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2008 - 2010**

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**Presidents Report**

This is my first column since being privileged to be elected as ADS President. I thank Assoc. Professor Maarten Kamp for his key leadership role as ADS President in the previous Council, and to Prof. Mark Febbraio and Dr Terri Allen in their roles on the past Council as ADS Treasurer and ADS Program Organising Committee Chair of the ADS/ADEA Annual Scientific Meeting, respectively. In their place we welcome newly elected members to Council, Dr Sof Andrikopoulos, Dr Jennifer Conn and Dr Michael d'Emden.

The new Council is well balanced with clinicians, scientists and physician-scientists bringing enthusiasm and a broad skills base to their roles. Being an ADS Council member requires much commitment. As an indication of some of the 'hats' to be worn, Wah Cheung is ADS chair of the National Association of Diabetes Centres. Jenny Gunton is heading the Medical Affairs Sub-committee and along with myself will represent ADS on the Diabetes Australia Ltd Board. Alicia Jenkins has taken on the responsibility of representing ADS on the JDRC/DA initiative with the Commonwealth on the insulin pumps program. Sof Andrikopoulos is on DA Research Council and ADS Newsletter director. Michael d'Emden is the new ADS member of the Health Care and Education Committee of Diabetes Australia and he has taken responsibility for the ADS Website. Ashim Sinha and Jennifer Conn are co-chairing the John R. Turtle Diabetes Clinical Skills Training Course for Advanced Trainees in Endocrinology in 2009, relieving me of the co-convenor role across the last six years. Ashim and I also continue to represent ADS Council on the SAC in Endocrinology for the RACP and Ashim has kindly taken on the Honorary Editor role for the DA publication, Diabetes Management Journal.

The 2008 Melbourne Annual Scientific Meeting was highly successful on the basis of the large number (a near record) of ADS attendees and the informal and formal comments received about the Program and its delivery. Our sincere thanks go to the POC committee and local organising committee of the ADS, especially Dr Terri Allen as ASM POC Chair for the fourth year running. In continuity I am pleased to announce that strong plenary presenters and scientific and clinical streams are already being prepared for the ASM in Adelaide, under the direction of the 2009 POC Chair, Dr Jenny Gunton.

A major challenge for ADS is the development and delivery upon ADS Working Parties. A number of these are being undertaken with the support of NDSS funding and are in various stages of development, including Driving and Diabetes, Post-partum GDM follow-up, The Australian Diabetes Foot Network, and the Type 1 diabetes initiative. We are also addressing a guideline on individualising targets in glycaemic control and other parameters in diabetes care which we hope will be helpful for ADS members and general practitioners alike and will complement the soon to be released NHMRC treatment guidelines in type 2 diabetes. Other working parties include lipid guidelines and in-hospital and peri-procedural care. Ms Suzie Neylon has kindly agreed to take on the Project Coordinator role for these Projects. Collectively, these working parties are significant undertakings and I trust that in the course of the current Council during the next 2 years, significant progress may be accomplished in their delivery and they will be addressed in more detail in subsequent ADS Newsletters.

**2009 ADS/ADEA Annual Scientific Meeting**  
**Adelaide Convention Centre 26 - 28 August 2009**  
**Abstract Deadline - Friday 15 May 2009**

## Presidents Report.....continued

This last 12 months has been an especially challenging time for Diabetes Australia and thus diabetes in Australia. In ADS Council's assessment, for the diabetes movement to function optimally national input is required by all of the state and territory member organisations, the health professional organisations (HPOs) and dedicated diabetes research bodies, at a federated level. A major strength of the current structure of DA is that all these groups are represented and are able to present a united face to government, industry, and media. Only thus can the diabetes movement optimally deliver diabetes care to the general community in the manifold functions of awareness, prevention, detection, diabetes management and in searching for a cure. As the national peak medical and scientific body delivering upon diabetes in Australia, ADS has major ongoing roles to support Diabetes Australia nationally. This is complemented by the ADEA, a HPO which is the peak patient educational health care body for diabetes in Australia. In fact ADS and ADEA members chair the Medical, Education and Scientific Council, and the Health Care and Education Committee of Diabetes Australia.

In this context, it is disappointing indeed that four of the eight State and Territory Member Organisations (STMOs) have recently formally announced their intention to resign from the national federated structure of diabetes in Australia, known as Diabetes Australia Limited (DAL). The resignations would take effect this mid-April. ADS delegates to DAL are contributing

significant time and energy in making ongoing attempts as mediators, in order to develop further dialogue across the DAL Member Organisations and to help find solutions towards maintaining a balanced federated structure in the diabetes movement. It is the sincere hope of ADS that DAL will be more optimally functioning in a timely manner with all DAL members including all STMOs playing an active role. We will keep ADS membership informed of major developments.

