3rd trimester to monitor baby's growth.

Nowadays, with adequate follow up and tight blood sugar control, favorable pregnancy outcomes can be attained in women with pre-gestational and gestational diabetes.



If practice
makes
perfect,
imagine what
110 years of it
can do.

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Gastrointestinal Complications of Diabetes

Cecilio R. Azar, MD

Clinical Associate, GI Division AUB-MC
Head of GI Division, M.E.I.H



Diabetes mellitus can affect anywhere is the gastrointestinal (GI) tract from the esophagus to the ano-rectal area.

The most common GI complications of diabetes include gastroparesis (lazy stomach or delayed gastric emptying), intestinal enteropathy (which can

necessarily the duration of diabetes. Esophageal manifestations include abnormal movements, spontaneous contractions, and impaired lower esophageal sphincter tone, result in heartburn and difficulty swallowing (dysphagia). Gastroparesis or delayed gastric emptying is a common con-

patients with diabetes may present as constipation, diarrhea, or fecal incontinence. Constipation is one of the most common complications of diabetes. Almost half of patients with diabetes reported constipation or increased use of laxatives. Patients may also develop diarrhea which leads to malnutrition, and weight loss. Sometimes anti-diabetic medications (such as metformin) can cause diarrhea. Nonalcoholic fatty liver disease is the term used to describe a liver condition in patients who have a pathology resembling alcohol-induced liver injury but lack a history of significant alcohol consumption. It is often associated with diabetes and obesity. In some cases, nonalcoholic fatty liver disease may progress with varying degrees of inflammation, in rare cases to cirrhosis.

So in summary, most gastrointestinal complications can be avoided and controlled by strict normalization of blood glucose levels.

“Patients with gastroparesis may present with early satiety, nausea, vomiting, bloating, postprandial fullness, or upper abdominal pain.”

cause diarrhea, constipation, and fecal incontinence), and nonalcoholic fatty liver disease. These complications and their symptoms are often caused by abnormal gastrointestinal motility, which is a consequence of diabetic autonomic neuropathy. Such complications are associated with poor blood glucose control and not

sequence of diabetes. Patients with gastroparesis may present with early satiety, nausea, vomiting, bloating, postprandial fullness, or upper abdominal pain. Delayed gastric emptying contributes to poor blood glucose control and may be the first indication that a patient is developing gastroparesis. Intestinal enteropathy in

What you need to know about **Diabetes & Peripheral Arterial Disease**

Joseph J. Naoum, MD

Assistant Professor of Surgery | Lebanese American University (LAU)

Division of Vascular & Endovascular Surgery, University Medical Center Rizk Hospital (UMCRH)



Are You at Risk for Peripheral Arterial Disease (PAD)?

Do you have heart disease or suffered a heart attack or stroke?

Do you have diabetes or a parent/sibling with diabetes?

Do you have an aching, cramping pain in your legs when you walk that goes away with rest?

Do you have pain in your toes or feet at night?

Do you have any ulcers or sores on your toes, feet or legs that are slow in healing?

Do you have a sedentary or inactive lifestyle?

Do you currently smoke or have ever smoked and quit?

Peripheral arterial disease, or PAD, occurs when blood vessels in the legs become narrowed or blocked when extra cholesterol and other fats circulating in the blood collect in the walls of the arteries and form the atherosclerotic plaque.

This process is called atherosclerosis and can be caused by many factors, such as smoking, high cholesterol and diabetes. It can occur in almost any artery and usually involves multiple arteries at the same time. Over time, plaque hardens within and around the artery walls, and may reduce the blood flow to the legs and feet. Diabetes increases the likelihood of developing PAD. In general, it is estimated that 1 out of every 3 individuals with diabetes over the age of 50 has a form of PAD. Diabetes alone puts individuals at risk for PAD. However, the risk is greater with factors such as smoking, high blood pressure, elevated cholesterol, being overweight, lack of physical activity, age over 50 years, and a personal or family history of heart disease or stroke.

Most people with diabetes and PAD do not have symptoms. Some individuals may experience mild leg pain or trouble walking and attribute it as a sign of increasing age. The most common symptom of PAD is called intermittent claudication. It is defined as pain, cramping, or aching in the buttocks, thighs and usually in the calves. The pain appears during walking and is relieved by rest. This pain is reproducible every time the person walks and is usually relieved by the same amount of time at rest. This is a sign that an arterial narrowing or blockage exists in the leg and less blood is reaching the muscles thus causing pain. More extreme presentations of PAD include numbness, tingling, coldness in the lower legs or feet and pain even at rest. For individuals with the most severe blockages, skin ulcers, non-healing wounds, or even gangrene can occur.

The ankle brachial index (ABI) is a simple test used to diagnose and characterize the severity of PAD. This test compares the blood pressure in the ankle to the blood pressure in the arm. If the blood pressure

in the ankle is lower than the arm, it can be a sign of PAD. The American Diabetes Association recommends that people with diabetes over the age of 50 have an ABI to test for PAD. Other more sophisticated tests can be used for the diagnosis and patient evaluation. The arterial Doppler or ultrasound exam uses sound waves to produce images of the flow of blood or to delineate the vessel itself. Arteriograms, computed axial tomography (CT) scans, and magnetic resonance angiography (MRA) use dye, X-rays and new imaging modalities and scanning techniques to show the blood vessels and their blockages.

Medical studies have demonstrated that regular walking exercise can help improve the symptoms of PAD. Medications can also have a positive effect. Other important beneficial steps include: quit smoking, control your blood sugar and achieve a target hemoglobin A1C less than 7%, control your blood pressure and reduce your bad LDL cholesterol to less than 100 mg/dl. In some cases more invasive procedures are used to treat PAD. For instance, balloon angioplasty is a minimally invasive procedure in which a small tube with a balloon is inserted and threaded into the affected artery. The balloon is then inflated, stretching and opening the narrowed artery, and then removed. A stent may be left in place to help maintain the artery open. Some instances require open surgery. In this case, a procedure is done to either open the affected artery or bypass the blockage using a patient's own vein taken from another part of the body or a synthetic tube graft material. You should discuss your treatment options with your physician.

Taking care of your diabetes and the conditions that accompany it can lower your chances of developing symptoms of PAD.

Diabetes & Kidney Disease

Walid Aboujaoude, MD

Hypertension and Kidney Diseases specialist
Head of Nephrology Division at MEIH, Bsalim, Lebanon



Diabetic nephropathy is kidney disease or damage that can occur in people with diabetes.

CAUSES, INCIDENCE, AND RISK FACTORS

Each kidney is made of hundreds of thousands of small units called nephrons that filter your blood and help remove waste from your body.

In people with diabetes, these nephrons thicken and slowly become scarred over time even before any symptoms begin.

The exact cause is unknown. However, kidney damage is more likely if there is poor control of diabetes and high blood pressure. Family history and ethnicity may also play a role.

Not everyone with diabetes develops this kidney problem.

