

INTERVIEW

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Diabetes Management



The importance of patient satisfaction when treating T2D



Grace Vanterpool* speaks to Daphne Boulicalt, Commissioning Editor:

Grace has been nursing for 37 years, working as a diabetes specialist nurse for 19 years and a consultant nurse in diabetes for 9 years. She works across sectors in secondary care at Ealing Hospital, community and primary care. She has published her work and holds lectureships at two universities. Grace has received several awards for her services to diabetes, nursing and ethnic minorities including the National Health Service and King's Fund Champions Award Services to diabetes patients in 2003, the Chief Executive

Award (Thames Valley) for work done over and above the call of duty in 2004, the Community Nurse of the Year in 2005 and in 2006 she was awarded the Nurse of the Year, an award for innovations and improving the health of black and minority ethnic groups, and the MBE. Grace chairs the RCN diabetes forum and is a co-chair of Training Research Education Nurses in Diabetes (TREND). She sits on the All Parliamentary Group for diabetes and is co-chair of the education task and finish group at Diabetes UK. Grace is also a trustee for the Oxford Health Alliance and Foundation in Oxford, she is also a trustee for a local charity in Hammersmith and Fulham. She has set up The African–Caribbean Diabetes Foundation, UK.

Q Could you give us an overview on your career to date?

I've been nursing for 37 years and I've been a Diabetes Nurse for 27 years; I worked my way up as a Diabetes Specialist Nurse for 19 years before becoming a Nurse Consultant. I've been a Nurse Consultant now for 9 years in December.

Q What inspired you to become a diabetes nurse consultant?

I became involved in the field of diabetes when my daughter was young, due to the regular hours it afforded. The professor I worked with trained me as a Diabetes Specialist Nurse, a career I followed as I really enjoyed it. Particularly interesting to me is the fact that diabetes is such a multifaceted condition, it really covers all systems, and while it does pose some challenges you also get your successes. It's this variety within diabetes care and management which has inspired me to pursue a career as a Diabetes Nurse Consultant.

Q Have any colleagues, past or present, particularly influenced you & your work?

Professor Eva Kohner, who trained me as a Diabetes Specialist Nurse, was a real inspiration to me. She was a nurse herself and over the course of her career became a doctor and then a medical ophthalmologist and diabetologist. As a nurse I felt that was quite inspirational because she moved from one profession to another and became renowned in her work, changing practice in many different ways.

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Q What would you describe as the biggest achievement of your career?

I would say my biggest achievement was in receiving two awards in 2006 within the space of 6 months: nurse of the year for services to diabetes, which included redesigning diabetes services in Berkshire and the MBE for diabetes and nursing.

Q You have become a spokesperson in favor of using exenatide to treat people with Type 2 diabetes; can you outline what this treatment regimen entails & how it differs from the standard basal-bolus insulin regimen?

One of the things I believe in and try to practice on a daily basis, patient-to-patient, is providing a choice in the therapies and services that are available to them, how they work and how to use them. In terms of exenatide, it offers patients good glycemic control, a reduction in blood pressure and cholesterol as well as some weight-loss. In my experience, patients prefer a treatment which tackles all these risk-factors and provides them with the better quality of life associated with reduced complications. We also know that the weight-loss element of using exenatide versus the weight-gain with insulin is a key factor influencing patients as far as treatment choice, it is very important to them.

Q As a healthcare professional, how do you see the adoption of exenatide affecting the lives of patients with Type 2 diabetes?

It will, of course, affect their lives in terms of reducing their risk-factors and the long-term complications of their condition, thereby improving their quality of life. Living with diabetes is something that patients never forget about; every day and during every meal they eat they have to be constantly aware of condition and this can be quite wearying at times. But in terms of when they are taking a therapy such as exenatide, patients don't need to be as constantly aware of issues such as blood glucose-testing. While the lower frequency of testing is a benefit for patients with less 'finger-pricking', this also results in a saving for the health service. I believe the adoption of the exenatide regimen could lead to all-round benefits.

Q How important is the education & engagement of patients with Type 2 diabetes and why?

Education is fundamental; it has to be an ingrained part of their entire treatment plan.

Further, engagement cannot occur without education; patients who understand their condition engage more with the healthcare professionals surrounding them and take on more of a role in developing and carrying-out their treatment plan. The reality is that patients live with their diabetes 24/7 and will see someone in a role like mine for around 2–3 hours per year, and if you place a patient on a therapy that they don't want or don't perceive to hold the benefits that they are looking for they simply won't continue with it. This is why it is vital to encourage self-management, control and the ability to make decisions concerning their treatment. Education and, importantly, empowerment need to be priorities at every phase and stage of diabetes management.

Q As someone who has devoted their career to raising awareness of diabetes in a variety of communities, what do you see as priorities for improving diabetes care in the UK?

In my opinion we need to demedicalize and demystify the condition, expelling some of the myths and misconceptions associated with diabetes, while providing a more targeted approach to tackling this potential epidemic. There needs to be enough investment at the front-end of our work around prevention, identification, early identification and education. The current strategy is too often waiting for people to develop diabetes and attempting to treat them, which may not culminate in the best success rate. A screening process to identify the populations most at risk would be an invaluable tool to begin our work.

We need to treat patients as individuals while encompassing the families, communities and the wider population. The focus should be on improving public health and engaging populations. The way this can be attained is through schools, colleges and universities but also through community organizations. Information needs to be available in places that communities naturally congregate. When considering the south Asian population, for example, who have a six-times higher risk of developing diabetes, the information needs to be available in temples and mosques. For African–Caribbean people and other populations, the same strategy needs to be in place with a focus on churches and other community venues. Moreover, we need to engage respected members of these societies to help pass on health promotion messages.

I also believe that this aspect of social care and public health needs to be upheld by the government. As far as local government, I think an effective council-based strategy would be providing affordable gyms and safe parks among other basic public health measures. However, the real governmental priority needs to be the Foods Standards Agency; we need to ensure that supermarkets provide healthier foods at more affordable prices rather than the starch-, sugar- and carbohydrate-rich foods which are currently affordable in bulk. Additionally, understandable food labeling is of the utmost importance, particularly in helping parents maintain healthy lifestyles in the home. Within schools, nutritionists should be advising schools on the food they serve. These strategies will help transition the country out of the era of fast foods and microwaveable meals, all of

which contain the high-fat sugars and salts that contribute to diabetes.

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