DNIG Newsletter

DIABETES NURSING INTEREST GROUP

VOLUME 1, ISSUE 3 SUMMER 2015

CONNECTING NURSES WITH A SPECIAL INTEREST INDIABETES CARE AND MANAGEMENT

INSIDE THIS ISSUE:

Report from the Chair

Aileen Knip RN BScN MN CCHN(c) CDE

Welcome DNIG members to our summer newsletter. It has been a busy time since our last issue. In April a number of our Executive attended the RNAO AGM in Toronto and mingled with our peers to celebrate 90 years of the RNAO. Medical tourism, refugee health, environmental concerns, nursing retention and recruitment issues were but a few items on the agenda. On Saturday we attended a very interesting panel discussion on ***End of Life Care: Voices and Perspectives.*** Congratulations to Hilda Swirsky who became a member of the RNAO executive. DNIG wishes to thank Hilda for all her work with DNIG – you will be missed around the Executive table.

I am pleased to bring forward the names of the successful recipients of the DNIG RNFOO awards. Melissa Northwood, 2015 Mary Ann Murphy Memorial Diabetes Award, Amanda Ottley, 2015 DNIG scholarship and Sanja Visekruna 2015 Margaret Myers Clinical Practice Award. DNIG is proud to support these awards as well as our nursing students who are also featured in this newsletter. In one of our articles we feature Margaret Little, Treasurer of DNIG and founder of Options for Diabetes who shares the history and her dreams for diabetes education. Finally we feature an update on medications with Cynthia Way, RPh. Learn more about the newer classes of AHA's.

I hope you enjoy the articles and this newsletter.

Aileen Knip

DNIG Opportunity!

Interested in the politics behind the scenes? Want to play a part in creating our policies and decisions?

Lend your voice and expertise. Join DNIG Executive as Policy and Political Action ENO. Contact Lisa if you are interested.

DNIG Executive Team

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RNAO Websites

"Stay connected to your nursing colleagues—renew now"

Check out your updated interest group website

Or read more about your association through MyRNAO for reimbursement forms and NEI—nursing education initiative

Take advantage of all that your association has to offer. Check your RNAO website frequently.

RNAO-Updates

Two DNIG members involved in QPOR

Once again this year Ontario Nurses are raising their voices through the Queen's Park on the Road initiative.

- Pictured at right is the member for Ottawa South, John Fraser who spent a few hours at an Academic Family Health Team in Ottawa. NP remuneration, end of life care and RN retention were discussed.
- Hilda Swirsky also accompanied York– Centre MPP Monte Kwinter to a Community Health Centre.

Scholarships and Bursaries-DNIG supports Members in Ongoing Learning

Kim Beaudoin—Attends RNAO Annual General Meeting and Reports back to our members

DNIG RNFOO awards

2015 Mary Ann Murphy Memorial Diabetes Award—Melissa Northwood

2015 DNIG scholarship and—Amanda Ottley

2015 recipient Margaret Myers Award—Sanja Visekruna

Scholarships and Bursaries—Thinking ahead for 2016

DNIG offers three bursaries each year which are managed by the Registered Nurses Foundation of Ontario (RNFOO). For application forms, please go to RNFOO Awards and Scholarships. Successful applicants will receive their award at the RNAO Assembly and AGM in April.

The Mary Ann Murphy Memorial Diabetes Education Bursary
Awarded annually to an RN pursuing graduate education, whose research focus is diabetes education and care for persons with type 1 diabetes, and who has demonstrated a significant commitment to the cause of diabetes.. **Potential value: $1,000**

The Margaret Myers Diabetes Clinical Practice Bursary
Awarded to an RN who has demonstrated a significant interest in diabetes research, education, and care and is currently practicing in the field. The purpose of the award is to support an evidence-based project or initiative that will positively impact on nursing clinical practice and on the health outcomes of people with diabetes. **Potential value: $1,000**

The DNIG Aboriginal Diabetes Award
Awarded to an RN pursuing diverse continuing education in the area of diabetes education and care specific to type 2 diabetes in the Aboriginal population. The applicant must have demonstrated a significant commitment to diabetes education and care in the Aboriginal population and be currently practicing in an Aboriginal community. This award is funded by DNIG. **Potential value: $2,000**

