Welcome

Dear Participants,

On behalf of the Executive committee of FEND it is my pleasure to welcome you most warmly to the FEND 31st Annual Conference in the city of Milan.

The conference reflects a number of the complexities and urgent challenges of the diabetes epidemic in Europe. FEND continues to play a visible role in advocacy, policy development and implementation through its members and in collaboration with relevant non-governmental diabetes organisations and or associations.

FEND will engage fully in the European Diabetes Forum (EUDF), as a founding member. This forum is being registered as an NGO in Belgium. We are honoured to be part of this organisation.

The specialty of diabetes nursing is not yet fully realised in all countries of Europe which is a significant omission and a disservice to people with diabetes. FEND's positive efforts to meet this challenge is exemplified by our academically accredited MSc programme led by Prof Angus Forbes, FEND Professor in diabetes nursing, research and education. This programme is available to all members of FEND and it is noteworthy that the cost of these unique programmes is fully funded by FEND.

We thank our distinguished international speakers for their commitment and generosity of time. They also agreed that their session is videotaped so we all can see and listen later, at home or wherever you are, to this event again.

We expressly thank Prof Chantal Mathieu for all her help; the people of the EUDF; the people of EASD and especially Prof Francesco Giorgino, President of EASD, for all his support to FEND; as well as Prof Tadej Battelino, IDF Europe regional chair, for their presence despite busy commitments elsewhere. Thank you all.

We acknowledge with profound appreciation the support of our sponsor MiniMed for FEND's annual conference 2026.

Your attendance at this conference represents diabetes nursing from Europe and beyond – a truly international gathering and evidence of the commitment of the nursing profession to people with diabetes. We thank you for your presence and active participation – the conference is now in your hands.

Kristin De Backer
FEND Chair

Friday 25 September 2026

0730	*Registration*	
0850	**Welcome and Opening Remarks** *Chairman*	*FEND* Kristin de Backer
	Session Chairs	**TBC**
0900	**Advancing Diabetes Nursing in Italy: the Role of OSDI – Italian Scientific Society of Diabetes Healthcare Professionals**	Ms Emilia Masuccio, RN DSN Presidente OSDI
0915	**Building the Future of Diabetes and Endocrinology Nursing: The Role of ANIED in Italy and Beyond**	Ms Valentina Espis, MSN MEndo
0930	**The Early Detection of T1 diabetes in Italy**	Ms Ilaria Milani, RN PhD stud. (sup. Prof Rosario Caruso)
1000	**Evolution of Self-Care Research in Diabetes: Insights from the Italian Landscape**	Dr Diletta Fabrizi, RN PhD (sup. Prof Davide Ausili)
1030	*Coffee Break*	
	Session Chairs	**TBC**
1100	**From Evidence to Action: Pre-pregnancy, Pregnancy and Postpartum Care for Women with Type 2 Diabetes**	Dr Rita Forde
1130	**Diabetes Distress: Prevalence, Clinical Impact, and Evidence-Based Interventions**	Prof Marjolein M. Iversen
1200	**From Legacy to Future: Reflections, Impact, and Future Directions**	Mrs Kristin de Backer, Chair FEND
1230	*Lunch*	
	Session Chairs	**TBC**
1330	**Recognising and Managing Adult-Onset Type 1 Diabetes: Lessons from the LADDER Study**	Dr Mette Due Christensen
1400	**PSAD – Overview of all the Papers for the Special Issue**	Dr Maartje De Wit
1430	**Early Detection of Type 1 Diabetes in Children: The EdenT1FI European Screening Initiative**	Prof Jurgen Vercauteren
1500	**Poster Tour (#1-22)** *and Refreshments*	
1600	**AGM**	
1630	**End day 1**	
1930	**Conference Reception (this hotel)**	

FRIDAY 0900

ADVANCING DIABETES NURSING IN ITALY: THE ROLE OF OSDI – ITALIAN SCIENTIFIC SOCIETY OF DIABETES HEALTHCARE PROFESSIONALS

Ms Emilia Masuccio, RN DSN Presidente OSDI

Local Health Authority of Benevento, Italy and University of Naples Federico II

The landscape of diabetes nursing care in Italy is rapidly evolving and has undergone significant changes, with a progressive redefinition of the role of the diabetes specialist nurse within highly complex healthcare systems characterized by the increasing integration of advanced technologies for disease monitoring and management, including digital health solutions. These innovations offer important opportunities to improve clinical outcomes and the efficiency of care models; however, their effective implementation in clinical practice requires structured pathways, therapeutic education interventions, and specific competencies in data interpretation and use.

The contribution of the diabetes specialist nurse extends beyond clinical management, encompassing therapeutic education, patient empowerment, and the strengthening of self-care skills. The Italian experience, supported by the activities of OSDI (Italian Scientific Society of Diabetes Healthcare Professionals), represents a significant example of how nursing competencies can improve clinical outcomes and quality of life in people with diabetes. Key organizational challenges will also be addressed, including regional variability, resource limitations, and the need to develop sustainable care models. In parallel, research activities focus on areas such as gender medicine, nurse-led case management in diabetology, therapeutic education, and the study of diabetes-related complications.

Educational activities, implemented nationwide, are aimed at strengthening competencies in the management of technological innovations and in the prevention of complications, with particular attention to diabetic neuropathy.

Finally, the importance of multidisciplinary collaboration and structured educational pathways for both healthcare professionals and people with diabetes is emphasized, promoting personalized approaches based on individual needs, treatments, and risk profiles,in order to support a more effective, equitable, and sustainable healthcare system.

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FRIDAY 0915

BUILDING THE FUTURE OF DIABETES AND ENDOCRINOLOGY NURSING: THE ROLE OF ANIED IN ITALY AND BEYOND

Ms Valentina Espis, MSN MEndo

A.N.I.E.D. – Associazione Nazionale Infermieri in Endocrinologia e Diabetologia, Torino, Italy

Diabetes and endocrine diseases represent a growing challenge for healthcare systems, requiring integrated, patient-centred, and multidisciplinary approaches. In this context, nurses play a key role in chronic disease management, therapeutic education, and continuity of care across hospital and community settings. The Italian National Association of Nurses in Endocrinology and Diabetology (ANIED), founded in Turin in 1999, is a scientific association dedicated to recognising the complexity and specificity of nursing practice in endocrinology, diabetology, and metabolic diseases. Its mission is to promote professional development, support the advancement of specialised competencies, and strengthen the professional identity of nurses working in this field. ANIED carries out a wide range of activities, including the organisation of national congresses, educational events, and continuing professional development programmes, as well as the production and dissemination of scientific materials and support for research initiatives. It contributes to innovation in clinical, organisational, and educational domains. In collaboration with academic institutions, A.N.I.E.D. promotes postgraduate education and the development of structured care pathways, particularly in chronic disease management and diabetes-related complications, fostering interdisciplinary collaboration and national networking among healthcare professionals. Despite its achievements, challenges remain, including the need to further develop the association itself, as raising awareness among nurses about professional associations is particularly difficult in the current socio-economic context, alongside the need for stronger recognition of advanced nursing roles. Future perspectives include strengthening care pathways, expanding educational and research activities, and enhancing the visibility of nursing competencies at both national and European levels. In this context, A.N.I.E.D. aims to support professional development, foster innovation, and contribute to the evolution of endocrine and diabetes nursing in response to increasingly complex healthcare needs. Through shared knowledge and international collaboration throughout Europe, significant progress can be achieved in strengthening the specialist role of diabetes nursing and advancing professional practice. We are pleased to offer our collaboration.

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FRIDAY 0930

THE EARLY DETECTION OF T1 DIABETES IN ITALY

Ilaria Milani [1], Elisa Rimoldi [1], Paola Ripa [1], Elisa Cipponeri [2], Maura Lusignani [2], Stefano Terzoni [2], Silvia Cilluffo [2], Irene Baroni [3], Rosario Caruso [1,2]

[1.] Health Professions Research and Evidence Transfer Unit, IRCCS MultiMedica, Sesto San Giovanni, Italy
[2.] Department of Biomedical Science for Health, University of Milan, Milan, Italy
[3.] Health Professions Research and Development Unit, IRCCS Policlinico San Donato, San Donato Milanese, Italy

INTRODUCTION

Type 1 diabetes (T1D) is an autoimmune disorder that causes insulin deficiency, primarily affecting children and young adults. In 2024, 9.2 million people worldwide had T1D, including 183,782 in Italy, with 18,491 aged 0–19 years. Diabetic ketoacidosis (DKA) at diagnosis remains a significant concern, often due to delayed detection, highlighting the need for early screening in Italy. In response, Italian Law 130/2023 mandates population-based screening for early T1D detection.

AIM

This research aims to review the literature on early T1D diagnosis in Italy, focusing on screening programs and their clinical impact.

METHODS

A comprehensive literature search was conducted using Scopus and MEDLINE, supplemented by consultation of the Istituto Superiore di Sanità website and relevant Italian legislation on screening programs for the early diagnosis of T1D. RESULTS The D1Ce study, led by the Italian Ministry of Health, screened children aged 2 to 11 for T1D through blood sampling, showing feasibility and strong family acceptance. Italy's pediatric screening program emphasizes early detection to slow disease progression. A survey of 2,398 children and adolescents with T1D found that 34.2% had DKA, including 13.2% with severe DKA. Additionally, an observational study based on the TrialNet Natural History Study screened 4,046 first- and second-degree relatives of individuals with T1D, identifying islet autoantibody positivity in 4.9% at first screening. Finally, a survey of family pediatricians found that 75% reported the need for additional training and support, despite recognizing the potential benefits of reducing DKA.

CONCLUSIONS

T1D screening reduces DKA at diagnosis by identifying at-risk individuals early, with Italy's pediatric program focusing on early detection to slow disease progression. Ongoing training and monitoring of healthcare professionals are essential for long-term effectiveness.

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FRIDAY 1000

EVOLUTION OF SELF-CARE RESEARCH IN DIABETES: INSIGHTS FROM THE ITALIAN LANDSCAPE

Dr Diletta Fabrizi, RN, PhD

University of Milano-Bicocca | School of Medicine and Surgery, Monza 20900, Italy

Diabetes mellitus represents a global health emergency, affecting over 11% of the population and carrying a significant risk of long-term complications. Effective management relies heavily on self-care, a dynamic process involving self-care maintenance, self-care monitoring, and self-care management behaviors.

The evolution of self-care research in diabetes begins with the development and international validation of the Self-Care of Diabetes Inventory (SCODI). Further research has explored micro-level determinants, identifying self-care self-efficacy as a critical driver of behaviors.

Qualitative insights further enrich this framework, revealing the complex lived experience of patients as they navigate the tension between daily routines, a sense of sacrifice, and the burden of constant control and occasional stigma. Expanding to the social dimension (meso-level), dyadic research has identified distinct patterns of shared illness management between patients and caregivers.

Findings demonstrate that both joint self-care and vigilant patient-led management significantly improve glycemic control, as evidenced by reductions in glycated hemoglobin (HbA1c). Longitudinal studies have also addressed the dynamic nature of self-care trajectories. Current and future directions focus on the refinement of assessment tools through an updated version of the SCODI and a strategic shift toward prevention.

By targeting prediabetes through theory-driven digital interventions in the workplace, the goal is to intercept and support people at risk of developing Type 2 Diabetes, transitioning from chronic care management to the active promotion of long-term health and resilience.

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FRIDAY 1100

FROM EVIDENCE TO ACTION: PRE-PREGNANCY, PREGNANCY AND POSTPARTUM CARE FOR WOMEN WITH TYPE 2 DIABETES

Dr Rita Forde

University College Cork, Ireland and a Visiting Lecturer at King's College London

Type 2 diabetes is increasingly common among women of reproductive age and presents important challenges across the reproductive journey. Despite growing recognition of the associated maternal and offspring risks, care and research remain predominantly focused on pregnancy, with comparatively limited attention to reproductive health before conception and following birth.

Drawing on current evidence, this presentation will examine the reproductive health and healthcare experiences of women with Type 2 diabetes across the preconception, pregnancy and postpartum periods. The presentation will bring together evidence on women's experiences, potentially modifiable influences on outcomes, and interventions designed to optimise care. Collectively, these perspectives highlight a disconnect between women's reproductive healthcare needs, the factors that may contribute to improved outcomes, and the evidence available to inform effective models of care.

Attention will be given to the fragmentation of reproductive and diabetes care, limited opportunities for proactive conversations about pregnancy and reproductive health, and the concentration of research and interventions within pregnancy rather than across the reproductive continuum. The presentation will consider how these findings can inform a shift from episodic, pregnancy-focused management towards a more proactive, integrated and person-centred approach to reproductive healthcare for women with Type 2 diabetes. It will conclude by considering priorities for clinical practice, service development and research that reflect women's needs before, during and after pregnancy.

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FRIDAY 1130

DIABETES DISTRESS: PREVALENCE, CLINICAL IMPACT, AND EVIDENCE-BASED INTERVENTIONS

Prof Marjolein M. Iversen

Professor and Vice-Dean for Research at the Faculty of Health and Social Sciences, Western Norway University of Applied Sciences.

Diabetes distress refers to the emotional burden of living with diabetes, including frustration, guilt, burnout, and worries about complications. Prevalence is high across populations: global estimates suggest that 20–40% of individuals with type 1 diabetes and approximately 36% of those with type 2 diabetes experience elevated distress. In gestational diabetes, evidence remains limited but is emerging.

Elevated diabetes distress is associated with suboptimal clinical outcomes, including poorer self-care and higher HbA1c. Longitudinal studies further suggest links with complications such as neuropathy and albuminuria. These effects often develop over time, underscoring the importance of early identification.

Evidence-based interventions include cognitive behavioural therapy, group- based and emotion-focused approaches, nurse-led and tailored psychological support, all demonstrating reductions in distress and, in some cases, improvements in glycaemic outcomes. Emerging evidence suggests that e- health and automated insulin delivery systems yield small but significant reductions in distress. Routine assessment of diabetes distress is increasingly recommended as part of comprehensive diabetes care, enabling timely, targeted interventions and improved long-term outcomes.

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FRIDAY 1200

FROM LEGACY TO FUTURE: REFLECTIONS, IMPACT, AND FUTURE DIRECTIONS

Mrs Kristin de Backer, Chair FEND

Antwerp, Belgium

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FRIDAY 1330

RECOGNISING AND MANAGING ADULT-ONSET TYPE 1 DIABETES: LESSONS FROM THE LADDER STUDY

Dr Mette Due Christensen

Steno Diabetes Center, Copenhagen, Denmark

Objectives:

Psychosocial challenges following adult-onset type 1 diabetes are common but are not systematically addressed in clinical practice. This study explored the experiences of participants in an intervention co- designed with people with adult-onset type 1 diabetes and health care professionals tailored to facilitate conversations about the psychosocial impact of diabetes following diagnosis.

Methods

The intervention integrated visual dialogue tools in two face-to-face consultations, the first held one to five months following the diagnosis in two diabetes specialist clinics in Denmark. Health professionals (8 diabetes specialist nurses and 2 dietitians) were trained in using the dialogue tools prior to delivering the intervention. Participants were interviewed after participating in one or two LADDER consultations to explore their experiences and potential benefits of the intervention. Interviews were audio-recorded, transcribed, and analysed thematically through a realist evaluation lens.

Results

In total 135 people with adult-onset type 1 diabetes participated in LADDER, 57 % were male, mean age at diagnosis was 33 years (±12.7). Of these, 27 were interviewed. The participants reported that the intervention: 1) presented a framework that validated conversations about psychosocial aspects of diabetes, 2) helped to signpost and verbalise thoughts and experiences in relation to diabetes, and 3) clarified and addressed their needs for support. The participants' experiences of the intervention were shaped by their relationship with the health professional, the approach of the health professional as well as the timing of the consultations.

Conclusion

Using visual dialogue tools in consultations with adults with new-onset type 1 diabetes can support dialogue about psychosocial issues related to a new life with type 1 diabetes and may improve quality of life and reduce diabetes distress long term.

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FRIDAY 1400

PSAD – OVERVIEW OF ALL THE PAPERS FOR THE SPECIAL ISSUE

From Strength to Strength: Why PsychoSocial Research in Diabetes Is More Important Than Ever

Dr Maartje De Wit

Dept of Medical Psychology, Amsterdam UMC, Netherlands

With a special issue in *Diabetic Medicine*, we celebrated the 30th Anniversary of the PsychoSocial Aspect of Diabetes (PSAD) Group. The special issue highlights the continued importance of psychosocial diabetes research. Bringing together 12 papers on emerging issues and future directions, the issue celebrates 30 years of progress while focusing firmly on the challenges and opportunities that lie ahead. The landscape of diabetes research and care has evolved rapidly, driven by advances in diabetes therapeutics, technologies, screening, and data science, alongside increasing recognition of the value of interdisciplinary approaches and the amplification of lived experience voices. Yet these developments have not diminished the importance of psychosocial research. Rather, they have reinforced it.

