

# **NURSES ON A MISSION FOR CHANGE**

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# NON COMMUNICABLE DISEASE (NCD'S)

- Account to 41 million\* deaths globally every year
- About 15 million people die from NCD between the age of 30 and 69 years; over 85% premature deaths -low and middle income countries\*
- Diabetes -kills 1.6 million people worldwide\*
- A challenge to the current model of care delivery

\*World Health Organization, Non Communicable Disease , June 1 2018

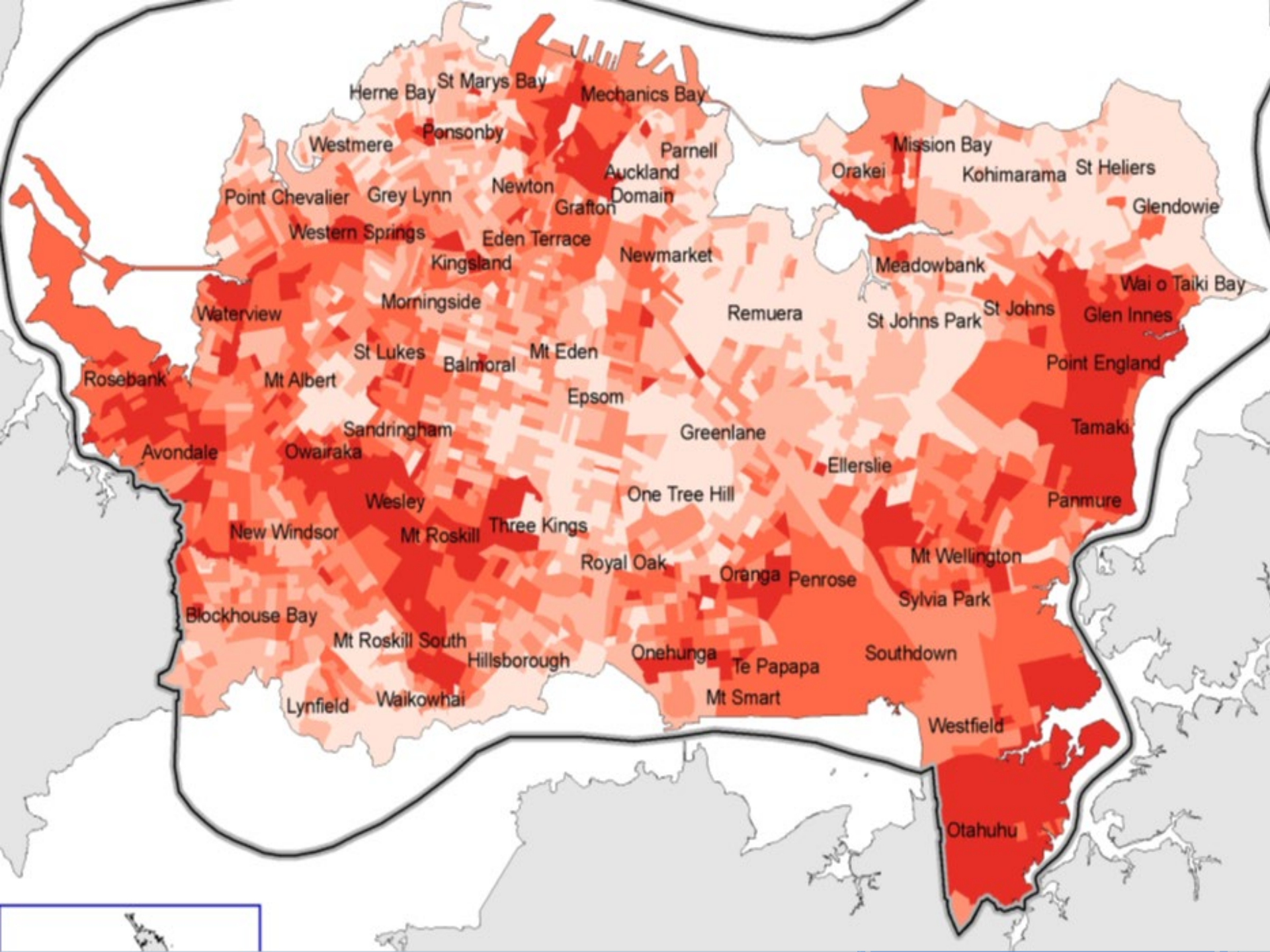
<http://www.who.int/news-room/fact-sheets/detail/noncommunicable>



# IMPROVE ACCESS TO STANDARDISE CARE

- Move from episodic care to prevention, to care management
- Provide evidence-based care
- Utilising nursing resource to provide cost effective care
- Increase their capacity and mobilise nurses to enhance patients' quality of life
- Work in collaboration with others to prevent and delay diabetes complications





