

FEND Conference 2014

Highlights from the 19th Annual conference of the Foundation of European Nurses in Diabetes (FEND), 12–13 September 2014, Vienna, Austria

The 19th annual conference of FEND commenced with a welcome from the chairperson Kristin De Backer and the president Anne Marie Felton. In particular they welcomed colleagues who had come from beyond Europe having travelled from Australia, Canada, USA, Qatar and China. A FEND tradition continued when the host country provided an overview of diabetes nursing from the Austrian perspective.

Diabetes nursing in Austria

Sarah Cvach, vice chair of the Austrian Diabetes Educators Association outlined the increasing prevalence of diabetes and the structures for the provision of care in Austria. With a population of 8.5million, Austria is divided into nine federal states. Like many other European countries there is no national register for diabetes. Almost all Austrians have public health insurance which covers the majority of their care needs. Diabetes care accounts for nearly 9% of all health insurance costs annually equating to 1.7billion euros. Education of healthcare professionals was also highlighted with a nationally recognised diabetes educator programme open all members of the multidisciplinary team which will transfer to a university course in the coming year.

Healthy lifestyles of young adults with T1DM

Lourdes Serrabulho from the Portuguese Diabetes Association outlined her interest in the management of young people with

T1DM. Advocating the use of therapeutic patient education (TPE), Lourdes encouraged those present to really listen to and use the language of young people. Within their service they have identified 'the click' as an event or time when young adults with T1DM engage with living with diabetes or 'Being with Diabetes'. Resilience, a factor which allows one to surpass difficulties in a positive way was associated with 'the click'. Good support, motivation and the promotion of self-esteem were essential to this process. Lourdes outlined the mixed methods study undertaken to evaluate the behaviour, lifestyle and psychological adaptation of young adults with T1DM. They identified that good social support from family and friends, group activities with peers and positive healthcare support help young adults to positively manage their diabetes.

Person centred care

Dr Eva Boström from the Department of Nursing, Umea University, described the Swedish perspective of person centred care from the standpoint of the professional role of diabetes specialist nurses (DSNs).

Outlining the challenges faced by DSNs she described the interactions between them and the people living with diabetes. She challenged us to consider that with all patient interactions we need to acknowledge this as a caring relationship. Within this, a common set of values should prevail and a need to be mindful of the power relationship. For true person centeredness, she indicated that the DSN and people living with diabetes must work together towards a common goal in partnership.

Diabetes – post bariatric surgery

Dr Sofie Ahlin, from the Department of Molecular and Clinical Medicine at Gothenburg University, shared the results of her research on the effects of bariatric surgery on diabetes and cardiovascular disease. She illustrated that within their cohort, those who had bariatric surgery within one year of diagnosis were more likely to experience remission of diabetes and the longer people had diabetes prior to surgery the more likely it is for relapse and for the person to experience surgery complications, thus advocating early referral.

Diabetes movement

Using an effective exercise Professor Mike Trenell, from Newcastle University, illustrated how easily we can all fail to see the detail. Acknowledging the benefits of medications for diabetes management, he stressed that the pivotal aspect of care is 'calories in and calories out'. Indicating the multiple levels of challenges that exist influencing the development of type 2 diabetes, he considered diabetes care from the perspective of promoting an active lifestyle but stressing that this will need sustained change and to consider the impact of weight loss versus an active lifestyle. As healthcare providers, he stressed that we need to look at the ways we communicate with people living with diabetes as well as being cognisant of care pathways.

Women and diabetes care

Professor Angus Forbes, from King's College London, addressed the female gender specific issues in diabetes care which he considered from a lifecycle perspective. The challenges of pre-pregnancy care, the

misunderstanding and difficulties around fertility and the diabetes related pregnancy risks were detailed, as well as the particular challenges facing women after gestational diabetes. He outlined a 50% higher relative risk of fatal cardiovascular disease for women with type 2 diabetes compared to men and the higher risk of mortality in young women with type 1 diabetes with recurrent DKA and severe hypoglycaemia. Considering these he asked what strategies were available to identify and target treatments for these women. Professor Forbes also provided insights to genitourinary disorders, breast cancer, depression and eating disorders, supporting consideration of a lifecycle model of care for women with diabetes.

Eye disease and diabetes

Prof Janeth Leksell, from Uppsala University, outlined the important role diabetes nurses play in the aspect of management and treatment of complications, with particular reference to the anti-VEGF treatment for macula oedema. When considering this treatment compared to laser therapy, it becomes clear that initially this new treatment places an extra burden on the patient and the healthcare service, however the benefits of treatment over time outweigh this.

She also emphasised the gap between the available patient information and what patients understand about this treatment, which requires an intraocular injection. The challenges to diabetes care therefore need to address: what kind of information, when should it be given and by what means. We need to consider the cognitive function, the emotional support and the social support of the patient when addressing this. Reminding us that being blind is not the same as not seeing, she shared with us their evaluation of a

study looking at the health related quality of life and the patient experience of this new treatment.

Dr Michael Hall then explained about the workshops held by IDF and the recommendations to care, emphasising the central role of nurses and promoting eye screening.

The International Diabetes Federation (IDF)

Three aspects of the work undertaken by IDF were presented during the conference. These unique perspectives exemplified some of the contribution to diabetes care influenced by the IDF.

Global guidelines for the management of older people with diabetes

Prof Trisha Dunning, (Deakin University and Barwon Health, Australia) reminded us that in tandem with the global increase in the incidence of diabetes, the proportion of older people is also increasing. A quarter of the adult population is now considered old with one in four of people living in aged care home having diabetes.

