



Maureen Wallymahmed,
Nurse Consultant,
Liverpool

Do 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.

Statin use in young people

Q I work in a young persons' clinic and recently there has been an increase in the number of prescriptions for statins. Does anyone have any evidence-based guidelines for statin therapy in young people with diabetes?

Margaret Daley,
DSN, Aintree

OHAs in pregnancy

Q I am a practice nurse and was wondering how soon I should be referring women with diabetes who are pregnant or who plan to become pregnant. What should be done if they are on OHAs, statins or other agents, and when should medication be stopped, if at all?

Name and address withheld

A All women of childbearing age (starting at adolescence) should be informed of the risks of an unplanned pregnancy. Women with diabetes planning to conceive should be offered pre-conception care and advice before discontinuing whatever contraception they are using as per the recently published NICE guidelines (NICE, 2008). Before, or as soon as, pregnancy is confirmed cease all OHAs except metformin. Statin therapy and ACE inhibitors should also be halted as suggested in the NICE 'guideline, particularly as there is evidence suggesting that there is an increased risk of foetal malformation in women who are taking ACE inhibitors and conceive (Cooper et al, 2006).

Anne Rayman
Diabetes Research Nurse, Ipswich

Cooper WO, Hernandez-Diaz S, Arbogast PG et al (2006) Major congenital malformations after first-trimester exposure to ACE inhibitors. *NEJM* 354: 2443–51

NICE (2008) *Diabetes in pregnancy: Management of diabetes and its complications from pre-conception to the postnatal period*. NICE, London

Education for housebound individuals

Q We are looking at developing diabetes education for our increasing housebound population with diabetes, and are interested to know how and what education is provided in other areas of the country.

Trish Noble,
DSN, Liverpool PCT

A At Wandsworth PCT we have a 'Housebound Pack'. This was developed by a subgroup of our local network group – the WIG (Wandsworth Implementation Group). A number of healthcare professionals from various disciplines developed this pack with, and for, the district nurses. The pack is held at district nursing centres so it can be referred to by any member of the team. The pack can be downloaded from our website http://thewig.eu/pageID_3486388.html.

Jo Butler
Nurse Consultant, London

Residential homes

Q Around 10% of the population of residential care homes have diabetes. How should we effectively monitor these individuals given that the staff in residential homes are mainly unqualified or untrained in diabetes care? Does anybody have any ideas or schemes that have worked?

Name and address withheld

Any answers?

Please send any responses to the above or any questions you may have to:

Maureen Wallymahmed, NOTICEBOARD,
SB Communications Group, 3.05 Enterprise House,
1–2 Hatfields, London, SE1 9PG

Tel: 020 7627 1510

Fax: 020 7627 1570

Email: noticeboard@sbcommunicationsgroup.com