Experts turn up the heat on diabetes

Think global warming has little to do with diabetes? Think again. The International Diabetes Federation has released a landmark report, ‘Diabetes And Climate Change’ that proposes the two are interconnected and rapidly accelerating.

These global phenomena threaten the health and social fabric of societies, as they undermine the environmental and economic sustainability of all countries. They are fuelled by changes in the way we live and work, and are set to have intergenerational effects on health, wellbeing and security.

Compiled by international health and environment experts, the International Diabetes Federation (IDF) report presents evidence that climate change increases type 2 diabetes risk and make its management more difficult.

We know that 60 percent of Australian adults are overweight or obese, and that obesity has a proven link with greenhouse gas emissions by creating upward pressure on transport and food costs and ultimately greenhouse gas emissions through carbon-intensive production systems.

The report’s authors argue that increasingly severe weather events caused by climate change reduce physical activity in communities, decrease fresh food availability and disrupt food supplies, all of which increase diabetes risk factors.

And people already diagnosed with diabetes become more vulnerable to adverse health impacts. The predicted increase in extreme weather events — such as heatwaves and cyclones — is set to increase mortality, and further impact on healthcare infrastructure and the timely delivery of essential care.

Australia’s total annual cost for people with diabetes is currently estimated at $6 billion, and projections in this IDF report highlight future healthcare strains both here and overseas.

The report suggests if type 2 diabetes cases escalate as predicted and poor diabetes management continues, the sustainability of healthcare systems globally will be threatened.

The International Diabetes Federation is therefore calling for prevention and mitigation measures to urgently curb these two intertwined challenges before they further undermine human and economic development.

Solutions include transport policies that reduce carbon emissions and facilitate active travel by cycling and walking. This reduces the risk of type 2 diabetes while making a positive impact on climate change.

Building design and urban planning needs to factor in more green space, opportunities for incidental activity and options for people to walk or ride to the shops, to work and to school.

We need more education about the benefits of eating fresh, local fruit and vegetables, and promoting healthy, less processed food choices.

While the Diabetes and Climate Change report recognises the immense human, economic and environmental cost of these challenges, it suggests forging new alliances and partnerships is the way forward to jointly curb the impact of these two epidemics.

Read the full report at www{idf.org/}

A global collision with deadly consequences

Here is a summary of the interconnections and key messages between climate change and accelerating world diabetes:

**Global Diabetes Epidemic:** There are 366 million people with diabetes and by 2030 there will be half a billion. Diabetes kills 4.6 million people a year and causes disability, costing the world $US 465 billion in healthcare every year. Diabetes affects families and overwhelms health systems.

**Climate Change:** Greenhouse gas emissions are expected to grow by 52 percent by 2050, raising the earth’s temperature past the safe threshold. If nothing is done, climate change will cost 5–20 percent of the world GDP every year and will impact on nutrition, disease and poverty.
New statistics showing nearly half of all Australians living with diabetes suffer from psychological distress have prompted Diabetes Queensland to provide major new online resources for health professionals and people with diabetes.

A new online self-assessment tool called Minding Diabetes helps people with diabetes understand their level of anxiety and susceptibility to depression.

It is available free on the Diabetes Queensland website. (See more below).

The second major new resource is an education package designed to equip workers in the mental health field with the knowledge they need to help people with diabetes.

Diabetes Queensland has helped develop the package, with funding from the National Diabetes Service Scheme (NDSS). The package is based around three case study modules that take about two hours each to complete and cover the following topics:

- Types of diabetes (type 1, type 2 and gestational diabetes)
- How to identify those at high risk
- Screening and diagnosis of diabetes

Successful completion of the online course earns continuing education points from the Royal College of Nursing, Australia and the Australian College of Mental Health Nurses.

These resources will dovetail with Minding Diabetes which can be used by people with diabetes as a self-assessment tool.

The website, developed with funding from the NDSS, will give people with diabetes feedback to identify areas of concern, give access to resources and provide printable results that can be discussed with a health professional.

Diabetes Queensland chief operations officer Taryn Black said Minding Diabetes was a very useful tool to address the anxiety experienced daily by people living with the condition.

"Minding Diabetes is a great access point for people with diabetes to discover problem areas that need to be addressed with their health professional," Ms Black said.

What people with diabetes think about their health

A national survey of over 3300 Australians with diabetes has found high levels of diabetes-related distress, anxiety and depression.

The landmark survey, released by Diabetes Australia, shows adults with type 2 diabetes who use insulin experience significant levels of severe depression and anxiety. This may mean over 70,000 Australians experience moderate to severe depressive symptoms. In the survey people with diabetes were asked about their health.

The results indicate 49 percent of adults with diabetes had never been offered structured diabetes education.

