Introduction
Structure Diabetes Management Program was a one-year intensive structured program that provided focused intervention to high risk type 2 diabetes patients (presence of coronary artery disease or ischaemic stroke or peripheral vascular disease or chronic kidney disease) with the involvement of the multidisciplinary teams and enhanced diabetic self-care.

Objectives
The aim of program was to demonstrate the metabolic benefit in high risk diabetes patient by providing intensive individualized care and multidisciplinary approach. We also empowered the patients through individualized education to increase their control over their own health.

Methodology
From July 2012 to July 2013, 23 high risk diabetic patients were recruited. Diabetes specialists reviewed participants’ current anti-diabetic treatment regimen and risk factors. Patients were followed-up closely and their medications were adjusted according to individualized targets. DM complication assessment was done upon recruitment as well as completion of program. Individual counseling by DM nurse, dietitian and physiotherapist were done at the entry and regularly afterwards. Diabetic nurses scheduled regular telephone glucose monitoring and follow-up education.

Result
All patients showed improvement in HbA1c with a mean reduction of 21.6% (HbA1c 9.7% at entry vs 7.6% at exit). More patients achieved a target BP of <140/80mmHg (47.8 % at entry vs 65.2% at exit). The mean reduction of LDL cholesterol was 39.1% (2.3 mmol/L at entry vs 1.4 mmol/L at exit), with 30.4% more patients achieved a
target LDL cholesterol of < 2.6 mmol/L. More patients (21.7%) were motivated to step up their insulin to thrice daily or basal bolus regimen. Through this program, the metabolic control of high risk diabetic patients had shown significant improvement. None of the patients had severe hypoglycemia that required hospitalization. We hope this can be translated into reduction of diabetic complications, morbidity and mortality in long term.