The diabetes carousel

A report from the 9th Annual Conference of the Federation of European Nurses in Diabetes, 3–4 September 2004, Munich, Germany

The 2004 Annual Conference of FEND was, as usual, attended by a capacity audience of delegates who, on this occasion, had travelled from 28 countries to Munich, Germany. FEND Chairman Anne-Marie Felton *(UK)* greeted them with recent success stories. Two of FEND's initial aspirations had been to see a FEND journal and a chair in diabetes nursing within 20 years. Both 'goals' had been achieved within nine years: first copies of *European Diabetes Nursing* were available to delegates and Karin Wikblad had been appointed FEND Professor of Diabetes Nursing in Sweden.

FEND, diabetes and Europe

The subject of diabetes and the European Union (EU) formed a substantial feature of this year's meeting, both in terms of the medico-political way forward and in reports of models of diabetes care throughout the expanding community.

Essential role of nurses in the European agenda

A crucial target of FEND was to ensure that diabetes was included in the EU agenda, said Mrs Felton during her opening address. Diabetes nurses must be recognised as professionals with an important role to play in such an agenda. In this regard, she regretted the absence of recognition of professional status of nursing in Germany and restrictions governing the relationship between the pharmaceutical industry and the nursing profession in The Netherlands. These restrictors inhibit the professional responsibility of nurses to contribute to health care policy in a mature and sophisticated society. The professional empowerment of nursing is essential.

Wilfried Kamphausen *(EU Public Health Directorate)* stressed the essential role of diabetes nurses within the European framework. The rapid increase in the number of people with diabetes in Europe (now some 60 million) was a major public health issue, which needed to be mainstreamed into political agendas. Although the mandate for the EU was still limited, measures regarding lifestyle were being taken.

Karin Wikblad, the newly appointed FEND Professor of Diabetes Nursing at Uppsala University Hospital, Sweden, observed that it was her wish to see similar chairs eventually established in every European country. Diabetes was suited for management by nursing professionals, she said. During her lecture on problem-based learning, Professor Wikblad said that such programmes should focus on life with diabetes. She stressed the importance of empowerment which she defined as helping people to discover and use their own innate ability to gain mastery over their own diabetes. She said that the symbol of the European Centre for Diabetes Nursing Research (Figure 1) represented a core facility for focusing on nurses working in the field of diabetes in any country in Europe.

Figure 1. The symbol of the European Centre for Diabetes Nursing Research

Recent European developments

Michael Hall *(International Diabetes Federation [IDF], Europe)* described recent developments in the approach to diabetes by the EU Health Council and the Commission and the attempts over the last few years by the IDF to get the Union more interested. At the moment only nine of the 25 EU member states have national diabetes plans. A European Council recommendation for diabetes prevention and diabetes control would encourage member states to place diabetes as a priority disease in their national health policy. In December 2003 diabetes was recognised as a European disease priority, and the IDF with other organisations helped establish the diabetes parliamentary working group. Dr Hall described how the Irish Government – during its recent presidency of the Union – had played a leading role in the call for a European strategy on diabetes. Organisations, such as the IDF, FEND and others, would like to see an EU framework made at Commission level. It was now necessary to get the politicians to agree.

Islet transplantation in Europe

Roger Lehmann *(Switzerland)* updated delegates on islet transplantation in Europe. The

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Canadian Edmonton Trial with a steroid-free immunosuppression had proven that islet transplantation alone was an alternative to pancreas transplantation in type 1 patients. The current choice was between islet transplantation alone and simultaneous islet-kidney transplantation with a steroid-free immunosuppression. However, strategies for tolerance induction to the transplanted insulin-producing cells have to be developed without the need for chronic immunosuppression and new sources for islets have to be discovered in order to expand this therapy to a larger proportion of type 1 patients.

European models in diabetes care

Diabetes nurses are responsible for much innovative care throughout Europe, and at the conference there were many examples of research conducted both individually and in partnership with health care teams.