It is timely especially given the above challenges in DA, that ADS recognises in this newsletter a tribute to Skip Martin, in his recent passing. The valedictory which I commend to you, describes how Skip was a key player in the genesis of a federated Diabetes Australia decades ago. It is on the shoulders of giants such as Skip that the DA movement has historically flourished. With much pleasure I announce the naming of the 'Skip Martin ADS Early Career Fellowship' and I congratulate Dr Kate Graham, recently judged by ADS Council to be the successful awardee for 2009. Kate's research will address autoimmunity in type 1 diabetes, and will be carried out at the Diabetes and Immunology Unit, St Vincent's Institute, Melbourne.

**Stephen Twigg**  
ADS President

## 2009 ADS/ADEA Annual Scientific Meeting Adelaide Convention Centre 26 - 28 August 2009



In 2009 the ADS/ADEA Annual Scientific Meeting will be held at the Adelaide Convention Centre, located in the CBD of Adelaide, South Australia

For more information see:  
<http://www.ads-adea.org.au/>

**Abstract Deadline - Friday 15 May 2009**

## FROM THE EDITOR

I would like to thank Terri Allen and the program organising committee for organising an excellent program for this year's annual scientific meeting in Melbourne. There were over 1200 registrants (combined with ADEA) who were treated to outstanding lectures from Professor Steven Kahn, Professor Peter Tontonoz and Professor Hertzell Gerstein. The Young Investigator Award session showcased "cutting-edge" research performed by the researchers of the future with eight exceptional presentations, and the competition was so close that two awards were given this year to Nicole Wong from the University of Melbourne and Brian Drew from the Baker Heart and Diabetes Research Institute.

The meeting next year will be held at the Convention Centre in Adelaide 26-28th August 2009. We have already confirmed Professor Daniel Drucker, Professor Ann Marie Schmidt and Professor Angelika Bierhaus for next year's meeting, so it promises to be a superb meeting once again. If you have any suggestions for symposium sessions please do not hesitate to contact Suzie Neylon ([suzie@diabetessociety.com.au](mailto:suzie@diabetessociety.com.au)).

*ADS Award Winners 2008 at the Melbourne ASM.*

*Pictured (left to right) Lisa Lo, Michelle Fryis, Brian Drew, Suzie Neylon (ADS EO), Jencia Wong, Hung Nguyen, Nicole Wong.*



## CALL FOR ADS KELLION AWARD 2009

The Kellion Foundation and the Australian Diabetes Society invite applications for the Award for an Australian who has made an outstanding contribution in diabetes research, clinical or service areas in Australia. This is an annual award and commenced in the year 2000.

Nominations are now called for this Award which will be considered by a review committee consisting of prominent Australian diabetes researchers with the power to co-opt international referees. Nominations may be self-initiated, initiated by colleagues or by organisations.

The recipient of the Award will be required to deliver the Kellion Plenary Lecture at the Australian Diabetes Society/ Australian Diabetes Educators Association Annual Scientific Meeting to be held at the Adelaide Convention Centre 26-28 August 2009. The Award will include a return business class airfare to the meeting, accommodation for the duration of the meeting, registration, and a commemorative plaque. There is also a \$5,000 honorarium.

Nominations should include a letter (not exceeding 2 pages) clearly stating the basis of the nomination and a full curriculum vitae. Nominations made in the previous 3 years have been retained and will be considered also.

**Nominations for 2009 will close on Friday 3 April 2009 and should be sent to:**

Ms Suzie Neylon  
Executive Officer  
Australian Diabetes Society  
145 Macquarie Street  
SYDNEY NSW 2000  
Email: [suzie@diabetessociety.com.au](mailto:suzie@diabetessociety.com.au)

Further enquiries can be directed to Ms Suzie Neylon, Executive Officer, Australian Diabetes Society on (02) 9256 5462 or email [suzie@diabetessociety.com.au](mailto:suzie@diabetessociety.com.au).

Previous recipients of this prestigious award include: Len Harrison (2000), Don Chisholm (2001), George Jerums (2002), Paul Zimmet (2003), Tim Welborn (2004), Mark Cooper (2005), David James (2006), Ted Kraegen (2007), and Martin Silink (2008).

## NOMINATIONS FOR HONORARY LIFE MEMBERSHIP

The Council of the Australian Diabetes Society wish to remind the members that Ordinary or Corresponding members of the Society may be nominated for admission as an Honorary Life Member of the ADS. The following is an extract from the ADS Constitution on the process under Item 17.

### Honorary life membership

An ordinary member or corresponding member may be nominated by a proposer and seconder (both of whom must be members) for admission as an honorary life member of the Society. Nominations must be delivered to the Society at its registered office for consideration by the National Council and must be supported by a curriculum vitae which evidences the member's pre-eminence in professional, scientific or societal aspects of diabetes.

The nomination will be considered by the National Council and if, in the opinion of the National Council (directors of the National Council having an interest in the nomination having declared that interest and abstained from voting) the nominee is distinguished by their contribution to the knowledge of diabetes or to the welfare of people with diabetes and worthy of the distinction, the member will be conferred with honorary life membership.

Honorary life members have the right to receive notices of and to attend and be heard at any general meeting and to vote at any general meeting.

