On Target
June 2018

Aotearoa College of Diabetes Nurses Committee:

Chair:	Tricha Ball
Secretary/Website:	Anne Waterman
Accreditation Portfolio:	Bryan Gibbison
Treasurer:	Kerrie Skeggs
Newsletter:	Andrea Rooderkerk
NZSSD Liaison:	Bobbie Milne
Membership:	Hazel Philips

From the Editor

Early last month at conference week in Hamilton, more people attended the satellite programmes on Tuesday than for the main NZSSD programme later in the week. I counted at least six programmes being offered on the Tuesday. Sounds great doesn't it? Unless you're one of those people who was darting between different satellite programmes in order to attend everything on offer, or you're one of those who couldn't attend the meetings because 4 days at conference meant significant expense, time away from work and family, you couldn't be released from work or it wasn't your turn.

Bigger isn't necessarily better. ACDN has more than 400 members. However, only 15% are engaged in accreditation, a few applications for grants are received each year, feedback submitted about proposed changes to accreditation this year could be counted using the fingers of one hand and once again nobody came forward for the vacancy on the National Committee.

Attendance at the ACDN AGM was just enough for a quorum.

In the March edition of this newsletter, I made a plea for members to be informed and engaged in processes relating to the DHB MECA but I'm also wondering what people get out of being a member of ACDN? It seems only a few are actively participating.

ACDN has to engage its members and we hope that by offering the opportunity to connect on a regional level might support a change. You are also invited to put your thoughts/comments in a "letter to the editor" style and those that I deem fit for publishing will be included in the next edition.

Send to acdn.newsletter@gmail.com. I look forward to being overwhelmed with your responses ☺

National Committee

Tricha Ball - Chair	Auckland	trichab@adhb.govt.nz
Anne Waterman – Secretary/ Website/Communications	Waikato	acdn.secretary@gmail.com
Kerrie Skeggs - Treasurer	Mid-Central	acdn.treasurer@gmail.com
Bryan Gibbison - Accreditation Coordinator	Waikato	bryan.gibbison@waikatodhb.health.nz
Andrea Rooderkerk - Newsletter	Hawkes Bay	acdn.newsletter@gmail.com
Bobbie Milne – NZSSD Liaison	Counties Manukau	bmilne@middlemore.co.nz
Hazel Phillips – Membership Portfolio	Hutt Valley	acdn.membership@gmail.com

Inside this issue

National Committee News

Profile: Kia ora. My name is Anne Waterman and I have been recently elected to the committee of ACDN having been seconded to fill in for the secretary role until this position is filled. I have had 30 plus years working in the field of diabetes education and assessment. I returned from Australia last year having worked for five years in the remote Far West of New South Wales in Aboriginal Primary Health Care. I have spent the time since I returned relieving for the Waikato Regional Diabetes service in a variety of roles but have recently started working for Pinnacle PHO as their Clinical Nurse Specialist- Diabetes. I provide the GP practice teams with diabetes education and support promoting evidence based guidelines, encouraging practice change to improve diabetes management.

Committee Vacancy: If you are thinking about expanding your horizons or looking for a challenge, please consider joining the National Committee of ACDN. The National Committee meet together four times a year with regular telephone conferences at other times. Travel costs are covered, but members are asked to seek support from Managers for their weekday meetings if appropriate. If you are interested, please feel free to contact one of the National Committee listed above. For a nomination form – Click here

"Being on the National Committee has given me a different perspective, allowing me to appreciate the amazing work others are doing across the country. I have learned some valuable skills and forged new relationships and friendships"
Andrea Rooderkerk

Accreditation news

Accreditation is a peer review process specifically for diabetes nursing where assessment is objective and against a set of nationally agreed criteria. Members of the ACDN, in primary, secondary and tertiary care sectors are encouraged to submit an application for accreditation at either Specialty or Specialist level. Accreditation is valid for 3 years. With the growing numbers of people living with diabetes, it's important that we, as a College, can assure our patients that they are receiving the very best education and support from nationally recognised accredited nurses.

May 2018 Accreditation Applications

There were 6 successful applications for accreditation, all as Specialist Diabetes Nurses in the May 2018 round. Congratulations to Stephanie Zhang, Imelda Chua and Rachael Engelbrecht, who were all first-time applicants, and to Bryony Secret, Gill Aspin, and Erin Searle, who were successful with their applications for maintenance of accreditation.

There are currently 61 accredited diabetes nurses; 9 Specialty and 52 Specialists (includes 4 NP's).

