



## Editorial

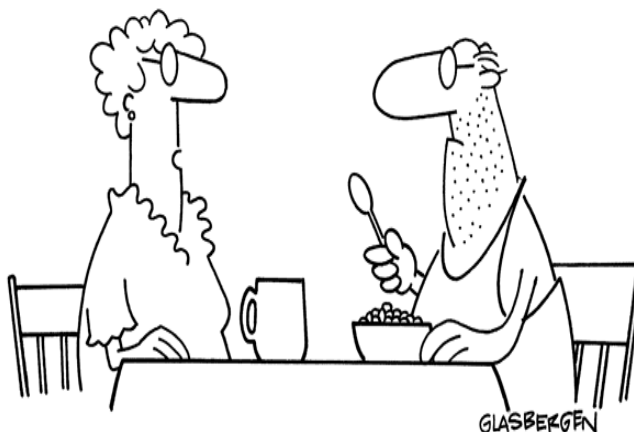
Welcome to Newsweet for 2009.

Over the summer I have been wondering whether Newsweet is still something that you, the NZSSD membership, feel is important. Now that we have email communication from the secretariat on a regular basis, any important messages can be sent immediately to you all, including the excellent President's reports from Patrick Manning. Everyone is so busy that it is difficult to ask for articles, and I am therefore most grateful to our contributors to date, especially Robyn Toomath, who again has put pen to paper for this Summer edition. For now we will box on with the "rag" but its future is certainly something to ponder.

*Nicole McGrath*

*PS* A special thanks again to Victoria Farmer who helps me enormously with the production of Newsweet

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"You can still have your favorite cereal, but I replaced the marshmallow bits with fish oil capsules."

## Shame on You Tony Ryall.

**Robyn Toomath**

I believe that, in general, activist groups should be politically neutral - keeping one's sights clearly on the goal-posts. However, over the last seven years of our campaign we have needed to apply pressure in different ways and this includes questioning decisions of specific Ministers (and shadow Ministers) of Health. Our first encounters were with Annette King. At that stage we were a newly formed organisation, still in the process of defining our agenda (and me with only the haziest idea of what advocacy meant). She was a highly experienced politician with a steely determination not to create waves during that second term in parliament. We managed one very brief interview with her and her advisors during which she was friendly, but largely she ignored us and our message. Tim Barnett was an insider who provided us with great support as we worked towards a private member's bill - put aside only when the Public Health Act revision seemed a better bet. We started our petitioning for an enquiry at that time and while Steve Chadwick, who was Chair of the Health Select Committee at that stage, was hopeful, there clearly wasn't support for this at a higher level.

The swearing in of the third Labour government provided us with real opportunity. By this time there had been several years of intense media interest in the problem of obesity; we had commissioned a poll, and conducted a petition, both of which demonstrated strong public support for the initiatives we were promoting - particularly the removal of junk foods from schools. Pete Hodgson and Steve Maharey jointly announced that childhood obesity was high on their agenda and they intended tackling it. We were easily able to arrange meetings with both of them and it was clear they were taking the problem seriously and prepared to listen. Pete Hodgson actually saw us again in response to my request to talk about the Public Health Act. The draft that had been released was hopeless and included nothing that would have assisted with the prevention of non-communicable diseases. As usual it was a feisty discussion but at least you could be confident that you were getting your message across. We were greatly relieved to see appropriate modification of the Act when it came back to the House by which time David Cunliffe was in the role of Health Minister.

It was imperative that the bill was passed into law prior to the change of government as Tony Ryall had clearly stated his opposition to it. The fact that this did not occur was a huge blow but none of us anticipated the determination with which National would set about trying to undo the good that had been done under the umbrella of HEHA (Healthy Eating Healthy Action). Anne Tolley as Minister of Education is fronting the revocation of the regulations which require schools to sell only healthy options in their tuck shops, but when people shake their heads in disbelief at this decision, it will be the Health Minister who will come to mind. Tony Ryall's determination to label public health initiatives to curb obesity as "nanny-state" is irresponsible and the fact that he is our Minister of Health is a tragedy.

## **Type 2 Diabetes in Young Northland Adults**

***Nicole McGrath***

Our local data makes for depressing reading:

- 30/5850 (5%) type 2 diabetes patients in Northland are aged < 25 yrs (89% Maori).
- 24/302 (8%) women with gestational diabetes mellitus are aged < 25 years (all Maori)
- 4 (9%) patients with diabetic nephropathy on dialysis are aged < 40 years (all Maori, type 2); 3 are on the pre-dialysis programme.