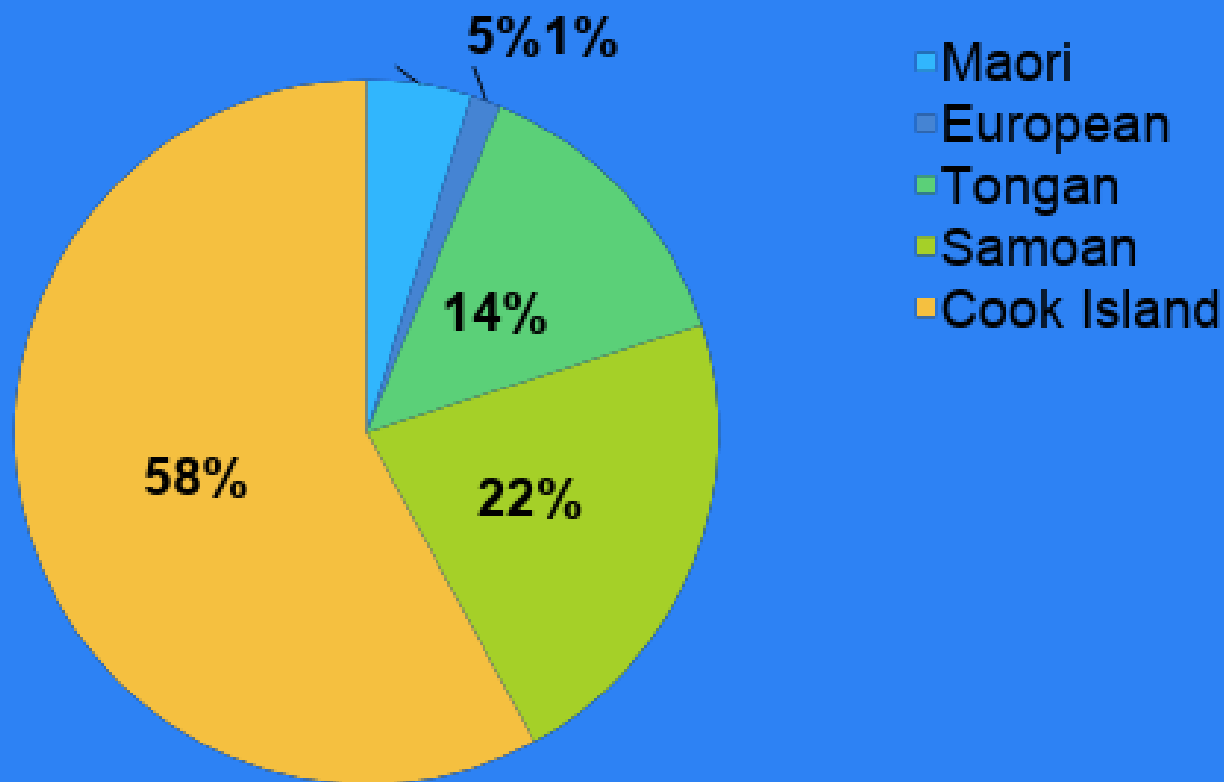
# Specialist nurse led clinic at GP Practice



# TOTAL POPULATION WITH T2D AT PRACTICE

- Number of diabetes (T2D): 665
- HbA1c > 80 mmol/mol: 445 (70%)

Total population with Diabetes by ethnicity



# Case study : 1 (Ms S, 25yo)

- Diabetes in young diagnosed at age 22yrs
  - Poor glycaemic control HbA1c 91-99 mmol/mol  
(target 53— 58 mmol/mol)
- Minimal Retinopathy
- Hypertension—BP134/90 mmHg
- Obesity – BMI 45kg/m<sup>2</sup>
- Does not want to take medication
- Married - no children; no contraception
- High School - left at age 15yrs
- Strong family history of diabetes (both parents)
- Mother died at age 56yr (T2D complications)



Past medical history – at risk from age 10



Slipped upper femoral epiphysis – **age 10**

BMI 29 kg/m<sup>2</sup>

Acanthosis nigricans

FBG 4.9 mmol/l

Fasting insulin 27 mIU/L (normal 5-13mIU/L).



