

DIABETES CANADA / CSEM  
PROFESSIONAL CONFERENCE

# SCIENTIFIC CONFERENCE REPORT

**Halifax, NS**  
10-13 October 2018

# ABSTRACT

The purpose of this report is to present a summary of the activities that took place during the **DIABETES CANADA / CSEM PROFESSIONAL CONFERENCE**. Following the initiative of a patient partner, the Patient Engagement goal group of Diabetes Action Canada sent two patient partners as Science Ambassadors to Halifax to hear their perspectives on various aspects of the event. They attended presentations and workshops of their choosing and completed brief evaluations. Their views are expressed in this report.

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## SCIENTIFIC AMBASSADORS

**DOUG MUMFORD**

PATIENT PARTNER | TORONTO (ON)

Member of Diabetes Action Canada

**ROBERT FENTON,**

**Eagle Staff Carrier**

PATIENT PARTNER | THUNDER BAY (ON)

Member of Diabetes Action Canada's Indigenous  
Patient Circle

## THE CONFERENCE

On Wednesday October 10th, the City of Halifax hosted more than 1,800 participants at the Halifax Convention Centre for the **DIABETES CANADA / CSEM PROFESSIONAL CONFERENCE** – celebrating its 21st anniversary this year. Organized by Diabetes Canada in collaboration with the Canadian Society of Endocrinology and Metabolism (CSEM), this annual conference offers researchers and healthcare professionals the unique opportunity to share ideas and learn about the significant advances in diabetes research, treatment and care. During the 4-day conference, participants are invited to participate in nearly 60 sessions (plenary sessions, presentations, symposiums, information sessions, debates etc.) covering a multitude of topics and with several guests of honor in attendance.

The two selected scientific ambassadors participated collectively in a total of 16 sessions in addition to the Bistro Scientifique, working dinners, poster presentations, the awards ceremony and the Isabel Lockerbie keynote address. In the pages that follow, we will give a brief overview of the topics covered and present the various points of view expressed by the ambassadors about their experience.

**« A truly wonderful group of people working to make our lives with diabetes better and better, without end, and with incredible energy! »**

**DOUG MUMFORD | PATIENT PARTNER**

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**« Now that I have attended this conference and should I attend future ones, I will know what to expect and not be so overwhelmed. »**

**ROBERT FENTON | PATIENT PARTNER**

## THE PRESENTATIONS

This year the sessions had a large focus on the future and shifting how health care providers approach diagnosing, treating and working with patients living with diabetes. From innovations in insulin and continuous glucose monitoring, to addressing the future of complication management and shared decision-making practices for diabetes teams, it was clear that modernization and patient-centric care approaches were the central themes.

Below is a summary of the session reports completed by the ambassadors. The session reports are grouped into three categories: treatment & monitoring, complication management, the patient-healthcare provider relationship.

### TREATMENT & MONITORING

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Developments in Regenerative Medicine to Treat Diabetes and Its Complications

**DR. PAMELA GOODWIN, DR. AARON MICHELS & DR. LAURENT AZOULAY**

Technology and Diabetes

**DR. RICHARD BERGANSTAL**

Oral Abstracts - Insulin

**DR. LEIF ERIK LOVBLOM**

Metformin Should Remain the First-Line Therapy for Managing Hyperglycemia in Type 2 Diabetes

**DR. STEPHEN HULL (PRO) AND DR. PETER SENIOR (CON)**

Future of Insulin

**DR. IRENE HRARNIAK**

Throughout the conference several sessions examined new developments and the future of diabetes treatment. New tools now help patients and health care providers track and manage the disease and its complications. With the glucose hypothesis now proven -that blood glucose controls complications-, continuous glucose monitoring and the use of ranges (time in range; time in hypo) rather than solely A1c levels, will help to improve management and targeted insulin dosing. A future look at insulin, as well, holds promise in delivery methods (inhalation, oral) and combinations of fast-acting and longer lasting insulin types to better stabilize and maintain blood glucose levels. There was also a session on using regenerative medicine and stem cells to treat diabetes. There is a great deal of hope in this area, however, ethical

questions and equitable access for all remain central to future development and use of this therapy. Researchers also held a spirited debate around Metformin as the first therapy prescribed to new patients. While newer drugs are more effective, they are also more expensive which inevitably leaves many living with diabetes unable to access them. Ultimately, cost and the patient's budget must be considered when developing and prescribing newer drugs.