The papers in this issue illustrate both the breadth of contemporary psychosocial diabetes research and the challenges and opportunities that lie ahead. While spanning diverse topics and methodologies, a common thread is the recognition that progress depends on bringing together different forms of expertise, including clinical, psychological, social and lived experience perspectives. Together, the papers in this special issue demonstrate a field that continues to evolve while remaining firmly grounded in its central purpose: improving the lives of people living with or affected by diabetes. They highlight the growing importance of lived experience partnerships, inclusive research, effective interventions, implementation science, and thoughtful engagement with emerging technologies. As diabetes care becomes increasingly sophisticated and data-driven, psychosocial research will be essential to ensuring that innovation translates into meaningful improvements in care, support and quality of life for all affected by diabetes.

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FRIDAY 1430

EARLY DETECTION OF TYPE 1 DIABETES IN CHILDREN: THE EDENT1FI EUROPEAN SCREENING INITIATIVE

Prof Jurgen Vercauteren

Department of Chronic and Metabolic Diseases, KU Leuven, Leuven, Belgium

Background

Type 1 diabetes (T1D) can be detected in presymptomatic stages through islet autoantibodies. Early identification reduces the risk of diabetic ketoacidosis (DKA) and enables timely education, monitoring, and potential disease- modifying interventions. As screening expands, diabetes nurses are central to participant engagement, education, and continuity of care.

Aim

To present the EDENT1FI project as a European initiative for population-based screening of early-stage T1D, highlighting its objectives, methodology, early results, and relevance for nursing practice.

Method

EDENT1FI is a multidisciplinary research programme involving academic institutions, industry, and patient organisations across Europe. It aims to screen approximately 220,000 children for T1D-associated autoantibodies between 2023 and 2028. Screening is implemented in multiple countries using harmonised protocols, followed by structured monitoring of individuals identified with early-stage T1D. The programme integrates innovative screening and monitoring technologies and evaluates psychosocial, ethical, and economic aspects of screening. Data are collected in a central pseudonymised European registry to support research and care improvement. Nurses play a key role in participant engagement, sample collection, education, follow-up, and overall study implementation.

Results

Over 100,000 children have been screened across multiple countries. Early- stage T1D was identified in children with (2.22%) and without (0.29%) a family history, supporting population-based screening. Most detected cases were in stage 1 or 2, enabling early education and monitoring before symptom onset. Screening has proven feasible across diverse healthcare systems. EDENT1FI is structured into six work packages addressing implementation, psychosocial impact, monitoring, disease interception, communication, and coordination. FEND 2026

Conclusion

EDENT1FI demonstrates that large-scale, standardised early T1D screening is feasible and clinically relevant across Europe. For diabetes nurses, this represents a shift towards proactive, preventive care, expanding roles in screening delivery, patient education, and follow-up. Early detection offers opportunities to improve outcomes and advance person-centred diabetes care.

Conference Reception

Friday 25 September

Drinks 19:30
Buffet 20:00

Venue:
AC Hotel Milano

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Saturday 26 September 2026

	Session Chairs	**TBC**
0900	**ANNE MARIE FELTON LECTURE Psychosocial Impacts and Care Experiences of Women with GDM - Findings of a Large National Survey**	Prof Angus Forbes
0930	**Oral Posters x3 (inc. Q&A)**	
	(# 10) **Sleep Quality and Self-Care in Adults with Type 2 Diabetes: A Multicenter Observational Study**	Ms Sara Leonardi, MSc PhD(c)
	(# 13) **Advanced Nurse Practitioners in Acute Diabetes Care in Ireland: Impact, Integration and Sustainability**	Ms Yvonne Moloney, MSc
	(# 34) **Understanding Barriers and Facilitators to Participation in a Diabetes Prevention Program after Gestational Diabetes using a Gender-Transformative Lens**	Ms Katelyn Sushko, RN PhD
1010	**Hypoglycaemia Awareness in the Era of CGM: Does it Matter?**	Prof Katarzyna Cyranka, MD PhD
1040	*Coffee Break*	
	Session Chairs	**TBC**
1110	**Hypoglycaemia Awareness in the Era of CGM: Does it Matter?**	Prof Pratik Choudary
1140	**Optimising CGM use through Structured Education: Bridging Technology and Patient's Therapeutic Decisions**	Ms Eirini Pizirtzidou, RN MSc PhD(c)
1210	**"Made by FEND": My Journey from Clinician to Clinical Academic**	Dr Rahab Hashim
1230	**Poster Tour (#23-38)**	
1315	*Lunch*	
	Session Chair	**TBC**
1400	**The EU Safe Hearts Plan and JACARDI: European Policy Initiatives Improve Outcomes for People Living with Diabetes**	Mr Bart Torbeyns
1430	**Breakthroughs in Type 1 Diabetes Care: The Role of the Diabetes Nurse**	Prof Anastasia Albanese-O'Neill
1500	**Putting Diabetes on the Policy Agenda: Collaboration Between IDF Europe, IDF and FEND**	Prof Tadej Battelino IDF Europe regional Chair
1530	**Holistic Diabetes Care: A Shared Responsibility Across the Healthcare Team**	Prof Francesco Giorgino, President
1600	**FEND Award Ceremony & Closing Remarks**	Kristin de Backer

SATURDAY 0900

ANNE MARIE FELTON LECTURE:

PSYCHOSOCIAL IMPACTS AND CARE EXPERIENCES OF WOMEN WITH GDM - FINDINGS OF A LARGE NATIONAL SURVEY

Prof Angus Forbes

FEND Chair of Diabetes Nursing, King's College London

Gestational diabetes (GDM) is the most common cause of hyperglycaemia in pregnancy. GDM is associated with multiple negative psychosocial impacts and stigma. In this talk I will present the findings of a national UK survey on the psychosocial impacts of GDm on women, considering their frequency and intensity during and following pregnancy.

We conducted a national online e- Survey was distributed to UK online communities to assess the prevalence and impact of psychosocial phenomena among women who have experienced a gestational diabetes pregnancy within the last 3 years.

Completed questionnaires were received from 1739 women, mean age 33.7 (±3.7) years. Women reported emotional impacts at GDM diagnosis, most commonly anxiety (66%), fear (48%), shock (47%), and upset (56%).

Stigma was also experienced, with many reporting guilt (59%), shame (34%), and embarrassment (47%), often linked to food choices, weight, or perceived blame. During their pregnancy women strongly agreed that others do not understand GDM (57%); felt judged by others (20%); and that they were anxious that not following diet would harm baby(68%) or about blood glucose levels (55.1%).

A fifth of women strongly agreed they were sad or depressed postpartum. This study shows that many women experience negative emotional responses and internal and external stigma during GDM pregnancies.

These findings reinforce the importance of identifying and responding to these issues to improve women with GDM's care experiences. In the talk I will outline what health professionals should consider to support this growing population.

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SATURDAY 0930

3X ORAL POSTERS:

[#10] SLEEP QUALITY AND SELF-CARE IN ADULTS WITH TYPE 2 DIABETES: A MULTICENTER OBSERVATIONAL STUDY

Leonardi S.*, RN, PhD Candidate1; **Fabrizi D.,** RN, PhD, Postoctoral Research Fellow in Nursing1; **Baroni I.,** RN, PhD, Clinical research nurse2,

Caruso R., RN, PhD, Associate Professor of Nursing1,3 ; **Luciani M.,** RN, PhD, Assistant Professor of Nursing1; **Ausili D.**, RN, PhD, Full Professor of Nursing1

1 School of Medicine and Surgery, University of Milano - Bicocca, Monza, Italy
2 I.R.C.C.S.Policlinico San Donato, Italy
3 IRCCS MultiMedica Sesto San Giovanni, Italy
**Presenting author*

Background. Type 2 diabetes (T2DM) accounts for 90% of all cases. Sleep is important in diabetes management. Poor sleep quality can affect blood sugar control in people with T2DM, increasing glycated hemoglobin (A1c) and leading to diabetes-related complications. T2DM requires daily self-care behaviors, including adherence to therapies, blood glucose monitoring, diet and physical activity. Riegel's theory describes self-care in three dimensions: self-care maintenance, self-care monitoring, and self-care management. Despite evidence of a link between sleep and A1c, there is a lack of studies on the association between multidimensional sleep and self-care. It remains unclear whether this relationship influences blood sugar control.

Aim. To describe the association between overall sleep and its dimensions and self-care in patients with T2DM and to evaluate whether this relationship affects glycemic control.

Methods. A multicentre cross-sectional study was conducted using a convenience sample in adults with T2DM. We assessed glycemic control using A1c levels. Sleep quality was measured using Pittsburgh Sleep Quality Index (PSQI), and self-care behaviors was measured using Self Care of Diabetes Inventory (SCODI). Multivariable linear regression models were used to evaluate the association between sleep quality and self-care dimensions.

Results. Participants (N=300) were mostly male (64%) with a median age of 70 years [64-77]. A1C was above the goal of < 7% in 36% of patients. Poor sleep quality (PSQI > 5) was observed in 124 people (41%). Poorer overall sleep quality was associated with lower self-care maintenance (β = -.53, 95% CI -.88; -.18), whereas no significant associations were observed for other dimensions. Among the PSQI components, frequent sleep disturbances (≥3 times/week) were associated with poorer self-care maintenance (β = -11.70, 95% CI -22.97;-.43). Interaction analyses suggested that specific sleep quality components may influence the relationship between self-care behaviors and glycemic control.

Conclusions. Sleep quality is a fundamental behavioral factor that influences patients' ability to practice effective self-care. Recognizing sleep as key to T2DM management could transform care models. Incorporating sleep assessments and targeted interventions into diabetes education programs may enhance patients' engagement and improve metabolic outcomes

[#13] ADVANCED NURSE PRACTITIONERS IN ACUTE DIABETES CARE IN IRELAND: IMPACT, INTEGRATION AND SUSTAINABILITY

Moloney Y., MSc., University Hospital Limerick ; **Browne S**., MSc., Beaumont Hospital Dublin; **Allen I**., MSc., Cavan General Hospital; **Brosnahan M.**, MSc., Kerry General Hospital; **Cullen E.,** MSc., Wexford General Hospital; **Cunningham A**. MSc., University Hospital Galway; **Dooner D.**, MSc., Tullamore Hospital; **Doyle G**., MSc., Portlaoise Hospital; **Egan L**. MSc., Vincent's University Hospital Dublin; **Harkin P**., MSc., St Vincent's Private Hospital Dublin; **Horan N**. MSc., St Luke's Hospital Kilkenny; **Hourigan K**., MSc., Connolly Hospital Blanchardstown Dublin; **Hughes J.** MSc., Mayo University Hospital Castlebar; **Kelly M**. MSc., Roscommon Hospital; **Lillis S**. MSc., South Infirmary University Hospital Cork; **Matthews L**., MSc., Our Lady of Lourdes Hospital Drogheda; **McCabe O**., MSc., Our Lady's Hospital Navan; McCarthy L., C/ANP Mercy University Hospital Cork; Moore A. C/ANP St James's Hospital Dublin; **Ni Chlochartaigh B**., MSc., Roscommon Hospital; **O'Donovan M**. MSc., Bantry Hospital; O'Dwyer B., C/ANP St Colmcille's Hospital Loughlinstown Dublin; Reddington L. MSc., University Hospital Galway; **Forde R**., PhD, University College Cork, Ireland.

Background: Advanced Nurse Practitioner (ANP) is a protected and regulated title in Ireland with nurses having to meet stringent criteria to be entered onto the national nursing and midwifery register to hold such a position. ANPs are increasingly important in diabetes care. Understanding stakeholder perceptions of the ANP role is essential to inform future workforce planning, service development, and sustainability.

Aim: To explore stakeholder understanding of the ANP role in diabetes services and examine perceptions of its impact, integration, and sustainability within specialist healthcare settings.

Methods: A cross-sectional survey was conducted among healthcare professionals and stakeholders involved in diabetes services. Quantitative data were analysed using descriptive statistics, while free-text responses were analysed thematically to identify key themes relating to implementation, impact, and sustainability of ANP roles.

Results: Fifty-nine healthcare professionals, including consultants, specialist nurses, dietitians, and podiatrists, completed the survey. Respondents particularly associated the ANP role with prescribing (94.9%,n=56), autonomous clinical decision-making (91.5%,n=54), and advanced assessment and diagnosis (81.4%,n=48) with a focus those with Type 1 diabetes (73.6%,n=39), diabetes technology (62.3%,n=33), young adult diabetes care (58.5%,n=31), and complex Type 2 diabetes management (56.6%,n=30). Respondents considered the key stakeholders for implementation of ANP posts were Consultant endocrinologists (94.9%) and Directors of Nursing (79.7%). While successful integration was perceived to require consultant support, nursing leadership, multidisciplinary collaboration, administrative resources, and clear governance structures.

Respondents reported that ANPs improved access to specialist diabetes care through reduced waiting times, increased service capacity, and enhanced access to diabetes technologies. Additional benefits included improved patient-centred care, continuity-of-care, clinical outcomes, service innovation, and workforce development. Sustainability was perceived to depend on demonstrable clinical impact, organisational and leadership support, quality improvement, education, research, and alignment with national policy priorities.

Conclusion: ANPs making a substantial contribution to specialist diabetes services through improvements in access, quality of care, service efficiency, and patient outcomes. The findings highlight the importance of strong clinical and organisational support structures, ongoing evaluation of outcomes, and investment in leadership, research, and workforce development to ensure the successful integration and sustainability of ANP roles within diabetes services.

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[#34] UNDERSTANDING BARRIERS AND FACILITATORS TO PARTICIPATION IN A DIABETES PREVENTION PROGRAM AFTER GESTATIONAL DIABETES USING A GENDER-TRANSFORMATIVE LENS

Sushko K, RN, PhD[1], Sherifali D, RN, PhD[2], Ali S, BSc[1], Rahman I, BSc[1], Sahye-Pudaruth S, RD, PhD[2], Sriskandarajah A, BSc, MSc[1], Zehra A, BSc[1], Lipscombe L, MD, Msc[1,3]

[1] Women's College Research and Innovation Institute, Women's College Hospital, Toronto, Canada
[2] School of Nursing, McMaster University, Hamilton, Canada
[3] Department of Medicine and Dalla Lana School of Public Health, University of Toronto, Toronto, Canada

Background

Lifestyle-based diabetes prevention programs (DPPs) reduce the risk of type 2 diabetes (T2D) among women with prior gestational diabetes (GDM). According to Pederson's gender-transformative health promotion framework, health is shaped by gendered determinants, including biological, social-cultural, and environmental factors. Postpartum, women may face structural and contextual barriers to risk reduction beyond their control, such as the demands and expectations of motherhood.

Aim

To understand women's expectations, needs, challenges, and hopes for a DPP after GDM, and how biological, social-cultural, and environmental factors influence participation.

Methods

This qualitative descriptive study used purposive sampling to recruit postpartum women with recent GDM enrolled in a multi-centre DPP in Ontario, Canada. One-on-one, semi-structured interviews were conducted, and analysis occurred concurrently with data collection using directed content analysis, informed by Pederson's gender-transformative health promotion framework.

Results

To date, six participants have completed interviews. Preliminary findings map to three gendered health determinants: biological; social-cultural; and environmental. Biologically, participants expressed concern that non-modifiable risk factors (e.g., ethnicity) would influence their risk of T2D. Socially and culturally, caregiving-related expectations limited the time available for women to focus on their health. Environmentally, participants highlighted challenges related to return to work, including their ability to breastfeed, which is associated with reduced T2D risk. Further interviews are being conducted to expand on and validate these themes.

Conclusions

Despite motivation for behaviour change, our findings highlight how gendered constraints can impede women's engagement in DPPs after GDM. Woman-centred, culturally responsive approaches that reflect women's daily realities should inform the delivery of DPPs to promote equitable health outcomes.

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SATURDAY 1010

BEYOND GLYCAEMIA: SUPPORTING THE PSYCHOLOGICAL WELL-BEING OF PEOPLE USING ADVANCED DIABETES TECHNOLOGIES

Prof Katarzyna Cyranka, MD PhD

Jagiellonian University Medical College, and University Hospital in Kraków, Poland.

Advanced diabetes technologies, including continuous glucose monitoring and automated insulin delivery systems, have transformed the management of type 1 diabetes. Their benefits, however, extend beyond glycaemic outcomes and cannot be fully understood without considering the psychological experience of the person using the technology.

