

The Taiwan Declaration on Diabetes

14 Nov, 2007



Preface

The number of persons with diabetes in Taiwan has doubled in this decade, and has, for the time being, surpassed more than a million, as a result of westernized diet habit and inactivity. This has imposed a tremendous threat on the overall health of people in Taiwan. In coming years, the proportion of adolescents and children with obesity is expected to increase continuously. This increase, along with the growth of the aging population, will lead to a further increase in the population with diabetes, rendering greater threat on people's health and heavier burdens to Taiwan both economically and socially. With such a pressing issue bearing down upon society, it is important that we should learn to actively cope with it. Despite the fact that many relevant professional organizations have already been working on the issue for several years, the general public of Taiwan has barely recognized the seriousness of the threat of diabetes.

In comparison to countries around the world, the medical insurance system in Taiwan is unique for that it covers all of our nationals. The experiences we accumulate not only help us to tackle this very challenge but actually enhance our medical quality. We take pride that people with diabetes can now have the most favorable medical care with efforts invested from all spectra of the community. However, the general public is far from having in-depth acknowledgement towards diabetes, and, sometimes even misunderstanding. In fact, even medical professionals have not fully recognized the psychological needs of people with diabetes, not to mention the other walks of life. It is one of the reasons that relevant organizations are incessantly putting efforts onto the education of diabetes. As of such, our most urgent mission now is to raise public awareness about diabetes and to integrate relevant resources. We, therefore, believe that to make these commitments require the closest cooperation from relevant organizations to work in conjunction with government authorities in full-scale.

In view of the threat from diabetes, representatives from European countries met in St. Vincent, Italy in 1989 and jointly proclaimed the St. Vincent Declaration on Diabetes, which proclaims that all of the participating countries would work to help people with diabetes to achieve a similar health level both physically and psychologically to those without diabetes. Furthermore, several organizations and countries in the Western Pacific have put forth the Western Pacific Declaration on Diabetes in year 2000, and have proposed a compatible action plan in years 2000 and 2006. After the declaration was put forth, there has been significant progress in terms of medical care for people with diabetes for the area as a whole, and has achieved most of the initial objectives designated.

In year 2007, the Chinese Taipei Diabetes Association has, as a further act of care for people with diabetes in Taiwan, invited the Taiwanese Association of Diabetes Educators, the Formosan Diabetes Care Association, the Catholic Sanipax Socio-Medical Service & Education Foundation, and other relevant organizations to put forth the Taiwan Declaration on Diabetes after several conference discussions with representatives from relevant institutes of our government, such as the Bureau of Health Promotion, Department of Health, Executive Yuan. It is resolved that such a declaration will be proclaimed during World Diabetes Day. Most importantly, the 2007 is the very

first time the UN has participated in World Diabetes Day. It has since also become UN World Diabetes Day, which further emphasizes how diabetes is threatening the people all over the world.

In this booklet, you will find the Taiwan Declaration on Diabetes and our 5-year plan of action, including our strategy, implementation methodology, and indicator of accomplishment in order to achieve the objective as proclaimed in the declaration. We also focus on certain relevant authorities and action groups to make our proposition, hoping that our entreaties would help to awaken the attention of the general public for diabetes. It is hoped that in the future, people with diabetes can live in a friendly environment and can receive better medical care so that they enjoy a healthy life physically, psychologically, and socially.