People with diabetes who smoke and those with Type 1 diabetes that started before age 20 have a higher risk for kidney problems.

SYMPTOMS

Often, symptoms can occur 5-10 years after the kidney damage had started.

People who have more severe kidney disease may have symptoms such as

constant fatigue, general ill feeling, headache, nausea and vomiting, poor appetite, and swelling of the legs.

SIGNS AND TESTS

Your doctor can order tests to detect signs of kidney problems in the early stages. Once a year, you should have a urine test to look for a protein called albumin leaking into the urine. Too much of this protein leaking is often a sign of kidney damage.

High blood pressure often goes along with diabetic nephropathy. You may have high blood pressure that begins quickly or is hard to control. Your doctor will also check your BUN and Serum creatinine every year.

In case of doubt, a kidney biopsy confirms the diagnosis.

TREATMENT

In early stages, kidney damage can be slowed with treatment. Keeping your blood pressure under control (below 130/80) is one of the best ways to slow kidney damage.

Eating a low-fat diet, taking drugs to control blood cholesterol, and getting regular exercise can also help prevent or slow kidney damage.

You can also slow kidney damage by controlling your blood sugar levels, which you can do by:

- Eating a healthy diet
- Regularly taking insulin or other medicines your doctor prescribes.
- Knowing the basic steps for managing your blood sugar levels at home.
- Checking your blood sugar levels and keeping a record of them.

To protect your kidneys, remember the following:

- Tell your doctor about your diabetes before having an MRI, CT scan, or other imaging test in which you receive a contrast dye. These dyes can further damage the kidneys.
- Always talk to your health care provider before taking any drugs since some can damage the kidneys.
- Know the signs of urinary tract infections and get treated right away.

EXPECTATIONS (PROGNOSIS)

Diabetic kidney disease is a major cause of sickness and death in people with diabetes. It can lead to the need for dialysis or a kidney transplant.

Thus it is very important to consult your doctor about your diabetes and if there is any kidney involvement from it.

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Diabetes

A complex disease, yet simple nutrition rules

Layal Al Hanna

Masters in Human Nutrition
USJ



“What am I going to eat now?!”

A common question we hear from overwhelmed and newly diagnosed patients.

The so called “complex” disease requires in fact simple rules to control glycemia and delay, better yet prevent the complications we all know. Simple rules involve frequent meetings with the physician, healthy eating habits and regular physical activity.

In regards to good nutrition, it is all about moderation, variety and planning. A nutritious day is based on 3 healthy meals with 2-3 snacks between meals.

TIP. Try not to skip breakfast for this is linked to increased insulin resistance.

A healthy meal includes all food groups: dairy, proteins, grains, fat, fruits and vegetables. Grains (bread, rice, etc.) are nothing to be afraid of because, if chosen carefully, will give you energy and provide you with essential nutrients.

TIP. Try to opt toward whole grains such as whole bread and nev-

er forget to have legumes in moderation (ex: beans) for they are a good source of fibers and proteins.

Milk and yogurt are an important component of your meal since they are rich in protein, calcium, vitamins D, A, some B vitamins and others. However, it is better to have skimmed milk which is low in saturated fat that is bad for your heart and vessels. Fruits and vegetables contain a significant amount of vitamins, minerals and fibers and they (especially vegetables) should be present abundantly throughout the day.

TIP. Rule of colors: Try to have various colors of fruits and vegetables every day since every color corresponds to a certain antioxidant beneficial to your health. Orange, yellow, purple, red, green are all colors that help you prevent disease.

As for proteins, we recommend high biological value proteins found in grilled fish, lean meat, and grilled chicken breast with skin removed before cooking. “Good fat” (mono-unsaturated fat) is quite abundant in our traditional Mediterranean diet especially in olive oil, avocado and nuts.

TIP. Try to include sources of good fat in moderation and avoid bad fat (saturated and trans) found in margarine, ghee, butter, biscuits, processed food.

We add some water... Now your meal is ready to eat: A variety of vegetables and fruits, whole grains, good fat, skimmed milk, fluids, and a good source of protein. One more thing to complete all this... Exercise, Exercise, Exercise! Physical activity is essential to managing diabetes. These guidelines serve as general information for the management of diabetes as well as for the general population to stay healthy and prevent overweight, a leading cause of diabetes (Type 2). At the end, the most reliable resource for you is your healthcare team of physicians and dietitians.

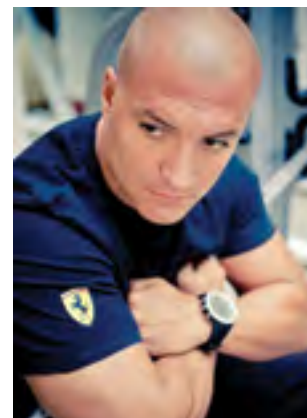
Finally, to our dismay as healthcare professionals, diabetes prevalence is dangerously increasing despite that now we know much about the disease’s prevention and management and even more by the day. A team work of doctors, fitness consultants, community workers, and dietitians will certainly be of great benefit to prevent and control diabetes.

Diabetes & Fitness

Get Fit... Stay Fit!!!

Amine Dib

International Fitness Expert
AFAA – ACE – ACSM certified



Having diabetes was never a barrier to actively enjoying sports, exercise and fitness training in general. People with Diabetes have accomplished some of the highest sporting achievements in many high-level competitions and world championships. Sports, or exercise of any kind, are an essential part of diabetes management, and it can help in many ways especially by making it easier for the body to use insulin, lowering the risk of complications, tension and stress and controlling your weight.

Remember that better fitness means better response to insulin and better control of blood sugar levels.

Below, the two main training categories that all individuals need to be involved in despite the common life obstacles: Time management, long working hours, and minor medical situations

1- STRENGTH TRAINING:

In scientific studies, it has been found that strength training such as weight lifting improves insulin sensitivity in those individuals with diabetes to the same extent that aerobic exercise does. Extended periods of strength training improve blood sugar control. In fact, in those people with diabetes, strength training in combination with aerobic exercise may be even more beneficial.

Talk to your doctor before you start any exercise program.

2- CARDIOVASCULAR TRAINING:

Also known as cardio training, such as walking, jogging or biking, involves exercise in which a person's heart rate increases to a higher rate than normal. This type of workout, also called aerobic exercise, can be especially beneficial for people with diabetes because it can help burn extra glucose in the body and decrease insulin resistance.

As always, people with diabetes should keep their doctors well informed of anything that can affect their health. Exercise falls into this category. Talk to your doctor about what kind of exercise is best for you, and be sure to discuss any questions or concerns that arise as your exercise program progresses especially staying alert of any signs or symptoms of hypoglycemia and hyperglycemia.

P.S. As with any type of exercise, always warm up before exercising and then take time to cool down afterward.

Finally, I would like to congratulate DiaLeb on the first issue of "DiaLeb Review", and express my honor of being part of the DiaLeb team.

