On Target
September 2021

Aotearoa College of Diabetes Nurses Committee:

Chair:	Bobby Milne
Secretary:	Vicki McKay
Treasurer:	Nana Tweneboah-Mensah
Accreditation Coordinator:	Amanda de Hoop
Committee Member:	Sue Talbot
Committee Member:	Anne Waterman
Committee Member:	Belinda Gordge
Volunteers outside committee:	
Newsletter:	Melanie Lubeck

Inside this issue

Contact Us:		
Bobbie Milne - Chair	Counties Manukau	bobbie.milne@middlemore.co.nz
Vicki McKay – Secretary	Manawatu	acdn.secretary@gmail.com
Nana Tweneboah-Mensah - Treasurer	Auckland	acdn.treasurer@gmail.com
Amanda de Hoop - Accreditation Coordinator	Manawatu	amanda.dehoop@midcentraldhb.govt.nz
Newsletter		acdnnewsletter@gmail.com
Membership		acdn.membership@gmail.com

National Committee Update
Bobby Milne, ACDN Chair

I hope that all of you are keeping safe and well in these times of COVID. The NZNO study day for colleges and sections along with NZNO conference has been cancelled for September due to COVID lockdowns. Similarly the national study day prior to NZSSD was also cancelled whilst the ASM went ahead.

The committee is keeping in contact via zoom when we are unable to meet face to face. This can make committee work more onerous and work between committee meetings higher and take longer.

We have and are writing to Nursing council and others regarding designated prescribing and what medications can be prescribed. We are suggesting this group should be able to prescribe the new diabetes medications and they simplify the mechanism by which new medicines are added to the list, by class rather than actual name. We are waiting for a response but its delayed due to COVID like most things.

Meetings with NZNO exec are on Zoom and we have raised the issues about pay for prescribing as a designated prescriber not being the same across the country. In the past we have been advised to use the JERK process that looks at job descriptions and tries to address this issue and some areas have been successful. We are aware that this is an onerous task. At least one DHB will not let this process be used but NZNO will try to work with this DHB on this issue as it does not just affect the diabetes nurse specialist designated prescribers but other clinical nurse specialists. We are of course looking for someone to join the committee so if you are interested please contact the ACDN secretary.

We continue to have a twice yearly accreditation process. Please see the update on this later in the newsletter. We continue with the newsletter and are looking for an editor to co-ordinate this. This is published 4 times a year. Melanie Lubeck has taken this on for this newsletter but we are looking for another co-ordinator of articles, you don't need to be on the committee although it is helpful if you are.

Celebrating 100 years of insulin
Melanie Lubeck

2021 is a significant year in diabetes as it marks 100 years since the discovery of insulin.

It was 1921 when researchers from the University of Toronto successfully extracted insulin from the pancreas of a dog. Many of us will recognise the names of these two researchers; Fredrick Banting and Charles Best.

A year later, a 14 year old boy was the first person with diabetes to be treated with insulin. His name was Leonard Thompson (pictured below).

Banting, Best and another colleague, Collip were awarded the American patents for insulin. However, they sold the rights to the University of Toronto for $1 each to help ensure it was accessible for all who needed

it. Banting was reported as saying “Insulin belongs to the world, not to me.”

In 1923, commercial production of insulin began in Scandinavia. Development continued with the discovery of NPH insulin in 1946. The prolonged effect of NPH reduced the number of injections required by those with diabetes.

1980 saw the first commercially available human insulin. Insulin was the first therapeutic protein created using recombinant DNA technology. Not only was it identical to insulin produced naturally in the human body but it was now able to be produced in unlimited quantities, which hugely increased access for people with diabetes.

The evolution of diabetes treatment and management makes for fascinating reading. For anyone wanting to learn more, the following sites are a great starting point, with lots of interesting reading and videos.

https://www.lilly.com/discovery/100-years-of-insulin

https://bantinghousenhs.ca/2018/12/14/insulin-patent-sold-for-1/

https://www.novonordisk.com/about/insulin-100-years.html

https://www.endocrine.org/membership/100-years-of-insulin

Fredrick Banting and Charles Best.

World Diabetes Day – 14 November
Melanie Lubeck

Given the world is marking 100 years of insulin, it is perhaps the perfect time to raise awareness of the large numbers of people with diabetes worldwide who are unable to access medication and self-monitoring devices. Hence, the World Diabetes Day theme for the next three years is ‘Access to Diabetes Care’.

