



FEND Conference 2011

Highlights from the 16th annual conference of the Foundation of European Nurses in Diabetes (FEND), 9–10 September 2011, Lisbon, Portugal

The opening address given by the Chairperson, Deirdre Kynne-Grzebalski, welcomed those present to a programme representing a cross-section of diabetes topics and speakers. The President of FEND, Anne-Marie Felton, emphasised the role of diabetes nursing as not solely clinical and research but also having an advocacy responsibility for all people living with diabetes.

An overview of diabetes and diabetes nursing in Portugal

The co-ordinator of the Portuguese Diabetes Association, Dr Boavida, gave a review of the impact diabetes has on the Portuguese population. He also outlined the National Diabetes Prevention programme which began in 2008 and which is aiming to reduce the incidence of diabetes in the Portuguese population. According to Lurdes Serrabulho, diabetes nursing in Portugal was recognised in the 1970s; however, a dedicated course for this specialty did not commence until more than two decades later. Patient education has been a focal aspect of care in Portugal with the world's first Diabetes Association being established in Lisbon in 1929 under the guidance of Dr Ernesto Roma.

Diabetes care in the ICU setting

The Leuven model of diabetes care in the ICU setting was presented by Koen Vanhosebrouck. This model was the basis of the first randomised controlled trial on the management of glycaemia in the intensive care setting and confirmed the positive impact of maintaining near normal blood glucose levels on mortality and morbidity. While other studies

have argued against tight glycaemic control in this patient cohort, fundamental differences were identified in these studies, such as technology and education of staff.

Diabetes and sport and exercise

Dr Peter Adolfsson from Sweden presented on the effects and benefits of exercise in people with diabetes. In general, people living with diabetes tend to be less active than their non-diabetes counterparts. It is thought that fear of hypoglycaemia is a contributing factor. While glucose values are dependent on the intensity and the duration of the exercise, several other factors come into play such as the person's insulin sensitivity and dietary intake prior to, during and after the exercise. He explained the complex hormonal adaptation that occurs during exercise. The use of technology such as insulin pumps and glucose sensors have a place; however, when used he encouraged the trends to be analysed and the patients to be coached in the interpretation.

Education for diabetes nurses: the FEND ENDCUP model

Prof Angus Forbes gave his overview of training of diabetes nurse specialists utilising the FEND ENDCUP model. He acknowledged that the training of diabetes health care professionals (HCPs) is variable across Europe; however, some fundamental aspects should be universal such as analysing the learning in order to achieve clinical competence and clinical performance. The FEND ENDCUP model strives for not only clinical excellence but also education and research excellence.

Management of severe obesity

The management of severe obesity, which is at the extreme end of the spectrum of obesity, requires a dedicated multidisciplinary team approach. Dr O'Connell outlined the energy balance between food consumption and expenditure through movement or exercise. While addressing these patients' needs is multifactorial, she acknowledged that HCPs can be harsh and judgemental but this is often in proportion to their own lack of understanding about the disease.

Medication management in elderly patients

Prof Carl Johan Östgren from Sweden discussed the results of their review of medication management in elderly patients with tight glycaemic control living in nursing homes. He discussed the risks associated with nocturnal hypoglycaemia, particularly when the patient or their carers are unaware of the episode and cognitive impairment may be attributed to other causes. He outlined how they safely reduced or withdrew diabetes medications from this group. To conclude, he advocated the need for systematic reviews of drugs in patients with diabetes, with particular emphasis on those with tight glycaemic control.

HbA_{1c} as a diagnostic tool

Traditionally, diagnosis of diabetes is confirmed with the use of an oral glucose tolerance test. Prof Sally Marshall said that the use of HbA_{1c} as a diagnostic tool is recommended for those who are asymptomatic but at risk of diabetes. Within this patient cohort this test is cheaper and does not require the person to attend fasting. To confirm a diagnosis, two HbA_{1c}



measurements of $>48\text{mmol/mol}$ (6.5%) are required. If the HbA_{1c} is between 40 and 48mmol/mol (5.8–6.5%), the person should be offered lifestyle intervention with a repeat test in one year.

