

# Meeting report

## 67th Scientific Sessions of the American Diabetes Association

22–26 June 2007, Chicago, US

### Improving communication for enhanced self management

On Friday 22 June, a symposium entitled *Enhancing Patient-Provider Communication for Self Management* was held in the Lakeside Centre, Chicago. The opening talk was given by Professor Suzanne Johnson, Department of Medical Humanities and Social Sciences, Florida State College of Medicine. In it, she criticised the use of HbA<sub>1c</sub> as a marker of treatment adherence in diabetes, instead advocating an annual adherence audit developed by behavioural scientists. Such an audit would incorporate an assessment of the individual's knowledge and skills, in addition to their daily disease management behaviour.

The Diabetes Personal Health Decisions tool (available at:

[www.diabetes.org/diabetesphd](http://www.diabetes.org/diabetesphd) [accessed 22.08.2007]) was reviewed by William Polonsky, President of the Behavioral Diabetes Institute and Associate Clinical Professor of Psychiatry at the University of San Diego. 'It can be a valuable tool for providers to use with patients as a means to talk about beliefs about diabetes and perceived risks,' he concluded.

Geoffrey Williams, Associate Professor of Medicine; Clinical and Social Sciences in Psychology; and Psychiatry at the University of Rochester, New York, closed the session by advising that people with diabetes are: '...fully engaged and willing to adhere to recommended treatments to improve their quality of life.'

### Cardiac in-patients with diabetes lacking nutrition knowledge

Of 47 consecutive people with diabetes admitted to a hospital cardiac unit, 45% reported that they had received no nutrition advice in the past 5 years. In contrast, 30% had been given nutrition information from a registered dietitian within the past year. The three most common sources for diabetes nutrition information were a dietitian, the

media and physicians.

This study found no significant correlation between time since last session of medical nutrition advice and the type of meal plan followed at home by the participants.

The authors hypothesised that hospitalisation may provide an opportunity for nutrition education.

### Patient-driven insulin titration gives effective dose adjustment

Individuals with type 2 diabetes are able to adjust their own dosage of insulin detemir (Levemir, Novo Nordisk, Crawley) and achieve improvements in blood glucose control that are comparable to doses adjusted by a care physician. These are the key findings from analysis of new data from a 6-month study involving 5604 individuals with type 2 diabetes predominantly treated with once-daily insulin detemir either as an add-on to other glucose-lowering regimens or as a replacement for previous basal insulin.

Participants were randomised

by study site to either adjust their insulin dose every 3 days according to the average of three consecutive self-measured FPG levels, or to have their insulin dose adjusted by a physician working to local care guidelines.

Average HbA<sub>1c</sub> decreased from 8.5% at baseline to 7.9% at 26 weeks for those who self-adjusted, compared with 8.5% to 8.0% for those whose dose was physician adjusted. This difference in HbA<sub>1c</sub> decrease was significant ( $P=0.001$ ).

At 26 weeks, rates of hypoglycaemic events were the same for both groups: 0.28 per individual per month.

### Inaccurate carbohydrate counting in type 1 diabetes

A poster published at the 67th Scientific Sessions of the ADA showed that among 37 people using insulin pump therapy to control type 1 diabetes, there was a mean two-way error of 32g or 13.7% per day.

The participants all had HbA<sub>1c</sub> <8.0%, attended their diabetes clinic appointments regularly and had attended a 4-hour course in carbohydrate counting.

The study was carried out by means of a 1-page questionnaire

listing 4–5 foods for each meal. In total, there were 13 foods for which participants were asked to identify the total number of grams of carbohydrate a portion would contain.

A desire to avoid hypoglycaemia was cited by the authors as a reason why such errors occur in a population considered knowledgeable about the principles of basal-bolus dosing. Further large-scale investigation is needed to assess errors in carbohydrate counting.

## Nurse management of foot complications reduces lesions

Data from 40 cases show that a nurse-led intervention can decrease the occurrence of foot lesions by 35%.

Participants were assigned to one of two groups. The first received foot inspections and education on diabetic foot issues every 3 months from nurses

in primary care and referred to their primary care manager if further care was needed. In the second group, nurses saw individuals every 2 or 3 months (depending on risk) and received education, off-loading, nail and callus reduction and minor wound care.

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## Non-prescription medication use prevalent in people with T2D

A survey into non-prescription medication use among 140 people with diabetes (50% type 2 diabetes) found supplemental medications were used by 52% of the survey population. Of those who used non-prescription products, the

average prescription pill burden was 8.3 (range 1–18) per day, compared with the overall average of 7.3 (SD: 4.5)

Whether or not any of the supplemental therapies could negatively impact on diabetes control was not investigated.