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Subject: (EMBARGOED) Speech by Dr Chen Ai Ju, 2 Apr 2000, 11am

# *Singapore Government*

# ***PRESS RELEASE***

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**OPENING ADDRESS BY DR CHEN AI JU,  
DIRECTOR OF MEDICAL SERVICES,  
AT THE SYMPOSIUM: NEW DIABETES CLINICAL PRACTICE  
GUIDELINES FOR SINGAPORE 2000, 11:00 AM, 2 APRIL 2000 AT  
SHERATON TOWERS**

# National Archives of Singapore

Distinguished colleagues, ladies and gentlemen.

1 I am very happy to join you at this symposium to introduce the new diabetes clinical practice guidelines which were recently developed and distributed to all doctors in Singapore.

## **Diabetes – a global problem**

2 Diabetes is a major global health problem today. The worldwide decline in infectious diseases due to better hygiene and availability of effective anti-microbial

agents has led to an increased life expectancy. However, this decline in infectious disease has unmasked the emergence of non-communicable diseases, like ischaemic heart disease and diabetes, in causing much disease burden<sup>1</sup> because of its chronicity.

3 Diabetes may lead to cardiovascular, eye and kidney diseases, and limb amputations as well. Diabetes is the fourth leading cause of death in most developed countries and there is overwhelming evidence that it is an epidemic in many developing and newly industrialised countries<sup>1</sup> due to modern lifestyle.

### **Technology and diabetes**

4 The increasing prevalence of diabetes and other chronic diseases is made worse by society's drive towards labour-saving devices and other enabling technologies like the Internet. We take lifts instead of using the stairs. We drive to the nearby shop instead of walking. With e-commerce, even shopping can be done online. In this knowledge-based economy, much time is spent in front of computer screens, or reading. Technology has increased our productivity and boosted our economy, but our bodies are meant to be active. We need to incorporate exercise and physical activities into our daily routine.

### **Global and regional prevalence**

5 Not everyone who is sedentary is going to end up with diabetes, but a significant proportion will. In 1998, there was an estimated 143 million people worldwide with diabetes.<sup>2</sup> This figure is projected to rise to 300 million by 2025 largely due to urbanization, ageing and population growth. In Southeast Asia, it is estimated that there are 14 million persons with diabetes currently, increasing to 21 million persons in 2010.<sup>1</sup>

### **Disease burden**

6 In Singapore, diabetes ranks as the 6th most important cause of death, accounting for over 9% of all deaths, if all diabetes-related deaths are considered. It is also the 3rd most common condition seen at our government polyclinics. The prevalence of diabetes mellitus among adult Singaporeans has been increasing

from 1.9% in 1975 to 4.7% in 1984 and to about 9% in 1998.

## **Disease management**

7 The results of the Diabetes Control and Complications Trial clearly demonstrate the effectiveness and long-term value of intensive therapy for managing type 1 diabetes. More recently, the United Kingdom Prospective Diabetes Study proved conclusively that good control of blood glucose levels can substantially reduce the risk of developing complications and slow their progression. Achieving good control requires that diabetes management now focuses on individualised goals and treatment regimens that include nutrition therapy, physical activity, medication and intensive monitoring. Most important of all is patient compliance with all the therapies prescribed.

8 The person with diabetes is the key member of this multidisciplinary, integrated team to ensure good diabetes care. For the health care professionals, in the team they will need to ensure that standards of care for diabetes are followed and prescribe the appropriate treatment so that the person with diabetes stands the best chance of avoiding complications and leading a full and normal life.

## **Guidelines on treatment**

9 The importance of diabetes and more importantly, its good control has prompted the Ministry of Health to initiate a review and to update the 1993 national guidelines on diabetes so that today's health care professionals are guided according to the latest scientific evidence in their care of the diabetics. A workgroup was formed comprising experts from the various fields of diabetes care. Their draft was further reviewed by the relevant professional organizations before being published.

10 Although most clinicians agree that tight glucose control is important in diabetes, their practice must be consistent with the belief. It will require all health care professionals to be more intimately involved with proper control of diabetes where possible. The responsibility for prescribing and coordinating good diabetes care is in the hands of the doctor. Mere knowledge of the guidelines is insufficient. The doctor must work hand in hand with the other relevant healthcare

professionals and with the diabetic patient to ensure that the treatment administered is the best available for him or her, and that the patient will follow it closely.

### **Guidelines on patient education**

11 It is true that many lifestyle changes necessary for the individual patient are outside of the clinician's control, and that patients may not share the clinician's sense of urgency to control diabetes. That is why equipping the patient with **knowledge** and **empowering** them to care for themselves are just as important as medical treatment itself.

12 The aim of patient education is to ensure that patients are adept at self-management of their condition. Diabetes differs from most other medical conditions in one significant respect, namely the central role of people with diabetes themselves in achieving the desired results of treatment. Educating the person with diabetes and his/her carers is thus important in ensuring that treatment, whether by diet and exercise alone, or by oral drugs or insulin achieves the desired outcome. In order to control diabetes effectively, many lifestyle changes may be necessary. Education will help people understand why these actions are important, thereby increasing their motivation for self-management. Empowerment, on the other hand, will give patients the tools that they need to manage their disease. This includes equipping them with the appropriate skills, the right attitude, self-awareness and the practical resources required for self-care.

13 For these reasons, I am glad that the guidelines include important recommendations on patient education, and that education and empowerment are recurring themes throughout the chapters.

### **Conclusion**

14 The symposium this morning, together with the use of interactive teaching sessions, is an important and innovative way to introduce the new guidelines to the busy medical practitioner. Guidelines per se will not improve the management of diabetes if they are not used.

15 Once again I would like to acknowledge the members of the guideline workgroup for developing the guidelines, and for organising this symposium. I

also thank the Diabetic Society, the Endocrine and Metabolic Society, and the Singapore Medical Association for coming together to support the symposium. I wish all of you a fruitful discussion.

### **References**

- 1      McCarty D, Zimmet P. Diabetes 1994 to 2010: Global estimates and Projections. International Diabetes Institute, a WHO Collaborating Centre for Diabetes.p.1.
- 2      International Diabetes Federation. World diabetes day. Press release 1999.

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