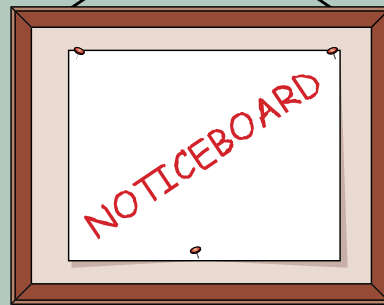




Maureen Wallymahmed,  
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**D**o you ever wonder if other people are doing the same as you and that you might just be re-inventing the wheel?

Now is your chance to find out by using the Noticeboard section in the *Journal of Diabetes Nursing*. As a member of the journal's editorial board, I know that this feature creates a welcome opportunity for nurses involved in diabetes care to pose



a quick question or share a fleeting thought with other healthcare professionals without having to write a whole article or phone round an array of colleagues.

The idea of Noticeboard is much the same as an internet message board where people can place requests, thoughts, ideas – in fact anything they want to share – as a brief message on this page. We at the journal will then encourage other readers to comment in the next issue, thereby enhancing ongoing debate and discussion but with minimum effort on the part of participants.

#### Weekend dose changes

**Q** At the recent EASD meeting, there was a paper showing delayed pharmacokinetics of short-acting analogue insulins in obese individuals with type 2 diabetes (Gagnon-Auger et al, 2007). Does anyone know if any research has been carried out regarding long-acting analogues?

Sue Hamilton  
Diabetes Nurse Specialist  
Queen Mary's Hospital, London

Gagnon-Auger M, Baillargeon J-P, Menard J et al (2007) Revisiting short-acting insulin analogues. In obese subjects with type 2 diabetes, are they short? A pharmacokinetics study. *Diabetologia* 50 (Suppl1): S1-538

**A** I have read this abstract and agree that it seriously questions the value of using rapid-acting analogues in obese people with type 2 diabetes. I am not aware of similar data for long-acting analogues in the same population, however it may be worth getting in touch with one of the insulin manufacturers to ask whether or not they have any data on this.

John Wilding  
Professor of Medicine,  
Aintree Hospital, University of Liverpool

#### Any answers?

Please send any responses to the above or further questions to:

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#### Danger from blood glucose level fluctuations

**Q** I have heard that swings in glycaemia can be just as detrimental as elevated and reduced blood glucose levels. Is the problem related to rapid swings, for example low to high when treating an episode of hypoglycaemia, or is it a longer term problem?

Name and address withheld

**A** A number of factors affect blood glucose levels and the rate at which they can fall or rise; thus, predicting such occurrences is not always possible. While it should be noted that some fluctuation in blood glucose levels is normal, I am sure we are all familiar with the long and short term dangers associated with uncontrolled blood glucose levels. In hypoglycaemia, the body has a protective function whereby it attempts to raise blood glucose. Therefore, I would suggest that it is not so much the fluctuations in blood glucose but how high or low they go and how long the high or lows last that creates long-term problems in diabetes.

Trisha Dunning  
Professor and Chair of Nursing,  
Australia

#### Telephone care

**Q** With more diabetes being carried out in primary care, we have noticed an increase in phone calls for advice and guidance from both patients and primary care staff. While this is a good use of resource, we are aware that it is not being 'charged for'. Has anyone got a system to deal with this?

Sue Hamilton  
Diabetes Nurse Specialist  
Queen Mary's Hospital, London