



Reality check-up



Taking into regard the current and predicted burden of diabetes on individuals and society, it seems reasonable that patient-centred and (cost-) effective diabetes care would be given a high priority in every European country. However, this is not the case, as indicated by the 2008 Euro Consumer Diabetes Index.¹ The 2008 Index compares the health systems of 29 European countries regarding their performance on diabetes care by looking at five sets of indicators, *ie* information and consumer rights, generosity, prevention, access to procedures, and outcomes.¹ Among many reality check-ups in the report, one should especially be of interest to the readers of *European Diabetes Nursing (EDN)*.

In the Index report it is assumed that good procedures directly depend on good access to high-quality professionals. By operationalising this indicator as 'are there diabetes nurse practitioners?' the index suffered from difficulties in collecting data. Moreover, the report mentions that health authorities are not always aware of what is what when talking about diabetes nurse practitioners, diabetes nurses and diabetes educators.¹

This should be your reality check-up! Knowing that the most effective way for health systems to address chronic diseases is through the implementation and action of multidisciplinary teams,² it is essential to establish the competencies necessary for addressing the needs of patients. For patients, authorities and other stakeholders, what diabetes nurses, diabetes nurse practitioners, diabetes educators and other members of the team have to offer needs to be unambiguous. By sharing information on primarily the contribution of nurses to diabetes care, *EDN* aims to contribute to this process.

The following original articles all report on interventions wherein the diabetes nurse plays a key role. Annersten Gershtater *et al.* explored patient satisfaction with a new insulin treatment – insulin glargine – and the indications used for prescribing by means of collecting data from an extensive patient sample.³ The experiences of older patients who have lived with type 2 diabetes for approximately 20 years were researched by Hood *et al.* and reveal some 'pearls of wisdom'.⁴ Leger *et al.* describe the experiences of alcohol drinking among youths with type 1 diabetes and identify some serious reality check-ups for youths, parents and caregivers.⁵

One topic of more general interest in diabetes care is addressed in the Talking Point by Nesbeth *et al.* This article discusses the barriers to good glycaemic control in

type 2 diabetes and how to break them down.⁶ Another topic of general interest is the report by Ovink on the highlights from the 2nd International Congress on Therapeutic Patient Education (TPE), which took place last November in Budapest.⁷ With around 600 participants from 53 countries, TPE has already established itself as a unique meeting place for all those interested in, and involved in, patient education. In News from FEND⁸ and Eurowatch,⁹ Deirdre Kyne-Grzebalski and John Bowis, respectively, once again clearly draw for us the bigger picture of diabetes care in Europe.

Finally, and returning to what this editorial is all about (your reality check-up), this issue also provides an update on the Study of European Nurses in Diabetes (SEND).¹⁰ SEND is a joint initiative by the Federation of European Nurses in Diabetes (FEND) and the University of Maastricht to compare the role of nurses in diabetes among eight European countries. It is very likely that many of you will be invited to participate in this study. As such, you will be offered another means of revealing what health authorities are not aware of. Of course, *EDN* will keep offering you such a stage.

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