The following members of the Australian Diabetes Society have been bestowed with Honorary Life Membership:

Joe Bornstein  
 Harold Breidahl  
 Kempson Maddox (Deceased)  
 Pincus Taft (Deceased)  
 Robin Burston (Deceased)  
 F I R (Skip) Martin (Deceased)  
 Alan Stocks  
 Brian Hirschfeld  
 Paul Moffitt  
 Barry Young (Deceased)  
 John Turtle  
 Don Chisholm  
 Paul Zimmet  
 George Jerums  
 Edward Kraegen  
 Frank Alford  
 Tim Welborn  
 Len Harrison  
 Martin Silink  
 Paul Bartley  
 John Carter  
 Alex Cohen  
 Michael Suthers  
 Paul Williams



Photograph taken at the Melbourne ASM of three honorary life members who were awarded at the Annual Dinner in 2008. Pictured (left to right): Paul Williams (2008), Tim Welborn (2006), John Carter (2007), with Maarten Kamp (ADS President).

## Melbourne ASM 2008



*Martin Silink and wife Margaret on the dance floor*



*Maarten Kamp*



*A group of familiar faces at the ADS/ADEA Annual Dinner*



*And fun was had by all*

## FAREWELL SKIP MARTIN

Skip Martin was an extraordinary and wonderful man. Extraordinary because he was one of a kind. Totally unconventional in manner and style. At first impression, disorganised and awkward. At second impression, a person of razor sharp intellect, perpetual curiosity, enthusiasm for everything he did and a passionate interest in his fellow human beings. Wonderful because of his generosity of spirit and the inspirational effect he had on those around him.

Born in 1929, Skip was a member of the cohort from the University of Melbourne who studied at Mildura after the Second World War. He undertook research at Case Western Reserve University in Cleveland, on the exchange program that started after the occupation of the Royal Melbourne Hospital by the US 4th Army from Cleveland. He returned to the Royal Melbourne Hospital and succeeded Pincus Taft as the Physician-in-Charge of Endocrinology in 1964, a position he was to occupy for the next 25 years.

Although his appointment was part-time, equivalent to six tenths, he established an active research program. In the grandly-named Endocrine Laboratory, an alcove-sized room in the Department of Medicine, he had established bioassays for gonadotrophins and one of the few bioassays for the Long Acting Thyroid Stimulator, later known as thyroid stimulating immunoglobulins. Immunoassays for insulin and growth hormone were soon followed by several other immunoassays. Important papers were published in international journals, including the seminal work done with one of the generation of endocrinologists whom he mentored, Alan Stocks, on the association of resistance to the action of insulin and the complications of diabetes. This interest in insulin resistance and its adverse associations predated the description of syndrome X or metabolic syndrome by a couple of decades. Another seminal work related to the different expression of diabetes in Papua New Guinea with an early description of J-type diabetes.

Skip inspired my interest in research by his perpetual curiosity and genuine desire to find out answers to the clinical problems he saw in his patients. The direction of my career was totally dependent on Skip's influence. Skip had a similar influence on the careers of many others who have come to occupy leadership positions in hospitals and university departments throughout the country and indeed in many other parts of the world.

Shortly after I started with Skip, I learnt that he was the author of, to that point, 112 scientific papers. As I struggled to publish my first two or three, the magnitude of this achievement for someone with a huge clinical load quickly became apparent.

But what I will remember most about Skip Martin is the interest he had in the lives of his patients and the respect he had for them. He was fascinated by their range of interests, their backgrounds and the way they handled their illnesses. He had a particular affinity for migrants, especially from the Mediterranean region, and the different prevalence of diabetes in different ethnic and national groups – Maltese migrants were a particular interest. His affection for his patients was very much reciprocated – he was an exemplar of the best kind of doctor – one who really cared for his patients in every sense. The travails of the long-term sufferer of diabetes and its complications require just this sensitivity.



Skip occupied many leadership positions at the Royal Melbourne Hospital, including Chairman of the Senior Medical Staff, and in the Australian Diabetes Society. He was one of the founders of this Society and a stalwart on its Council for many years, including terms as its Secretary, Treasurer and Vice-President.

His selfless contributions to medicine in general, to the training of a generation of endocrinologists, his contributions to medical research and his leadership role in the formation and support of the Australian Diabetes Society were recognised by award of Membership of the Order of Australia in the Australia Day Honours of 1995.

In recent times, Skip's passion found yet another outlet – medical history. His book entitled "The History of Diabetes in Australia" which was commissioned to celebrate the 25th anniversary of the Australian Diabetes Society was a scholarly treatise which was fascinating to read. He focused on the characters involved – including the first patients to receive insulin, the researchers and the early practitioners. As always he was interested in the quirky, including the first attempt at pancreas transplantation by an imaginative maverick in Tasmania in 1911. Skip has been an active member of the Australian and New Zealand Society of the History of Medicine since retiring from his active hospital practice.

Devoted to his family, he is survived by his wife Megan, their five children and an increasing number of grand-children.

