

12th National Conference of the PCDS

The National Conference Centre, Birmingham, 24–25 November 2016

The 12th National Conference of the PCDS, which was titled *Diabetes care: Current clinical essentials in the spotlight*, brought together primary care clinicians from around the UK to offer guidance on practical pathways through the array of diabetes guidelines, comorbidities and medication. Delegates attended a mixture of plenary lectures, educational pathways and parallel tracks, and were able to choose a personalised programme that best matched their individual needs.

David Millar-Jones (GPwSI in Diabetes, Torfaen, and Chair, PCDS) welcomed delegates to the conference and discussed the increased extent to which it was possible to personalise the conference programme, compared with previous years. He

also wished delegates an educationally engaging and rewarding conference experience.

NICE type 2 guidelines

David Millar-Jones, GP and Chair of PCDS

The first plenary session of the conference

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provided a summary of the NICE guidelines related to diabetes and their implications for practice, offering practical advice to providing the holistic, individualised approach to diabetes care in primary care. David signposted delegates to the e-learning modules funded by NHS Wales in association with PCDS on diabetes prevention, diabetes in older people and diabetes in pregnancy. Healthcare professionals in Wales can access the modules at bit.ly/2kinDmd, while clinicians in the rest of the UK can access them at www.diabetesonthenet.com/cpd.

The Diabetes “Oscars”: You’ve tried metformin: Now what?

Nigel Campell, GP, Co Antrim; Kevin Fernando, GP, North Berwick; Martin Hadley-Brown, GP, Thetford; Jim McMorran, GPSI, Coventry. Chaired by Kamlesh Khunti, Professor, University of Leicester

The Diabetes Oscars session provided a summary of the second-line oral agents available after metformin: sulfonylurea, pioglitazone, SGLT-2 inhibitors and DPP-4 inhibitors. Getting delegates to consider their prescribing practices, the session ended with each drug class being nominated for the five categories: potency, profile, practicalities, price and possibilities.

Diabetes shorts Retinopathy

Martin Hadley-Brown, GP, Thetford
This 7-minute short provided an

Education pathways

Diet

Lesley Hamilton, Diabetes Network Manager, Londonderry

In this session, Lesley Hamilton discussed dietary education for people with diabetes and reviewed the different types and sources of carbohydrates, portion control and meal distribution throughout the day. In particular, dietary advice for people with type 2 diabetes, and how medication changes and diabetes progression can impact on this, was discussed. Questions over weight loss, food labelling, hidden sugars, portions and snacks were answered.

Cardiovascular challenges

Rob Sapsford, Consultant Cardiologist, Leeds

This breakout session used case examples to explore risk–prediction calculators and encourage consistency in their application in determining who will most benefit from lipid-modifying treatments based on the NICE guideline (CG181). The guideline encourages awareness of a person’s overall cardiovascular risk, when discussing the relative merits of medication in helping to prevent and mitigate future cardiovascular events.

Mental health

Richard Holt, Professor in Diabetes and Endocrinology, Southampton

A number of psychiatric disorders are more common in people with diabetes and affect self-management and outcomes of the condition. In this session, Richard Holt reviewed the prevalence, mechanisms and clinical implications of depression, dementia and severe mental illness as comorbidities of diabetes. His message was that prompt screening and treatment for these conditions are vital to achieve the best outcomes, and that screening should not be a mere formality: it should result in action.

Insulin

Jane Diggle, Specialist Practitioner Practice Nurse, South Kirkby

Jane Diggle provided her “Top Ten Tips” for the management of insulin in people with type 2 diabetes. From suggestions on how to overcome reluctance to start insulin, to hints on when to seek specialist support, the session provided an array of practical advice.

Psychological strategies to improve weight change conversations

Jen Nash, Clinical Psychologist, London

This interactive session provided attendees with practical advice and mind-set tools and strategies to engage in weight change conversation with people who are overweight. Delegates were encouraged to discuss their own relationships with food in small groups before feeding back to the whole group.

Bariatric surgery

Matt Capehorn, GP and Clinical Director, National Obesity Forum, Rotherham

After reminding the delegates of the scale of the problems of obesity and type 2 diabetes, and their impact on the NHS, Matt Capehorn presented an overview of bariatric surgery as a therapy. The NICE guidelines on obesity were outlined and the surgical options explained. He reviewed the potential clinical benefits of surgery, including the reduction of comorbidities such as diabetes, and the economic impact. Other key areas covered included the complications of surgery, the effect on mortality and identifying candidates for surgery.