Living with Diabetes

Type I Diabetes Testimonials

HERA EID

“My diabetes story has started on February 27th 2011... when I suddenly found out that my blood sugar was very high (5.23 g) and I was suffering from diabetic ketoacidosis. Being diagnosed with Type I diabetes was a shock that changed my life in so many ways.

The moment I knew I'm diabetic was cruel but the moment my doctor told me that I need a rest of 2 months was a moment that I can never describe... it suddenly felt like everything was taken away from me because I had to drop all my courses at university, stop my dance and tennis practices.

Without the moral support and motivation it's not possible for someone to move on and be able to control his diabetes. This is what my doctor always keeps telling me; “Hera your diabetes will never control you, but you will control it”. Today I have the courage to say that I'm diabetic. I'm not ashamed of my diabetes and when I introduce myself to someone I tell them that I'm diabetic and I answer their questions which sometimes surprise me because I can see how much we need knowledge and how important is to have organizations like **DiaLeb**.

Diabetes is a chronic disease that needs a lifetime treatment with insulin, but it is ok and it would not stop anything in my life... but I just need to be positive and talk about it or else how can I ask for awareness campaigns, for researches, for cure, for support, for motivation, medical and nutrition information. How I can I encourage **DiaLeb** for its cause if I'm not able to start from myself and accept the fact that I'm diabetic? I answer people's questions with a very positive spirit and correct some myths about diabetes. As well as I like to share my experience with people maybe that way they can learn something from it. Every single day of my life is a challenge for me and I learn something new and I even get more and more motivated to encourage the **DiaLeb** cause because we need that in our societies...

What I learned most from my diabetes is that in our lives we will always be subjected to changes either good or bad, we just need to be prepared and be able to pass the reorientation state until it becomes part of our lifestyles ... my diabetes made me stronger and today after almost 2 years I can tell you that I'm a very positive, hopeful, happy, confident and grateful person sharing my experience with you. I would also like to thank each and every person who stood by my side in times of need, my dear friends, my doctor, my sisters, and mostly my parents who keep on motivating me and giving me the power and courage to strengthen my faith and be patient.



WISSAM MORTADA

"I'd like to start my story, as a 14 year old kid, who had started his life on a day where diabetes Type I was a word that made me laugh at first. Then with time I began to understand what it meant and took the worst approach: rejection..."

However every challenge in life needs that first step in order to get out of trouble and surpass it. I understood that I could not keep going like I was. I needed to make a change, and although it was difficult, I succeeded throughout the years. Today, I'm 21, and I do thank God, and all the healthcare professionals who were next to me from the beginning when I could not understand my new self, and helped me in difficult times. I know without their support and help it could have been much worse.

In the end I'd like to thank you **DiaLeb** for presenting me as one of your members, and I'm glad to know you all and appreciate your hard work, it is definitely needed."

**YEGHIA GURUNIAN**

"It all started 3 years ago, when I was always feeling weak, thirsty, and lost 10kg... Yes I was diagnosed with Type I diabetes."

I got sad about it for the first week, then the diet started and I started to miss the sweet life: candy, doughnuts, chocolates, etc. Many times I cursed my luck. However, one month after this incident my friend got diagnosed with leukemia, thus I understood there are worse situations than mine and I decided to get in control. I consulted Dr. Mirey, a professor in nutrition, who taught me how to count my carbohydrates and after perfecting this, I was able to go back to the gym; I gained 8kg. Despite all the improvements, I still had questions to be answered, that's where a colleague who has diabetes, Hera, stepped in. She introduced me to **DiaLeb**. I really felt a sense of belonging there, and was happy to know the important work that the association does.

Now I live a pretty healthy life, even healthier than my friends. There's an old saying: "you are what you eat"."

**SABIHA ZEIN**

"Diabetes is all about management!!!"

I got diagnosed when I was 30 years old. It was a big shock to me at this time to know that I have Type I diabetes and I should take four injections a day in order to survive and stay healthy, although there is no history of diabetes in our family! I was in Germany at that time and I was lucky enough to be surrounded with a lovely endocrinologist and friendly diabetes educators to get me out of my shock. They helped me understand what diabetes is and how I should manage it. I learned how to count carbs, eat healthy food and exercise every day. After all, my family, friends and doctor's support made me feel at ease and their support was important to absorb this matter. It's true that diabetes is a chronic disease but it is a manageable disease at the same time. All a person diagnosed with diabetes needs to do is to watch what they eat, to exercise daily and to test A1C levels every 3 months.

At the end I would like to thank my family, friends and my diabetes educator "Heidi" for all their support, and a special thanks to **DiaLeb** organization for their big efforts in spreading diabetes awareness all around Lebanon. We are in the most need to have such awareness programs to let people understand what diabetes is and how it could be prevented and managed."



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* According to the American Diabetes Association Standards of Medical Care in Diabetes-2012, the A1C goal for nonpregnant people with diabetes is less than 7%.

** Kaufman FR, Gibson LG, Hukanson M, et al. A pilot study of the continuous glucose monitoring system: clinical decisions and glycemic control after its use in pediatric type 1 diabetic subjects. Diabetes Care. 2001;24(12):2030-2034.

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23.09.11

LOCATIONAl Yarz Leisure Club
Conference Room, Level 0**GENRE**

Speaker Event

GUEST SPEAKERDr. Labib Ghulmiyah, MD
Maternal & Fetal Medicine
at AUBMC

Diabetes and its effects on Women & Pregnancy

Launching its awareness activities, The National Diabetes Organization, **DiaLeb**, held its first speaker event entitled “*Diabetes and its Effects on Women & Pregnancy*”.

Political, diplomatic and social personalities attended the event, which they found to be very informative and insightful. **Dr. Jackie Maalouf**, President of **DiaLeb**, opened the discussion with a presentation about the mission and objectives of the organization, as well as its plans for the near future.

Labib Ghulmiyah, MD, presented highly valuable information about the types of diabetes, its prevalence in the community in general and focused on its effects on women and pregnancy in particular. Then, **Mrs. Sylvie Issa**, Managing Director of **DiaLeb**, also presented her experience with Type 1 Diabetes and how she went through her recent and first pregnancy. The doctor-patient exchange proved to be very engaging and provided the audience with different perspectives on living and managing diabetes.



Registration for the **Beirut Marathon 2011**

13.10.11
22.10.11
29.10.11

LOCATION
City Mall

During the registration period for the *Beirut Marathon 2011*, The National Diabetes Organization, **DiaLeb**, was in action for many days at City Mall. **DiaLeb** team members and many volunteers full of excitement and commitment were ready to introduce people to DiaLeb and register them at the Beirut Marathon under **DiaLeb's** name.

Moreover, on October 29 there was a collaboration between **DiaLeb**, Beirut Marathon and Gatorade in the presence of *Mrs. May El Khalil*, President of the Beirut Marathon Association.

The event ended up being very positive and successful, having many people registered under **DiaLeb's** name and supporting the cause of raising and spreading awareness.



