

2nd National Conference of the Primary Care Diabetes Society of Australia

Melbourne Convention and Exhibition Centre, Victoria, 6th May 2017

Key speakers from a diverse area of primary healthcare came together at the 2017 Primary Care Diabetes Society of Australia (PCDSA) national conference to share news, insights and evidence on diabetes management.

Associate Professor Mark Kennedy, Chair of PCDSA, provides a summary of the presentations.

The 2nd National Conference of the Primary Care Diabetes Society of Australia (PCDSA) saw an impressive panel of speakers covering a wide range of areas important in the daily management of diabetes in the primary care setting. Below is a summary of the day's presentations, which includes my review of the latest news on diabetes.

Diabetes management and research in primary care – key components to improving outcomes

Associate Professor Neale Cohen, Director of Clinical Diabetes, Baker IDI Heart and Diabetes Institute, Melbourne, Vic

Associate Professor Neale Cohen spoke of the importance of treating newly diagnosed type 2 diabetes (T2D) aggressively because intensive glycaemic control leads to long-term benefits. He also reminded us that in primary care we are ideally placed both to detect diabetes early and then to manage it intensively.

He spoke of the importance of individualised glycaemic targets and the need to consider glycaemic control, expected cardiovascular outcomes and renal function when choosing between pharmacological treatments. He also discussed many of the factors contributing towards clinical inertia and poor patient adherence to therapy.

The emotional health of people living with diabetes

Dr Christel Hendrieckx, Senior Research Fellow, Australian Centre for Behavioural Research in Diabetes, Melbourne, Vic

Dr Christel Hendrieckx spoke of the high prevalence of diabetes distress and depression in people with type 1 diabetes (T1D) and T2D, and reminded us to consider the emotional aspects of diabetes management alongside the physical aspects in our day-to-day consulting.

She highlighted the impact of emotions in people with diabetes on their engagement with self-care, HbA_{1c} levels and quality of life, and called for health practitioners to screen people with diabetes for emotional problems and other diabetes complications. She also reminded us that often we only need to be a sounding board for people dealing with many of these emotional problems rather than needing to “solve” the complexity of issues involved.



Mark Kennedy presenting “Breaking diabetes news. The latest evidence and stories from recent months.”

Engaging people with diabetes, diabetes online community and apps for diabetes

Renza Scibilia, National Program Manager for Type 1 Diabetes and Consumer Voice, Diabetes Australia, Melbourne, Vic

Renza Scibilia gave a great insight into the perspective of a person with diabetes with respect to the impact of the diagnosis. She explained many of the communication challenges and frustrations that people with diabetes face in their interactions with health professionals.

Breaking diabetes news. The latest evidence and stories from recent months

Mark Kennedy, founding member and inaugural Chair, PCDSA; Honorary Clinical Associate Professor, Department of General Practice, The University of Melbourne, Melbourne, Vic

I reviewed interesting new literature about pharmacological and lifestyle management of diabetes and explained that, in several countries, governments are starting to confront one of the root causes of childhood and adult obesity and diabetes by imposing taxes on sugar-sweetened beverages.

I made a call for our own government to step up and follow recommendations from our own Obesity Policy Coalition, the World Health Organization, International Diabetes Federation and World Cancer Research Fund to impose a similar tax.

Technology: the great democratiser – a brief history of glucose sensing: past, present and future

Dr Gary Kilov, Principal, Seaport Diabetes Practice, Launceston, Tas; founding member of the PCDSA

Dr Gary Kilov talked about the history of technology in the management of diabetes and provided an exciting insight into emerging technologies

with respect to continuous glucose monitoring, flash glucose monitoring and insulin pumps.

He explained artificial pancreas developments that involve an insulin pump under closed-loop control using real-time data from continuous glucose sensing technology. And he finished with a glimpse into what's ahead, including the non-invasive measurement of blood glucose using spectrophotometry, implantable glucose sensors that can operate for a year at a time, and glucose sensing through skin patches or contact lenses.

"To low carb or not to low carb: that is the question"

Erin Jackson, Accredited Practising Dietitian, Launceston, Tas

Erin Jackson spoke of the carbohydrate intolerance characteristic of T2D and the glycaemic benefits that can come from reducing carbohydrate intake for people with T2D. She discussed some of the associated challenges such as ensuring adequate fibre intake and adequate, but not excessive, consumption of healthy fats and protein. She also emphasised the need to individualise any carbohydrate restriction with the dietitian, other health practitioners, and person with diabetes – working together as a multidisciplinary team.

