

Singapore

Diabetes EDUCATORS

ASSOCIATION OF DIABETES EDUCATORS (SINGAPORE)

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President Message

Greetings.

Praying that you and your loved ones are kept safe and healthy.

COVID-19 is a crisis of a generation. The emergence of COVID-19 has changed the way we live and work. At the ADES, we had cancelled a few of our planned diabetes educational meetings, including our yearly Certified Diabetes Educator Accreditation and Certification Program; as we were unable to meet physically.

Our Working Committee met bi-monthly virtually to plan for ADES operations. We were compelled to explore the different virtual education platforms to ensure that we are able to continue delivering updates in diabetes education for our diabetes educators.

We were proud to have our first inaugural diabetes education webinar on 20 June 2020. There were close to 400 healthcare professionals who participated in the webinar, 3.5 times more participants than our usual classroom education meetings! Our team was encouraged to receive the overwhelming support and compliments from the Singapore and overseas' healthcare professionals. I want to take this opportunity to thank you for the valuable feedback given, for us to be better at our next diabetes education webinar.

As you would have known, ADES is a non-profit organization. The membership collections and other income are primarily used for its operations. Our team had decided and offered an unprecedented 1-time free automatic membership renewal to our eligible members. The diabetes education webinars will also be made complimentary this year, to express our appreciation to our members' tireless commitment and support in diabetes education, especially during this period that has been particularly challenging.

The Registry of Societies (ROS) had informed us that ROS has no objection to the delay in the holding of Annual General Meeting (AGM) by societies or for societies to adopt alternative means to conduct AGM. We will have our 23rd AGM on 19 September 2020 afternoon, and it will be held virtually. More details on the AGM will be sent to ADES' Full members at the end of August or early September 2020.

Thank you once again for journeying with ADES thus far. Till we next meet, stay safe, stay healthy and take care.

Winnie
President, ADES

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COVID-19 AND DIABETES

(Adapted from IDF website)

COVID-19 is a new and potentially serious coronavirus. The World Health Organization has declared the COVID-19 outbreak to be a public health emergency of international concern. Over 4 million people around the world have been known to be infected.

There are many coronaviruses, ranging from the common cold to much more serious viruses such as Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). They are viruses that have been transmitted from animals to people. In severe cases, coronaviruses can cause infection in the lungs (pneumonia), kidney failure and even death. At present there is no vaccine against COVID-19.

Common signs are typical flu-like symptoms: a fever, cough, breathing difficulties, tiredness and muscle aches. Symptoms usually start within 3 – 7 days of exposure to the virus, but in some cases it has taken up to 14 days for symptoms to appear. People of all ages can be infected. For many (more than 80% of cases), COVID-19 is mild, with minimal flu-like symptoms. Some have not shown symptoms or only very mild symptoms, more like a common cold. The majority of people who have caught the virus have not needed to be hospitalised for supportive care. However, in up to 15% of cases COVID-19 has been severe and in around 5% of cases it has led to critical illness. The vast majority (around 98%) of people infected to date have survived.

Older people and people with pre-existing medical conditions (such as diabetes, heart disease and asthma) appear to be more vulnerable to becoming severely ill with the COVID-19 virus. When

people with diabetes develop a viral infection, it can be harder to treat due to fluctuations in blood glucose levels and, possibly, the presence of diabetes complications.

There appear to be two reasons for this. Firstly, the immune system is compromised, making it harder to fight the virus and likely leading to a longer recovery period. Secondly, the virus may thrive in an environment of elevated blood glucose.

Like any other respiratory disease, COVID-19 is spread through air-droplets that are dispersed when an infected person talks, sneezes or coughs. The virus can survive from a few hours up to a few days depending on the environmental conditions. It can be spread through close contact with an infected person or by contact with air droplets in the environment (on a surface for example) and then touching the mouth or nose (hence the common advice circulating on hand hygiene and social distancing).

COVID-19 is a new coronavirus. Keep informed of the latest developments by looking out for updates and advice from your government, national diabetes association and other reliable sources.