27.10.11

LOCATIONSagesse High School (SHS)
Ain Saade**GENRE**

Lecture

GUEST SPEAKERMs. Cosette Fakih
MSc, LD from AUB

School Lecture Series

at Sagesse High School



DiaLeb kicked-off its “*School Lecture Series*”, a main part of its awareness program, with a presentation at Sagesse High School (SHS), Ain Saade.

Cosette Fakih, MSc, LD, AUB made two separate presentations to students of the Intermediate and Secondary Divisions. During the lectures, which were directed to a full auditorium of students, Ms. Fakih explained what diabetes is, the different types, how it is diagnosed, and how it is managed and treated. She also focused on good nutrition practices that can help prevent the onset of diabetes, and provided the students with key steps to begin leading a healthier lifestyle.

Students were interested and engaged, and the prolonged Q&A session demonstrated this. The students interacted with the speaker at the end of the session and gave very positive feedback, acknowledging the importance of DiaLeb’s initiative.



14.11.11

LOCATIONAmerican University of
Culture and Education
(AUCE) Badaro Branch**GENRE**

Lecture

GUEST SPEAKERMrs. Mirey Karavetian
MSc from AUB**SPONSOR**

Sanofi

University Lecture Series

at AUCE

DiaLeb kicked off its “*University Lecture Series*”, a part of its Diabetes in the Classroom awareness program, with a presentation at the American University of Culture and Education (AUCE), Badaro branch. The event took place between 11:00 a.m. and 12:30 p.m.

Mirey Karavetian, MsC, AUB presented on what diabetes is, the different types, how it is diagnosed, and how it is managed and treated. Mrs. Karavetian also advised students on good nutrition practices that can help prevent the onset of Type 2 diabetes, and provided the students with key steps to begin leading a healthier lifestyle.

Free glucose testing was provided to all students by **Sanofi**. This event was closed for AUCE students, professors and staff only.



15.11.11

LOCATION

Haigazian University

GENRE

Lecture

GUEST SPEAKERMrs. Mirey Karavetian
MSc from AUB

University Lecture Series

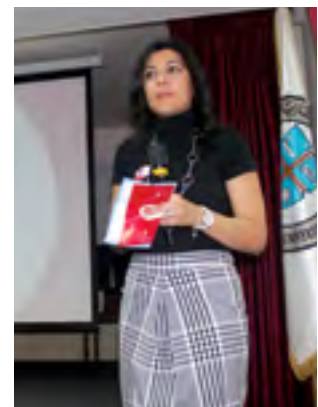
at Haigazian University

On November 11, 2011, DiaLeb hosted a presentation at Haigazian University, as part of its *"University Lecture Series"*, a branch of its Diabetes in the Classroom awareness program, under the title: *"Diabetes: Awareness & Prevention"*, at 12:00 p.m.

Mirey Karavetian, MSc, AUB, presented on what diabetes is, the different types, how it is diagnosed, and how it is managed and treated. She also advised students on good nutrition and lifestyle practices that can help prevent the onset of diabetes, and provided the students with key steps to begin leading a healthier lifestyle.

Ms. Hera Eid, student at Haigazian gave a personal testimony of her life after being diagnosed with Type 1 diabetes.

This event was closed for Haigazian University students, professors and staff only.



صدّق

أو لا

تصدّق

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التعلم

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مرض

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إتصل بطبيبك للحصول على المزيد من المعلومات
حول خرائط المحادثة "Conversation Maps"

17.11.11

LOCATION

Metropolitan Hotel, Sin el Fil

GENRE

Gala Dinner

GUEST SPEAKERHE Minister of Health,
Mr. Ali Hassan Khalil

DiaLeb's 1st Annual Fundraising Gala Dinner

On November 17, 2011, the National Diabetes Organization, **DiaLeb**, a newly established non-for-profit organization focused on diabetes, held its first *Annual Fundraising Gala Dinner* under the patronage of His Excellency Minister of Health, **Mr. Ali Hassan Khalil**. The dinner took place at the Dubai Hall of the Metropolitan Hotel in Sin El Fil, and was attended by several political, diplomatic and social personalities as well as many professionals of the field.

Dr. Jackie Kassouf Maalouf, President and Founder of DiaLeb welcomed all the guests and thanked them for their generous support of **DiaLeb**.

HE Minister of Health, **Mr. Ali Hassan Khalil** spoke to attendees about the importance of such patient associations in promoting awareness and enhancing the life of patients in Lebanon.

Mrs. Sylvie Maalouf Issa, Managing Director gave a brief overview of **DiaLeb**, its mission and objectives, and described its recent activities and future programs for 2012.

Finally, **Ms. Hera Eid** gave a short personal story of her life with diabetes and the importance of the presence of an association like **DiaLeb** in providing patients with the support and help they need.

The Gala Dinner included a good entertainment program.

DiaLeb has put together an ambitious program and the organization is committed to bringing awareness to this disease which affects so many in Lebanon and the world.





27.11.11

LOCATION

Beirut, Lebanon

GENRE

Marathon

SUPPORTERS

Sagesse High School

Beirut Marathon 2011

DiaLeb participated in the *Beirut Marathon 2011* with the slogan “Take the first step towards a healthier, more active you”.

A very successful event in which students and teachers from **Sagesse High School** ran under DiaLeb's name and supported its cause in promoting diabetes awareness and mostly in encouraging physical activities which is an essential part in diabetes care and prevention. Also, many volunteers contributed in this event where they ran and cheered with DiaLeb.

DiaLeb at the Beirut Marathon 2011 had a full active, positive and cheerful day with all the volunteers and participants who were running for one same cause: promoting diabetes awareness.



04.12.11
08.12.11

LOCATION

Dubai International
Exhibition and Convention
Centre, Dubai, UAE

GENRE

Congress

World Diabetes Congress

International Diabetes Federation

DiaLeb, represented by its President **Dr. Jackie Maalouf**, was present at the *World Diabetes Congress* held between December 4 & December 8, 2011 in Dubai, UAE.

A total of 15,100 participants were present, making this Congress the largest in the **International Diabetes Federation (IDF)** history.

Delegates from over 172 countries took part in numerous sessions and showed their organizations. Congress speakers totaled 1,500, the highest amount of speakers ever at an IDF Congress.



Community Awareness

at Municipality of Zouk

23.12.11

LOCATION

Youth and Culture Center of the Zouk Mikael Municipality

GENRE

Conference

GUEST SPEAKER

Dr. Najla Khoeiry

SPONSOR

Sanofi



DiaLeb kicked off its Community Awareness Program with an educational event held at the Youth and Culture Center of the Zouk Mikael Municipality. The conference entitled *Diabetes, Education and Prevention (Type 2)*, was presented by **Dr. Najla Khoeiry**. Many constituents of the Zouk area attended the event, as well as others from outside the area.

The Q&A session that followed Dr. Khoeiry's presentation was lively and informative and clearly demonstrated the need for awareness regarding Type 2 Diabetes in the Lebanese community. The event was well attended with over 50 guests.

