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Subject: Speech by Yeo Cheow Tong, 3 Dec 97, (Embargoed)

Singapore Government

PRESS RELEASE

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OPENING ADDRESS BY MINISTER FOR HEALTH, MR YEO CHEOW TONG AT THE 9TH CONGRESS OF THE ASEAN FEDERATION OF ENDOCRINE SOCIETIES ON WEDNESDAY, 3RD DECEMBER 1997 AT 6.30 P.M. AT SHANGRILA HOTEL, ISLAND BALLROOM

Introduction

I am very happy to be here today, to officiate at this 9th Congress of the ASEAN Federation of Endocrine Societies. First, let me extend a very warm welcome to all the distinguished delegates and guests. I understand that some of you were also here in 1989, when Singapore hosted the 5th Congress. In particular, I would like to bid a special welcome to her Royal Highness, Princess Beneditke of Denmark, and to thank Her Royal Highness for gracing this ASEAN conference. I hope that all of you will have not only an interesting and fruitful meeting, but also have the

opportunity to enjoy the various local places of interest as well as our many local culinary delights.

2 The ASEAN countries share many areas of common interest. One important area where we face similar challenges is the health of our peoples. The steady economic growth in the region over the past twenty to thirty years has translated into higher standards of living for our people. In the process, it has changed the disease pattern in the region, with many of the health concerns now more related to life-styles.

Lifestyle Diseases

3 Two of the life-style diseases are significant endocrine diseases – viz diabetes and hyperlipidaemia. The impact on those inflicted with these conditions is significant, as they also predispose the individual to develop other chronic diseases e.g. coronary artery disease and hypertension.

4 The risk factors for these two endocrine diseases are largely lifestyle related, brought about by greater affluence. The culprit lifestyle is characterised by physical inactivity, obesity, high consumption of rich and fatty foods and smoking. As ASEAN countries urbanise and more and more people discard traditional lifestyles, the prevalence of these diseases invariably rises. For instance, in Singapore, the prevalence of diabetes has risen from 1.9% in 1975 to 4.7% in 1984, and to 8.6% in 1992. In fact, diabetes has become a major public health problem in Singapore. Here, as in the other ASEAN nations, the main type of diabetes commonly seen is Type II diabetes.

5 In terms of human suffering, individuals afflicted with lifestyle diseases face not only a shortened life span, but also a reduction in the quality of their life. Besides the suffering incurred by the patient and his family, these diseases also inflict enormous economic burden on society. The increased morbidity and premature mortality result in increased medical costs and loss of manpower resources. For example, in Singapore, about one to two amputations are performed on diabetic patients each day. In addition, more than 200,000 hospitalisation days are utilised by diabetic patients.

6 But there is hope. Because these diseases are lifestyle related, it also means that they are potentially preventable. Therefore, while it is important to provide good clinical treatment, we must also remember that the true 'cure' lies in preventing these diseases. Prevention would entail

reducing as much as possible the lifestyle practices that contribute towards the development of the disease.

7 To achieve this, we must encourage and motivate our people to adopt a healthy lifestyle, focusing on weight control, physical activity and healthy eating. And we must educate parents to realise that they have to practice a healthy lifestyle, and that as responsible parents, it is equally important for them to lay the strong foundation of good health for their children early, during their children's childhood.

Obesity and Overweight

8 Let me now share with you some of the steps taken by us in our fight against lifestyle diseases. Our national strategy is to promote healthy living in order to reduce the risk factors of lifestyle diseases, focusing on obesity, physical inactivity and smoking. We are particularly concerned about the problem of obesity in our school children because of its long-term health implications. We have developed special school programmes for overweight children based on healthy eating and increased physical activity. Obese children are also screened for medical conditions like diabetes, hypertension and hyperlipidaemia.

9 Through continuous public education over the years, Singaporeans are now more aware of the importance of good health, and are leading healthier lifestyles. A large number of Singaporeans have quit smoking and more people are exercising regularly. But while we have made some progress, we still have some way to go. This is reflected by the fact that the overweight and obesity level of adults aged 18-69 years in Singapore remains high, at 26%. The overweight and obesity rate increases with age, from 14% for the under 30s, to 26% for the 30-39 age group, and 37% for the over 40s.

10 This pattern of overweight and obesity may have contributed to an increase in diabetes among adults in the age group of 30 – 39 years. The prevalence of diabetes in this age group has increased from 1% to 4%, a 4-fold increase, compared with a much lower increase of 15% to 19% among those aged 50-59 years.

11 There were also marked differences in the combined overweight and obesity levels among our 3 main ethnic groups. The Indians have the highest level of 42%, followed by the Malays (38%) and Chinese (23%). The pattern of diabetes among the 3 ethnic groups also appears to correspond with the obesity pattern.

Control of Diabetes

12 To address the disturbing trend, we are taking a multi-pronged approach to control diabetes. These include:

promotion of healthy lifestyle from young to reduce the risk factors of diabetes;

early detection and improved management of diabetes;

better training of doctors and other members of the diabetes care team and the patient. Over the past few years, my Ministry has initiated a training programme in the management of diabetes for primary healthcare physicians and nurses. We have also published and distributed guidelines on the management of diabetes

research into the cause of diabetes and into the more cost-effective management of the disease.

13 We hope that this comprehensive public health approach will help to arrest the upward trend in diabetes, and reduce the problems related to the disease in the years ahead.

Conclusion

13 Conferences like today's, provide doctors with an opportunity to share with each other the latest developments in medical science and practice. This 9th Congress will provide such an opportunity over the next few days, for the ASEAN medical professionals who are gathered here, as you discuss the 'Advances in ASEAN Endocrinology', share your knowledge and experience, and mutually learn from each other.

14 With that, let me conclude by wishing all delegates a stimulating, interesting and fruitful congress. It is now my pleasure to declare the 9th Congress of ASEAN Federation of Endocrine Societies officially open.