October 2018 Accreditation Round

Applications for the October 2018 round of accreditation are now invited, and portfolios are due to NZNO Head Office in Wellington by **12:00pm on 10 August 2018.**

Funding Support

ACDN has a scholarship/grants fund that may be used to help cover some of the costs of accreditation. Details of the fund and how to apply are on the ACDN website.

Is your accreditation due in 2018?

There are 14 nurses due to submit portfolios for maintenance of accreditation in 2018 – are you one of these? Please check the date for your current accreditation status and submit your portfolio in this coming round to be sure of being able to maintain your accreditation status.

I continue to encourage members of the ACDN, in primary, secondary and tertiary care sectors, to submit a portfolio for accreditation (either new or maintenance), or at least look at the requirements for submission, at either Specialty or Specialist level. With the growing numbers of people living with diabetes, it's important that we, as a College, can assure our patients that they are receiving the very best education and support from nationally recognised accredited nurses.

As always - a reminder regarding Confidentiality

Maintaining confidentiality for the people you work with and your patient/client is paramount. NZNO have updated their practice guideline titled *Privacy, Confidentiality and Consent in the Use of Exemplars of Practice, Case Studies and Journaling, 2016*. This can be accessed from the NZNO website in Publications at the following link. http://www.nzno.org.nz/resources/nzno_publications and can be found under the section titled 'Practice'.

Accreditation Review

The accreditation programme is currently under review. The proposed new process was sent out to membership during April with the closing date for comment being 11 May. There was some good discussion raised at the Nurses day and at the AGM at the recent NZSSD conference. Feedback is currently being

reviewed by the committee and any changes will be advised in due course.

Bryan Gibbison
Coordinator - ACDN (NZNO)
Accreditation Programme
bryan.gibbison@waikatodhb.health.nz

"the process of accreditation has provided me with self-reflection and critique of my practice at a specialist level. I found the process easy to follow and rewarding – a valuable recognition of my diabetes knowledge and skills"
Eve Natusch; Hawke's Bay

Professional Development Grants

The Aotearoa College of Diabetes Nurses (ACDN) offers grants to assist nurses to attend or participate in events related to diabetes nursing that will further their knowledge base in their current field of work i.e. workshops, conferences, study days, seminars, post graduate study. A professional development grant can also be used to cover the cost of the Aotearoa College of Diabetes Nurses accreditation application.

ACDN gratefully acknowledges the contributions from Pharmaco and NovoNordisk towards diabetes nurse education, via ACDN professional development grants. Applications are considered twice a year and the next closing date is 31st July 2018.

Please note, all grant applications must be submitted electronically on the NZNO Aotearoa College of Diabetes Nurses Professional Development Grant Application Form which can be accessed on the College webpage at NZNO website.

Conference Reports

*IDF Congress – International Diabetes Federation in Abu Dhabi, 4-8 December 2017 - **Elham Hajje**, CNS Diabetes, Whitiora Diabetes Service, Counties Manukau DHB*

I wish to thank ACDN for the sponsorship that helped me attend the IDF Congress conference, held in Abu Dhabi, 4-8 December, 2017. The weather was sunny and I received a friendly warm welcome from the team. The prevalence of diabetes in the region is the second highest among all IDF regions and the number of people living with diabetes is expected to be more than double by 2045. I was fortunate to attend the conference with the assistance of funding from the ACDN scholarship. It was inspiring to hear all the wonderful work that was being done by health professionals.

The IDF Congress provides a unique forum for knowledge exchange and the sharing of best practice in diabetes education, treatment and prevention, helping to foster the collaborations, connections and innovations that are required to improve the lives of the more than 400 million people. There was a variety of topics presented and I found the speakers excellent. I am pleased to share the points I particularly enjoyed.

Dr Sandra Vega (Department of Neuroscience; German Sport University) outlined the mechanisms of neurodegeneration and cognitive decline in diabetes. She reported that the brain is an insulin-sensitive organ, and human brain can become insulin resistant by obese people with visceral fat accumulation. Her study showed that diabetes was associated with an increased risk of dementia, so brain insulin resistance may increase amyloid

accumulation in the brain and thereby would increase the risk of Alzheimer's disease (AD). Diabetes and AD share common pathological mechanisms and some drugs for diabetes treatment may be useful for AD. Dr Vega recommended that diabetes prevention in the general population as well as good diabetes treatment (controlling glycaemia, lipids, and blood pressure), may have a role in preventing cognitive decline and dementia. She stated that the glycaemic target (HbA1c values) for elderly patients with diabetes should be individualised, taking into account age, duration of diabetes, risk of hypoglycaemia, and any support available, as well as the patient's cognitive function, and comorbidities / functional impairments. She also noted the potential risk of hypoglycaemia that increases with age in each patient. The lower limit of the glycaemic target is set to ensure safer glycaemic control in those at risk of severe hypoglycaemia.