Every person who knew Skip has been enriched by the experience. We give thanks for his life and mourn his passing.

**Richard Larkins**

## THE SIXTH JOHN R. TURTLE DIABETES CLINICAL SKILLS TRAINING COURSE FOR ADVANCED TRAINEES IN ENDOCRINOLOGY

The 2008 Diabetes Clinical Skills Training Course was held on the afternoon of Friday, August 29th, in conjunction with the ADS Annual Scientific Meeting at the Melbourne Convention Centre. The Course is designed for advanced trainees in endocrinology and aims to teach practical aspects of diabetes care in an interactive format. It was co-ordinated by A/Prof. Stephen Twigg and experts in relevant fields were invited to be Faculty. Topics addressed in 2008 were: diabetes and driving; diabetes complications, and practical aspects of type 1 diabetes. Thanks go to the Faculty: Prof. Dennis Yue, A/Prof. Alicia Jenkins and Occupational Health and Safety Physician Dr Bruce Hocking, who in addition to the co-ordinators, made major contributions to the sessions. Each session appeared to be well received by the 32 advanced trainees who attended. Congratulations to Dr Emily Gianitti, who was awarded the 2008 John R. Turtle Diabetes Clinical Skills Training Course Prize, for her interactive participation on the day.

The ADS and Course organisers recognise the generous support of the following two sponsors, each of them for the sixth year running: Servier (major sponsor) and Alphapharm. We look forward to the seventh Training Course, in 2009 in conjunction with the ADS Annual Scientific meeting in Adelaide, and information for 2009 will be provided in subsequent ADS newsletters.

**Stephen Twigg**

## ADS MEMBERSHIP

The Society currently has around 650 members. The membership fee for the ADS is A\$110.00 (includes \$10.00 GST) for membership from 1 July to 30 June. A subscription fee of A\$55.00 (includes \$5.00 GST) is available to scholars with an income limit of \$A23,000 pa.

To apply for membership to the ADS, please contact the ADS Secretariat at 145 Macquarie Street, Sydney, NSW, 2000, Tel: 02-9256 5462 Fax 02-9251 8174 or email: [admin@diabetessociety.com.au](mailto:admin@diabetessociety.com.au) for a membership form.

Details of the ADS and membership forms can also be found on the ADS Website at: <http://www.diabetessociety.com.au>

The ADS secretariat hours are 10.30am to 4.30pm on Monday to Friday or email anytime to [admin@diabetessociety.com.au](mailto:admin@diabetessociety.com.au)

## NEW MEMBERS

The ADS welcomes the following new members who have joined the Society since our last newsletter:

Jessica Chang (SA)	Michelle Keske (TAS)	Kishani Kannangara (NSW)
Santosh Chaubey (QLD)	Greg Kowalski (VIC)	Kerry May (VIC)
Peter Donovan (QLD)	Lisa Wing-Yee Lo (NSW)	David Pedersen (NSW)
Anju E Joham (VIC)	Vance Matthews (VIC)	Annalise Pham (NSW)
Jane Jung-Yeo Kim (NSW)	Gwilym Mumford (NSW)	Adeline Lin Yin Tan (VIC)
Carolyn Jane Petersons (SA)	Mark Myers (VIC)	Ian Arthur (NSW)
Rebecca Sgambellone (VIC)	Bronwyn Neal (VIC)	Daniella Brasacchio (VIC)
Ken Yan Thong (WA)	Jenny Yee Keey Ng (VIC)	Joshua Crase (VIC)
Zara Weedon (NT),	Arjuna Pathmaperuma (ACT)	Abhay Daniel (QLD)
Tamara Allen (VIC)	Sarah Paule (VIC)	Nispa Krongkaew (ACT)
Caroline Badam (NSW)	Emma Polkinhorne (NSW)	Kin-Chuen Leung (NSW)
Katherine Baldock (SA)	Felicity Rose (QLD)	Mark Stein (VIC)
Sara Baqar (VIC)	Sunita Kaur Sandhu (NSW)	Elena Velkoska (VIC)
Helen Barrett (NSW)	Beata Skiba (VIC)	Greg Ward (QLD)
Michael Boden (NSW)	Venessa Tsang (NSW)	Tang Wong (NSW)
Dorit Bonet (NSW)	Thuy D T Vu (VIC)	Lindsay Wu (NSW)
Amanda Brandon (NSW)	Lai Yin Wong (NSW)	Tina Yen (NSW)
Ada Sau-Zhuen Cheung (VIC)	Lee Zaffino (VIC)	Michael Simmonds (QLD)
Michelle Colomiere (VIC)	Xia Zhang (QLD)	
Michelle Fryirs (NSW)	Yang Zhe (QLD)	
Kirtan Ganda (NSW)	Hayley Charlton (QLD)	
Jennifer Gunter (QLD)	Deepak Dutta (VIC)	
Ebru Gurisik (NSW)	Stephanie Johnson (QLD)	

## Call for 2009 ADS-SERVIER NATIONAL DIABETES STRATEGY GRANTS IN MEMORY OF BARRY YOUNG

The ADS Council is pleased to again call for applications for the ADS-Servier National Diabetes Strategy Grants in Memory of Barry Young. These grants have been made possible by the generosity of Servier Laboratories Australia which has strongly supported the National Diabetes Strategies for many years.