Options For Diabetes - History of Learning

A conversation at the RNAO AGM prompted this reflection on diabetes education for health providers. I began to organise diabetes education conferences as a Diabetes Nurse Educator at the Hotel Dieu Hospital in Kingston. Then, after I left the hospital in 1997, a dietitian and I opened a diabetes education business in Kingston called Options for Diabetes. Discussions with two nursing colleagues—Joan Ferguson and Anne Belton—identified the knowledge gaps and resulting inconsistency in the information being given to people with diabetes, As a result, we decided to organize a three-day conference, for nurses and dietitians. The conference aim was to: "learn about diabetes, learn how to teach about diabetes, and provide time to practice new skills through small group discussion and examples from practice". Three conferences were the result, two in Kingston and one in Toronto.

"The Options for Diabetes Conference is an annual conference for Health Care Professionals in Kingston"

The annual conference grew out of this. Since 2002, I have provided a two-day diabetes education conference in Kingston. Traditionally, the conference has been held in April. After 2007, some conferences included a half-day workshop, and from 2012, the format has been a one-day conference with a half-day workshop. Each conference addresses the most current practices and is informed by clinical practice guidelines.

Looking back, the presenters have been the leading experts in their field, both nationally and internationally: Marti Funnell, Robert Anderson, and John Piette, from the University of Michigan; William Polonsky from the University of California, and many of the leading names in Canadian Diabetes management and treatment such as Bob Ross, Robyn Houlden, Anne Sclater, Ian Blumer, Alice Cheng, Marla Shapiro, Mike Riddell to name a few. The most recent Clinical Practice Guidelines are always presented the year they become available. The expertise of the person with diabetes is not forgotten. For many years, the opening speaker at the conference has been a person with diabetes who is willing to share their story with us. This seems to set the tone for the rest of the conference. And, it must be said that the conference would not have been possible without the generous and ongoing support from industry partners.

In keeping with the team approach to diabetes care, the conference benefits from a range of attendees: diabetes nurse educators, dietitians, hospital and community nurses, pharmacists, chiropodists, the occasional doctor, social workers and so on. From its local beginnings, the conference now attracts people from beyond the local area—north and west Ontario, Quebec, and New York State, and from many First Nations. Over the years,1800 health care professionals have attended the conference and their feedback has helped to shape the conference. Many have told me they find the conference information very useful in preparing to write the Canadian Diabetes Educator (CDE) examination. One of the things that I read most frequently in the evaluations is that the conference provides practical information that can be put to use immediately in daily practice.

At DNIG, we are always interested in helping health providers keep up-to-date on diabetes best practices. Are conferences of this nature being held in other parts of Ontario? If so, we would like to know about them and would be very happy to tell their story and promote them through our newsletter.

Margaret Little is an RN from Kingston who has a long association with DNIG as well as nurses and other educators from across Canada. Over the years she has been influential in advancing diabetes care through education. DNIG wishes to acknowledge her indefatigable spirit and impact.

DNIG Supports Students

Kim Beaudoin reports from the Annual General Meeting of RNAO

1. What did I learn in relation to my clinical objectives?

This past week, my eyes have been opened to the nurses' role in taking political action, and my enthusiasm to dig deeper into the political realm of nursing has been heightened. As a student representative of the Diabetes Nursing Interest Group (DNIG) of the Registered Nurses Association of Ontario (RNAO), I was invited to attend the 15th annual Queen's Park Day. To prepare for this venture I reviewed RNAO's (2006) toolkit for taking political action. RNAO (2006) reminds us that nurses have an image of high credibility with the public, and by working in numbers, and including the RNAO for support, we can work together to shape the opinion of the public, which should be the voice behind our government. RNAO's (2006) toolkit includes ideas for how to build a nurse coalition, how to communicate with politicians, exemplar questions for politicians, and provides a guide for constructing media releases.