J. DeVries is a Professor at the University of Amsterdam. Dr DeVries spoke about anti-glycaemic medications (insulins, Glucagon/GLP-1 based drugs, and oral combination therapies). He reported that Metformin is the first line drug treatment for type 2 diabetes and SGLT2 agents had weight lowering properties and cardiovascular benefits. He defined monogenic diabetes (MD) as a heterogeneous group of rare diabetes form, and Type 1 diabetes as a chronic autoimmune disorder resulting from combinations of immunologic, genetic, and environmental factors. He outlined that the diagnosis of Type 2 diabetes in young adults may be wrong especially if the person is not obese and family members are of normal weight. Other factors to note were the absence/presence of acanthosis nigricans, ethnic background with low prevalence, and no insulin resistance with fasting C peptide in the normal range. He explained that a diagnosis of Type 1 diabetes may be wrong when a patient is diagnosed before the age of 6 months, family history of diabetes affecting a parent, evidence of endogenous insulin production (C-peptide > 200mmol/L when glucose is > 8 mmol/L) outside the honeymoon phase (after 3 years of diabetes) and the absence of pancreatic autoantibodies.

Professor Merlin Thomas from Monash University spoke about hypoglycaemia which may cause permanent cognitive impairment and decline (2017). He reported that 35% of dementia cases are attributable to modifiable risk factors such as low educational attainment, obesity, midlife hypertension, diabetes, smoking, physical inactivity and late-life depression. His study showed that the underlying cognitive impairment may be more likely diagnosed in patients experiencing intermittent delirium due to hypoglycaemia. He also mentioned that reduced cognitive function is associated with increased risk for hypoglycaemia. www.longevitylist.com

Professor Walid Kaplan, Paediatric Endocrinologist at Tawam Hospital described obesity and Type 2 diabetes in children. He reported that 50% of children who were obese between the ages of 5 and 14 years, became overweight adults. Obesity is a growing global challenge, and obese children are more likely to become obese adults. The causes of obesity are genetic, behavioural and environmental and the children who are born to overweight or obese mothers are more likely to be overweight by the age of 4 years old. Also, if both parents of a girl were overweight, the girl would be eight times more likely to be overweight by the age of 13 years. Overweight is more common

in children of single parent homes with high family stress, lower parental knowledge about nutrition and lower socioeconomic class. Furthermore, an unhealthy life style (diet, activity, coping) is more common in obese than healthy weight families. He talked about Metformin and Sibutramine as medical treatment options for obesity in children and adolescents, and bariatric surgery.

Dr Noel Barengo, Professor from Florida International University, spoke about treatment guidelines for hypertension in people with diabetes. Hypertension is a leading cause of CVD and deaths worldwide. Hypertension affects more than 1 billion adults (9 million deaths annually). Co-existence of diabetes and hypertension is associated with increased cardiovascular morbidity and mortality. He recommended for adults with DM and hypertension, that antihypertension drug treatment should be initiated at a BP of 130/80 mmHg or higher with a treatment goal of less than 130/80 mmHg. In adults with DM and hypertension, all first-line classes of antihypertensive agents (i.e. diuretics, ACE Inhibitors, ARBs and CCBs) are useful and effective, and ACE Inhibitor or ARBs may be considered in the presence of albuminuria. In summary, BP target of <140/90 mmHg is reasonable, protective effect of treatment if SBP is more than 140 mmHg. However the benefit would decrease with decreasing blood pressure.

Edward Jude, a professor at the Manchester Metropolitan University, presented on the importance of educating healthcare providers in primary care, the importance to take a detailed history and assessment for sensory neuropathy using a 10g monofilament, to check for neurotip (pain) and temperature sensation and assessment for motor neuropathy. Diabetic neuropathy is a common complication of diabetes, 16-66% experience symptoms and the most common form is distal sensory neuropathy which is a loss of 'gift of pain'. He also noted that later, patients can develop motor symptoms. He spoke about medical diabetic neuropathy treatment, what a comprehensive diabetic foot exam entails to reduce lower extremity amputations and also the importance of off-loading for prevention of incident and recurrent ulcers and to expedite ulcer healing.