For more information and access to promotional posters have a look at https://worlddiabetesday.org

Did you know?
World Diabetes Day was started as a joint project between IDF and the WHO in 1991. Some years later, in 2006 it became an official United Nations Day. World Diabetes Day is 14 November, chosen as it is the birthday of Sir Fredrick Banting.

New Diabetes Medication - Empagliflozin Dispensing.
Dr Wing Cheuk Chan

Empagliflozin (a Sodium-glucose transport protein 2 (SGLT2) inhibitor) was funded in New Zealand under special authority on 1st Feb 2021. Dulaglutide (Glucagon-like peptide 1 receptor (GLP1) agonist will be available in New Zealand and funded under special authority on the 1st Sep 2021. Guidance on their use is available on the NZSSD website: https://t2dm.nzssd.org.nz/Management-Algorithm.html

Early analysis up to early July 2021, showed that about 5,000 people per month with diabetes in New Zealand were dispensed empagliflozin for the first time since Feb 2021. Proportionally, uptake by Māori and Pacific people with diabetes are proportionally higher than other ethnic groups. Prior analysis demonstrated that people with clinical indications for empagliflozin (or dulaglutide) often do not have an adequate supply of first line medicines (e.g. metformin, statins) throughout a year. More recent analyses showed that each dispensing of empagliflozin has about 38 days of supply (with median 30 day supply). Therefore, continuity of care and dose titration along with adherence of first line meds and delivery of comprehensive diabetes care are important areas to focus on.

New Diabetes Medication – Dulaglutide
Vicki McKay, ACDN Secretary

It's here!!!
The long wait for the GLP1 RA, dulaglutide, is over. From September 1, dulaglutide (pronounced doo-lah-glu-tide) is available in New Zealand, and is funded if patients meet Special Authority criteria.
There are many places to obtain information on dulaglutide – I have listed resources I have found useful below.

I can highly recommend Dr Ryan Paul's recent 'Dulaglutide: the long-awaited new agent to treat type 2 diabetes' 78 minute webinar available on He Ako Hiringa (https://www.akohiringa.co.nz/education/dulaglutide-the-long-awaited-new-agent-to-treat-type-2-diabetes)

Key points from Ryan's webinar for me were:
* Low-risk of hypoglycaemia - action is glucose-dependant (however hypos can occur if patient on insulin and/and sulfonylureas)
* Extra benefits beyond glycaemic reduction include weight loss, and cardio- & reno-protective factors
* Stop vildagliptin
* Only 1 dose currently available - no dose titration (however insulin and/or sulfonylurea titration may be required if HbA1c less than 64 - 15-20% insulin reduction, 50% sulfonylurea reduction).
* Sub-cut injection once weekly (can take up to 3 days late - however don't take 2 doses within 72 hours of each other)
* Mean HbA1c reduction dependent on baseline HbA1c:
  HbA1c 56 mmol/mol, likely reduction 6 mmol/mol
  HbA1c < 69, likely reduction 13
  HbA1c > 69, likely reduction 25
* Patients may be able to stop insulin if on less than 40 units per day & HbA1c to target
* Modest reduction in BP & LDL cholesterol
* Most common adverse effect is nausea - affects 1/3 of patients. Peaks in 2-3 days, resolves within weeks - less than 2% of patients cease use due to nausea. Tips to reduce nausea - avoid food 2 hours before bed, avoid fatty foods/alcohol, keep hydrated.

* Review in 3 months with repeat HbA1c, lipids, BP.
* Suitable for use for eGFR >15
* Use NZSSD Type 2 algorithm to decide between SGLT2i & GLP1 RA - however if clinically appropriate patient could be on both, if they can self fund one (Jardiance approx $85 p/m, dulaglutide approx $115 p/m).
Printable PDF version available @ https://t2dm.nzssd.org.nz/Management-Algorithm.html
* No head to head studies between empagliflozin and dulaglutide - consider co-morbidities, adverse reactions, patient preference.

It's great to have more medication options to offer our patients, and I'm keen to contact patients that may be interested and eligible for dulaglutide.

Useful sources of information on dulaglutide:

Info & algorithm:
https://www.akohiringa.co.nz/education/initiating-treatment-with-dulaglutide-algorithms-notes-and-talking-points

PHARMAC special authority information https://pharmac.govt.nz/news-and-resources/consultations-and-decisions/decision-2021-08-23-dulaglutide

Please also visit the **NZSSD Type 2 diabetes guidance** for information on when/in which patients it is appropriate to prescribe a GLP1 RA, and prescribing and monitoring recommendations www.nzssd.org.nz

Covid Comments

At the time of writing Auckland remains at Alert Level 4 and the rest of the country is at level 2. Here is a summary of experiences from around the country.