Moreover, attendees were then given free glucose testing provided by **Sanofi** and treated to a low carbohydrate and sugar free snack.



09.01.12

LOCATIONInternational College (IC)
Ain Aar**GENRE**

Lecture

GUEST SPEAKERMs. Cosette Fakih
MSc, LD from AUB

School Lecture Series

at IC Ain Aar



DiaLeb held its first event of 2012 with a special presentation at International College (IC), Ain Aar. The event fell under the “*School Lecture Series*”, a main part of DiaLeb’s awareness program.

This was a special presentation made to about 90 first grade students at the request of the school’s administration.

Guest speaker *Cosette Fakih*, MSc, LD from AUB, made a simple, visual presentation about Type 1 Diabetes in children and used drawings and anecdotes to reach the kids. Ms. Fakih explained what diabetes is and how it is managed and treated in children in a tailor-made presentation for such a young target audience.

All students who participated were given a certificate of participation in appreciation for their good behavior and attention.



Community Awareness

at Municipality of Halat

24.02.12

LOCATION

St. Georges Church,
Halat Municipality

GENRE

Conference

GUEST SPEAKER

Dr. Antoine Boulous

SPONSORS

Sanofi
Johnson & Johnson -
OneTouch

As part of its Community Awareness Program, **DiaLeb** held a conference entitled Diabetes, Education and Prevention (Type 2) at the Municipality of Halat. The conference was presented by **Dr. Antoine Boulous** and organized with the assistance of the Municipality.

Many constituents of the Halat area attended the event, as well as others from outside the area. The Q&A session that followed Dr. Boulou's pre-

sentation was lively and informative and clearly demonstrated the need for awareness regarding Type 2 Diabetes in the Lebanese community. The event was well attended with close to 200 guests who were given free glucose testing provided by **Sanofi** and treated to a low carbohydrate and sugar free snack.

Also, a raffle took place which saw seven lucky winners win a free **OneTouch® Select** glucose test kit.



20.05.11

LOCATION

Anti Rosa Restaurant, Antelias

GENRE

Lecture

SPONSOR

Roche - Accucheck

21.03.12

LOCATION

Al Yarz Leisure Club, Baabda

GENRE

Brunch

GUEST SPEAKER

Mrs. Arlette Bouez

Al Korban Al Moqaddas Association

Annual Gathering

Dr. Jackie Maalouf, President of DiaLeb, was present at the annual gathering of the “Al Korban Al Moqaddas” Association at Anti Rosa Restaurant, Antelias.

Dr. Maalouf gave a motivational speech about diabetes and DiaLeb and gave away a few glucometers to some people affected with diabetes whose names were provided by the head of the association, Mrs. Yvonne Maalouf. The glucometers were offered by Roche - Accucheck.

The event was attended by 250 people approximately.



Mother's Day Brunch

at Al Yarz Leisure Club

Dr. Jackie Maalouf, President of DiaLeb, was present at the Mother's Day Brunch, at Al Yarz Leisure Club, Baabda on March 21, 2012.

The ladies committee at Al Yarz Club organized the event and the dietitian Mrs. Arlette Bouez gave a presentation about nutrition habits and healthy eating.

Dr. Maalouf gave a motivational speech about diabetes and DiaLeb's mission, objectives and activities.

The event was attended by approximately 150 people.



Community Awareness

at Bayt Al Fan, Tripoli

31.03.12

LOCATION

Bayt Al Fan, Al Mina
Tripoli

GENRE

Conference

GUEST SPEAKER

Ms. Cosette Fakih
MSc, LD from AUB

SPONSORS

Sanofi
Roche - Accucheck

As part of its Community Awareness Program, **DiaLeb** held a conference entitled “*Type II Diabetes: Education and Prevention*” at Bayt Al Fan, Al Mina, Tripoli. The event was also organized with the assistance of the Lebanese Women’s Association (LBWA) and the “Al Zazem wa al Sa3ada” association.

Mrs. Leila Karami welcomed the attendance and highlighted the importance of awareness in the subject of

diabetes and thanked **DiaLeb** for offering such valuable information to this important city of the north. **Dr. Jackie Maalouf**, President of **DiaLeb**, talked about the mission and vision of the National Diabetes Organization **DiaLeb**. **Mrs. Cosette Fakih** presented many important details about nutrition facts related to diabetes.

The Q&A session that followed Mrs. Fakih’s presentation was lively and informative and clearly demonstrated the need for awareness regarding Type 2 diabetes in the Lebanese community.

Many constituents of the Tripoli area attended the event, including the President of the Red Cross Tripoli with some members, as well as other active associations from the area. The event was well attended with close to 70 guests.

Attendees were given free Lactacid Bottles provided by **Sanofi** and treated to a low carbohydrate and sugar free snack. Also, 7 Accucheck glucose meters provided by **Roche** were distributed to the associations and diabetic people from the attendance.



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05.04.12

LOCATIONGerman School,
Dohat el Hoss**GENRE**

Lecture

GUEST SPEAKERMs. Loyal Al Hanna
MSc from USJ

School Lecture Series

at German School

DiaLeb presented another awareness session under its *"School Lecture Series"*, with a presentation at the German School, Dohat el Hoss campus. The lecture was given by **Ms. Loyal Al Hanna** to grade 8 students at the request of the school, as part of their Biology class curriculum which was at the time covering digestive disorders.

Ms. Loyal explained to the students what diabetes is, the different types, how it is diagnosed, and how it is managed and treated. She focused on good nutrition practices that can help prevent the onset of diabetes, and provided the students with key steps to leading healthier lifestyle.

Students were interested and engaged, and the prolonged Q&A session demonstrated this. The students interacted with the speaker at the end of the session and gave very positive feedback, acknowledging the importance of DiaLeb's initiative.



20.04.12

LOCATIONHelping Hand Association
Beirut, Meeting Room**GENRE**

Conference

GUEST SPEAKERMs. Layal Al Hanna
MSc from USJ

Type 2 Diabetes Education & Prevention

at Helping Hand Association

DiaLeb gave a presentation to the members of the Helping Hand Association entitled: *"Type II Diabetes: Education and Prevention"*. The presentation was held at the Helping Hand meeting room facing the Grand Serail at 3:30 pm.

Ms. Layal Al Hanna presented on what diabetes is, the different types, and how it is diagnosed, treated and managed. Later, she provided the ladies with very important information on good nutrition practices to help prevent and manage diabetes.

The event was closed to Helping Hands members only.



21.04.12

LOCATION

Municipality of Baabdath

GENRE

Conference

GUEST SPEAKER

Dr. Elizabeth Abou Jaoude

SPONSORSSanofi
Roche - Accucheck

Community Awareness

at Municipality of Baabdath

As part of its Community Awareness Program, **DiaLeb** held an event on Saturday, April 21, 2012, at Baabdath Municipality. The conference entitled *"Type II Diabetes: Education and Prevention"* was presented by **Dr. Elizabeth Abou Jaoude** specialized in Diabetes and chronic diseases and organized with the assistance of the Baabdath Municipality.

