

Singapore Government

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SPEECH BY MR LIM HNG KIANG, MINISTER FOR HEALTH AND SECOND MINISTER FOR FINANCE, AT  
THE OPENING CEREMONY OF WORLD DIABETES DAY HELD ON SUNDAY, 14 NOV 99, AT 10.10 AM,  
SUNTEC CITY INTERNATIONAL CONVENTION AND EXHIBITION CENTRE, ATRIUM LOBBY

**National Archives of Singapore**  
Theme : Diabetes Education in Singapore

I am pleased to be here today to officiate at the Opening Ceremony of World Diabetes Day. I would like to congratulate the Diabetic Society of Singapore for organising this special event today. I would also like to commend the members of the Society, who have served with dedication and enthusiasm to promote diabetes awareness and provide diabetes education.

2 The theme of this year's World Diabetes Day is "The Cost of Diabetes". This theme aptly reminds us of the health implications of diabetes and its long-term complications which include kidney failure, heart attacks, strokes, blindness and limb amputations. The cost to the individual and family in terms of physical suffering, loss of income, medical expenses and strain on inter-personal relationships is a high price indeed.

3 Diabetes Mellitus is becoming a global epidemic. According to the World Health Report, an estimated 135 million people worldwide were afflicted with the disease in 1997. This number is projected to rise to 300 million by the year 2025.

4 Diabetes is also an increasingly important disease in Singapore. It currently ranks as the 6th most important cause of death, accounting for over 9% of all deaths, if diabetes-related deaths are considered. It is the 3rd most common condition seen at our government polyclinics accounting for almost 1 in 10 visits or approximately 350,000 visits per year. 8% of all hospital bed-days last year or almost 240,000 bed-days were attributable to diabetes. The results of the National Health Survey conducted last year showed that the prevalence of diabetes among adults aged 18 to 69 years was 9%. That is, about 1 in 10 people in this age range have diabetes. This is almost double from just 15 years ago. What I would also like to highlight is that 9% is the overall rate for all the age groups from 18 to 69 years. What is startling is the rapid rise in the diabetes rate with increasing age, from 1% for those under 30 years, to 10% for those in their 40s, to 22% for those in their 50s, and to 32% for those in their 60s! With our rapidly ageing population, and if our population risk factors like obesity, high fat diet, and a sedentary lifestyle do not improve, the prevalence of diabetes and diabetes-related deaths will see an increase in the coming years.

5 The first step to tackle the rising trend of this disease is diabetes education and in particular, how to prevent the disease and how to deal with the disease if you or your family member is struck by it.

#### Prevention of Diabetes

6 Diabetes in Singapore is predominantly the type precipitated when certain lifestyle factors interact with age and genetic susceptibility. While we cannot change our genes, our race or our family history, we can take charge of lifestyle-related factors. By maintaining our weight within the healthy range, consuming a healthy diet, and doing regular physical activity, we will be better able to prevent or delay the onset of diabetes. A later onset of diabetes means that the person has fewer years of the disease, and hence a lesser chance of developing complications such as stroke, blindness, and kidney failure.

7 My Ministry's annual National Healthy Lifestyle Campaign seeks to promote a healthy lifestyle for all Singaporeans by emphasising healthy eating and regular exercise. Now, more than ever, healthier choices are becoming easier choices. If you want to exercise regularly, there is a wide range of exercise facilities and activities available in the community – the Regional Sports and Fitness Centres, Constituency Sports Clubs and the many commercial fitness centres are some examples.

8 Coming to something dear to us – eating. Hawker centres continue to be a favourite food outlet of most Singaporeans. To date, close to 5,800 stalls or 81% of all stalls serve healthier food choices – that is, more vegetables, less oil and fat, less sugar and less salt in their dishes, if you request for it.

## Early Screening

9 However, if your genes or your lifestyle predispose you to diabetes, there is a plan of action you need to undertake. Firstly, screening for diabetes. Those over 40 years of age, or even younger if you are genetically predisposed or lead an unhealthy lifestyle, should get their blood sugars tested. This is a simple, cheap and effective test for diabetic screening.

