

# **RAISING AWARENESS OF HEALTHY LIFE STYLE IN BRUNEI DARUSSALAM**

**BY:**

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# OUTLINE OF THE PRESENTATIONS

- × INTRODUCTION
- × ROLE OF DIABETES NURSE EDUCATOR(DNE)
- × STRATEGIES PLAN
- × 3 SAMPLE CASES
- × SUGGESTIONS
- × CONCLUSION

# INTRODUCTION

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- ✗ **Diabetes Mellitus, hypertension and hyperlipidemia are three components of non communicable diseases.**
- ✗ **8 out of 10 will have this three diseases.**
- ✗ **In 2011, diabetes remains a third leading cause of death in Brunei** (*health information booklets,2011*).

# INTRODUCTION

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**In Brunei, 10 health centers have their diabetes nurse educator which are at:**

- × **BSB HC**
- × **JP Sengkurong HC**
- × **JE Bunut HC**
- × **Gadong HC**
- × **Sg Asam HC**
- × **Pengkalan Batu HC**
- × **Berakas A HC**
- × **Berakas B HC**
- × **Pekan Tutong HC**
- × **Sg Liang HC**

# INTRODUCTION

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- ✖ The diabetes nurse educator started in Jubli Perak Sengkurong Health Centre in September 2010.
- ✖ So far, 348 diabetic patients (16%) out of registered 2320 diabetes patients are seen by diabetes nurse educator for Mukim Sengkurong.

# THE ROLE OF DNE

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- ✗ **The role of the diabetes nurse educator is to:**
  - ✗ **guide the patient in their diabetes control**
  - ✗ **increase patient's knowledge**
  - ✗ **plan strategies for the effective control of patient's blood sugar and co-morbidities.**

# PLAN STRATEGIES

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- ✗ Individual consultation
- ✗ Group counseling & Sharing knowledge
- ✗ Teenagers/family members counseling
- ✗ Physical activity
- ✗ Health promotion

# INDIVIDUAL CONSULTATION

- Built a good rapport, hence gaining trust with the patient and families.
- Guide the patient to improve blood sugar level
- Discuss the strategies towards healthy life style
- Provide moral support



# GROUP COUNSELING & SHARING KNOWLEDGE

- 14-20 patients
- Sharing knowledge
- Sharing experience



# TEENAGERS/FAMILY MEMBERS COUNSELING

- Built a rapport with the family members
- Explain about the diabetes and complications
- Explain the importance of healthy life style
- Advice them to give moral support



# PHYSICAL ACTIVITY

- Exercise is an important part for healthy lifestyle.
- Regular exercise has proven to:
  - ✓ Improve blood sugar level
  - ✓ Contribute weight loss
  - ✓ Improve well-being



**Brisk walk at Bukit Dadap, Kilanas**

# PHYSICAL ACTIVITY

- **TIME:**
  - 3 to 5 days per week
  - 45 minutes each session
- **PREPARATIONS:**
  - Determine blood sugar before exercise.
  - If blood sugar is  $<5.6$  mmol/L
    - advise to eat 2 pieces of biscuit prior to exercise.
  - Warm-up activity for 5 minutes.



- **People enjoy healthy eating at home and outside.**
- **Distributing posters to school and offices.**
- **Aim:**  
  
**TO PROMOTE  
A HEALTHY LIFESTYLE**

# CASE STUDY 1

- A 43 years old female
- Type 2 DM
- Just started the medications.
- April, 2013 – HbA1c was 8.2 %
- August 2013 – HbA1c was 6.1 %

C4476180 - [REDACTED] (BI00123181) BSB 43 F OPD5 NOT KNOWN

ORDERED LOCATION: OPD5 SUBMITTING DOCTOR: NOT KNOWN  
 1504:CC0670R REQUEST # RECV: 15/04/13 1226 COLLN: 15/04/13 UNK  
 ORDERED: Glucose,fasting, HBA1C

GLUC,fasting blood 6.6 H MMOL/L (3.5-6.0)  
 [HBA1C]  
 HbA1c,EDTA 8.2 %  
 Desirable : < 7.0 % (HPLC method)

Patient Name : [REDACTED] ( ) Age: 43Y 1M 3D  
 Patient ID : BN51001493 Sex/Race: FEMALE/  
 NRIC/Alt.IdNo: 00123181 Nationality: Brunei

Location : OPD5-Sengkurong HC  
 Doctor : Duty Doctor  
 Specimen Numb: 1113002093  
 Specimen Type: Blood, EDTA  
 Category Numb: CC /0813/200952  
 Clinical :  
 Comment :

Ordered :  
 Collected : 20/08/2013 15:14  
 Received : 20/08/2013 15:14  
 Registered: 20/08/2013 15:14