The Taiwan Declaration on Diabetes

The strategic alliance

- **The Chinese Taipei Diabetes Association**, a member of International Diabetes Federation, is founded in 1980. Its goal is to enhance the cooperation among hospitals, research centers, and associated organizations in Taiwan; to improve medical care, education, and research of diabetes mellitus; and to facilitate international interaction. Its members included physicians, nurses, nutrition specialists, and researchers from hospitals, clinics, and associated organizations in Taiwan.
- **The Taiwanese Association of Diabetes Educators (TADE)**, established in 1996, is a professional association to promote and enhance knowledge and technique of diabetes education. Its members cover physicians, nurses, dietitians and related diabetes care professionals. TADE provides various comprehensive education programs, workshops as well as a diabetes educators qualification (CDE) system.
- **The Formosan Diabetes Care Foundation**, expanded from the Diabetes Care Alliance, is established in 1997. The foundation advocates “Frequent Monitoring, Early Discovery, Active Management, and Regular Follow-Up”, in order to promote the living quality of subjects with diabetes and to reduce the social costs of the disease.
- **Catholic Sanipax Socio-Medical Service & Educational Foundation (KungTai)**, was founded in 1983 as a long-term support to the young persons with diabetes and their families. A summer camp for those young persons with diabetes and their families is held by the “KungTai Diabetic Youth Club” every year. “KungTai Blood Sugar Control Club”, an adult group focuses on promoting the concept of self-responsibility for their own condition. Through the mutual help of the club members, the persons with diabetes are able to maintain their blood sugar level so that the complication rate may be reduced, and it is more likely to have a happier and healthier life. KungTai also strongly supports the setting up of local diabetic associations around Taiwan to build up the support network among the persons with diabetes.

Vision

1. Increase public awareness of diabetes mellitus
2. Prevent or delay the onset of diabetes
3. Reduce preventable diabetic complications
4. Improve quality of life of people with diabetes

The Taiwan Declaration on Diabetes

1. Recognize that diabetes mellitus leads to healthcare implications and socio-economic burdens that makes it one of the most important healthcare issues. Enhance education to promote awareness and allocate resources for active prevention, diagnosis and management.

2. Develop and implement a national plan to promote healthy lifestyles for the effective prevention and treatment of diabetes and related life-style diseases.
3. Develop and implement a national pilot plan for periodic screening of high risk groups for early diagnosis.
4. Implement and keep up-to-date national guidelines for care delivery to improve disease management through optimal glyceimic control and effective screening for complications.
5. Focus resources to understand and address the emotional and social needs of patients. Strive to eliminate the public's ignorance and prejudice.
6. Prevent diabetes in children and youth through better education and promotion of healthy lifestyles in schools, families and communities.
7. Promote effective methods of diabetes prevention and glyceimic control in patients through national educational campaigns targeted at healthcare professionals, patients and their families.
8. Promote cooperation between government, hospitals, patient groups, auxiliary organizations and other stakeholders to maximize the effectiveness and efficiency in diabetes prevention and management.
9. Allocate sufficient resources to carry out diabetes-related research at levels of scientific, clinical, epidemiological and healthcare systems management. For example, adoption of the Taiwanese chronic disease management model.

Plan of Action (2008-2013)

Goals

This Plan of Action has been formulated to fully realize the spirit of the Taiwan Declaration on Diabetes by achieving three major 5-year objectives. The Plan is comprehensive and laid out to develop with and be promoted with the challenges brought upon by the disease.

Objectives

This Plan of Action is given with three major objectives in mind:

- I. Prevent or delay the onset of diabetes
- II. Reinforce medical care service for diabetics
- III. Establish a comprehensive medical decision making system, and enhance medical care for people with diabetes

All of these three objectives carry equal importance in the Plan of Action and each of them is indispensable.

I. Prevention or Delaying Diabetes

In view of susceptible subjects, each and every kind of prevention and education program is held underway as a means to help reducing the presence of possible risk factors of diabetes and to lower the prevalence of extant risk factors, in the hope of preventing or achieving an onset delay of diabetes.

