

FEND Conference 2012

Highlights from the 17th annual conference of the Foundation of European Nurses in Diabetes (FEND), 28–29 September 2012, Berlin, Germany.

Chairperson Deidre Kyne-Grzebalski opened the 17th annual FEND conference, emphasising the overarching objectives of the event: informing clinical practice, facilitating exchange of ideas and obtaining invaluable input from DSNs. Prof Andrew Boulton, President of EASD and EFSD, assured that the EASD recognises the central role of the DSN in the diabetes team, and their contribution to postgraduate education and advancing the role of the DSN in developing countries. The EASD's recent involvement in guideline development and the need for individualisation of therapies, and its current work championing the pressing requirement for better regulation for medical devices in Europe were also highlighted. Anne-Marie Felton, President of FEND, paid tribute to the late Dr Brigitter Osterbrink, celebrating her contribution to and leadership of diabetes nursing in Germany. The President also acknowledged Dr Simon Busuitti, who was recently awarded the MEP Europe of Health Award, for his significant contribution in championing the role of the DSN in Europe and keeping diabetes on the political agenda in the EU parliament.

Diabetes nursing in Germany

Elisabeth Schnellbacher, chairperson of the German Association of Diabetes Nurses (VDBD), gave an overview of the increasing prevalence of diabetes and the structure and organisation of diabetes care in Germany. Recent years have evidenced a shift to care provision

outside the acute hospital setting, reducing the distance between patients and the diabetes team. In contrast to other countries, diabetes educators in Germany do not require a nursing background. Most are employed in training and consultation, and their value in terms of clinical end-points, quality of life and health care costs has been supported empirically. Key challenges faced by the diabetes educators were highlighted, including the need to extend diabetes education to primary and secondary prevention given the benefit of screening and early identification, and the fundamental role of programmes to prevent diabetes by offering age-appropriate education to school children, their parents and their teachers. The VDBD is currently engaged in promoting these activities.

Keeping diabetes on the political agenda

The future of diabetes is crucially dependent on the governmental response to this epidemic. Anne-Marie Felton reflected on the findings from the 3rd edition of the biennial Policy Puzzle 'Is Europe Making Progress?', which reports on a survey of diabetes service provision now in each European country. The 2011 survey highlighted the increasing burden of diabetes, yet slow progress in terms of national diabetes plans albeit the existence of some political support from the EU for this. The key achievements of the European Coalition for Diabetes (ECD), a FEND collaboration with EURADIA, PCDE and IDF Europe, beyond the Policy Puzzle were highlighted: the re-launch of the EU Diabetes Working Group (EUDWG) mobilising strong political support towards an EU Diabetes Strategy and the joint motion with MEPs for a European Parliament

Resolution on Diabetes (March 2012). Key challenges include re-engaging with the process to ensure diabetes is still there, maintaining the advantages of having a parliamentary resolution and ensuring that this resonates with national government plans regarding diabetes, and keeping diabetes nursing research firmly on the research agenda. As a further means of securing government support, the Diabetes Atlas of Variation in Europe (DAVE), another FEND collaboration, is now intended to collate hard outcomes relating to the provision of diabetes services, extending beyond assessment of the existence and monitoring of national diabetes plans.

Primary prevention of diabetes

Diabetes prevention is a key challenge and one that the European IMAGE project has sought to address. Prof Peter Schwartz reported on this programme of translational research developing practice guidelines for diabetes prevention strategies, centred on the implementation of efficacious lifestyle oriented intervention trials as public health prevention programmes. The working group, comprising 100 experts, has derived practical relevant standards for diabetes prevention comprising evidence-based guidance, a prevention toolkit, guidance for evaluation and quality management of programmes, and a training curriculum for prevention managers with responsibility for programme implementation. The project is already a success having informed national guidelines in several countries. However, the ensuing challenge is the implementation of the guidelines into clinical practice, which will require policy support in developing

a framework for public health implementation. A second project, 'Manage-Care', is working towards achieving this translational objective, and a global survey, the 'Diabetes Index', is collating data on the quality of diabetes prevention to facilitate benchmarking and motivate politicians to act.