For many individuals, diabetes technology can reduce fear of hypoglycaemia, increase confidence, improve sleep and provide a greater sense of safety, flexibility and freedom in everyday life. At the same time, it may introduce new emotional and behavioural challenges, including information overload, alarm fatigue, pressure to achieve "perfect" glucose results, frustration with device performance, concerns about body image, loss of trust in one's own body and difficulties integrating technology into everyday life and personal identity.

The presentation will discuss the psychological factors influencing the initiation, acceptance and long-term use of advanced diabetes technologies. Particular attention will be given to diabetes distress, fear of hypoglycaemia, treatment expectations, perceived burden, self-efficacy, emotional readiness and the relationship between the person with diabetes and the healthcare team.

The session will also offer practical guidance for diabetes nurses and other healthcare professionals on how to recognise psychological barriers, conduct supportive and non-judgmental conversations, respond to emotional distress and help individuals develop a realistic and sustainable relationship with technology. It will emphasise the importance of language, empathy, shared decision-making and the early identification of individuals who may need additional psychological support.

The central message is that successful technology use depends not only on device performance and glycaemic outcomes, but also on trust, communication, individual readiness and person-centred care.

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SATURDAY 1110

HYPOGLYCAEMIA AWARENESS IN THE ERA OF CGM: DOES IT MATTER?

Prof Pratik Choudary

Diabetes Research Centre, University of Leicester, UK

The widespread adoption of continuous glucose monitoring (CGM) and automated insulin delivery (AID) systems has transformed diabetes management and substantially reduced exposure to hypoglycaemia for many people living with type 1 diabetes. However, severe hypoglycaemia continues to occur, and impaired awareness of hypoglycaemia (IAH) remains an important clinical challenge. This presentation will explore whether hypoglycaemia awareness still matters in the modern era of diabetes technology.

The session will review the impact of CGM and AID systems on hypoglycaemia rates and examine the extent to which hypoglycaemia persists despite technological advances. Key physiological and psychological determinants of hypoglycaemia awareness will be discussed, including counter-regulatory responses, interoceptive mechanisms, and the influence of behaviours, beliefs and treatment experiences on symptom recognition.

I will discuss how to assess awareness and identify those at higher risk of severe hypoglycaemia, highlighting the strengths and limitations of currently available tools and questionnaires.

Finally, I will discuss evidence-based strategies for supporting individuals with impaired awareness of hypoglycaemia, including structured education, optimisation of diabetes technologies, behavioural interventions, and personalised clinical care.

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SATURDAY 1140

OPTIMISING CGM USE THROUGH STRUCTURED EDUCATION: BRIDGING TECHNOLOGY AND PATIENT'S THERAPEUTIC DECISIONS

Ms Eirini Pizirtzidou, RN MsC PhD(c)

Cambridge University Hospitals, UK
Training Specialist, Menarini Diagnostics Greece

Continuous glucose monitoring systems (CGMs) provide detailed, real-time insights into glycemic patterns, enabling people with type 1 diabetes to make more informed therapeutic decisions. However, the benefits of CGM technology depend largely on users' ability to interpret data and apply it effectively in daily self-management. Structured diabetes education therefore plays a central role in optimizing CGM use and improving clinical outcomes.

This presentation is based on a systematic review of structured educational programs for CGM self-management in people with type 1 diabetes and it will focus not only on the characteristics of these programs, but also on the content of CGM structured education and its role in supporting therapeutic decision-making. Key themes include interpretation of glucose trends and Time in Range, insulin adjustment, hypoglycemia prevention, problem-solving skills, and patient empowerment. Particular attention will be given to evidence-based programs such as Spectrum and CGM Academy, which fulfill National Institute for Health and Care Excellence (NICE) criteria for structured education and provide comprehensive, patient-centered approaches to CGM self-management.

This presentation aims to demonstrate how structured education can bridge the gap between diabetes technology and meaningful patient action, supporting safer, more confident, and more effective use of CGM in clinical practice.

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SATURDAY 1210

"MADE BY FEND": MY JOURNEY FROM CLINICIAN TO CLINICAL ACADEMIC

Dr Rahab Hashim

Advanced Diabetes Nurse Practitioner, SW England

My career journey from general nursing to clinical leadership and academic pathways has been shaped by opportunities, encouragement and support. In this presentation, I will share how the support I received from FEND enabled me to develop my career in ways I could not have initially imagined.

I began my nursing career with a general nursing background before taking the opportunity to start in a development role in diabetes nursing. This was the starting point of my specialist diabetes career and where my interest in diabetes education and research started. With the support of FEND, I was able to undertake and complete my MSc, followed by a PhD, while continuing to develop clinically.

These opportunities transformed not only my knowledge and skills, but also my confidence and ambitions. My career has since developed across both clinical and academic settings. I now work as an advanced diabetes nurse practitioner in general practice in Southwest England, am a visiting research associate at King's College London, and have recently taken on a clinical lead for diabetes and obesity role, an innovative position that was originally advertised for a GP.

During the presentation, I will reflect on the key moments in this journey, the importance of investment in nursing development, and how being given opportunities to learn, develop and pursue research can open doors to unexpected career pathways.

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SATURDAY 1400

THE EU SAFE HEARTS PLAN AND JACARDI: EUROPEAN POLICY INITIATIVES IMPROVE OUTCOMES FOR PEOPLE LIVING WITH DIABETES

Mr Bart Torbeyns

Executive Director EUDF (European Diabetes Forum)

This session will explore two major European policy initiatives — the EU Safe Hearts Plan and the Joint Action JACARDI — and their potential to improve outcomes for people living with diabetes across Europe.

As a founding member of the European Diabetes Forum (EUDF), FEND plays an important role in connecting clinical expertise with European policy action. At a time when diabetes and cardiovascular disease are placing increasing pressure on health systems, these new initiatives aim to strengthen prevention, early detection, integrated care, and health equity across EU Member States.

The presentation will provide an overview of both initiatives, explain their relevance for diabetes care, and explore the challenge of translating European policy ambitions into meaningful change in everyday practice. Particular attention will be given to the important contribution diabetes specialist nurses can make in supporting implementation efforts within their own healthcare systems and communities.

Participants will leave with a clearer understanding of current European policy developments, greater awareness of the opportunities these initiatives create for improving diabetes care, and encouragement to engage in the dialogue and actions needed to help turn policy into practice.

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SATURDAY 1430

BREAKTHROUGHS IN TYPE 1 DIABETES CARE: THE ROLE OF THE DIABETES NURSE

Prof Anastasia Albanese-O'Neill

Breakthrough T1D (formerly JDRF)

This presentation will provide an overview of Breakthrough T1D's mission strategy, including a summary of recent advancements in type 1 diabetes (T1D) care, updates to international clinical guidelines on screening to detect early stage T1D, and a review of approved therapies and currently recruiting clinical trials exploring ways to preserve beta cells and delay insulin therapy.

Attendees will also receive an overview of research progress toward manufactured islet cell therapies and a status update on clinical trial outcomes in islet cell replacement aimed at insulin independence. The evidence for the use of adjunctive therapies in T1D care will be reviewed.

The content in this session will highlight the essential role of the diabetes nurse educator in ensuring PwT1D and their care partners have the education and information required for diabetes self-care and to actively engage in shared decision making with the diabetes care team.

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SATURDAY 1500

PUTTING DIABETES ON THE POLICY AGENDA: COLLABORATION BETWEEN IDF EUROPE, IDF AND FEND

Prof Tadej Battelino

the International Diabetes Federation Europe, University of Ljubljana, Slovenia

For several decades, collaboration between IDF Europe, IDF and the Foundation of European Nurses in Diabetes (FEND) has played an important role in advancing diabetes on the European policy agenda. Building on the legacy of the St Vincent Declaration and early efforts to establish diabetes as a political priority, this partnership contributed to the creation of the first diabetes interest group within the European Parliament and helped strengthen the voice of the diabetes community in Europe.

Over the years, the collaboration has evolved to encompass joint policy and advocacy initiatives, including through the European Diabetes Forum, where IDF Europe and FEND have worked together alongside other key stakeholders to promote person-centred, integrated approaches to diabetes care and prevention.

Beyond policy and advocacy, FEND has been a longstanding and valued supporter of IDF Europe's youth activities and other initiatives aimed at empowering people living with diabetes. This enduring partnership illustrates how multidisciplinary collaboration and a shared commitment to improving the lives of people with diabetes continue to drive progress and shape the future of diabetes care and policy in Europe.

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SATURDAY 1530

HOLISTIC DIABETES CARE: A SHARED RESPONSIBILITY ACROSS THE HEALTHCARE TEAM

Prof Francesco Giorgino, MD, PhD, President EASD

University of Bari Aldo Moro, Bari, Italy

Diabetes management is undergoing a fundamental transition from a predominantly glucose-centred model towards a holistic, person-centred approach aimed at improving health and quality of life while preventing the broad spectrum of complications associated with diabetes. Contemporary recommendations recognize that glycemic control remains important but represents only one component of effective diabetes care. Management should simultaneously address body weight, cardiovascular and kidney risk, associated long-term conditions, healthy behaviors, psychological well-being, social determinants of health and the individual priorities of people living with diabetes.

The updated ADA–EASD approach to type 2 diabetes emphasizes anticipatory rather than reactive care. Treatment decisions should be informed not only by HbA1c but also by cardiovascular disease, heart failure, chronic kidney disease, obesity and other comorbidities, with earlier use of therapies capable of modifying disease and complication risk. At the same time, diabetes self-management education and support, medical nutrition therapy, physical activity, sleep, medication-taking behavior and shared decision-making remain fundamental components of treatment. Technology, including continuous glucose monitoring and digital tools, provides additional opportunities to individualize care and identify therapeutic gaps.

Translating this increasingly complex evidence into routine practice requires organized, multidisciplinary care. Nurses are uniquely positioned at the interface between evidence, the healthcare system and the daily lives of people with diabetes. Their role extends from education and glucose monitoring to systematic assessment of weight, blood pressure, cardiovascular and kidney risk, hypoglycemia, treatment adherence, foot health, psychological distress and barriers to care. Structured approaches and checklists can help ensure that essential assessments are not missed, reduce clinical inertia, facilitate timely referral and support continuity of care.

Thus, holistic diabetes management is not simply about adding more interventions. It requires integrating them around the individual. By combining clinical surveillance, education, behavioral support, technology and person-centered communication, diabetes nurses can become key drivers of implementation, helping transform evidence-based recommendations into better and more equitable outcomes for people living with diabetes.

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Prof Anastasia Albanese-O'Neill

Anastasia Albanese-O'Neill, Ph.D., APRN, CDCES, serves as vice president, medical affairs, at Breakthrough T1D (formerly JDRF) where her team focuses on accelerating clinical adoption of emerging therapies in type 1 diabetes (T1D). Prior to joining Breakthrough T1D, Albanese-O'Neill was faculty in pediatrics and nursing at the University of Florida, where she maintained an active research portfolio and clinical practice. Her research has been published in peer-reviewed journals including Diabetes Care, The Lancet, and Pediatric Diabetes. She was recognized in 2025 with the Women in Leadership in Diabetes Award and in 2023 as Diabetes Care and Education Specialist of the Year

Mrs Kristin de Backer

Happily retired now!

Previously, I worked in the Endocrinology-Diabetology department at the University Hospital Antwerp in Belgium. First in the hospitalized patient ward and later in the outpatient clinic, specifically tasked with what was called "The Diabetology Convention". I was responsible for the education of newly diagnosed patients and the follow-up of existing patients, with everything that entails.

Meanwhile, a "Diabetes Educator" course had been started through our professor at that time and the Flemish diabetes association, and I was in the first group of graduates. This eventually led to the development of the postgraduate nursing program with a special expertise in diabetology, and this course is now officially taught in colleges.

This subsequently resulted in official recognition of "Diabetes Speciality Nurse" in Belgium, as one of the first 2 countries in the EU. I also helped to found the Professional association of diabetes nurses, of which I was president for the first six years.

In the meantime, I had also become a member of FEND, later joined the Executive Committee, and have been its Chairperson for the past 12 years now.

Prof Tadej Battelino

Tadej Battelino, MD, PhD, is the current Chair of the International Diabetes Federation Europe. He is Professor of Pediatrics at the University of Ljubljana and Head of the Department of Pediatric Endocrinology, Diabetes and Metabolic Diseases and a clinical pharmacologist at the University Medical Center Ljubljana, Slovenia.

An internationally recognized leader in diabetes care and technology, he has made pioneering contributions to continuous glucose monitoring and the development of "time in range" as a key metric for diabetes management. Prof. Battelino has authored more than 460 peer-reviewed publications and has held leadership roles in organizations including the International Society for Pediatric and Adolescent Diabetes (ISPAD) and the European Association for the Study of Diabetes (EASD).

His work has been widely recognized with numerous international awards for advancing diabetes research and improving care for people living with diabetes.

Prof Pratik Choudhary

Pratik Choudhary MBBS MD FRCP, is a Professor and Honorary Consultant in Diabetes with a special interest in type 1 diabetes and technology. Since joining the team in 2020, he has developed a wide portfolio of research around type 1 diabetes, management of hypoglycamia and improved use of diabetes technology.

His current work is based around developing a better understanding of the impact of low

and high glucose levels measured by continuous glucose monitoring systems and trying to link these data with better use of electronic health records. He is also leading work looking at evaluating the benefits of diabetes technologies in people living with type 2 diabetes. He has led the development of hands on as well as online training for people with diabetes as well as care professionals to learn about how to use diabetes technologies.

Professor Choudhary is the lead for type 1 diabetes in Leicester and is also Clinical Lead for Type 1 diabetes for the Midlands. He also chairs the Secretary of State for Transports Honorary Advisory Panel for diabetes and is ex-chair of the Diabetes Technology Network - UK that works to improve access to technology for diabetes through training, education and advocacy.

Dr Mette Due Christensen

Mette is a diabetes specialist nurse and has a PhD in nursing from the Florence Nightingale Faculty of Nursing, Midwifery and Palliative Care at King's College London, UK which she completed in 2017. Her research interests are focused on psychosocial aspects of living with diabetes. She has a special interest in adaptation to life with diabetes in adults who have recently been diagnosed with type 1 diabetes. Most of her research has involved working with people with diabetes and health care professionals to develop and test interventions that offer psychosocial support to adults with diabetes, often through peer-support. An example of this are interventions that aim to prevent and reduce diabetes distress in adults with diabetes. She is currently working as a research fellow at Steno Diabetes Center Copenhagen in Denmark.

Prof Katarzyna Cyranka, MD PhD

Prof. Katarzyna Cyranka, PhD, is a clinical psychologist, psychotherapist, academic teacher and researcher specialising in psychodiabetology. She is Head of the Psychodiabetology Laboratory at the Department of Metabolic Diseases, Jagiellonian University Medical College, and Head of the Adult Psychological Outpatient Clinic at the University Hospital in Kraków, Poland. She is also affiliated with the Department of Psychiatry at Jagiellonian University Medical College.

She serves as Head of Postgraduate Studies in Psychodiabetology and is Chair of the Psychodiabetology Section of the Polish Diabetes Association. She is also Chair of the Kraków Branch of the Scientific Section of Psychotherapy of the Polish Psychiatric Association.

Her clinical, scientific and educational work focuses on the psychological functioning, emotional well-being and quality of life of people living with diabetes. Her particular areas of expertise include diabetes distress, fear of hypoglycaemia, depression and anxiety, eating-related difficulties, treatment burden, communication in diabetes care and the psychological aspects of using continuous glucose monitoring, insulin pumps and automated insulin delivery systems.

She has participated in and coordinated clinical studies evaluating the psychological and metabolic outcomes of advanced diabetes technologies, including their impact on quality of life, emotional well-being, treatment acceptance, diabetes distress and fear of hypoglycaemia. She is actively involved in interdisciplinary education and in developing person-centred models of psychological support for people with diabetes, their families and healthcare professionals.

Ms Valentina Espis, MSN MEndo

Valentina Espis, MSN, MEndo, is a Nurse Specialist in Endocrinology and Metabolic Diseases and Lead for Community Endocrinology Care Pathways at the Local Health Authority of the City of Turin, Italy. Her clinical and professional focus includes diabetes and endocrine disorders, with expertise in the design and implementation of care pathways, including diabetes-related complications, group education, and continuity of care between hospital and community settings. She is a member of the Scientific Committee of the Italian National Association of Nurses in Endocrinology and Diabetology (ANIED), where she serves as International Relations Lead, and a member of the European Society of Endocrinology Nurses Committee (ESE).

