

Annual Spring Conference of ABCD

Dr Andrew Macklin reports from Edinburgh on the 17th Spring Conference of the Association of British Clinical Diabetologists, 1st-2nd May 2014.



Introduction

The ABCD Spring meeting moves around the UK, unlike the Autumn meeting which is always held in London. For the first time since 2006 we travelled north of the border to enjoy the hospitality of the Scots and listen to a broad and varied range of talks covering both diabetes and endocrinology. The meeting was also the first since the ABCD took over the *British Journal of Diabetes & Vascular Disease* as its official publication.

Formalities and updates

The trustees and committee met before the open meeting itself, to review and plan the important work that ABCD does for its members either independently or in collaboration with other organisations including Diabetes UK, NICE and the Joint Speciality Committee for Endocrinology and Diabetes of the Royal College of Physicians. We heard about the ABCD-sponsored national audits, including the launch of the national DKA audit, which promises to be the largest DKA related data collection in the world. ABCD's presence on N3 will allow us to provide easy access for the DKA and forthcoming audits whilst enabling straightforward and secure data collection. In the very near future two more Nationwide audits of new diabetes treatments will go live. These "real world" audits aggregate data at national

level while providing access for contributors to review their local data.

A Scottish perspective

The educational content of the meeting began with a talk on the characteristics, advantages and difficulties of the health services in Scotland by Dr Richard Simpson, Shadow Public Health Minister for Scotland. He extended this to look at the changes that might arise following a 'yes' vote in the forthcoming referendum on Scottish independence.

There are aspects of the Scottish health system that appealed to those working south of the border, such as the arrangements for community pharmacies to be paid for service delivery rather than dispensing and the 2020 vision document for health care¹ – which has been signed-up to by all political parties. We would not be so envious of the challenges of the health needs of the population, which has the lowest life expectancy in the four nations.

After a dinner that included the opportunity for haggis, neeps and tatties, those with fond memories of the previous Scottish ABCD meeting plus those with a strong desire to expand their cultural experiences took part in a whisky tasting session that covered four main styles. The whisky tasting was a dominant memory from the 2006 Glasgow meeting, but those who came to the 2014 meeting will probably remember it for the 4am fire alarm (fortunately there was no fire).

From pumps to thyroids

Even disturbed sleep couldn't dampen the enthusiasm and interest in the programme for the Friday. This began with a review by Dr Roman Hovorka from Cambridge, of the clinical trials and technology of closed loop insulin delivery systems. Glucose sensor accu-

Abbreviations and acronyms

ABCD	Association of British Clinical Diabetologists
DKA	diabetic ketoacidosis
GIM	general internal medicine
NAFLD	non-alcoholic fatty liver disease
NICE	National Institute for Health and Care Excellence
TSH	thyroid stimulating hormone

racy & the variability of subcutaneous insulin absorption represent major challenges, while there is a broad consensus on the basic insulin dosing algorithms required. Current technology means that bolus calculation & administration remain manual, so for now the patient needs to remain an active, educated & engaged part of the control system. However, the closed loop when used overnight can reduce hyperglycaemia without increasing the time spent hypoglycaemic. This reduction in blood glucose variability requires dosing from 50% to 200% of the typical (open loop) overnight dose. Dr Hovorka also went on to describe the encouraging early results of dual infusion pumps, using glucagon as well as insulin to deliver more active control.

Professor Peter Selby was next and delivered a contrasting session on the role of vitamin D in diabetes and vascular health. He pointed out the exponential rise in publications on the possible roles and effects of vitamin D. He was careful to emphasise that association is not causation and that the lack of benefit from vitamin D supplementation in many diseases suggests that low vitamin D levels may be secondary to ill health reducing dietary intake and the opportunity for sunlight derived vitamin D production.

The next talk brought another change of direction as Professor Mark Strachan described his initial disbelief on hearing that the gastroenterology clinics were seeing many patients with diabetes and liver disease. He described the assumption that NAFLD was the main mediator and the challenges of studying this in the Edinburgh Type 2 Diabetes Study. The high rate of development of significant liver disease & the lack of relationship to steatosis were both unexpected from the original hypothesis. It is clear that there is much more work to do



Dr Chris Walton hands over as chair of ABCD to Dr Rob Gregory

in predicting which patients at apparently low risk will progress to significant liver damage.

