

The 15th Scientific Meeting
of the PSAD Study Group

The 6th International DAWN Meeting



Cambridge, United Kingdom

16 – 18 April 2010

Dear PSAD member,

In the spirit of a growing tradition, we are delighted to invite you to a DAWN day focused on applying psychosocial diabetes research in practice in connection with our annual PSAD event. The event is hosted by PSAD and Novo Nordisk.

This year the meeting will be divided into two sessions focusing on two new programmes:

1. A training programme for healthcare professionals in psychosocial aspects of pediatric diabetes management.
2. A multidimensional online tool for assessing patients with diabetes to identify factors that can influence their health and quality of life – a practical tool for clinical use in diabetes.

It is our pleasure to invite you to a practical interactive workshop setting where we will present the new concepts. The aim is to discuss the potential of such interventions based on your experience.

The DAWN workshop is aimed primarily at PSAD Members attending the annual PSAD Spring meeting and key experts, organizational representatives and advocacy groups engaged with the promotion of applied psychosocial research in the DAWN Programme (for more info please visit: www.dawnstudy.com).

Sincerely,

Norbert Hermanns, Diabetes psychologist, Chair PSAD

Soren Skovlund, Senior Adviser, DAWN Programme, Novo Nordisk

DAWN - Scientific Programme

Session 1: Training of healthcare professionals in psychosocial aspects of pediatric diabetes management

A key action point defined by the DAWN Youth programme is the need for improvement of psychosocial support to children and young people with diabetes world-wide. Specifically in the management of family issues, peer support, school issues as well as the psychological aspects of living with diabetes. It is our pleasure to invite you to a practical training workshop dedicated to psychosocial aspects of pediatric diabetes management. A new concept for training modules will be presented and discussed with you.

Session 2: Online monitoring of psychosocial needs – a multidimensional practical tool for clinical use in diabetes

Based on the review of best evidence to date on patient-centred measures and experience in the multinational DAWN MIND study the aim is to develop and finalise an optimized multidimensional DAWN MIND assessment tool for adults. The DAWN MIND online tool, for assessing patients with diabetes to identify factors that can influence their health and quality of life, will be made suitable for online use in clinical settings. It is our pleasure to invite you to a practical workshop dedicated to discuss the content and dimensions of this new short form online assessment tool.

Friday, 16th April

08:45 - 09:00	Welcome - Opening remarks	Chair: Norbert Hermanns
09:00 - 12:00	Session 1: Training of healthcare professionals in psychosocial aspects of pediatric diabetes management	Karin Lange
09:00 - 09:30	Introduction to the training programme	
09:30 - 10:30	Workshop	
10:30 - 11:00	Coffee/Tea break	
11:00 - 12:00	Discussion	
12:00 - 13:00	Launch	
13:00 - 16:00	Session 2: Online monitoring of psychosocial needs – a practical tool for clinical use in diabetes	Frank Snoek
13:00 - 13:30	Introduction to the online monitoring of psychosocial needs	
13:30 - 14:30	Workshop	
14:30 - 15:00	Coffee/Tea break	
15:00 - 16:00	Discussion	
16:00 - 16:15	Plenum Wrap Up - Take Home Messages: Better practices and recommendations on psychosocial monitoring in ongoing diabetes care in Europe.	

The 15th PSAD Scientific Meeting, Cambridge 2010



Dear members,

Welcome to the 15th PSAD Scientific Spring Conference in Cambridge. Attitudes and perceptions of diabetes and its treatment determine how patients and their relatives cope with the disease and diabetes therapy. These psychological factors will influence adherence to medical regimen and can have long term consequences on the risk of morbidity and even mortality. Also the ultimate goal of diabetes therapy, the maintenance and the optimisation of the individual quality of life, is dependent from the patients view and their estimation how well they can manage their disease themselves. Discussion and new findings about interventions for diabetes prevention, new education concepts or programmes aiming at certain patients groups are also necessary to improve clinical care.

Medical professionals are realizing more and more that emotional problems and depression are not only a matter of psychological wellbeing, but also an important prognostic factor for the course of diabetes. Therefore it is nice that the comorbidity of diabetes and depression is getting the deserved attention in the scientific diabetes world. Another real “evergreen” of our meetings are life style modification and dietary behaviour.

