



AT THE DEWAN RAKYAT

Reports by TEH ATHIRA YUSOF, KHOO GEK SAN, GERARD GIMINO and TARENCE TAN

'Diabetes prevention neutralised'

Dr Wee: Govt's 'add and subtract' measures having adverse effects

THE "add and subtract" measures on the sugar tax seem to have neutralised the government's efforts at diabetes prevention, says Datuk Seri Dr Wee Ka Siong (pic).



The Ayer Hitam MP said while the government had imposed a sugar tax to discourage consumption, subsidies were still being extended to major sugar producers such as MSM Malaysia Holdings Bhd and Central Sugars Refinery Sdn Bhd (CSR).

"It seems that when you add and subtract, the impact becomes neutral. What is the ministry's red

line or guiding principle, given that the cost of treatment is so high and could be disastrous for the country," he asked Health Minister Datuk Seri Dzulkefly Ahmad at the Dewan Rakyat.

Dr Wee also raised concerns about the shortage of haemodialysis centres, pointing out that while contributors to the Social Security Organisation (Perkeso) could access treatment, many others without coverage were left uncertain about available assistance.

"For those who do not contrib-

ute, can the ministry inform MPs what kind of help is available? Do they need to prepare facilities before they can receive support, or are there other forms of aid they can apply for?" said Dr Wee, who is also MCA president.

Dzulkefly was earlier answering an original question from Datuk Abdul Khalib Abdullah (PN-Rompin), regarding the latest statistics on non-communicable diseases among rural residents and the ministry's proactive measures to curb rising dialysis treatment costs by adding satellite dialysis centres in small districts.

In his reply, Dzulkefly stressed

the importance of health literacy and early detection, particularly in rural areas where undiagnosed diabetes and hypertension remain widespread.

"Every undiagnosed case is a walking time bomb. We have seen patients with very high blood pressure and glucose readings who are still walking around, but they are at risk of stroke, heart disease and premature death," he said yesterday.

On fiscal policy, Dzulkefly said the Cabinet worked collectively to balance taxation and subsidies, including measures to incentivise or discourage sugar consumption.

"We constantly remind each other in Cabinet on how best to use taxation, whether to incentivise or de-incentivise, especially in the case of sugar," he said.

Dzulkefly also announced that the government would launch the National Action Plan for Healthy Kidney 2026-2030, with support from more than 120 NGOs, including the National Kidney Foundation, to expand access and awareness about kidney health.

"NGOs are helping us greatly in reducing the burden, and this new plan will strengthen our collective effort," he added.

What's next after beating cervical cancer?

BEATING cervical cancer after enduring a storm of treatments is a triumph, but life afterwards comes with new questions, hopes and challenges.

How long will follow-up care last? Will life return to normal? What about fertility, intimacy or the fear of cancer returning?

Once treatment, whether surgery, radiotherapy, chemotherapy or a combination of them is completed, survivors enter a crucial phase called surveillance, says Columbia Asia Hospital-Bukit Jalil consultant obstetrician and gynaecologist Dr Khoo Boom Ping.

This structured follow-up programme monitors recovery, detects recurrence early and supports long-term health.

For the first two years, doctor's visits typically occur every three to four months, then every six months from years three to five, and annually after five years if no recurrence is found, he adds.

These visits may include pelvic exams, pap smears, HPV tests, imaging such as CT, MRI or PET scans and relevant blood tests.

"Many women feel anxious while waiting for results. This is normal. Psychological support during this period can be valuable."

RETURNING TO NORMAL

Returning to a fulfilling, active life after cervical cancer is possible, but recovery involves both physical healing and

emotional adjustment, says Dr Khoo.

Physical recovery varies. After surgery, healing may take four to eight weeks, longer if a radical hysterectomy or lymph node removal was performed, while after chemoradiation, fatigue, bowel and bladder changes and vaginal dryness may persist for several months.

"Emotionally, survivors may experience anxiety, depression or a changed sense of identity."

Some feel guilty for surviving, others overwhelmed by fear of recurrence. It is important to acknowledge these feelings and seek support from oncology counsellors or survivor groups.

Work may resume gradually, social and family roles may shift and body image and intimacy often require time and open communication to rebuild, he explains.