REFERENCES

1. <https://www.idf.org/aboutdiabetes/what-is-diabetes/covid-19-and-diabetes/1-covid-19-and-diabetes.html>
2. <http://diabetesvoice.org/en/news/covid-19-and-diabetes/>

Volunteering Experiences at the Shaw Lodge, a dormitory for migrant workers

Dr Joyce Lim
Advanced Practice Nurse, Certified Diabetes Educator

Singapore recorded her first case of COVID-19 on 23 January 2020. On 30 Jan 2020, the Singapore Government implemented a series of measures to curb the spread of COVID-19. Amidst this lockdown, schools and workplaces were shut down and most Singaporeans were made to stay at home, including the dormitory workers. Despite the country's prompt action to minimize the risk and rate of transmission in the dormitories, their living conditions remains a challenge for nation's COVID-19 interagency task force and more outbreaks were reported from March till June 2020.

All healthcare institutions swamped in calling out for volunteers to set up and man medical posts at dormitories to help screen migrant workers for COVID-19 and take care of their medical needs. And as non-critical services were scaled down during DORSCON Orange, many of our KKH colleagues quickly stepped forward to help.



Triage and swabbing is done under a specially set-up tentage.

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Preparations were tough, yet rewarding with team spirit of great senior hospital leaders, nursing management and task force. In addition to COVID-19 swabs, my healthcare team took an initiative to follow-up on the pre-existing chronic medical conditions. These arrangements may be unique among the other dormitories, of which the Shaw Lodge had a 'care embassordor', Mr. Alam, who coordinated workers reporting sick via WhatsApp. He has a well-versed command of English and the native language of most workers. Together with Mr. Alam, the workers who require daily blood glucose monitoring gets their test done before and/or after meals.

As an Advanced Practice Nurse specializing in diabetes, my value-add is to attend to workers with diabetes who report at our medical post. One called to say he had run out of his diabetic medication that is not available in Singapore (his supplies were brought in by friends from India). I recommended alternative therapy, supported his blood glucose monitoring and made adjustments to his medications. We are thankful that our pharmacist was able to support with the provision of oral diabetic drugs and greatly enhance patient-centric care for the workers.

During this unprecedented pandemic, the task force work with dorm operators to respond quickly to the worker's essential needs, including the coordination of money remittance for the migrant workers to their hometowns. Singapore Prime Minister Lee Hsein Loong shared in April 2020, "We (Singapore) will do our best to

take care of their health, livelihood and welfare here, and to let them go home, safe and sound, to you (families of the dormitories workers)."

At the ADES, the executive team had started sending sponsored meters and strips out to as many dormitories as possible. With this, I laud both intent and would like to call out my fellow diabetes nurse educators to continue supporting the dormitory workers on their diabetes care.



Mr Alam (in white) and nurses briefing for migrant workers on using an oximeter for health monitoring.

ADES Support for Foreign Workers in the Community Care Facilities

**Ms Brenda Lim
Vice President (Special Project), ADES**

Despite the COVID-19 situation and the enhanced measures in place, ADES is pleased to share one of the project initiatives in collaboration with Ascensia Diabetes Care Singapore to reach out to the foreign workers who require close monitoring on their diabetes control.

Free glucose meters, test strips and lancets were provided to the foreign workers and they were taught on how to use the meters to better monitor and take control of their glucose levels. We are grateful to Ascensia Diabetes Care Singapore for their generous and timely support, and Sister Kong Kim Yoke who had facilitated in the distribution of glucose monitoring devices.



A foreign worker received a set of glucose monitoring kit from ADES.

Coping During Uncertain Times

Ms Nadiah Binte Mohd Salihin
Medical Social Worker, Sengkang General Hospital

Uncertainty is all around us, even more so today. The COVID-19 pandemic has led to heightened uncertainty over many aspects of our lives such as employment, finances, relationships, and of course, physical health. A plethora of distressing feelings may emerge when we encounter situations that are beyond our control. These feelings tend to ripple out and may have a possible impact on our mental and emotional well-being.

If you feel overwhelmed by uncertainty and worry, it is important to know that you are not alone, as many are in the same boat at this time. While we are not able to make the current uncertainty disappear, there are steps you can take to better deal with these circumstances and face the unknown with greater ease and confidence.