Consistent with the focus of ADS and Servier, the grants will be for clinical projects that involve improvement of patient care consistent with the aims of the National Service Improvement Framework for Diabetes as paraphrased below:

1. Prevent and limit the progression of diabetes
2. Slow the onset of complications
3. Reduce preventable hospital admissions
4. Reduce variations in care between clinicians and health services, across metropolitan, rural and remote settings and in care provided to disadvantaged groups

Preference will be given to projects with potential applicability to diabetes care throughout Australia.

The value of the grants will vary depending on need but it is anticipated that the average grant will be for \$20,000. Three to five grants will be awarded in this round.

The committee established to review and choose the successful grants will include:

- The President (Chair) and Treasurer of ADS
- A nominee of Servier
- Two ADS members with experience in clinical projects
- A nominee of ADEA
- A nominee of Diabetes Australia

## ADS-SERVIER NATIONAL DIABETES STRATEGY GRANTS AWARDED IN 2008

Following are brief outlines of the projects that were awarded under the ADS Servier National Diabetes Strategy Grant Scheme in 2008.

### OBJECTIVE MEASUREMENT OF PHYSICAL ACTIVITY AND SEDENTARY TIME IN ADULTS WITH TYPE 2 DIABETES INVESTIGATORS

Dr Genevieve Healy, A/Prof Elizabeth Eakin, Prof Neville Owen (University of Queensland); A/Prof David Dunstan (Baker IDI); Dr Alison Marshall (Queensland University of Technology); A/Prof Charles Matthews (Vanderbilt University Medical School, USA).

Regular participation in moderate-to-vigorous intensity physical activity is known to have therapeutic benefits for adults with type 2 diabetes. Recent evidence indicates that reducing the time spent sitting, and increasing the time spent in everyday, light-intensity activities may also provide unique cardiovascular and metabolic benefits. However, it is difficult to accurately measure these behaviours using self-report questionnaires. This study will use accelerometers to objectively measure change in everyday physical activity and sedentary time in 350 adults with type 2 diabetes participating

Grants may be sent out for expert review if necessary.

Grants are to be submitted electronically via the ADS Website at [www.diabetessociety.com.au](http://www.diabetessociety.com.au)

Enquiries can be directed to:

Suzie Neylon  
ADS Executive Officer on email [suzie@diabetessociety.com.au](mailto:suzie@diabetessociety.com.au)  
or by telephone 02 9256 5462

### DEADLINE FOR GRANT SUBMISSION IS FRIDAY 29 MAY 2009

Grants are to be submitted in a simple format but must include:

Background; Aims; Methods; Contribution to improved patient care expected; Assessment plan for project; Ethics approvals (if relevant); Detailed Budget

Grants must be NO longer than four A4 pages with a minimal font size of 12.

A brief report on the outcome of the work (which may be posted on ADS website) must be submitted to ADS and awardees are expected to present their work at the annual ADS or ADEA scientific meetings.

**The successful applicants will be announced at the ADS and ADEA annual scientific meeting.**

in the NHMRC-funded "Living Well With Diabetes" randomised controlled lifestyle intervention trial. The findings will help to inform whether developing and promoting guidelines regarding the reduction and/or interruption of prolonged sitting, and increasing time spent in everyday activities, are feasible and effective strategies to prevent or limit the progression of complications in adults with type 2 diabetes.

### CARDIOVASCULAR OUTCOMES IN AUSTRALIAN PATIENTS WITH TYPE 1 DIABETES

**Applicant:** Dr Sheila Patel – University of Melbourne

Premature cardiovascular disease (CVD) is the most common cause of death in diabetes and early detection and treatment of cardiac disease in type 1 diabetes is necessary to improve health outcomes. Accurate and non-invasive identification of cardiac disease should form a routine part of the management of type 1 diabetes. An electrocardiogram (ECG) is often the first line investigation, but lacks sensitivity for the detection of modifiable disease such as left ventricular hypertrophy or potentially

modifiable disease such as diastolic dysfunction. We believe an abnormal echocardiogram in people with type 1 diabetes will play a significant role in predicting cardiovascular outcomes. Our results may lead to the incorporation of an echocardiogram into routine complication screening programmes, to identify those with type 1 diabetes at increased risk of CVD. This in turn may inform future policies and strategies in order to reduce adverse cardiovascular outcomes in type 1 diabetes.