Metabolic syndrome management

The metabolic syndrome is a cluster of risk factors that include diabetes, obesity, dyslipidaemia and hypertension. These effects lead to interactions between the effects of insulin resistance in muscle and adipose tissue and the adverse impact of high insulin levels on some tissues. The cardiovascular risk factors require a multifaceted therapeutic approach to treatment. There are a multitude of medical treatments available to address the various elements of this syndrome, according to Prof Duvnjak from Croatia.

UN summit on NCD

A UN summit on non-communicable disease (NCD) was held on 19–20 September in New York. Anne-Marie Felton gave an overview of what was hoped to be achieved at this meeting and suggested this is a unique global opportunity to effect diabetes care for generations to come. She urged all present to engage with their national organisations and encourage political participation at national level.

Pre-pregnancy care

The second day began with a representation from Rita Forde on why women with diabetes should invest in planning for pregnancy. Despite an abundance of evidence supporting the importance of achieving good glycaemic control before conception, the fact remains that major congenital malformations are still the leading cause of serious mortality and morbidity in the infants of women with diabetes. An example of how this has been addressed in a dedicated pre-pregnancy clinic at the Mater Hospital in Dublin, Ireland, was given.

Insulin pump therapy and MDI

Henja Westerbeek outlined the value of having a specialised dietitian for the management of diabetes with continuous subcutaneous insulin pump therapy and multiple daily injection therapy. The benefits of education on carbohydrate counting and differentiation between food groups were highlighted, with particular reference to how this knowledge can inform people with diabetes on how to appropriately self-adjust their prandial insulin doses.

Master classes and posters

There were eight oral presentations of posters, representing seven countries and spanning all aspects of diabetes care and education in varied settings.

The master classes addressed two distinct aspects of diabetes care. A team from the Portuguese Diabetes Association, Lisbon, presented a model of Therapeutic Patient Education, based on the Calgary Model, Behaviour Change Model, and Motivational Interviewing and on their personal experience. Their model has six phases, namely: the encounter; knowing the other; building the relationship; mutual understanding; strategies for decision – negotiation; the separation – the end of the consultation.

The concurrent master class focused on hypoglycaemia and the development of a hypoglycaemia awareness toolkit. Dr Claus Juhl outlined the clinical symptoms and biochemical signalling involved in hypoglycaemia and the strategies used to educate people about hypoglycaemia. The benefits of insulin pumps and continuous glucose sensors were outlined and, finally, Dr Juhl discussed an innovative device that responds to the electrical activity in the brain; however, while this new device is an exciting prospect for those with frequent severe hypoglycaemia it is not readily available at the moment.

Inaugural FEND research network

The activity continued through lunchtime with the inaugural FEND research network group meeting under the leadership of Prof Angus Forbes. This group identified aims and research priorities that could be addressed in a collaborative manner.

Islets cell transplantation

Prof James Shaw, Newcastle, UK, talked about the benefits of islets cell transplantation as a clinically proven therapy for severe hypoglycaemia and outlined how the UK Islet Transplant Consortium functions. With collaboration between several centres across the UK, islet cells have been successfully transported between centres, manipulated *in vitro* prior to clinical transplantation for the treatment of severe debilitating hypoglycaemia. However, this treatment is in its infancy and further research is required before its widespread implementation for those with complex type 1 diabetes unresponsive to conventional medical management.

The final plenary, given by Dr Iselin of Switzerland, addressed the challenges of managing diabetes in an ageing European population. He encouraged all HCPs caring for older people with diabetes to be cognisant of their prior learning and life experiences, but also to be aware of potential cognitive deficits due to advancing years.

This successful conference concluded with the awards ceremony for the best poster presentation and the annual Diabetes Education Study Group awards. Following the closing address, the Chairperson announced the 17th Annual FEND conference in Berlin, 28–29 September 2012.

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