• *Major Approach:*

- Address diabetes a priority health issue and actively strive for resources
- Collect epidemiological information on diabetes for setting a comprehensive database and to identify possible high-risk subjects for screening and confirmation
- Establish or facilitate a nationwide prevention educational program to reduce the risk factors and to enhance the public awareness towards diabetes
- Provide training to all levels of medical professionals and to facilitate them on the prevention plan
- Regularly monitor the progress of implementation, review the results, and evaluate the effect of plans carried out and the expenses utilized
- Disclose every item of the health plans and anticipated results to further facilitate preventive and treatment

- ***Success Indicators:***
 - Increase the public recognition on diabetes
 - Collect information on the prevention and the delay onset of diabetes for use in the implementation of the plan and for research purposes
 - Reduce the prevalence and incidence of modifiable diabetic risk factors
 - Measure the prevalence and incidence of diabetes accurately
- ***Anticipated results:*** When diabetes prevention plan has implemented comprehensively, it is expected that it can help lower or render the incidence of diabetes and its complications in Taiwan

II. Favorable Medical Care for Diabetics

Provision of favorable psychiatric and medical care for people with diabetes will not only actively prevent or delay the development of diabetes complications, but also help to maintain the physical condition of people with diabetes. It will also eliminate misunderstanding and prejudice among the general public towards people with diabetes and increase their mental wellbeing and increase their quality of life.

- ***Major Approach:***
 - Enhance the attention and recognition of the general public towards diabetes complications
 - Consider diabetes as a priority health issue and improve patients' access to medication, medical equipment, medical care, medical education and other relevant resources. Aside from prevention or delay of the occurrence and development of diabetes complications, efforts should be made to adjust their psychological needs and to improve their quality of life by satisfying their psychological requirements
 - Establish a data collection mechanism for compilation of information on diabetes complications, psychological needs, physical requirements, misunderstanding, bias, and other relevant information towards people with diabetes
 - Provide training to medical care professionals for better caring service
 - Provide necessary information and the planning results to researchers, review results, and evaluate the cost effective analyses of implemented plans
- ***Accomplishment Indicators:***
 - The increase of public recognition on diabetes
 - Implementation of effective data collection and research results for diabetes medical care plan
 - Establishment of benchmarks that represent the standard target measure of medical care, such as glycosylated hemoglobin (HbA1C), retinal screening rate, microalbuminuria screening rate and others

- Prevalence and incidence of blindness, end-stage renal disease, amputation, stroke, coronary heart disease and other complications of diabetes
- The mortality rate of diabetes
- Establish data on satisfaction of psychological needs among people with diabetes
- Establish data on public misunderstandings and prejudice of diabetes
- ***Anticipated Results:***
 - Reduce diabetes-related blindness
 - Reduce diabetes-related end-stage renal disease
 - Reduce diabetes-related amputation
 - Reduce diabetes-related stroke
 - Reduce diabetes-related coronary heart disease
 - Reduce mortality rate of diabetes
 - Enhance the attention and satisfaction of the psychological needs of people with diabetes

III. Medical decision making system of diabetes

Establish a nationwide medical decision-making system, reinforce diabetes-related medical, educational, and research work, and provide better prevention and health care service for diabetes

- ***Major Approach:***
 - Form an organization or committee to facilitate nationwide medical health insurance plan or treatment guidance so as to prevent the development of diabetes and its complication, and to provide satisfaction to the physical and psychological needs of people with diabetes
 - Establish a collective mechanism of information. Compile a list of risk factors, complications, psychological requirements and other relevant information on diabetes
 - Promote medical care, equipment, and intervention quality. Facilitate the accessibility to medical care
 - Obtain relevant resources for research, enhance the knowledge and understanding towards diabetes, facilitate academic progress and clinical application of diabetes, and convert these research results into feasible policies
- ***Indicators of Implementation:***
 - Formulate nationwide medical health insurance plan or treatment guidelines, and follow the adherence rate of the plan or the treatment guideline
 - Collect risk factors, complications, psychological needs, and other related information of diabetes
 - Integrate medical care resources and improve access to medical care so that people with

diabetes can have convenient access to comprehensive medication treatment, medical care facilities, health care, and educational service

– Follow up with domestic research progress in terms of diabetes prevention, treatment, and medical care

- **Anticipated results:** Using the nationwide medical health insurance plan or treatment guideline as a reference for setting a directional approach on diabetes prevention plan in Taiwan

Key Factors of Success to the Plan of Action

- Diabetes has imposed a tremendous threat to the general public and each of the diabetes prevention and treatment programs oblige the efforts of all nationals to work together as a whole before these programs can be accomplished.
- The spectra of the plan of action should encompass industry, government, academic and other related organizations. The success of programs would require not simply guidance and participation of diabetes-related medical associations and government authorities, but also the indispensable support and assistance from the Bureau of National Health Insurance.