Bobby Milne – ACDN Chair. CMDHB
COVID has caused a lockdown again affecting the whole country. Work is continuing with some able to work from home and others at the coal face. Our service has gone back to virtual reviews for the majority of patients who were previously booked to be seen in outpatients. As before, as it is level 4, we can at least get hold of the majority of patients as they are at home, unless they are essential workers, in which case they usually return the calls later. Like us they are used to this. As before, we are reminding them how to manage if they are unwell and prescribing medications if they require them, but if they have not had any blood tests, holding off until later as the laboratories are busy dealing with screening for COVID.

We continue to see foot ulcer patients that the MDT foot clinic is concerned about, organising xrays, vascular review and prescribing appropriate medications to improve outcomes as needed. Similarly doing virtual reviews of inpatients and seeing only those we have to such as new type 1, DKA and HONK or those having hypos if it cannot be reviewed virtually, liaising with the teams looking after the patient.

On a personal note the numbers of places of interest, requiring you to self isolate and get a test – several of us almost met this fate particularly as the numbers of venues are ever increasing in Auckland. At the time of writing this we are all in lockdown for longer. We will have to see whether we are able to weather the storm. Stay safe.

Vicki McKay – Mid Central Region

I work for Think Hauora, a Primary Health Organisation in the MidCentral region. My Long Term Conditions work has been greatly reduced during Level 3 and 4. Instead of clinics at GP practices or home visits, I have been contacting patients by telephone or email, as needed.

I have been a Covid vaccinator for several months, with limited availability due to my LTC clinics. However, under Level 3 and 4 I have been vaccinating 3 days a week at Iwi drive-through clinics. It's quite a change - long days, working outdoors - but it's extremely rewarding, knowing I'm part of the team contributing to the improvement of Māori health outcomes. I have also enjoyed working as part of a team, getting to know other nurses, and experiencing manaakitanga across the rohe.

Anne Waterman – CNS Diabetes, Committee Member

What started off as a short stint in the Far West of NSW, ended in a prolonged 6 weeks, after the Covid 19 numbers exploded in Sydney. It eventually ended with 2 weeks in MIQ, in Auckland! I had returned to Broken Hill to do a short contract for the Aboriginal Medical service, where I have worked on and off over the years.

What an experience! Firstly, trying to obtain a flight back from Sydney to Auckland which started with emails to NZ Govt site (unite against Covid). They promised that yes, we will respond within 24 hours - 10 days later an answer comes through! There were 2-hour daily call waits to speak with the beleaguered Air NZ staff, to see if any flights were available. To their credit they were wonderful to deal with (seeming to be the face of NZ Govt in NSW) and always ended with a cheery "good luck" hope you manage to get on a flight, sorry that there are none available!

I finally managed to get on a priority flight, one of the few times being a nurse has pushed me up the pecking order.

Safely ensconced in my small but serviceable room at Grand Mercure, Auckland, overlooking Customs street & corner of Queen Street, I settled in for the next 2 weeks. What can I say, my room was adequate, the food was stodgy, not planned by a dietitian that's for sure! The armed forces were quick to tell you that your 30mins of exercise was up and I have no idea how anyone ever escapes from quarantine because our hotel was heavy with the presence of security guards at every possible exit. Our last escapee did well to do a runner in Auckland recently!

I had my trusty work laptop and managed to work a normal, but not so normal, 8-hour day in isolation. I did all the diabetes triaging for diabetes referrals, spent many hours on the phone in consultation with patients and attended zoom meetings with colleagues.

I was so lucky that the Olympics were on and spent many hours watching all manner of sports that I normally would have flicked over. What a wonderful feeling when my time was up, and literally walked out of the hotel to the exact minute that I walked in.
It's good to be home.