The Netherlands

Nathalie Masurel and Guy Rutten explained how, following updated Dutch College of General Practitioner type 2 guidelines in 1999 and the growing provision of insulin therapy by GPs, the need for primary care skilled diabetes nurses became a necessity. Over the years, the role of the nurses had changed, from primarily treating hyperglycaemia to a multifactorial one, involving cardiovascular risk reduction and patient self-management education. There had initially been some resistance amongst GPs to the changes but now – given the increase from 1.7% to over 3% of their patients having diabetes – more than 1100 out of 6000 Dutch GPs were working together with diabetes nurse practitioners and diabetes nurses. This co-operation had led to benefits in terms of glycaemic levels and blood pressure reductions amongst type 2 patients.

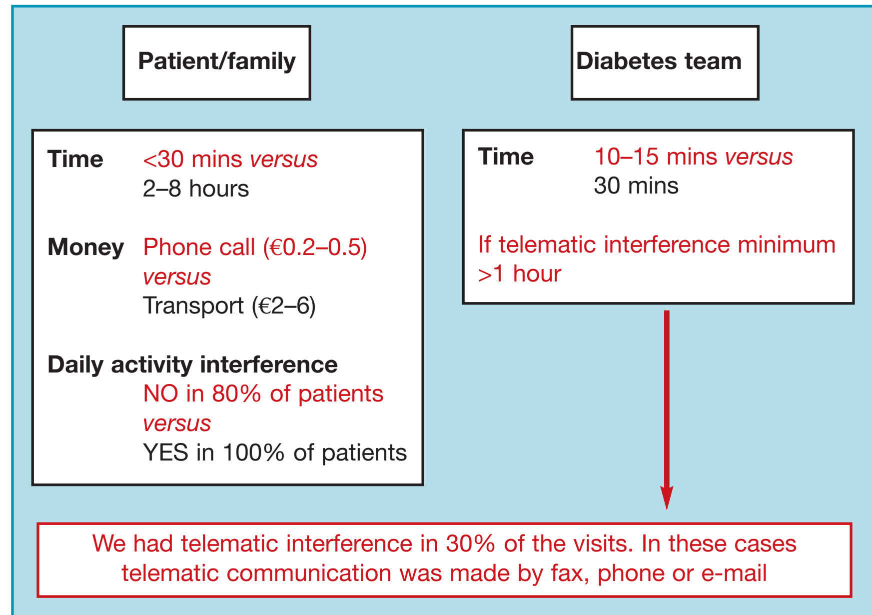

Figure 2. Cost of visits: telematic *versus* conventional. (M Jansa, Spain)

Turkey

Seyda Ozcan and Mehmet Akif Buyubese described the GAPDIAB project in Turkey's Anatolia region where diabetes and IGT prevalence were 8% and 7% respectively. With support from the Turkish Diabetes Federation and the Diabetes Nursing Association, GAPDIAB provided education and training for health care workers and insulin for children who did not have social/insurance support.

Italy

Marina Trento and Massimo Porta reported on the Turin model in type 2 diabetes in which routine individual visits were replaced by group care sessions of interactive education. In a local randomised controlled clinical trial of the model, it was found that group care was cost-effective and applicable to everyday clinical practice. Patients achieved sustained weight reduction, increased HDL-C and no worsening of HbA_{1c}, and took less hypoglycaemic agents. It also improved the patients' knowledge of diabetes, their health behaviour and their quality of life. The health care professionals' satisfaction was improved and better use was made of the limited resources available in busy diabetes clinics. Professor Porta added that the model was now being tested in a multi-centre trial, ROMEO (Rethink Organisation to iMprove Education and Outcomes) in order to test its reproducibility in different clinical settings.

Denmark

KE Nielsen and H-C Anderson evaluated an education programme for nurses concerning the administration and adjustment of insulin at the Steno Diabetes Centre. The programme – involving two years' training for nurses to be qualified to manage insulin treatment for patients – resulted in the ability to identify and analyse blood glucose variations, to adjust insulin dosages and to manage bedtime insulin treatment according to guidelines.

Effective communication was the theme of Vibeke Zoffmann's Danish model of person-specific reflection – Guided Self Determination – which aims to help professionals and patients exploit relational problems.

