



The diabetes image: personal, professional, political, societal

Highlights of the 12th Annual Conference of the Federation of European Nurses in Diabetes (FEND) 14–15 September 2007, Amsterdam, The Netherlands

The diabetes image: personal, professional, political, societal was the theme of the 12th annual FEND conference. By offering participants a varied programme of lectures, oral presentations, masterclasses, posters and an exhibition, all views on the diabetes image were well resonated. This report features highlights of the conference, both for those who attended and for those who could not participate.

Prevention

By presenting unequivocal facts, Robert Heine classified the diabetes epidemic in The Netherlands – which is illustrative of similar situations in many other countries – as alarming. Three opportunities for coping with this burden on society and medicine (termed ‘diabesity’) were addressed: aggressive therapy, early diagnosis, and prevention. Most attention was paid to prevention in terms of lifestyle adjustments, since Professor Heine expected most benefits to come from such changes. However, many challenges remain unfulfilled, such as acknowledging obesity as a public health issue and, rather than blaming individuals, improving and redesigning their living environment.

The IMAGE project, presented by Peter Schwarz, is an interesting example of such a prevention strategy. This project aims to improve the ability to prevent this disease in Europe by developing multidisciplinary guidelines on diabetes

prevention. Such guidelines are regarded conditional for prevention, and consist of three steps: detection of increased risk for diabetes, timely initiation of effective interventions, and continuation and quality control. Nurses are regarded as most competent to take on the new role of prevention managers.

Competencies of nurses in diabetes (1)

Nurses’ competencies in diabetes were well illustrated. Molly Courtenay reported a reduction in prescribing errors made by Diabetes Specialist Nurses in the UK. A study by Prof Nermin Olgun and colleagues found that complementary alternative medicine is frequently used in children with type 1 diabetes in eastern Turkey. She explained what these findings mean for Turkey and highlighted the cultural dimensions in diabetes treatment that need to be taken into account by nurses.

The structural assessment of psychological issues was considered helpful in providing hospitalised patients with appropriate care in Zagreb, explained Dr Garcina, and may give direction to educational interventions. In this respect, Birtha Hansen reported the additional value of a multidisciplinary group-education programme for out-patients with type 2 diabetes in Aarhus, Denmark. Good results were found for programmes based on the empowerment philosophy and patient-centred

education.

Barbel Aschemeier and Thomas Danne illustrated the value of an interdisciplinary approach when caring for children and adolescents with diabetes, also highlighting the need for preventive actions to fight the diabetes burden. In doing so, they advocated the use of tailored interventions that take account of age differences, levels of comprehension and education, and language and cultural needs. The Health Box, an intervention as part of the Sweet project – a collaboration with FEND, illustrates the feasibility of such interventions.

Diabetes management

Gillian Hawthorne described the need to integrate effective components of diabetes care, illustrating this with current policies in the UK (i.e. National Service Framework for diabetes, NICE guidelines, and new contracts for health professionals to promote service redesign around patients’ needs). Following international developments on chronic care delivery, it was hypothesized that the quality of diabetes care could be improved by integrating primary care with community care and specialised care. In doing so, an important contribution was mentioned for nurse-led clinics in community care, in addition to the work of nurses in primary and specialised care.

An important aspect of specialised care was again highlighted by Colin McIntosh, who described



United Nations Resolution on Diabetes

Doing nothing was no longer an option, following Sir Michael Hurst's presentation on the need to stop the growing diabetes epidemic. The United Nations (UN) Resolution on diabetes focuses world attention on taking urgent action. Notwithstanding the importance of this Resolution, Sir Hurst pointed out the challenges of implementing it, acquiring the necessary funding, and spreading best practice. He also remembered the significant contribution of Anne-Marie Felton, President of FEND, to secure the Resolution. She pointed out the designation of the IDF World Diabetes Day (November 14th) as a UN day that will be observed annually, from 2007 onwards. Mrs Felton reminded delegates of the challenge of the UN, to mark the monumental occasion of the first World Diabetes Day. She urged all conference delegates to light landmark monuments in the colour of the Unite for Diabetes logo and, if possible, beam the World Diabetes Day or Unite for Diabetes logos onto a landmark or landmark buildings.

detection and prevention as key activities in improving diabetes care. Stemming from data from the Chelsea and Westminster Hospital in London, the timing of a hospital admission was found to offer a unique opportunity to diagnose diabetes, and subsequently to direct appropriate educational programmes to newly diagnosed patients. Oliver Schnell pointed out the importance of blood glucose self-monitoring as one of the pillars of diabetes management, and thus the role of patients themselves. He stated that self-monitoring alone is not enough; it needs to make an impact on meals, physical activity and modifying medication to better control blood glucose and prevent complications. Educational programmes, which implicitly have important roles for diabetes nurses, are regarded as key to successful initiation of blood glucose self-monitoring.

Rory O'Connor addressed the responsibilities of pharmaceutical companies in improving diabetes management. He presented three concrete items: better facilitating patients by providing accurate information, stronger awareness of adequate policy changes to face the diabetes burden (e.g. access to effective medication), and finally

to lead by example or best-practice, as with the Way to Go initiative in Ireland.

Competencies of nurses in diabetes (2)

Many other presentations underlined the significant role of diabetes nurses. Jolanda Hensbergen stressed the importance of a shift from patient care to patient support, and its consequences for the role of the diabetes nurse. According to Ms Hensbergen, this implies making the patient responsible for his own diabetes management, creating a corresponding work setting and re-aligning other team members. This seems to be particularly important for nurses working with ethnic minorities, as pointed out by Nouha Saleh-Stattnin from Sweden. Currently, there appear to be almost no formally structured educational initiatives for diabetes nurses who are dealing with the needs of patients from other cultures.

Masterclasses highlighted the development of nurse competencies. Laserina O'Connor and Bert Vrijhoef provided participants with interactive tools, examples and hands-on materials to explain how to critique scientific literature. Richard Holt and John Pendlebury

addressed the importance of multiple diseases – mental illness and diabetes – and the consequences of addressing these appropriately in patients. Mirjam Hulsenboom and Lianne Daemen described how to motivate patients better in terms of behavioural changes, by interviewing them about their motivations.

Another often-neglected aspect of diabetes care was presented by Anneke Goedhart from The Netherlands. Sexual dysfunction is common among people with diabetes. However, its low recognition rate results in serious under-treatment, even though effective treatment exists. There is further room for improvement with regard to knowledge of hypoglycaemia treatment among ward-based nurses, explained Sheila Burmiston. Deirdre Kyne stressed the importance of psychological screening to identify those with anxiety and/or depression, so that structured education for adults with type 1 diabetes can be timed optimally. John Wilding reported on the frequency, cause-effect relationship, treatment and implications of obstructive sleep apnoea in patients with type 2 diabetes.

The 12th annual FEND conference in Amsterdam showed a diabetes image wherein prevention, patient centred care, the role of the diabetes nurse in relation to other team members and redesign of diabetes management are major issues of interest when discussing the diabetes burden. These conference findings should be taken into consideration when pursuing the UN Resolution on Diabetes.

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