Women’s health

Su Down, Nurse Consultant in Diabetes, Somerset

Primary care is often the first point of contact for women with pre-existing diabetes who become pregnant. This session provided a summary of the care that should be provided before, during and after pregnancy, as well as the screening and management of gestational diabetes. Improving preparation for pregnancy, improving early contact with specialist diabetes/maternity teams and the need for retinal screening were among the key points discussed.

Trials without tribulations

Stephen Lawrence, GPwSI, Kent

Diabetes clinical trial data needs to be interpreted in the light of confounding variables. Stephen presented a beginner’s guide to interpreting medical research and stats, providing the answers to common questions and queries. The take-home message to delegates was that a simple critical analytical approach should be employed when interpreting clinical trial data.

overview of the prevalence, risk factors, screening programmes and treatments for retinopathy, with early intensive detection and management. Martin provided some helpful aides-memoires to help delegates empower people at risk of retinopathy.

Neuropathy

Stephen Lawrence, GPwSI, Kent

There is no widely accepted classification for neuropathy, yet it is a common complication with potentially life-changing consequences if left untreated and unmanaged, Stephen Lawrence began. Stephen provided practical tips for primary care clinicians in the management and referral of neuropathy.

Nephropathy

Sam Seidu, Primary Care Academic Diabetologist, Leicester

Diabetes kidney disease is a growing problem, and this short presentation explored the evidence in support of early initiation and intensification of therapy to reduce the risk of complications. It also examined evidence suggesting that some glycaemic agents can be renoprotective, potentially independent of their glycaemic action.

National Diabetes Audit – new data

Roger Gadsby MBE, GP Lead for the National Diabetes Audit and Honorary Associate Clinical Professor, University of Warwick

Roger Gadsby provided an overview of all the audits conducted through the National Diabetes Audit (NDA), including those on inpatient care, pregnancy, children and young people, insulin pumps and foot ulcers relevant to primary care. Issues of participation and consent were covered, and examples of where audit results have been used for service quality development were described, including those from the recently completed project with the Royal College of General Practitioners. ■

Parallel tracks

Prescribing conundrums

Cliff Bailey, Professor of Clinical Science and Director of Biomedical Research, Birmingham

The management of type 2 diabetes is complicated by many factors that pose prescribing conundrums. Dealing with the progressive and highly variable natural history of the condition requires adjustments to medication in the face of comorbidities, caution to avoid hypoglycaemia and weight gain, potential drug interactions and the need to fit with difficult life circumstances for the patient. In this session and Q&A, Cliff Bailey outlined some of the therapeutic restrictions that need to be considered in people with co-existent obesity, chronic kidney disease and other situations that frequently compromise treatment choices at the different stages of type 2 diabetes.

Gut instinct

Alex Miras, NIHR Clinical Lecturer, London

During this session, Alex Miras took delegates on a journey through the human intestines and introduced them to its intriguing microbiota. The complex roles that bacteria play in relation to insulin sensitivity, energy balance and human health were explored, providing an exciting glimpse of the huge potential for novel therapies.

Abnormal results

Clare Hambling, GP, Norfolk and Patrick Wainwright, Specialist Registrar in Chemical Pathology and Metabolic Medicine, Southampton

The ambiguities that test results can bring to diagnosis were illustrated by a case study during this interactive session. Advice was given on how to approach discordant results and to choose the most appropriate tests, with a particular focus on the HbA_{1c} test. The key message was that the focus must be on the patient and their presentation.

Older people

Eugene Hughes, GP, Isle of Wight

In this interactive, track session, Eugene presented guidance for sensible metabolic targets in active older people, frail older people and those in end-of-life care based on evidence and international guidelines. Delegates considered and discussed the concept and definition of frailty, and considered when reducing the medication burden is appropriate.



Breaking news brought to you by Diabetes Distilled

Colin Kenny, GP, Dromore

Colin Kenny covered the important 2016 publications in diabetes care, providing delegates with the following take-home messages:

- Encourage parents to swap their children's drinks to water, low-fat milk or sugar-free beverages to reduce obesity and the risk of heart disease (Vos et al, 2016; bit.ly/2lxeNy).
- The Mediterranean diet is effective for primary prevention of sexual dysfunction in people with type 2 diabetes (Maiorino et al, 2016; bit.ly/2krQerN).
- Breastfeeding may reduce progression to type 2 diabetes after gestational diabetes (Gunderson et al, 2015; bit.ly/2k2QPSb).

Useful documents highlighted:

- NICE Bites for type 2 diabetes in adults (bit.ly/2lo67x6).
- Infographic of key messages from NICE (2015) guideline on type 2 diabetes in adults (bit.ly/2agj242).

www.pcdsociety.org/diabetes-distilled



A plenary session; David Millar-Jones, conference Chair; delegates in the exhibition hall.