1. Control what you can – Focus on things that are within your control and try to create routines that give structure and control on a smaller, more individual scale; even if it's as simple as daily exercise at 8am, or weekly meal planning.
2. Be kind to yourself – Different people cope with uncertainties differently. Acknowledge that we are not able to control everything, and remind yourself that stressful situations might take time to resolve. Be patient with yourself in the meantime.
3. Reflect on past successes – It is quite likely that you may have dealt with uncertainty before, and you can do it again. Think about what you did previously that was helpful, and what you might like to do differently this time.
4. Engage in self-care – Infuse your day with physical activity, make efforts to eat well, and get sufficient sleep. Try out relaxation techniques such as meditation, yoga, or deep breathing exercises and aim to set aside time each day for regular practice.
5. Reach out and connect – Get creative and keep in touch with family and friends through various platforms besides phone or video calls. Talking to loved ones would remind you that you are not alone in dealing with difficult situations, and there are people who care.

Taking active steps to reduce overall stress levels can help disrupt the downward spiral of negative thoughts and better cope with the uncertainty in life. However, when things get too overwhelming, remember that you can receive support through formal help. Reach out via the National Care Hotline at 1800-202-6868 or visit go.gov.sg/hotlines to get the help that you may need.

Patient Education Series

During an illness such as infection, fever, flu or gastroenteritis, blood glucose levels can rise due to the stress of the illness. Poor appetite can also cause your blood glucose levels to drop and result in hypoglycemia. Hence it is important for diabetes educators to teach patients to recognize symptoms and what to do during sickday. This is to avoid surge in the sugar level and prevent hypoglycemia.

Here are some sharing tips from our ADES certified diabetes educators, Dr Joyce Lim and Ms Nursyafiqah.

Sick Days and Diabetes Mellitus – General Tips for Children

Dr Joyce Lim
Advanced Practice Nurse and Certified Diabetes Educator

HOW DOES ILLNESS AFFECT THE BLOOD GLUCOSE LEVELS?

The effect of illness on the body can either raise or lower the children's blood glucose levels, and ketones can be present in either one of this acute change. The goal is to keep the blood glucose level in range and to prevent or treat ketones.

Symptoms / Conditions that may result in <u>LOW</u> blood glucose	Symptoms / Conditions that may result in <u>HIGH</u> blood glucose
• Poor appetite • Vomiting • Diarrhoea	• Fever • Sore throat • Abdominal pain • Cough
Reason	
Reduced food intake or absorption during illness	Body becomes more resistant to insulin during illness
Overall Approach	
Reduce (but <u>do not stop</u>) insulin	Increase insulin

Courtesy from CDE Angela Hui, KKH Diabetes Handbook².

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HOW CAN I BE PREPARED?

- Stay hydrated at all times and treat any underlying precipitating illness.
- Keep blood glucose ranges between 4 and 10 mmol/L (70–180 mg/dL); and blood ketones below 0.6 mmol/L.²
- For family with young child, Glucagon injection is a necessity for hypoglycaemia emergency care.
- Intramuscular administration of Glucagon is used for severe hypoglycaemia (e.g. seizure, inability to swallow or loss of consciousness) which may be due to worsening of illness.

For all children with diabetes during illness, it is recommended for frequent monitoring of blood glucose levels either by finger-prick and/or intermittent continuous glucose monitoring (iCGM) or continuous glucose monitoring (CGM) system.

- When using iCGM / CGM with below or above target range (according to age group), finger-pricks will be required.

Blood ketone test must be made available when child is having an illness with hyper- or hypoglycaemia with or without symptoms such as vomiting and abdominal pain.

Child and/or caregiver must be aware of insulin adjustment (rapid-acting used for insulin sensitivity factor) for hyperglycemia and/or ketonemia. A 3 – 4 hourly check of blood glucose levels and ketones levels may be warranted for accurate dosing of rapid-acting insulin (every 3 – 4 hours).

Alert your diabetes care team or proceed to emergency department when recurrent low blood glucose or ketones with symptoms such as vomiting or abdominal pain.

REFERENCES

- Laffel L M., Limbert C., Phelan H., Virmani A., Wood J., and Hofer S E. (2018). ISPAD clinical practice consensus guidelines: sick day management in children and adolescents with diabetes. *Pediatric Diabetes*, 19 (suppl. 27): 193-204. doi 10.1111/pedi.12741.
- KKH Diabetes Handbook – Living well with Diabetes (2017).