Dr Diletta Fabrizi, RN, PhD

Diletta Fabrizi, RN, PhD, is a Postdoctoral Research Fellow in Nursing at the University of Milano-Bicocca, Italy. Her research focuses on self-care in chronic conditions, specifically Type 1 and Type 2 diabetes and prediabetes. Her work explores the complexities of self-care, ranging from its determinants and relationship with clinical outcomes to its trajectories over time.

Dr. Fabrizi coordinates several research projects centered on diabetes self-care. In addition to her research, she serves as an Adjunct Professor of Nursing Research for the Bachelor's in Nursing at the University of Milano- Bicocca. She has authored over 20 peer-reviewed publications and is actively involved in international collaborations aimed at improving clinical outcomes and health promotion, primarily in people with diabetes.

Prof Angus Forbes

Professor Angus Forbes holds the FEND Chair of Clinical Diabetes Nursing at King's College London and was an honorary post as a specialist diabetes nurse at King's College Hospital. Prof Forbes is an active researcher with multiple publications in diabetes, some current and previous projects include: developing anti-stigma interventions for women with GDM and type 2 diabetes; diabetes prevention in women with GDM; preconception care in women with type 2 diabetes; evaluating psychologically modelled education interventions for young people with type 1 and type 2 diabetes; developing supportive interventions for adults with new-onset type 1 diabetes; the relationship between cognitive impairment and diabetic retinopathy; glycaemic variability and mortality and older people with diabetes; and the impact of lipohypertrophy on glucose variation in people with type 1 diabetes. Clinically Angus ran a motivational enhancement clinic for people with type 1 diabetes for many years. He has been involved in designing and running the diabetes MSc programme at King's College London and has a number of funded PhD students. Angus is a past vice-president of the International Diabetes Federation, and his previous positions include: senior lecturer in diabetes at King's College London; a lecturer in health services research at University College London Medical School; and a health visitor and district nurse in East London.

Dr Rita Forde

Dr Rita Forde is a Senior Lecturer in the School of Nursing and Midwifery at University College Cork and a Visiting Lecturer at King's College London, where she completed her PhD as a doctoral fellow of the Foundation of European Nurses in Diabetes (FEND). Prior to her academic career, Rita worked as an Advanced Nurse Practitioner in Diabetes at the Mater Misericordiae University Hospital, Dublin.

Rita's research and clinical expertise focus on women's health and diabetes across the life course. Her research interests include optimising pre-pregnancy care for women with diabetes, gestational diabetes, female sexual health, diabetes-related stigma, and the development of self-management approaches to prevent insulin-related lipohypertrophy.

Prof Francesco Giorgino

Francesco Giorgino is Professor of Endocrinology and Chairman of the Department of Precision and Regenerative Medicine and Ionian Area at the University of Bari Aldo Moro, Bari, Italy. He is also Chief of the Division of Endocrinology at the University Hospital Policlinico Consorziale in Bari. Professor Giorgino received his M.D. degree from the University of Bari Aldo Moro and his Ph.D. degree from the University of Naples Federico II, in Italy.

After completing clinical training in endocrinology at the University of Catania, Italy, he worked at the Joslin Diabetes Center and Harvard Medical School in Boston, MA, USA, as a postdoctoral research fellow and visiting scientist (1990-1994). He has received scientific awards from various institutions, including the Juvenile Diabetes Research Foundation International (JDRF) Fellowship (New York, NY, USA), the Mary K. Iacocca Foundation Fellowship (Boston, MA, USA), the Glaxo-Wellcome Award from the European Association for the Study of Diabetes (EASD), the Aldo Pinchera and Cassano Awards from the Italian Society of Endocrinology, and the Alcmeone Award from the Italian Society of Diabetology. He has been President of the Italian Society of Endocrinology (2019-2021) and is currently President of the European Association for the Study of Diabetes.

His research interests include the mechanisms of insulin resistance and beta-cell dysfunction in type 2 diabetes and the effects of diabetes drugs on pancreatic islets and the cardiovascular system. He has an H-index of 83 and over 27,000 citations (Google Scholar).

Dr Rahab Hashim

Rahab qualified as a Registered Nurse from the University of the West of England and began her nursing career in 2010 in a surgical ward. She subsequently progressed to the role of Junior Sister, specialising in the care of older adults, before moving into a development post in 2015 to pursue a new role in diabetes care.

Since specialising in diabetes, Rahab has worked as a Diabetes Specialist Nurse, delivering diabetes care across inpatient and outpatient settings. In 2015, Rahab moved to primary care and currently works as an Advanced Diabetes Nurse Practitioner in a general practice surgery in the Southwest of England. In 2021, Rahab was awarded a Doctoral Fellowship at King's College London, funded by the Foundation of European Nurses in Diabetes, and successfully completed her PhD in 2025.

Her research explored the sexual experiences of women living with type 1 diabetes, contributing new insights to an often-overlooked aspect of diabetes care.

Prof Marjolein M. Iversen

Marjolein M. Iversen is Professor and Vice-Dean for Research at the Faculty of Health and Social Sciences, Western Norway University of Applied Sciences. She is an internationally recognised expert in patient-reported outcomes (PROMs) and diabetes research, with a particular focus on diabetes distress. S

he is co-author of a recent Lancet Diabetes & Endocrinology review on diabetes and mental health and has an extensive publication record in this field. Her work bridges epidemiology, intervention research and digital health, with a strong emphasis on translating evidence into routine care. She received the Norwegian

Diabetes Association's Research Award in 2024.

Ms Emilia Masuccio

Emilia Chiara Masuccio is a diabetes specialist nurse currently working at a secondary-level diabetes care center within the Local Health Authority of Benevento, Italy.

She is an adjunct lecturer at the University of Naples Federico II and serves as National President of OSDI (Italian Scientific Society of Diabetes Healthcare Professionals). She is actively involved in diabetes education and professional development, contributing to the design and delivery of training programmes for healthcare professionals at a national level.

Her clinical and academic work focuses on improving the quality of care for people with diabetes, with particular emphasis on integrated care pathways, structured therapeutic education, and the advancement of specialist nursing competencies in diabetology within a multidisciplinary and patient-centred framework.

Ms Ilaria Milani

Ilaria Milani, RN, is a PhD student in Nursing Sciences and Public Health at the University of Rome Tor Vergata, Italy.

Her research focuses on self-care in people with type 1 diabetes. She is based at IRCCS MultiMedica in Sesto San Giovanni, Italy, where she contributes to clinical research projects on diabetes and cardiometabolic diseases, with particular attention to prevention, symptom management, and quality of life.

At the same institution, she also serves as a tutor and lecturer in the bachelor's degree Programme in Nursing at the University of Milan.

Ms Eirini Pizirtzidou

Diabetes Specialist Nurse with MSc in Clinical Diabetes and PhD candidate at the International Hellenic University, Greece, with a clinical and academic focus on diabetes care, diabetes technologies, and structured self-management education with extensive clinical experience in both Greece and the United Kingdom, having worked as a Diabetes Clinical Nurse Specialist at Addenbrooke's University Hospital, Cambridge, and at the UK National Severe Insulin Resistance Service.

Since 2023, I have been working as a Training Specialist at Menarini Diagnostics Greece in the Diabetes Care Business Unit, while also practicing as a freelance Diabetes Educator in the UK. I am a certified DAFNE educator (Dose Adjustment For Normal Eating), I hold a Level 3 Award in Teaching and Training, and I am certified as a Mental Health First Aider (MHFA England).

My professional and research interests focus on continuous glucose monitoring (CGM), diabetes technology, structured diabetes education, and empowering people with diabetes in therapeutic decision-making and self-management.

Mr Bart Torbeyns

Bart Torbeyns holds a master degree in Pharmacy (University Leuven) and a Master in Business Economics (University Leuven). He started his career in the pharmaceutical industry where he held various roles in sales, marketing, medical affairs, public policy & government relations.

Since 2020, he is responsible for the activities of the European Diabetes Forum (EUDF). EUDF brings together relevant research and scientific societies, patient organizations, professional healthcare organizations in order to present a united voice on the needs of the diabetes community in Europe to governments, regulators, payers and others. The vision of EUDF is to enable healthcare systems to cope with the diabetes pandemic, while achieving the best possible outcomes for patients.

Prof Jurgen Vercauteren

Jurgen Vercauteren is a professor at KU Leuven and one of the the program managers of EDENT1FI, a groundbreaking initiative dedicated to early type 1 diabetes (T1D) detection across Europe. With a decade of personal experience living with T1D, Jurgen is deeply committed to advancing prevention, early diagnosis, and awareness of the disease.

As a strong believer in the power of early detection, he has had his three children screened for T1D, reinforcing his personal and professional dedication to the cause. His work with EDENT1FI focuses on creating a unified screening platform, refining biomarker-based detection methods, and designing personalized monitoring and follow-up strategies.

The initiative also addresses psychological and socioeconomic impacts, develops innovative trial designs for disease-modifying therapies, and collaborates with key stakeholders including patients, healthcare professionals, and policymakers to integrate early T1D detection into healthcare systems across Europe.

Alongside his leadership in EDENT1FI, Jurgen teaches biostatistics at KU Leuven and conducts research on public health challenges, aiming to shape the future of diabetes care.

Dr Maartje De Wit

Dr. Maartje de Wit is an associate professor in Diabetes Psychology at the department of Medical Psychology Amsterdam UMC in the Netherlands. She received her PhD in 2008 with her thesis entitled: Monitoring and discussing health related quality of life (HRQOL) in adolescents with type 1 diabetes in routine care.

In her research, she focusses on the psychosocial aspects of diabetes in youth and adults with type 1 diabetes. Her professional interests include participatory research involving people with diabetes in research projects, the development and evaluation of psychosocial (e-health) interventions and methods to further advance precision medicine in the psychosocial aspects of (early stage) type 1 diabetes. Topics of specific interest are: disturbed eating behaviours, diabetes distress, youth and their families, and the psychosocial aspects of early detection of type 1 diabetes.

Throughout her career, she has been an active member of ISPAD and of the PsychoSocial Aspects of Diabetes (PSAD) research group. Since 2020, she is an associate editor of Diabetic Medicine. Together with Dr. Rita Forde and Dr. Elizabeth Holmes-Truscott, she led the special issue in Diabetic Medicine to celebrate the 30th anniversary of the PSAD, focussing on emerging topics in the field of psychosocial research in diabetes.

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FEND Award		
1999	T. Birdsall	UK
2000	D. Weisman	Israel
	P. Nikkanen	Finland
2001	A. Joergensen	Denmark
2002	A. Munzinger B. Osterbrink C. Nonn	Germany
2003	M. Vidal	Spain
2004	P. Banck-Petersen	Denmark
2005	E. Turner	UK
2006	K. Alexandre	Switzerland
2007	S. Amsberg	Sweden
2008	M. Graue	Norway
2009	I. Lopes	Portugal
2010	A. Haugstvedt	Norway
2011	A. Faber	Netherlands
2012	S. Dereli Yilmaz	Turkey
2013	F. Bassin	Switzerland
2014	I. Tiberg	Sweden
2015	R. Forde	Ireland
2016	D. Ausili	Italy
2017	L. Munch	Denmark
2018	A. Gianini	Slovenia
2019	M. Granados	Spain
2020	J. Parsons	UK
2021	S. Racaru	UK

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First Announcement

32nd FEND Annual Conference

September 2027

Budapest, Hungary

On behalf of the Foundation of European Nurses in Diabetes we cordially invite you to attend the 32nd Annual Conference of FEND

Kristin de Backer
FEND Chairman

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Date for your diary

63rd EASD Annual Meeting
20-24 September 2027
Budapest, Hungary

www.easd.org

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SCHOOL-BASED SCREENING FOR EARLY-STAGE TYPE 1 DIABETES: RESULTS FROM THE EDENT1FI PROGRAMME IN PORTUGAL

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Portuguese EDENT1FI Team
EDENT1FI consortium

Background

Type 1 diabetes (T1D) is a multifactorial autoimmune disease. Autoantibodies (Aab) are key markers of its early stages. EDENT1FI is a European initiative focused on screening pre-symptomatic T1D in children and adolescents.

Aim

In Portugal, screens were conducted at health facilities, community events and schools. We aim to characterize adherence to T1D screening in schools, a learning and socialization environment where children and adolescents spend their day.

Method

The clinical team presented the project to schools, provided informative documents, and informed consent with an initial questionnaire to collect demographic data. After guardian consent, screening is scheduled at school. The screening requires a capillary blood sample and uses an ELISA kit for GAD, IA-2A and ZnT8. Positive samples are further tested for all four Aab (including IAA) in the same sample using LIPS, with venous confirmation if positive. Individuals with multiple Aab are referred to clinical follow-up, which includes metabolic staging (OGTT), CGM and psychological follow-up.

Result

Up to May 2026, 12.312 screenings were carried out, of which 47% were in 78 schools (62% public and 38% private), in children and adolescents aged 3 to 17 years, with a mean age of 10.2± 3.6, and 3.7% having a first-degree family T1D history. After confirmation of the venous test, 0.34% of individuals had two or more positive Aab (global sample prevalence 0,37%) and were therefore classified as having early-stage T1D. All participants adhered to the follow-up protocol.

Conclusion

This screening methodology has proven to be very effective in schools. The school environment allows for better family participation; parents do not need to go to health services for screening, and children and young people are with their friends and peers, which provides security and a relaxed environment. Early identification of children and adolescents with type 1 diabetes has enabled timely access to a staging and education program, opening new perspectives for treatment.

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[2]

LABORATORY-DEFINED FRAILTY AND CGM-DERIVED GLYCEMIC INSTABILITY PHENOTYPES IN HOSPITALIZED OLDER ADULTS WITH TYPE 2 DIABETES

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Background
Frailty may reflect impaired metabolic resilience in older adults with type 2 diabetes mellitus (T2DM), but its association with short-term CGM-derived glycemic instability during hospitalization remains unclear.

Aim
This study aimed to identify CGM-derived glycemic instability phenotypes and examine their relationship with laboratory-defined frailty.

Methods
A total of 532 hospitalized older adults with T2DM who completed at least 72 hours of CGM were included. Frailty severity was assessed using the laboratory frailty index (FI-LAB). Twenty-four CGM-derived metrics were used to characterize glycemic exposure, variability, time in range, and glycemic risk. Principal component analysis and K-means clustering were applied to identify glycemic instability phenotypes. Multinomial logistic regression was used to examine the association between FI-LAB-defined frailty and CGM-derived phenotypes.

Results
Three glycemic instability phenotypes were identified: hyperglycemic high-instability, intermediate dysglycemic, and relatively stable with increased hypoglycemia tendency. Higher FI-LAB scores were associated with higher mean glucose, greater glycemic variability, increased hyperglycemic burden, and lower time in range. Moderate and severe frailty were associated with higher odds of the hyperglycemic high-instability phenotype in unadjusted and minimally adjusted models, although these associations were attenuated after further adjustment for diabetes-related and metabolic factors. Restricted cubic spline analyses showed approximately linear associations between FI-LAB scores and key CGM-derived metrics.

Conclusions
Laboratory-defined frailty was associated with adverse CGM-derived glycemic profiles in hospitalized older adults with T2DM. FI-LAB may serve as a practical marker of metabolic vulnerability and help identify patients at increased risk of glycemic instability. Further longitudinal studies are warranted to validate its clinical utility.

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[3]

PROCESS EVALUATION OF RECRUITING AND TRAINING PEER SUPPORTERS IN A DIGITAL LIFESTYLE INTERVENTION FOR MIDLIFE WOMEN WITH TYPE 2 DIABETES

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Background
Peer support is increasingly incorporated into diabetes self-management programmes to enhance motivation and support lifestyle behaviour change. However, few studies describe in detail how peer supporters are recruited, prepared, and supported when delivering digitally delivered lifestyle interventions. This study aimed to evaluate the process of recruiting and training peer supporters for a 12-week digital diabetes lifestyle intervention and to explore their experiences of facilitating online peer support.

Method
Peer supporters with lived experience of diabetes were recruited through a targeted social media campaign and selected based on predefined eligibility criteria. They were trained to facilitate a private online peer-support group and support participants' personalised lifestyle goals. Training was delivered online over two days and covered programme content, communication and facilitation skills, behaviour change support, role boundaries, confidentiality, distress management, motivational and listening skills, and procedures for managing participant concerns and referral pathways. Training also included guidance on facilitating group discussions and managing Facebook technical settings. Ongoing check-in sessions were provided throughout programme delivery to support peer supporters. Data sources included programme documentation and semi-structured interviews with the peer supporters, which were analysed using framework analysis to identify what worked well, challenges encountered, training resources used, and recommendations for future improvement.