Dr Shaukat Sadikot (IDF President 2017) defined the Charcot foot which is the most disastrous complication of the diabetic foot. Charcot foot is the breakdown and degeneration of bones and joints in the foot. He highly recommended the primary care health professionals to provide foot education for people living with diabetes and Type 1 and Type 2 patients should be screened annually.

Professor Eric Senneville from France outlined the management of osteomyelitis. Each situation required a different approach, he noted that surgery is paramount in most (not all) cases, antibiotic therapy and multidisciplinary approach was also essential.

Dr B. Rodriguez from USA, described how people with diabetes effectively managed their own care and the role health professionals played in supporting this. He expressed the importance of training multidisciplinary health providers and the use of a variety of tools and intervention approaches to enhance the patient's ability to manage their diabetes and their health in general. He also mentioned the

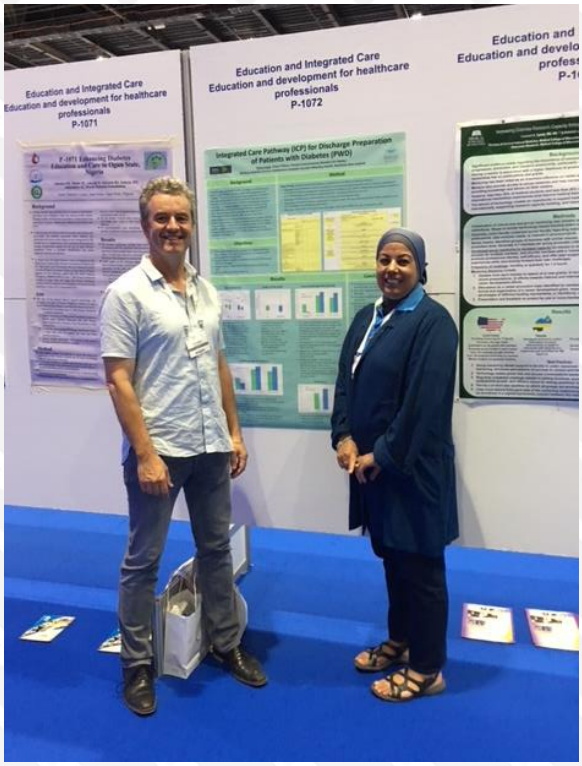
importance of working with patients, their families, and communities to improve understanding of diabetes, its prevention and care, and the quality of life of those with diabetes. Further he addressed a variety of specific challenges in diabetes prevention and care worldwide.

The IDF poster workshop was a wonderful meeting point for all the health professionals from around the world involved in diabetes care and education.

Furthermore, there were several case studies that were presented by dietitians, physicians, podiatrists and diabetes nurse specialists. They presented case studies that shared their experiences and stories with their patients.

There were posters that were displayed and discussed during the conference lunch. IDF Conference was a great opportunity to present my poster about the Integrated care pathway (ICP) for discharge preparation of patients with diabetes (PWD). The pathway guides health professionals to prepare the hospital PWD for safe discharge with a plan of ongoing care to manage health and patients self-management and to provide the best possible co-ordinated service for PWD during their inpatient stay. Therefore this would lead to a decrease in hospital length stay and a reduction in the 30 day readmission rates as well as the HbA1c at 3 months follow-up.

Once again, I would like to thank ACDN for helping me to attend this conference.



Elham and Dr Brendan Orr-Walker at IDF 2017

NZSSD Conference 1-4 May 2018; ***Christina Simmonds*** *- RN Prescriber/Diabetes Nurse, Glenview Medical, Hamilton*

I had the privilege of attending the Primary Care Study Day as well as the remainder of the scientific conference earlier this year.

I work as the lead diabetes nurse in Primary Care and as a resource in a large medical centre. I don't have regular interactions with specialists, so three days of lectures and presentations by experts focusing on diabetes was a treat.

I was inspired by the dedication and passion to truly achieve great results for all patients with diabetes evidenced by the scientists, specialists, researchers, and the other health professionals represented.

The majority of my practice is with adults with Type 2 diabetes, although I do have some teenagers with Type 1 diabetes and often feel out of my depth.
I greatly appreciated the chance to hear Lori Laffel and Ros Wall explain the psychological impact that T1D has on these patients and their families. To learn that the biggest impact on improved outcomes was engagement with health professionals has motivated me to work even harder and more creatively to keep these young people connected with our service, even if this feels like 'second best'. We have a number of teenagers who have been discharged from secondary care, and these are the patients that need us to be creative and relentless in reaching out to.