Sick Day Management for Persons with Type 2 Diabetes

Ms Nursyafiqah A. Yazid
Diabetes Care Nurse, Certified Diabetes Educator

What to do during an illness?

1.	Check blood glucose level often (e.g. 2-4 hourly).
2.	Avoid hypoglycemia, if able to eat normally, eat small meals with sips of fluids.
3.	If unable to eat normally, to take food that are easy to manage such as: <ul style="list-style-type: none">1 bowl of rice porridge1 bowl of oatmeal porridge1 bowl of macaroni soup6 pieces of plain cracker with a beverage2 slices of bread with soupOral nutritional supplements formulated for diabetes.
4.	Drink plenty of water (if you are not on fluid restriction). Example by sipping at least half a cup of water or sugar-free fluid every hour.
5.	If unable to eat, and blood glucose is between 4 and 10 mmol/L, take any of the following every 1 to 2 hours to maintain your blood glucose levels: <ul style="list-style-type: none">Half a cup of fruit juiceHalf a cup of cordial This is important to maintain oral carbohydrate intake to reduce risk of dehydration, hypoglycemia and maintain energy requirement.
6.	If blood glucose drop to below 4 mmol/L, treat hypoglycemia according to the 15/15 rule.
7.	Continue to take medication as prescribed especially insulin injections.
8.	However, if vomiting, having diarrhea and unable to eat or drink well, STOP Sodium-glucose co-transporter 2 (SGLT2) inhibitors (e.g. Canagliflozin, Dapagliflozin, Empagliflozin). Contact the healthcare provider for any dose adjustment.

Seek medical attention if experiencing the following:

- Fever of more than 37.5°C for 2 days
- Recurrent low blood glucose (less than 4 mmol/L)
- Recurrent high blood glucose (persistently >15mmol and > 20 mmol/L)
- Severe or persistent vomiting and inability to take in food
- Severe or persistent abdominal pain
- Feeling of breathlessness
- Persistent diarrhea
- Feeling unwell and drowsy

Diabetic Foot Ulcer Prevention

Ms Cheong Keet Yeng
Senior Podiatrist, Foot Care and Limb Design Centre

Introduction

The Ministry of Health declared War on Diabetes in 2016 in view of its high prevalence in our population.¹ A 2014 study by Saw Swee Hock School of Public Health projected that the prevalence of type 2 diabetes (diagnosed and undiagnosed) among Singapore adults aged 18–69 will double from 7.3% in 1990 to 15% in 2050.²

Diabetes is the leading cause of non-traumatic lower limb amputations.

It has been estimated that around 4 amputations occur in Singapore every day.³ Of these, around 80% are preceded by a diabetic foot ulcer (DFU).⁴ In addition, DFUs are associated with mobility loss, poorer quality of life, and decreased overall productivity.³ As such, DFU prevention is crucial to minimise the risk of such adverse outcomes.

A 2019 care guide by the Agency of Care Effectiveness (ACE) recommends for regular foot assessment to identify and manage DFU risk.³

1. Risk stratification³

Firstly, all people with diabetes should have their feet visually inspected for active diabetic foot conditions.³ These include active infection and wet gangrene as shown in Figure 1, the presence of inflammation or a red, hot, swollen foot which suggests possible acute Charcot arthropathy.³

Next, patients should be screened for foot ulceration risk factors such as those shown in Figure 2 using methods shown in Figure 3 during a diabetic foot screening (DFS).

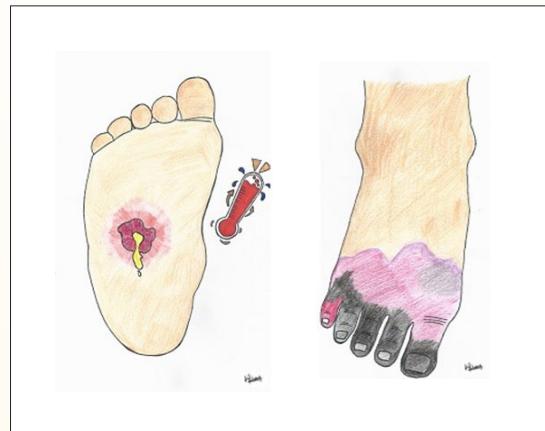


Figure 1: Signs of an active infection (cellulitis or pus from a wound) and wet gangrene.

