

# PCDS

## Primary Care Diabetes Society

The latest news and views from the Primary Care Diabetes Society

### Ongoing activities of the PCDS



The main news from the PCDS is the overwhelming success of the third annual conference, held at the Hilton Metropole, Birmingham, from 16–17 November. The enthusiasm of the 650 delegates was fantastic and I hope that after the two days of the conference everyone was able to take new messages back to their practices and improve care for people with diabetes – which, after all, is what it's all about!

The PCDS Committee has been together since the inception of the society two years ago. In the next 12 months, we are hoping to start elections for positions on the board. I would like to use this opportunity to invite any member who is interested in standing to contact a committee member as we would love to have your interest and expertise on board.

*Martin Hadley-Brown, GP, Thetford, Norfolk*

#### Vascular screening

Melanie Davies, Professor of Diabetes Medicine, Leicester presented the case for why we should perform vascular screening in the primary care setting and how it will benefit people with diabetes and our practice. She examined the various methods that are used for screening vascular disease and discussed what the outcomes of these methods mean for people with diabetes.



#### Education

Sue Cradock, Consultant Nurse in Diabetes, Portsmouth, explored the development of national and local programmes for people with type 2 diabetes, highlighting the evidence behind the need for such an approach and also the evidence for the effectiveness of these programmes. She outlined the challenges and some solutions for healthcare professionals in the delivery of structured education programmes.



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## Saving feet

Neil Baker, Diabetes Research Podiatrist, Ipswich, gave a vibrant and sometimes graphic presentation on saving feet in diabetes.

Diabetes is a condition that has several major complications that manifest in the feet, which are strongly associated with foot ulceration and lower limb amputation, particularly peripheral neuropathy, vascular disease and

abnormal joint and soft tissue mechanics. The incidence of any of these complications increases with age, particularly in people with type 2 diabetes, so being able to recognise any of these complications and their implications is essential if ulceration or amputations are to be prevented. This is particularly important as diabetes is becoming more prevalent, particularly in the

elderly and obese, with a potential for an increase in diabetic-foot related problems. The aim of this presentation is firstly to revisit some clinical aspects of basic foot assessment and screening techniques, and then to provide a common sense approach to interpreting clinical findings and finally to suggest appropriate and realistic care plans.

**A full report of the conference will appear in the first issue of 2008. Don't miss it!**

## Keynote Lecture

This year's Keynote Lecture was given by Professor Kamlesh Khunti, GP, Leicester. His talk was entitled *Waist matters: Prevention of cardiovascular disease and diabetes*.

Obesity has become a pandemic condition contributing to the onset of CVD and premature mortality. The overall risk of an adverse CV event is often driven by multiple individual risk factors, including obesity, dyslipidaemia, insulin resistance, glucose intolerance and raised

blood pressure – the metabolic syndrome.

A comprehensive approach to identifying people with multiple CV risk factors may yield greater clinical benefit than continuing to focus on managing individual risk factors. Currently in routine practice, BMI is used to measure and monitor obesity. There is now a strong case for the routine measurement of waist circumference to screen for individuals at high risk of having multiple metabolic risk factors.

There is overwhelming evidence that abdominal obesity is a major clinical and public health issue. Furthermore, waist circumference is a predictor of diabetes, increased CV risk factors, morbidity and mortality, independent of BMI. Waist circumference is a relatively simple measurement which requires no complex or calibrated equipment and should be routinely used in clinical practice to identify those with increased CV risk.

## Diabetes and cardiovascular risk management

This conference, supported by the PCDS and sponsored by AstraZeneca, was held on 18th October 2007 at the Magic Circle, London. The aim was to address specific points in achieving the best possible cardiovascular risk management for people with diabetes – with special focus on the most accurate measure of obesity, treatment options, and monitoring of lipids and blood pressure (BP). The meeting was attended by a variety of health professionals, including GPs, practice nurses, dietitians and pharmacists.

The speakers agreed that management of hypertension is one of the most important goals in preventing CVD.

In 1998, the Health Survey for England focused on CVD. When compared with international values, the UK had the worst record for BP control rates. Only

9% of hypertensive subjects achieved BP <140/90 mmHg. The survey suggested that improved detection, greater use of non-pharmacological measures and increased use of more than one antihypertensive agent per person would be more successful in achieving target levels. This in turn could lead to major reductions in fatal and non-fatal cardiovascular events.

Obesity is today's principal public health problem. Nearly two thirds of men and half of women are overweight or obese. The NHS spends £500 million a year on complications associated with obesity, which in addition to its close association with diabetes is also the second greatest cause of cancer after smoking. Given that obese people live, on average, 9 years less than those of normal weight, it is imperative that steps are

taken to control this serious epidemic.

In order to reduce the risk of high blood pressure, it is advisable to maintain normal weight for adults (BMI: 18.5–25 kg/m<sup>2</sup>), reduce salt intake to <100 mmol/day, limit alcohol consumption to ≤3 units/day for men and ≤2 units/day for women, engage in regular aerobic physical exercise, consume at least five portions of fresh fruit and vegetables a day and reduce the intake of total and saturated fat. Stopping smoking and stress reduction are also advantageous.

Although it is unrealistic to suggest that the entire population could adhere to this advice, any steps that can be taken to encourage individuals to lead healthier lives will undoubtedly reduce the incidence of obesity-related diabetes and CVD.