The President of the municipality council, **Mr. Imad Labaky** attended the event, and thanked **DiaLeb** for offering such valuable events to the community. The Q&A session that followed Dr. Abou Jaoude's presentation was lively and informative and clearly demonstrated the need for awareness regarding Type 2 diabetes in the Leba-

nese community. The event was well attended with close to 70 guests.

The free glucose screening was provided by **Sanofi** and the attendees were then treated to a low carbohydrate and sugar-free snack. Also, 6 Accu-chek machines were handed to diabetic people whose names were provided by the municipality.



23.05.12

LOCATIONBuilding of the Qatar
Diabetes Association (QDA),
Qatar**GENRE**

Meeting

Visit to Qatar Diabetes Association

Upon the invitation of *Dr. Abdulla Al-Hamaq*, the Executive Director of Qatar Diabetes Association (QDA), *Dr. Jackie Maalouf*, President of DiaLeb, visited the QDA offices and met with several professionals of the QDA team in order to exchange information in the field of community work related to diabetes.

25.05.12
26.05.12**LOCATION**

Golden Tulip Hotel, Beirut

GENRE

Workshop

IDF-MENA Workshop

On Friday and Saturday May 25 and 26, 2012, DiaLeb, represented by *Dr. Jackie Maalouf*, President of the association, was present at the **IDF-MENA workshop** that was held at Golden Tulip Hotel, Beirut and organized by *Dr. Mohamad Sandid*.

Professor Morsi Arab and *Professor Adel El Sayed* represented the IDF in the workshop and both had speeches about the IDF and updates in the field.

Dr. Maalouf gave a presentation on behalf of NGOs and suggested the translation of the IDF website into Arabic especially since 19 countries members of the IDF-MENA are Arabic speakers. The suggestion was well accepted among IDF representatives.



06.06.12

LOCATION

Auditorium of Antonine University, Riyak-Bekaa

GENRE

Radio Program

GUEST SPEAKERMs. Layal Al Hanna
MSc from USJ**SPONSOR**

Roche - Accucheck

University Lecture Series

at Antonine University

At the auditorium of the Antonine University in Riyak-Bekaa, **Ms. Layal Al Hanna**, presented a lecture under the title: *"Diabetes: Awareness and Prevention"*. The event took place from 11:00 am to 12:30 pm where Ms. Layal provided students with an overview of what diabetes is, the different types, how it is diagnosed, and how it is managed and treated. Moreover, our guest speaker advised students on good nutrition and lifestyle practices that can help prevent the onset of diabetes, and provided them with key steps to begin leading a healthier lifestyle.

Following the lecture, free glucose testing for all students was provided by **Roche**, and performed by four volunteer members of the Red Cross, Zahle. Four glucose machines, courtesy of **Accucheck**, were distributed: two were given to the University infirmary, and the remaining two machines to the Red Cross, Zahle.

The event was well attended with around 120 students and the discussion was lively and informative.



07.06.12

LOCATION

Sayedat Ras El Metn Association

GENRE

Conference

GUEST SPEAKERSMs. Layal Al Hanna
MSc from USJ**SPONSORS**Sanofi, Diet Diary,
Roche - Accucheck

Type 2 Diabetes Education & Prevention

at Sayedat Ras El Metn Association

DiaLeb held an event entitled: *"Type II Diabetes: Education and Prevention"* presented by Ms. Layal Al Hanna, MS in Human Nutrition from USJ at the Sayedat Ras El Metn Association.

Mrs. **Mona Ghazal** welcomed the attendance and highlighted the importance of awareness in the subject of diabetes and thanked **DiaLeb** for offering such valuable information to this important city of the north. **Dr. Jackie Maalouf**, President of **DiaLeb**, talked about the mission and vision of the National Diabetes Organization, **DiaLeb**. **Mrs. Sylvie Maalouf**, Managing Director of **DiaLeb** welcomed and thanked all in attendance and provided them with her live testimonial living with diabetes and the reasons and idea behind founding **DiaLeb**. **Ms. Layal Al Hanna** presented many important details about nutrition facts related to diabetes.

The event was well attended with close to 70 guests who were given free Lactacyd Bottles provided by **Sanofi** and treated to a low carbohydrate and sugar free snack from **Diet Diary**. Also, seven Accucheck glucose meters provided by **Roche** were distributed to identified people with diabetes in need from those attending. One glucose meter was provided for the medical office of the association.



Community Awareness

at Municipality of Zahle

12.06.12

LOCATION

Conference Room of Municipality of Zahle, Zahle

GENRE

Conference

GUEST SPEAKER

Dr. Ali Mrad

SPONSORS

Sanofi
Johnson & Johnson -
OneTouch



DiaLeb held a further event as part of its Community Awareness Program at the Municipality of Zahle, in the Bekaa. Again the conference was entitled *“Diabetes, Education and Prevention (Type 2)”*.

The employees of the municipality were treated to an educational presentation by **Dr. Ali Mrad** who presented the different types of diabetes, how it is diagnosed and treated and some of the common myths regarding the disease. A free glucose screening test was provided by **Sanofi**, and for the first time, a follow-up HbA1C test was performed to those with a high glucose spot reading, which usually is performed via a blood test in a laboratory. However, **Sanofi** provided a new machine which provides an accurate result within minutes, offering a great service to the attendees.



In addition, 6 **OneTouch**® glucose meters provided by **Fattal** were given away to identified members from the audience who have diabetes. At the end a healthy low-carbohydrate cocktail was offered to close to over 50 participants who were exposed to this rich and enlightening event.



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C L O S E T O Y O U

04.06.12

LOCATION

Ministry of Defense, Baabda

GENRE

Lecture

GUEST SPEAKERSDr. Elizabeth Abou Jaoude
Mrs. Ranwa Abou Antoun

Diabetes Awareness

Fouad Shehab Command
& Staff College

DiaLeb held a diabetes awareness session at “*Fouad Shehab Command and Staff College*” (Kuliyat Al Arkan Aluuliya), Ministry of Defense, Baabda on June 4, 2012.

The event included an overview about DiaLeb and activities presented by **Dr. Jackie Maalouf**, President of DiaLeb. It also involved a presentation by endocrinologist **Dr. Elizabeth Abou Jaoude** who talked about diabetes, diagnosis, types, and medical management. **Mrs. Ranwa Abou Antoun**, nutritionist, then explained the nutritional management of diabetes with emphasis on good nutrition habits and regular physical activity. The presentations were very interactive and showed the interest of the attendees.

The event was followed by a healthy, low calories, low carbohydrates, and sugar-free cocktail. 70 Generals from the Lebanese army as well as a few Generals from Jordan, Kuwait, and KSA attended the conference.