Fertility is one of the most sensitive topics after treatment. Whether pregnancy is possible depends on the treatment type. Fertility-sparing surgeries such as a radical trachelectomy may preserve the uterus, while radiotherapy or radical hysterectomy generally result in infertility.

"Early fertility counselling is crucial for women of reproductive age, with options such as egg or embryo freezing before treatment," says Dr Khoo.

Sexual health can also change due to vaginal dryness, tightness, pain after radiotherapy, reduced libido from hormonal or emotional factors and body image concerns.

Honest communication with part-

ners and guidance from gynaecologists or sexual health counsellors can offer solutions.

MANAGING SIDE EFFECTS

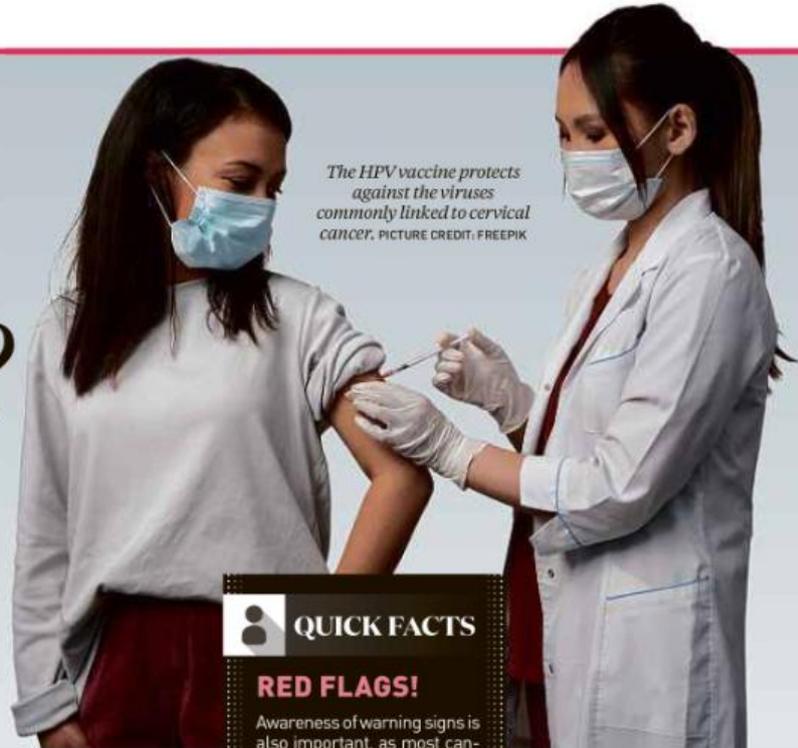
Dr Khoo says some women will experience lingering side effects, such as fatigue, urinary or bowel dysfunction, lymphedema of the legs due to lymph node removal or vaginal stenosis.

These can be managed through gradual physical activity, pelvic floor therapy, regular vaginal care and stretching exercises and, in the case of lymphedema, compression stockings and massage.

Menopausal symptoms are also common, particularly for women whose ovaries were removed or who underwent pelvic radiotherapy. Sudden menopause can cause hot flushes, night sweats, vaginal dryness, mood swings, sleep disturbances and low libido.

While hormone replacement therapy may not be suitable for all, non-hormonal options such as antidepressants, vaginal moisturisers, lubricants,

The HPV vaccine protects against the viruses commonly linked to cervical cancer. PICTURE CREDIT: FREEPIK



QUICK FACTS

RED FLAGS!

Awareness of warning signs is also important, as most cancer recurrences happen within two to three years of treatment. Knowing the signs can lead to earlier intervention. These include:

- New or persistent pelvic pain
- Unusual vaginal bleeding or discharge
- Leg swelling on one side
- Changes in bowel or bladder habits
- Unexplained weight loss or fatigue

All of the above warrant prompt medical evaluation. Trusting one's instincts and seeking medical attention early can make a difference.

Regular cervical cancer screening — through pap smears and HPV testing — remains the most powerful tool in preventing or catching cancer early.

When detected early, treatment is simpler, less invasive and far more successful.

Equally important is the HPV vaccine, which protects against the viruses most commonly linked to cervical cancer.



