



## Baker IDI @ Alice Springs

### From the Director

Dear Colleagues

When we met recently in Alice Springs, you expressed interest in a regular forum for information sharing about diabetes and cardiovascular health.

With this message, I would like to take the first steps to developing a quarterly e-news bulletin from Baker IDI, designed to share knowledge about prevention and treatment of chronic diseases affecting indigenous communities.

In this first edition, we report on the outcomes of our recent symposium and provide a brief update on the Institute's work in Alice Springs.

Over the coming months, we aim to refine this bulletin and archive the files on our website for future reference.

In the meantime, we would like to learn about your needs and how we might meet them. If you have an area of interest you would like to see addressed in our e-news (replace with circular name) or if you would like to contribute news and information please contact Kathy Mott at [kathy.mott@bakeridi.edu.au](mailto:kathy.mott@bakeridi.edu.au) or 08 8462 9720.

We look forward to engaging with you on the pressing health care issues that face you and your colleagues in Central Australia.

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## First Educational Symposium A Success



Since we met in October, Baker IDI has assembled a team to review and action the recommendations arising from the symposium.

Your input into the event evaluation has been extremely valuable in helping us identify and prioritise the opportunities to bring real benefit to the community.

Thank you for taking the time to complete your evaluation form. The feedback was extremely constructive and very encouraging. A full report is available on our website here:

[http://www.bakeridi.edu.au/alice\\_springs/](http://www.bakeridi.edu.au/alice_springs/)

Baker IDI would also like to thank our partners and sponsors for the event, including the Northern Territory Government, Sanofi Aventis, Lilly, Servier and Merck Sharp & Dohme. We know they are as committed as we are to facilitating education and information sharing with a view to achieving better health outcomes for indigenous communities.

We are currently consulting with a number of stakeholders about the content and audience for the next event and will be using the feedback from the symposium to ensure we meet a high priority local need and target the educational content appropriately. Your views on this are most welcome.

Many of the ideas we heard at the symposium and in other meetings in Alice Springs have convinced us that our team have a role to play in adding value to the current services, education, research and advocacy in Central Australia. The challenge is how to do so in a education, research and advocacy in Central Australia. The challenge is how to do so in a responsible way. There are some things we can commit to immediately, such as planning another educational symposium. There are others, such as clinical services and diabetes education that require long term planning, negotiation for resources and careful implementation.

We are committed to adding value to the efforts of those of you who are already working hard in Alice Springs to make a difference to the health of Indigenous Australians.



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## News from Baker IDI Centre for Indigenous Vascular and Diabetes Research

These are both exciting and challenging times in Indigenous health. On the one hand we have significant dollars and efforts being expended by all governments to “Close The Gap”. On the other hand, every day we are still seeing and experiencing major tragedies in the lives of Indigenous people here in Central Australia. Baker IDI in Alice Springs continues to chip away at these problems. Below are several of our studies that demonstrate how we are approaching the development of knowledge and solutions to some serious problems.

### **Men’s Hearts and Minds Study**

This study has spent four years documenting the manifestations and expressions of stress and depression in Aboriginal men in Central Australia, with a view to identifying the links between depression and heart disease risk factors. We are now seeking funds to recruit men who have had heart attacks, in order to explore the pathways between disadvantage, depression and heart disease and the potential role of these factors in explaining poor outcomes for Aboriginal people.

### **Heart of the Heart**

The overarching aim of this program is to quantify the burden of heart disease and heart failure in Aboriginal communities in Central Australia and to develop novel approaches to managing elevated risk and documented heart disease. The first element of this program aims to determine the prevalence of heart failure in a representative sample of Aboriginal adults. As of December 2009, 437 Aboriginal men and women have been recruited and assessed. We are now approaching our community partners to develop a proposal that seeks funding for outreach, family-based education and care from advanced cardiac nurses with a view to reducing acute cardiovascular events.

### **The Kanyini Vascular Collaboration (KVC):**

KVC is a Health Services Research program aimed at reducing barriers to care for Indigenous people with or at risk of chronic disease. The program is being conducted in collaboration with 16 Aboriginal Primary Care Services across WA, NT, NSW and QLD and the George Institute (Sydney).

Currently, the program involves three inter-related studies, including:

- 1) An audit of the identification and management of Cardio Vascular Disease, Diabetes Mellitus and Chronic Kidney Disease in Aboriginal primary care (almost 1200 individuals);
- 2) a detailed qualitative investigation of barriers and enablers to chronic disease care, and
- 3) the POLYPILL randomized controlled trial of a single tablet containing aspirin, a statin and two anti-hypertensive therapies.

We will be recruiting patients in early 2010.



