



Endocrine Nurses' Society of Australasia Inc.

Welcome to ENSAnews!

April 2018

We welcome your contribution to this newsletter. Please submit content/feedback to:
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Tania Yarndley Newsletter Editor

About ENSA Inc.

www.ensa.org.au

The Endocrine Nurses' Society of Australasia incorporated, (ENSA Inc.) is a professional organisation which provides a forum for continuing education and professional development for nurses working in the field of endocrinology. The Society promotes collaboration between health professionals and is committed to the advancement of the art and science of endocrine nursing as a specialty field, through the development of standards of practice, enhancing clinical expertise and promoting and encouraging nursing research.



FIND US ON FACEBOOK

Type ENSA into the Facebook search window and keep up-to-date with all the ENSA news and events throughout the year. Please share or post any articles or new information relevant to the group

ENSA NEWS APRIL 2018

Hi everyone,

We are already a quarter of the way through 2018!

This newsletter is to remind you to save the date for the 2018 ENSA Symposium on the 20th August. Please consider presenting—it is always inspirational to hear about each others endeavours and practice around Australasia. And there is the added bonus of networking, especially over dinner, as well as enjoying amazing presentations from the invited speakers. Keep watching your emails for Symposium information such as registration and grant applications.

Another exciting conference to consider is being organised by the Federation of International Nurses in Endocrinology (FINE). This will be a concurrent meeting at ICE 2018, 1-4th December 2018 in Cape Town. FINE have a website under development and you will find that ENSA is listed as one of the contributory Endocrine nurse organisations.

I have included an article I wrote with Alana Gould about Adrenal Insufficiency. This was originally included in one of last year's newsletters that was not emailed out (my poor timing as it was when the 2017 symposium was on and everyone was busy!)—the complete newsletter can be found on the ENSA website.

To finish, Kerrie Arnaud has written an article on behalf of the Juvenile Diabetes Research Foundation (JDRF) highlighting their activities including their annual Gala Ball at Cloudland, Fortitude Valley, 2nd June 2018, with a Cuban theme "LA HABANA".

As always—please send me your news, articles, or items for discussion.

Regards,

Tania



ADELAIDE CONVENTION CENTRE
20 AUGUST 2018

2018 ENSA ANNUAL SYMPOSIUM

WWW.ENSA.ORG.AU/ENSA2018

HOLD THIS DATE:

Federation of International Nurses in Endocrinology (F.I.N.E) invite all endocrine nurses to a concurrent meeting at ICE 2018, 1-4th December, Cape Town, South Africa.

(Nurses (& overall) programme still being finalized - more details to come)

Adrenal insufficiency (AI) is a rare and severe disorder that requires lifelong steroid replacement. Although considered rare, living with primary or secondary AI is a common reality for many endocrine patients. Providing the right information and resources is an important aspect of many Endocrine nurses' practice to promote effective self-management for our patients.

Appropriate dose adjustment is essential in stressful situations (such as infections) to prevent life-threatening adrenal crises¹

Large registry studies have shown increased mortality in pts with AI, most often from adrenal crisis precipitated by infection.

Assessing understanding, meeting knowledge needs about AI and treatment, and ensuring that this knowledge is applied, can be a bewildering task. Nick van der Meij's² group assessed the effectiveness of a structured education programme including providing hands-on training and written information, and concluded that there needs to be ongoing assessment of AI understanding, and repetition of practical skills, to achieve adequate self-management. Medication compliance and prevention of adrenal crisis relies not only on the patient, but also on support from their family and health professionals³ Bruno Allolio acknowledged that most medical professionals rarely encounter an adrenal crisis⁴ and consequently fail to manage adrenal crisis appropriately. This means that patients with AI need to be well informed and be able to confidently advocate for themselves. Gargya⁵ published an Australian case detailing sub-optimal management for a patient in adrenal crisis - illustrating that even with patient education and advocacy - the outcome can be poor. This paper includes some guidelines that may help you with your patient education. It provides recommendations on the prevention of adrenal crisis, and includes guidance on the management of "sick days" in patients with AI. Here is evidence that, even in patients assessed as having good level of knowledge and understanding, the patient and the clinician may not think to adjust steroid dose during acute illness or stress, to reduce morbidity and mortality.

Adrenal crisis will still occur - even in well-educated patients.

Some reasons for non-adherence to recommended treatment (increasing dose in illness) included concerns about potential adverse effects, such as weight gain and osteoporosis, and dissatisfaction with the provided information on the therapeutic approach¹ If you also include the stress and "brain-fog" that comes with being severely unwell, it is easy to see how the situation can escalate to an adrenal crisis. It is recommended that every patient with AI have an emergency injection kit, as well as emergency identification, such as a Medic Alert.

So, where to start? The Society for Endocrinology Competency Framework for Adult Endocrine Nursing⁶ has helped Endocrine nurses worldwide to define knowledge, skills and interventions required for caring for a variety of endocrine disorders. It can be accessed on-line at www.endocrineconnections.com For an Endocrine nurse “virtual check-list” of knowledge specific to adrenal insufficiency, refer to “Competency 11: Steroid replacement therapy for disorders of the pituitary and adrenal glands”.