Returning to a fulfilling, active life after cervical cancer is possible, but recovery involves both physical healing and emotional adjustment, says Columbia Asia Hospital-Bukit Jalil consultant obstetrician and gynaecologist Dr Khoo Boom Ping. PICTURE CREDIT: COLUMBIA ASIA HOSPITAL — BUKIT JALIL

support groups. "Empathy, therapy and a strong support network can ease this burden."

NUTRITION AND EXERCISE

Lifestyle choices play a significant role in recovery and long-term health. A balanced diet rich in vegetables, fruits, lean proteins and whole grains, combined with limiting processed foods and red meat, supports well-being.

Regular exercise — such as 150 minutes of moderate activity per week — can boost energy, while quitting smoking reduces the risk of cervical and other cancers.

Stress management through mindfulness, yoga, hobbies or spiritual practices enhances both mental and physical resilience, adds Dr Khoo.

"Though no lifestyle can guarantee prevention of recurrence, healthy habits strengthen immunity, improve energy levels and sharpen mental clarity."

meera@nst.com.my

Open discussions with healthcare providers are essential to finding safe, personalised strategies. PICTURE CREDIT: STEFAMERPIK — FREEPIK



Despite strict laws, Ozempic, Mounjaro and other prescription-only injections are widely sold online — raising legal, health and regulatory concerns

SHARIFAH SHAHIRAH
sharifah.shahirah
@sindaily.my

Online weight-loss drugs evade Malaysia's prescription laws

The rising use of GLP-1 weight-loss drugs in Malaysia, including semaglutide (Ozempic) and tirzepatide (Mounjaro), has highlighted gaps between regulation and enforcement, with authorities continuing to uncover illegal online sales and social-media promotions.

Despite clear laws, the prescription-only weight-loss injections can easily be bought on social media, messaging apps and e-commerce platforms.

Mounjaro, in particular, is widely sold online without prescriptions, medical screening or follow-up care and often marketed as a quick-fix slimming solution.

The law is unambiguous. Under the Sale of Drugs Act 1952 and Control of Drugs and

Cosmetics Regulations 1984, all pharmaceutical products must be registered with the Drug Control Authority (DCA) before they can be imported, manufactured, sold or supplied, unless exempted.

GLP-1 receptor agonists — including semaglutide, dulaglutide, liraglutide, exenatide, lixisenatide and tirzepatide — are classified as Group B Poisons under the Poisons Act 1952.

They may only be supplied for medical treatment by a registered medical practitioner or by a registered pharmacist upon a valid prescription. Supplying these medicines outside these conditions is a criminal offence.

Retatrutide, which is not registered with the DCA, is illegal for sale in Malaysia.

Advertising controls are equally strict. Under the Medicines (Advertisement and Sale) Act 1956, prior approval from the Medicine Advertisement Board (MAB) is required before any medicinal product can be advertised. As a matter of policy, MAB does not approve advertisements for medicines classified as poisons, making promotion of GLP-1 injections for weight loss unlawful.

Yet, illegal listings remain easy to find. In 2025 alone, the Health Ministry said its Pharmacy Enforcement Division (PED) issued warning letters over 48 social-media advertisements involving Ozempic, Mounjaro and Saxenda, while one illegal e-commerce listing was removed.

"The division conducts proactive screening and monitoring of unapproved medical advertisements including the illegal or unauthorised sale of poisons across various



"GLP-1 medicines can be effective when prescribed appropriately, but sold online without supervision, patients face dosing errors, counterfeit products and serious side effects," she said.

Short-term complications include nausea, vomiting, dehydration and electrolyte imbalance, while severe outcomes may involve gallbladder disease, kidney injury and nutritional deficiencies.

Long-term risks, such as muscle loss, require monitoring and lifestyle intervention — safeguards absent in online transactions.

Meanwhile, Avisena Specialist Hospital's endocrinologist Dr Fadzliana Hanum Jalal said unsupervised use of the injections undermines obesity treatment.

online platforms such as Shopee, Lazada, Facebook, Instagram, TikTok and others," the ministry said in reply to Sinar Daily's query.

Between January 2023 and December 2025, a total of 38,055 unapproved medical advertisements were removed from e-commerce platforms and 13,070 screened on social media.