Half of the adults considered cost to be a barrier to healthcare and half had not received adequate information about their condition.
Merendi Leverett
accredited exercise physiologist

Q and A: We asked Merendi Leverett to share the secrets of her success in helping people with diabetes

Please tell us a little about your education and work background.

Education: Bachelor of Human Movement Science, Central Queensland University, 1998 and Graduate Diploma of Health Science, Queensland University of Technology, 2000.

I own Merendi Health & Wellness, servicing from Brisbane to the Sunshine Coast. I manage a team of health professionals offering exercise physiology, dietitian advice, physiotherapy and massage.

I have been delivering type 2 diabetes education and other health programs for five years. I have created my own DVD (still to be released) on type 2 diabetes management and I am a regular presenter on exercise and diabetes.

As well, I am mum to twin boys, aged seven, and a daughter, aged four. Since becoming a mum I have developed an interest in creating exercise programs for women during pregnancy and postnatal care.

Is diabetes a large part of your work?

Yes. We see many people with type 2 diabetes. We often have GPs referring people who have been newly diagnosed for dietitian and exercise physiology services and education programs.

We have a high number of people with type 2 diabetes who see us every year for ongoing management advice. We also have clients with gestational or type 1 diabetes who attend our fitness classes.

What difference does it make to your consultation when you are seeing a diabetes patient?

At a first consultation I complete a health screen which identifies any issues we may need to deal with during an exercise session. I discuss medical history and record physical measurements: height, weight, blood pressure and waist.

We identify any barriers to exercise and how the patient can overcome them. Then we set some goals. From this, I can start to develop an individual exercise program for them.

Is diabetes a big challenge for exercise physiologists in general?

Yes, because normally we find that the people who have been diagnosed with type 2 diabetes cannot afford to see us privately and therefore rely heavily on Medicare to pay for consultations and/or group programs. This is quite limiting.

Allied health practitioners all know that people with diabetes often need to see more than three practitioners.

Most of the time the exercise physiologist is allocated one to two consultations to help advise and monitor a type 2 diabetes exercise program – not nearly enough to ensure close monitoring and provide encouragement.

What is the most important message you need to give?

You don’t have to make major life changes to get your diabetes under control. Small changes will often have the best impact on health.

What do you enjoy most about your work?

Group programs are a great way for people with health issues to socialise and provide support for one another. I really love seeing clients learn from each other.

Contact Merendi:
Visit www.merendi.com.au

Every minute on the move counts

People with type 2 diabetes gain huge health benefits from breaking up their “sitting time” with short bouts of exercise, health professionals were told at the recent American Diabetes Association conference in Philadelphia.

Exercise was the “forgotten tool” according to Professor of Exercise Science at Old Dominion University in Virginia, Sheri Colberg-Ochs.

“There are many benefits of physical activity for people with type 2 diabetes,” Dr Colberg-Ochs said, describing large bodies of recent evidence. “The more physically inactive you are, the easier it is to get positive changes from activity.”

Dr Colberg-Ochs said a number of recent studies had looked at the effects of breaking up sitting time: “Just walking five minutes every hour instead of sitting continuously has benefit,” she said.

One recent study looked at how long a single bout of moderate aerobic exercise benefited individuals with impaired glucose tolerance or type 2 diabetes. The study found that 30 minutes of moderate aerobic exercise or 45 minutes of resistance training decreased the prevalence of hyperglycemia during the following 24-hour period following the exercise, not just a few hours.
A behavioural medicine and psychology expert has advised balancing the use of online and phone-based diabetes aids, otherwise known as “self care technology”, with excellent personal care.

Speaking at the American Diabetes Association conference in Philadelphia recently, Dr Lawrence Fisher, said there was something seductive about technology, but a balance was vital to address “the whole patient, including their feelings, expectations and beliefs about diabetes management”.

Dr Fisher, from the University of California, said that over-use of web-based behavioral change aids and “cool apps” risked ignoring broader issues when patients were trying to make big changes in their lives.

“Patients’ feelings and emotions linked to beliefs and expectations drive behavior,” said Dr Fisher.

His message to clinicians and diabetes educators is that self-care technology is only one tool that should be used in clinical interventions.

That broader framework also includes an understanding of the patient’s feelings and outlook.

Australians are major consumers of the internet and social media, opening the door for many new opportunities in quality health services.

About 70 percent of regular internet users turn to social media and web information to research their health, according to Queensland University of Technology social media expert Professor Rebekah Russell-Bennett.

In her keynote address at Diabetes Queensland’s recent education event Diabetes Impact, Professor Russell-Bennett said health was a consistently hot topic for internet and social media users in Australia.

While it’s not without risks, the use of social media has vast appeal and not just to younger people. Professor Russell-Bennett said it was worth remembering the average age of new Facebook users was consistently rising.

She said while the internet provided opportunities for interaction with diabetes patients it was important for health professionals to understand the whole picture.