22.06.12

LOCATION

Ancient Roman Amphitheater, Zouk Mikael

GENRE

Festival

SPONSOR

Johnson & Johnson - OneTouch

Music Festival

Zouk Mikael

DiaLeb's team was present at the music festival, on June 22, 2012 at the Roman Amphitheater upon the invitation of the “*Youth & Culture Center*”, Zouk Mikael Municipality.

DiaLeb was one of the few NGOs present at the event to remind people of the importance of diabetes awareness at cultural events. The event involved many bands and singers. A free glucose testing was provided and performed by **OneTouch Select - LifeScan** for the attendees.



20.09.12

LOCATION

Radio Pax, Zahle

GENRE

Radio Program

SPONSORSFattal
Johnson & Johnson -
OneTouch

The Silent Killer

Prevention & Treatment

As part of its awareness program, **DiaLeb** held a radio event entitled the *“Silent killer - Prevention & Treatment”*. The program aired live on Radio Pax during the weekly show “Leizim Ne7ke” between 6:00 - 7:30 pm.

Present during the show was **Dr. Jackie Kassouf Maalouf**, who discussed the reason behind founding **DiaLeb**, as well as our mission, vision and objectives, Ms. Layal Al Hanna, Awareness Program Coordinator & Nutritionist at **DiaLeb**, and Ms. Hera Eid, who gave a life testimonial about her case with Type 1 diabetes.

In addition, a short phone call was made to **Mrs. Sylvie Maalouf Issa**, Managing Director of **DiaLeb**, who also discussed the idea behind founding **DiaLeb**, her personal story with Type 1 diabetes and provided a life testimony of being a woman with diabetes who has had healthy children.

Listeners were able to ask questions and receive valuable information regarding nutrition and the best choices for preventing, and managing diabetes. During the program, trivia questions about diabetes were asked, and those who

called in with the right answer received a OneTouch® Select glucose meter, courtesy of **Johnson & Johnson**.

Also, free glucose testing sponsored by OneTouch was provided to anyone who came to the radio premises throughout the duration of the program and 6 OneTouch glucose meters provided by **Fattal** were given away to identified members from the audience who have diabetes.



27.09.12

LOCATION

DialLeb Office, Jdeideh

GENRE

Education Session

SPONSOR

Lilly Diabetes

Patient Education

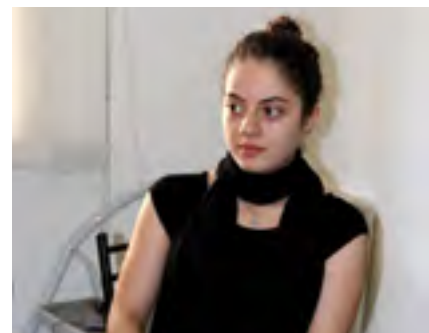
with Conversation Maps

DiaLeb, in collaboration with the diabetes educators of **Lilly Diabetes**, organized a patient education session using the highly interactive *Diabetes Conversation Map Tool*. Diabetes Conversations is a patient-focused program developed to improve patient understanding, self-management and enhance patient-healthcare professional interaction. The Diabetes Conversation Maps are highly visual and interactive diabetes educational tools

created by Healthy Interactions in collaboration with the International Diabetes Federation (IDF) and sponsored by Lilly Diabetes.

The Conversation maps cover different topics including how diabetes works, starting insulin, healthy eating and keeping active, living with diabetes and diabetes complications.

The session was given to a small group of around 6-8 patients which have relevant similar backgrounds.. The group discussion was very interactive where hearing the challenges and successes of each other helped the people living with diabetes recognize that they are not alone on this journey and can build confidence and take ownership of their diabetes management.





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16.10.12

LOCATIONCampus of Medical Sciences
at USJ, Ashrafiyeh**GENRE**

Lecture

GUEST SPEAKERSMs. Layal Al Hanna
MSc from USJ

University Lecture Series

at Saint Joseph University



DiaLeb held an educational session including case study analysis with graduate nutrition students at Saint Joseph University (USJ), Ashrafiyeh.

The session was held on Tuesday, October 16, 2012 in collaboration with *Mrs. Nathalie Yaghi* (USJ). The program included a brief overview about DiaLeb and events, presented

by *Dr. Jackie Maalouf*, President of DiaLeb, followed by our awareness program coordinator and nutritionist *Ms. Layal Al Hanna*, who presented an overview about nutrition for diabetes and a case study analysis for Type 1 diabetes with carbohydrate counting.

The session lasted 2 hours with interactive case study analysis and diabetes management information.



23.10.12

LOCATIONLa Sagesse University
Furn El Chebbak**GENRE**

Fair

National NGO Fair

at La Sagesse University

DiaLeb participated on October 23, 2012 in the **First National NGO Fair** that gathered more than 100 NGOs in Lebanon and International NGOs at La Sagesse University, centre Qadmous, Furn El Chebbak.

It was an interactive hectic whole day program from 11:00 a.m. till 8:00 p.m and was mainly intended for University Students.

During the fair, **Dr. Jackie Maalouf**, President of DiaLeb, presented an overview about **DiaLeb**. Free glucose testing was performed to the attendees with immediate nutrition questions answered.



28.10.12

LOCATION

Zahle

GENRE

Rally Paper

SPONSOR

Roche - Accucheck

Rally Paper

with Mouvement des Jeunes d'Orient



On Sunday, October 28, 2012 a Rally Paper was organized by Mr. Toni Abou Naoum, head of “*Mouvement des Jeunes d'Orient*” (MJO) Zahle, in collaboration with DiaLeb.

Around 200 students participated in the 13-station rally and answered a list of questions each station related to general knowledge and diabetes basics.

DiaLeb team was present throughout the event that aired live on Radio Pax.

At the last station of the rally located at the Lebanese Red Cross, Zahle center, a free glucose testing, sponsored by Accucheck, was performed by the Lebanese Red Cross Members to all attendees.

Later on, all attendees were treated to lunch during which awards were presented to the winners. **Dr. Jackie Maalouf**, President of DiaLeb, received with great pleasure an appreciation award from MJO.





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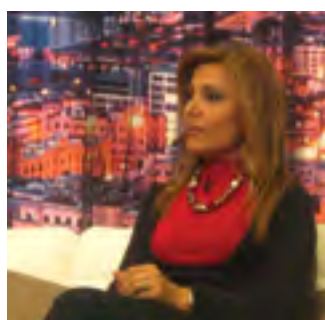
DiaLeb in the Media

November 2011

DiaLeb acknowledges the role of media in raising awareness and culture in our society.

Therefore, **DiaLeb** had several appearances in the media to increase diabetes awareness and to announce its series of events for the **World Diabetes Month, November 2011**.

Dr. Jackie Maalouf, President of **DiaLeb**, and *Mrs. Sylvie Maalouf*, Managing Director of **DiaLeb**, represented the NGO on various TV channels during their daily and weekly shows: LBC, MTV, Orbit, OTV, Télé Liban and Télé Lumière.



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Look forward to our next issue of DiaLeb Review which will feature new programs and activities!