Malaysia's Online Safety Act 2025 also applies to misleading weight-loss promotions, prohibiting unauthorised or counterfeit drug sales and advertisements exploiting body-image insecurities.

Critics, however, argued that enforcement remains largely reactive. Doctors point to failures across multiple fronts: digital platforms that allow illegal listings to proliferate, sellers with minimal accountability and regulators struggling to keep pace with online commerce. Social-media platforms play a central role.

Sellers use paid ads, influencers and private messaging to market injections, often avoiding explicit drug names to evade automated detection. Platforms publicly prohibit prescription medicine sales, but enforcement is inconsistent and largely complaint-driven.

Content may be removed, but sellers frequently reappear under new accounts.

Pharmacies and supply chains are also under scrutiny. While licensed pharmacies are bound by strict dispensing rules, the per-

GLP-1 Receptor Agonists: What You Need to Know

What they are:
Hormones that help regulate blood sugar and appetite

How they work:

- Stimulate insulin release
- Suppress glucagon
- Slow digestion and promote satiety

Form & supervision:

- Injectable, from daily to weekly
- Must be used under medical supervision

Side effects:

- Common: nausea, vomiting, diarrhea, constipation
- Rare but serious: pancreatitis, gallbladder, kidney issues

Uses:

- Type 2 diabetes management
- Weight management (for high BMI, with or without diabetes)
- Cardiovascular risk reduction (some drugs lower heart attack and stroke risk)

Key takeaway:

- Medical therapies, not miracle slimming injections
- Effective only with doctor guidance, diet, and lifestyle changes

"Without guidance, patients may lose muscle instead of fat or see no benefit at all. These drugs are potent metabolic therapies, not cosmetic products," she said.

The Health Ministry stressed that obesity management goes beyond medication.

"National guidelines prioritise prevention, lifestyle and behavioural changes, nutrition education, psychological support and long-term multidisciplinary care. The public is urged to seek treatment only from qualified professionals and remain wary of online promotions promising rapid or effortless weight loss," it said.

According to the National Health Screening Initiative (NHSI), about 30.9 per cent of 1.2 million adult Malaysians screened from January to September 2025 were found to be obese, while another 30.8 per cent were overweight. This means more than 254,000 Malaysians have been identified as obese.

The 2023 National Health and Morbidity Survey revealed that 54.4 per cent of Malaysian adults were either overweight or obese, marking a sharp and troubling rise of 22 per cent since 2011.

The latest figures shows that the 2025 NHSI (January-September) recorded more than 60 per cent of Malaysians to be obese or overweight, compared to the 2023 NHSI with 53.5 per cent of Malaysians being found overweight or obese.

sistent online availability of injectable GLP-1 drugs raises concerns about supply-chain leakages, diversion from authorised stocks or parallel imports. Without transparent tracking and routine audits, regulators struggle to determine how these medicines reach unlicensed sellers.

Columbia Asia Hospital's internal medicine physician Dr Ting Pey Woei warned the consequences extend beyond legality.

Health Ministry warns against GLP-1 drug misuse, urges reporting of side effects

Off-label weight-loss use carries risks and public reporting is key to patient safety

SHARIFAH SHAHIRAH
sharifah.shahirah
@sinardaily.my

The Health Ministry (MOH) has acknowledged growing public concern over the off-label use of GLP-1 receptor agonists, especially for non-medical weight loss and stressed that reporting adverse drug reactions (ADRs) is crucial to safeguard patients and strengthen oversight of these prescription medicines.

From a regulatory perspective, MOH said GLP-1 products registered in Malaysia – including semaglutide (such as Ozempic) and tirzepatide (such as Mounjaro) – are approved only for specific medical indications, dosages and conditions of use that have been thoroughly assessed for quality, safety and efficacy.

"The National Pharmaceutical Regulatory Agency (NPRA), which serves as the secretariat to the Drug Control Authority (DCA), monitors the safety of medicines in Malaysia through continuous pharmacovigilance. A key part of this

system is the collection and analysis of ADR reports submitted by healthcare professionals, pharmaceutical companies and the public.

"Reports of side effects, complications or suspected misuse help regulators detect emerging safety signals, assess risks linked to inappropriate or off-label use and determine whether regulatory action is needed," the ministry said in response to Sinar Daily's query.