I suspect the figures are even more alarming in other regions such as South Auckland. This group of young adults pose particular challenges:

- ⇒ Acknowledgement of diabetes and engagement in management: young men in particular never see health professionals; young women often only identified in pregnancy screening.
- ⇒ Intergenerational poorly controlled diabetes with anticipation of complications particularly renal failure
- ⇒ ACE inhibitors/statins and unplanned pregnancies.
- ⇒ Limitations on career choices: e.g. Police and armed forces exclude type 2 pts; heavy traffic and passenger endorsement drivers licences.

### **Urgent message to the membership from Patrick Manning re: next Executive**

The Executive has recently been informed that our colleagues in Hamilton are unable to take over the NZSSD Executive as planned. This was to take effect at the next AGM in Dunedin at the next NZSSD Scientific Meeting midway through this year.

The Executive are now seeking expressions of interest from all other regions in New Zealand to take on the Executive in place of Hamilton. The duration of the term is 3 years from 2009-2012. The role and responsibilities for the Executive are outlined in the NZSSD Constitution which is on the NZSSD website. Please note that we hope to continue to have the NZSSD secretariat run out of the Edgar National Centre for Diabetes Research which will significantly reduce the workload on the next Executive.

We would ask that you submit your expression of interest to the NZSSD secretariat by Monday, 16 March. The expression of interest should include the names of the candidates put forward for the positions of President and Chairman.

Thank you for your consideration of this request.

Yours sincerely,

Patrick Manning, *President*

### **Do you practice in the Waikato or Midland Region?**

#### **Do you have a special interest in diabetes?**

The Waikato Diabetes Research Group is looking for general practitioners and practice nurses who are interested in improving the management and outcomes for people with diabetes through research. We have an active local research group and are looking to focus on research relevant to general practice. We would love to hear from any NZSSD members working in general practice who would like to get involved in research. Expressions of interest should be to Dr. Ross Lawrenson

(LawrensR@waikatodhb.govt.nz) or phone him on (07) 839 8750

**WEBSITE UPDATE.** The NZSSD Website has is regularly updated with news and information. Please visit it regularly. Our website has also recently been verified as complying to the Health on the Net Foundation code of conduct (HONcode) for medical and health websites. Check it out! [www.nzssd.org.nz](http://www.nzssd.org.nz)

## **NZSSD Executive Position Statements** <http://www.nzssd.org.nz/statements.html>

### **Self Monitoring of Blood Glucose (SMBG) in Non-Insulin treated Type 2 Diabetes**

Evidence from recent randomised controlled trials indicates that self-monitoring of blood glucose in patients with non-insulin treated Type 2 diabetes does not improve glycaemic control and may impair quality of life.<sup>1, 2</sup> However there are some people with non-insulin treated Type 2 diabetes who are highly likely to benefit from using SMBG and the Executive considers that clinical judgement should be used to determine who these individuals are. This group would include those with dysglycaemia (hyper or hypoglycaemia), intercurrent illness and treatment with sulphonylureas in whom SMBG may provide useful information for adjustment of therapy.

Accepted January 2009. NZSSD Executive

#### **References**

1. Simon J, Gray A, Clarke P, et al. Cost effectiveness of self monitoring of blood glucose in patients with non-insulin treated type 2 diabetes: economic evaluation of data from the DiGEM trial. *BMJ* 2008; 336: 1177-80.
2. O'Kane MJ, Bunting B, Copeland M, et al. Efficacy of self monitoring of blood glucose in patients with newly diagnosed type 2 diabetes (ESMON study): randomised controlled trial. *BMJ* 2008; 336: 1174-7.

### **Screening and Type 2 Diabetes**

This statement is a guide for health practitioners and complements guidelines produced by the New Zealand Guidelines Group. The recommendations offered here do not fulfill the requirements of a formal screening programme which would require recall and referral systems, and full treatment services to be in place prior to implementation. Nevertheless, they provide a practical means of opportunistically identifying at risk individuals.

**Background:** Screening refers to the process of identifying individuals who are likely to have a particular disease in an *asymptomatic* population, then confirming whether screen positive individuals do or do not have disease by undertaking diagnostic testing and providing recommended treatment accordingly. Screening for type 2 diabetes and prediabetes states is considered to be justified because of the high and apparently increasing prevalence of the conditions, the convincing clinical trial evidence of reducing risk of progression from IGT to type 2 diabetes by lifestyle measures and some drug treatments and the presumed likelihood of reducing risk of complications by early detection and treatment of those with undiagnosed diabetes. Screening for type 2 diabetes is not known to be associated with any significant physical or psychological harm. New Zealand guidelines suggest that screening for type 2 diabetes be undertaken in conjunction with cardiovascular risk assessment. NZSSD supports this approach and recommends additional opportunistic case finding amongst high risk individuals in general practice and other clinical settings.