The evening prior to Queen's Park Day, all of the chapters met for dinner to discuss and prepare questions for the issues that RNAO planned to address at Queen's Park. The RNAO did most of the preparation of the issues in advance for the members. Six issues were identified and accessible on RNAOs webpage, and printed for all to review. The six issues at hand were poverty, health care for profit, inequities faced by primary care nurse practitioners, expanded role for the Registered Nurse (RN), integrating Community Care Access Centres (CCACs) into primary care, and environmental toxins (RNAO, 2015). These issues address the social determinants of health and the power relations that impact the accessibility and availability of health care. Doris Grinspun, the executive director for the RNAO then requested six members, one for each issue, to form a question or two and ask it at the formal meeting with the Premier and the MPPs. During this preparation dinner, we were all seated at tables that coincided to our local chapter, where we also discussed questions that we could ask at an informal breakfast where each chapter (about 4-6 members) would sit with their MPP.

I attended Queen's Park day with a special interest group whose member was from Ottawa, and so I was placed with her at the Ottawa chapter table. She offered me to find my local chapter and sit with them. However, this event was all so new and I much rather wanted the security of being at her table, where I could take the role of observer. Listening to someone else's tone and questions will give me knowledge and readiness to lead my own interview in the future. Knowledge and readiness build the confidence that will empower one to take on a new challenge, such as questioning an MPP (Perry, 2011). A tour of our grand parliament building and a sitting at question period followed breakfast. At lunch we met with a panel of members who represented each party, including the Premier, Kathleen Wynn. At this time RNAO members were invited to the microphone to pose a question to the different parties. Due to time constraints, the six individuals, who volunteered the night before, to address the six issues previously mentioned, led most of the questions. Doris Grinspun facilitated the meeting and was strategic in her words as she voiced her appreciation of any support the political representatives offered, and when she was not satisfied with the responses of the MPPs she voiced her disappointment, pushed for reform and offered suggestions. I found the New Democratic Party (NDP) to be most supportive and in favour of all of our requests. The liberals were also supportive, but although they expressed agreement to expanding the RN scope, they seemed to hold back on setting regulations for the RNs expanded scope. The Progressive Conservatives were supportive of some issues but on the issue of poverty they refused to show support of increasing minimum wage, and suggested tax exemptions instead. Doris Grinspun voiced her disappointment, as did many. During this meeting, most members of the room were unaware that a bill had been passed in 2008 granting RNs prescribing power. However,

Kim Beaudoin reports from the Annual General Meeting of RNAO—continued

Regulations have not yet been set, and therefore the CNO is not able to develop a practice standard. A question that comes to my mind is for our nursing schools. It is, "how will you prepare future nurses to fill the role of prescriber upon graduation?"

2. What concepts/theory or content can I apply to my practice

The social determinants of health (SDOH) were a key issue at Queen's Park. Muntaner, Ng & Chung (2012) identify Income, housing, food insecurity and social exclusion as major determinants of health. In a recent scoping review, they report that low income is associated with poorer health, poorer nutrition, and unmet health care needs; food insecurity is associated with increased rates of obesity and diabetes, and children who experience food insecurity are at greater risk for chronic disease and asthma. Unstable housing increases the risk for IV drug use, needle sharing, and prostitution; overcrowding is associated with increased tuberculosis.Muntaner et al (2012) urge nurses to advocate for social justice and equity by lobbying for strategies that reduce poverty, including increasing minimum wage, securing food, and providing safe housing. At Queen's park, I practiced addressing the SDOH with RNAO, by advocating to increase minimum wage to $14/hour, to repair and create safe, affordable housing, and to increase social assistance rates to actual cost of living.

Going to Queen's Park was putting critical social theory to practice. Critical social theory focuses on freeing human beings from the physical, mental and social "powers over", and creating social justice for all of society (Swartz, 2014). Nurses
are responsible to reflect on these power relations and work towards social justice (Swartz, 2014). Much research in nursing is dedicated to specific health problems that often does not encompass all the factors that influence patient care; nor all the influences that shape how a nurse acts in situations (Swartz, 2014). Going to Queen's park to advocate for policy change that speaks to the SDOH and the inequities of the nursing profession. Changing policy creates shift in power relationships, allows nurses to practice with greater autonomy, and addresses the SDOH.