### **IMPROVING GLYCAEMIC CONTROL IN DIABETIC PATIENTS WITH CHRONIC KIDNEY DISEASE IN ORDER TO BETTER CLINICAL OUTCOMES**

**Principal Researcher:** Dr Sophia Zoungas (Deputy Director of Diabetes Southern Health)

Type 2 diabetes is increasing in epidemic proportions and is now the primary cause of chronic kidney disease and end-stage renal failure. At present the goal in the management of diabetic patients with chronic kidney disease is the attainment of normal blood glucose levels in order to prevent acute and chronic complications and improve outcomes and quality of life. However, to date, the management of diabetic patients with chronic kidney disease has been based on recommendations and targets derived for patients without chronic kidney disease. In this project we will address this issue by examining the best means by which to measure and monitor glucometabolic control in patients with type 2 diabetes and CKD. It is anticipated that by defining the relationship between HbA1c, glycated albumin and mean blood glucose in these patients, and by identifying any factors that may interfere with the interpretation of these measures, a better understanding of how to monitor and improve glycaemic control will be achieved.

### **PREVENTION OF RECURRENT GESTATIONAL DIABETES WITH METFORMIN: A DOUBLE BLIND RANDOMISED TRIAL**

**Applicant:** Dr William M Hague, Department of Obstetrics, Women's and Children's Hospital, North Adelaide SA 5006.

Gestational diabetes (GDM) recurs in up to 70% of pregnancies. There is also evidence that recurrence of GDM increases the risk of long term diabetes. Use of metformin in GDM has similar perinatal outcomes to use of insulin and is a very acceptable treatment to women. We wish to explore whether using metformin from early in the second trimester of pregnancy before the onset of GDM can reduce the risk of GDM. Pregnant women with a history of GDM and not already diabetic will be recruited into a double blind randomised placebo-controlled trial of metformin. The primary outcome will be the frequency of GDM, as tested by a 75g OGTT at 26-28 weeks gestation or later, if clinically indicated. Secondary outcomes will include pre-eclampsia, pre-term birth, birthweight, neonatal anthropometry, neonatal complications, maternal weight change and postpartum maternal glucose intolerance.

### **STEROID-INDUCED HOSPITAL HYPERGLYCAEMIA AND ITS OPTIMAL INSULIN MANAGEMENT**

NW Cheung, M McLean, D Chipps

Dept of Diabetes & Endocrinology, Westmead Hospital, Westmead NSW

Hyperglycaemia is common in hospital and has been associated with increased mortality and complications such as infection. There are data that better glycaemic control leads to improved outcomes. High dose steroid therapy is one common precipitant of hyperglycaemia in hospital and is particularly difficult to manage. The aim of this study is to determine the incidence of steroid induced hyperglycaemia, and determine which basal insulin provides better glycaemic control in this situation.

Routine glucose monitoring amongst hospital patients commenced on high dose steroid therapy will be established. Subjects who become hyperglycaemic will be recruited into a RCT comparing basal-bolus insulin regimes with the basal component comprising either Glargine, or NPH insulin. Insulin prescriptions will be based on standard algorithms. A comparison of mean glucose levels achieved, and the frequency of hyper and hypoglycaemia will be performed. The outcomes of this study will ascertain the incidence of steroid-induced hyperglycaemia in hospital, and its optimal insulin management.

### **A RANDOMISED CONTROLLED TRIAL OF INDIVIDUALISED MEDICINE EDUCATION FOR PEOPLE WITH TYPE 2 DIABETES**

**RESEARCHERS:** Prof Trisha Dunning, RN, MEd, PhD, CDE, Chair in Nursing, Geelong Hospital, Dr Sally Savage, BA (Hons), DipEd, PhD, Research Fellow, Mr Paul Muir, BPharm, BA, FSHP, Pharmacist, Outpatients Clinical Trials

People with type 2 diabetes who require medicines but do not take them correctly do not obtain the full benefit of their medicines and may be prescribed other medicines inappropriately or unnecessarily. The aim of the research is to determine whether a structure medicine self-management education program delivered by diabetes educators improves medicine-related self-care, adherence and outcomes. A randomised controlled trial will be conducted.

Sixty-six people with type 2 diabetes will be recruited and will be randomised to a usual care group or a group that receives individualised medicine education relevant to each medicine the individual is prescribed. Scores obtained using scales to assess medicine adherence, attitudes to medicines, knowledge about their prescribed medicines, and metabolic measures at baseline and six months after the intervention will be compared. Assisting people with type 2 diabetes to take their medicines appropriately should reduce the likelihood of medicine-related adverse events and improve metabolic outcomes.



## WHAT IS THE NATIONAL ASSOCIATION OF DIABETES CENTRES (NADC)?

The National Association of Diabetes Centres (NADC) is a collective of Diabetes Centres established in 1994 to explore mechanisms for improving the standard of care available to people with diabetes through Specialist Diabetes Centres and Services. The NADC promotes the flow of information and collaboration between specialist diabetes services; links with non-specialist service providers; collects and pools diabetes information data to promulgate improved standards, methods and models of diabetes care; helps NADC member centres maintain standards as centres of excellence. We currently have 63 member centres. The ADS and ADEA fund and hold joint responsibility for the operations of the NADC.