Leigh Perreault's challenge for us to be more proactive once glycaemic levels were already in a pre-diabetes range has challenged me to continue with proactive education for patients with even 'slightly high' Hba1c, and hopefully prevent many of them developing diabetes.

I was very inspired by Rob Beaglehole's presentation showing how he implemented huge changes in the attitude towards selling sweet drinks on District Health Board and also World Health Organisation premises. How? Through his sheer determination and relentless education strategies. This has inspired me to work hard to be a positive role model and educator in our large workplace.

Excellent research presentations were relevant and informative, and have given me food for thought, and I plan to use the links to research further.

I would like to express my sincere gratitude for the opportunity afforded me to attend this conference, which would have been out of my reach without the scholarship provided. I believe that the increased awareness and knowledge has refuelled my passion to provide the most excellent care possible for our patients in primary care.

In addition to ACDN professional development grants, NZNO has a significant number of scholarships that members may also be eligible for.
The NZNO website has all the relevant information about these, including criteria and the process for application.
Here's the link:
http://www.nzno.org.nz/support/scholarships_and_grants

Packs for Newly Diagnosed Children

Newly Diagnosed Packs (previously distributed by Diabetes Youth NZ) will now be distributed to hospitals from Diabetes NZ National Office in Wellington and can be ordered via the Diabetes NZ website.

Here's the link (copy and paste):

https://www.diabetes.org.nz/type-1-diabetes-newly-diganosed-packs/

ACDN Calendar

There are a number of key dates throughout the year for ACDN and these have been assembled in a calendar which you may find useful to keep as a reference. If you have ideas about other things to add to the calendar, please send them to acdn.secretary@gmail.com

January	2018
February	• National Committee teleconference (TC) • **28th Feb – closing date for ACDN professional development grants**
March	• National Committee Meeting • **Closing date for accreditation applications** • "On Target" published
April	• National Committee TC
May	• ACDN Annual General Meeting • ACDN study day • NZSSD ASM
June	• National Committee TC • "On Target" published
July	• National Committee meeting • **31st July – closing date for ACDN professional development grants**
August	• National Committee TC • **10 August - closing date for accreditation applications**
September	• National Committee TC • "On Target" published • NZNO Annual Colleges & Sections Day • NZNO Annual General Meeting
October	• National Committee meeting
November	• National Committee TC • **10 November - ACDN Regional Study Day; Rotorua**
December	• "On Target" published

Members request your help

Emma Ball – CNS MidCentral DHB

I am currently undertaking a Project paper as part of my Masters of Nursing Science. I have chosen to redesign our diabetes assessment form that we use in our Nurse-led diabetes outpatient appointments (but may be used for inpatients too). I am aiming to have it in line with the New Diabetes Knowledge and Skills Framework and Ministry of Health Standards of care in diabetes. I am very interested to see what assessment tools are being used at other DHBs and would love to see these. Please can you send me any assessment tools you currently use in your practice?

Please can you email any assessment documentation to Emma.ball@midcentraldhb.govt.nz

Lakes DHB Specialist Team

We are wanting to find out from other DHB's what their policy is for multi-dose use of 3ml insulin cartridges in the ward situation. Which DHBs are using 3ml cartridges or 10ml vials?

E: Wendy.gifford@lakesdhb.govt.nz

Special Interest Groups

If you are interested in being involved with a SIG or have ideas regarding other possible SIG's (e.g.: Pregnancy, Inpatient care etc.), ACDN would be very keen to hear these. Please contact Anne Waterman at acdn.secretary@gmail.com.

Indigenous Diabetes Nurse SIG (as part of ACDN)

The aim of this group, which falls under the umbrella of the Aotearoa College of Diabetes Nurses (ACDN), is to offer indigenous nurses the opportunity to meet, share information and discuss cultural activities that may assist with improving engagement, delivery and management for people living with diabetes. ACDN encourages its members to get involved and inform other indigenous nurses working in diabetes to consider how they might be able to link into this SIG. To learn more about this special interest group, or to get involved please contact:
Gina Berghan (MN, DNS)

T: 09-3074949 E: gina@adhb.govt.nz

Paediatrics (as part of the Paediatric Society of NZ – National Diabetes Clinical Network for Child & Youth)

Gilli Lewis has replaced Rosalie Hornung as lead of the Paediatric Nursing Work stream for the Network. This work stream will continue to explore innovation and initiatives that can be shared nationally.