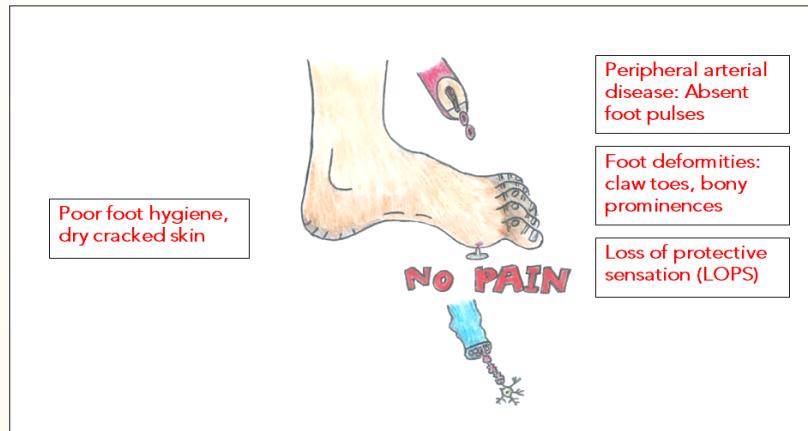


Figure 2: Foot ulceration risk factors



Figure 3: Assessment of protective sensation using a 10g Semmes-Weinstein monofilament and Doppler ultrasound assessment of foot pulses during DFS.

After a DFS is performed, a risk stratification system (Table 1) can be used to identify the individual's risk of developing foot complications and to determine the review duration required.

RISK CATEGORY	REVIEW DURATION	REFERRAL
LOW RISK No risk factor OR Simple callus	At least once a year	
MODERATE RISK Thick callus requiring treatment OR Deformity with simple callus or thick callus requiring treatment OR One of: - Deformity - Peripheral arterial disease (PAD) - Neuropathy	At least every 6 months	Refer to specialist or podiatry as needed
HIGH RISK Previous foot ulcer OR amputation OR Chronic kidney disease stage 5 (estimated glomerular filtration rate < 15ml/min/1.73m ²) OR Callus with intradermal bleeding OR Two or more of: - Deformity or any callus - Peripheral arterial disease - Neuropathy	At least every 3-4 months	Refer to specialist or podiatry as needed

Table 1 ACE Singapore: Foot assessment in people with diabetes³

2. Referral for management³

In the case of an active diabetic foot ulcer, the 2019 National Diabetes Foot Care Audit (NDFA) recommends for patients to be referred to a specialist multidisciplinary foot care service within 1 working day.⁵ The specialist foot care service should triage the referral within another working day.⁵ The NDFA reported that people waiting more than 2 weeks for their first expert assessment were less likely to be healed at 12 weeks than those waiting a shorter time.⁵ Shorter waits for first assessment are linked to less severe ulcers and better outcomes.⁵

Similarly, warning signs of an active diabetic foot problem including the presence of redness, warmth and swelling which indicates infection or inflammation (acute Charcot arthropathy) should warrant immediate referral to the Emergency department.³

The patient should be referred to the relevant medical specialty and podiatry for symptoms of deformity, PAD, neuropathy, as well as any modifiable risk factor and pre-ulcerative sign on the foot.^{3,6} The urgency of the referral should be based on the foot risk status of the patient, i.e. the higher the risk status, the more urgent the referral.