Best practice to reduce variation of diabetes-related amputation rates in Australia

Dr Rajna Ogrin, Senior Research Fellow, Royal District Nursing Service Institute, St Kilda, Vic

Dr Rajna Ogrin showed that it is possible to reduce major and minor amputations and hospital admissions by appropriately screening for amputation risk factors and then following appropriate management guidelines.

Risk factors include the loss of protective sensation, co-existing



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peripheral artery disease, structural abnormalities of the foot, and past or current foot ulceration.

The emerging importance of cardiac failure diagnosis and management in people with type 2 diabetes

Dr Gautam Vaddadi, Head of Heart Failure services at Northern Health, Melbourne, Vic; Director of Cardiac Services at Cabrini Health, Melbourne, Vic

Dr Gautam Vaddadi highlighted the bidirectional relationship between heart failure and diabetes, with increased prevalence of heart failure in people with diabetes as well as poorer survival in those hospitalised with heart failure and diabetes compared to heart failure alone.

He discussed the different types of diabetic cardiomyopathy and outlined evidence from research trials relating to positive and negative cardiovascular outcomes. Within this, Gautam highlighted that there are now significant data showing that some agents are associated with increased rates of heart failure and others with decreased rates. He also provided a useful overview of the comparative safety of different glucose-lowering medications.

Why use optometry in this day and age when retinal cameras and item numbers are available?

Mitchell Anjou, Academic Specialist and Senior Research Fellow, Indigenous Eye Health Unit, University of Melbourne, Melbourne, Vic

Mitchell Anjou reminded delegates that everyone with diabetes is at

risk of developing retinopathy and potential vision loss. He explained that good glycaemic control is critical and regular screening is important to enable appropriate timing of treatment. He showed that if these are achieved, most diabetes-related blindness is preventable.

Mitchell also presented alarming data showing that 37% of adult indigenous Australians have diabetes and that 13% have already lost some vision. He pointed out that although timely laser surgery can prevent 98% of diabetes-related blindness, almost two-thirds of indigenous Australians requiring this treatment have not received it. However, the new availability of funded retinography through Medicare provides hope that appropriate screening through optometrists, ophthalmologists or retinography will be accessible by all Australians.

The role of pharmacists in diabetes detection and management, new government initiatives

Kirstie-Jane Grenfell, Community Pharmacist and Diabetes Educator, Melbourne, Vic

Kirstie-Jane Grenfell discussed the Australian Government's Sixth Community Pharmacy Agreement (6CPA) \$50m Pharmacy Trial Program.

The program, which commenced in 2016, involves a comparison of three different pharmacy-based diabetes screening interventions to determine their clinical and cost effectiveness in improving the identification of previously undiagnosed diabetes in the community.

Dental practitioners – important players in the diabetes multidisciplinary care team

Associate Professor Werner Bischof, Periodontist in Practice, Geelong, Vic



Delegate Dr Mandy Mossop enjoying looking around the exhibitions hall.

Werner Bischof presented a strong case for periodontal disease to be seen as the sixth complication of diabetes along with retinopathy, neuropathy, nephropathy, cardiovascular disease and peripheral vascular disease. He highlighted the bidirectional nature of the relationship of periodontal disease and diabetes in terms of risk and control, and asked that we consider the oral health of our patients, particularly those with diabetes, and collaborate with dentists as part of optimal multidisciplinary care of our patients.

He also outlined other oral health conditions associated with diabetes, including dry mouth, dental caries, candida, poor wound healing and burning mouth syndrome.

A note of thanks

We would like to thank all of our speakers, sponsors, exhibitors and organisers for their support of the PCDSA. Feedback from conference delegates was very positive and initial planning for the 2018 national conference is already underway.

The PCDSA is your society, so do

email us at info@pcdsa.com.au with your suggestions for what, or who, you would like to see at next year's conference.

You can also contact us at the above address if you would like an education seminar in your area, or wish to contribute to *Diabetes & Primary Care Australia*.

We look forward to seeing you at our national conference next year! ■



Citation

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