3. What learning question(s) were raised by this week's experiences? Where will I get the information to answer my learning question(s)?

My question raised this week is: how can I take a more active role as a political activist for nursing? To answer this question I will search the RNAO website for student opportunities to engage in political action, review the toolkit for political action and join my local RNAO chapter and become an active and involved member. I will also pay closer attention to the political issues faced in my local community, and issues at the provincial and national levels.

4. What thoughts and feelings do I have about this week's experiences?

I am excited at the possibility of participating in the political processes that bring positive changes to our communities and the nursing profession.

References:

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Students Corner—Larissa Scimmi

On the student experience with pharmacology

Pharmacology is a large facet of nursing. As students, it is one of the most overwhelming parts of our education. In my second year pharmacology course, we learned the pharmacodynamics, pharmacokinetics and pharmacotherapeutics of medications. We started by learning about medication administration safety. First the "eight rights" of medications (Medication, Dose, Time, Route, Patient, Reason, Documentation, Response) as the College of Nurse outlines.

Next, we explored the basics of the MAR (Medication Administration Record): doctor's orders, first-pass effect, different routes (PO, IM, subcutaneous, IV, Sublingual), and using two patient identifiers. This gave us a base of knowledge for the clinical setting.

The easy part was recognizing safety aspects, mechanisms of action and assessment requirements for each category. However, my peers and I quickly learned that administering medications was not just learning to check expiration dates and identify the patient in two ways. We learned that you need specific information about each category, such as checking a patient's blood glucose before administering insulin. There was so much to remember that it quickly became overwhelming. One way our professor helped to simplify pharmacology was by slowly tackling medications based on category. For example, for insulin, one of the most important things we learned was to be aware of the peak times, as it is the time a person with diabetes is more likely to have a low blood glucose.

As students move along in University, the NCLEX exam is always on their mind. Many of us feel most nervous about the pharmacology questions. With the advice of professors, prior students and nurses, there are ways to aid in preparation. Some strategies that many students use are as follows:

- Don't get overwhelmed and make a plan! There are many ways to simplify pharmacology.
- Group drugs into categories. This will help to identify mechanisms of action, pathways, side effects, common uses, contraindications, and required nursing assessments.
- Learn the suffixes common to each category. This works for generic names but not brand names. For example, -olol is for beta-blockers such as Metoprolol or Acebutolol.
- Use flash cards, iTunes applications and study groups. Talking to others is a great way for information retention.
- Study the way that works best for you. Different methods include writing colour-coded notes, having study groups, completing online quizzes, or reading a textbook.
- In clinical, research patient's MAR and look up each medication (either in the clinical setting if there is time or at home). Frequently seeing and recognizing different names will help to recall medications later on.

These tips help students to understand broad pharmacological information. The more difficult part is learning specific names. The Pyxis machines in Windsor Regional Hospital have an online drug reference called Lexi-Comp. This is a trusted reference that aids students and healthcare professionals to quickly access clinical and medication information. This reference is available free in the iTunes App Store. It is easy to use and is frequently updated.

With the patient safety movement, it is imperative that nurses and student nurses know which medication they are giving, the potential side effects, nursing assessments and why the patient is receiving it. A healthcare provider must be able to identify if a medication is safe and/or therapeutic before giving it. In addition, the medication must be accurately calculated to ensure a safe and therapeutic dose is being given. Each semester, we are tested multiple times on medication calculations. For example, we work out pediatric safe dose ranges (based on weight), IV drip rates, convert grams to milligrams, calculate desired doses in milliliters and much more. It is helpful for students to be frequently tested on medications so that the required skills stay fresh in our minds and help us to master the required skills.