Therefore, important contributions of our annual spring meeting are dedicated to these topics:

- Attitudes and perceptions of diabetes and its treatment
- Diabetes prevention and lifestyle changes
- Emotional problems and depression in diabetes
- Psychosocial intervention in diabetes

We know from the DAWN - Project that there is a huge gap between the psychosocial needs of people with diabetes and the support from the health care system and community. But we are proceeding from science to clinical care. Based on the review of best evidence to date on patient-centred measures and experience in the multinational DAWN MIND study one aim of the DAWN project is to develop and finalise an optimized multidimensional DAWN MIND assessment tool for adults. Another key action point defined by the DAWN Youth programme is the need for improvement of psychosocial support to children and young people with diabetes world-wide. A practical training workshop is dedicated to psychosocial aspects of pediatric diabetes management at the 6th International DAWN meeting.

It has become a tradition to have a thought provoking lecture at the beginning of our meeting. Therefore it is a great honour for our group that Dr. Simon Griffin, as a sort of “genius loci”, will deliver the Anita Carlson Lecture entitled: ‘Reducing the burden of type 2 diabetes: personal reflections on the contribution of psychology.’

We hope that this 15th PSAD meeting in Cambridge will stimulate our discussions and research about psychological aspects of diabetes. The dignified tradition of scholarliness in the time-honoured town and University of Cambridge might also inspire us to enjoy the “spirit of clarity and distinctiveness” we need to pursue our research for a better psychosocial care of diabetic patients.

Norbert Hermanns

Chair of the PSAD Study group

Julie Smith

Honorary Secretary and Local Organiser
of the 15th PSAD Scientific Meeting

PSAD - Scientific Programme

Friday, 16th April

17:00 - 17:15	Welcome - Opening remarks	Chair: Norbert Hermanns
17:15 - 18:00	Anita Carlson Lecture Reducing the burden of type 2 diabetes: personal reflections on the contribution of psychology.	Simon Griffin
18:00 - 18:30	Discussion	
20:00 - 20:30 20:30 -	Drinks reception in the Tower Bar Dinner with music at the Hotel	

Saturday, 17th April

09:00 - 12:15	Completed work – oral presentations	Chair: Frans Pouwer
09:00 - 09:25	Patient empowerment: Myths and misconceptions.	Anderson B.
09:25 - 09:50	Depression is associated with the metabolic syndrome among patients with type 1 diabetes.	Ahola A.J.
09:50 - 10:15	Psychological correlates with metabolic control in type 2 diabetes patients in Brazil.	Gross C.
10:15 - 10:40	Reduced worry about hypoglycaemia following insulin initiation in suboptimally controlled Dutch type 2 diabetes patients.	Hajos T.
10:40 - 11:00	Tea/Coffee break	
11:00 - 11:25	Structure of pediatric diabetes care in Germany 1998-2008: Increased centralization and qualification of multidisciplinary teams.	Lange K.
11:25 - 11:50	Dietary self-care in Type 1 Diabetes: perceptions of young people and their parents.	Nouwen A.
11:50 - 12:15	Diabetes and healthy eating: A systematic review of dietary interventions.	Povey R.
12:15 – 13:00	PSAD/Novo AWARD	Chair: Norbert Hermanns
	Are people with negative screening tests falsely reassured? A parallel group cohort study embedded in the ADDITION (Cambridge) randomised controlled trial.	Paddison C.
13:00 – 14:00	Lunch	

PSAD Social Programme

- 18:15 Coach from the Hotel
- 18:45 Guided punting on the river Cam
- 19:30 Walk to Dinner
- 20:00 Dinner at Christ's College
with table magician
- 23:00 Coach to the Hotel



Saturday, 17th April (continued)