Results
Online recruitment successfully identified three peer supporters with relevant lived experience, who were recruited and trained. Peer supporters valued the structured training and facilitator handbook provided before the programme. They highlighted the importance of empathy in communicating effectively with participants. In addition, teamwork and collaboration among peer supporters were identified as key elements in successfully managing the online peer group. These approaches were perceived to enhance participant engagement. Peer supporters also offered practical suggestions to improve training and support for future online peer groups.

Conclusion
This process evaluation provides insights into the recruitment and preparation of peer supporters for digital diabetes interventions. Structured training, clear role expectations and ongoing support may strengthen peer-facilitated lifestyle programmes. Index.

[4]

USING STRUCTURED OBSERVATION TO EXPLORE COMPONENTS AFFECTING MEALTIME INSULIN ADMINISTRATION IN HOSPITAL

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Background: Insulin is a high-risk and time-critical treatment, complex to manage in the hospital environment. Appropriate timing of insulin administration requires time-critical coordination of several tasks including glucose monitoring, meal delivery and insulin administration. These tasks, often undertaken by different members of staff, are not always seen as connected. Whilst timing errors related to mealtime insulin administration occur frequently, these are often underreported and difficult to capture using retrospective data collection methods.

Aim: To explore the coordination of three related tasks, blood glucose monitoring, meal delivery and insulin administration in the ward environment. To identify potential interacting components affecting mealtime insulin administration in practice.

Method: This project was registered as a quality improvement project at an NHS hospital. Inpatients with diabetes prescribed a mealtime insulin (bolus or biphasic) were eligible for inclusion and identified by the inpatient diabetes specialist team. Student nurses and student dietitians observed insulin administration practices using a structured observation tool incorporating quantitative and qualitative data developed based on a previous scoping review undertaken. Data was entered into an Excel spreadsheet and analysed thematically using a previously developed RESILIENT Framework.

Result: Eight observations undertaken between October-December 2025 across 4 medical wards; two at breakfast, six at lunch. Four involved patients with Type 1 Diabetes, four with Type 2 Diabetes. Median age was 74 years, n=1involved self-administration of insulin; n=7 administrations by registered nurse. Glucose was always checked prior to meal intake (range 25 to 87 minutes), n=7 insulin was administered after the meal (range 9 to 60 minutes after starting eating); n=1 was administered 44 minutes prior to meal. Potential interacting components implicated were lack of relevant information about insulin treatment at transitions of care/handover; lack of equipment at point of care, busy ward environment; competing demands; poor prioritisation of tasks; mealtime insulin not seen as time-critical treatment requiring coordination with meal, multiple related tasks not seen as connected.

Conclusion: This project highlights misalignments in practice which can be targeted in complex interventions to address timely and safe insulin administration in a ward environment. Index

[5]

THE ROLE OF DIABETES SPECIALIST NURSES IN ENHANCING HEALTH LITERACY AND SELF-MANAGEMENT IN T2DM_

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Background

Limited health literacy (HL) is associated with poor diabetes knowledge, reduced treatment adherence, inadequate self-care behaviors and suboptimal glycemic control in people with Type 2 Diabetes Mellitus (T2DM). Community nurses and Diabetes Specialist Nurses (DSNs) may contribute to overcoming these barriers.

Aim

To explore the role of community nurses and DSNs in enhancing health literacy and promoting self-management among individuals with T2DM.

Method

A narrative literature review was conducted using international electronic databases and publications from scientific organizations. Studies, guidelines and review papers related to health literacy, community nursing, diabetes specialist nursing, self-management and T2DM were included.

Results

Limited HL is common among people with T2DM and is associated with poor medication adherence, unhealthy dietary behaviors, reduced self-care and poorer glycemic outcomes. Community nurses and DSNs improve HL through individualized education, teach-back techniques, plain-language communication, visual educational materials and patient-centered counselling. These interventions enhance self-efficacy, promote active participation in self-management and support lifestyle modification. Nurses also act as care coordinators and patient advocates within the community.

Conclusion

Health literacy is an important determinant of successful diabetes self-management. Community nurses and DSNs play a central role in identifying literacy barriers and implementing tailored educational interventions. Integrating HL assessment and effective communication strategies into routine diabetes care may improve patient outcomes and strengthen community-based diabetes management.

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[6]

GLP-1 RECEPTOR AGONISTS AND NURSING CARE: A SYSTEMATIC REVIEW

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1. Introduction

GLP-1 receptor agonists (semaglutide, liraglutide, dulaglutide, exenatide) stimulate glucose-dependent insulin secretion, slow gastric emptying, and suppress appetite. Tirzepatide (Mounjaro®/Zepbound®), a dual GIP/GLP-1 receptor co-agonist, demonstrates superior glycaemic control and weight reduction compared to selective GLP-1 agents in head-to-head trials and has rapidly become the most commonly prescribed agent in this class in the United Kingdom (1). The expanding prescribing landscape underscores the need for updated nursing competencies addressing tirzepatide's distinct pharmacological profile alongside established GLP-1 receptor agonists (2,3).

2. Methods

This review followed PRISMA guidelines. PubMed, CINAHL, Cochrane Library, and Scopus were searched using terms including "GLP-1 receptor agonist," "tirzepatide," "Mounjaro," "GIP/GLP-1 receptor co-agonist," and "nursing care," covering 2015–2026. Tirzepatide-specific terms were added as it was not reliably captured by GLP-1-only search strings. Sixty-one studies underwent full-text review; 24 were excluded, yielding 37 included studies, of which 9 specifically addressed tirzepatide.

3. Results

3.1 Patient Education and Self-Management

Seventy-six percent of included studies demonstrated that nurse-led education significantly improved therapy adherence. Core content included injection technique, storage, dose titration, and adverse-effect management. For tirzepatide, nurses must guide patients through mandatory step-wise titration (2.5 mg/week initial priming dose, escalating to 15 mg/week maximum), with injection-technique training occurring before the first self-administered dose.

3.2 Clinical Monitoring

Monitoring HbA1c, body weight, blood pressure, and renal function is central to nursing protocols. A UK hospital audit identified pancreatitis cases among tirzepatide-treated patients, reinforcing vigilance for severe abdominal pain. Nurses must also counsel patients on tirzepatide's boxed warning regarding thyroid C-cell tumours (neck mass, dysphagia, hoarseness).

3.3 Psychosocial Support

Holistic nursing incorporating meal planning, physical activity counselling, and motivational interviewing positively influences outcomes. Tirzepatide's

superior weight-loss efficacy amplifies psychosocial considerations around rapid body change.

3.4 Tirzepatide-Specific Considerations

Tirzepatide carries a higher injection-site pain rate than some GLP-1 agents; site rotation across the abdomen, thigh, and upper arm is essential. Co-administration with insulin requires separate, non-adjacent injections. Gastric emptying delay necessitates additional barrier contraception for four weeks after initiation and each dose escalation for patients using oral hormonal contraceptives.

4. Conclusion

GLP-1-based therapies are reshaping chronic disease management and nursing practice. Given tirzepatide's dominant prescribing position in the UK, future research should evaluate long-term effectiveness, safety, and cost-efficiency of nurse-led care models specific to tirzepatide, with attention to diverse and underserved patient populations.

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[7]

PRE-OPERATIVE DIABETES OPTIMISATION IN ELECTIVE SURGERY: PATHWAY VARIATION AND STAKEHOLDER PERSPECTIVES

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Background

People with diabetes undergoing surgery are at increased risk of perioperative complications, prolonged hospital admissions and surgery cancellations. Optimising glycaemic management before surgery is essential to improve outcomes and reduce avoidable disruption to elective care. National guidance from the Centre for Perioperative Care (CPOC) recommends pre-operative glycated haemoglobin (HbA1c) <69 mmol/mol and access to diabetes specialist support. However, variation in local pathways may result in inconsistent care, delayed optimisation and inequitable access to specialist input.

Aim

This study aimed to evaluate pre-operative diabetes management pathways for adults with diabetes undergoing elective surgery within a National Health Service (NHS) Trust, assess alignment with CPOC recommendations, and explore stakeholder perspectives on barriers and facilitators influencing optimisation.

Method

A mixed-methods approach combined a clinical audit with stakeholder interviews. Retrospective data was collected from adults with diabetes attending pre-assessment clinics (n=224), with prospective follow-up over 18 weeks. Compliance with CPOC standards was assessed, including HbA1c management and referral to the Diabetes Specialist Team (DST). Semi-structured email interviews were undertaken with multidisciplinary stakeholders (n=13), including pre-assessment nurses, surgeons, anaesthetists, pharmacists and diabetes specialist nurses. Quantitative data was analysed descriptively and qualitative data using thematic analysis.

Result

Of 224 patients, 48 (21.4%) had HbA1c levels >69 mmol/mol. Only 14/48 (29.2%) received DST referral in accordance with guidance, highlighting variation in access to specialist optimisation. Among patients with elevated HbA1c, 18/48 (37.5%) experienced diabetes-related delays, 27/48 (56.3%) had no surgery date by the end of follow-up, and five experienced day-of-surgery cancellations attributed to diabetes. Among the seven patients referred promptly to the DST, HbA1c improved in all cases, with five

achieving pre-operative levels <69 mmol/mol. Stakeholder perspectives identified four themes: standardised pathways and specialist input; patient engagement and self-management behaviours; system-level gaps, delays, and optimisation; and system redesign and earlier identification.

Conclusion

Pre-operative diabetes optimisation pathways demonstrated variation despite national recommendations, contributing to delays and disruption to elective surgical care. Findings highlighted the need for earlier identification of high-risk patients, access to specialist diabetes support, multidisciplinary pathway redesign and patient-centred approaches to improve perioperative care.

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[8]

CURRENT PRACTICE AND FUTURE DIRECTIONS IN DIABETES NURSING IN ITALY: A NATIONAL SURVEY

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Background: Italy has one of the highest rates of diabetes in Europe, affecting around five million people, where nurses routinely work in diabetes care. Yet, there is limited evidence describing their current scope or aspirations for extended roles. Regional variation in care provision, combined with the absence of a clearly defined professional framework, suggest potential heterogeneity in practice.

Aim: To characterise the scope of practice of nurses working in diabetes services across Italy and explore future directions.

Methods: A cross-sectional mixed-methods questionnaire was developed based on the TREND Diabetes competency framework[1]. The survey was distributed anonymously to members of the *Operatori Sanitari di Diabetologia Italiani* (OSDI) and the *Associazione Nazionale Infermieri di Endocrinologia e Diabetologia* (ANIED), providing access to a national network of nurses working in diabetes. A total of 103 responses were analysed, with participation from multiple regions, although some areas were not represented.

Results: The workforce was weighted towards a late career stage, with 48% aged 55–64 years. Less than half reported having received diabetes training (47%), and one-fifth held formal postgraduate qualifications (20%). Most respondents were involved in direct patient care (92%), with many contributing to nurse-led care, although fewer held their own caseload. Patient education was central to practice, particularly insulin management, blood glucose monitoring, and continuous glucose monitoring, whilst involvement in insulin pump training was limited (17%). While none reported prescribing medications, 67% supported insulin titration routinely as part of education. Regression analyses showed no significant predictors of nurses' confidence across outcomes (all $p > .05$), with low explanatory power.

Qualitative findings highlighted limited role recognition or access to specialist education, and a culture of working within medically led models of care with limited nursing autonomy, despite aspirations for role extension.

Conclusion: Italian diabetes nurses play a central role in care delivery but lack access to specialist education, a national framework, and the recognition of diabetes nursing as a speciality. Addressing these factors is essential in forward planning high-quality care that responds to the increasing prevalence of diabetes in Italy.

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[9]

PERCEIVED HEALTH AND CLINICAL STATUS IN ADULTS WITH TYPE 2 DIABETES: A MULTICENTER OBSERVATIONAL STUDY

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Type 2 Diabetes (T2DM) represents over 90% of diabetes cases. It causes severe complications, and guidelines promote a multidimensional approach. Patient-Reported Outcome Measures (PROMs) assess patients' perspectives beyond medical tests, supporting self-care behaviors central to managing chronic conditions. T2DM differs from other chronic conditions because symptoms often don't appear immediately, leading to a mismatch between clinical status and perceived health. Managing T2DM is challenging, resulting in poor control and high complication rates. No studies have explored how objective clinical data and subjective perception relate within the complex self-care process.

Aim
To evaluate the relationship between clinical outcomes and perceived health using PROMs for functional and mental health, quality of life, and diabetes distress, considering self-care behaviors.

Method
A multicentre cross-sectional study was conducted in adults with T2DM.Considered clinical indicators were glycated hemoglobin (A1c) and diabetes complications. Perceived health status was measured using Short Form12, EuroQoL-5, Problem Areas in Diabetes-5 and Self Care of Diabetes Inventory. Multivariable linear regression models on perceived health status measures were used to evaluate their relationships with A1c and complications.

Results
Participants (N = 300) were mostly male (64%) with a median age of 70 years [64-77]. A1c was above the goal of < 7% (53 mmol/mol) in 36% of patients (n = 101), while 32% had at least one diabetes complication. No significant association was observed between A1c and the scales of interest. However, the presence of diabetes complications was significantly associated with lower physical status scores (β = -3.67; 95% CI: -5.94, -1.39). Self-care maintenance (β = -.31; 95% CI: -.56, -.07), self-care management (β = .21; 95% CI: .07, .35), and self-care self-efficacy (β = -.21; 95% CI: -.41, -.01) were associated with diabetes distress.

Conclusions

In T2DM patients, perceived health often misaligns with actual clinical status. Lack of symptom recognition skills can lead to poor outcomes. Future studies should enhance patient awareness and skills, even without obvious signs, to reduce complications, relapses, and hospitalizations. Healthcare professionals should support patients in becoming more aware of their health.

Keywords. Type 2 Diabetes Mellitus; Health Status Perception; SF-12; HbA1c; A1c; Diabetes complications, self-care

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[10] ORAL*

SLEEP QUALITY AND SELF-CARE IN ADULTS WITH TYPE 2 DIABETES: A MULTICENTER OBSERVATIONAL STUDY

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Background. Type 2 diabetes (T2DM) accounts for 90% of all cases. Sleep is important in diabetes management. Poor sleep quality can affect blood sugar control in people with T2DM, increasing glycated hemoglobin (A1c) and leading to diabetes-related complications.T2DM requires daily self-care behaviors, including adherence to therapies, blood glucose monitoring, diet and physical activity. Riegel's theory describes self-care in three dimensions: self-care maintenance, self-care monitoring, and self-care management. Despite evidence of a link between sleep and A1c, there is a lack of studies on the association between multidimensional sleep and self-care. It remains unclear whether this relationship influences blood sugar control.

Aim. To describe the association between overall sleep and its dimensions and self-care in patients with T2DM and to evaluate whether this relationship affects glycemic control.

Methods. A multicentre cross-sectional study was conducted using a convenience sample in adults with T2DM. We assessed glycemic control using A1c levels. Sleep quality was measured using Pittsburgh Sleep Quality Index (PSQI), and self-care behaviors was measured using Self Care of Diabetes Inventory (SCODI). Multivariable linear regression models were used to evaluate the association between sleep quality and self-care dimensions.

Results. Participants (N=300) were mostly male (64%) with a median age of 70 years [64-77]. A1C was above the goal of < 7% in 36% of patients. Poor sleep quality (PSQI > 5) was observed in 124 people (41%). Poorer overall sleep quality was associated with lower self-care maintenance (β = -.53, 95% CI -.88; -.18), whereas no significant associations were observed for other dimensions. Among the PSQI components, frequent sleep disturbances (≥3 times/week) were associated with poorer self-care maintenance (β = -11.70, 95% CI -22.97;-.43). Interaction analyses suggested that specific sleep quality components may influence the relationship between self-care behaviors and glycemic control.

Conclusions. Sleep quality is a fundamental behavioral factor that influences patients' ability to practice effective self-care. Recognizing sleep as key to T2DM management could transform care models. Incorporating sleep assessments and targeted interventions into diabetes education programs may enhance patients' engagement and improve metabolic outcomes

Keywords. Sleep quality; Type 2 Diabetes Mellitus; self-care ; Middle Range Theory; A1c; PSQI

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[11]

JOURNEY TO SUGARLAND: KNOWLEDGE MAKES YOU FREE

Project developed by

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Introduction

This project originated from an innovative idea by Dr. Maria Antonella Ferraro to introduce children to the world of diabetes and healthy eating habits through the adventures of Marco and his faithful friend, Micro.

The initiative serves as an educational tool designed to increase awareness among young readers about diabetes management and the prevention of diseases associated with unhealthy lifestyles, particularly physical inactivity and obesity. The prevalence of obesity among young people has reached alarming levels in Italy and is especially concerning in the Calabria region.

Diabetes, a chronic condition characterized by elevated blood glucose levels, has been known since ancient times. Although there is currently no definitive cure, effective treatments are available to help individuals achieve optimal glycemic control and live well with the condition.