It is nearly impossible to memorize every medication. That is why there are many resources now to aid in information retention and to answer questions. As stated above, the free Lexi-Comp App is great for answering clinical and medication questions. Another free iTunes applications is Pharmacology Quiz Lite (which has note cards and questions on different drugs broken into 10 question segments). There is also the Flash Rx App that has flashcard mode, drug database, and quiz mode. As many nurses have said to me, experience makes a large difference in pharmacology knowledge. During my first year of nursing, I never thought that I would have gained as much knowledge as I have now. It is motivating to know that if students continue to work hard and practice safe medication administration, they will gain the knowledge required to know many medications without having to use a database to look each one up.

Pharmacology can be complex, overwhelming and daunting. The main message is to be organized, take time out of your week to review or do quizzes, and use the method that best suits you. It is up to nurses to be safe and competent when administering medications. As healthcare providers we have a lot of hands-on time with patients, so we are well placed to educate them about their medications (and much more). Many patients are not really clear as to what they are taking or why. Knowledge is an empowering mechanism for both nurses and patients. Let us empower ourselves in order to do so for others.

Larissa Scimmi is a fourth year nursing student at The University of Windsor

Margaret Myers Award 2015
Sanja Visekruna

It's an honour to be the recipient of this year's Registered Nurses Foundation of Ontario *Margaret Myers Diabetes Clinical Practice Award DNIG*. I would like to sincerely thank the RNAO Diabetes Nursing Interest Group for its support and commitment to diabetes research as well as continuing education.

I am a Registered Nurse, and Doctoral Student in the Lawrence S. Bloomberg Faculty of Nursing at the University of Toronto, studying in the Nursing Health Systems field. My nursing career has encompassed direct care roles in critical care, and paediatrics (Type 1 diabetes self-management focus), as well, an indirect care role in nursing education policy at the Canadian Association of Schools of Nursing.

Diabetes has been a large part of my life, and inspired me to pursue a career in nursing and research. Nurses have a pivotal role supporting type 1 individuals and their families with self-management and treatment decision-making. My personal and nursing experiences have enabled me to actualize the impact diabetes has on people's lives in terms of the daily commitment required to manage the condition, as well, the challenges and sometimes unfortunate complications that can result. The importance of support systems cannot be emphasized enough – the health care team, family and friends all have an invaluable role supporting individuals in the management of this chronic condition.

The advancing self-management technology i.e. insulin pump therapy and continuous glucose monitoring, as well, my interest in health policy, have inspired me to explore the financial impact of diabetes on individuals lives, and whether existing resources are meeting health needs. For my doctoral dissertation, I am examining the Canadian economic health policies currently in place to support type 1 diabetes self-management, health need among paediatric patients and their families, as well, nursing's role in supporting treatment decision-making and uptake of financial assistance programs.

As nurses, we have the privilege of being able to advocate for our patients' health needs, and one way we can do this is through health policy. My interest in policy grew while pursuing my master's at Queen's University a few years ago – since being in the nursing doctoral program at the University of Toronto, my breadth of knowledge in this area has expanded and continues to do so. Through engagement in research, I am learning how nurses can be active participants and leaders of policy initiatives to promote optimal patient outcomes.

Pursuing a PhD in nursing is essential for me to achieve my optimal career goal of becoming a nurse scientist and educator, conducting nursing health services research, specifically in the area of type 1 diabetes. Remaining engaged in the diabetes clinical community and finding a balance between research, teaching and clinical practice is something I will strive to attain as I progress in my nursing career. This award is an immense support to me as I pursue full-time doctoral studies, and once again, I would like to sincerely thank the membership.

Sanja Visekruna, *RN, MSc is aPhD Student at the*

Lawrence S. Bloomberg Faculty of Nursing

University of Toronto

Mary Ann Murphy Award 2015
Melissa Northwood

In May 2015, I was thrilled to be the recipient of the DNIG Mary Ann Murphy Memorial Diabetes Award, administered through the Registered Nurses' Foundation of Ontario (RNFOO). I would like to share with you my interest in diabetes that led me to apply for this award, what I hope to accomplish in my studies, and the event where I received the award.

