Other Meetings

Insulin pump therapy shows benefits in children

Pump therapy in children has been successfully introduced by the Leeds Paediatric Diabetes Service, explained Dr Fiona Campbell at a discussion forum at the *Diabetes UK Annual Professional Conference* in Glasgow (20–22 April 2005). Dr Campbell reported that 40 children (13 % of the patients) are now using insulin pumps, and the benefits include the ease of adminstering a small dose and the reduction of undulations in blood glucose levels, which can lead to mood swings and concentration problems. The pumps were initially paid for by parents, but primary care trust funding was quickly obtained, following negotiations. Since then, there have been no financial problems, and usage now spans all socioeconomic groups.

Also at the forum, John Davis – founder of INPUT, a patient-led support group for pump users – described his experience of pump therapy. Insulin pumps provide better glycaemic control than multiple daily injections, with fewer hypoglycaemic episodes, he said. But many consultants are still reluctant to support pump therapy. This, he believes, is due to the bad reputation that pumps built up when they were introduced in the 1970s – the pumps were crude and unreliable then, and the insulins used were less stable than today's.

Finally, Steven Baard of Roche Diagnostics announced the company's launch of Accu-Check Spirit, which is the first insulin pump to have three operating menus. A 'standard' menu provides the basic features, an 'advanced' menu extends the functionality and a 'custom' menu gives the user complete control. The pump can be used in combination with the newly launched Accu-Chek FlexLink, which is a flexible and soft cannula that offers pump users greater comfort, he said.

PCCS argues for more stringent GMS targets

At the annual scientific meeting of the British Cardiac Society in Manchester (24 May 2005), GPs, nurses and cardiologists came out in favour of the Quality and Outcomes Framework (QOF) of the new GMS contract. The motion 'Performance management of CVD risk under GMS – success or failure' was passed by a majority of 70 %.

But Dr Fran Sivers, Executive Director of the Primary Care Cardiovascular Society (PCCS), argued for more stringent cholesterol targets when the QOF is reviewed in 2006. In a survey of over 1500 members of the PCCS, this stance was backed by the 86 % of them who said they would like to adopt lower targets for total cholesterol.

Mobile phone-based system improves self-management

'Think positive' diabetes (or t+ diabetes), a mobile phone-based system developed by e-San, has been shown to improve glycaemic control, as discussed at a symposium at the *Diabetes UK Annual Professional Conference* in Glasgow (20–22 April 2005). The innovation, which couples standard mobile phone technology with a blood glucose meter using the wireless Bluetooth system, was the subject of a 9-month clinical trial in 93 people. Over the course of the trial, the intervention was associated with a mean reduction in HbA_{1c} from 9.2 % to 8.5 %.

New metabolic syndrome definition will help primary care

A new simplified definition of 'metabolic syndrome' will make it easier for primary care staff to identify patients with the condition, who risk developing type 2 diabetes and cardiovascular disease. The International Diabetes Federation (IDF) announced the new pared down criteria at the *1st International Congress on Prediabetes and Metabolic Syndrome* in Berlin (13–16 April 2005). An international panel comprising 21 of the world's leading authorities in diabetes, cardiology, lipids, public health, epidemiology, nutrition and metabolism produced the definition, which it is hoped will become the gold standard.

The new criteria focus on abdominal obesity, starting with identification of a waist circumference exceeding ethnic- and gender-specific cut-off limits (between 80 and 94 cm). Patients must then have two of the following: raised blood pressure (>130 mmHg systolic, >85 mmHg diastolic or on treatment for hypertension), raised triglycerides (>1.7 mmol/l), low HDL-cholesterol (<0.9 mmol/l for males and <1.1 mmol/l for females), raised fasting plasma glucose (>5.6 mmol/l) and type 2 diabetes. Patients may already be on treatment for these risk factors.

Announcing the definition, Professor Sir George Alberti said the IDF recognised that existing definitions produced by the WHO, the US NECP ATPIII and others were too complicated, often involving tests of insulin resistance available only in research settings or oral glucose tolerance testing. Requirements were deterring primary care staff from getting involved. The new definition does away with complex tests and even calculations of waist:hip ratio or body mass index. 'If patients have visceral obesity and raised triglycerides or low HDL, you can assume they are insulin resistant,' he said.