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## Other News From Baker IDI

Of the thirteen NHMRC Project Grants that were successful for Baker IDI in the latest round, three are specifically relevant to Baker IDI's work in Central Australia:

### **Diabetes Management through Aboriginal Medical Services**

1. Professor Sandra Eades will be leading a national team to implement a five-year study which is a cluster randomised trial to test a systems-based collaborative for type 2 diabetes among Indigenous Australians. This study will involve working with Aboriginal Medical Services throughout Australia in trialing this approach.

### **Two Novel Therapies for Diabetes**

2. Professor Bronwyn Kingwell will be undertaking research at a more basic science level looking at "Novel Metabolic Actions of HDL with Therapeutic Potential for Type 2 Diabetes".
3. Associate Professor Markus Schlaich will be undertaking work on sympathetic nervous system inhibition for the treatment of diabetic nephropathy.



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## Continuing Professional Education

One of the strong messages we received from many of you at the symposium was your hunger for high quality educational material. Therefore we have sourced articles that we believe would be of use in your everyday practice. Any ideas for other materials and topics would be appreciated.

### **Education material**

#### **1. Australian Doctor - 20 June 2008 - How to Treat Type 2 Diabetes**

*This article was prepared by Dr Neale Cohen, who is a specialist at the Baker IDI Diabetes Clinic in Melbourne. Neale spoke at the symposium in Alice Springs. Baker IDI appreciates the permission of Australian Doctor to make this "How to Treat Type 2 Diabetes" material available for reproduction. [Click here to access the article](#)*

#### **2. Cardio Vascular Outcomes Studies in Type 2 Diabetes – Dr Neale Cohen**

*This article was also prepared by Neale Cohen and appeared in a number of general practice newsletters earlier this year. In the last twelve months a number of cardiovascular outcome studies on Type 2 Diabetes were completed. These studies were designed to answer the question "What are the benefits of intensive glycaemic control in type 2 diabetes?" Rather than answer this definitively, these studies have raised further questions about the benefits of tight glycaemic control.*

The three cardiovascular outcome studies that were completed in 2008 were the ACCORD, ADVANCE and VADT trials.

**The ACCORD trial** was a study of over 10,000 patients who were randomised to intensive control or standard control groups. The glycaemic target of the intensive group was HbA1c of  $\leq 6\%$ . The Study was stopped prematurely because of increased mortality in the intensive group. The reason for the increased mortality is not clear and many regard this as a statistical anomaly of questionable significance. There was however, no difference in the primary end point between the two groups. Non fatal myocardial infarction was reduced in the intensive group by 24% however paradoxically cardiovascular death was increased in the intensive group by 35%. [Click here to access the ACCORD Abstract](#)

**The ADVANCE trial** was similarly a study of the effects of intensive glucose controls on cardio vascular outcomes in over 11,000 patients with type 2 diabetes. The target HbA1c in the intensive group was  $\leq 6.5\%$ . In this trial there was a lower incidence of micro vascular outcomes over the five year period in the intensive group. There was however no difference in major macro vascular events or mortality. [Click here to access the ADVANCE Abstract](#)

**The Veterans Affairs Diabetes Trial (VADT)** enrolled over 1700 military veterans with type 2 diabetes looking at cardio vascular outcomes over a follow up period of 5.6 years. In this Study there was no difference in mortality, major cardio vascular outcomes or micro vascular outcomes. [Click here to access the VADT Abstract](#)

To add to these three trials we have the ten year follow up of the UKPDS Study. This landmark trial was designed to look at outcomes in type 2 diabetes with intensive glucose control. Over 5000 patients were followed from the completion of the study in 1997, from which both time both patient groups resumed usual care. At the beginning of the ten year follow up period HbA1c level in the intensive group was 7.0% compared with 7.9% in the conventional group. Thereafter, as both groups had completed the trial there was no significant difference in HbA1c for the duration of the follow up. Despite this the legacy of intensive glucose control continued with persisting benefits for micro vascular disease and increased benefits for macro vascular disease. Furthermore, all cause mortality was reduced by 13% in the intensive group, a benefit not seen at the end of the trial period.

All of this information provides a confusing picture of the effects of tight glycaemic control on cardiovascular outcomes. The main message appears to be that very long term outcomes look promising, however for shorter term benefits (i.e. five years or less) for cardio vascular disease look doubtful. Caution should therefore be used for lowering glucose aggressively particularly in the older age groups and more attention should be focused on other cardio vascular risk factors. In younger patients however very long term outcomes and the legacy effects of tight glycaemic controls should be considered.

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**We welcome your feedback and contributions to our Baker IDI Alice Springs e-news Bulletin.**

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