On Target
December 2020

Aotearoa College of Diabetes Nurses Committee:

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Treasurer:	Nana Tweneboah-Mensah
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Committee Update

Merry Christmas everyone. We got so close and yet were still so far away. The potential game changing newer medications for people with T2DM diabetes looked like they were going to be funded from 1 December for some of our high risk patients under Special Authority. And then they weren't!

ACDN wrote to Pharmac letting them know how disappointing it was that their response to consultation was to delay funding them. Kiwis have already been missing out on access to them for years.

Pharmac subsequently asked for urgent feedback by Thursday 26 November on whether these medications should be funded with a pro-equity condition on the Special Authority. If this was to go ahead it would be a major step change in health care in New Zealand. We reminded them of the urgency of making these medications available.

The committee is looking for new members next year. If you are interested in being active in diabetes nursing at a national level or know someone who would like to be please use the nomination form from the ACDN website:

https://www.nzno.org.nz/groups/colleges_sections/colleges/aotearoa_college_of_diabetes_nurses/upcoming_events

NZSSD ASM & Special Interest Group (SIG) study days

The NZSSD committee have decided to go ahead with a 2-day 'slimmed' down meeting with the option of 'zooming in', as well as having steps in place should there be a need to transfer the meeting to being fully online at the last minute. Factors considered when deciding this included the possibility of having to cancel the ASM and SIG study days again like this year and therefore financial risk for NZSSD, and members' enthusiasm for an in person meeting.

Regarding the SIG study days, it has decided that for 2021, these will be virtual and spread over the year enabling all disciplines to attend any of the specialist SIG sessions. There will be no cost to these for NZSSD members and for non-members the cost will be the same as an NZSSD membership fee. More details to come as they are decided.

ACDN AGM

As you know with the cancellation of the ACDN study day and NZSSD meeting this year we also postponed the AGM. Given the changes in the SIG days it has been decided to have it early next year. It will be in the afternoon of 25 March 2021 and we will invite you all to zoom in closer to the time.

Prescribing in Diabetes and Related Conditions Meeting March 10th & 11th 2021

Great to see this valuable meeting coming back in March in Wellington next year thanks to Helen Snell.

ACDN Study Day November

An ACDN regional study day focused on Diabetes in the Older Adult was held in Christchurch on Saturday 6 November. Over 60 practice and aged care nurses attended. Hayley Maxwell, dietitian for Nurse Maude, pointed out that every year between the ages of 30 and 60 the average adult loses 250g muscle and gains 500g fat. By age 65 many people have lost 30-40% of their muscle mass. We can improve muscle protein synthesis by doing

more weight bearing exercise and eating more protein.

The recommendations are to eat 30g of protein at each meal. In New Zealand we often eat around 10g for breakfast, 20g for lunch and 60g for dinner and it really needs to be distributed more evenly throughout the day for older people. Go out people and increase your breakfast and lunch protein!

Attendees at the study day finding out best practice for using patient insulin pens.

Accreditation News

October 2020 Accreditation Round

Congratulations are offered to the following nurses that were awarded accreditation in the October 2020 round: Anne-Marie Frew, Helen Ashton, Malia Debriacher, Solita-Rose Walker, Pip Cresswell, Pauline Giles, Rebecca Shaw, Richa Arora, Eve Natusch, and Kate Smallman. Moderation is currently occurring as usual.

We now have 55 accredited nurses - 44 Specialist RNs, 7 Specialist NPs, and 4 Proficient RNs.

March 2021 Round

The next accreditation round opens 25 January, and closes midday on 12 March 2021. Eight specialist registered nurses are due for renewal in the March 2021 round, and have been reminded via email.

Funding Support

ACDN has a grants fund that may be used to help cover some of the costs of accreditation or for assessor training. Details of the fund and how to apply are on the ACDN website. Please note that with the new process the fees for accreditation have reduced.

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Help to remember if you took an insulin dose

A further update regarding the digital devices which can help you remember when you last took an insulin dose. The Timesulin is available from the Diabetes Christchurch online shop. See

https://www.diabeteschristchurch.co.nz/product-category/health-and-travel/

Report from European Association for Study of Diabetes (EASD) conference – Register for the e-learning for free

R Milne, CNM-Diabetes & NP Whitiora Diabetes Service, Middlemore Hospital, Counties Manukau Health

Well I had planned to attend this conference in September in Vienna, however due to Covid-19 this conference was made a virtual one and on listening

to the latest announcements with travel remaining uncertain 2021 will also be a virtual conference. This year's was well organised and had 20,000 registrants with access to multiple streams from talking about novel therapies in the treatment of diabetes, to updates on complications, diabetes and how impacted by Covid, cancer, pregnancy NAFLD, technology – closing the loop using commercial systems, precision medicine in diabetes so really something for everyone.