~ the full statement can be found on the NZSSD website~

### **Standardisation of reporting units for HbA1c and application of estimated average glucose (eAG)**

New Zealand clinical laboratories should implement dual reporting of HbA1c in both molar units (mmol/mol) and currently reported DCCT-aligned units (%), as recommended in a consensus statement from ADA, EASD, IFCC and IDF, published in 2007. After a period of two years from the time of implementation it is envisaged that only molar units will be reported.

Although explicit times have been set in the United Kingdom (1 June 2009 for initiation of dual reporting and 1 June 2011 for reporting only molar units), it is most important that implementation is coordinated across NZ laboratories, ideally in synchrony with Australasia. The NZ clinical laboratory community should cooperate to achieve dual reporting in a standardised format.

There is some evidence in support of also reporting estimated average glucose (eAG), although this has not received universal endorsement. It is recommended that eAG may be used at the discretion of individual practitioners as an educational tool at the point of delivery of care to patients with diabetes. It is not recommended that eAG should appear on laboratory reports at the present time, although there should be flexibility to adopt this if a strong Australasian commitment emerges.

The above recommendations should be supported by educational tools and resources, which should be adapted to meet local requirements.

*Many thanks to Drs Chris Florkowski and Michael Crooke for writing this position statement*

## **NZSSD Annual Scientific Meeting** **30 June - 3 July 2009, Dunedin.**

***Abstract submissions are now being accepted.*** The call for abstracts with full instructions can be downloaded from the NZSSD Conference website: <http://www.nzssd.org.nz/2009.html>. The closing date for abstract submission is 5pm Thursday 30 April, 2009.

***Registration is now open*** and can also be done online at: <http://www.akblimited.co.nz/nzssd.htm>

### **NEWS FLASH**



Patrick Manning received correspondence from Louise Roche-Farmer of Hutt Valley DHB notifying him that their DHB will no longer fund strips for T2DM who are not on insulin. NZSSD has now written a position statement on self-monitoring of blood glucose in those with non-insulin treated type 2 diabetes.

### **NZSSD Membership Subscriptions are due!!!!**

If you have not paid your yearly membership fee (\$50), could you please contact the Membership Secretary (Victoria Farmer) by email: [nzssdmembership@gmail.com](mailto:nzssdmembership@gmail.com) or by phone (03) 470 3805. The new membership year will begin on 1 April 2009 at which time ALL members will receive an invoice requesting they pay their subscription fees. Those who have not paid for the year 1 April '08—31 March 2009 will therefore owe 2 year's worth of subscription fees—a total of \$100.

Under Section 3) f) ii) of the NZSSD Constitution "Any member who is in default of any payment of subscription for a period of six months from its due date shall be liable for termination of their membership by resolution of the Executive Committee. Upon such termination they shall cease to be a member of the society, but shall be liable for all payments accrued up to that time."

**NEWSWEET** is the newsletter of the New Zealand Society for the Study of Diabetes (NZSSD).

Contributions are welcome and should be sent to the Editor: Nicole McGrath  
[Nicole.McGrath@northlanddhd.org.nz](mailto:Nicole.McGrath@northlanddhd.org.nz)

## **Report from the President**

The Dunedin Executive are now in the finishing straight of their term.

The next NZSSD annual conference will be held in Dunedin at the end of June (30 June – 3 July) and we are again lucky to have some excellent international and national key note speakers. We are endeavouring to have greater primary care involvement in NZSSD and a significant component of our programme will be aligned to primary care. Please register early for this meeting and I would encourage as many of you as possible to submit abstracts for consideration. There will also be a trainees session and I would encourage all registrars training in diabetes to come to this meeting and consider presenting.

The main objectives for the next six months are to finalise the arrangements for the secretariat within the Edgar National Centre for Diabetes Research, complete the Workforce survey, and identify a person to fill the role of Medical Director. You will have seen the new Position Statements on "Screening for Type 2 diabetes", "SMBG in people with non-insulin requiring diabetes" and "Standardisation of reporting units for HbA1c and application of estimated average glucose (eAG)" that have recently been released.

I look forward to seeing you all in Dunedin in the middle of the year at the NZSSD Annual Scientific Meeting.

Best regards,

Patrick Manning  
NZSSD President

### **Applications are now invited for...**

- ⇒ **The Eli Lilly Diabetes Specialist Research Award - increased to \$40,000 in 2009.** Closing date for initial synopsis is 15 March '09.
- ⇒ **The Eli Lilly Diabetes Nursing Research Award - \$10,000.** Applications close 31 May 2009.

*Full details of both awards can be found on the NZSSD website.*

For other details please contact Barbara Critchlow:

Eli Lilly and Company (NZ) Limited  
Phone: (09) 523 9308 or (021) 226 2886  
To receive the application form as a Word document, please email: [bcritchlow@lilly.com](mailto:bcritchlow@lilly.com)