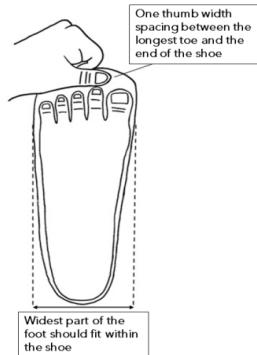
3. Education⁶

People with diabetes should learn how to care for their feet to prevent nail and skin conditions that put their feet at risk.⁶ It is important for people with diabetes to be able to recognise foot ulcers, warning signs and to know what to do in such events.⁶ This involves the need to perform daily visual foot checks, and to explore alternative options if the individual is unable to do so.⁶

Footwear

In people with diabetes and loss of protective sensation, wearing inappropriate footwear or walking barefoot are major causes of foot injury leading to foot ulceration.⁶ Appropriate footwear should be worn at all times both indoors and outdoors.⁶ They should also accommodate for any changes in foot structure or foot mechanics affecting the person's foot.⁶

Choosing the right shoe size



Features of appropriate footwear



Foot care

Perform daily visual foot checks

- ✓ Perform daily visual foot checks including in between the toes for any cuts, blisters, callus or skin changes.
- ✓ Use a mirror or ask someone for help if you have difficulty doing so.



Maintain good foot hygiene

- ✓ Cleanse your feet daily with mild soap and rinse with water.
- ✓ Dry your feet properly with a clean towel, especially between the toes.



Maintain good skin care

- ✓ Apply moisturiser daily to all areas of your feet except the spaces between the toes.
- ✓ Use suitable indoor footwear at all times to prevent slips and falls.



Safe foot practices

Wound care

- ✓ Cleanse any wounds with saline and gauze
- ✓ Apply a suitable antiseptic agent and cover the wound with a plaster.
- ✓ Seek medical attention if there is no improvement or if there are signs of infection.



Safe nail care

- ✓ Trim toenails straight across.
- ✓ Use a nail file to file down thick nails and sharp edges.
- ✓ File nails in one direction and away from your feet.



Seek immediate medical attention for warning signs

- ✓ Redness, warmth, swelling
- ✓ Sudden/increased pain
- ✓ Pus
- ✓ Sudden changes to skin colour i.e. black, dark red or purple
- ✓ Systemic symptoms - fever, chills



X Do not soak your feet as you may scald yourself, increase your risk of skin tears and fungal infections.



X Do not use anything sharp on your feet.



X Do not use corn plasters and topical acid on your feet.



Risky foot practices to avoid

X Do not walk barefoot, in socks only or thin slippers regardless of indoors or outdoors.



X Do not wear shoes that are too tight, have rough edges or uneven seams.



X Do not walk on stone pathways barefooted.



References

1. Health Hub. Singapore's war on diabetes [Internet]. Singapore: Ministry of Health Singapore. [2019 Nov 8; cited 2019 Dec 16]. Available from: <https://www.healthhub.sg/live-healthy/1273/d-day-for-diabetes>
2. Phan TP, Alkema L, Tai ES, Tan KHX, Yang Q, Lim WY et al. Forecasting the burden of type 2 diabetes in Singapore using a demographic epidemiological model of Singapore. *BMJ Open Diabetes Research & Care*; 2014 [cited 2020 Jan 19]; 2: e000012. Available from: <https://drc.bmj.com/content/2/1/e000012>
3. Agency for care effectiveness (ACE). Foot assessment in people with diabetes. Singapore: Ministry of Health Singapore; 2019 Jun [cited 2019 Dec 16]. Available from: [http://www.ace-hta.gov.sg/public-data/our-guidance/Foot%20assessment%20in%20people%20with%20diabetes%20\(June%202019\).pdf](http://www.ace-hta.gov.sg/public-data/our-guidance/Foot%20assessment%20in%20people%20with%20diabetes%20(June%202019).pdf)
4. National Institute for Health and Care Excellence (NICE). Diabetic foot problems: prevention and management. United Kingdom: NICE guideline; 2015 Aug [cited 2019 Dec 16]. Available from: <https://www.nice.org.uk/guidance/ng19>
5. National Diabetes Audit (NDA). National Diabetic Foot Care Audit: 2015-2018. United Kingdom: NDA. August 2019 [cited 2020 Feb 9]. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/national-diabetes-footcare-audit/2014-2018>
6. Schaper NC, van Netten JJ, Apelqvist J, Bus SA, Hinchliffe RJ, Lipsky BA on behalf of the International Working Group on the Diabetic Foot (IWGDF). IWGDF Practical guidelines on the prevention and management of diabetic foot disease. The Netherlands: The International Working Group on the Diabetic Foot, 2019. Available from: <https://iwgdfguidelines.org/wp-content/uploads/2019/05/01-IWGDF-practical-guidelines-2019.pdf>

Encouraging Messages Received During the COVID-19 Period



ADES Diabetes Education Webinar for Healthcare Professionals – Time in Range Concept for Continuous Glucose Monitoring

Ms Brenda Lim
Vice President (Special Project), ADES

ADES is humbled to organize its first inaugural diabetes education webinar for healthcare professionals, Time in Range Concept for Continuous Glucose Monitoring, supported by Abbott Diabetes Care. Close to 400 participants had joined this exciting free session on the 20th June 2020. We are pleased to see that ADES is able to raise to the challenge during this pandemic period to swiftly converting face to face meeting into highly engaging webinar session.