Importantly we were reminded that chronological age does not indicate functional capacity. Outlining that IDF has developed 14 individual guidelines for the care of older people with diabetes, our attention was brought to a chapter dedicated specifically to 'other considerations' such as falls, pain assessment and end of life care. Emphasising the importance of patient assessment as a precursor to any treatment plan Prof Dunning concluded with ways the IDF guidelines could be utilised for the benefit of older people living with diabetes.

Diabetes education

David Chaney, from the University of Ulster and a senior education specialist at the IDF outlined the provision of diabetes education from across the globe. Considering edu-

cation from the perspectives of the professionals and people living with diabetes, he discussed the multitude of resources available through IDF. The provision of culture, and language specific information was highlighted. He also explained a more recent move by the IDF towards the use of technology with the planned introduction of the Kids and Diabetes in School (KIDS) App. This App is currently available without charge for iPads and iPhones. He also outlined future plans for online modules for care aimed at health-care professionals and for people living with diabetes.

Youth leaders in diabetes

Each session of the conference provided thought-provoking and engaging presentations, and so it was with continued interest that Sana Ajmal, the IDF Youth Leaders in Diabetes, President-elect took to the podium. The work of the young leaders that Sana shared with us was inspirational. However, it was the bravery of this charismatic young woman living with diabetes in a world where much prejudice prevails over the existence of conditions such as diabetes or ones gender, that really captured those present.

Politics and diabetes

Politics can often be a tricky subject, but this did not deter FEND from addressing it head on during the conference, highlighting the importance of collaboration between policy makers and healthcare professionals. Adrian Saunders, a Member of the British Parliament, spoke about the challenges to the social and economic stability due to diabetes. He described the work of the European policy action group on diabetes (ExPAND) which collaborates with the IDF parliamentary global network (Adrian is chair of ExPAND and President of the IDF parliamentary global network).

The 4th edition of Diabetes in Europe, the Policy Puzzle will be published in November. While Anne Marie Felton was not able to share the report findings she did allude to the extent of the diabetes epidemic and the national responses to this across the individual countries in Europe, particularly addressing education and its lack of continuity across the lifespan. We were informed that this report has also illuminated the disparity between countries in relation to diabetes nursing and the implementation of guidelines and monitoring outcomes.

Simon O'Neill, presented an overview of diabetes nursing and the challenges from a UK perspective.

Patient narratives

A new venture for the FEND conference was the introduction of narratives from people living with diabetes, which were interspersed throughout the two days. These varied accounts provided a platform for the consideration of patient narratives within diabetes care. Alexandra Costa from Portugal described being happy with type 1 diabetes. A positive aspect of living with diabetes for Alexandra was the people she has shared her diabetes journey with. In collaboration with her diabetes care team she has been involved with education of healthcare professionals and her peers. While acknowledging the challenges of living with diabetes she emphasised the importance of communication, resilience, empowerment and 'the click'.

Prof Jean Philippe Assal com-

menced by taking a photograph of the delegates as a tribute to the positive impact diabetes nurses have made to him and the care of his diabetes. He described information giving as working horizontally but the use of therapeutic education he equates to going uphill. He acknowledged 'going uphill' is tiring and it is easy as healthcare providers to revert to the horizontal approach. He considered many other therapies to help people express their experiences of living with diabetes such as art, narratives, 'Russian dolls' and the 'theatre of lived experience'.

John Grumitt a patient representative from the UK shared his story about this decision-making in relation to his diabetes management. As an avid cyclist he described a personal experience during an arduous cycle when his own experiences and knowledge challenged the information and guidance from his diabetes care team. He articulated a key feature for him when making a decision is the instructed value versus the perceived value, which for him at that time was fear of hypoglycaemia. Without understanding the perceived value of people living with diabetes he believes the information will not have an impact.

Robin Koops a patient representative from the Netherlands outlined his journey with diabetes in particular how, as an engineer, he has thought about the future of diabetes management. This led to the birth of the 'bi-hormonal' approach to the development of an artificial pancreas. He detailed the complex development process and the ongoing

testing of their product concept, consisting of an insulin infusion, a glucagon infusion and two sensors.

Natalia Piana, an expert in narrative analysis, attempted to answer the question as to why we should integrate the patient narrative into diabetes care? She captured salient quotes from the narratives throughout the conference. She outlined the benefit of narratives as an effective approach to address the issues concerning people living with diabetes rather than the issues we as healthcare providers perceive to be of concern.

Masterclasses and posters

The masterclasses and poster sessions proved popular again this year. Renal diabetes and diabetes was the focus of the master classes facilitated by the collaborative Dutch renal and diabetes team based at Groningen. Three oral presentations and the poster exhibition demonstrated the valuable work being undertaken by members of FEND.

Concluding the conference Kristin De Backer and Anne Marie Felton, presented the award for the poster presentation. They also reminded us that FEND will be hosting its 20th annual conference in Stockholm, Sweden on the 11–12 September 2012.

Further information

1. The webcasts of the 2014 conference can be viewed at www.fend.org/conference/webcasts-archive
2. The 4th edition of the Policy Puzzle will be launched on World Diabetes Day (14 Nov) and will be available from www.fend.org
3. The FEND ENDCUP course July 2015, further info on website www.fend.org/projects/fend-endcup

CONFERENCE NOTICE

FEND 20th Annual Conference

11-12 September 2015, Stockholm, Sweden