Ann Faherty, CNS from Starship has joined the Network Clinical Reference Group (CRG) and is about to coordinate a project under the umbrella of the network exploring consumer resources relating to Continuous Glucose Monitoring. All requests for email tree or newsletter correspondence relating to this project or any project should go via Gilli as the Network facilitator. All resources are reviewed bi-annually in response to feedback received by the Network.

If anybody has any feedback or would like to propose changes to any of the Network resources or have ideas about areas in which resources are needed for Paediatric populations in 2018 please do contact Gilli.

Email: Gilli.Lewis@ccdhb.org.nz.

Young People with Diabetes {15-25 years} also known as DYPSIG (as part of NZSSD)

If you work with young people aged 15-25 years with diabetes and you would like to join the DiabetesYoungPeople SIG, please contact Vickie via the following email address: diabetesyoungpeople@googlegroups.com

DYPSIG held our first formal SIG meeting at the annual NZSSD meeting in May 2018 where Terms of Reference for the SIG and the following projects were discussed.

Project 1 – Psychological Screening in Youth and Young Adults with Type 1DM: An expression of interest to utilise the screening tools in practice has been sent out to SIG members. For more on this see next page…

Project 2 - Transfer of Care Project is in early planning stages. A call for expression of interest will be sent out in the coming months to SIG members who may wish to be part of this project.

Project 3 - Workforce Survey Project: this project has been done in Paediatric diabetes services around NZ (Jeffries, et al, NZ Medical Journal, Oct 2015) and

now needs to be replicated for adult services specific to ages 15-25 years.

Psychological Distress and Clinical Burden of Diabetes Mellitus in Youth and Young Adults in New Zealand – Dr. Jo McClintock; Clinical Psychologist; Waikato DHB.

Waikato DHB is extending a formal invitation for expressions of interest to other DHBs to be involved in this project. In summary, the project involves the use of standardised questionnaires for youth and young adults aged between 15 and 24 years as part of their routine clinic appointment. The psychological factors we are measuring include emotional wellbeing; diabetes eating problems; diabetes distress; and fear of hypoglycaemia. We are strongly advocating the use of the questionnaires for clinical use (not just data gathering – that is just the added bonus) and then collecting this information along with other standard clinical measures. By doing this we will be able to build up a picture of the psychological distress and clinical burden of diabetes in New Zealand.
Waikato DHB have received ethical approval for this study and to make it a national project other DHB's will require "locality approval" not a full ethic approval application; your DHB then becomes an investigator site. Locality approval involves both cultural and clinical approval/support. This process is different for each DHB but I have some recommendations to follow from the Waikato Research Office. There are no hidden costs to the project, other than data entry time and printing out questionnaires. Here at Waikato we will be able to do the data analysis.

So, if this study is something that you and your team and thus DHB would be interested please let me know and I can send you the study protocol and answer any further questions.
joanna.mcclintock@waikatodhb.health.nz

PACSIG (Pump) (as part of NZSSD)

The PACSIG committee along with our national sponsors are pleased to announce that we are holding another study day in Auckland this September. With the great success from last year's study day, we hope to motivate and inspire you again this year!!! So come along for a fun filled day with excellent speakers, great food and networking! With all this great technology that is available, let's keep improving Diabetes care in NZ!!

We look forward to seeing you there!!

Upcoming Events

Ministry of Health Workshops: *Transforming discussions about lifestyle behaviour change for long term health*

An innovative new workshop is free to diabetes nurses and aims to help transform difficult conversations about obesity, diabetes, and physical inactivity. The *Healthy Conversation Skills* workshop gives diabetes nurses tools to have more effective discussions with clients about lifestyle behaviour changes for long-term health.

There are workshops around the country throughout the year which are free for midwives, nurses and GPs and qualify for professional development points/hours for all three workforce groups.

The workshop is delivered by the Healthy Start Workforce Project and its lead, Susan Miller, says the course is an invaluable for nurses who grapple with the reality of diabetes on a daily basis.
"For years, we've been handing out information in the hope that it will change the way people behave, but this workshop takes a different approach and encourages practitioners to adopt a range of techniques to better understand the client's situation to help them achieve their goals," she says.

Ms Miller says the course gives practitioners simple, but effective tools to not only create opportunities to discuss health behaviours, but to plan for sustainable lifestyle changes which fit with the client's worldview.

