



# **Banting and Best Institute**



# 糖尿病是什麼?

故名思義 就是尿的糖份過高

但這就是代表

血糖極高!!!

# 怎樣才算有糖尿病?

晨 旱 (早餐前) 血 糖 >= 7.0 度

任 何 時 間 血 糖 >= 11.1 度

A1C  $\rightarrow$  6.5%

IGT A1C 6.0-6.4%

# 糖尿病有多種?

- •小孩或少年開始
- •原因是夷臟受損 -- 沒法掣造夷島素 (insulin deficiency)
- 完全依靠注射夷島素才可生存

- •由中年至成年開始
- 原 因 是 夷 島 素 功 能 不 全 (insulin resistance)
- 多 時 會 有 其 它 病 同 時 發 生
  - -肥胖症
  - 高血壓
  - 胆固醇和三油脂過高

## 為什麼糖尿病那麼可怕?

- •因為它是長久性及加上病情漸進
- •它不可根治,止可以控制
- •可以引起很多種嚴重的並發症

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## Diabetes in Chinese-Canadians increases

Diabetes incidence rose 15-fold between 1996-2005 among Canadians of Chinese origin

CBC News Posted: May 30, 2013 10:13 AM ET Last Updated: May 30, 2013 4:57 PM ET

Chinese-Canadians are at a much higher risk of a diabetes diagnosis despite having lower rates of obesity compared with European Canadians, a new study suggests.

The incidence of <u>diabetes</u> increased 15-fold between 1996 and 2005 among Canadians of Chinese origin, but rose only 24 per cent in people with a European background, according to Thursday's study by researchers at Toronto's Institute for Clinical Evaluative Science.



A patient with diabetes rests his arm on a table for specialist Dr. Tong Xiao Lin during a checkup in Beijing last year. Diabetes rates are increasing among people of Chinese origin in Canada and in China itself. (David Gray/Reuters)

\*People are increasingly across all subgroups of the population doing less physical activity, being more sedentary, sitting in front of a screen all day, changing their diet,\* said Baiju Shah, the study's lead author and scientist at ICES.

"That's going to change weight and therefore the risk of diabetes."

Shah's team saw the increase in diabetes rates even after accounting for differences in age, weight and socioeconomic status for the Chinese population

Migration of Chinese populations from densely populated urban areas to suburban populations where people tend to drive more may also be associated with greater diabetes risk, the researchers speculated.

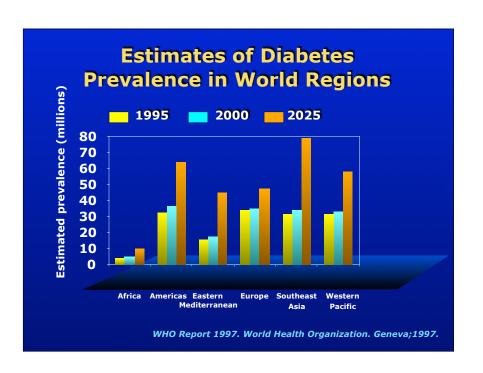
\*Diabetes incidence increased much more rapidly between 1996 and 2005 in the Chinese population than in the European population, independent of age, obesity and other risk factors," the study's authors conclude in the journal Diabetes Care.

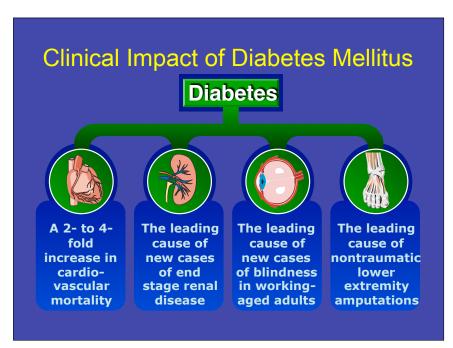
#### Specific obesity, diabetes prevention plans urged

People of Chinese origin now join individuals from other non-European ethnic groups as being identified at

## **Diabetic Epidemic**

- 5% Canadians Diabetic
- 2.5-5% undiagnosed
- 2.2 million diabetics in Canada
- 60,000 new cases / year
- More prevalent in older population
- Increase in next 10 years to > 3 million
  - Baby boomers
    - ≥50% obese
    - ▶75% no physical activity