One of the things most might find interesting is the free e-learning modules available if you register for the sessions at https://www.easd-elearning.org. Well worthwhile as there are modules on SGLT2 inhibitors (SGLT2i) and GLP1 Agonists (GLP-1 A). Certainly EASD and ADA have changed their guidelines to reflect where these medications fit in the management of diabetes.

GLP-1 Agonists are generally available as a subcut injection which can last anything from 2.4 hours to 7 days with one potentially lasting 124 days. There are 6 on the market. Semaglutide is available both as a subcut injection and an oral version both of which are effective. The version of GLP-1 A which Pharmac may fund after it has been through Medsafe is once weekly dulaglutide. GLP-1 As lower BGLs, body weight, blood pressure and lipids. Importantly once the BGLs are in normal range the effect on glucose lowering stops. There are several important studies – DURATION 1 & 5, LEAD -6, GETGOAL X, HARMONY 7, AWARD 6, LIBRA-LIX1, and SUSTAIN 3. GLP-1 As work in various areas in the brain which are associated with food intake. They cause a reduction in appetite and therefore in food intake, and most studies show a robust reduction in body weight. They also have an effect on the kidney which causes vasodilatation of the afferent arterioles which suppresses the sodium-hydrogen exchange contributing to the excretion of sodium and this accounts for reduction in systolic BP in most studies of 4 mmHg. They also result in small reductions of cholesterol.

SGLT2 inhibitors were originally found in the bark of the apple tree cause glycosuria and block intestinal glucose absorption. They inhibit sodium-glucose transporters located in proximal renal tubules as well as the mucosa of the small intestine. Blocking these transporters loses about 400 kcals per day which reduces plasma glucose. It also causes weight loss consistently around 2 – 3 kg. SGLT2is can cause a reduction in BP, polyuria, nocturia, thirst, urinary and urogenital tract infections, and fungal genital infections. They also reduce CV risk and albuminuria. They can be used in combination with other glucose lowering medication. When used as monotherapy they have a low risk of hypoglycaemia. They have beneficial effect on heart failure and in studies have reduced the number of hospitalisation for heart failure. They are reno-protective.

However in some studies, they have been found to increased risk of lower limb amputations (canagliflozin) and fractures which may be related to falls rather than a direct effect on the bone. There has been some off label use in T1DM who have an increased risk of euglycaemic DKA which has also occurred in a few patients with T2DM. They have the potential to cause dehydration/volume depletion and electrolyte imbalance so care is needed in use in in the elderly, those with intercurrent illness or on loop diuretics. Pharmac is considering funding Empagliflozin. In the studies, there did not seem to be a difference in response due to age, gender, obesity or ethnicity. HbA1c reduction was proportional to

baseline HbA1c. Patients who had eGFR above 60 had a good response. Under eGFR 60 the response is lower.

There was an interesting talk from Anne Marie Felton IDF Europe Symposium talking about the role of the diabetes nurse specialist in 21st century as an educator, researcher, clinician, manager, influencer advocate and counsellor. The relationship between the nurse and the patient is important, not be dominant and to be a competent clinician. The nurse needs to be an influencer – locally, nationally and internationally. FEND is an organisation whose mission statement is promotion of the role of the diabetes nurse specialist throughout Europe. It also promotes for the public benefit the education and training of nurses working in diabetes care throughout Europe by supporting training programmes including the organisation of conferences and symposia. FEND funds programs which are available to members at a variety of levels – post grad education for all disciplines ensuring that outcome measures are patient centred, not system centred.

Roy Taylor also presented about 'remission of type 2 diabetes with the return of insulin secretory function restores normal pancreas morphology'. Demonstrating that T2DM is a state of excess fat in the liver and pancreas able to be reversed to normal by dietary weight loss and that remission is durable provided no weight regain. Whether remission is achieved is dependent on beta cell resilience – in those who achieve remission return to full normal functional beta cell capacity happens slowly over 12 months.
Results of the DIRECT study responders achieved first phase release of insulin whilst non- responders never achieved this. In the DIRECT study over 24 months those who maintained normal weight and responded were found to have lost pancreatic fat and they maintained this fat loss. Responders achieved non diabetes levels of HbA1c and increased volume of pancreas compared to non- responders. Some non-responders did achieve improvements in HbA1c but remained in the diabetes range and did have some increase in pancreatic volume but not as much as the responders – will have to wait and see if this improves further. So in summary, over 2 years of remission the pancreas increased in volume and returned to normal shape and this was followed by a return in insulin secretion and decrease of intrapancreatic fat content which is postulated to reverse the order that is likely to precede the onset of T2DM.

There were many more sessions that could have been reported on. So if looking for updates it is well worth participating in the virtual conference – you can do it real time or later. Pick out the topics of interest to you and perhaps the best advice if looking after the event rather than in real time due to the time difference, pick the sessions that have the most views as these are likely to be of the most interest. I do recommend the e-learning modules which are free.

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