14:00 – 15:15	Work in progress – oral presentations	
14:00 – 15:15	Parallel sessions – Session A	Chair: Frans Pouwer
14:00 – 14:25	The treatment of co-morbid emotional problems in people with diabetes type 2: Evaluation of a mindfulness-based psychological intervention (DIAMIND).	Van Son J.
14:25 – 14:50	Development of the psychological treatment program for young patients with diabetes type 1 and comorbid eating disorder.	Primožič S.
14:50 – 15:15	Longitudinal associations between depression, type D personality and micro- and macrovascular outcomes in primary care patients with type 2 diabetes: rationale and design of the DiADDZOB Study.	Nefs G.
14:00 – 15:15	Parallel sessions – Session B	Chair: Julie Smith
14:00 – 14:25	DiAlert: A Lifestyle intervention in Dutch and Turkish Dutch 1 st degree relatives of persons with type 2 diabetes. A randomised controlled trial.	Heideman W.H.
14:25 – 14:50	The effects of a self-efficacy based exercise intervention on physical activity, cardiovascular risk factors and health status in inactive people with type 2 diabetes mellitus.	Van der Heijden M.
14:50 – 15:15	Development and evaluation of a self-management oriented diabetes education programme for the initiation of intensive insulin therapy in type 2 diabetes (MEDIAS 2 ICT).	Mahr M.
15:15 – 16:00	Completed work – brief presentations	Chair: Mark Peyrot
15:15 – 15:30	Parental anxiety and avoidance of acute hypoglycaemia.	Barnard K.
15:30 – 15:45	Depression, alexithymia and the endocrine-metabolic and clinical profile in Type II diabetic patients.	Braude M. Alvarez A.
15:45 – 16:00	First administration of Hypoglycaemia Fear Survey and Problem Areas in Diabetes questionnaire in Slovenian type 1 and type 2 diabetes subjects – A pilot study.	Kanc K.
16:00 - 16:30	Tea/Coffee break	
16:30 -	Free Time / EDID Meeting	
18:00 -	Social Programme – Dinner at Christ's College	

PSAD - Scientific Programme

Sunday, 18th April

09:00 - 10:15	Completed Work – oral presentations	
09:00 - 10:15	Parallel sessions – Session C	Chair: Norbert Hermanns
09:00 - 09:25	Ethnic differences in the prevalence and recognition of depression in a UK primary care population with and without type 2 diabetes.	Ali S.
09:25 - 09:50	Releasing knowledge empowers people. Grounded theory from qualitative evaluation of guided self-determination in one-to-one contexts.	Zoffmann V.
09:50 - 10:15	Do people with diabetes understand their clinical marker of long-term glycaemic control (HbA1c) and does this predict diabetes self-care behaviours and HbA1c levels?	Clarke M.
09:00 - 10:15	Parallel sessions – Session D	Chair: Frans Pouwer
09:00 - 09:25	Why does self-monitoring of blood glucose not work for some people?	Barnard K.
09:25 - 09:50	Translating the Diabetes Prevention Program's lifestyle intervention in Chicago communities.	Ruggiero L.
09:50 - 10:15	Psychological well-being and diabetes-related distress across stages of type 2 diabetes in the multi-national Diabetes Attitudes, Wishes and Needs (DAWN) Study.	Peyrot M.
10:15 - 11:15	Work in Progress - brief presentations	
10:15 - 11:15	Parallel sessions – Session E	Chair: Julie Smith
10:15 - 10:30	The Westminster Diabetes Service: A consultant-led, community-based service for patients with type 2 diabetes.	Hepburn S.
10:30 - 10:45	Measuring the determinants of physical activity behaviour for people diagnosed with type 2 diabetes: Developing a measurement tool in Ticino, Switzerland.	Gross C.
10:45 - 11:00	Lifeskills in adolescents with type 1 diabetes. A study that evaluates the method guided self-determination.	Husted G.
11:00 - 11:15	Prediction of diabetes type 1 self-care by the interaction of illness representations and self-efficacy: Should we consider self-efficacy as a mediator and a moderator?	Reccia S.
10:15 - 11:15	Parallel sessions – Session F	Chair: Christel Hendriecks
10:15 - 10:30	Development, piloting and validation of a questionnaire to assess diabetes-specific self-care behaviours.	Clark M.
10:30 - 10:45	Validation of the Polish version of Problem Areas in Diabetes – 5 (PAID-5) questionnaire. Preliminary study.	Kokoszka A.
10:45 - 11:00	The working memory of offspring of parents with type 1 diabetes.	Hardiman M.
11:00 - 11:15	Web-based cognitive behavioural therapy is effective in the treatment of depression symptoms and diabetes-specific emotional distress in type 1 and type 2 diabetes patients.	Van Bastelaar K.
11:50 - 12:50	PSAD business meeting	
13:00 -	Lunch	
	END OF 15th PSAD SCIENTIFIC SPRING MEETING	