Since my graduation from my undergraduate degree in 1996, I have been working with older adults in a variety of nursing capacities. My current position is as a nurse continence advisor in a nurse-led clinic for older adults with urinary and fecal incontinence. In this capacity, I conduct an assessment of the contributing factors to my clients' incontinence and work with clients to set goals and develop a conservative self-management plan. My work is very similar to the self-management support that many of you provide in helping clients successfully change behaviours. Yet I am continually challenged supporting clients with diabetes who have incontinence as a consequence of neuropathic changes in diabetes including, polyuria, recurrent bladder infections or incomplete bladder emptying.

This practical clinical challenge of how to work with clients to optimize their diabetic control led me to join the DNIG and learn more about diabetes. I noticed that incontinence is not included in diabetes clinical practice guidelines. I also know that as nurse continence advisors, we do not always have the tools or experience to optimally support persons with diabetes in our practices.

This will be the dilemma I hope to explore in my dissertation research. Incontinence is a common problem for older adults with diabetes but there is a gap in the quantitative research literature regarding the prevalence and correlates of incontinence and diabetes. Furthermore, there is a lack of understanding of the care needs of older adults with diabetes related to incontinence. Also not known is how health care professionals working with persons with diabetes manage incontinence and how best to provide nursing care to manage both conditions. The outcome of my research will be to design a potential nursing intervention to manage both diabetes and incontinence in a community setting. Receiving this award has made a significant contribution to my expenses as a student in order to be able to pursue this line of research.

I have to mention the actual event where I was recognized for winning the award as it was such a unique experience! The RNFOO hosts an annual gala to honour the recipients and donors. All of the award recipients were brought into the dinner venue to the cheers and applause of supporting friends, family, nursing school faculty, and donors. I was overwhelmed with gratitude and excitement! Then Stephen Lewis, HIV activist and Distinguished Visiting Professor of Ryerson University, delivered the address. Based on his work in Africa, he described the nursing profession's contribution to global health care as "phenomenal" and noted that "nursing is securing a society that is so often adrift". I was so moved by the spirit of his words. His address and the added combination of the comradery of fellow students and the honour of receiving this award renewed my commitment to studying and researching to make a contribution to improve nursing care for older adults. Thank you for providing this award as part of your benefits of membership and thank you for awarding it to me in 2015!

Melissa Northwood, *RN, MSc is a Clinical Nurse Specialist Nurse Continence Advisor at Continence Care Clinics St. Joseph's Healthcare Hamilton and a PhD Student at McMaster University*

Ongoing impact–Margaret Myers Award 2013
Amanda Mathieu

Background:

I am a registered nurse with over 30 years of nursing experience. The last seven years of my nursing career have been dedicated to the field of diabetes. I am a certified diabetes educator (CDE) and I hold certificates in advanced nursing foot care and adult education. I work full time at the Diabetes Education Centre in Parry Sound with my colleague and Registered Dietitian, Heather Fisher, who is also a CDE.

Inspiration:

In 2013, the Diabetes Education Centre of Parry Sound and Area were forging ahead with a new foot care program and we were looking for ways to support this new initiative. The RNFOO bursary program came to my attention, and I decided to apply for the Margaret Myers DNIG diabetes clinical practice award.

Utilization:

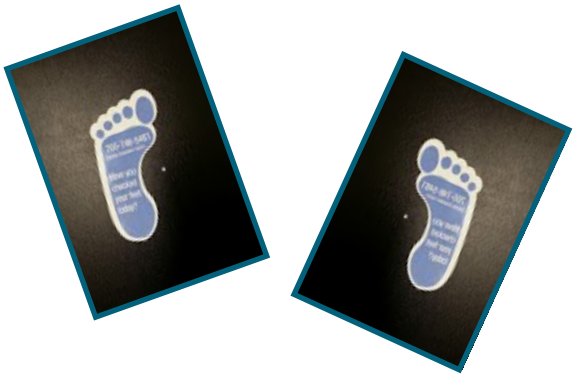
I was thrilled to be the recipient of the 2013 DNIG award! Some of the award money was used to purchase creams, files, mirrors and foot magnets to make "goody bags" for clients to use at home. A brochure was developed with tips and education on foot care. During Diabetes Awareness Month, we promoted foot care tips for clients as well as healthcare professionals through a series of educational sessions, a newsletter and an information booth. Our foot care program has grown from two to four days per month and the demands and needs of the clients are ever present. We believe that proper foot care is very important for people living with diabetes. Prevention is they key and with awareness, foot complications can be prevented.