Important Development Steps in Plan of Action

1. Confirm immediately the responsible organizations or authorities for implementing the plan of action
2. Appoint a steerable commission or consultation committee
3. Establish objectives of action
4. Indicate priorities, strategies, implementation and evaluation methods for plan of action
5. Allocate assignment
6. Establish support mechanism for plan of action
7. Implement plan of action
8. Monitor effects of implementation and share results

Plan of Action

1. National Surveillance (Outcome Monitoring) Program

- **Objective:** Evaluate the Taiwan Declaration on Diabetes Plan of Action once executed
- **Strategy:** Collect relevant information on diabetes that based on national diabetes database, and conduct periodic analysis of:
 - expenses utilized
 - prevalence of diabetes
 - incidence of diabetes complications
 - other indicators of medical care quality of diabetics
- **Responsible authorities:** The Chinese Taipei Diabetes Association and the Taiwanese Association of Diabetes Educators. These associations would work closely together with the Bureau of Health Promotion, the National Health Research Institutes, and the Bureau of National Health Insurance in sourcing the relevant information.
- **Evaluation standards:** Results will be analyzed and reported to each of the relevant authorities so further evaluation is conducted and action will be taken

2. National Type 2 Diabetes Mellitus Risk Assessment and Intervention Program

- **Objective:** Actively identify the high-risk susceptible subjects so as to provide early prevention as well as medical intervention services.
- **Strategy:** Conduct a national screening plan on abnormal glucose metabolism and evaluate the risk of type 2 diabetes in adult in the next 10 years.
- **Methodology:** Consider applying risk score systems, such as FINnish Diabetes Risk Score, after its applicability and reliability has been certified by relevant authorities. The certified questionnaire can then be considered as a survey studies for adult physical examination, or it can incorporate into the school physical check up program for newly enrolled students. Furthermore, standardizing the procedures for screening, educational intervention, and medical care can provide essential caring and educational service to the high risk subjects. The standard procedure will then be implemented with research proposal and support from relevant research organizations.
- **Responsible authorities:** The Chinese Taipei Diabetes Association and the Taiwanese Association of Diabetes Educators, and should work closely with the Bureau of Health Promotion.
- **Evaluation standards:** Conduct analysis and evaluation based upon the national database of

diabetes

3. Children and Adolescents Diabetes Prevention Program

- **Objective:** Identify high-risk subjects of diabetes with focus on children and adolescents, and provide diet control or physical activities and other medical intervention service
- **Strategy:** Project of blood glucose screening for students
- **Methodology:** Implement urine glucose screening among students nationwide. Take consideration on urine screening for grade 4 students in elementary school, grade 1 in junior high school, grade 1 in senior high school, and the first year students in universities in coordination with health examination of newly enrolled students. Blood glucose test should be provided for those with abnormal urine screening results. Measurements of height, weight, waist circumference, and other obesity indicators are also to be taken into consideration.
- **Responsible authorities:** The Chinese Taipei Diabetes Association, and other relevant enforcement authorities should work with the Ministry of Education and the Bureau of Health Promotion Student Health Commission
- **Evaluation standards:** Based on the database from the Bureau of Health Promotion for analysis and evaluation

