

PCDS

Primary Care Diabetes Society

The latest news and views from the Primary Care Diabetes Society

Report from the Diabetes UK Annual Professional Conference 2011



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This year's Annual Professional Conference (APC) was a big departure from the expected. The venue was the enormous ExCel convention centre in Docklands, London, and the attendance, despite the recession, was better than previous years with a large proportion of day delegates. These are my personal key messages.

After an opening session about insulin pump use there was a round of well-attended special group meetings for GPs, practice nurses, dietitians and other professional groups. It might be better in future – given the heavy

emphasis on care planning – to consider integrated team meetings. The highlight of most APCs, and this was no exception, is the annual Banting lecture, this year given by Professor Anthony Barnett from Birmingham. After covering some of the early highlights (and lowlights) of his amazing career he got on to talking about the importance of good systems of care supported by robust and intelligent public health advice that necessitates large-scale community buy-in. He pointed out that interventions without evidence tend to flounder and that basic science underpins much of what is now regarded as routine.

Following on both in time and theme, was a superb session on prevention of not just diabetes but the cardiometabolic tide that is in danger of causing economic and societal breakdown because of the lower age of people diagnosed with type 2 diabetes and the age of those developing complications, particularly from the south Asian and African-Caribbean community. This causes huge treatment costs but even higher costs in lost personal income and greater financial support from the state.

So what can we do? Speakers covered effective interventions, such as handing out accurate pedometers, identifying those at risk using risk scores instead of blood tests, and having a total society approach to prevention that incorporates, among others, schools and colleges, workplaces, exercise facilities, and supermarkets. The key is to find people at risk, implement a quality intervention and get a robust business plan, supported by well-trained individuals. There is now across Europe, a Virtual Prevention Centre (www.activeindiaabetesprevention.com) with tools and networks to support us. It is also good to know that this is not just theory, and long-term follow-up data from the Diabetes Prevention Program Research Group et al (2009) show that the benefits of a healthy diet and exercise are sustained over time and in all ethnic groups with lower use of medications and better HDL- and LDL-cholesterol.

On the Friday morning I was sat next to Mary McKinnon for the Mary McKinnon Lecture given by Professor Richard Holt from Southampton. He described how a chance discussion over coffee about why more people with mental health problems have diabetes led to a 6-year passion to find at least some of the answers. Certainly, while some psychiatric drugs can precipitate weight gain, it seems that it is predominantly poor lifestyle combined with an inability of some healthcare professionals to see past the mental health issues that results in the over-representation of type 2 diabetes. Professor Holt's message was clear: treat everyone with respect and that means not being distracted by people whose ability to communicate and express themselves is affected by another disease process. People with diabetes are, first and foremost, people.

All in all, it was a very enjoyable meeting with, as always, the opportunity to meet lots of people and realise that, in the main, we're all doing a pretty good job. ■

**Thank you
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to Children
in Need!**



The money that was collected for Children in Need at the PCDS National meeting in Birmingham on Saturday 20 November totalled £1052.38. The PCDS would like to thank all delegates for their generosity.

Diabetes Prevention Program Research Group, Knowler WC, Fowler SE et al (2009) *Lancet* 374: 1677–86