Meeting report

Diabetes UK Annual Professional Conference 2007

Glasgow, Scotland, 14–16 March 2007

Blood glucose monitoring today

Jo Head, Lead Clinical Nurse Specialist at the Winchester diabetes team, spoke first at the Bayer Healthcare symposium, held on the occasion of the Diabetes UK APC. She stressed that blood glucose monitoring (BMG) does not improve glycaemic control or decrease complications – instead, it must be used to adjust medication, diet and activity levels.

Additionally, post-prandial BGM can monitor other risk factors associated with diabetes, including atherosclerosis and macrovascular problems, she said.

Simon Grant, Deputy Director of Medicines Management, Bradford and Airedale tPCT, addressed the current restrictions on BGM test strips. Research has not found a convincing association between BGM and HbA_{1c} and this has been misinterpreted by some UK PCTs as an indication that BGM is unnecessary.

Simon shared a table of recommendations and concluded, 'We don't need restrictions, we need sensible and pragmatic guidance.'

Nurse prescribing effective in achieving glycaemic and CV targets

A study presented as part of the Diabetes UK conference showed supplementary nurse prescribing reduced HbA_{1c}, decreased cholesterol and, in cases of uncontrolled hypertension, improved systolic blood pressure in people with diabetes using subcutaneous insulin infusion.

The study involved 66 participants who were assessed retrospectively from 12 months of secondary care data. Across the group, baseline HbA_{1c} averaged 7.7% and cholesterol 4.3 mmol/l. In the 49 individuals whose HbA_{1c} was above 7% and cholesterol over 4 mmol/l at baseline, mean reductions of 0.49% in HbA_{1c} and 0.5 mol/l in cholesterol were recorded. In 33 individuals with uncontrolled hypertension, systolic blood pressure improved from 144.6 mm/Hg to 131.9 mm/Hg.

These data build on existing evidence showing that targeting glycaemia and the effective control of blood pressure and dyslipidaemia can reduce morbidity and mortality in people with diabetes.

The authors conclude that nurse prescribing is effective in people who are established insulin pump users.

Diabetic neuropathy symposium

On the evening of March 14 the Boehringer Ingelheim and Eli Lilly satellite symposium *Neuropathic Pain: From Mechanisms to Medicine* was held at the conference venue.

The speakers examined the mechanisms of chronic pain, the advances in clinical treatments for painful diabetic neuropathy and how people with neuropathic pain feel physically and emotionally. The overall conclusion was that much more effective ways to treat neuropathic pain are needed.

Irene Tracey, Professor of Pain Research at the University of Oxford, outlined the pathways by which pain is experienced and the difficulties in targeting the central cause of the pain. 'We must have a multidimensional approach because it is a multidimensional experience,' she said.

Solomon Tesfaye, Consultant Physician/Endocrinologist at the Royal Hallamshire Hospital, Sheffield, discussed the advances in combination therapy that can be used to treat the pain.

In the final presentation, Edward Jude, Consultant Diabetologist at Tameside General Hospital, Manchester, reviewed some of the psychological issues that affect those with diabetic neuropathy and suggested that mental health was 40% lower in this group compared to the rest of the population. He said, 'We have to look at treating the pain effectively if we are to improve their quality of life.'

People with diabetes prefer a multidisciplinary team

A poster presentation reported that people with a long duration of diabetes have a strong preference for their ongoing management to be provided by the spectrum of healthcare professionals who constitute the multidisciplinary team working in a specialist centre.

A questionnaire was completed by 175 people. Examples of their preferences for healthcare professionals and locations were: doctor (specialist centre, 57%, joint 36%, community 5%) DSN (specialist centre, 51%, joint 21%, community 9%), dietitian (specialist centre 34%, joint 16%, community 11%).

Patient preference is increasingly promoted as central in healthcare planning and the authors concluded that these data contribute to knowledge of patient choice to support the shift of diabetes care from hospital settings to the community.

Social deprivation linked to poor psychosocial adjustment

Researchers interviewed people from a hospital diabetes service about their physical abilities, social support, diabetes knowledge and psychological adjustment to the diagnosis of type 2 diabetes. The results indicate that those living in the most deprived areas find it more difficult to adapt to the demands that diabetes places on them. Positive psychosocial adjustment to the diagnosis of type 2 diabetes is known to be a predictor of good management outcomes. These data can be used to design resources and information campaigns.

Telecare intervention for type 2

Telecare intervention by a DSN was found to have a positive impact on diet and activity levels in people with type 2 diabetes.

In order to promote self management in people with poorly controlled type 2 diabetes, telephone support was proactively given by DSNs over 6 months. The DSNs reported a positive change to their consultation style following the pilot: for example, they self-reported being more sensitive to people with diabetes' day-to-day needs.

Lack of consistent advice for drivers with diabetes

The authors of this study presented data describing whether advice given to drivers with insulin-controlled diabetes was consistent between healthcare professionals and care settings. They aimed to see if the current health care situation was the same as in 2000, when the results of a study were published showing that drivers were often given conflicting information about their fitness to drive.

Questionnaires were sent to consultant diabetologists, specialist registrars, GPSIs and hospital-based and community-based DSNs. Five case studies were outlined and the professionals were asked to comment on the advice that they would give the drivers.

A wide range of advice was given for all scenarios and in one there was a statistically significant difference between advice given from primary and secondary care ($P<0.005$).

The authors concluded that there continues to be a lack of consensus in the advice given to people with insulin-treated diabetes by different healthcare professionals and between advice given in primary and secondary care.

The Driving and Vehicles Licensing Authority stipulate that any driver with diabetes that is controlled by insulin must be able to recognise hypoglycaemia.

Specialist diabetes services cut

On the first day of the conference, the *Cuts in Diabetes Specialist Services* report was launched by Diabetes UK. The report comprises survey results from 162 DSNs across the UK.

More than one-quarter of the healthcare professionals surveyed reported cuts in the funding to their diabetes team in the past year, 18% said posts had been made redundant and 43% said that vacant posts were frozen.

The report shows a decrease in the time spent with patients. Over half of those surveyed said that they now spend less time with patients than before and there was an increased delay in seeing a DSN due to redeployment onto general wards.

One-third reported an increase in hospital admissions while a quarter said that emergency admissions had increased. These extra admissions could have been avoided if people had been able to see a member of the specialist diabetes team.

Of those who completed the questionnaire, 77% were based in England, 10% each in Northern Ireland and Scotland and 3% in Wales.

Retinopathy affects 1/3 of young people with type 1 diabetes

On the 15th March a survey was presented showing that one in three people with type 1 diabetes between 18 and 30 years of age already has retinopathy, with more than one in twenty suffering from an advanced stage of the disease.

The study of 103 individuals shows that those who had retinopathy were more likely to have a history of clinic appointment non-attendance than those who did not have retinopathy.

Despite government guidelines suggesting that young people with diabetes should be screened for retinopathy once every 12 months, recent statistics show that 26% of people aged 12–17 years with diabetes had not been screened.

Ritesh Rampure, the lead researcher on the study said, 'Retinopathy is a common complication in people with diabetes but seeing such widespread signs of the disease in such young adults is alarming... we need to address the issue of non-attendance to stop people from losing their sight needlessly.'