Personalisation in diabetes care

Guidelines are an essential component of clinical care, serving to educate clinicians and improve patient care and outcomes. Prof Stephen Colagiuri advocated that an emerging issue is how guidance can be tailored to the individual; targets must be personalised to take account of individual circumstances including age, duration of diabetes and comorbidities. Elderly patients present a particular problem; identification of a safe target for HbA_{1c} necessitates consideration of comorbidities yet, additionally, fragility and risk of hip fracture. Guidelines are also lacking in consideration of non-clinical yet reasonable patient concerns, for example initiating insulin, and an absence of patient involvement in treatment decisions. Importantly, emerging evidence suggests personalised care can be anticipated to improve clinical end-points. In the context of the clinical care encounter, Prof Gérard Reach explained that ambivalence of the mind, a contention between short-term reward and long-term health, imperceptible connectedness between the present and the future, and ultimately non-adherence among patients is normal, the task for health care professionals (HCPs) being to support patients in the absolution of this ambivalence engendering concern for one's future, self-love and ultimately self-care.

Service improvement in diabetes

A number of the keynotes reported on the review of diabetes care

provision and how this can be engineered to achieve better outcomes, advocating the importance of tailoring to patients' needs, strategic thinking and a collective stance. Prof Angus Forbes and Seyda Ozcan presented an integrated analysis, based on the chronic care model, of clinical care needs and patient expectations in type 1 diabetes, which informed service redesign to achieve efficiency in supporting patients during treatment intensification.

Prof Thomas Danne reported on the SWEET project, led by ISPAD, whose premise was to develop, based on a collation of EU data on existing service provision, centres of reference for paediatric and adolescent diabetes, and appropriate recommendations for diabetes care, age-appropriate education and paediatric training programmes for HCPs. The overarching objective was to secure appropriate services and infrastructure for paediatric and adolescent diabetes in Europe, facilitating equal access to high-quality care and improving outcomes. Ongoing benchmarking is advocated to achieve quality control and facilitate exchange of best practice. Twelve centres of reference have successfully implemented the recommendations, and the project is anticipated to extend within countries, throughout Europe and beyond.

Prof Liam Plant addressed the necessity for improvement in the transition of care for patients with diabetic nephropathy, in particular the need for differentiation between type 1 and type 2 diabetes (T1DM and T2DM) in defining optimum care pathways. These conditions differ substantially, for instance in the potential to survive to end stage kidney disease (ESKD) and the optimum timing and type of renal replacement therapy. Early identification and referral are key especially in T2DM, and care pathways for patients with T1DM and ESKD should focus on pre-emptive transplantation.

Emerging treatment modalities

Incretin therapy presents an exciting new treatment modality for T2DM. Such therapy targets the main defect in T2DM, islet dysfunction, via the effect of gut hormone GLP-1, and comprises injectable GLP-1 receptor agonists or oral DDP-4 inhibitors which prevent inactivation of GLP-1. According to Prof Bo Ahrén, incretin therapy offers proven clinical effectiveness and, crucially, a more desirable profile than alternatives in terms of weight gain and hypoglycaemia. Few patients currently receive incretin therapy, spurring calls to place treatment cost in the context of the wider service-level cost of diabetes. There is also potential in the application of web 2.0 to health care; so called medicine 2.0. Lena Hanberger reported on the implementation and evaluation of a patient web portal providing diabetes-related information and facilitating communication with peers with diabetes and HCPs: 'Diabit.se'. Acceptability to patients and providers is high, and the portal has proven an award-winning success with indications of national usage. The extension of group support to consider personal understandings of illness (PUs), or rather patients' views of the nature, severity and burden of disease, represents another promising avenue of research. Åsa Hörnsten explained that PUs can be elicited and related to self-management decisions in discussion with patients with diabetes, deriving positive effects for glycaemic control.