She says as the number of New Zealanders affected by diabetes and obesity continues to grow, it is more important than ever before for health practitioners to be ready and able to have effective discussions about lifestyle change.

An evaluation of the *Healthy Conversation Skills* workshop found that 93% of participants felt it was either valuable or very valuable for their practice, while nearly 70% were much more confident in supporting behaviour change as a result of the course.

Counties Manukau dietitian and now *Healthy Conversation Skills* trainer, Deirdre Nielsen, says the training opened her eyes to a new way of practice. "I've found that this approach definitely gets a response from clients and helps them identify what they want to change. That's why I've continued with it! I've found it to be a very powerful," she says.

Former Counties Manukau midwife, Briony Raven, says the workshop inspired her to work in a different way with the many obese pregnant women she saw every day.

"The course is solutions-based and gives you real world tools to help women and I really think they work! I no longer take on the role of the expert, I work with women and the whole family to identify the problem and the solution," she says.
You can find a list of courses available coming up here: http://www.healthystartworkforce.auckland.ac.nz/en/our-education-programmes/healthyconversations/training-dates.html"

You can find out more about behaviour change research as well as get the latest news in the field of early years' research at www.healthystartworkforce.org.nz or on the project's Facebook page: www.facebook.com/healthystartworkforce

ACDN Regional Study Day – Save the date!

A small local organising committee has been formed and a date set down for **Saturday, 10th November 2018 in Rotorua**. The provisional programme is focussed around professional issues including the National Diabetes Nursing Knowledge & Skills framework, the Nurse Practitioner role, RN prescribing, standing orders, mentoring and nurse-led clinics.

PACSIG Study Day 2018

When: 14th September 2018
Where: Novotel Auckland Airport
Time: 8.30 am-4.30 pm
Spaces available: 120
Cost: $80.00 including parking at the airport and food etc.

Registration kindly done by NZMS, we will let you know when this is available.
Please register your interest in attending to pump.specialinterestgroup@gmail.com

For your interest

Some "Gems" from the Goodfellow Unit

New NZ CVD Primary Care Consensus Statement[1,2]

1. Assessment based on new 5-year CVD risk prediction equations (NZ PREDICT study) using PMS tools (printed tables no longer appropriate).
2. Start assessment earlier for high-risk people (Māori, Pacific and South-Asian: men from 30 years, women from 40 years; individuals with severe mental illness from 25 years).
3. New high-risk groups (Heart failure, eGFR less than 30 ml/min and where available, diagnosis of asymptomatic carotid disease or coronary disease).
4. Estimated 5-year risk of 15% or more is considered high-risk. Target BP 130/80 and LDL-C 1.8 mmol/l is recommended. Pharmacotherapy should be considered.
5. Estimated 5-year risk of 5-15% – target BP of 130/80 and LDL-C reduction of 40% or greater is recommended. Consider pharmacological treatment with the benefits and harms of drugs presented and discussed to allow individualised informed decision about whether to start treatment.
6. Consider aspirin under 70 years with 5-year risk of >15%. Benefits likely to outweigh risks.

This Gem has been checked by Associate Professor Gerry Devlin, Cardiologist and Medical Director and Dr Fraser Hamilton, GP Champion for the Heart Foundation.

References:

1. *Cardiovascular Disease Risk Assessment and Management for Primary Care. NZ Ministry of Health (2018).* Click here
2. *Heart Foundation NZ. Feb 2018 update.* Click here

The triple whammy of (ACE/ARB) + (diuretic) + (NSAID) is a dangerous trio

This common combination of medication is considered a dangerous trio and is also known as the triple whammy.[1] There are 4 key points:

1. Avoid this combination if possible.
2. Be aware of the risk factors for renal failure e.g. older patients with CHF or liver disease or volume depletion from vomiting/diarrhoea or low fluid intake on hot days.
3. Take care with older i.e. 75 years patients - check renal function yearly at least.