UPCOMING ACTIVITIES: WORLD DIABETES MONTH, NOVEMBER 2012

Throughout the first week of November	Media interviews LBC, Orbit, MTV, OTV, Future, Télé Lumière...
November 10 th	EDL diabetes forum at Monroe Hotel, Beirut.
November 11 th	Beirut Marathon with Sagesse High School students and employees from Fattal.
November 13 th	LAU awareness event followed by glucose testing, Byblos Campus
November 14 th	LAU awareness event followed by glucose testing, Beirut Campus. Two Consecutive diabetes awareness sessions at Arope Insurance offices, Verdun.
November 17 th	Diabetes Forum at Chatila camp (LAU/Dialeb), free glucose screening.
November 20 th	USEK awareness event followed by glucose testing, Kaslik Campus.
November 27 th	Second Fundraising Gala Dinner at Phoenicia Hotel, Beirut.

New Programs

DIALEB HAS RECENTLY LAUNCHED A SERIES OF NEW PROGRAMS, INCLUDING:

- Private educational sessions for people affected with type 1 and type 2 diabetes mellitus at our offices, Jdeideh
- Community Internship Program for graduate students in nutrition from the Lebanese American University
- Special educational sessions for graduate students in nutrition (emphasis on diabetes management)
- Online programs and interactive tools
- Gatherings for type 1 diabetes patients with professionals (doctors and dietitians) to share experiences and learn more about specific concerns related to diabetes management
- Diabetes awareness sessions for employees in the corporate sector

 **DiaLeb will also continue to raise awareness regarding diabetes prevention in schools, universities, NGOs, municipalities and where diabetes awareness is needed all over Lebanon.**

Keep visiting our website www.dialeb.org
and Facebook page <http://www.facebook.com/DiaLebOrg> for updates.

الأعضاء المؤسسون في التجمع الوطني للسكري هم:

الرئيس: جاكين وديع القاصوف
المدير: سليم الياس اندراوس
علاقات عامة: د. باتريك يوسف زعرور
أمين السر: المحامي ميشال جميل حنوش
أمين الصندوق: السيدة سيلفي جورج المعلوف



الجمهورية اللبنانية
وزارة المالية

شهادة تسجيل جمعية

٢٩ ذيل ٢٠١١

اسم الشركة: التجمع الوطني للسكري

الشهرة التجارية: DIALEB

عنوان المركز الرئيسي

قضاء: المتن
منطقة: الجديدة
حي: البريد

شارع: المسترل
مينى: معلوف
طابق: ١

هاتف: ٠١/٨٨٨٨٧٤
فاكس:
ص.ب. رقم:
منطقة:

رقم التسجيل: ٢٥٣٦٥٦٣

أعطيت في: ٢٩-٦-٢٠١١

الإمضاء:
لؤي الحاج شهادة

مدير الواردات

الشكل القانوني: جمعيات

الجمهورية اللبنانية
وزارة الداخلية والبلديات
الوزير

١٢٥ بيان علم وخبر رقم ١٢٥
بتأسيس جمعية ينسم : " التجمع الوطني للمسكري " مركزها : الجديدة - قضاء المتن

ان وزير الداخلية والبلديات

بناء على المرسوم رقم ٢٨٣٩ تاريخ ٢٠٠٩/١١/٩
بناء على قانون الجمعيات الصادر في ٣ آب ١٩٠٩ ولا سيما المادة السادسة منه
بناء على التعميم رقم ١٠/م/٢٠٠٦ تاريخ ٢٠٠٦/٥/١٩ وتعديله رقم ١٥/م/٢٠٠٨ تاريخ ٢٠٠٨/٩/١٢
بناء على الإعلام المقدم إلى وزارة الداخلية والبلديات من مؤسسي الجمعية المسماة :
" التجمع الوطني للمسكري " والمسجل لدى المديرية الإدارية المشتركة
برقم ٢٠٦٢٨ تاريخ ٢٠١٠/١١/٢٥ والإستدعاء المسجل برقم ٢٠٦٢٨ تاريخ ٢٠١٠/١٢/٢٨
بناء على اقتراح مدير عام الشؤون السياسية والاجتماعية بالتكليف

بقرار ما يأتي

المادة الاولى: أخذت وزارة الداخلية والبلديات علماً بتأسيس الجمعية المسماة :
" التجمع الوطني للمسكري "

مركزها : الجديدة - بناية معلوف - الطابق الأول - قضاء المتن.

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- الإسهام في نشر وتوعية نداء السكري وخصائصه وطرق الوقاية منه وكيفية التعامل معه والإضمار على هذه الحالة ومدى تأثيرها على نمط الحياة والمعيشة وإمكانية التكيف معها ومعالجتها.
- القيام بالنشاطات الثقافية، الاجتماعية، الصحية المحاضرات، المؤتمرات، والمساهمة ودعم الدراسات والأبحاث المتعلقة بشكل مباشر بـداء السكري، والتواصل مع مراكز الأبحاث والمختبرات الإقليمية والعالمية في لبنان والخارج للوقوف على كل جديد سواء لجهة الوقاية أو العلاج أو التكيف مع هذا الداء.
- الإسهام في رفع مستوى التوعية من خلال الخدمات الاجتماعية والصحية والثقافية والمقترحات والدراسات التي تساعد في خلق الوعي للمصابين بـداء السكري وعائلاتهم والمجتمع حولهم.

كشور

د - الإهتمام بتأمين مستلزمات الوقاية والعلاج للمصابين بداء السكري وتأمين الأدوية اللازمة الضرورية كما المساهمة في تحضير الغذاء الخاص بهم مباترة أو عبر الإعلام والندوات والمؤتمرات الخاصة أو العامة.

هـ - التعاون والتواصل بنشاطات مشتركة مع جمعيات محلية وأجنبية التي لها ذات الأهداف أو تمارس نشاطات مماثلة يمكن منها تحقيق غايات الجمعية.

على أن تطبق البنود المذكورة أعلاه وفقاً للقوانين والأنظمة المرعية الإجراء وبعد موافقة المراجع المختصة .

المؤسسون السيادة :

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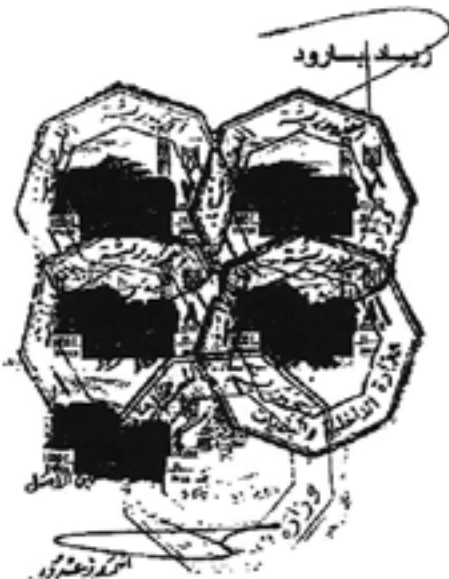
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