## Dealing with Diabetes

9 Those who are confirmed by blood sugar testing to be diabetic should learn about the disease and about self-care. There is only so much a doctor or nurse can do for you. You have to learn to manage your lifestyle, what you can eat, how to take your medication or inject insulin, how to recognise and deal with low blood sugar levels, how to manage your feet to prevent injuries, what exercise you can take part in, and to take the initiative to go for regular eye screenings.

11 You should learn how to test your own blood glucose levels, and perform this task regularly, as directed by your doctor. This will allow you to adjust your medication and diet effectively. Good blood glucose control is essential in reducing complications in the long term. Some diabetics disregard their blood glucose levels, merrily eating forbidden foods, until the day before the next visit to the doctor! By fooling the doctor, only you will suffer. Of course, nowadays the doctor can catch you out, by performing the test called the HbA1c, which can assess your blood glucose control over the past 3 months!

12 I would like to take this opportunity to reiterate that the family doctor or the GP is the best person to help you to manage your diabetic condition. Your family doctor is able to deal with you personally, and coordinate all the medical care that you need, whether this is with a heart specialist, a kidney specialist, an eye specialist, a podiatrist, or a dietician. At times, he may need to refer you to an endocrinologist if your condition is difficult to control. Otherwise, your family doctor is competent to manage your condition, and to do so effectively and holistically.

13 In polyclinics, the doctor, nurse educator and dietician form the core Diabetic Care Team, treating and monitoring the patient's condition, and providing patient education. Patients are taught self care, such as how to monitor their blood glucose level, plan their diet, recognise symptoms of low blood glucose, footcare, and other practical aspects of daily living. Referrals are made to the relevant specialists when needed. This system of care provides patients with good, affordable and integrated care.

14 More severe cases may need to be treated in hospitals. In hospitals, a multi-disciplinary Diabetes Care Team comprising doctors, diabetes educators, and dieticians, with access to the complementary services of endocrinologists, eye, kidney and heart specialists, and podiatrists, ensure that diabetic complications are prevented, or at least minimised with prompt treatment.

Diabetes Education & Care Centre

15 In 1998, my Ministry in collaboration with the Diabetic Society of Singapore and the Community Development Council set up the Sembawang Hong-Kah Diabetes Education and Care Centre. This Centre supplements and complements the care given by general practitioners to their diabetic patients. GPs manage more than half of the diabetics, especially those in the first 10 to 15 years after diagnosis. However, patient workload may limit the time general practitioners spend with the patients. The Centre, which sees 60 to 70 patients a week, provides more "time-intensive" services like patient education, education for the family and monitor the diabetes state. We are currently exploring the set-up of a second centre.

#### Diabetes Care Providers

16 Today, I am happy to see that a dedicated "team" of diabetic care professionals is participating in this event. This will reinforce the message that a holistic approach in patient care is essential for managing the disease.

17 As diabetic care providers, you must continue to work closely with your patients. Although ultimately patients take personal responsibility for their own health, you are in a unique position to help them understand their condition and to teach them the skills for making practical lifestyle changes. This will improve their condition and minimise complications. They will find that life can be enjoyed in spite of diabetes. Your efforts make a difference!

#### Role of MOH

18 My Ministry will continue to educate the public on the risk factors for diabetes, the importance of early screening, and to educate diabetics on self-care, including the importance of good blood glucose control so as to reduce complications of the disease.

19 To this end, we will continue to work closely with the Diabetic Society, and with healthcare professionals in the community, and workplaces.

## Conclusion

20 In conclusion, let me reiterate that although we expect to confront a more severe diabetes problem because our population is ageing rapidly, we can meet the challenge through proper prevention measures and sound diabetic management protocols. If we all work closely together, I am confident that we can keep diabetes under control and our people can lead more active and healthier lives.

21 On this note, I wish you a successful World Diabetes Day.