ADEA-NSW Branch Conference

Diabetes: The Pandora’s Box
Connecting expertise and clinical practice

3 & 4 June 2016
PARKROYAL, Parramata
Dear ADEA-NSW Branch members and friends,

It is with great pleasure that I welcome you all to the Parkroyal Parramatta, Sydney, for the 2016 ADEA-NSW Branch Conference.

The theme for this year’s conference ‘Diabetes: The Pandora’s Box’ encompasses what we do as diabetes educators for our patients, families and the wider community. We are all aware of the challenges we face in our role and importantly, the challenges faced by our patients. At times, it may seem that diabetes itself is a ‘Pandora’s box’ full of mysterious and challenging things. Our role as diabetes educators is to help our patients take the lid off their ‘Pandora’s box’ and help them face the things inside.

The conference organising committee has worked tirelessly to put together a program that I trust you will find interesting, relevant and inspiring. Without these members who have given up their own time we would not be here to attend this wonderful event today. Thank you also to the sponsors, guest speakers and to you, the participants, for being here to make this happen.

I encourage you to make the most of your time here today to learn, network and enjoy!

Megan Paterson
ADEA-NSW Branch Chair

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**Conference Committee**

**Chair**
Lesley Wilcox

**Committee**
Sandra Cryer
Tracy Desborough
Jessica Herron
Bradley Marney
Michelle Neylan
Program

Friday 3 June 2016

3:30pm Registration

4:00pm ADEA-NSW Branch Meeting (open to ADEA Members)

5:30pm Cocktail function

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Saturday 4 June 2016

8:30 am Registration

9:00 am Welcome from ADEA-NSW Branch Chair
   **Megan Paterson**

9:15 am The Best Exotic Metabolic and Diabetic Clinic
   **Dr Soji Swaraj**

10:15 Morning Tea

10:45 am Evidence-based Practice and the ADEA Research Foundation
   **Professor Trisha Dunning**

11:45 am Current Issues in Gestational Diabetes
   **Ms Leah Snape**

12:45 Lunch

1:30 pm Use of Technology in the Management of Diabetes
   **Ms Natalie Wischer**

2:30 pm Diabetes and Cystic Fibrosis
   **Dr Katie-Jane Wynne**

3:30 pm Wrap up and evaluation

4:00 Conference close
Dr. Soji Swaraj
MBBS, MBA (AGSM), PhD, FRACP

Soji Swaraj is an endocrinologist with a particular interest in helping people battling across the entire insulin resistance spectrum. That is, from chubby adolescents, women with PCOS, to middle aged patients battling central adiposity, hypertension, hyperlipidaemia, heart disease (ie. metabolic syndrome) as well as diabetes.

He trained at the University of Sydney, undertook physician training at the Royal Prince Alfred Hospital and completed his PhD in Molecular Endocrinology.

After an MBA and ‘post-doc’ in the business strategy world, he adapted marketing strategies to motivational approaches for behavioural change. In his clinic he teaches prescribing of individualised ‘doses’ of motivation, exercise and nutrition to help patients combat insulin resistance and adiposity. A large focus is a decrease in the number of pharmaceuticals in management.

Special interests

1. PCOS: He has a large PCOS practice in Australia and overseas and has a particular interest in the prevention of the multiple morbidities these women face in an holistic approach. Quite distinct from conventional advice to simply ‘lose weight’, an attempt is made to engage these often frustrated women and motivate them through an understanding of insulin resistance and the doses of exercise required to beat it.

2. Metabolic syndrome: He has recently set up Sydney Metabolic Clinic, a holistic, integrated metabolic clinic to bring physicians, educators, nutritionists, exercise professionals and bariatric surgeons under one service so that all options are ruled in or out for all patients. Furthermore, as well as assisting patients’ GPs, he enjoys collaboration with other healthcare providers that patients see, such as their naturopaths and alternate health tradition practitioners.

3. Cancer survivors: He receives referrals for breast, prostate and bowel cancer patients from oncologists recognising the link between fat loss and cancer. His other interests include teaching at his public clinic on Friday mornings at Concord Hospital as well as a rural clinic in Port Macquarie.
Unconventional approaches and ideas from the world’s weirdest diabesity clinic.

Helping people with diabetes has always been challenging and, depending on the resources available, managing the HbA1c might be all the diabetes professional has the energy or inclination for.

This is unfortunate in that the diabetes clinic affords an enormous opportunity for the curious and adventurous clinician to ‘interfere’ with multiple co-morbidities that cluster around people with diabesity. That is, conditions such as infertility, depression, cancer, osteoarthritis, sleep apnoea, ischemic heart disease, osteoporosis and sexual dysfunction. Exploring these while adjusting their diabetes medications may improve their quality of life and mortality far more potently than achieving euglycaemia.

