

World Diabetes Day 2008: A challenge to paediatric DSNs



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I challenge you all to join in World Diabetes Day on 14 November 2008 by running local diabetes awareness campaigns. In doing so you and your teams can help fulfil some of *your* requirements to meet national standards (Department of Health, 2001). The World Diabetes Day website (www.worlddiabetesday.org) contains some valuable, downloadable, resources and ideas about symptom awareness campaigns, which can be adapted for local use.

Globally, 70 000 children are estimated to develop diabetes each year, which amounts to 200 per day with type 1 diabetes; the prevalence of the condition is growing at a rate of 3% per year in all children and 5% among pre-school children (International Diabetes Federation [IDF], 2007). November 14 marks the birthday of Frederick Banting, who, along with Charles Best, is credited with the discovery of insulin in 1921. The theme for World Diabetes Day in 2007 and 2008 is "Diabetes in Children and Adolescents". The IDF's 2-year focus aims to increase awareness of key issues among parents and caregivers, teachers, healthcare professionals, politicians and the public. Some of the key messages are outlined in *Box 1*. I believe the following is very pertinent:

"Every parent, school teacher, school nurse, doctor and anyone involved in the care of children should be familiar with the warning signs and alert to the diabetes threat."

Many of these messages apply just as much in the UK as they do across the globe, and we have many key documents and guidelines which provide us with a framework for delivery of care.

The problems with guidelines is that they are just that: a set of guidelines. NICE suggests that good clinical guidelines aim to improve the standard of clinical care, as they are based on the best available evidence (www.nice.org.uk/aboutnice/whatwedo/what_we_do.jsp). Unfortunately, some of the evidence available within paediatric practice is not so-called "grade A evidence", therefore, in my experience, many of our consultant colleagues use this as a reason not

to change their practice. As nurses, we may have to challenge this way of thinking, as national guidelines adopted by our colleagues will then become the recognised standard of care that we should all be offering. Under the Bolam test (used to determine medical negligence) we could then be measured against that standard. If, as a team, you decide not to, or feel unable to, implement a guideline then this should be agreed via governance structures in your hospital or PCT.

In this issue of the supplement, Lorraine Shaw reviews the latest guidance from NICE on type 2 diabetes (National Collaborating Centre for Chronic Conditions, 2008) and its implications for paediatric diabetes care. The problems that many of us face are the small number of young people within the population with type 2 diabetes, and drug licensing issues for this group. Our care and actions will affect the outcomes for these young people, and with many of us with little experience in this field, we should ensure we are following the available national guidance.

Unlike health, education has legislation, rather than guidance, surrounding special educational needs and disability. Yet, teams still report difficulties in implementing national guidance for more intensive insulin regimens – often citing this to be due to difficulties with schools (Diabetes UK, 2007). September was a particularly busy month for our team. We have performed over 20 school visits to provide education for staff to support children living with diabetes and intensified insulin regimens. Schools will assist if we provide the support and training required. ■

Box 1. Some key messages of World Diabetes Day.
(Available at: www.worlddiabetesday.org).

- No child should die due to diabetes.
- More than 200 children develop type 1 diabetes every day.
- Care for children is best when a multidisciplinary approach is adopted.
- Diabetes hits the poorest hardest.
- A child's access to appropriate medication and care should be a right, not a privilege.
- Over 50% of type 2 diabetes can be prevented.
- All diabetes is on the rise in children.
- Children die because their families cannot afford the medication they need.

Department of Health (2001) *National Service Framework for Diabetes: Standards*. Department of Health, London

Diabetes UK (2007) *Living with diabetes at school campaign*. Available from: http://www.diabetes.org.uk/Get_involved/Campaigning/New_campaigns/Living-with-diabetes-at-school/ (accessed 04.10.08)

International Diabetes Federation (2007) *World diabetes day campaign*. Available from: <http://www.worlddiabetesday.org/node/43> (accessed 04.10.08)

National Collaborating Centre for Chronic Conditions (2008) *Type 2 diabetes: National clinical guideline for management in primary and secondary care (update)*. Royal College of Physicians London.

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