The breadth of topics was stretched even further by a change in focus to endocrinology and Dr Marie Freel's review of primary aldosteronism. She showed that this is more common than has traditionally been thought, something that had changed with the availability of easily measured aldosterone to renin ratios. She debunked the traditional markers of hypokalaemia (present in <50%) and the assumption that the aldosterone level must be abnormally high. In addition she highlighted the reversible adverse effects of hyperaldosteronism, beyond the effect on blood pressure, which make accurate diagnosis and treatment worth pursuing.

Before Dr Dinesh Nagi presented the ABCD manpower survey results (low growth, despite the rising GIM role) we were treated to a highly entertaining review of appetite controlling drugs past, present and future by Professor Sir Stephen Bloom. He outlined the size (pun intended) of the obesity problem and the effect that it is already having on premature mortality. His overview of what has been tried (and what has caused more harm than good) in the past was the preface to his description of (confidential) developments which may one day contribute to mainstream obesity management.

Dr David Miller-Jones had the unenviable after lunch slot, but rose to the challenge of engaging hearts and minds on the best way to support primary care diabetes

outside of an outpatient clinic based system. He described the shared standards of care that we all aspire to and highlighted the importance of education and leadership in the development of effective new ways of working together to deliver them.

Dr Sanjeev Sharma (Winner of the ABCD Training Award 2013) presented next, with an overview of his research into small fibre neuropathy. This covered the techniques for the assessment of structure and function in small nerve fibres and showed a good correlation between these techniques in both diabetic and non-diabetic neuropathy.

One of the highlights of an ABCD meeting is the debate, on this occasion on the topic "Incretin based therapies should continue to be used in people with type 2 diabetes". Dr Bob Ryder (proposing the motion) cast himself as David to Professor Edwin Gale's Goliath and, just as the story tells, was able to carry the day. Edwin did, despite losing the debate, get some important points across about the evidence base for new drugs and the ways in which they are advertised and marketed. He made a plea for all trial data to be made freely available by pharmaceutical companies, so that clinicians could look at it and come to their own conclusions.

The final offering on the ABCD smorgasbord was Professor Graham Leese talking about subclinical thyroid disease. This is a common problem (with subclinical hypothyroidism commoner than subclinical hyperthyroidism) and one that has evidence

of a U shaped curve for TSH level against adverse outcomes. Highlighting the relationship of TSH to age, he showed how this affects both the threshold for treatment and target levels.

Changing places

It was a significant meeting for the committee as the existing chairman, treasurer and meetings secretary reached the end of their terms of office.² We welcome their replacements, Dr Rob Gregory, Dr Tony Robinson and Dr Russell Drummond. We were delighted to have the opportunity to make a presentation to Dr Chris Walton for his years of arduous, beneficial, committed and dedicated service to ABCD as treasurer and then chair. To check 'Who's Who' on the ABCD committee see our website or journal.^{2,3}

The next meeting

We can now look forward to the Autumn conference on the 6th and 7th November 2014 at the Royal College of Physicians in London, under the new meeting secretary Dr Russell Drummond.

References

1. <http://www.scotland.gov.uk/Topics/Health/Policy/2020-Vision>
2. ABCD website. www.diabetologists-abcd.org.uk
3. ABCD News. *Br J Diabetes Vasc Dis* 2014;**14**:79-83. <http://dx.doi.org/10.15277/bjdvd.2014.020>
<http://dx.doi.org/10.15277/bjdvd.2014.019>
Br J Diabetes Vasc Dis 2014;**14**:77-78



Association of British Clinical Diabetologists

Exenatide weekly (QW) (Bydureon) Nationwide Audit Launched



Does your centre use exenatide QW?

If yes, **REGISTER YOUR CENTRE!** http://diabetologists-abcd.org.uk/n3/ExenatideQW_Audit.htm

ABCD has launched a nationwide audit of **exenatide QW (Bydureon)** in the UK to assess real clinical efficacy and safety & inform future practice and guidelines

- you are invited to **submit** your patients' anonymised routinely collected data
- using an **easy-to-use online tool** hosted on the secure NHS network (N3)
- we can provide **easy-to-complete paper proformas** for use if preferred
- if contributing, you will be able to **analyse your local data** easily

Please remember: - the more data, the more significant the result will be
- all contributors will be listed in publications arising from data submission