# TREATMENT LIST AND MANAGEMENT CARE PLAN

## Initial visit

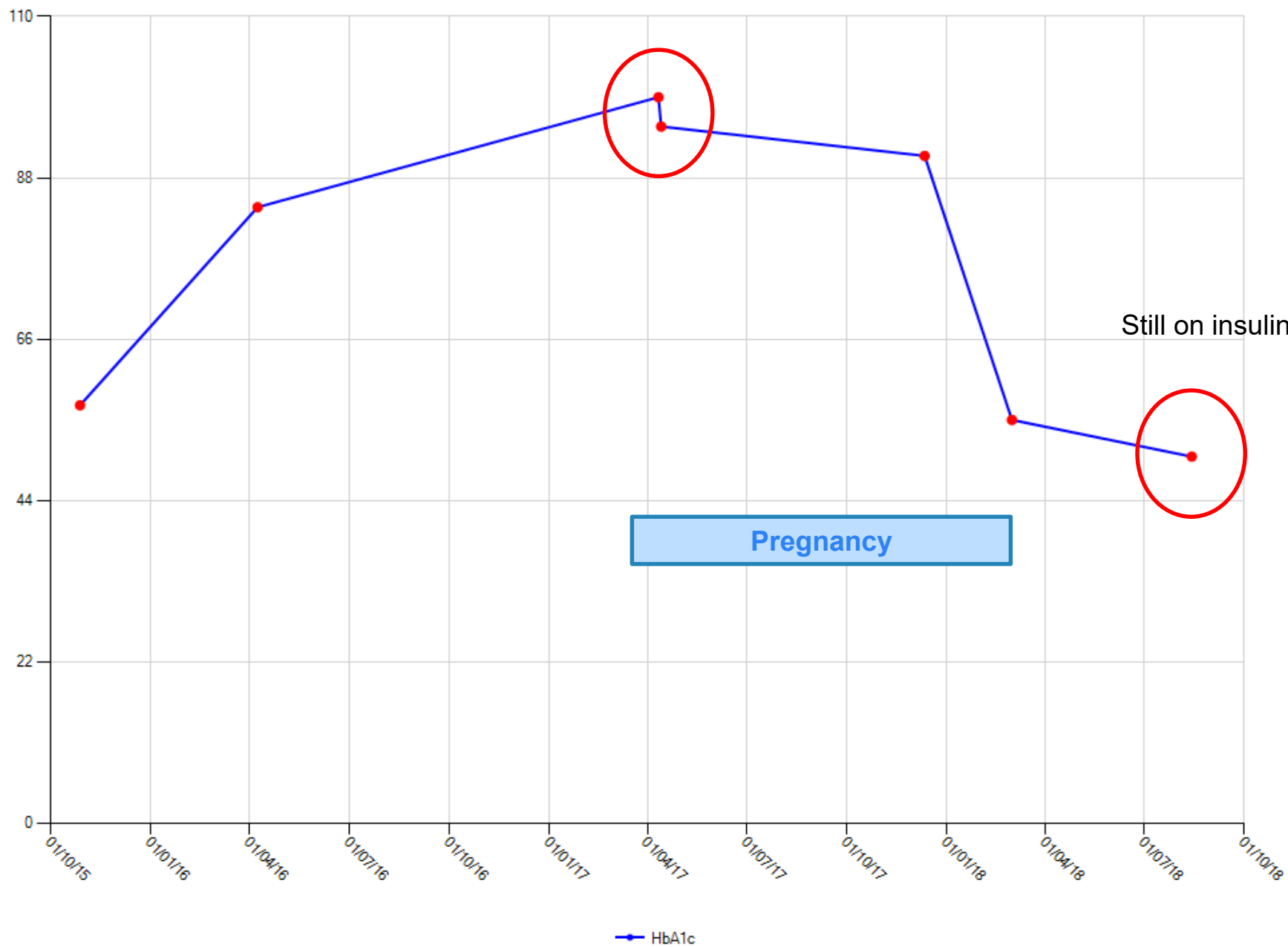
- Metformin 500mg bd
- Modify - lifestyle behavior
- Healthy food choices
- Activity

## Second visit (4-6 wks later)

- Lost weight
- Add bd protaphane (insulin)
- PREGNANT – 5 weeks
- Refer to Diabetes midwife



# DIABETIC PROFILE 28/10/15 00:00 - 13/08/18 14:41



## CASE STUDY 2: MRS J, 67 YRS OF AGE

- Undiagnosed Type 2 Diabetes (2015)
  - HbA1c range 112–125mmol/mol (target 53-58)
- Hyperglycaemia and untreated diabetes
- Eye clinic (vitreous haemorrhage)
- Random glucose 31.0mmol/L (4.0-8.0mmol/L)
- BMI 28kg/m<sup>2</sup>
- B/P 186/92 (target 125/80-130/80)
- Dislikes taking medicine
- Smoker