An ability to self-diagnose fuels a modern phenomenon known as cyberchondria - the unfounded anxiety concerning wellness brought about by visiting health and medical websites.

Professor Russell-Bennett said Australians were particularly prone to internet self-diagnosis, based on research into how people use the internet.

The most commonly searched for health issues on the internet are:

- 66%: Specific disease or medical problem
- 56%: Certain medical treatment or procedure
- 44%: Doctors or other health professionals
- 36%: Hospitals or other medical facilities
- 33%: Health insurance, including private insurance and Medicare

So for health professionals treating diabetes, using social media could build on an already high level of interest and provide high quality information.

Health professionals could set up social media tools to better service existing clients and tap into new ones.

The advantages included cost effectiveness and the ability to reach large audiences in a personal way.

The diabetes support team at the Caboolture Health Centre has introduced an online care plan that is giving a new level of health care communication and support to diabetes patients.

The Ecareplan concept was born in 2007 when a plan was first introduced to paediatric patients and families who attended the Caboolture paediatric diabetes clinic.
Kelly reigns as diabetes top blogger

It’s a sign of the times: the 16,000 people who attended the American Diabetes Association’s conference in Philadelphia recently included an officially designated social media correspondent – Kelly Kunik.

On her blogsite Kelly offers: busting myths, perpetuating diabetes realities and spreading diabetes validation through humor, diabetes ownership and advocacy.

Kelly’s Tweets, Facebook posts and blog site provided a much appreciated alternative commentary to the mainstream for many.

Telling it like it is, in a nice way, Kelly has built herself a spot as a fixture in the American diabetes community.

She is a sought-after speaker, particularly for conferences where her brand of humour and honesty provides some light relief from heavy scientific programs.

According to Accu-Chek which sponsored her conference presence, Kelly’s blog Diabetesaliciousness deserves to be noticed.

Her passion, humour and zeal for the truth endear her to many in the diabetes community.

If you are still to be converted, see Kelly’s posts for yourself at: www.diabetesaliciousness.blogspot.com.au

online in Caboolture

At that time the patients received a simple printed handout on their diabetes management with a number of self-management strategies.

In 2011 a grant from from Novo Nordisk was used to make improvements to the Ecareplan and it became the basis for the plan currently in use.

The plan supports a better standard of self-management for patients and their families, allowing them to make decisions about their diabetes care with confidence.

Diabetes Educator Annette Keid said the electronic care plan had become a pivotal element of the diabetes service giving patients much better access to their information.

The Ecareplan was recognised by the International Society for Paediatric and Adolescent Diabetes with an ISPAD award for innovation in 2011. Further improvements are underway.

Getting started should involve creating strong content that engages, empowers and maintains anonymity.

The ability for patients to make anonymous inquiries was seen as desirable for problems that were personal and private, Professor Russell-Bennett said.

Uses of social technologies in health can include creating peer support networks, offering tools for self-monitoring or planning and easy access to information. At best, it can create a sense of community.

The tools of the change offered by social media can include the following: communication (such as blogs); connection (Facebook); collaborations (Wikis); collections of information (tagging and social bookmarking); provision of collective wisdom (review sites); customisation (choosing the RSS feeds you want to receive) and conversations (blog comments).

A good example was “how to” instructions and maps.

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Diabetes Queensland is supporting a nationwide campaign, Let’s Prevent Diabetes, asking governments to give greater priority to preventing deaths caused by type 2 diabetes, in the same way road deaths and drownings are prevented.

Road, boating and cycling accidents claim about 2745 people each year in Australia. In comparison, about 7500 Australians die from diabetes-related conditions.

To help keep people safe on our roads, bike paths and waterways, the law requires us to wear seatbelts, helmets and lifejackets – so why not do more to stop deaths from type 2 diabetes, which are also largely preventable.

Diabetes Queensland is supporting the nationwide Let’s Prevent Diabetes campaign, launched during National Diabetes Week (July 8-14), calling for more action in preventing deaths related to the onset of type 2 diabetes.

Three out of every four people surveyed during National Diabetes Week last year were at intermediate or high risk of type 2 diabetes – and since that time 23,000 more Queenslanders have been diagnosed with type 2 diabetes.

With these figures in mind, Diabetes Queensland is supporting the campaign asking governments to introduce:

- National screening for people over 40;
- A nationwide diabetes prevention program for people identified as high risk; and
- Increased education about healthy lifestyle choices for all age groups.

It is possible to save lives and save millions of dollars, if we act now.

Please support the campaign yourself and encourage others to do the same via the Let’s Prevent Diabetes campaign website www.letspreventdiabetes.org.au

Visit our Diabetes Queensland website for further information about how you can help us make a difference: www.diabetesqld.org.au

National Diabetes Week 2012 was launched on Sunday 8 July with three major events across the state.