### The Key NADC Activities

#### **2+Australian National Diabetes Information Audit and Benchmarking (ANDIAB)**

The Australian National Diabetes Information Audit and Benchmarking (ANDIAB) project relies on member centres to collect clinical data on a national basis. This allows the development of information detailing the clinical status, diabetes control and related complications of patients attending Diabetes Services. ANDIAB2 collects data related to diabetes education and self-care. Reports are provided which enables participants to benchmark their own data against that of others. These are important quality assurance activities which promote continuous improvement in the standard of service provided by Diabetes Centres. ANDIAB has just been successful in obtaining a Commonwealth grant to conduct another cycle of ANDIAB and ANDIAB2, in 2009 and 2010. While the grant funding is lean and does not provide NADC funding for administrative support nor to Centres to undertake data collection, the funds will aid the centralised data input, analysis and subsequent dissemination of key findings and messages.

#### **Best Practice in Diabetes Centres (BPDC)**

The Best Practice in Diabetes Centres Meetings are a collaboration between the NADC and Lilly. The program is organised by the NADC, and Lilly has been very generous in fully sponsoring the meeting. Each of the NADC member centres are invited to send 2 representatives to the meeting. These meetings are an interactive forum intended to canvass issues important to Diabetes Services which are beyond the scope of the ADS-ADEA Annual Scientific Meeting. Plans are already underway for the 2009 meeting.

#### **National Foot Care Training Manual**

This training manual was developed in collaboration with the Australian Podiatry Council to train generalists in the identification and care of the diabetic foot. A number of resources are provided to participants in a workshop setting to enable effective implementation of the practices promoted, including a foot assessment checklist, a monofilament to test for sensation of the feet and patient education material.

#### **Diabetes Management in the General Care Setting – A National Training Program for Nurses and Allied Health Professionals**

This Training Program provides a standardised basic diabetes training program containing introductory information about diabetes and its management. The program is aimed at registered and enrolled nurses, allied health staff, and other staff from other generalist hospital, community, nursing home, and other care facilities including drug and alcohol and respite care services. It has now been adopted by the Australian Practice Nurses Association (APNA).

#### **The Future of NADC**

The ADS and ADEA are currently completing a review of the structure, function and membership of the NADC, to keep NADC relevant and of benefit to its members. A working party is being established to consider the merits and practicalities of introducing an accreditation system for NADC member centres. Our website will soon be updated to incorporate more information on NADC member centres.

For further information on the NADC, please visit the ADS website at [www.diabetessociety.com.au](http://www.diabetessociety.com.au) or the ADEA website at [www.adea.com.au](http://www.adea.com.au) or contact the NADC Secretariat at telephone 02-6287 4844 or email [nadc@adpo.com.au](mailto:nadc@adpo.com.au)

#### **N Wah Cheung**

**Vice President, ADS**

**Chairperson, NADC Steering Committee**

## GUIDELINES FOR THE MANAGEMENT OF DIABETIC RETINOPATHY

The Australian Diabetes Society is delighted to announce that the updated Guidelines for the Management of Diabetic Retinopathy are now available and can be viewed or downloaded from the NHMRC website under publications. The website address is [www.nhmrc.gov.au/publications](http://www.nhmrc.gov.au/publications). There is also a link on the new ADS website at [www.diabetessociety.com.au](http://www.diabetessociety.com.au) under position statements.

The review, conducted between 2004 and 2007, updates the 1997 guidelines with additional literature from 1996 to the end of August 2007.

The ADS would like to thank A/Prof Justin O'Day for his leadership and chairing this working party that included the following members: Dr Ralph Audehm, Dr Daryl Guest, Mr Robert Guthrie, Prof Janet Hiller, A/Prof Jill Keeffe, Mr John Kilmartin, Dr Mark McCoombe, Dr Andrew Magennis, Ms Tracy Merlin, Prof Paul Mitchell, Dr Peter Montgomery, Dr Pat Phillips, and Prof Tien Wong.

### Synopsis of publication:

The National Health & Medical Research Council developed *Clinical Practice Guidelines for the Management of Diabetic Retinopathy*, published in 1997.

## ADS LAUNCHES NEW WEBSITE

The ADS launched a brand new website in August last year. It has a whole new look and will contain the latest information for members including details of available grants and awards, newsletters, position statements, and eventually, you will be able to update your contact details and pay your subscription online. We are currently working with the bank and hope to have the secure facility for online subscription payments in time for the 2010 subscriptions.

We will be sending out login user names and passwords during March 2009. This will enable you to login to our website and

This information has now been updated to include literature that has been published up to September 2007. The objective of these guidelines is to assist practitioners in making decisions about the appropriate health care of patients with diabetes.

Considerable evidence now shows that diabetes is becoming a more frequent problem in our community so that detecting diabetic eye disease is critically important, since there are well developed and proven strategies to prevent visual loss.

