

Clinical Focus: Endocrinology Update

DIABETES AND ENDOCRINOLOGY

An Introduction

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I am pleased to have the opportunity of contributing to a series of articles in the journal. As I write, I have already been here 16 months and this is a good time to review some of the work that has been done in diabetes and endocrinology as well as outlining some areas that need development.

When I arrived, about 80% of diabetic patients were looked after entirely in primary care. That is a very high proportion in national terms and I suspect is little changed. Diabetes remains a very important and topical area of healthcare, partly because of the much publicised St Vincent Declaration (1989). This declaration was the considered target for improving health care for people with diabetes mellitus in Europe. It was arrived at by European experts in conjunction with the World Health Organisation and considered practical on the basis of evidence-based medicine. Some of the most important aspects are summarised in the table. The government, after lobbying, has shown some support for this without formally adopting diabetes care into The Health of the Nation.

What has been happening locally to improve our diabetic services in line with the St Vincent Declaration? Two achievements stand out. The first is the appointment of a second fulltime Diabetic Specialist Nurse for the Lancaster/Morecambe/Carnforth areas and the second is the start of the combined diabetic pregnancy clinic with Mr Burch. Articles follow on both developments, which will improve diabetic education and communication as well as diabetic pregnancy care locally. During this time, a number of committee meetings have been held to cover the ground for the next two major developments. A diabetic register has just been ordered by Morecambe Bay Health Authority to help those in hospitals and primary care to register all people with diabetes living within the area. The software was developed by a firm called Protos, one of whose founding members was previously a general practitioner. The programme will allow us to monitor our patients and decide which areas of care need development as well as helping with recall for eye screening, the development of shared care protocols, communication, chronic disease management returns and more. The second issue is the development of eye screening

within the Bay area. The multidisciplinary working party has now started its work. It is likely that it will be some time before these two developments take full effect, but hopefully when the eye screening project is ready the register will be in position to support it.

On the endocrine front, I have now – in conjunction with the Department of Nuclear Medicine within radiology – obtained all the licences and facilities required to provide outpatient radioactive iodine therapy for thyrotoxicosis at Royal Lancaster Infirmary. We expect to be able to announce the start of the service soon, once the few remaining financial points have been resolved. I have therefore included a brief article on thyrotoxicosis and one on the common problem of hyperprolactinaemia. I hope that these prove helpful and that you will work with me to develop endocrine services locally.

Some of the St Vincent Declaration Targets for Diabetes Care

- Improve education for, and awareness of, diabetes and related issues
- Reduce new blindness due to diabetes by one third
- Reduce the numbers entering end-stage renal failure by at least one third
- Reduce by half the number of limb amputations for diabetic gangrene
- Cut the morbidity and mortality due to ischaemic heart disease in the diabetic population
- Achieve pregnancy outcome in diabetic women that approximates to that in non-diabetic women
- Establish monitoring and control systems using state of the art information technology for quality assurance in diabetes health care (Diabetic Registers)