This lecture will detail my approaches to individualise care and motivate patients along the entire insulin resistance spectrum that find their way to us from across the state with central adiposity, PCOS and of course diabetes. Controversy and recent data will be explored in prescribing the ‘right’ diet for diabesity as well as the exercise and motivation ‘doses’.

An unusual philosophy/approach to insulin use in type 2 diabetes will be discussed and a staging strategy will be revisited to help protect the older diabetic from iatrogenic harm and becoming a pin cushion.
Research is an essential part of life. It occurs informally and formally and enables personal and professional growth as well as health care and societal change and evolution. Research is also a core component of the diabetes educator role but diabetes educators engage in research at various levels according to their knowledge, competence and role description. Core research-related competencies at all levels are being able to evaluate evidence derived from research, including guideline recommendations, and being able to apply research to practice.

The ADEA Diabetes Research Foundation was launched in 2015 to raise funds to support quality research into issues relevant to ADEA's strategic direction and its mission and values. Quality research will enable ADEA to strengthen ADEA's research contribution and its capacity to influence better outcomes for people who live with diabetes. The Foundation’s work is guided by a Research Council and relevant governance policies and is responsible to the ADEA Board.

The presentation will describe levels of research as they apply to the diabetes educator role and diabetes care and education and will outline the work of the Research Foundation.
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Leah Snape

Clinical Nurse Consultant
Credentialled Diabetes Educator
CCLHD - Diabetes Education Centre

Leah Snape is a Diabetes CNC/ CDE working at the CCLHD Diabetes Education Centre. She has worked as a Registered Nurse both in the UK and in Australia for over 23 years and has a Graduate Certificate in Diabetes Education. Leah works with all clients who have diabetes mellitus but her principal area of expertise is pregnant women with diabetes and gestational diabetes.

Current Issues in Gestational Diabetes

Leah will discuss the management of diabetes in pregnancy and whether unanimity with the current guidelines mean the same thing as unity.

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Natalie Wischer

RN, BN, RM, CDE, Grad Dip Mgmt, Grad Cert Diab Ed.
Australian Diabetes Online Services

Natalie works in both management and clinical roles across Acute, Aged Care and Community Health settings and is the Project Manager for the National Association of Diabetes Centres (NADC). She was also involved in the Medical and Scientific Advisory Council (MESAC) and a former ADEA Board Member.

Having worked in the area of diabetes for over 20 years, her passion has grown to include a comprehensive understanding of the opportunities and benefits of available technologies including telehealth and social media in self management, education and support of people living with diabetes. She shares her in-depth knowledge of these areas through regular articles in the Diabetes Management Journal and Australian Diabetes Educator and various other publications. Natalie also provides consultancy services to the private sector on a number of technology initiatives.

Use of Technology in the Management of Diabetes

There is no doubt that technology and innovation continues to have a large impact on diabetes care and offers us solutions that are transformative in the way self management has occurred in the past. With the growing adoption of e-health solutions, there is a real potential for accelerated change in diabetes healthcare and opportunities to overcome barriers of the past.

For patients, e-health and social media can translate to fewer clinic and emergency visits, reduced episodes and duration of hospitalisations, decreased patient travel time and expense and increased service access particularly for the aged, disabled and those living in rural areas.

For clinicians, technology can lead to more informed decision making, enhanced patient compliance, greater efficiency and expanded outreach services and even flexible work arrangements. However, the change poses challenges on the traditional models of service delivery and demands that our industry evolve to meet the varying needs and interactions with our patient base.

To not only survive, but to thrive in our practice, we need to not just know what is out there but understand and integrate progressive technologies into our services and do this in a way that directly draws on patient perspectives and needs.

This presentation will showcase why, how and what can be used, from social media in a few seconds to the development of a new website in minutes. This fast paced and highly informative session will feast your senses and leave your head spinning and wanting to get on board.
Cystic Fibrosis (CF) is a recessive genetic disease caused by mutations in the CF transmembrane conductance regulator (CFTR). The carrier frequency in Australia is 1:25 and 1:2500 babies are born with CF.

CF-related diabetes (CFRD) is the most common complication of CF and has a major impact on pulmonary function, nutrition and survival. The prevalence of CFRD is 1-2% under the age of 10 years, up to 25% in early adulthood and greater than 50% in individuals with CF over the age of 40 years.

Understanding of the pathophysiology of CFRD has increased greatly over the last five years. A particular interest is the expression of the CFTR protein in the beta-cell and its importance for first phase insulin response – the hallmark feature of CFRD.

Australian Guidelines for the management of CFRD have been established. Exciting future directions include the use of new technology and novel drugs which target the CFTR protein.
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Roche Travel Grant application deadline 4 July 2016

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