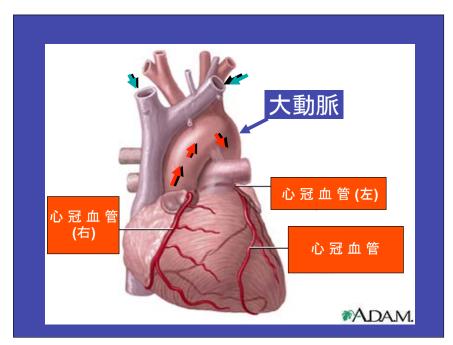


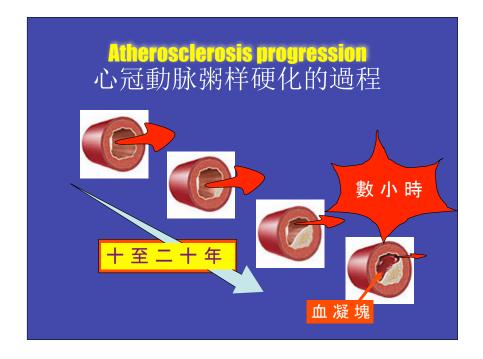




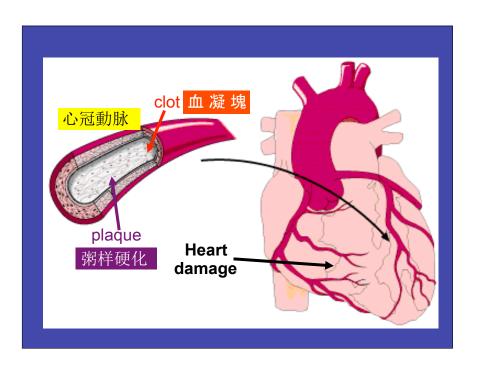












# 心冠病的成因

## 風險因素 Risk Factors:

- 糖尿病
- ・高血壓
- 胆固醇和三油脂過高
- 吸烟
- ・肥 胖 症

Diabetes
Hypertension
Dyslipidemia
Cigarette smoking
Obesity

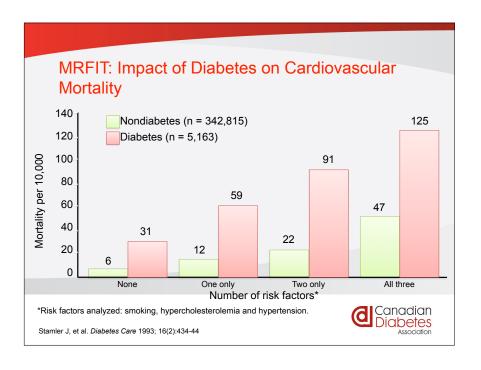
#### Vascular Protection Checklist

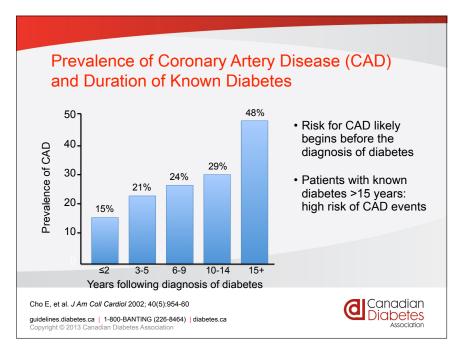


- ✓ A A1C optimal glycemic control (usually ≤7%)
- ✓ **B** BP optimal blood pressure control (<130/80)
- C Cholesterol LDL ≤2.0 mmol/L if decided to treat
- ✓ D Drugs to protect the heart
  - A ACEi or ARB | S Statin | A ASA if indicated
- ✓ E Exercise regular physical activity, healthy diet, achieve and maintain healthy body weight
- ✓ S Smoking cessation



#### Absolute Risk of MI is Higher in Patients with DM Diabetes n = 379,003 No Diabetes n = 9,018,082 Database 1994-2000 Diabetes person-years Women 2.5 2.0 No diabetes 9 66-70 71-75 76-80 Age group All lines fitted according to a polynomial equation; R2= 0.99-1.00 for each Canadian Booth GL, et al. Lancet 2006;368:29-36. Diabetes guidelines.diabetes.ca | 1-800-BANTING (226-8464) | diabetes.ca Copyright © 2013 Canadian Diabetes Association

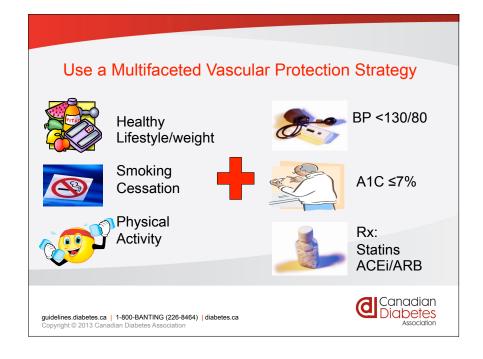




### Multifaceted Management is Essential for T2DM

- Intensive multifaceted management in patients with Type 2 diabetes lowers overall mortality
- Multifaceted treatment strategy includes:
  - Glucose, lipid, BP control
  - Health behavior optimization
  - Use of vascular protective medications

Canadian Diabetes Association





# 我太肥嗎?

你的體肥指數是什麼? BMI (Body Mass Index)

你的腰圍是多少? WC (Waist Circumference)