Test	Result	Units	Normal Range
Glycated Haemoglobin A1c Panel (HbA1c)	6.1	%	
HBA1C-----	Good control : < 7.0		

# CASE STUDY 2

- A 39 years old man
- Type 2 DM, Htn and ↑ lipid – on medications.
- Defaulted for 6 months from September 2012– March 2013.
- March 2013 – HbA1c was 9.8%.
- June 2013 – HbA1c was 7.9%

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83632 - [REDACTED] (BI00253697) BSB 39 M OPD5 NO
ORDERED LOCATION: OPD5 SUBMITTING DOCTOR: NOT KNOWN
6:CC1105R REQUEST # RECV: 03/06/13 1529 COLLN: 03
ORDERED: Glucose,fasting, HBA1C

GLUC,fasting blood 7.8 H
[HBA1C]
HbA1c,EDTA 7.9
Desirable : < 7.0 % (HPLC method)

ORDERED LOCATION: OPD5 SUBMITTING DOCTOR: NOT KNOWN
3:CC0834R REQUEST # RECV: 02/03/13 1425 COLLN: 02
ORDERED: LFT-OPD, UEC, Glucose,fasting, LIPID PANEL.

[LFT-OPD]
[UEC]
UREA,serum 3.1 L
SODIUM,serum 141
POTASSIUM,serum 4.0
CREATININE,serum 69
GLUC,fasting blood 9.3 H
T.BIL,serum 6
ALT,serum 46
ALP,serum 57
GGT,serum 168 H
[LIPID PANEL]
CHOLESTEROL,serum 4.07
DESIRABLE RANGE: < 5.18 MMOL/L
HDL-CHOL,serum 0.63
REFERENCE RANGE:
Low : < 1.04 mmol/L
desirable : > 1.55 mmol/L
TRIG,serum 3.79
DESIRABLE RANGE : < 1.70 MMOL/L
requires 10-14 hour fasting specim
LDL-CHOL CALC 1.73
Desirable : < 3.36 mmol/L
[HBA1C]
HbA1c,EDTA 9.8
Desirable : < 7.0 % (HPLC method)

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# CASE STUDY 3

- 40 years old man
- Type 2 DM, Htn and ↑ lipid on medications.
- Poorly controlled in terms of diet.
- Oct 2012 HbA1c - was 8.5%.
- August 2013 HbA1c - was 6.7%

864412 - (BI00253167) BSB M OPD9 NOT

ORDERED LOCATION: OPD5 SUBMITTING DOCTOR: NOT KNOWN  
 10:CC0724R REQUEST # RECV: 23/10/12 1303 COLLN: 23/10/12  
 ORDERED: UEC, Glucose,fasting, ALT, LIPID PANEL, HbA1c

[UEC]  
 UREA,serum 4.9 MMOL/L  
 SODIUM,serum 137 MMOL/L  
 POTASSIUM,serum 4.4 MMOL/L  
 CREATININE,serum 81 UMOL/L  
 GLUC,fasting blood 6.4 H MMOL/L  
 ALT,serum 42 U/L

[LIPID PANEL]  
 CHOLESTEROL,serum 5.43 MMOL/L  
 DESIRABLE RANGE: < 5.18 MMOL/L  
 HDL-CHOL,serum 1.32 MMOL/L  
 REFERENCE RANGE:  
 Low : < 1.04 mmol/L  
 desirable : > 1.55 mmol/L  
 TRIG,serum 1.62 MMOL/L  
 DESIRABLE RANGE : < 1.70 MMOL/L  
 requires 10-14 hour fasting specimen  
 LDL-CHOL CALC 3.38 MMOL/L  
 Desirable : < 3.36 mmol/L

[HbA1c]  
 HbA1c,EDTA 8.5 %  
 Desirable : < 7.0 % (HPLC method)

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Patient Name : ~~XXXXXXXXXX~~ ( ) Age:  
 Patient ID : BN40033016 Sex/Race:  
 NRIC/Alt.IdNo: 00253167 Nationality:  
 Location : OPD5-Sengkurong HC  
 Doctor : Duty Doctor Ordered  
 Specimen Numb: 1113001834 Collected  
 Specimen Type: Blood, EDTA Received  
 Category Numb: CC /0813/200715 Registered  
 Clinical :  
 Comment

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Test	Result	Units
Lyated Haemoglobin Alc Panel (HbA1c)	6.7	%
HbA1c	6.7	%
Good control : < 7.0		

# SUGGESTIONS

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- ✖ To recruit more nurses to undergo Diabetic Nurse Educator.
- ✖ Consultations for DNE to patients should be done more frequent.
- ✖ To give Health talk / education for the public
- ✖ Built a team for aerobic session

# CONCLUSION

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**A good rapport and health education can raise awareness and promote behavioral changes towards healthy lifestyle not only to diabetic patient but to family members and public.**

# THANK YOU