My goal of establishing a foot care program for my high risk clients living with diabetes has been realized. The DNIG award was very helpful in achieving this goal. I provide advanced nursing foot care and diabetes education with my dietitian colleague. While receiving foot care, these clients receive education on self-care as well as other relevant education about their diabetes in general. Our team approach is unique and has addressed a huge gap in care for people living with diabetes in our community.

Amanda Mathieu *RN, CDE is a diabetes educator and foot care specialist at*

Diabetes Education Centre

West Parry Sound Health Centre



DNIG 2016 Conference Funding

Check out conference opportunities and apply early

We are pleased to report that once again we have funding to support three members to attend diabetes focused conferences in 2016. Applications will be accepted to March 31st, 2016 and will be processed on a first-come-first-served basis so act quickly!

Following are application details.

Purpose: The purpose of this funding is to support DNIG member to attend a Diabetes Conference taking place 2016.

Amount: The funding will cover costs of travel, accommodation, and meals, up to a maximum of $1000 per member. All original receipts must be submitted no later than 30 days following the conference.

Selection: The selection committee will be comprised of DNIG Executive Team Members.

Process: A completed funding application must consist of:

A. DNIG Member funding for Conference Attendance-Application Form

B. A brief personal summary (500 words as identified in selection criteria)

Successful applicants will also be asked to write a brief summary of their experiences and learning from participation for a future issue of the DNIG newsletter.

Eligibility Criteria: Applicant must have been an RN member of DNIG for a minimum of one year

Personal Summary Selection Criteria:
Brief personal summary must include:

1. Identified professional objectives for attending the diabetes conference.
2. Identified involvement (past/present) in diabetes professional practice/ DNIG
3. Identified strategy for sharing learning with nursing colleagues.

Please send completed scanned applications and any questions to:

Lisa Herlehy
liher233@yahoo.com

2015 Annual Conference Call for Presentations

Save the date!

3rd Annual National Aboriginal Physical Activity Conference

May 28th to 30th, 2015

and

Post Conference Gathering May 30th, 2015

Membertou Trade and Convention Centre

Cape Breton, Nova Scotia

Canada

www.a-pacc.com

OPTIONS FOR DIABETES
A Centre for Learning

CSEM SCEM
Canadian Diabetes Association | Association Canadienne du Diabète
Professional Conference and Annual Meetings

World Diabetes Congress 2015
30 Nov-4 Dec
Vancouver, Canada
IDF 2015 Vancouver
Save the date!

Medication Update-Cynthia Way RPh

Cynthia Way is a registered pharmacist at The Ottawa Hospital

Alogliptin, Sitagliptin and SGLT-2 inhibitors—newest kids on the Block

Alogliptin has reached the Canadian market. It is available under the brand name Nesina® and also in combination with metformin under the brand name Kazano®. It appears similar to the other available DPP-4 inhibitors in terms of effectiveness and cost (all DPP-4 inhibitors cost approximately $3/day). However, unlike the other DPP-4 inhibitors available, neither Nesina® nor Kazano® is currently listed on the Ontario Drug Benefit (ODB) formulary. The usual dose of alogliptin is 25mg once daily with or without food. The dose should be reduced for renal dysfunction – to 12.5mg daily at a creatinine clearance of 50mL/min and 6.25mg daily at a creatinine clearance of 30mL/min. The manufacturer states that Nesina® should be used with caution in patients on dialysis due to a lack of experience in this group. In addition, the manufacturer suggests using with caution in patients with a history of heart failure. There are no known drug interactions with alogliptin. A cardiovascular safety trial (EXAMINE) has been completed with alogliptin and shown no change in the risk of cardiovascular events, including stroke and myocardial infarction.

A **cardiovascular safety trial comparing sitagliptin to placebo** was published June 8, 2015. TECOS enrolled over 14000 patients and followed them for a median of 3 years. Sitaglitpin was found to neither increase nor decrease the risk of cardiovascular events, including stroke and myocardial infarction. There was also no effect on the risk of hospitalization for heart failure; serious infections; pancreatitis or pancreatic cancer.