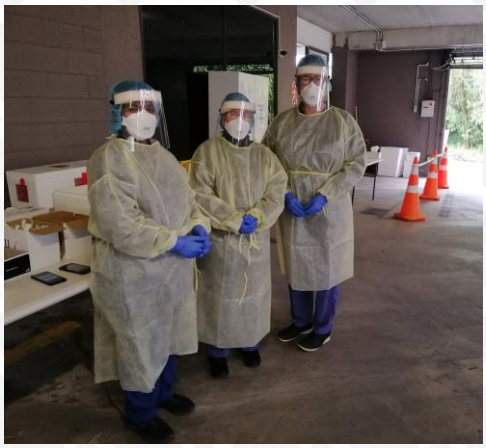
Auckland Diabetes Centre – ADHB
Melanie Lubeck

At the Auckland Diabetes Centre, the early days of lockdown started with a team meeting to discuss the rapidly evolving situation. A large number of staff were redeployed particularly in the beginning, including dietitians and medical staff. Nurses were sent to a variety of locations; occupational health, Covid testing stations, the wards of Auckland City Hospital and MIQ to name a few.

As with the Counties Manukau experience, urgent patients only continued to be seen in

person with the vast majority of consultations done virtually.

With retinal screening unable to occur until level 3, the team, consisting of Ros (Optometrist), and Belsy and Lucille (nurses) turned their hand to covid testing. They are pictured in full PPE below.



NZSSD ASM Update
Bobby Milne, ACDN Chair

So far, COVID providing, the plan is to have another conference next year, in Wellington. Thursday 12th May will be the Special Interest Group (half day) and 13th and 14th will be the ASM with the conference dinner on the Friday night. There are likely to be less special interest groups, as there are not many venues that can accommodate so many. Hence, some may be run bi annually or they may still be joint with another group.

The plan is to continue the webinars if there is demand for them, being that they have been well attended and you can listen to them delayed if you cannot at the time. There has been a wide variety of topics.

From ACDN perspective – we would like to hold a study day or ½ day if this is all that we can have. Our experience with the AGM suggests that it may have to be added to the study day, as there will not be time when the ASM is running and it was not well attended on Zoom. It is likely that the presenters will be based in New Zealand, rather than overseas speakers as the study day currently is not sponsored. Should COVID make it impossible to hold in person I am sure there will be a contingency plan rather than cancel. We would welcome ideas for topics, either for the study day or a webinar. Please send these to the secretary.

CPE Opportunities

For further education on the use of the new medications, Empagliflozin and Dulaglutide, take a look at the article by Lisa Sparks in Kai Tiaki, July 2021. 1 hour of CPD can be claimed after the completion of an online assessment.

NZSSD Webinars

Mental Health in Diabetes Care & Working with Barriers to Diabetes Management

Hosted by Psychology Special Interest Group

Wednesday 6th October 4-6pm

This session will include:

- A discussion about relationships between mental health and diabetes
- Review of psychological factors that impact living with diabetes
- Discussion of psychological strategies and skills for working with patients
- Ideas for how to advocate for psychology

About the Speakers:

Dr Joanna McClintock (DipClinPsych) is a clinical psychologist and has worked in diabetes care for 15 years at Waikato District Health Board, covering paediatrics through to young adults. She also works for Rural Child and Adolescent Mental Health Services.

Dr Rikki Thompson (PGDipClinPsych) is a clinical psychologist working for the Canterbury District Health Board in Adult Diabetes and Specialist Mental Health Services.

Lisa Hoyle (DipHealthPsych) is a health psychologist at Counties Manukau District Health Board working in both the Diabetes and Renal Services. She is also Acting Professional Leader Psychology for Counties Manukau DHB.

Registrations Close: Friday 1st October. Open to financial member of NZSSD.

Medication Updates – What's been happening in 2021?
Hosted by Primary Care Special Interest Group & ACDN
Wednesday 3rd November

For queries on the study sessions, or to suggest a topic to be covered in 2022, please email: nzssdstudysessions@gmail.com

Membership
Queries: nzssdmembership@gmail.com

Accreditation News

We currently have 55 accredited nurses - 43 Specialist RNs, 7 Specialist NPs, and 5 Proficient RNs. The latest round closed 6th of August and the 16 applications are still being assessed. An update will be provided within the next newsletter of successful applicants. There is potential for delays meeting usual deadlines for the assessment of portfolios given COVID-19 lockdown. Communication has been made with those applicants that might be affected.

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.

Assessors
Many thanks to Solita-Rose Walker from Waikato District Health Board for joining the pool of assessors; we currently have ten active assessors.
Amanda de Hoop Coordinator - ACDN (NZNO) Accreditation Programme
Email:
amanda.dehoop@midcentraldhb.govt.nz

Newsletter Contributions

We are always looking for more contributions to our quarterly newsletter! If you have something you would like to add please email acdnnewsletter@gmail.com

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