4. Diabetes Educational Program

- **Objective:** Promote diabetes knowledge to students in elementary school, junior high school, and senior high school as well as teachers, and community residents
- **Strategy:** Health education program on diabetes
- **Methodology:** Arrange programs to educate diabetes-related knowledge, such as reading of the ingredient labels of food nutrients, and the cause and treatment of diabetes so as to enhance the knowledge towards diabetes. Work in conjunction with the Ministry of Education, the Department of Health Promotion and Health Education, National Taiwan Normal University, and the Taiwan Joint Commission on Hospital Accreditation to develop teaching materials of diabetes, provide educational programs for teachers, and hold competition games for students.
- **Responsible authorities:** Taiwanese Association of Diabetes Educators should work closely with the Ministry of Education, the Bureau of Health Promotion, and the Taiwan Joint Commission on Hospital Accreditation
- **Evaluation standards:** Determine the level of knowledge among students towards diabetes in elementary school, junior high school, and senior high school in the coming 5 years

5. Monitoring Program for Individuals with High Risk of Diabetes

- **Objective:** Ensure appropriate follow-up and service provided to high-risk diabetes subjects after health examination (working in conjunction with adult health examination service, integrated community screening, and the screening tests for high blood pressure, glucose and lipid)
- **Strategy:** Follow up high-risk subjects of diabetes
- **Methodology:** Establish tracking and monitoring mechanism
- **Responsible Authorities:** The Chinese Taipei Diabetes Association and the Taiwanese Association of Diabetes Educators in coordination with the Bureau of Health Promotion in aspects of implementation
- **Evaluation standards:** Analyze and evaluate the national database of diabetes mellitus

6. National Diabetes Quality Improvement Program

- **Objective:** Enhance the service quality of joint medical care for diabetes within the country
- **Strategy:** Establish national full medical care system for diabetes
- **Methodology:**
 - Build a diabetes shared-care system (in progress)
 - Offer a diabetes pay-for-performance scheme (in progress)
 - Implement type 2 diabetes treatment guideline and provide program to elaborate on it. Communicate with relevant professionals and authorities of health insurance censorship according to the guideline
- **Responsible authority:** The Chinese Taipei Diabetes Association and the Taiwanese Association of Diabetes Educators
- **Evaluation standards:** Analyze and evaluate the adherence rate to type 2 diabetes treatment guideline based on national diabetic database

7. Acknowledgement of the Psychological Requirement Program for People with Diabetes

- **Objective:** Enhance the effect of education for people with diabetes
- **Strategy:** Medical professionals should have in-deep understanding of the psychological impact the disease might have caused and should provide professional psychological assistance to take care of their social and psychological needs
- **Methodology:** Provide a continuous medical educational program on psychological health for relevant medical professionals on national scale

- **Responsible authorities:** Diabetes Association of the Republic of China and Taiwanese Association of Diabetes Educators
- **Evaluation standards:** Provide physical and psychological satisfaction survey for people with diabetes

Conclusions

Diabetes has imposed most critical threat to the mankind. It is our most urgent task now to effectively prevent the risk and damage caused by diabetes. The Taiwan Declaration on Diabetes, jointly formulated and proclaimed by the Chinese Taipei Diabetes Association, the Taiwanese Association of Diabetes Educators, the Formosan Diabetes Care Association, and the Catholic Sanipax Socio-Medical Service & Education Foundation, is our commitment to fight diabetes, and it should act as the guiding principle and goals of efforts for the entire nationals to work jointly for the prevention and better care of diabetes. The Taiwan Declaration on Diabetes, put forth at this moment of time, should be reflected in the UN Resolution on Diabetes so that Taiwan can link itself with the rest of the world in terms of prevention and management. This demonstrates our determination and strength in actively meeting the challenge posed by diabetes.