Where concerns are identified, the DCA may issue safety alerts, update product information or impose additional controls.

The ministry emphasised that ADR reporting is not limited to doctors and pharmacists. Consumers also play a crucial role, especially as GLP-1 drugs gain wider attention for weight loss.

Timely reporting helps authorities distinguish isolated cases from wider safety trends and ensures medicines already on the market continue to be monitored effectively.

Healthcare professional can report suspected adverse reactions via the Pharmacy Hospital Information System (PHIS) for MOH facilities or submit a manual ADR report to NPRA.

Meanwhile, the public can inform a healthcare professional, who can report on their behalf, or submit a report directly through the Consumer Side Effect Reporting Form (ConSERF).

"All reports contribute to national safety surveillance and are assessed as part of ongoing pharmacovigilance efforts," the ministry said.

It also stressed that the safe and responsible use of medicines is a shared responsibility.

"Patients are urged to seek treatment only from qualified healthcare professionals, adhere to approved medical indications and report any unexpected side effects promptly – helping safeguard public health as new and existing medicines continue to be used more widely," the ministry added.

Cost, access gaps drive risky obesity treatment

MALAYSIA faces a significant obesity burden, with about one in two adults being overweight, yet treatment remains fragmented and under-utilised. Doctors say this mismatch – high prevalence, limited access and high out-of-pocket costs – has created fertile ground for misuse.

GLP-1 receptor agonist drugs such as Ozempic, Wegovy and Mounjaro have reshaped obesity treatment for many patients. However, their high cost and uneven access

widen an equity gap and fuel illegal online sales of prescription-only injections.

Monthly treatment costs range from RM600 to over RM1,300, placing long-term use beyond one's reach. For a chronic condition requiring sustained care, affordability is not just financial but clinical.

"Affordability directly affects outcomes. When patients stop treatment because they cannot sustain the cost, weight regain is common. That frustration pushes some to seek cheaper, unregulated alternatives," said Columbia Asia Hospital's physician Dr Ting Pey Woei.

Those alternatives increasingly come from online sellers, where GLP-1 injections are marketed without prescriptions, screening or follow-up. Doctors say this is a predictable consequence of access barriers within the formal healthcare system.

"When regulated treatment becomes inaccessible, patients look elsewhere. That is how unsafe markets emerge," she said.

Avisena Specialist Hospital's Dr Fadzliana Hanum Jalal warned that unsupervised use carries serious medical risks.

"These medicines require counselling, dose titration and monitoring. Buying them online removes all safeguards and exposes patients to unnecessary harm," the endocrinologist said, adding that gaps in some private and online services further

compound the problem.

Dr Fadzliana said obesity treatment cannot be reduced to an injection alone. Effective management requires a comprehensive, individualised approach including nutrition counselling, physical activity, psychological support, stress management and screening for complications.

"Quick fixes are not obesity care. The goal is long-term health and functional wellbeing," she said.

Without equitable access to structured care, experts warn innovative therapies risk deepening health inequalities. Those who can afford treatment benefit from supervised care, while others turn to unsafe, illegal channels. From an industry perspective, GLP-1 medicines are intended to support, not replace, lifestyle change.

Novo Nordisk Malaysia general manager Dr Praful Chakkarwar said drugs such as Wegovy help patients feel fuller, reduce food intake and sustain weight loss when combined with behavioural interventions.

"Lifestyle modifications alone are often difficult. Medications help patients adhere to healthier habits but must be prescribed appropriately within a comprehensive care plan," he said, adding that access must be expanded responsibly, ensuring safe prescription and medical supervision.

Discussions are ongoing between the

Health Ministry, policymakers and healthcare providers on expanding access with proper assessment, follow-up and patient education. Given the cost, access may initially prioritise patients with the greatest medical need.

Clinically, GLP-1 drugs reduce hunger and cravings, with most weight loss from fat reduction, delivering metabolic and quality-of-life benefits. In the medium term, treatment can reduce hospitalisations and complications; over the long term, it may prevent costly chronic disease.

Dr Praful cautioned against self-medication, stressing that obesity stems from varying genetic, environmental and behavioural factors and that GLP-1 drugs are tools, not standalone solutions.

