

# FEND Conference 2013

**Highlights from the 18th Annual Conference of the Foundation of European Nurses in Diabetes (FEND), 20–21 September 2013, Barcelona, Spain.**

The opening address was given by the Chairperson of FEND, Deirdre Kyne-Grzebalski. She welcomed the delegates to Barcelona and expressed the hope that they would enjoy the full and varied programme and that what they learned during the two days would enhance their practice when they returned to their respective areas of clinical expertise.

The President of FEND, Anne-Marie Felton, also gave a short address and welcomed the distinguished speakers and honorary members. She felt that this year the conference had gone global, with people attending from the United States, Japan, Australia, Israel and Canada as well as Europe.

Mrs Felton also discussed a new Directive for the European Parliament that was in consultation. Its purpose is to recognise professions in Europe, but in the first stages it had been noted that the draft document did not include the specialisation of Nursing or Diabetes Nursing. FEND has engaged with this Directive and has joined forces with others, such as pharmacists and veterinarians, to ensure that this omission is corrected. If the Directive is adopted and it becomes law, then the specialism of diabetes will be recognised and this recognition will also apply to other Member States of Europe.

Mrs Felton therefore emphasised that it is important for all of the delegates to ensure that their professional bodies have engaged with this process.

## **Diabetes nursing and research in Spain**

Margarida Jansa gave an overview of diabetes nursing in Spain. Since 2009, nurse training takes four years, and specialist training is available in further degrees and can be taken up to doctorate level. An MSc is available with 50% of the training online. The recent Study of European Nurses in Diabetes showed that Spanish nurses were more experienced and trained than those in other European countries. The significant value of education programmes and research run by diabetes nurses, and promotion of the role of the diabetes specialist nurse in the diabetes team in Spain are given high importance.

## **Transitional care for young people with diabetes**

Dr Anne Loes van Staa gave a presentation on how this difficult time is now better managed in the Netherlands. A four-year innovation programme, 'On Your Own Feet Ahead', was carried out nationally between 2008 and 2012. It was a nurse-led multidisciplinary programme in 11 centres and included redesigning services. A variety of interventions were implemented such as a digital online transition toolkit, joint clinics, transition plans, patient reported outcomes, consultation with the adolescent independently of parents, and the adolescent explaining to their parents what has been discussed.

The results were very promising: self-management improved and the young people were more active and knowledgeable. It was recommended that nurses take the lead in making adolescent diabetes care more patient centred by preparing adolescents for self-management and for the transfer to adult care.

## **Patient autonomy: solving a paradox**

Prof Gerard Reach discussed the paradox between what the clinician feels is good for the patient and where the patient knows it is good for them but cannot apply it to themselves. In the session, he suggested that patient education can make it possible to overcome this paradox without falling into paternalism or manipulation. In particular, the patient must be considered as an autonomous person who, via education, is able to think about his or her thoughts, to evaluate them and eventually to change his or her mind. He felt that the clinician needs to be empathetic, but also sympathetic, helping the patient to feel important. He recognised that patient autonomy is not always possible, but with patient education and trust gained through good communication between the clinician and the patient it is more likely to be achieved.

## **Rethinking our approach to physical activity**

Dr Brian Martin presented an overview of exercise and the impact of inactivity on mortality. From research it could be seen that there was an ideal amount of activity equivalent to 2.5 hours, but that any activity, regardless of amount, reduces mortality. Initiatives and strategies to increase activity have been researched and include promoting exercise in schools, local transport services, urban design, media campaigns, community interventions and sport for all.

## **Role of the diabetes nurse and monogenic diabetes**

Dr Maggie Shepherd gave a breakdown of the different types of monogenic diabetes (caused by a change

in a single gene) and how to identify them. Unfortunately, up to 80% of cases are misdiagnosed as type 1 or type 2 diabetes before the correct diagnosis is made. This can sometimes result in a patient unnecessarily being treated with insulin when a low-dose sulphonylurea would be more effective. It is the responsibility of all diabetes nurses to understand the characteristics of the different types of monogenic diabetes, and to think about the differential diagnosis whenever they meet almost any new patient regardless of how long they have been diagnosed or treated.