In the Taiwan Declaration on Diabetes, it discloses the importance on the diabetes prevention, monitor, and education. Despite the fact that diabetes cannot be fully cured, diabetes and its complications can be prevented or delayed, by comprehensive health care. However, the prevention, management, and monitoring of diabetes are considered to be very challenging, since it requires the collaborations with several professional expertises. The crux for success lies at the support and participation of the industry, government, and the academic circle as well as the close cooperation between the organization and individual. Since the aspects of the plan of action for the next 5 years encompass screening, monitoring, education, medical care, psychological needs, and others, we would like to call upon the entire nationals and relevant groups to participate, to develop, and to facilitate several nationwide cross-departmental and professional projects, and to integrate our resources from all walks of life so that the prevention and care of diabetes can have received widespread recognition and effective implementation. As of such, we can reverse the prevalent trend of diabetes and bring the proliferation and harm of diabetes to a standstill, ultimately leading to an improvement of the health of our nationals.

Appendix

Taiwan Declaration on Diabetes Committee (in alphabetic order)

Boniface J. Lin	Consulting physician, Division of Endocrinology, Cardinal Tien Hospital; Professor Emeritus, National Taiwan University College of Medicine and Fu Jen Catholic University College of Medicine
Chien-Wen Chou	Director, Division of Metabolism and Endocrinology, Chi Mei Medical Center
Chih-Yuan Wang	Director, Department of Internal Medicine, Far Eastern Memorial Hospital
Ching-Chu Chen	Director, Division of Endocrinology and Metabolism, China Medical University Hospital
Ching-Chung Chang	Attending Physician, Division of Endocrinology and Metabolism, National Taiwan University Hospital; President, The Endocrine Society of The Republic of China
Ching-Fai Kwok	Attending Physician, Division of Metabolism & Endocrinology, Taipei Veterans General Hospital
Lee-Ming Chuang	Professor, Division of Endocrinology and Metabolism, National Taiwan University Hospital; President, The Chinese Taipei Diabetes Association
Liang-Chuan Chen	Director, Catholic Sanipax Socio-Medical Service & Education Foundation
Low-Tone Ho	Director, Department of Medical Research and Education, Taipei Veterans General Hospital
Hung-Yu Chang	Attending Physician, Division of Endocrinology and Metabolism, Chang Gung Memorial Hospital
Hung-Yuan Li	Attending Physician, Division of Endocrinology and Metabolism, National Taiwan University Hospital; Deputy Secretary General, The Chinese Taipei Diabetes Association;
Jung-Fu Chen	Director, Department of Internal Medicine and Division of Endocrinology and Metabolism, Chang Gung Memorial Hospital
Jyuhn-Huarng Juang	Attending Physician, Division of Endocrinology and Metabolism, Chang Gung Memorial Hospital
Kun-Wu Tsan	Attending Physician, Division of Endocrinology and Metabolism, West Garden Hospital
Mei-Shu Lai	Professor, Institute of Preventive Medicine, College of Public Health, National Taiwan University
Neng-Chun Yu	Administrator of Neng-Chun Diabetes Clinic

Rue-Tsuan Liu	Director, Division of Endocrinology and Metabolism, Chang Gung Memorial Hospital
Shih-Li Su	Director, Body Weight Control and Osteoporosis Center, Changhua Christian Hospital
Shih-Te Tu	Superintendent, Changhua Christian Hospital Lukang Branch
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Tong-Yuan Tai	Director General, Taipei Jen-Chi Relief Institution President, The Formosan Diabetes Foundation
Wayne Huey-Herng Sheu	Chairman, Department of Internal Medicine, Taichung Veterans General Hospital, Taichung, Taiwan; President, Taiwanese Association of Diabetes Educators
Yi-Der Jiang	Attending Physician, Division of Endocrinology and Metabolism, National Taiwan University Hospital; Secretary General, The Chinese Taipei Diabetes Association;
Yu-Yao Huang	Director, Division of Endocrinology and Metabolism, Chang Gung Memorial Hospital

Taiwan Declaration on Diabetes Consulting Committee

Sheng-Mou Hou	Minister, Department of Health, Executive Yuan Republic of China
Mei-Ling Hsiao	Director General, Bureau of Health Promotion, Department of Health, Taiwan.
Shiow-Ing Wu	Deputy Director-General, Bureau of Health Promotion, Department of Health, Taiwan
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