Doctors warn that unless affordability, access and enforcement are addressed together, Malaysia risks a two-tier system: supervised, evidence-based care for those who can afford it and unsafe online injections for those who cannot.

Policy responses must include stronger enforcement against illegal online sales, clearer prescribing standards, tighter supply-chain controls and platform accountability for illicit listings.



DR FADZLIANA



DR PRAFUL

Lebih 20 peratus rakyat Malaysia alami gangguan pendengaran

Dr Mohd Hazmi Mohamed,
Pensyarah Perubatan dan Pakar Otorinolaringologi Jabatan Otorinolaringologi, Fakulti Perubatan dan Sains Kesihatan, Universiti Putra Malaysia (UPM)

Semalam, kita menyambut Hari Pendengaran Sedunia. Masyarakat wajar berhenti sejenak dan memikirkan kepentingan deria pendengaran dalam kehidupan seharian. Ramai hanya menyedari nilai pendengaran apabila ia mula terganggu. Ketika itu, suara orang tersayang kedengaran semakin jauh, perbualan menjadi sukar dan dunia terasa semakin sunyi.

Bagi 2026, sambutan ini bertemakan *From communities to classrooms: Hearing care for all children*, sekali gus mengingatkan penjagaan pendengaran perlu bermula dari rumah, diperkukuhkan di sekolah dan disokong komuniti untuk semua peringkat usia. Dalam kehidupan seharian, pendengaran membantu individu bekerja, belajar, berkomunikasi dan membina hubungan sosial. Tanpa pendengaran yang baik, seseorang mudah berasa terasing dan kurang yakin.

Di negara ini, dianggarkan lebih 20 peratus penduduk mengalami tahap tertentu gangguan pendengaran. Masalah ini bukan hanya membabitkan warga emas, bahkan menjejaskan golongan dewasa dan remaja.

Antara punca utama ialah jangkitan telinga berulung, faktor pekerjaan di persekitaran bising serta pendedahan berlebihan kepada bunyi daripada peranti audio peribadi.

Pada era digital, penggunaan fon telinga secara berpanjangan menjadi cabaran utama. Bunyi terlalu kuat boleh merosakkan sel sensori dalam telinga secara kekal tanpa menyebabkan rasa sakit. Kerosakan ini berlaku secara perlahan. Ramai individu hanya menyedarinya apabila pendengaran sudah menurun dengan ketara dan sukar dipulihkan.

Masalah pendengaran juga memberi kesan kepada kesihatan mental. Individu yang sukar mendengar lebih cenderung mengalami tekanan emosi, kemurungan dan pengasingan sosial. Dalam kalangan warga emas pula, kehilangan pendengaran dikaitkan dengan peningkatan risiko penurunan fungsi memori dan demensia.

Langkah pencegahan sebenarnya mudah jika di-

amalkan secara konsisten. Penjagaan pendengaran perlu dilihat sebagai tanggungjawab sepanjang hayat. Pertubuhan Kesihatan Sedunia (WHO) mengesyorkan amalan 60/60, iaitu memastikan tahap bunyi tidak melebihi 60 peratus dan mengehadkan penggunaan peranti audio kepada 60 minit sebelum memberi rehat kepada telinga. Pemilihan fon kepala jenis fon kepala (*over-ear*) lebih selamat berbanding fon putik (*earbud*) kerana bunyinya tidak terus memfokus ke gegendang telinga.

Buat pemeriksaan pendengaran berkala

Bagi individu bekerja dalam persekitaran bising seperti kilang atau tapak pembinaan, penggunaan pelindungan telinga adalah langkah perlindungan penting.

Pemeriksaan dan saringan pendengaran perlu dilakukan berkala, khususnya bagi individu berisiko tinggi. Pengesanan awal membolehkan rawatan diberikan sebelum kerosakan menjadi lebih serius. Saringan pendengaran perlu diperkukuhkan di sekolah, tempat kerja dan klinik kesihatan sebagai sebahagian pemeriksaan kesihatan rutin.

Bagi individu dikenal pasti mengalami masalah pendengaran, rawatan perlu diberikan segera. Alat bantu pendengaran dan terapi pemulihan terbukti membantu meningkatkan komunikasi dan keya-

kinan diri.