Participants of the 15th PSAD Meeting 2010

Ahola Aila, Biomedicum Helsinki, University of Helsinki, Helsinki, Finland

Ali Saima, University of Warwick, Coventry, West Midlands, UK

Alvarez Adriana, Servicio de Endocrinología, Metabolismo y Medicina Nuclear del Hospital Italiano de Buenos Aires, Buenos Aires, Argentina

Anderson Bob, Prof EdD, Diabetes Research and Training Center, University of Michigan, Michigan, USA

Barnard Katharine, University of Southampton, UK

Braude Monica, Department of Psychiatry, Diabetes Section of the Department of Metabolism, Endocrinology and Nuclear Medicine of the Italian Hospital of Buenos Aires, Argentina

Clarke Marie, Programme Director MSc Health Psychology, UCL Division of Population Health, University College, London, UK

de Witt Maarjite, Department of Medical Psychology, VU University Medical Center, Amsterdam, The Netherlands

Griffin Simon, Assistant Director, MRC Epidemiology Unit, Institute of Metabolic Science, Cambridge, UK

Gross Carolina Campos, PhD, Institute of Communication and Health, Faculty of Communication Sciences, Università della Svizzera italiana, Switzerland; Endocrine Division, Hospital de Clínicas de Porto Alegre, Universidade Federal do Rio Grande do Sul, Porto Alegre, Brazil

Hajós Tibor, Department of Medical Psychology, VU University Medical Center, Amsterdam, The Netherlands

Hardiman Mark, Norfolk & Norwich University Hospital NHS Trust, UK

Hearnshaw Hilary, PhD, Associate Professor (Emeritus), Warwick Diabetes Care, University of Warwick, UK

Heideman Wieke, EMGO Institute, VU University Medical Center, Amsterdam, The Netherlands

Hepburn Silvia, Westminster Diabetes Service, London, UK

Hermanns Norbert, PhD, Research Institute of the Diabetes-Academy Mergentheim, Bad Mergentheim, Germany

Husted Gitte, MScN & Ph.D. Student, Pediatric Ward and Research Department, Hillerød Hospital, Denmark

Kanc Karin, IandDiabetes, Private Diabetes Centre, Ljubljana, Slovenia

Kokoszka Andrzej, II Department of Psychiatry, Medical University of Warsaw, Warsaw, Poland

Kristensen Lene Juel, MSc, Department of Psychology, University of Aarhus, Denmark

Kruse Johannes, Department of Psychosomatic Medicine and Psychotherapy, University Giessen, Germany

Kubiak Thomas, PhD, Institute of Psychology, University of Greifswald, Greifswald, Germany

Participants of the 15th PSAD Meeting 2010

Lange Karin, Hannover Medical School, Medical Psychology Unit, Hannover, Germany

Lloyd Cathy, PhD, Faculty of Health and Social Care, The Open University, Milton Keynes, UK

Mahr Marina, Research Institute of the Diabetes-Academy Mergentheim, Bad Mergentheim, Germany

Nefs Giesje, MSc, Center of Research on Psychology in Somatic diseases (CoRPS), University of Tilburg,
The Netherlands

Nouwen Arie, PhD, School of Psychology, University of Birmingham, Birmingham, UK

Paddison Charlotte, General Practice & Primary Care Research Unit, University of Cambridge, UK

Peyrot Mark, Professor of Sociology, PhD, Department of Sociology, Loyola College, Baltimore, Maryland,
West Virginia University, USA

Pibernik-Okanovic Mirjana, PhD, Vuk Vrhovac University Clinic, Croatia

Pouwer Frans, PhD, Center of Research on Psychology in Somatic diseases (CoRPS), University of Tilburg,
The Netherlands

Povey Rachel, PhD, Centre for Health Psychology, Staffordshire University, Stoke-on-Trent, UK

Primožič Simona, Department of Endocrinology, Diabetes and Metabolic Diseases, University Children's
Hospital Ljubljana, University Medical Center Ljubljana, Slovenia

Recchia Sophie, University of Luxembourg, Luxembourg

Ruggiero Laurie, School of Public Health, Institute for Health Research and Policy, University of Illinois at
Chicago, USA