Townsville played host to the regional National Diabetes Week launch with a Diabetes Day! It was a great opportunity for local residents to learn about preparing healthier meals with great local fresh produce. We also launched Let’s Prevent Diabetes across the state.

Back in Brisbane, Olympian Duncan Armstrong and 612 ABC Brisbane’s Tim Cox laced up their joggers in the Fernvale/Lowood Rail Trail Fun Run, with more than 1000 entrants participating and raising funds for Diabetes Queensland.

The Kellion Brisbane Morning Tea was also held on Sunday, where Diabetes Queensland awarded 14 Kellion Victory Medals to people who have been living with type 1 diabetes for 50, 60 and 70 years or more. We were also proud to present our first Queensland 75-year medal to Margaret Oakhill.

For the entire week, our Daily Diabetes Footprint display took over King George Square in Brisbane’s CBD. The footprint features 60 life-sized cut outs, representing the 60 Queenslanders diagnosed with type 2 diabetes every day. There were also almost 1000 risk assessments conducted during the week, and we distributed more than 3000 Let’s Prevent Diabetes posters.

Overall NDW 2012 achieved great success, especially in regards to online and social media. There were more than 753 website visits in a single day and 100 new ‘likes’ on the Diabetes Queensland facebook page.

More rural Queenslanders now have the opportunity to receive expert self-management education through Diabetes Queensland’s - Diabetes What Now? program.

The program is delivered by a Diabetes Educator over four hours. It empowers and supports people who have been recently diagnosed with type 2 diabetes or have never received self-management education.

Diabetes Educator Liz Henry has taken the program to the people of Queensland’s south-west.

“Last year I read about the Diabetes - What Now? program in Brisbane and made some inquiries. I was invited to attend a session in Brisbane and, following a meeting at Diabetes Queensland, became a facilitator for the program for our area.

I ran my pilot program in Killarney in March and have held a similar session in Allora. Plans are afoot for future dates for Warwick and possibly Stanthorpe this year as well.”

Liz said diabetes had affected her own family, through her grandmother and her son, who was diagnosed as a teenager with type 1 diabetes.

“I always thought there was a lot I didn’t know about the condition. However, other areas of my work took precedence, and it became something I would do ‘one day’. Then when my son was diagnosed with type 1 diabetes in 2009, I discovered a huge hole in the understanding and education of diabetes in my local area. I took the opportunity to learn more. And now I’m hooked, and diabetes has become my specialty,” she said.

Liz has been a Diabetes Educator for two years now, and has completed a 12-month Graduate Diploma Diabetes Education and Management through Flinders University.

“I moved from the hospital into general practice and have established a busy diabetes service at Allora and Killarney, where I visit with one of our doctors. My clinic is almost 100 percent type 2.”

Liz supports her clients at Allora with routine reminders and sends pathology forms every three months.

“I feel that the time I spend with my clients is an important aspect of their management and care – I can give them education, offer advice and ensure other health professionals are up to date.”
Programs for health professionals and people with diabetes.

Diabetes Queensland is offering an interactive full-day workshop for dietitians and diabetes educators to better support their clients’ ability to accurately count carbohydrates in their meals and snacks.

Carbohydrate Counting for Health Professionals has been developed to provide program participants with an increased awareness of the evidence supporting the use of carbohydrate counting, the tools/methods to estimate the carbohydrate content of foods/drinks and different client groups which may benefit from education regarding carbohydrate counting.

This dynamic workshop combines a variety of theory, practical activities and case studies to provide participants with the basic skills needed to count carbohydrates effectively.

For more information or to register for the next Carbohydrate Counting for Health Professionals workshop, contact Diabetes Queensland on 1300 136 588.

Our ongoing programs

Decoding Diabetes is a one-day workshop for nurses and allied health professionals. It offers an interactive learning environment that supports participants to develop their skills in effective diabetes management.

Diabetes - What Now? program is for people with type 2 diabetes who are newly diagnosed or who have not had any diabetes education. The program is run over two weeks, with a free, two-hour session in each week.

A Virtual Supermarket Tour is a free two-hour session to assist people in making healthy food choices including information on healthy eating and misleading claims. The session includes interactive discussions and practical exercises using food packages.

EXPOsing diabetes is a major community awareness and education program and gives Queenslanders living with type 2 diabetes an opportunity to gain vital information about managing diabetes.

Registrants of the National Diabetes Services Scheme (NDSS) and members of Diabetes Australia – Queensland living in the expo locations, will receive invitations one month before each expo. Attendance at expos is by invitation only. Members pay $15 to attend, which includes lunch.

Got diabetes? Pay less Join NDSS

Ask your doctor today about the product discounts and support you can receive with the National Diabetes Service Scheme (NDSS)

Call Diabetes Australia – Queensland on 1300 136 588 for more information.