SGLT 2 Inhibtors-Considerations

New on the Market—What do I need to know?

SGLT-2 inhibitors lower blood glucose by preventing reabsorption of glucose that has been filtered into the urine, increasing excretion of glucose in the urine. They appear to lower the A1C by approximately 0.5-0.7%. Since no head-to-head trials are available, it is unclear if one is more effective than another, though RxFiles does describe canagliflozin as being slightly more effective than dapagliflozin (0.7% vs 0.5%). Both drugs are associated with weight loss, averaging 2-4kg in most trials. Both have also been associated with reductions in systolic blood pressure in the range of 4-5mmHg and diastolic blood pressure in the range of 2-3mmHg. Combination with loop diuretics such as furosemide is not recommended. Patients should be monitored for increases in serum creatinine (dose-related but usually mild), hypotension and/or orthostatic symptoms, UTI and genital mycotic infections (e.g. vulvovaginitis, balanitis). In addition, patients on canagliflozin should have potassium monitored as it has been associated with cases of hyperkalemia.

SGLT –2 Inhibitors-Continued

The SGLT-2 inhibitors are not as effective at lowering blood glucose in the presence of renal dysfunction. The manufacturer of Forxiga® recommends not using it if the creatinine clearance (CrCl) is less than 60mL/min. The manufacturer of Invokana® recommends not starting it if the CrCl is less than 60mL/min, and stopping it if the CrCl falls to less than 45mL/min. Both are given once daily. The usual dose of canagliflozin is 100mg once daily (preferably before breakfast), increasing to 300mg once daily if needed. The usual dose of dapagliflozin is 5mg once daily, increasing to 10mg once daily if needed. Approved indications are described in the table below. Note that dapagliflozin should not be combined with pioglitazone because of a non-statistically significant numerical increase in the number cases of bladder cancer in one placebo-controlled trial. The US Food and Drug Administration has issued a warning that since 2013 it has received over 20 reports of diabetic ketoacidosis (DKA) in patients with type 2 diabetes treated with SGLT-2 inhibitors. Many cases were atypical as blood sugars were not as high as would be expected (i.e. were less than 10mmol/L). Practitioners are advised to watch for symptoms of DKA and if they occur check for acidosis and stop the SGLT-2 inhibitor if acidosis is confirmed. For more information see http://www.fda.gov/Drugs/DrugSafety/ucm446845.htm.

Table 1: Health Canada-approved SGLT-2 combinations

	Mono*	Met	SU	Pio	Met + SU	Met + pio	Insulin +/- met
Canagliflozin	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Dapagliflozin	Yes	Yes	Yes	No	No	No	Yes

* If the patient cannot take metformin; Met = metformin; SU = sulfonylurea; Pio = pioglitazone

Have A Great Summer

See you in the fall when we will be issuing a whole new and exciting newsletter! In the meantime please contact us if there is anything you need to know or would like to see in future newsletters. Remember that this newsletter is for YOU.

Conference Funding Application

Name: _____
Address: _____
_____
Email: _____
Phone: _____

RNAO membership # _____
DNIG Membership duration _____

Employment status: FT PT
Employer _____

Please tell us about the conference you wish to attend, approximate distance and your anticipated mode of transportation.

_____
_____
_____
_____

*NOTE: For reimbursement agreed upon amount, an expense report and all receipts are to be submitted to DNIG no later than 1 month following conference completion.

Please attach a 1-page document (maximum 500 words) outlining why you qualify for this funding.
Be sure to:

- Describe your professional objectives for attending the conference.
- Describe your involvement (past/present) in your professional association/DNIG
- Describe your employment status, location, role in diabetes nursing
- Describe how you will share what you have learned with your nursing colleagues

Please supply one professional reference.

Name: _____ Phone number: _____

I certify that all information contained I this application is true and accurate.

Applicant signature _____ Date: _____

Please scan completed application and e-mail to **liher233@yahoo.com**