Detailed guidelines have been recently published by the Endocrine Society⁷ and can be found in the JCEM. These have been endorsed by the European Society of Endocrinology. This is a comprehensive clinical practice guideline about adrenal insufficiency from diagnosis, through to day-to-day treatment, monitoring and replacement of glucocorticoids (and mineralocorticoids), as well as the management and treatment of adrenal crisis.

Discuss AI management with your Endocrine colleagues to create cohesion and uniformity with the information given to the patient. Allolio’s article includes guidelines for steroid dosing in non-procedural and procedural events, complimentary to Gargya’s guidelines. Encourage your patients to get emergency ID, and a steroid card or appropriate documentation. In our hospital we add AI as an electronic computer alert and provide a standardised “sick-day management plan”. Teach your patients and their families when and how to use an emergency hydro-cortisone injection, and when and how to access emergency care.

Discuss, demonstrate, practice, provide written information, review and repeat!
Tania Yardley & Alana Gould

ADRENAL INSUFFICIENCY (AI) references:

- 1 Kampmeyer D et al. *Self-management in adrenal insufficiency - towards a better understanding. Endocr J [internet]. (2017);64(4):379–85*
- 2 van der Meij, N et al. *Self-management support in patients with adrenal insufficiency. Clinical Endocrinology (2016)*
- 3 Shepherd et al. *Exploration of knowledge & understanding in patients with primary adrenal insufficiency: a mixed methods study. BMC Endocrine Disorders (2017) 17:47*
- 4 Allolio, B. *Extensive expertise in endocrinology: Adrenal Crisis. EJE (2015) 172(3),115-124*
- 5 Gargya A et al (incl J Hetherington & K Sommer) *Acute AI: an aide-memoire of the critical importance of its recognition & prevention. Int Med Journal (2015)*
- 6 Kieffer V, Davies K, Gibson C, Middleton M, Munday J, Shalet S, Shepherd L, and Yeoh P. **Society for Endocrinology Competency Framework for Adult Endocrine Nursing: 2nd edition**
- 7 Bornstein, S et al, (incl D Torpy). *Diagnosis and Treatment of Primary Adrenal Insufficiency: An Endocrine Society Practice Guideline. JCEM (2015) 101 (2)*

Dear Colleagues,

Please send in your stories to share about meetings, events, opportunities for education. Our numbers may be small compared to other disciplines - network is our strength! Contact me on:

tania.yardley@waikatodhb.health.nz

Kind regards, Tania

The Juvenile Diabetes Research Foundation, now simply known as JDRF, is a 40 year old, worldwide, not-for-profit-organisation. JDRF funds research in 18 different countries, and we are now a multiple-award winning charity. We have a large team in Sydney whom are involved in government advocacy, grants administration, research, peer support programs, fundraising and much more.

Via these activities, JDRF is able to channel funds into the most promising research into Type 1 Diabetes. If you are interested in learning about innovative research programs and opportunities to participate in Australian clinical trials, then join our T1D Game Changer community to potentially play your part in the next T1D breakthrough or go to www.jdrf.org.au/research for further information.

In another JDRF initiative, in August this year we will be sending over 100 children and young adults to Canberra for our Kids In The House (KITH) to help lobby for further funding for Type 1 research, and we are asking for a further \$50M to keep the Clinical Research Network (CRN) going. Please go to www.t1dcrn.org.au/ to learn more about the CRN.

Research is the key!

Every year we are involved in 3 major events to help raise much-needed funds for research:

An annual Gala Ball which is hosted in Melbourne, Sydney, Brisbane and Perth, and is attended by many of our elite business, political and philanthropic leaders. Nationally last year we raised over \$1.5M.

An annual One Ride event in the Barossa Valley, where keen cyclists converge from all over Australia to ride up to 250 kms to raise money for JDRF. Last year we raised \$1.1M with the Ride event to help fund research, and this year will be our 15th year hosting this event!

Our national OneWalk events - an annual 5 km walk which occurs all over Australia in aid of raising funds for JDRF! A fun, family day out for all the T1D kids in the community, in Queensland last year we held One Walk events in Brisbane, Redlands, Hervey Bay, Townsville, Mackay, Cotton Tree, Gladstone, Cairns, Roma, Canungra, Rosewood and Moranbah, as well as a One Walk Step Challenge (a Virtual Walk).

Our aim is to turn Type One into Type None!

This year's annual Gala event is at Cloudland, Fortitude Valley, 2nd June 2018, and the theme is Cuban: "LA HABANA".



Tickets can be purchased at: <https://gala.jdrf.org.au/>.

We love seeing all sectors of the Type 1 community represented at our Gala event, so we would love to see you and some of your colleagues there this year.

Kerrie Arnaud JDRF