Saleh-Stattin, Nuha, BSc MPH PhD, Diabetes Research and Teaching Center (LUCD), Center for Family
Medicine, Huddinge, Sweden

Skovlund Soren, Novo Nordisk, Bagsvaerd, Denmark

Smith Julie, MSc, Director of Research Degree Students, Faculty of Health and Social Care, Anglia Ruskin
University, Cambridge, Chelmsford and Peterborough, UK

van Bastelaar Kim, Department of Medical Psychology, VU University Medical Center, Amsterdam, The
Netherlands

van der Heijden Marion, MSc, Center of Research on Psychology in Somatic diseases (CoRPS), University of
Tilburg, The Netherlands

van Son Jenny, Center of Research on Psychology in Somatic diseases (CoRPS), University of Tilburg, The
Netherlands

Zinken Katarzyna, School of Psychology, University of Southampton, Southampton, United Kingdom

Zoffmann Vibeke, RN MPH PhD, Institute of Public Health, Department of Nursing Science, University of
Aarhus, Aarhus, Denmark

Welcome to Cambridge

Cambridge is known as the home of the University of Cambridge, one of the world's premier universities.



The city of Cambridge is a university town and the administrative centre of the county of Cambridgeshire, England. Cambridge is also at the heart of the high-technology centre known as Silicon Fen – a play on Silicon Valley and the fens surrounding the city.

Cambridge lies in East Anglia about 50 miles north of London and is surrounded by many smaller towns and villages. According to the 2001 United Kingdom census, the city's population was 108,863 (including 22,153 students), and the population of the urban area (which includes parts of South Cambridgeshire district) is estimated to be 130,000.

The first major development of the area began with the Roman invasion of Britain in about AD 40. Castle Hill made Cambridge a useful place for a military outpost from which to defend the River Cam. This Roman settlement, which has been identified as Duroliponte, remained a regional centre during the 350 years after the Roman occupation, until about AD 400. Roman roads and walled enclosures can still be seen in the area. After the Romans had left Saxons took over the land on and around Castle Hill. Their grave goods have been found in the area. The arrival of the Vikings in Cambridge was recorded in the Anglo-Saxon Chronicle in 875. Viking rule, the Danelaw, had been imposed by 878. The Vikings' vigorous trading habits caused Cambridge to grow rapidly. During this period the centre of the town

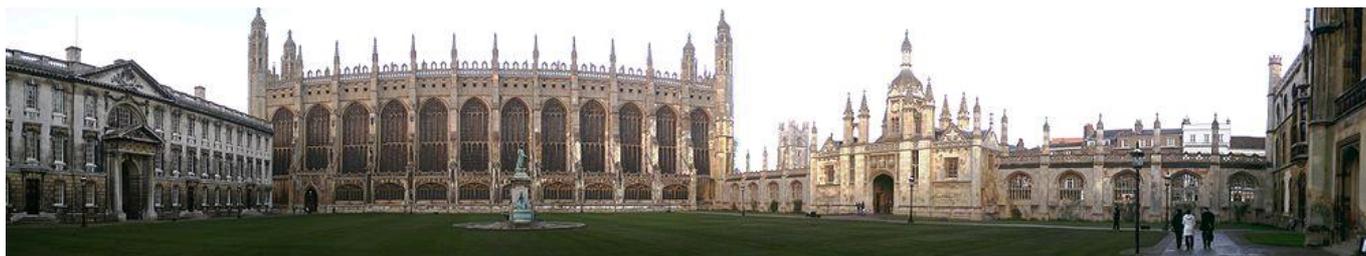


shifted from Castle Hill on the left bank of the river to the area now known as the Quayside on the right bank. After the end of the Viking period the Saxons enjoyed a brief return to power, building St Bene't's Church in 1025, which still stands in Bene't Street. In 1068, two years after his conquest of England, William of Normandy built a castle on Castle Hill. Like the rest of the newly conquered kingdom, Cambridge fell under the control of the King and his deputies. The distinctive Round Church dates from this period. Over time the name of the town, Grentabrigge or Cantebrigge, changed to Cambridge, while the river Cam was still known as the Granta — indeed the Upper River (the stretch between the Millpond in Cambridge and Grantchester) is correctly known as the Granta to this day.