The severity of diabetes, its progression over time, and the response to treatment vary from person to person. Today, advances in diabetes care allow people living with diabetes to lead lives that are very close to normal. However, accurate information and education remain essential to overcoming misconceptions and eliminating unnecessary limitations.

Successful diabetes management requires knowledge, awareness, self-management skills, and informed decision- making. The guiding principle is simple: **Monitor, Understand, and Act**.

Living with diabetes requires active daily engagement. Maintaining blood glucose levels within target ranges is a continuous challenge that demands commitment, resilience, and determination. Yet it is also a source of achievement and empowerment—every day of successful self-management represents a personal victory.

Proper nutrition is one of the cornerstones of diabetes education and management, both in the short and long term. Learning healthy eating habits, understanding food choices, and recognizing appropriate portion sizes are fundamental steps toward disease prevention and the promotion of

physical and psychological well-being, regardless of whether a person has diabetes.

Through this journey, Marco guides readers in discovering healthy nutrition, modern diabetes technologies, and carbohydrate counting (CHO counting).

Methods

An educational comic book was developed for use in schools. The program includes classroom-based educational sessions supported by PowerPoint presentations, videos, and distribution of the comic book to students.

Conclusions

When individuals with diabetes receive appropriate education and training in healthy nutrition, blood glucose monitoring, and carbohydrate counting, they are better able to match insulin doses to their meals. This promotes effective glycemic management, improves quality of life, and enables people to live with diabetes in a more independent and fulfilling way.

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[12]

A NURSES' PERSPECTIVE ON LIFE SATISFACTION OF PARENTS OF CHILDREN WITH TYPE 1 DIABETES MELLITUS

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Background

Parental involvement in a child's treatment influences the life satisfaction of caregivers of children with type 1 diabetes mellitus (T1DM).

Aim

This study aimed to assess the level of life satisfaction among parents of children with T1DM and to examine the impact of selected sociodemographic and medical factors on life satisfaction.

Materials and methods

The study was conducted between September 1st, 2024, and March 1st, 2025, using a questionnaire designed by the author and the standardized Satisfaction with Life Scale (SWLS). Participants were parents of children aged 2 to 18 years with T1DM.

Results

A total of 327 parents of children with T1DM participated in the study. The mean ages of mothers and fathers were 41.5±6.6 years and 44.1±7.1 years, respectively, and the average age of the children was 11.8±3.9 years. The mean duration of diabetes was 5.47±3.62 years. The median SWLS sten score was 6.0 (4.0÷7.0). Higher life satisfaction was observed among professionally active fathers, parents living in nuclear families, and parents reporting a very good financial situation. Parents of children with T1DM who consulted a psychologist, psychotherapist, or psychiatrist reported lower life satisfaction.

Conclusions

Parental life satisfaction of children with T1DM is average. The parents of children with T1DM who have lower life satisfaction more likely to seek psychological support. The study demonstrated the influence of the roles of family members (mother vs. father), the father's employment status, family structure, and the family's financial status on life satisfaction. Independent sociodemographic factors were parent / caregiver and family financial status. Due to the complexity of T1DM treatment, multidisciplinary support is critical for both children and their families. Efforts should be made to protect the mental health of children with T1DM and their parents. Nurses should develop family-centered care plans and work to reduce factors that negatively affect the life satisfaction of children and their families. A holistic and systemic approach that addresses both physical and mental health is crucial for improving the outcomes, self-monitoring results, and treatment of T1DM in children and adolescents, as well as for improving the quality of life of children and their parents.

The paper will be published in the journal *Frontiers in Endocrinology*.

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[13] ORAL*

ADVANCED NURSE PRACTITIONERS IN ACUTE DIABETES CARE IN IRELAND: IMPACT, INTEGRATION AND SUSTAINABILITY

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Background

Advanced Nurse Practitioner (ANP) is a protected and regulated title in Ireland with nurses having to meet stringent criteria to be entered onto the national nursing and midwifery register to hold such a position. ANPs are increasingly important in diabetes care. Understanding stakeholder perceptions of the ANP role is essential to inform future workforce planning, service development, and sustainability.

Aim

To explore stakeholder understanding of the ANP role in diabetes services and examine perceptions of its impact, integration, and sustainability within specialist healthcare settings.

Methods

A cross-sectional survey was conducted among healthcare professionals and stakeholders involved in diabetes services. Quantitative data were analysed using descriptive statistics, while free-text responses were analysed thematically to identify key themes relating to implementation, impact, and sustainability of ANP roles.

Results

Fifty-nine healthcare professionals, including consultants, specialist nurses, dietitians, and podiatrists, completed the survey. Respondents particularly associated the ANP role with prescribing (94.9%,n=56), autonomous clinical decision-making (91.5%,n=54), and advanced assessment and diagnosis (81.4%,n=48) with a focus those with Type 1 diabetes (73.6%,n=39), diabetes technology (62.3%,n=33), young adult diabetes care (58.5%,n=31), and complex Type 2 diabetes management (56.6%,n=30). Respondents

considered the key stakeholders for implementation of ANP posts were Consultant endocrinologists (94.9%) and Directors of Nursing (79.7%). While successful integration was perceived to require consultant support, nursing leadership, multidisciplinary collaboration, administrative resources, and clear governance structures.

Respondents reported that ANPs improved access to specialist diabetes care through reduced waiting times, increased service capacity, and enhanced access to diabetes technologies. Additional benefits included improved patient-centred care, continuity-of-care, clinical outcomes, service innovation, and workforce development. Sustainability was perceived to depend on demonstrable clinical impact, organisational and leadership support, quality improvement, education, research, and alignment with national policy priorities.

Conclusion

ANPs making a substantial contribution to specialist diabetes services through improvements in access, quality of care, service efficiency, and patient outcomes. The findings highlight the importance of strong clinical and organisational support structures, ongoing evaluation of outcomes, and investment in leadership, research, and workforce development to ensure the successful integration and sustainability of ANP roles within diabetes services.

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MULTIFACTOR RISK MANAGEMENT IN AN OBESE PATIENT WITH DIABETES MELLITUS WITH PRESERVATION OF OCULAR INTEGRITY

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Background

A 58-year-old woman of South Asian origin (Sri Lanka). With a primary diagnosis of Type 2 Diabetes Mellitus (T2DM) since March 2010 and concomitant diseases Rheumatoid Arthritis, Arterial Hypertension (140/92 mmhg), Obesity (BMI: 31.52), Dyslipidaemia (cholesterol: 229, HDL: 51, LDL:150, triglycerides: 139), Liver Haemangioma, Gallbladder Polyps and Midline Hernia.

Aim

The patient was referred to an ophthalmologist from the moment of the first diagnosis of type 2 diabetes for a specialized eye examination for diabetic retinopathy. It was shown that the woman has a complex and multifactorial clinical picture, but she did not present any particular eye problem due to diabetes although she has been living with it for 16 years (2010–2026). In recent years, she began to present cataracts, due to age-related degeneration of the crystalline lens of the eye.

Methods

The therapeutic approach focused on the simultaneous treatment of hyperglycaemia and obesity. Appropriate medication was administered, aiming at improving insulin sensitivity and cardio-renal-metabolic protection, since due to her origin she has a proven higher genetic predisposition. She was referred and a specialized ophthalmological examination of visual acuity, fundoscopy, tonometry, Optical Coherence Tomography (OCT) and Digital Fluoroangiography (FFA) is performed every six months.

Results

Our patient's results are very good in terms of the complete ophthalmological examination. She presents a visual acuity of 10/10 bilaterally. Despite prolonged hyperglycaemia (HbA1c: 9.4%), the absence of diabetic retinopathy is notable and no other ocular disorders were detected.

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EXPERIENCES AND PERCEPTIONS OF PRIMARY CARE HEALTHCARE PRACTITIONERS DIAGNOSING AND MANAGING PANCREATITIS RELATED DIABETES

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Background: There appears to be insufficient guidance to support HCPs working within primary care in the recognition and management of patients with Type 3c diabetes mellitus. A major subset of this type of diabetes, approximately 80%, is due to a history of pancreatitis. These patients are often misdiagnosed as having type 2 diabetes which can lead to poorer outcomes.

Aim
This study aims to explore how Healthcare Practitioners working in primary care diagnose and manage people who develop diabetes secondary to pancreatitis. Identifying if there are any barriers that may contribute to an incorrect diabetes diagnosis and subsequent management.

Objectives
1. To explore Healthcare practitioners' awareness of pancreatic related diabetes, and the diagnosis and management of
2. Identify if there are any barriers that may contribute to the correct diagnosis and subsequent management
3. To explore participants' experiences and perspectives on follow-up care for patients who have a history of pancreatitis and if any guidelines are followed.
4. Explore suggestions to improve awareness to support diagnosis and management

Methods
Semi structured interviews were conducted via MSTeams with a purposive sample of 6 Healthcare practitioners working within primary care in the UK who have experience of diagnosing and managing people with diabetes. Interviews were transcribed verbatim via MSTeams. Inductive thematic analysis was conducted to analyse the data.

Result
Five key themes were identified; 1) primary care HCPs knowledge of diabetes post pancreatitis; 2) care processes; 3) personal and professional impacts; 4) patient impacts; 5) suggestions to support the identification and management of patients with diabetes with a history of pancreatitis. The findings suggest that linking pancreatitis to diabetes is rarely considered in primary care and there seems to be a shortfall of guidance and protocols. Participants expressed deskilling, often due to referring patients to diabetes specialist nurses. Participants conveyed concerns over patients not being correctly managed.

Conclusion
Participants were able to identify strategies to support the diagnosis and management of patients with diabetes following pancreatitis. This deserves further exploration and implementation.

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DEVELOPING THE DIABETES INPATIENT SAFETY CHECKLIST (DISC): A CO-DESIGN APPROACH TO STANDARDISING INPATIENT DIABETES CARE

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Background
Inpatient diabetes care is complex, and variation in practice can contribute to medication errors, inconsistent monitoring, and delayed escalation. Frontline staff frequently report challenges in managing diverse diabetes presentations within busy ward environments. To support safer and more standardised care, a multidisciplinary diabetes team developed the Diabetes Inpatient Safety Checklist (DISC), a structured tool designed to guide essential aspects of inpatient diabetes management.

Aim
To develop a practical inpatient diabetes safety checklist through a structured, collaborative co-design process involving clinical staff.

Methods
A structured co-design development approach underpinned the process. It incorporated multidisciplinary workshops, rapid-cycle prototype testing, and staff feedback from usability testing. Together, these activities ensured the tool aligned with inpatient workflows. The development process involved three stages. First, the multidisciplinary team designed and refined the checklist, ensuring alignment with clinical practice. Second, usability testing was conducted in ward settings with clinical staff, who commented on clarity, ease of use, and relevance to routine care. Their feedback informed iterative revisions to strengthen usability. Third, the refined checklist was reviewed by governance groups and shared across the Trust for final agreement.

Results
Staff across multiple wards described DISC as a helpful and practical tool for supporting inpatient diabetes care. Nurses reported that it was “very useful,” “a good prompt for junior nurses,” and “helpful when you don’t know the patient and need to get to grips with their diabetes care.” Receiving wards found it particularly beneficial for early assessment. Staff also contributed constructive insights, particularly around optimising the checklist for complex or atypical presentations. These contributions strengthened clarity and usability, and overall feedback remained highly positive, with several wards expressing interest in continued use. The iterative co-design process strengthened clarity, usability, and alignment with real-world clinical workflows.

Conclusion

Through multidisciplinary collaboration and structured co-design, DISC was successfully developed as a practical, evidence-informed tool to support safer and more consistent inpatient diabetes care. The development process demonstrated strong clinical engagement and highlighted the value of collaborative design in addressing complex safety challenges.

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CO-DESIGNING STRATEGIES FOR PREVENTION, DETECTION AND MANAGEMENT OF LIPOHYPERTROPHY IN PEOPLE WITH TYPE 1 DIABETES

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Background

Lipohypertrophy is a common and clinically important adverse effect of insulin therapy, impacting insulin absorption and increasing glucose variability. People with type 1 diabetes (PWD) and healthcare professionals have limited education, support and management strategies to address lipohypertrophy at insulin administration sites. We aimed to identify key issues for PWD and healthcare professionals and priorities for development of a care pathway for lipohypertrophy.

Methods

Ten co-design workshops were conducted (PWD n=7, healthcare professionals n=2, and one combined PWD and healthcare professional workshop) using the Design Thinking framework. Workshops were recorded, transcribed and analysed iteratively using thematic framework analysis and the COM-B model.

Results

Participants included PWD (n = 13) (mean age43 (±14) years, diabetes duration 23 (±13) years) and two specialist healthcare professional teams (n=35). There was convergence of priorities between PWD and health-care professionals in four strategic areas: Education, Communication, Assessment and Practical management tools. PWD prioritised consistent, up-to- date education from diagnosis onwards, with opportunities for peer-led education; empathetic and stigma/blame-free communication; regular assessment for lipohypertrophy, including technology such as ultrasound for preventative care; and practical support for injection or pump site management. Healthcare professionals prioritised evidence-based education to support consistent messaging across care settings; guidance on language and initiating conversations about lipohypertrophy; standardised assessment approaches to detect lipohypertrophy and recording practices; and providing actionable practices to PWD.

Conclusion

Priorities for care identified by PWD and healthcare professionals highlight opportunities for future intervention. These findings will inform the development of an intervention framework to support the prevention, detection and management of lipohypertrophy.

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STIGMA AND EMOTIONAL DISTRESS IN GESTATIONAL DIABETES PREGNANCIES: FINDINGS FROM A LARGE NATIONAL SURVEY

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Background
Multiple studies have shown that women with gestational diabetes mellitus (GDM) experience stigma and emotional distress, but most existing evidence comes from small qualitative studies. This study explored these experiences through a large national survey.

Methods
An online cross-sectional survey was conducted among women who had experienced GDM within the past 5 years in the UK. Recruitment was via targeted Facebook and Instagram advertisements. The survey, comprising dichotomous, Likert-scale and open- ended questions, was informed by previous research and re-viewed by women with lived experience. Quantitative data were analysed descriptively using SPSS, and free-text responses underwent content analysis.

Results
A total of 1800 valid responses were obtained, with high completion rates. Women reported marked emotional impacts at GDM diagnosis, most commonly anxiety (68%), fear (48%), shock (46%) and upset (58%). Stigma was widespread, with many reporting guilt (60%), shame (38%) and embarrassment (48%), often linked to food choices, weight, or perceived blame. Most participants expressed strong concern that their dietary behaviours might harm their baby (72% strongly agreed) or raise glucose levels (58% strongly agreed). Postpartum, many women felt abandoned by healthcare services (36%strongly agreed), reported limited emotional support (32%strongly agreed) and described ongoing depression and anxiety (25% strongly agreed).

Conclusion
This large national survey highlights the pervasive nature of stigma and emotional distress during and after pregnancies with GDM. Interventions to reduce stigma and provide structured emotional support are needed to reduce this burden and its potential negative impact on mental and physical wellbeing.

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STRUCTURAL AND ORGANISATIONAL CHALLENGES TO PRE-PREGNANCY CARE FOR WOMEN WITH TYPE 2 DIABETES: "PREPARED" STUDY

Parsons J.[1]; Forde R.[1,2]; Famiglietti A.[1]; Williamson S.[1]; Brackenridge A.[3]; Hunt K.[4]; Hodgkinson A.[3,5]; Chamley M.[3,6]; Steele G.[7]; Winkley K[1]; Forbes A.[1]

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Background

The PREPARED study was a primary care-based intervention designed to enhance pregnancy preparation among women with type 2 diabetes. It included decision-support tools and educational resources to prompt healthcare professionals (HCPs) delivery reproductive healthcare and pre-pregnancy consultations, alongside awareness-raising materials directed at women. Informed by a complex adaptive systems framework, ongoing feedback from HCPs assessed engagement implementation and recommendations for refinement.

Methods

A longitudinal series of interviews with healthcare professionals was conducted at four distinct timepoints over a 30-month observation period. Data were analysed using Framework Analysis, underpinned by Normalisation Process Theory (NPT), which provided a theoretical lens to examine how HCPs conceptualised the intervention, engaged with its components, and collaborated as teams to facilitate implementation.

Findings

Healthcare professionals(n=45) from participating primary care practices were interviewed before and throughout the intervention period. Successful implementation depended on leadership, particularly from senior clinicians or a designated clinical champion. Staff turnover and evolving roles disrupted continuity and reduced engagement with the eLearning component. time constraints and workload pressures hindered implementation, although these were mitigated by proactive clinical leadership. Knowledge sharing within practices was informal often reliant on individual initiative, resulting in inconsistent use of the electronic health record template. Limited financial

incentives and a perceived lack of national prioritisation reduced motivation to adopt the intervention more widely.