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Sweden

Heidi Grill-Wikell conducted capillary blood tests to monitor pain and concluded that the degree of pain was very low regardless of the site in the palm, thus encouraging patients to increase the numbers of measurements and thereby improve metabolic control.

Spain

Although insulin pump therapy is suitable for some type 1 patients, it has been linked to high incidences of diabetic ketoacidosis (DKA), according to RM Antuna Alaiz and A Thomas. However, a study of patients using a 24-hour Telephone Pump Hotline found that there was no increase in DKA episodes. The authors suggested that such a service is a 'must' for pump patients in terms of control and economics.

Also from Spain, Margarita Jansa concluded that an interactive telematic system achieved similar results in metabolic control to conventional intervention in type 1 patients. There were reductions in patient/family costs but diabetes team costs would depend on improvements in communication facilities (Figure 2).

Two award winning presentations

The FEND Award went to Brigette Osterbrink and colleagues *(Germany)* who had described a three-year study on a German Association of Diabetes Education and Counselling Professions structured hypertension education programme involving blood pressure self-management. Nearly 500 types 1 and 2 patients with hypertension were evaluated. Results on 284 evaluable patients showed that the accuracy of BP measurement increased from 76% to 86%, HbA_{1c} reduced significantly from 7.8% to 7.2%, and blood pressure dropped from 153/85mmHg to 150/82mmHg (type 2) and from 146/84mmHg to 142/79mmHg (type 1).

• Female/male; %	41/59
• Age; years	49 (13)
• Duration of diabetes; years	25 (12)
• Multiple dose insulin therapy; %	86.5
• HbA_{1c}; %	8.3 (1.0)

Table 1. Results from patients with type 1 diabetes (n=147) completing the questionnaire regarding self-treatment of mild hypoglycaemia. Values shown are mean (SD) or %. (P Banck-Peterson *et al*, Denmark)

The DESG Award went to Pernille Banck-Petersen and colleagues *(Hillerod Hospital, Denmark)* who had conducted a survey into self-treatment of mild hypoglycaemia in 201 type 1 patients. The results from the 147 patients who completed the questionnaire (Table 1) showed that only 36% treated themselves in accordance with the recommended Danish guidelines (10–20g of refined carbohydrate initially followed by unrefined carbohydrates). Females had better compliance and patients with frequent severe hypos often overtreated themselves.

The expert patient

Caroline Kelham *(Medicines Partnership)* struck a sympathetic note with her description of the 'expert patient' and how such a person could be a dream or a nightmare. She stressed the importance of good clear two-way communication in working with such individuals.

Sebnem Guneyman *(Turkey)* – an expert patient and voluntary worker in diabetes – said that people with diabetes needed to be included in the multidisciplinary diabetes team and in decision making. It was important that the health care team individualised treatment plans for patients.

Masterclasses

During a series of masterclasses, Gunilia Larsson and Jan Apelqvist *(Sweden)* explained the potential for reducing the incidence of diabetes-related amputations using a multidisciplinary team approach in the management of foot ulcers. Helle Hedegaard and Peter Jeppesen *(Denmark)* discussed eye complications, and Sarah Davidson, Karen Spowart and Laura Torgius *(UK)* considered different methods of collaborating with families where there were young people with diabetes. Sari Rodriguez and Frans Pouwer *(The Netherlands)* presented data from the Longitudinal Aging Study Amsterdam about the psychosocial impact of diabetic complications with particular reference to depression.

Responsibilities of the health care industry

Michael McGowan *(European Director of Becton Dickinson)* discussed the ethical and social responsibilities of the health care industry. The public, politicians and patients all demanded higher standards to ensure safe, effective and affordable medical treatment, he said. The social responsibility for any company should begin at home, with its employees and the local communities in which the factories and offices were located. It was not just about a company paying their taxes and making profits – it was about protecting the environment, paying fair salaries, creating job satisfaction, contributing to family stability, and supporting education, arts, science and all the other activities that contributed to the quality of life in the community. Furthermore, the industry attached a great deal of importance to education, prevention programmes, screening, early diagnosis, care and support. Next, it was increasingly involved in the management and treatment of patients,

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exemplified by the combination of health care professional skills, abilities and knowledge, together with industry financial and logistical support. Mr McGowan summarised that, in co-operation with other key stakeholders, the health care industry would continue to make a difference to the lives of billions of people in the years to come.

