

# 'The Diabetes Epidemic: the Challenge for Europe'

## Highlights from the 15th Annual Conference of the Foundation of European Nurses in Diabetes (FEND), 19–20 September 2010, Stockholm, Sweden

The colourful and historical city of Stockholm hosted the 15th FEND Annual Conference in 2010 - an international gathering of nurses committed to people with diabetes and those at risk of developing the condition. Delegates representing 32 countries marked the opening of the conference by the Chair, Kyne-Grzebalski, President, Anne-Marie Felton, who both re-affirmed the main aims of FEND. FEND continues to work towards the promotion of equity in diabetes care; the enhancement of the professional role of the diabetes nurse; to be influential in European health care policy; and to collaborate internationally with likeminded organisations. In particular, FEND's role in raising political recognition of the diabetes pandemic, in being committed to diabetes nursing through the appointment of the FEND Chair, and in collaborating with other key pan-European organisations such as EURADIA and IDF Europe were all cited in the opening address.

## An overview of diabetes in Sweden: the nursing perspective

The President of the Swedish Association of Diabetes Specialist Nurses (SFSD) began the conference with a nursing perspective. There are 1300 members of SFSD although the total number of diabetes specialist nurses (DSNs) in Sweden, as in many other countries, is unknown. The role of the diabetes nurse in Sweden is well developed with patient education being of

primary importance. DSNs have also contributed to, and maintain, a diabetes register which currently has data on 263 000 patients, estimated to be approximately 70% of all people with diabetes in Sweden. Nurses also work within a framework of diabetes guidelines set down by the National Board of Health in 2010 and which include recommendations for preventing diabetes, screening, lifestyle advice, and the management of both type 1 and type 2 diabetes (T1DM and T2DM).

### Croatian model: ethics or enterprise

Professor Metelko presented a historical perspective to diabetes health care management in Croatia which could be traced back to general government principles set in the 1970s. Since these early guidelines, Croatia has developed a sophisticated mechanism for diabetes management including, among other factors, professional education and the establishment of CroDiabNET, the national register for diabetes patients. The Croatian model proposed was described as having an ethical basis and grounded within an environment of team working, networking and moral perspicacity which may be eroded if private health care systems are introduced.

#### **Prevention of diabetes**

Two keynote presentations reflected the theme of the conference with regard to challenges in preventing or halting the diabetes epidemic. The first of these presentations introduced the growing understanding that we may be able to prevent T1DM in the future. Dr Nicky Leech, UK Consultant in Diabetes, gave an overview of the potential to identify people at risk of developing T1DM and possible vaccination for those at risk in the future. Past treatments to prevent total beta cell destruction had not been successful due to many side effects but scientific progress was now being made with a number of agents including monoclonal therapy, so that the dream of a cure, and at least prevention of T1DM, may be on the horizon.

Prevention of T2DM was the main message of a following presentation by Professor Peter Schwartz, Germany, and a member of the Management Steering Committee for the study IMAGE. IMAGE stands for 'Development and Implementation of a European Guideline and Training Standards for Diabetes Prevention'. The general objective of this project is to improve the ability to prevent diabetes in Europe. The findings of the project advocate the need for prevention managers who will put into practice feasible cost-effective programmes for the detection of people at increased risk of developing diabetes. Such people will be offered timely intervention to prevent diabetes but this must be followed by sustained intervention for ultimate behaviour change. Processes need to be continually evaluated and a quality management system needs to be included if such a prevention strategy is to be successful.



#### Prevention of diabetes complications

Two further keynote presentations highlighted the continuing complications of diabetes - cardiovascular disease (CVD) and depression. Professor Paul Valensi, France, postulated that CVD is a key challenge in the management of diabetes and needs to be given a primary focus by all diabetes educators. The need for intensive blood glucose control as soon after diabetes diagnosis as possible was now a well known finding from UKPDS and DCCT studies in preventing CV events. However, reducing  $\mathrm{HbA_{1c}}$  levels under 7% (53mmol/mol) did not provide substantial benefits for those who already had established CVD. Clearly, a multi-factorial application is needed in such patients such as blood pressure and lipid control. This intensive management leads to further risk reduction but there are still some patients who would benefit from an even more intensive management. Other risk factors would include duration of diabetes, albuminuria, peripheral artery disease and retinopathy. The higher risk of CVD in some patients may also be detected by measuring artery stiffness or detecting silent ischaemia by ECG.

Professor Richard Holt, UK, also presented on an emerging body of evidence that treating depression in people with diabetes has added benefits in addition to improved mental well being. Treatments for depressed people with diabetes include cognitive behaviour therapy as well as other psychological interventions and pharmacotherapy. Such treatments also led to improved glycaemic control and better self-care which in turn reduced the risk of developing related complications. Future problems highlighted were the inadequate provision of psychologists in diabetes teams, and lack of screening. The DSN has a key role in

ensuring that depression was not the forgotten complication of diabetes.

The conference first day concluded with two final important presentations which clearly demonstrated the FEND commitment to collaborative partnerships and investment in the future of diabetes nursing in Europe. Sarah Hills, Executive Director of EURADIA, informed delegates on the progress of DIAMAP. The aim of DIAMAP was to chart the future of diabetes research in Europe for the benefit of people with diabetes, and to identify research priorities and investment for the next 10 years and beyond. The project involved a mapping of current and new research trajectories by a multidisciplinary team of experts who debated any roadblocks that might halt research in a particular field and how to overcome these. DIAMAP recommended researchers - both clinical and scientific - need to work and form partnerships with academia, the private sector, industry and people with diabetes if the project is to be successful. Constant monitoring of research progress was needed to maintain the original goals of DIAMAP and maximise the original financial and expert time investment. Investment in the future was also part of the theme of the new chair in diabetes nursing who ended the first day of the conference.