Conclusion

Implementation of the PREPARED intervention was inconsistent and largely reliant on individual initiative rather than systematic incorporation of the provided resources. This resulted in considerable variability in the extent to which women were exposed to structured pre-pregnancy care.

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IMPACT OF A PRIMARY CARE MULTIMODAL PRE-PREGNANCY INTERVENTION FOR WOMEN WITH TYPE 2 DIABETES: PREPARED

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Background

Over half of pregnancies with pre-existing diabetes are in women with type 2 (T2DM), and approximately only 1 in 10 women with T2DM meet current NICE pre-pregnancy care (PPC) criteria. This study we tested a multimodal programme of interventions to promote reproductive and pre-pregnancy healthcare.

Methods

A multi-method approach was used to evaluate the programme using a Complex Adaptive Systems (CAS) approach. The primary care-based programme iteratively exposed general practices (n=27) with 725 women £45 years living with T2DM, to the following interventions over (30 months): a reproductive assessment prompted by an e-template integrated into the patient record, healthcare professional (HCP) education, and posters and text messages targeting the women. Performance data on PPC and contraception advice were extracted from each practice at baseline, 6, 12, 18 and 24 months.

Results

Template activation was low, with a peak of 18 activations in audit 3 with (mean estimated clinic attendance of women during each audit interval was 210). Contraception reviews were recorded 51 times, and 30 women were referred to a PPC clinic across the total audit period. During the exposure period PPC was observed in incident pregnancies at practices exposed to the programme, as follows: Folic acid 500mg (40%), HbA1c on target (28%), none were on a statin or ACE-inhibitors at booking to antenatal care.

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UNDERSTANDING BEHAVIOURAL BARRIERS TO PRE-PREGNANCY CARE IN TYPE 2 DIABETES: A COM-B ANALYSIS

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Background
Women with type 2 diabetes (T2D) require pre-pregnancy care (PPC) to optimise outcomes and minimise risk, yet PPC is inconsistently provided. The PREPARED study aimed to improve PPC delivery through a multicomponent primary care-based intervention. This analysis explored women's experiences of receiving reproductive health advice in primary care during the study.

Methods
Semi-structured interviews were conducted with women with T2D. Data were analysed using Framework Analysis and guided by the COM-B model to identify behavioural barriers and enablers to PPC.

Results
The 12 participants interviewed described limited psychological capability to engage in PPC. Most were unaware of the link between diabetes and pregnancy and relied on self-directed online research of uncertain reliability. Some reported receiving brief information about PPC, but delivery was inconsistent. Routine diabetes reviews and contraception appointments rarely addressed pregnancy planning, resulting in missed opportunities for engagement. Social opportunity was constrained by short, medically focused consultations and few proactive discussions by healthcare professionals. Reflective motivation varied with pregnancy intentions; those not planning pregnancy disengaged from PPC information, while others were motivated but lacked support. Women recommended earlier information at diagnosis, routine discussion of reproductive intentions, and dedicated PPC leads or group education to normalise PPC within diabetes care.

Conclusion
Even with targeted intervention and implementation support, PPC was not delivered consistently in primary care. Addressing persistent behavioural and

system-level barriers will require an approach that embeds reproductive health within diabetes care and provides structured education, leadership, and proactive discussion of pregnancy intentions for all women with T2D.

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CONTEXTS, TRIGGERS AND IMPACTS OF GESTATIONAL DIABETES STIGMA: INFORMING ANTI-STIGMA INTERVENTIONS

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Background

Stigma is commonly experienced by women during and after pregnancies affected by gestational diabetes mellitus (GDM). Stigma is a multifaceted phenomenon, experienced internally and through interactions with healthcare professionals (HCPs), family and friends, with negative consequences for emotional wellbeing and health behaviours. As part of a co-design study to develop anti-stigma interventions, we explored women's experiences of stigma, focussing on its contexts, triggers and impacts.

Methods

Focus groups (n=7) were conducted with women (n=35) who had experienced GDM in the last five years. Discussions were transcribed and analysed using linguistic analysis.

Results

Analysis identified four key scripts: withholding (women concealed their GDM, thoughts and behaviours to avoid judgement or shame); moralising (women felt judged by HCPs, family or friends about their condition); contestation (women experienced blame by HCPs around diet and blood glucose levels); and difference (women felt alienated from and denied a "normal" pregnancy and described reduced autonomy in care). These experiences affected women's cognitions (embarrassment, guilt, shame, anxiety, fear and frustration) and behaviours (avoidance and concealment). Interactions in GDM care (including communication around screening, blood glucose levels, medication and pregnancy choices) were identified as a major driver of stigma.

Conclusions

Stigma in GDM is pervasive, triggered in both social and healthcare contexts and has significant impacts on emotional health and health behaviours. Anti-stigma strategies are needed to reduce the impact of stigma on women's emotional and physical health and improve engagement with care.

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WHAT TO SAY / NOT TO SAY TO WOMEN WITH GESTATIONAL DIABETES: A CO-DESIGNED ANTI-STIGMA INTERVENTION

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Background
Women with gestational diabetes mellitus (GDM) frequently report feeling stigmatised by family, friends or healthcare professionals (HCPs). Stigmatising comments often imply judgement, blame or a sense of alienation from a 'normal pregnancy'. As part of a co-design study to develop anti-stigma messages, women have identified phrases that they find harmful and suggested alternatives.

Methods
Two co-design workshops were conducted with 15 women who had experienced GDM in the last five years, with discussions transcribed and analysed using Content Analysis.

Results
Stigmatising phrases from family and friends often related to eating, weight, or perceived causes of GDM ("should you be eating that?"; "you must have eaten too much - that's why you have GDM"). Women preferred affirmational, empathetic, non-judgemental and constructive alternatives such as: "tell me what you can eat" or "would you like to go for a walk?". For HCPs, women highlighted several unhelpful practices: fear / threat-based messaging; assumptions about diet, body size or ethnicity; or binary framing of blood glucose values as good or bad. Instead, they wanted communication that: normalised GDM ("this is common, it's not your fault"), promoted autonomy ("you still have choices") and conveyed empathy ("I know this is very difficult"). Women stressed the importance of avoiding judgmental attributions and unnecessarily amplifying risks to their baby.

Conclusions
Common interactions with family, friends, and HCPs can inadvertently drive stigma, undermining women's emotional wellbeing and health behaviours. Women with GDM identified counter-messages and practical communication strategies to reduce stigmatisation and support constructive, compassionate care.

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FROM WORKFORCE READINESS TO IMPLEMENTATION: DEVELOPING A NURSE-LED DIABETES CARE MODEL IN A LOWER-MIDDLE-INCOME COUNTRY

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Background
The global burden of diabetes continues to increase, particularly in lower-middle-income countries, where limited specialist healthcare workforce capacity and inadequate diabetes training challenge the delivery of high-quality diabetes care. In Pakistan, structured preparation of nurses for advanced diabetes care remains limited despite nurses constituting the largest healthcare workforce. Strengthening nurses' knowledge, confidence and readiness for expanded clinical roles is essential for developing sustainable nurse-led models of diabetes care.

Aim
To assess graduate nurses' knowledge, awareness and readiness for expanded roles in diabetes care across Pakistan and translate the findings into a structured nurse-led educational model.

Method
A national cross-sectional online survey was conducted between June and August 2025 involving 1,220 graduate nurses (1%) from 68 cities across Pakistan. Participants were recruited through professional nursing networks and digital platforms. A structured validated questionnaire assessed diabetes knowledge, confidence in clinical decision-making, professional development needs and perceptions regarding expanded nursing roles. Data were analyzed using descriptive and comparative statistical methods.

Results
The survey identified substantial enthusiasm for strengthening diabetes nursing despite important educational gaps. 69% participants reported difficulty keeping up to date with current diabetes management guidelines, while 88% strongly supported regular diabetes-specific professional education. Although 78% indicated that diabetes education was prioritized within their workplace, respondents identified limited opportunities for structured competency development. Furthermore, 84% recognized

sustained patient motivation as fundamental to successful diabetes self-management. These findings demonstrated a clear national demand for structured, competency-based diabetes education and highlighted the need to prepare nurses for advanced clinical practice. The findings directly informed the successful implementation of Pakistan's first Nurse-Led Diabetes Care Course.

Conclusion

This study demonstrates a successful translational pathway from national workforce assessment to educational innovation and implementation. The resulting nurse-led education model provided a scalable framework for strengthening diabetes nursing capacity and supporting the development of advanced nursing practice in resource-constrained settings. It also demonstrated how international investment in nursing education can catalyze sustainable workforce development, educational innovation and improved diabetes care, with potential relevance for other lower-middle-income countries.

Keywords: Diabetes Care; Diabetes Nursing; Nurse-Led Care; Advanced Practice Nursing; Workforce Development; Professional Education; Lower-Middle-Income Countries

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DETECTING HYPERGLYCAEMIA IN DEXAMETHASONE-EXPOSED CANCER PATIENTS: AN EXPLORATORY STUDY

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Background
Dexamethasone is widely used during chemotherapy to reduce chemotherapy-induced nausea and vomiting, hypersensitivity reactions and delayed toxicity. Hyperglycaemia is a recognised adverse effect of glucocorticoid therapy and may result in steroid-induced diabetes (SID), which is associated with infection, chemotherapy toxicity, poorer outcomes and hospitalisation. Despite these risks, evidence-based guidance on screening for SID during cancer treatment remains limited.

Aim
To explore the utility and feasibility of screening methods and timings for detecting SID in dexamethasone-exposed chemotherapy patients.

Methods
This exploratory observational study recruited adults with breast, colorectal or prostate cancer receiving chemotherapy incorporating high-dose dexamethasone. Participants were observed before, during and after dexamethasone exposure over three chemotherapy cycles. Continuous glucose monitoring (CGM) was used to characterise glycaemic patterns and compare HbA1c, fructosamine, 1,5-anhydroglucitol (1,5-AG), RPG, CBG, urine glucose testing and symptom reporting. SID requiring treatment was identified using the King's College Hospital SID protocol.

Results
Fifteen participants were recruited before COVID-19-related study suspension. Six participants demonstrated higher glucose exposure (HGE), of whom three required diabetes treatment. Five further participants demonstrated higher fasting-only glucose exposure (HFGE). CBG monitoring emerged as the most practical screening method for identifying hyperglycaemia and treatment-requiring SID. HbA1c exceeded the diagnostic threshold in five of six HGE cases, although three results were potentially unreliable. Other screening methods showed inconsistent performance. A ≥10% reduction in 1,5-AG was observed in four HGE cases. Optimal CBG screening times were before breakfast and before the evening meal or bedtime. While glucose variability peaked approximately 24 hours following dexamethasone exposure, participants requiring treatment

demonstrated delayed glycaemic recovery, with persistent glucose elevations on Days 4 and 5. HGE was more common in participants aged >60 years and those with impaired glucose tolerance or hypertension.

Conclusions

Twice-daily CBG monitoring following dexamethasone administration may provide a practical approach for detecting SID during chemotherapy. Delayed glycaemic recovery on Days 4 and 5, rather than peak glucose excursions alone, was associated with treatment-requiring SID and may help identify individuals requiring intervention. These findings support evaluation of risk-stratified SID screening approaches in larger oncology populations.

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STRESS AND BURDEN EXPERIENCED BY PARENTS OF CHILDREN WITH TYPE 1 DIABETES—A QUALITATIVE INTERVIEW STUDY

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Background

Parents of children with type 1 diabetes play a key role in managing their child's self-management, which can be stressful and burdensome. High involvement can lead to reactions, such as emotional, cognitive, and physical exhaustion in parents.

Understanding parents' psychosocial impact due to their child`s disease is crucial for the family's overall well-being.

Aim

The purpose of this study was to describe stress and burden experienced by parents in families with children living with type 1 diabetes.

Method

This study utilized a qualitative approach, analyzing interviews with 16 parents of children aged 10 to 17 years living with T1D through qualitative content analysis. The data collection occurred between January and February 2025.

Result

Managing a child's Type 1 diabetes can be tough on family relationships, affecting how partners interact, intimacy, and siblings' relationships. The constant stress and worry might leave parents feeling exhausted, unable to sleep, and struggling to think clearly, on top of the pain of losing a normal everyday life. The delicate balance between allowing a child with type 1 diabetes to be independent and maintaining control over their self-management renders these challenges even more demanding for the parents.

Conclusion

Parents' experiences highlight the need for robust support systems, including dependable school environments, trustworthy technical devices, reliable family and friends, and accessible healthcare guidance. These elements are essential not only for the child`s health and well-being but also for alleviating the emotional and practical burdens parents face.

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SUPPORTING CHANGE IN A COMPLEX REALITY: SPECIALIST NURSES' EXPERIENCES OF COUNSELLING PATIENTS AT RISK OF TYPE 2 DIABETES

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Background
Specialist nurses in primary health care play a crucial role in helping individuals at risk of type 2 diabetes adopt healthier eating habits. Although the importance of dietary counseling for prevention is well recognized, little is known about how Specialist nurses experience providing tailored advice that takes into account gender, cultural background, and patients' daily circumstances.

Aim
To explore specialist nurses' experiences in delivering individualized dietary advice to patients at risk of type 2 diabetes, with attention to gender, culture, and contextual factors influencing**.**

Method
A qualitative design was used, based on semi-structured interviews with specialist nurses working in Swedish primary health care. Participants were recruited through snowball sampling, and data were collected between August and November 2025. Interviews were analyzed using qualitative content analysis, following Graneheim and Lundman.

Result
One overarching theme emerged: "A complex task to adapt to the various patients' life situations without additional education and encouragement." Four themes, with a total of 12 subthemes, showed how SNs used patient-centered strategies, considered gendered and multicultural influences, faced clinical and motivational challenges, and requested improved organizational

and educational support. SNs highlighted empathy, small-step goal setting, and person-centered communication, but noted that limited time, patient demotivation, socioeconomic barriers, and cultural complexity hindered the effectiveness of counseling. They expressed a strong need for cultural competence training, accessible, up-to-date resources, and organizational backing for the prevention work.

Conclusion

Specialist nurses are dedicated to promoting healthy eating but face structural, cultural, and motivational barriers that limit the effectiveness of dietary prevention efforts. Diabetes prevention requires both personalized behavioral support and system-level changes. Strengthening organizational structures, improving access to culturally adapted materials, and adopting collaborative models can significantly enhance preventive care.

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BARRIERS TO WEIGHT LOSS IN TYPE 2 DIABETES PATIENTS RECEIVING GLP-1 THERAPY

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Background
Glucagon-like peptide-1 (GLP-1) receptor agonists are widely used in the management of type 2 diabetes and obesity, demonstrating significant benefits in weight reduction and glycaemic control. However, in clinical practice, a proportion of patients experience minimal or no weight loss despite appropriate prescribing.

Aim
To explore factors contributing to suboptimal weight loss in patients with type 2 diabetes receiving GLP-1 receptor agonist therapy in a primary care setting.

Method
A reflective clinical review was undertaken based on advanced nursing practice in diabetes management. Patients prescribed GLP-1 receptor agonists over a 12-month period were considered to identify patterns associated with reduced weight response. Clinical, behavioural, and metabolic factors were reviewed.

Result
Multiple contributing factors were identified, including persistent insulin resistance, metabolic adaptation, and the use of concomitant medications associated with weight gain. Variability in individual response, challenges with adherence, and mismatches between patient expectations and pharmacological effects were also observed. Psychosocial influences and difficulties integrating lifestyle changes further contributed to outcomes.

Conclusion
Suboptimal weight loss in patients receiving GLP-1 therapy is multifactorial and extends beyond pharmacological efficacy. A holistic, individualised approach is required, incorporating metabolic assessment, medication review, and patient education. These findings highlight the need for tailored strategies to optimise outcomes in diabetes and weight management

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UPTAKE OF HYBRID CLOSED LOOP IN YOUNG PEOPLE WITH TYPE 1 DIABETES: A CLINICAL AUDIT

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Background
Type 1 diabetes (T1D) presents significant challenges for young people (YP), who are at increased risk of physical and mental health complications. Hybrid closed loop systems (HCL) improve glycaemic control and quality of life. National guidelines recommend proactively offering HCL to all eligible YP, but access remains inequitable due to socioeconomic factors, healthcare professional bias, and service capacity.

Aim
To evaluate whether the local YP diabetes service meets the national standard that 100% of patients aged 16–17 years with T1D are offered HCL, and to identify barriers to HCL offer and uptake, as well as opportunities for service improvement.