In 1209, students escaping from hostile townspeople in Oxford fled to Cambridge and formed a university there. The oldest college that still exists, Peterhouse, was founded in 1284. One of the most well-known buildings in Cambridge, King's College Chapel, was begun in 1446 by King Henry VI. The project was completed in 1515 during the reign of King Henry VIII. Cambridge University Press originated with a printing licence issued in 1534. Hobson's Conduit, the first project to bring clean drinking water to the town centre, was built in 1610. Parts of it survive today. Addenbrooke's Hospital was founded in 1766. The railway and Cambridge station were built in 1845. According to legend, the University dictated their location: well away from the centre of town, so that the possibility of quick access to London would not distract students from their work.



The University of Cambridge, formed 1209, is the second oldest university in England and the fourth oldest in Europe. The university grew out of an association of scholars in the city of Cambridge that was formed, in 1209 by scholars leaving Oxford after a dispute with townsfolk. The two "ancient universities" have many common features and are often jointly referred to as Oxbridge. In addition to cultural and practical associations as a historic part of British society, the two universities have a long history of rivalry with each other. Academically, Cambridge is consistently ranked in the world's top five universities and as the leading university in Europe by numerous media and academic rankings. The University's alumni include 87 Nobel Laureates as of 2010.



Throughout the 1960s and 1970s the size of the city was greatly increased by several large council estates planned to hold London overspill. The biggest impact has been on the area north of the river,



which are now the estates of Arbury, East Chesterton and King's Hedges, and there are many smaller estates to the south of the city. In 1962 Cambridge's first shopping arcade, Bradwell's Court, opened on Drummer Street, though this was demolished in 2006. Other shopping arcades followed at Lion Yard, which housed a relocated Central Library for the city, and the Grafton Centre which replaced Victorian housing stock which had fallen into disrepair in the Kite area of the city. Both of these projects

met strong opposition at the time. The city gained its second University in 1992 when Anglia Polytechnic became Anglia Polytechnic University. Renamed Anglia Ruskin University in 2005, the institution has its origins in the Cambridge School of Art opened in 1858 by John Ruskin. The Open University also has a presence in the city, with an office operating on Hills Road. Despite having a university, Cambridge was not granted its city charter until 1951. Cambridge does not have a cathedral, traditionally a prerequisite for city status, instead falling within the Church of England Diocese of Ely.



Cambridge is now one of East Anglia's major settlements, along with Norwich, Ipswich and Peterborough. Cambridge and its surrounds are sometimes referred to as Silicon Fen, an allusion to Silicon Valley, because of the density of high-tech businesses and technology incubators that have developed on science parks around the city. Many of these parks and buildings are owned or leased by university colleges, and the companies often have been spun out of the university. Such companies include Abcam, CSR, Acorn Computers (now ARM), CamSemi, Jagex and Sinclair. Microsoft chose to locate its Microsoft Research UK offices in a University of Cambridge technology park, separate from the main Microsoft UK campus in Reading. Cambridge was also the home of Pye, who made radios and televisions and also defence equipment. In later years Pye evolved into several other companies including TETRA radio equipment manufacturer Pye Telecommunications. Another major business is Marshall Aerospace located on the eastern edge of the city. The Cambridge Network keeps businesses in touch with each other.

The 15th Scientific Meeting of the PSAD Study Group



Cambridge

Cambridge is famous for its old and distinguished University. Like its twin city Oxford it has much brilliant historic and contemporary architecture. Cambridge is set on the River Cam and many of the colleges back onto gardens along the river, called The Backs, giving Cambridge a lot of its charm.

Conference Hotel:

The Møller Centre
Management Training & Conference Centre
Churchill College, University of Cambridge
Storey's Way
Cambridge CB3 0DE
Phone: +44 (0) 1223 465555
Fax: +44 (0) 1223 465554
Email: moller@chu.cam.ac.uk
Web: www.mollercentre.co.uk

The Møller Centre is the only dedicated, residential executive training and conference centre in Cambridge. The stunning architecture, creative working spaces and contemporary accommodation combine to create a truly inspirational environment.



Organisation:

Julie Smith, Honorary Secretary
Norbert Hermanns, Chair of the PSAD Study Group