« We've come a very long way since I was diagnosed in 1968. I used animal insulins, had no at-home BG measurement, and used large needles that needed to be sterilized. Now we have very good long lasting insulin analogues that truly deliver flat glucose lowering action over 24 hours, and combine those with very fast absorbing and fast acting insulin analogues in Multiple Daily Injection (MDI) therapy delivered with painless pens; and, of course, insulin pumps. »

**DOUG MUMFORD | PATIENT PARTNER**

## COMPLICATION MANAGEMENT

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The Future of Obesity Management  
**DR. SEAN WHARTON**

Diabetes and the Brain  
**DR. TONY LAM, DR. ROGER MCINTYRE & DR. JEFF WILLIAMSON**

Pregnancy – highlighting the case of Gestational Diabetes Mellitus (GDM)  
**DR. ERIN KEELY, DR. KABERI DASGUPTA & DR. SHARLEEN O'REILLY**

It's the Feet that Count  
**MR. TOM WEISZ & DR. ROBYN EVANS**

Chronic Kidney Disease  
**MS. KELLY PICARD & DR. PHIL MCFARLANE**

Intermittent Fasting is an Effective and Safe Way to Manage Type 2 Diabetes  
**DR. TERRA G. ARNASON & DR. DAVID LAU**

Several sessions focused on organs and physical complications related to diabetes. Separate sessions covered the kidneys, brain, eyes (retinopathy), feet, as well as obesity, pregnancy and breastfeeding. Emphasis was placed particularly on preventative measures and nutrition beyond the link to blood glucose levels. Two sessions specifically looked at obesity management and ways to treat it, including intermittent fasting. Ultimately, obesity is an incurable and challenging medical condition to tackle. It further exacerbates diabetes, its complications and the mental health of the patient. As success

in managing chronic illnesses, like obesity, begins in the brain, hope lies in a combination of therapies including new pharmaceutical options and cognitive behavioural therapies. A debate session on intermittent fasting showed some potential in combating obesity and improving insulin resistance in people living with diabetes, but no clear conclusions were able to be drawn by the evidence presented.

Other sessions focused on prevention through nutrition (whole foods, plant-based protein, lowering sodium, managing intake nutrients that impact organs and weight), early treatment for foot-ulcers, and preventative and treatment considerations for women with gestational diabetes. Studies show that women who develop gestational diabetes during pregnancy often develop Type 2 diabetes within 15 years after giving birth. These sessions were appreciated by the patient partners as good reminders of complication prevention and management, and that you ultimately ‘are what you eat’. Finally, one patient found the presentation on diabetes and the brain too technical and left due to the content’s inaccessibility.

« I guess we all need to remember that “we are what we eat”. Diabetes is a lot of work, but it’s worth paying attention to our foods. The end result may well be that we’re more healthy than the general population who don’t pay attention. »

**DOUG MUMFORD | PATIENT PARTNER**

## THE PATIENT-HEALTHCARE PROVIDER RELATIONSHIP

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Patient Centered Care

**DR. KABERI DASGUPTA, DR. CATHERINE YU & DR. MICHAEL VALLIS**

Motivation In Practice – Why Are We Not Getting The Results We Hoped For?

**DR. MICHAEL VALLIS & MS. CARRIE HAGGETT**

Modernizing Diabetes

**DR. DAVID KERR**

Diabetes Education Case Studies

**GAIL MCNEIL**

2018 Clinical Practice Guidelines: Making it Practical

**DR. NOAH IVERS, MS SUSIE JIN & DR. ROBYN HOULDEN**

Finally, several sessions focused on the relationship between patients and health care providers. One of the pre-workshops titled ‘Modernizing Diabetes’ stressed the importance of health care providers to understand what ‘kind’ of patients have diabetes. Who the person is, should factor into how practitioners approach and prescribe treatment or management regimens, particularly with newly diagnosed people. Additionally, as a new diagnosis can be very emotional with the adjustment to medication and management needs being overwhelming or challenging, health care providers are now assessing a person’s readiness to begin treatment through shared-decision making approaches. New tools, communication techniques and a new assessment algorithm were developed to help practitioners assess a person’s readiness prior to prescribing treatment.