Kemajuan teknologi perubatan kini menyediakan pelbagai pilihan rawatan termasuk alat bantu pendengaran digital dan implan koklea bagi kes teruk. Namun, kejayaan rawatan banyak bergantung kepada masa intervensi. Rawatan awal memberikan hasil jauh lebih baik berbanding rawatan lewat.

Isu pendengaran bukan sekadar isu kesihatan. Ia berkait rapat dengan produktiviti, kesejahteraan emosi dan kualiti hidup masyarakat. Jika masalah ini terus diabaikan, kos sosial dan ekonomi negara akan meningkat dalam jangka panjang.

Oleh itu, usaha memperkukuh pendidikan kesihatan telinga, meningkatkan saringan awal, dan mengawal pendedahan bunyi dalam kalangan masyarakat perlu diperkasakan secara berterusan.

Penjagaan pendengaran perlu dijadikan sebahagian budaya hidup sihat sama seperti penjagaan jantung dan pemakanan. Dari komuniti hingga ke bilik darjah, setiap pihak mempunyai peranan dalam membina masyarakat lebih peka terhadap kesihatan pendengaran.

Tindakan kecil dilakukan hari ini akan menentukan sama ada masyarakat mampu terus mendengar, berkomunikasi dan menikmati kehidupan dengan penuh makna pada masa hadapan.



Kaedah kawal gula dalam darah ketika gelombang haba

N V Subbarow,
Pegawai Pendidikan Kanan, Persatuan Pengguna Pulau Pinang (CAP)

Pesakit diabetes selalu sukar menguruskan penyakit disebabkan gelombang haba dan dehidrasi. Justeru, apakah langkah yang boleh diambil untuk mencegahnya.

Sebenarnya, fenomena itu bukan hanya boleh menyebabkan strok haba, memburukkan penyakit jantung dan menyebabkan tekanan darah tinggi, bahkan menjejaskan paras gula darah kepada pesakit diabetes.

Ada enam langkah boleh diambil untuk mengurus tahap gula darah semasa gelombang haba secara semula jadi:

- Pesakit diabetes harus sentiasa menjejaki paras glukosa darah mereka. Inilah cara untuk mengelakkan sebarang insiden. Langkah ini lebih penting terutama jika anda perlu berada di luar rumah untuk tempoh sangat lama atau pekerjaan dilakukan memerlukan tenaga kerja di bawah cahaya langsung matahari.

- Cara untuk mengharungi gelombang haba dan

mengawal gula darah adalah dengan kekal terhidrat.

Anda boleh kekal terhidrat dengan makan buah-buahan atau minum jus segar dan air kelapa. Namun, pastikan anda tidak minum jus mengandungi gula tiruan kerana ia akan meningkatkan gula darah.

- Antara sebab di sebalik lonjakan gula darah ialah tekanan kronik. Tekanan boleh berlaku kerana pendedahan kepada suhu tinggi.

Selaran matahari atau ruam matahari sangat biasa berlaku ketika gelombang haba, namun ia boleh memberi tekanan kepada anda dan dengan itu juga memberi kesan kepada tahap glukosa darah. Pastikan kulit anda dilindungi dan tahap tekanan rendah.

- Selain itu, makan makanan seimbang. Anda mungkin perasan bahawa anda terlalu lapar atau tidak lapar langsung kebelakangan ini. Jawapan-

nya ialah gelombang haba.

Gelombang haba cenderung memberi kesan teruk kepada selera makan. Anda mungkin akan makan terlalu banyak atau tidak makan apa-apa sepanjang hari.

Kedua-duanya tidak baik untuk kesihatan dan ia boleh menyebabkan lonjakan gula dalam darah.

- Oleh itu, pastikan anda mengikut diet seimbang, makan semua hidangan dan makan makanan ringan serta mudah dihadam.

- Kekal di dalam rumah atau di tempat teduh. Jangan dedahkan diri anda terlalu banyak kepada cahaya langsung matahari, kekal di tempat teduh atau memilih untuk tinggal di dalam rumah.

- Bawa kit diabetes anda. Kit itu hendaklah mengandungi semua barang diperlukan seperti tablet atau gel glukosa, snek, insulin, picagari atau pen insulin, meter glukosa darah dan maklumat perhubungan kecemasan.

Mari kekal sihat ketika gelombang haba.