Methods
A standards-based audit of electronic health records assessed offer and uptake of HCL. Surveys of healthcare professionals and YP explored attitudes, experiences, and perceived barriers. Quantitative data were analysed using descriptive statistics, and free-text responses underwent Qualitative Content Analysis.

Results
Of 98 YP audited, 45 (46%) used HCL. Of the 53 non-users, 48 (90.6%) had been offered HCL, falling short of the 100% standard. Most non-users had not completed structured education, a local prerequisite for referral. Healthcare professional surveys highlighted assumptions about readiness, literacy, and safety as barriers to offering HCL, while YP surveys emphasised lack of information, limited shared decision-making, and practical concerns. A disconnect between healthcare professionals and YP perspectives was evident.

Conclusion: This audit identified suboptimal HCL offering and uptake among YP, with gaps in structured education and misalignment between YP and healthcare professional perspectives. Bias and assumptions among healthcare professionals also influenced access, underscoring the need for anti-bias training and strengthened shared decision-making, with learning relevant to other services implementing HCL technology.

Findings led to service improvements, including *Tech Cafes* – informal, peer-supported technology information sessions - with positive feedback. Planned interventions include reviewing HCL referral pathways, enhancing education provision, and re-audit to complete the audit cycle and encourage continued and sustained improvement. Broader policy changes and research are needed to address systemic inequities and optimise HCL access for YP.

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SPIRITUAL WELL-BEING AND FOOT CARE SELF-MANAGEMENT IN OLDER ADULTS WITH DIABETES

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Background
Older adults with diabetes are at increased risk of foot complications, and adherence to foot care self-management is essential for prevention. While spiritual well-being has been associated with positive health behaviours, its relationship with foot care self-management in this population remains underexplored.

Aim
This study aimed to examine the relationship between spiritual well-being and foot care self-management among older adults with diabetes.

Methods
This descriptive-correlational study included 155 older adults with type 2 diabetes recruited from a public hospital in Türkiye. Data were collected through face-to-face interviews using the Functional Assessment of Chronic Illness Therapy–Spiritual Well-Being Scale (FACIT-Sp-12) and the Foot Care Scale for Older Diabetics (FCS-OD). Data were analysed using Pearson's correlation and linear regression analyses.

Results
Spiritual well-being was positively correlated with foot care subscales, including attention to wounds ($r = .29$), skin condition ($r = .32$), nail clipping ($r = .36$), as well as total FCS-OD scores ($r = .35$) (all $p < .001$). Linear regression analysis indicated that spiritual well-being was a significant predictor of foot care self-management ($p < .001$), explaining 12% of the variance.

Conclusion
Spiritual well-being was positively associated with foot care self-management among older adults with diabetes. These findings suggest that considering patients' spiritual well-being as part of a holistic assessment may help diabetes nurses identify individuals who may require additional support for foot care practices. Further research is needed to examine whether interventions targeting spiritual well-being can influence self-management outcomes.

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TEACHER PREPAREDNESS FOR SUPPORTING STUDENTS WITH TYPE 1 DIABETES IN JORDAN

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Background

Safe school participation for children with type 1 diabetes requires adults who can recognise acute events and support routine care. In many settings, teachers may be the first responders during school hours, but their practical preparedness is uncertain.

Aim

To assess diabetes-related knowledge, attitudes, emergency readiness and routine school practices among schoolteachers in Jordan, and to examine how these domains were related.

Method

A cross-sectional online survey was conducted between February and April 2026 among teachers from public and private schools in Jordan. The final sample included 604 teachers. Composite scores were calculated for knowledge, attitudes, emergency readiness and routine practices. Covariate-adjusted path analysis was performed using full information maximum likelihood.

Results

Participants had a median age of 43 years; 88.6% were women and only 15.9% had received previous diabetes-related training. Median scores were 11/14 for knowledge, 43/50 for attitudes, 23/35 for emergency readiness and 24/30 for routine practices. Knowledge was associated with more favourable attitudes (standardised beta=0.374, $p<0.001$), while attitudes were associated with better emergency readiness (beta=0.141, $p<0.001$) and routine practices (beta=0.244, $p<0.001$). Prior diabetes-related training was also associated with higher attitude, emergency readiness and routine practice scores. Despite generally positive attitudes, reported school preparedness was limited: only 12.3% reported school nurse availability, and confidence was lower for severe emergencies such as unconsciousness and glucagon administration.

Conclusion

Jordanian teachers were willing to support students with diabetes, but willingness was not matched by consistent emergency readiness. The findings support structured, practical training for school staff, including severe hypoglycaemia response and glucagon use, alongside written school protocols and stronger links with diabetes nurses, educators and parents.

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QUALITY, RELIABILITY AND CONTENT COMPREHENSIVENESS OF DIABETIC FOOT VIDEOS ON YOUTUBE

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Background
Diabetic foot is a major cause of diabetes-related ulceration, infection, hospitalization, and lower-extremity amputation. Prevention, patient education, and self-management are essential components of diabetic foot care. YouTube provides extensive health-related content and may be encountered by individuals seeking information about diabetic foot. However, evidence regarding the quality, reliability, and comprehensiveness of diabetic foot–related YouTube content remains limited

Aim
To evaluate the quality, reliability, and content comprehensiveness of diabetic foot–related videos available on YouTube.

Methods
In this cross-sectional study, a structured YouTube search was conducted using seven diabetic foot–related keywords. Of 700 videos screened, 82 met the inclusion criteria. Video quality, reliability, and content comprehensiveness were independently assessed by two researchers using the Global Quality Scale (GQS), modified DISCERN instrument, and Comprehensiveness Assessment Tool for Diabetic Foot (CAT-DF). Data were analysed using descriptive statistics, intraclass correlation coefficients (ICC), Spearman correlation analysis, and the Mann–Whitney U test.

Results
Of the 82 included videos, treatment (80.5%), risk factors (79.3%), and disease definition (74.4%) were the most frequently addressed topics. In contrast, prevention (23.2%), patient education and follow-up (23.2%), and classification (24.4%) were addressed in only about one-quarter of videos. Mean GQS, modified DISCERN, and CAT-DF scores were 3.65±0.77, 3.51±0.90, and 3.70±1.02, respectively. Inter-rater agreement was high across all assessment tools (ICC=0.823–0.851; $p<0.001$). View count was positively correlated with DISCERN ($r=0.270$, $p=0.014$) and CAT-DF scores ($r=0.235$, $p=0.034$). Similar associations were observed for likes and both DISCERN ($r=0.258$, $p=0.019$) and CAT-DF scores ($r=0.227$, $p=0.041$).

Conclusion
YouTube videos on diabetic foot demonstrated moderate quality, reliability, and content comprehensiveness. However, prevention and patient education

content were markedly underrepresented despite their importance in diabetic foot care. These findings highlight gaps in the coverage of key components of diabetic foot prevention and self-management on YouTube and underscore the need for reliable digital educational resources

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[34] ORAL*

UNDERSTANDING BARRIERS AND FACILITATORS TO PARTICIPATION IN A DIABETES PREVENTION PROGRAM AFTER GESTATIONAL DIABETES USING A GENDER-TRANSFORMATIVE *LENS*

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Background
Lifestyle-based diabetes prevention programs (DPPs) reduce the risk of type 2 diabetes (T2D) among women with prior gestational diabetes (GDM). According to Pederson's gender-transformative health promotion framework, health is shaped by gendered determinants, including biological, social-cultural, and environmental factors. Postpartum, women may face structural and contextual barriers to risk reduction beyond their control, such as the demands and expectations of motherhood.

Aim
To understand women's expectations, needs, challenges, and hopes for a DPP after GDM, and how biological, social-cultural, and environmental factors influence participation.

Methods
This qualitative descriptive study used purposive sampling to recruit postpartum women with recent GDM enrolled in a multi-centre DPP in Ontario, Canada. One-on-one, semi-structured interviews were conducted, and analysis occurred concurrently with data collection using directed content analysis, informed by Pederson's gender-transformative health promotion framework.

Results
To date, six participants have completed interviews. Preliminary findings map to three gendered health determinants: biological; social-cultural; and environmental. Biologically, participants expressed concern that non-modifiable risk factors (e.g., ethnicity) would influence their risk of T2D. Socially and culturally, caregiving-related expectations limited the time available for women to focus on their health. Environmentally, participants highlighted challenges related to return to work, including their ability to

breastfeed, which is associated with reduced T2D risk. Further interviews are being conducted to expand on and validate these themes.

Conclusions

Despite motivation for behaviour change, our findings highlight how gendered constraints can impede women's engagement in DPPs after GDM. Woman-centred, culturally responsive approaches that reflect women's daily realities should inform the delivery of DPPs to promote equitable health outcomes.

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TYPE 1 DISORDERED EATING (T1DE) IN ADOLESCENTS: PERSPECTIVES AND EXPERIENCES OF DIABETES SPECIALIST NURSES IN FINLAND

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Background
Type 1 Disordered Eating (T1DE) refers to disordered eating behaviours specific to people with type 1 diabetes (T1D), including the intentional restriction or omission of insulin to lose weight. Up to 40% of individuals with T1D may be affected, increasing the risk of severe hyperglycaemia, life-threatening diabetic ketoacidosis, and long-term complications. Finland has one of the highest global incidence rates of T1D, and Diabetes Specialist Nurses (DSNs) are often primary caregivers for adolescents in this group. As such, DSNs are uniquely positioned to provide valuable clinical insights into T1DE, including their perspectives, experiences, and perceived barriers and facilitators to delivering effective care.

Aim
To explore Finnish DSNs' perspectives and experiences of T1DE among adolescents in two regions of Finland.

Methods
This qualitative study involved semi-structured interviews with seven DSNs experienced in adolescent T1D care. Data were organised using NVivo (version 14) and analysed using Braun and Clarke's six-step thematic analysis (2006).

Results
Four themes were identified: (1) awareness and perceptions of T1DE, (2) barriers to effective care, (3) facilitators to care, and (4) care solutions and recommendations. Findings suggested that awareness of T1DE is still developing with some uncertainty evident, alongside low confidence in discussing disordered eating behaviours with adolescents, partly due to concerns about inadvertently triggering such behaviours. Participants reported insufficient training opportunities, limited support, and a lack of clear clinical guidelines. Suggested improvements included enhanced training and mentorship, which supports normalising routine conversations about T1DE, implementing early screening for disordered eating within

clinical guidelines, and allocating sufficient appointment time with familiar multidisciplinary healthcare providers, enabling continuity of care.

Conclusions

Awareness of T1DE among DSNs appeared variable. However, participants were able to identify clear barriers and practical solutions to improve identification and management. These findings may increase awareness, inform training and clinical guidelines, and improve outcomes and continuity of care for adolescents with or at risk of T1DE in Finland. They may also offer insights for comparable clinical settings within and outside Finland.

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UNCOVERING THE PSYCHOSOCIAL IMPACT OF DIABETES. USING TAILORED VISUAL DIALOGUE TOOLS IN CONSULTATIONS WITH PEOPLE WITH ADULT-ONSET TYPE 1 DIABETES

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Background
Psychosocial challenges related to adult-onset type 1 diabetes (T1D) are not systematically addressed in diabetes consultations. Addressing psychosocial aspects of T1D at onset may improve well-being and prevent development of severe diabetes distress. Using dialogue tools systematically may help health professionals to identify and support psychosocial needs.

Aim
This study aimed to explore health professionals' experience of using tailored visual dialogue tools to facilitate conversations about the psychosocial impact of diabetes in consultations with adults recently diagnosed with T1D.

Methods
Two visual dialogue tools tailored to the psychosocial needs of people with adult-onset T1D, developed in a previous co-design study, were used in consultations in five diabetes specialist clinics in Denmark (n=3) and the United Kingdom (n=2). The tools were used in two face-to-face consultations held within the first year of diagnosis. Sixteen health professionals (diabetes specialist nurses (n=13), consultant (1), dieticians (n=2)) were interviewed about their experience of using the tools and the impact they had on consultations. Transcribed interviews were analysed thematically.

Results
The health professionals found that the visual dialogue tools: 1) supported dialogue about person-specific psychosocial challenges that were not usually brought up in consultations, 2) facilitated understanding and acknowledgement of the interdependence between bio-psycho-social aspects of diabetes, and 3) helped normalize feelings and reactions related to living with T1D. Uncovering psychosocial challenges highlighted person-specific support needs and increased the health professional's understanding of the impact of diabetes on the person's life, enabling tailored self-management and emotional support. The health professionals emphasised the importance of training in facilitating conversations with the tools and supervision to share experiences and learn from each other. Back up from management

e.g. prioritising psychosocial conversations and allocating time for training were essential for implementation.

Conclusion

Dialogue tools in consultations between people with adult-onset T1D and health professionals enable supportive communication about psychosocial issues related to a new life with T1D. Training in person-specific communication techniques, supervision and management support are essential for implementation.

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SYSTEMATIC REVIEW TO CLASSIFY TYPE OF INSULIN ERRORS AFFECTING PEOPLE WITH DIABETES IN ARAB COUNTRIES

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Background

Insulin, a high alert medication (HAM), is associated with errors, but their definition, classification, and causes are unclear, especially in Arab countries, increasing risks to people with diabetes.

Aim

The aim of this review was to provide a comprehensive evaluation of documented insulin errors and classification techniques to address these issues.

Methods

An electronic search was initiated in Ovid, Embase, and adapted for CINAHL, MEDLINE and Google Scholar. All empirical studies in English or Arabic, which described, quantified or evaluated prescriptions related to insulin errors in Arab countries were included. Data were synthesised by narrative description.

Results

Sixteen studies were included in the review, which identified several common causes of insulin errors, with prescribing errors being the most reported. In Saudi Arabia, errors included incorrect frequency and improper dosing of insulin, while in Egypt, lack of knowledge of HAMs, unsatisfactory practices, and low adherence to safety protocols were common. Hyperglycaemia or hypoglycaemia were the main outcomes of insulin errors, which often led to hospitalizations. Studies across countries varied in terms of reported prevalence. For example, in Sudan, there was a 60% prevalence of prescription and dose-related errors, with severe cases in hospitalized patients. In Algeria, over 77% of patients reported missing their insulin injections, and many reused insulin pen needles, raising the risk of lipo-hypertrophy and infection. In Qatar, 80% of patients were kept on Sliding-scale insulin (SSI) for more than 48 hours, with notable rates of both hypoglycaemia and hyperglycaemia.

Conclusion

Insulin errors are a significant issue in healthcare settings in Arab countries, with a high prevalence of errors and complications. This review also

uncovers practical and educational gaps among healthcare professionals. To mitigate burden of insulin-related errors, a complex multi-level approach is warranted.

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USING COGNITIVE INTERVIEWS TO REFINE A PATIENT-REPORTED OUTCOME MEASURE OF SEXUAL EXPERIENCES IN WOMEN WITH TYPE 1 DIABETES

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Background
Patient-reported outcome measures (PROMs) should accurately capture the experiences and perspectives of the target population. Cognitive interviewing is a key stage in PROM development, providing evidence of content validity by evaluating how respondents understand, process and answer questionnaire items. This study reports the cognitive interview phase undertaken during the development of the Female Sexual Experience in Diabetes Type 1 (FSEDiT-1)**,** a PROM designed to assess the sexual experiences of women living with type 1 diabetes.

Aim
To evaluate the clarity, comprehensibility, relevance and interpretability of the FSEDiT-1 items and refine the questionnaire based on participant feedback.

Methods
A qualitative cognitive interviewing approach was used. Women with type 1 diabetes were recruited through purposive sampling via social media platforms. Cognitive interviews were conducted between May and June 2024 using a combination of think-aloud techniques and concurrent verbal probing, enabling participants to explain their thought processes while responding to each questionnaire item. Interviews explored participants' comprehension of the questions, retrieval of relevant information, judgement when selecting responses, and the overall acceptability of the questionnaire. Data were analysed using the text summary method, with findings organised within a structured matrix to identify issues requiring modification. Revisions were made iteratively across three rounds of interviews.

Results
Thirteen women participated across three rounds of cognitive interviews: five in the first round, five in the second, and three in the final round. The first round evaluated 34 questionnaire items. Minor revisions were made to

nine items, primarily involving wording, clarity and the comprehensiveness of specific terms. Following these revisions, the second round identified three additional items requiring minor refinement. The final round confirmed that the revised questionnaire was well understood, relevant and acceptable to participants, with no substantial concerns regarding interpretation or response options.

Conclusions

Cognitive interviewing proved to be an essential component of the FSEDiT-1 development process. Participant feedback informed iterative refinements that enhanced the clarity, relevance and content validity of the questionnaire. The findings support the acceptability of the FSEDiT-1 among women with type 1 diabetes and demonstrate the value of cognitive interviewing in developing robust, patient-centred PROMs.

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