Poster presentations

FEND conferences are, of course, noted for the active participation of delegates. Nowhere is this more noticeable than at the poster sessions where presenters are surrounded by eager questioners. It isn't possible in this report to do full justice to all the excellent presentations, so, with apologies to those we've had to miss out, here are summaries of a selection.

A survey by Lena Hanberger *(Sweden)* amongst young type 1 patients indicated a high quality of care but a need for improvements in access to care. There was a need for further improvement in the education for the young, of all ages, adapted to both age and diabetic duration. Annette Hofstedt *(Sweden)* investigated whether whey protein could reduce post-prandial blood glucose response in people with diabetes. In a study involving 14 type 2 patients, it was found that when whey was included in meals, the serum insulin response was higher, lower post-prandial blood glucose responses were registered and higher insulin responses were noted. Biserka Stanjkler *(Croatia)* investigated the use of alcohol, cigarettes and drugs among 50 young people with diabetes. There was no major difference between sexes in the involvement in potentially dangerous behaviour, although usage in females was higher in late adolescence compared with early adolescence in males.

Hilary Hearnshaw *(UK)* concluded that an internet-based virtual clinic could counter the effects of non-attendance by young people at clinics and improve not only their knowledge and willingness to seek advice but ultimately their ability to self-manage their diabetes. Selda Gedik Celik *(Turkey)* conducted a study among almost 400 pen insulin injectors. The study found that the participants made many technical errors. It was concluded that training should be offered by an experienced nurse and then evaluated by questionnaire. The results of a questionnaire sent to 200 women with type 1 diabetes, which included questions relating exclusively to pre-pregnancy care, were described by R Forde *(Ireland)*. Whilst there was generally a good understanding overall, less than half reported that they had been given any advice as to pre-pregnancy care relating to diabetes.

In 2003, at that year's FEND conference, Lucia Marongiu and Marica Pieralli *(Italy)* distributed a questionnaire on quality control procedures of blood glucose testing in diabetic centres. The replies, from nurses in 11 countries, suggested that the quality check of portable meters (the most commonly used method) was mainly performed by laboratories with little participation from the nursing staff.

Agneta Karlsson *(Sweden)* interviewed 31 type 1 adolescents and found that they had poor knowledge about the physiology of diabetes. The adolescents acknowledged that physicians recognised the correct treatment required but, like parents, failed to consider their feelings or needs which hindered their ability to attain independence in making decisions relating to diabetes. However, empowerment training allowed a greater control and responsibility for their health-related decisions. Anna Clarke *(Ireland)* evaluated a project where people can visit a designated pharmacy with a diabetes nurse specialist attending for the day. All persons attending have a diabetes risk assessment carried out and all high-risk people are offered a capillary blood glucose test. Other benefits are information, education and support in an informal non-clinic environment.

B Lloyd and JW Huber *(UK)* adapted a questionnaire on erectile dysfunction and found that the results from 126 males from the Swansea area, UK, clearly indicated that awareness of the condition in men with diabetes had spread since 1997. This was possibly related both to the new emphasis on primary care and the increase in the number of reports concerning the negative effects of erectile dysfunction on relationships. Mette Due-Christensen *(Denmark)* conducted interviews with 10 type 1 patients who had achieved and maintained a 1.5% fall in their HbA_{1c} over one year. Factors included strong motivation due to perceptions of living with diabetes and consultation with a qualified nurse (which had an impact on changing behaviour in handling injection technique). Some of the patients would welcome more advice on the psychological aspects of living with diabetes. Belgin Bektas *(Turkey)* reported that positive benefits had resulted from conducting psychodrama groups with parents of children with diabetes in increasing the quality of life in families. Two groups of approximately 10 people meeting for two hours every weekend acted out their experiences of their daily routine.

Closing the conference, Mrs Felton thanked Aventis, Bayer, Becton Dickinson, GlaxoSmithKline, LifeScan and Novo Nordisk for their continuing support and commitment to FEND.

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