4. Advise patients not to self-medicate with NSAIDs when prescribing angiotensin converting enzyme receptor/ angiotensin II receptor antagonist (ACE/ARB) and diuretics.[2]

When volume depletion occurs consider stopping any (prescribed or OTC) NSAIDs and monitor renal function and serum potassium levels.[1]

There is also the double whammy i.e. NSAID with either diuretics or ACE/ARB, with the numbers needed to harm for one year 158 versus 300 for triple whammy.[3]

References:

1. *SaferX (2017).* Click here
2. *SaferX Patient Information Guide (2016).* Click here
3. *Combined use of nonsteroidal anti-inflammatory drugs with diuretics and/or renin–angiotensin system inhibitors in the community increases the risk of acute kidney injury (2015).* Click here

Type 1 and Type 2 diabetes incidence rising in adolescents due to many factors

The incidence of Type 1 (T1D) and Type 2 (T2D) diabetes is rising worldwide particularly in adolescents. It is important to distinguish them from the less common monogenic forms of diabetes.[1,2] "The causes are embedded in a complex societal framework that determines behaviour and environmental influences interacting with complex genetic and epigenetic systems."[3] Rate of loss of glycaemic control on lifestyle alone or with metformin monotherapy is three to fourfold higher in adolescents with T2D than published rates in adults.[4]

More rapid progression of complications is also seen in youth with T2D. Poor management of T1D in adolescents include family conflict about diabetes, depressive symptoms, diabetes distress and low socioeconomic resources.

Protective skills include confidence and a positive attitude to handling diabetes-related challenges, seeking and receiving appropriate help from family and healthcare providers. Building diabetes strengths in adolescents may improve outcomes.

This Gem has been checked by Dr Rinki Murphy, Diabetes Specialist.

References:

1. *Editorial. Adolescents with diabetes. (2015).* Click here
2. *Care of diabetes in children and adolescents: controversies, changes, and consensus. (2015).* Click here
3. *The worldwide epidemiology of type 2 diabetes mellitus—present and future perspectives. (2012).* Click here
4. *Youth-Onset Type 2 Diabetes Consensus Report: Current Status, Challenges, and Priorities. (2016).* Click here

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Stroke of luck gives Hamilton man a health Jumpstart

Hamilton man Steve Harvey, 52, knew he faced serious health problems after being diagnosed with Type 2 diabetes[1] and it would start affecting his life badly if he didn't take action quickly.

Steve is one of around 240,000 people in New Zealand living with diabetes and with 40 new diagnoses every day, this number is likely to more than double in the next 20 years[2]. On the way home from a doctor's appointment Steve stopped at the Hamilton YMCA after hearing it offered

fitness classes for bigger individuals and thought he'd give it a shot.

"It was pure luck that I walked in just five minutes before a Jumpstart class was beginning and decided to join in," said Steve. "I had never heard of Jumpstart. After literally walking off the street and into the programme I've attended weekly, when it's running, as well as joined the gym. I've also got a bad knee and osteoarthritis and Jumpstart has helped me get my health back," says Steve.

Jumpstart was established in 2015 by the YMCA and healthcare company Pharmaco (NZ) Limited and provides exercise, nutrition and lifestyle education for people with diabetes, or those who are pre-diabetic.

Now on board, a healthier lifestyle has taken off for Steve. He has gone through two Jumpstart programmes and is making good progress managing his type 2 diabetes as well as his other health issues. Steve has worked as an orderly at Waikato Hospital for over twenty years and enjoys his role, but his ability to do his job and support his family was at risk.

More than a year after his first Jumpstart programme, Steve has lost a lot of weight, 9.4 kgs in the last 3 months. His goals are to continue going to the gym regularly and working towards an even better weight in 2018, after joining a Cardio and Reflex class and starting his third Jumpstart programme.

Steve gives credit to Emily Morris, Rei Manawaiti and the others in the Jumpstart group for making him feel, for the first time in his life, that he belongs in a gym. Jumpstart coordinator Emily says she has "watched Steve's confidence grow and seen him slowly trust the process and that everyone's journey is different".

"He has embraced and laughed at my creative ways in helping him find himself again – from playing games like 'tag', hip-hop dancing, setting goals, long chats, choosing your own exercises and learning that you are in control of your own health".

These personal exercise curriculums make working out more engaging and feel more like fun rather than a chore. When asked what he likes most about Jumpstart, Steve says: "rather than being programme focused, it focuses on the individual and there's so much support around you."

Steve now goes to the gym five times a week and is supported by his two sons, ages 17 and 20, who also regularly join him, as well as his 12 year old daughter, making it a family effort to live healthier. "One of my sons came up to me and said 'I'm really proud of you dad' and that was the best feeling in the world", Steve says. "I'm very grateful for how far I've come and couldn't have done it without all the people around me."

"Jumpstart has introduced me to exercises and equipment I never would have heard of or used before." He enthusiastically comments "come to Jumpstart, it works!" Jumpstart runs four programmes a year with the next one in Hamilton starting on Monday 30th April. The programme has helped over 950 people in the last 3 years and operates at 14 YMCAs across the country.

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