The ambassadors were very encouraged to see not only the new apps and tools presented at the conference, but also the focus placed on patient-centric care, shared decision making and working with the patient when establishing a treatment and management regimen. Ultimately, education, improved communication, patient oriented clinical practices and new tools (phone and web apps) for diabetes management, data gathering and tracking are bringing people living with diabetes and medicine into a hopeful era of easy management, reduced complications, improved medical practices and a cure.

**« As a person with diabetes, [I am] very excited by "my Diabetes Plan". [It will be an] excellent tool for staying on track with diabetes. »**

**ROBERT FENTON | PATIENT PARTNER**

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## CRITICAL ASSESSMENT

At the end of the conference, each ambassador shared their impressions of their experience by completing an evaluation questionnaire. The following section attempts to sum-up the various points of views expressed.

### HIGHLIGHTS

In general, the ambassadors greatly appreciated the conference. According to them, the event was well organized and the presentations remained on time. They appreciated the tech used for presentations (big screens, electronic survey equipment, and quality wifi). Both ambassadors commented on the need for better signage and communication with respect to session and food locations. One ambassador had trouble finding the venue and had a less than ideal start to the conference, but this was offset by the conference staff and volunteers that helped him, and made him feel welcome. Lack of seating and breakfast were also noted. The ambassadors most enjoyed the diversity of topics covered by the presentations and particularly appreciated the emphasis on shifting further towards patient-oriented care, and including the patient in treatment and management decisions. From an activity perspective, all ambassadors seemed to value interacting with health professionals and other patients to share their experiences and concerns in person.

### GENERAL THEMES THE AMBASSADORS TOOK AWAY FROM THE CONFERENCE:

1. Treat the mind as well as the body. Necessity of treating the mind as well as the body. And of measuring the mind – especially the willingness for the patient to change their behavior in favor of self-management.
2. Assess the patients' willingness to change their behavior *before* offering a treatment plan.

3. Follow up with each patient – clinicians and educators need to monitor compliance and results.
4. Data is an absolute key to success in diabetes management at the personal as well as the population level.
5. True patient-centered care is vital. Lots of talk about Shared Decision Making (SDM) with the patient, and about the necessity to follow up after initial visits. This especially applied to people living with Type 2 who tend to be seen only a few times by an education centre and endocrinologist, then the family doctor is expected to continue from there. It doesn't work that well.
6. A1c is on the way to being replaced by two numbers: *Time in Target*, and *Time in Hypo*. Like  $\geq 75\%$  and  $\leq 3\%$ .
7. New developments in glucose monitoring and insulin delivery systems are making diabetes management easier and more effective.
8. Obesity is not curable, and current best treatment practices are not scalable (bariatric surgery and cognitive behavior modification).
9. Prevention and early treatment of complications is crucial.
10. Clinical Practice Guidelines 2018 have been updated to an “app” as well as a website, and are an outstanding tool for clinicians, educators, and patients.
11. Inspiration: There are no limits to what people with diabetes can be, do, or accomplish!

« The good news is that appropriate tools are being worked on by some,  
and that understanding is dawning! »

DOUG MUMFORD | PATIENT PARTNER

In addition, the content of the scientific presentations was relevant and interesting. One limitation expressed by the ambassadors was the inaccessibility of some of the presentation content due to scientific and highly technical discussions or vocabulary.

« [T]he experience for me was overwhelming. It was difficult to sit through some of the presentations as they were so technical with stats and graphs, etc, that the common lay person would not understand. »

ROBERT FENTON | PATIENT PARTNER

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## CONCLUSION

In summary, this activity was an enriching experience the ambassadors appreciated in fulfilling their role as patient partners. The ambassadors took full advantage of the opportunities that this type of event confers, such as access to important medical information and an opportunity to socialize with a diverse mix of individuals concerned with diabetes and its complications. They greatly appreciated the working meals that gave them the opportunity to discuss with executive teams from Diabetes Action Canada and Diabetes Canada, as well as health care practitioners specializing in treatment and care. They look forward to future conferences like this and the future of diabetes care as a whole.

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