The guest speaker, Professor Stephen Twigg, Kellion Professor in Endocrinology, Stand Clark Chair in Diabetes Medicine, Central Clinical School, Bosch Institute, introduced the Time in Range (TIR) Concept for Continuous Glucose Monitoring (CGM). TIR is a new standard of care as a metric of glycemic control that provides more actionable information than HbA1c. Prof Twigg further explained in length on the primary goal for effective and safe glucose control is to increase Time in Range, while reducing Time below Range. He concluded that the CGM targets for TIR and standardised report proposed by the international consensus may facilitate the routine use of CGM and improve clinical outcomes of diabetes management.

Dr Matthew Tan, Consultant Diabetes and Endocrine Care at Farrer Park Medical Centre presented an engaging and interesting case studies and sharing of best practice and practicalities on using the Libre sensor.

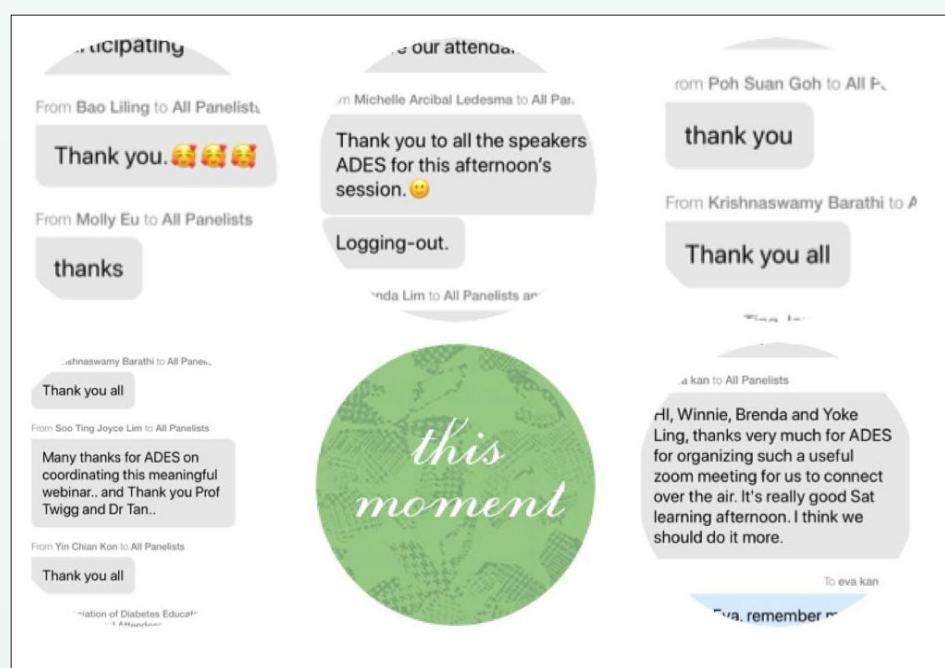
Ms Winnie Poh, president of ADES said, "We are delighted to receive support from the multi-disciplinary healthcare professionals at this Diabetes Educators Webinar meeting! We hope ADES could continue to organise diabetes educators' webinars that are of different healthcare professionals' interest."

Reference

1. Battelino, T., et al (2019) Clinical Targets for Continuous Glucose Monitoring Data Interpretation: Recommendations from the International Consensus on Time in Range. *Diabetes Care* 42: 1593-1603. Available from : <https://doi.org/10.2337/dci19-0028>



Screenshot captured by ADES IT support during the TIR Webinar meeting.



Screenshots arranged and sent by Ms Agnes Ngoh, ADES Assistant Secretary.