

# DSN Forum newsletter – October 2019

Welcome to the Journal's very first DSN Forum newsletter! The DSN Forum team are hugely excited to be working in collaboration with the *Journal of Diabetes Nursing* to bring you all the latest DSN news from around the UK, on a monthly basis. We hope to continue to share the amazing work that DSNs are doing around the UK as well as highlight issues that our workforce is facing.

We were keen to work with the Journal as we believe it's great for DSNs to keep up to date with all the latest news in diabetes. You can access all the articles completely free of charge, as well as other content in its sister journals and a host of CPD modules. Regular content updates are sent via email – anyone who is not already on the mailing list can sign up by emailing [jdn@omniamed.com](mailto:jdn@omniamed.com). You will also continue to get emails from the DSN Forum if you have subscribed to our newsletter.

## The EASD meeting

I was lucky enough recently to attend the European Association for the Study of Diabetes (EASD) conference, which was held in Barcelona in September. It was a great week and I had the pleasure to go along with some amazing DSNs who I really look up to – Su Down, Jane Diggle, Chris Cottrell-Morgan, Aga Graja and Sian Bodman to name but a few! We had a great week of learning and networking, and we walked miles – this was often because we got lost, but we reached our 10 000 steps target every day! I regretfully missed meeting up with so many great people from our community because it's such a busy few days.

The event started on Tuesday September 17<sup>th</sup> and ran for 4 days. Thousands of leading research minds and healthcare professionals, including doctors, nurses, podiatrists, psychologists and more, as well as some famous faces who are living with diabetes, attended. It was great to see so many people come together for the same passion. There is so much

going on over the four days and a lot of it is highly scientific, mind-boggling stuff, but here are some studies which piqued my interest as a DSN.

I particularly love all things technology-related in type 1 and 2 diabetes, so I tried to attend most of the tech talks that I could. The various ones I went to just piled more evidence to the case that technology is beneficial in type 1 and type 2 diabetes. I particularly liked the real-world [COMISAIR study](#) which, so far, is the longest continuous glucose monitoring (CGM) study that's been done. The results showed that no matter what method of insulin delivery you use – multiple daily injections or a pump – it's the use of flash or CGM that makes the difference to those living with diabetes. I did tweet about this and it got a significant level of debate from members of the Twitter community!

We also all got a sneak peek at the FreeStyle Libre 2 and NovoPen 6 – they look very exciting and I can't wait to get them over here – I did beg the manufacturers for dates but still no news on this yet.

For the paediatric DSNs amongst us, some interesting research suggested that the gluten intake of toddlers was shown to raise type 1 diabetes risk. I was shocked to see that each 10 g of gluten consumed by a toddler per day raised the risk by 46%. However, no link was found between the mother's intake of gluten during pregnancy and type 1 diabetes in her child. The results were based on 86 306 children born from 1999 to 2009.

I also went to a really interesting talk about the early signs of adulthood type 2 diabetes. Researchers have now found that these can be seen in children as young as 8 years old, decades before the condition is likely to be diagnosed. Another really interesting talk about beta-cell functioning showed that there is very little we can do for these children by way of medication, and they will most likely end up on insulin with high levels of resistance.

An exciting piece of news told us that the diabetes incidence has either remained stable or



**Beth Kelly**

Community Diabetes Specialist Nurse at Southampton City – Solent NHS Trust.  
[@SotonDSN](#)

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declined in the majority of the world since 2006. During these recent years, only 33% of the world had rising rates of new diabetes cases, mainly in the Middle East and south Asia. But this came after a steep increase from 1990 to 2005, when 66% of the world's populations saw increases in diabetes incidence. This hopefully shows that our hard work about raising awareness of diabetes is paying off.

I also went to a really interesting lecture about "imeglimin", a potential new drug class of insulin sensitisers that work on the mitochondria. Some were branding it already as the new pioglitazone. It seemed to have a similar molecular structure to metformin, and we will wait to see what happens from this. It is currently undergoing phase 3 trials so I am sure we will be hearing more on this soon.

The CONCLUDE study filled the room with people keen to hear about the head-to-head differences between Toujeo (insulin glargine 300 units/mL) and Tresiba (insulin degludec 200 units/mL). It would seem there was not a lot of difference between the two. Tresiba showed a very slightly better HbA<sub>1c</sub> at the end of its use, with a difference of 0.1%, and overall less insulin was required; however, Toujeo had less weight gain. DSNs were keen to point out quality of life as some teams stated that the flexibility of Tresiba is slightly better too. However, Toujeo is supported by a coach programme. There was lots of discussion in the room about the design of the study as the blood glucose meter used was shown to be inaccurate – this, however, was amended. The authors concluded in the end that no primary outcomes were met in the study. Nonetheless, it was really interesting to hear about.

There was a lot of talk about the daily oral version of the glucagon-like peptide-1 analogue semaglutide, which is going to be known as

Rybelsus. The PIONEER study had some good data, but the instructions on taking the drug seem very complicated, and a lot of people felt that these would outweigh the benefit of a once-weekly injection. It is going to be a good option for people who cannot use the injectable version, though. Again, we will wait to see this and to find out how we will be using it in practice.

There were so many fantastic studies, research and take-home messages, but the one thing that really sticks in my mind is just how diabetes is constantly changing and evolving. This is so important and can only ever improve how we are helping those inspirational people who are living with it every day.

### New hypertension guideline

NICE recently released an updated [Hypertension in adults: diagnosis and management](#) guideline, which aims to reduce the risk of cardiovascular problems such as heart attacks and strokes. This guideline includes new and updated recommendations on monitoring treatment and blood pressure targets in those with type 2 diabetes, which we all know is of huge importance. So be sure to check it out, along with [Nicola Milne's in-depth guide](#) to what's new in the document.

### NaDIA and Hypo Awareness Week

Well done to our inpatient colleagues for working so hard the past few weeks on their NaDIA audits. And no sooner had that come to a close for another year than Hypoglycaemia Awareness Week hit us! We love seeing all the wacky ideas everyone has, and the work that goes into this by DSNs across the UK is huge. It's also something we all embrace over and above our normal work, so well done to everyone who has given something to this Awareness Week – every little counts! ■