

## Resources presentations on type 1 diabetes

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### Resources presentations on type 1 diabetes

#### ***“What can I help you with today?”***

When asked this question, a client with type 1 diabetes may reply with any number of responses, calling for the dietitian to have a range of specific skills in:

- Teaching carb counting
- Hyper- and hypo-glycaemia management
- Macronutrients and insulin dosing strategies
- Meal planning
- Insulin pumps
- Psychosocial and mental health challenges
- Coordinating multiple nutrition needs eg. pregnancy, coeliac disease, an eating disorder, foot ulcer and gastroparesis
- Glucose control for exercise

Living with type 1 diabetes is life-long and can be exhausting. This client has the dual experience of being the **expert of their management** and being at **high risk of diabetes burnout**. And while they are best placed to identify their health and life priorities, the dietitian plays a vital role in supporting that self-management.

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### Disordered eating and eating disorders in type 1 diabetes

**Helen d'Emden, AdvAPD, CDE, MPhil**

- Prevalence and contributing factors
- Consequences
- Prevention
- Screening and assessment
- Interventions

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### Psychosocial screening for type 1 diabetes

**Helen d'Emden, AdvAPD, CDE, MPhil**

- Diabetes management guidelines
- Psychosocial challenges for people with diabetes and effects on health outcomes
- Resources to guide psychosocial screening
- Example of a psychosocial screening tool
- Case studies

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### Type 1 diabetes: Managing tricky meal combinations

**Dr Carmel Smart, PhD, APD**

- Counting Carb: Accuracy needed to prevent hyperglycaemia
- Multiple daily injections and Pump therapy: Insulin dosing strategies which work best for fat and protein
- Common meal behaviours in people achieving target BGLs

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### Dietary considerations in T1DM pregnancies

**Sally Marchini, APD**

- The importance of pre-conception planning
- Awareness of other issues associated with pregnancy in T1D
- The differences in CHO counting/meal planning
- Focus for each of the three trimesters
- Focus post-birth

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### Type 1 diabetes and exercise: case study

**Steve Flint, APD, ASD**

Tom is a 15 year old who was diagnosed with type 1 diabetes at 8 years of age. He participates in athletics at a high level and plays AFL football. In this case, Steve describes individualising Tom's BGL targets around Tom's realistic fear of hypoglycaemia when on the athletics track.

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### Managing athletes who have type 1 diabetes

**Steve Flint, APD, ASD**

- Blood glucose targets for exercise
- Effects of different types of exercise on BGLs
- Combining both sports and diabetes nutrition knowledge
- Working in a multidisciplinary team
- Understanding dietetic scope of practice and therapeutic boundaries
- Where to get professional training, supervision and support

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### Gastroparesis and dysmotility disorders

**Dr Sharon Carey, PhD, APD**

- Definition, diagnosis and aetiology of dysmotility disorders, including gastroparesis
- Signs and symptoms of dysmotility disorders
- Exploration of comorbidities such as diabetes, coeliac disease and disordered eating
- Medical management including medications, and procedures, including gastric pacemakers.
- Nutritional management including oral, enteral and parenteral pathways as well as lifestyle considerations.

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### Insulin pumps

**Dr Carmel Smart, PhD, APD**

- How insulin pumps work
- Insulin regimens and nutritional management
- What to teach a client commencing on an insulin pump
- Continuous glucose monitoring
- Troubleshooting insulin pumps

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### Type 1 diabetes: case study

**Robyn Perlstein, APD**

Sophie is a 29 year old woman with type 1 diabetes. She was diagnosed with type 1 diabetes at the age of 8. At 19 she developed coeliac disease and retinopathy. At 23 she was diagnosed with gastroparesis, IBS, lactose intolerance and a soy allergy. At 24 peripheral neuropathy, microalbuminuria, hyperferritinaemia and an eating disorder.

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### Hypoglycaemia in diabetes

**Catherine Amadio, RN, CDE**

- Glycaemic targets and monitoring blood sugar levels
- Causes (decreased oral intake, change of medication regime or activity, food and stress)
- Management of hypoglycaemia, including emergency situations
- Follow-up care

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### **LADA: Latent Autoimmune Diabetes of Adulthood**

**Catherine Amadio, RN, CD**

- Definition of LADA
- Diagnosis of LADA
- Features and traits of LADA
- How LADA is treated

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### **Nutrition and diabetic foot ulcers**

**Josephine Pizzinga, APD and Kate Hawkins, Podiatrist**

Definition, prevalence and implications of a diabetic foot ulcer

Risk factors affecting wound healing and adequate nutrition

The Role of the Podiatrist for diabetic foot ulcers:

- Assessment and screening
- Texas classification system
- IPC Health High Risk Foot Clinic (HRFC)

The Role of Dietitian in diabetic foot ulcers:

- Nutritional screening and management
- Evidence how to manage wounds/ulcers

Things to consider when providing management:

- Exudate
- Hydration
- Hyperglycaemia
- Obese clients
- Laboratory values

How to work together in a multidisciplinary team

Charcot and nutrition

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### DAFNE - Dose Adjustment For Normal Eating

**Eileen Collins, RN, CDE**

- A DAFNE (Dose Adjustment For Normal Eating) overview:
- What's new in DAFNE
- Blood glucose targets and the DAFNE diary
- How to apply carbohydrate counting in DAFNE
- How insulins work
- DAFNE case study

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### Type 1 diabetes and coeliac disease

**Sally Marchini, APD**

- Prevalence of type 1 diabetes and coeliac disease
- Specific issues for people with type 1 diabetes and coeliac disease
- Everyday practical tips
- Resources and continuing care

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