### Progressing diabetes nursing in Europe: the next steps

Professor Angus Forbes, UK, proposed in his inaugural address that the key challenges for DSNs in Europe were in building and expanding upon evidence-based models of care which could address the increasing diabetes pandemic. He especially cited the need to promote patient self-care and education. Integration of both clinical

and psychological interventions was also proposed, together with structural change in models of care delivery such as informatics and e-Health. The full address has relevance for all DSNs globally and is provided on page 8 of this edition.

#### Strategic partnerships and new therapeutics

Day two of the conference commenced with a view to diabetes in the future. If we are to rise to the challenge of increasing numbers of people with diabetes, then we need to be armed with improved treatments and education. Professor Trish Dunning, Australia, presented an overview of progress made in diabetes education. The collaboration between the International Diabetes Federation (IDF) and the Consultation Section on Diabetes Education (DECS) has led to the successful production of education modules used universally by health professionals, some in countries where diabetes education is still emerging or not fully developed. The historical development of this partnership was reviewed, and plans for future and renewed collaboration were discussed to address the growing global diabetes crisis and the part to be played by education in the future.

The future for diabetes was also presented in terms of new therapeutics by Professor John Nolan, Ireland. It was important to realise that progress had been achieved with the introduction of new therapies such as new insulins and incretins, but also to use such therapies within new approaches to clinical care. Although we may be clinically overwhelmed by the extent of the 'diabesity' epidemic, the message in this presentation was that the goal of care still needed to be individualised, and one which addressed quality of life as well as risk of complications.



#### Future challenges: CVD prevention and diabetes in childhood

The final two presentations continued the conference theme with two challenges – how to prevent CVD by Dr Christina Jarnert, Sweden, and the early identification of children and younger adults at risk of developing diabetes by Dr Alison Jeffery.

In reviewing the evidence, the importance of sustained intervention in patients who are at high risk of CVD was advocated. It was necessary to have a treatment plan which included not only pharmacological and possibly invasive treatments but also interventions such as exercise, lifestyle education and smoking cessation. To achieve this, a multidisciplinary team working together was proposed as essential.

Planning for future trends – the EarlyBird study – included mapping multifaceted factors which might contribute to increasing metabolic risk in children. This has been achieved by studying a group of healthy children and their parents bi-annually throughout school age. This cohort provided a powerful insight into insulin secretion trends which could lead to early identification of diabetes and possible interventions.

#### The UN Summit on NCDs: a turning point for diabetes

President Anne-Marie Felton presented details of the UN Summit on non-communicable diseases (NCDs) which will take place in September 2011 in New York, although the format is still to be decided. Deaths from NCDs continue to rise and currently account for 60% of all deaths globally. Traditionally, infectious diseases have been given a priority in terms of resource, but now it is time to focus on NCDs of which diabetes is a major part. To this end, in January 2009 the IDF formed the

NCD Federation Alliance and to date has 880 national associations within its membership. The goals of the NCD Alliance demand: a UN Summit on NCDs; links with Millennium Development Goals (MDGs); access to affordable, quality medicines for NCDs; and the integration of NCDs into health care systems, especially at a primary care level. The UN Summit will now take place and the IDF, representing diabetes, has a programme of work in preparation for this. The IDF will: lead global advocacy for diabetes; produce diabetes evidence and analysis; promote best practice and workable solutions; mobilise our members at national and regional levels; and build strategic alliances for diabetes.

FEND members were told by their President that 'it is time to share the territory' although the IDF will ensure diabetes is prominent within NCDs and broader global health policy. The IDF Diabetes Programme for the UN Summit on NCDs is already underway with an expert meeting to deliver a global diabetes plan and global diabetes model which took place on 9-12 September 2010 in Brussels. FEND has made important contributions both financially and politically during the Unite for Diabetes (2006) campaign and will continue to do so as we move towards the Summit; members were encouraged to mobilise and find out the status of their member states.

The President suggested to FEND members that this was an exciting time to be working together in the field of diabetes, changing the face of health care within the context of chronic disease, and shifting the paradigm from acute to chronic conditions. The UN Summit on NCDs is an opportunity for all members to be politically active.

#### Oral presentations and master classes

Every FEND conference is dedicated to the professional advancement of the DSN and this year was no exception to that main aim with a wealth of oral presentations from six countries.

Research studies presented included: how nurses can optimise diabetes management in patients with chronic renal failure, and how to improve insulin administration through the use of text messaging. Nurses also are increasingly involved in psychosocial issues such as fear of hypoglycaemia, oral medication adherence, and patient self-management. Instruments to evaluate the effectiveness of patient education and releasing knowledge in patient empowerment were also presented.

The winner of the FEND abstract award was Anne Haugstvedt for her use of a hypoglycaemia fear survey, and Mette Due-Christensen was awarded the Diabetes Education Study Group award with her abstract entitled 'We are not alone in this' – patients and relatives sharing experiences.

Honorary FEND membership was conferred to Professor Regina Wredling and Deirdre Cregan – both FEND co-founders.

All members were thanked for their contribution in organising another successful event and grateful thanks were given to all conference speakers and industry sponsors.

Attendance at this conference remains a priority for diabetes nurses everywhere, and all of the FEND committee look forward to welcoming members old and new at the next conference in Lisbon, Portugal, on 9 and 10 September 2011.

#### Gillian Hood

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