### **Nursing leadership beyond diabetes**

Anne-Marie Felton inspired the delegates to promote leadership and progression of our profession as specialist nurses as well as nurses. She recognised that there are many people she admires, but quoted one she hasn't yet met: Florence Nightingale, who she emphasised has made a huge impact on nursing by ensuring that nursing should become a profession – *'Rather ten times rather, die in the surf, heralding the way to a new world, than stand idly on the shore.'*

Mrs Felton also mentioned an International Steering Group of which she is Chair: the Connecting Nursing Initiative supported by Sanofi. The aim of this initiative is to promote communication and best practice among nurses. She also announced that the Steering Committee has secured an award of €10 000 for the best project proposal. She acknowledged the task force members and went on to discuss how there are so few nurses in influential places. She feels this is not just about diabetes specialist nurses, but it is about our profession, and that if this connection and change do not happen then we will not serve humanity in the way that we should. To achieve this we need to be trained in leadership and this

is not being properly addressed in nurse training or continuing professional development, which must happen urgently. The next steps are to carry out a survey suggested by the Connecting Nurses Initiative to assess where nursing is along the leadership influencing pathway and to publish and recognise the findings of this as a scientific research project that can be used as baseline evidence.

### **Structured education in type 2 diabetes**

Julie Parker gave an account of her work using DESMOND in Gibraltar, which resulted in 56% of the patient group significantly improving their control.

Caroline Lubach delivered a synopsis of implementing structured education in the Netherlands. They also used a bottom-up approach with a group education model, PRISMA, which is available online. They have organised 24 'train the trainer' sessions and are rolling out more nationally.

Finally, Ciara Heverin presented the experience in Ireland of implementing DESMOND. They have had very positive biomedical effects as well as positive patient experiences. They are also setting up the diabetes prevention aspect of DESMOND – the 'Walking Away from Diabetes' project.

### **Together it's easier**

On the second day of the conference a team from Portugal presented a very successful education programme for type 2 diabetes. Their national project that started in 2010 includes motivational interviewing and behaviour change. It has included 1200 patients with type 2 diabetes and 350 health care professionals in 84 institutions. The project has shown a statistically significant 0.37% drop in haemoglobin A<sub>1c</sub> and a 1.97kg drop in weight.

### **Diabetes and coeliac disease**

Anita Beckwith from the United Kingdom gave a synopsis of managing coeliac disease (CD) and type 1 diabetes. Approximately 1 in 100 people with type 1 diabetes will have the double burden of CD as well, and 45–87% of people manage to adhere to the gluten free diet. However, cross contamination causes a problem. Alex Silverstein then gave an account of what living with CD and diabetes is like; one of his main messages was just how great an impact the change in diet had on his health.

### **Masterclasses on hypoglycaemia**

Two teams from King's College London, UK, delivered a masterclass on hypoglycaemia and hypoglycaemia unawareness. The delegates were staggered by the fact that 25–40% of people with type 1 diabetes have hypo unawareness. They recommended the use of the Gold and Clarke score when seeing patients clinically (<http://care.diabetesjournals.org/content/30/7/1868.full.pdf>).

Prof Linda Gonder-Frederick from the United States facilitated the parallel session on severe hypoglycaemia and fear of hypoglycaemia. She described the personality and anxiety traits associated with different responses to having severe hypoglycaemic episodes and hypos in general, and the coping mechanisms or not that the patients put into action.

### **Henrietta Mulnier,**

Lecturer in Diabetes Nursing, Florence Nightingale School of Nursing and Midwifery, King's College London, London, UK

- Webcasts of the keynote presentations and workshops are now available on the FEND website: [www.fend.org/conference/webcasts-archive](http://www.fend.org/conference/webcasts-archive). The 2014 FEND Annual Conference will take place on 12–13 September in Vienna.