Aetiology and reversal of T2DM

Prof Graham Hitman reported on the epigenetics of T2DM, explaining that the genetic aetiology of T2DM is partially explained by environmental influences on gene regulation. *In utero* nutritional factors appear to prime a fetus towards insulin resistance and diabetes, and there is preliminary evidence that the transgenerational effects of these environmental factors

may be reversible by correcting the nutritional deficiency. There is, however, still much empirical work to be done. Prof Roy Taylor presented a compelling hypothesis that the complex cellular damage underpinning T2DM may be reversible for individuals motivated to achieve this, with beta-cell function restored by dietary means alone; weight loss attributable to a carefully restricted caloric input of approximately 600kcal/day. His proposition is that T2DM is the product of excess fat in the liver and pancreas, attributable to excess caloric input.

Master classes and posters

The poster presentations, eight of which were presented orally, spanned several countries and reported on a wide range of diabetes topics.

Maggie Shepherd led a master class on monogenic diabetes

(MODY), a rare form of diabetes attributable to inheritance of a single gene. MODY is typically misdiagnosed as T1DM on the basis of an affected family member and age of onset (<25 years), and insulin treatment initiated. Investigation of alternative causes is clearly indicated, as may be cessation of insulin treatment because less invasive treatment will likely improve outcomes and enhance quality of life. Indications of MODY include non-insulin dependence and autosomal dominant inheritance, and the Peninsula Molecular Genetics Laboratory offers a test for GAD and IA₂ to confirm an antibody negative status, an online risk calculator based on clinical features, subsequent genetic testing as indicated, and guidance in terms of initiating medication changes.

Magdalena Annersten Gershter led a master class on the aetiology and

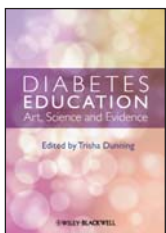
prevention of diabetic foot ulcers. Key messages were early referral to improve outcomes, the importance of the multidisciplinary team, the need to attend to all aspects of a patient's life in prevention endeavours, and patient education around neuropathy and ulceration and the self-care behaviours required to prevent this.

The successful conference closed with the awards ceremony for the FEND and DESG best poster presentations, closing remarks, and announcements of the funds raised and matched by FEND for the 'Life for a Child' and 'Insulin for Life' causes and the 18th Annual FEND conference to be held in Barcelona, 20–21 September 2013.

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Book review

Diabetes education: art, science and evidence



Edited by Trisha Dunning
Published by Wiley-Blackwell, 2012
241 pages, price £34.99
ISBN: 978 0 4706 5605 1
Website: www.wiley.com

This book takes a person-centred approach to educating people with diabetes. It develops the art of teaching in parallel with the scientific evidence base of how to teach, and aims to encourage professionals to enhance their ability as individual educators. The 13 chapters lead the reader from theory to practice and are highlighted by personal quotations and references to wider literature. Reflective questions at the end of each chapter encourage the reader to examine their own philosophy and perspective of care.

Theories of education and learning styles are related to teaching strategies that are useful for the novice teacher. The need for health literacy and for appropriate language is interspersed throughout the book and is mentioned explicitly in relation to culturally-specific education. The use of creative arts is explored in relation to diabetes care that is not only novel but also appears to be therapeutic. An interesting chapter on peer education could be seminal for future work. Using peers as educators is an

untapped resource that could be developed in all cultures. The use of the internet and electronic records in patient self-management and education is explored in depth.

A very readable style is employed that engages the reader at each stage. Readers will be challenged in their thinking as the authors derive their philosophies and perspectives from wide-ranging classical literature and life experiences.

This book should be compulsory reading for all health care professionals involved in teaching people with diabetes how to cope with and adjust to their condition.

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