## Explored history..

Intolerance of metformin

Poor health literacy

Explain consequences of poor glycaemic control

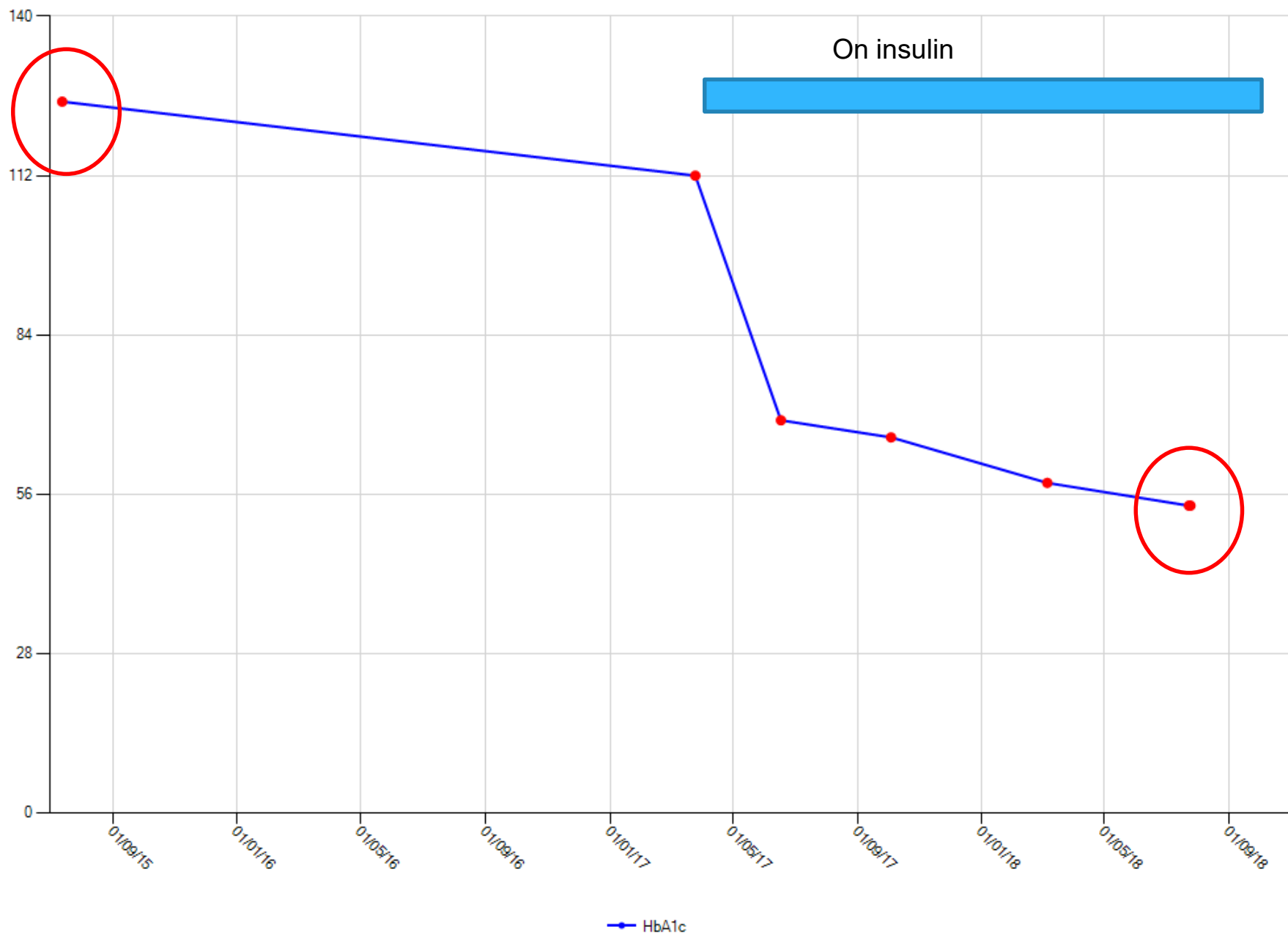
Concern about eyes was a major driver for change

## TREATMENT LIST

- Lantus 18u mane
- Glipizide 5mg bd
- Atorvastatin 20mg od
- Cilazapril 5mg od
- Felodipine 2.5mg od
- Aspirin 100mg od



# DIABETIC PROFILE 13/07/15 00:00 - 24/07/18 12:09



# TO DATE

- Participate with own self-care
- Engage with her GP and MDT (referred and seen)
- Improved glycaemic control (HbA1c 54mmol/l)
- Improved blood pressure BP 124/80 mmHg
- Improved dietary intake
- Stopped smoking



# CONCLUSION

- Diabetes is a long-term condition often untreated or neglected
  - It will cripple the health care system worldwide
  - Pacific people have poor mortality rate (die young)
  - We must strive to improve care equity for Pacific people
  - By building and preparing Pacific nurses to influence change in the health outcomes of their own community
  - Build capacity and capability amongst Pacific Nurses in Long term conditions, incl Diabetes
  - Work in partnership with patient, their whanau and others to manage and control diabetes
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