The period since 1997 has witnessed the introduction of newer modalities to investigate patients with diabetic eye disease, such as Optical Coherence Tomography and newer treatments such as intravitreal triamcinolone. A variety of agents aimed at inhibiting pathways leading to diabetic retinopathy (e.g. protein kinase C) or the induction of retinal angiogenesis (e.g. vascular endothelial growth factor) are also being evaluated in clinical trials at this time.

These guidelines were developed by the Australian Diabetes Society and approved by the NHMRC.

provide contact details for other members to view and to also update your mailing address which will not be available to other members.

In the meantime, all areas of the website can be accessed and we welcome your feedback and input into areas that we could develop to best serve our members. If you haven't already put our new address in your "favourites", please do now! The web address is [www.diabetessociety.com.au](http://www.diabetessociety.com.au)

**ADS** Australian Diabetes Society  
A society for research, medical practice and education in Diabetes Mellitus.

Home Members About Us Grants & Awards Partners Contact ADS

Australian Diabetes Society

Diabetes Information

The Australian Diabetes Society (ADS) is a society for research, medical practice and education in Diabetes Mellitus. For consumer information on diabetes we recommend [www.diabetesaustralia.com.au](http://www.diabetesaustralia.com.au)

2009 ADS/ADEA Annual Scientific Meeting 26-28 August 2009 Adelaide

Diabetes AUSTRALIA

## NATIONAL DATABASE OF DIABETES RESEARCHERS

Message to research team heads:

We seek your assistance in establishing a national database of potential research supervisors for Australian/ New Zealand Endocrine Advanced Trainees wishing to do Masters degrees, MDs or PhDs. This database would then enable potential students to more readily communicate with potential supervisors.

If you wish, your details can be listed on the RACP website for trainees to access.

To be registered in this database, please provide the following information:

1. Institution and Department:
2. Supervisor(s) Contact Details:
3. Diabetes research area(s) of interest:

Please email your details to Dr Elif Ekinci,  
Endocrine Advance Trainee Representative to the College of Physicians  
elif.ekinci@austin.org.au

## 2009 Dates for the Diary

### 21-25 March, 2009

2nd Joint Meeting of IBMS and ANZBMS.  
Sydney Convention Centre.  
Abstract and early bird registration deadline - 12  
December 2008.  
Website: [www.ibms2009.com](http://www.ibms2009.com)

### 1-3 May, 2009

ESA Annual Seminar Meeting.  
Ettalong Mantra Resort, NSW.  
Website: <http://www.esaseminar.org.au>

### 5-9 June, 2009

American Diabetes Association 69th Scientific  
Sessions. New Orleans, Louisiana.  
Abstract submission deadline – 8 January 2009.  
Website: [http://professional.diabetes.org/Congress\\_](http://professional.diabetes.org/Congress_Display.aspx?TYP=9&CID=57909)  
[Display.aspx?TYP=9&CID=57909](http://professional.diabetes.org/Congress_Display.aspx?TYP=9&CID=57909)

### 10-13 June 2009

ENDO 2009. The Endocrine Society Annual meeting.  
Washington DC, USA.  
Website: <http://www.endo-society.org>

### 21-23 August, 2009

ESA Clinical Weekend. Barossa Novatel Resort, SA.  
Contact: ASN, PO Box 200, Balnarring VIC 3926.  
Tel: 03-5983 2400 Fax: 03-5983 2223  
Website: <http://www.esaclinicalweekend.org.au>

### 23-26 August, 2009

ESA and SRB Annual Scientific Meeting –  
Adelaide Convention Centre, Adelaide.  
Contact: ASN Events, PO Box 200, Balnarring VIC  
3926. Tel: 03-5983 2400 Fax: 03-5983 2223.  
Website: <http://www.esa-srb.org.au>

### 26-28 August, 2009

ADS/ADEA Annual Scientific Meeting –  
Adelaide Convention Centre, Adelaide.  
Contact: ASN Events, PO Box 200, Balnarring VIC  
3926. Tel: 03-5983 2400 Fax: 03-5983 2223.  
Website: <http://www.ads-adea.org.au>

### 28-29 August, 2009

Australasian Diabetes in Pregnancy Society (ADIPS)  
Annual Scientific Meeting – Adelaide Convention  
Centre.  
For Further information Contact: ASN Events.  
Email: [mp@asnevents.net.au](mailto:mp@asnevents.net.au).  
Website: <http://www.adips.org>

### 29 September – 2 October, 2009

45th EASD Annual Meeting  
(European Association for the Study of Diabetes),  
Vienna, Austria.  
Web: <http://www.easd.org>.

### 18 October – 22 October, 2009

20th IDF World Diabetes Congress, Montreal, Canada.  
Web: <http://www.worlddiabetescongress.org/>

### 12 November, 2009

Australian Islet Study Group Annual Scientific Meeting  
– St. Vincent's Institute, Melbourne.  
For more details  
email: [Sof Andrikopoulos \(sof@unimelb.edu.au\)](mailto:Sof.Andrikopoulos@unimelb.edu.au) or  
Helen Thomas ([hthomas@svi.edu.au](mailto:hthomas@svi.edu.au))