# 體肥指數是什麼?

BMI = <u>體重 (kg)</u> 體高 (m) \* 體高 (m)

BMI < 25 正常

BMI 25 – 30 過 重

BMI > 30 肥胖症



## 身為中國人, 我不可能這麼肥 應該担心嗎₽

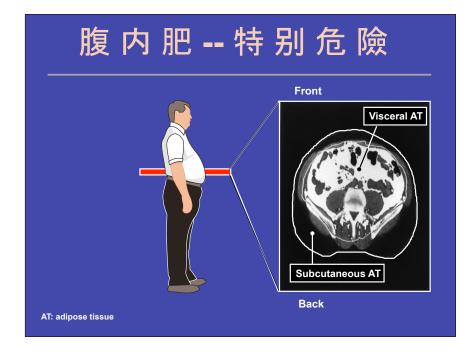
肥 胖 症 是 當 BMI > 27 不 是 > 30



她 是 過 重 還 是 有 肥 胖 症 **?** 







# 你的腰圍正常嗎?

白人

男 仕 腰 圍 < 37 英 吋 (94 cm)

女 仕 腰 圍 < 31.5 英 吋 (80 cm)

華人

男 仕 腰 圍 < 35.4 英 吋 (90 cm)

女 仕 腰 圍 < 31.5 英 吋 (80 cm)

# 你的腰圍正常嗎?

男 仕 腰 圍 < 40 英 吋 (101 cm)

女仕腰圍 < 35 英吋 (90 cm)



## 積極控制血壓



## 診所或醫院

SBP < 130 mmHg DBP < 80 mmHg

家庭

SBP < 125 mmHg DBP < 75 mmHg

# 積極控制血脂



低密度膽固醇

LDL Cholesterol < 2.0

Total Chol / HDL < 4

Link to CMR Tool

# 積極控制血糖



## Vascular protective medications

- Statins
- ACE-inhibitors or Angiotensin receptor blockers (ARB)
- ASA selective use



#### Who Should Receive Statins?



- ≥40 yrs old *or*
- · Macrovascular disease or
- Microvascular disease or
- DM >15 yrs duration and age >30 years or
- Warrants therapy based on the 2012 Canadian Cardiovascular Society lipid guidelines

Among women with childbearing potential, statins should only be used in the presence of proper preconception counseling & reliable contraception. Stop statins prior to conception.

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2013

#### Who Should Receive ACEi or ARB Therapy?

- ≥55 years of age or
- Macrovascular disease or
- Microvascular disease

At doses that have shown vascular protection (ramipril 10 mg daily, perindopril 8 mg daily, telmisartan 80 mg daily)

Among women with childbearing potential, ACEi or ARB should only be used in the presence of proper preconception counseling & reliable contraception. Stop ACEi or ARB either prior to conception or immediately upon detection of pregnancy

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## ASA Not Routinely Recommended for 1<sup>o</sup> Prevention for CVD Among Patients with DM

# Insufficient evidence to support use of ASA for primary prevention

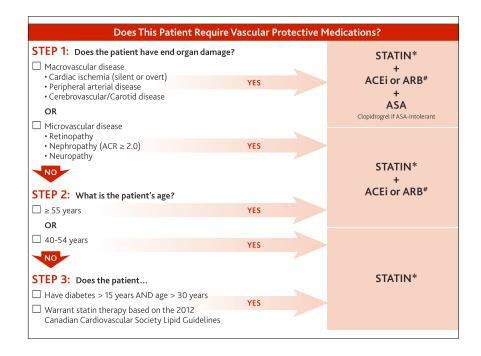
Risk of bleeding



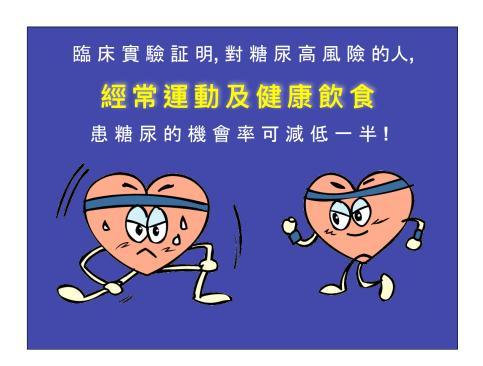
CVD protection

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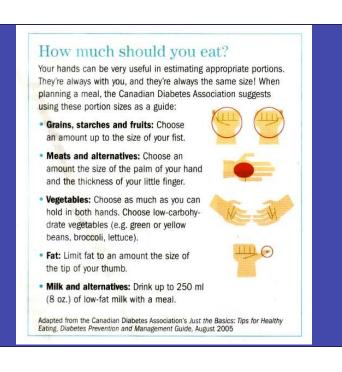




























## Ride For Heart Sunday, 2 June 2013





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