

The 16th Scientific Meeting
of the PSAD Study Group

The 7th International DAWN Meeting



Cambridge, United Kingdom

13 – 15 May 2011

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 is dedicated to the discussion of the new DAWN 2 study spanning 18 countries world-wide with the aim of assessing and exploring the psychosocial and educational aspects of diabetes management world-wide. The overarching vision of DAWN 2 is to stimulate collaborative action among all key stakeholders to improve care and support and enable people with diabetes to live full, healthy productive lives, actively managing their own health.

This year the DAWN PSAD Day will focus on the following key aspects:

1. An update on the global DAWN 2 Study with focus on exploring gaps in research on the role and needs of family members of people with diabetes and the opportunities for improving family and wider social support.
2. Discussion of strategies to improve accessibility to psycho-social resources and care in diabetes and how to assess current status of access at national, healthcare delivery and individual levels in the DAWN 2 study.

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 and detailed information please visit: www.dawnstudy.com).

Sincerely,

Norbert Hermanns, Chair of the PSAD study group

Søren Skovlund, Senior Adviser, DAWN Programme, Novo Nordisk

DAWN - Scientific Programme

Friday, 13th May

09:00 - 09:15	Welcome - Opening remarks	Chair: Norbert Hermanns Søren Skovlund
09:15 - 12:30	DAWN 2 - Global Study Overview and Discussion	
09:15 - 10:00	DAWN 1 - Brief Update DAWN 2 - Global Study Overview <i>Interactive discussion: Advances and key gaps in relation to the DAWN Call to Action areas today in Europe</i>	Mark Peyrot, Chair of Survey Working Group
10:10 - 11:30	Break out groups: Key gaps and research questions on family and social support in adult diabetes care. 1. Quality of Life and the 'activated' person with diabetes 2. Family support and the family perspective 3. Self-management education and psychosocial support	
11:30 - 11:45	Coffee/Tea break	
11:45 - 12:30	Report of Break out groups - Plenum discussion	Mark Peyrot & Norbert Hermanns
12:30 - 13:30	Lunch	
13:30 - 16:15	Key facilitators / barriers to improving accessibility to psycho-social care in diabetes at a national level.	
13:30 - 14:00	<i>Introductory Presentation: Web-based CBT self-help programme - Experience from Netherlands</i>	Kim van Bastelaar
14:00 - 15:15	<i>Break out groups:</i> 1. Discuss transferability of the Dutch CBT programme for diabetes in other countries. 2. Define main barriers and facilitators to improving accessibility to psychosocial support in general at the national, healthcare delivery, and the individual level. 3. Consider key ways to measure accessibility to psycho-social care in DAWN 2 countries.	
15:15 - 15:30	Coffee/Tea break	
15:30 - 16:15	Report of Break out groups - Plenum discussion Involvement of PSAD and use of DAWN 2 to help accessibility to psychosocial and educational care in diabetes	Mark Peyrot & Norbert Hermanns
16:15 -	Closing remarks	Norbert Hermanns & Søren Skovlund

The 16th PSAD Scientific Meeting, Cambridge 2011



Dear members,

Welcome to the 16th PSAD Scientific Spring Meeting in Cambridge, UK. We think you remember that our last spring meeting had to be cancelled due to the eruption of the volcano with the unpronounceable name "Eyjafjallajökull". This time we hope for a better timing between the PSAD scientific spring conference and the volcanic forces of our planet.

If we look at our PSAD scientific programme we can again be proud of what has been accomplished with regard to the scientific standards of the contributions and the diversity of topics. As in the previous years this PSAD spring meeting has attracted young researchers and new members. This year 14 new members will attend this meeting.

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. 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. 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, important contributions of our annual spring meeting are dedicated to these topics: A main topic of this spring meeting is Diabetes and Depression, in which the interaction between psychological factors and medical outcomes can be exemplary, studied. Therefore it is satisfactory to observe that the comorbidity of diabetes and depression is getting the deserved attention in the scientific diabetes world.

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, which are also presented at this meeting

The DAWN 1 project showed us that there is a huge gap between the psychosocial needs of people with diabetes and the support from the health care system and community. We are now also excited as a study group dedicated to study the psychosocial aspects of diabetes, that DAWN 2 carries forward the impetus of the DAWN 1 project. At the DAWN DAY the concept of the DAWN 2 study is introduced.

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 16th 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 16th PSAD Scientific Meeting

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PSAD - Scientific Programme



Friday, 13th May

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, 14th May

08:30 - 12:35	Completed work - oral presentations	Chair: Frans Pouwer
08:30 - 08:55	Depression and insulin sensitivity and insulin secretion in the risk cohort study.	Bot M.
08:55 - 09:20	Determinants of intention to inform family members about family diabetes risk.	van Esch S.
09:20 - 09:45	Diabetes-specific cognitive behavioral therapy vs. sertraline in patients with depression and poorly controlled diabetes: first results of the German 'Diabetes and Depression' Study (DAD-Study).	Petrak F.
09:45 - 10:10	Type D ('distressed') personality in primary care patients with type 2 diabetes: Validation of the Type D Scale 14 (DS 14).	Nefs G.
10:10 - 10:35	Intentional weight loss in overweight and obese patients with severe mental illness: 10-year experience of a behavioural treatment programme.	Holt R.
10:35 - 10:55	Tea/Coffee break	
10:55 - 11:20	Exploring psychological needs of parents of teenagers with type 1: Findings from a web-based survey and focus group interviews.	de Wit M.
11:20 - 11:45	Diabetes-related symptom distress among elderly in different glucose metabolism groups over a 7-year period: The Hoorn Study.	Adriaanse M.
11:45 - 12:10	Predictors of well-being of young children with type 1 diabetes and those of their parents.	Lange K.
12:10 - 12:35	Relationship of glycaemic control and depression: Preliminary results from the German DIAMOS Study.	Schmitt A.
12:35 - 13:00	PSAD/Novo AWARD	Chair: Norbert Hermanns
12:35 - 13:00	Eicosapentaenoic acid as an add-on to antidepressant medication for co-morbid major depression in patients with diabetes mellitus: A randomized, double-blind placebo-controlled study.	Bot M.
13:00 - 14:00	Lunch	

Saturday, 14th May (continued)

14:00 - 16:05	Work in progress - oral presentations	
	Parallel sessions - Session A	Chair: Christel Hendrieckx
14:00 - 14:25	Facilitating factors and barriers in the implementation of web-based depression treatment in routine diabetes care.	van Bastelaar K.
14:25 - 14:50	Disease management of co-morbid depression and anxiety in primary care patients with diabetes: Design of the DIMACODEA Study.	Stoop C.
14:50 - 15:15	Prevalence of depression in type 2 diabetic patients - clinic and metabolic profile. A multicenter study in Argentina.	Alvarez A.
15:15 - 15:40	Depression and anxiety and the 10-year risk for cardiovascular morbidity and mortality in a multi-ethnic population with type 2 diabetes in primary care.	Ali S.
15:40 - 16:05	Depression and diabetes: possible mechanisms, treatment implications and investigational strategies.	Cox D.
	Parallel sessions - Session B	Chair: Julie Smith
14:00 - 14:25	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.
14:25 - 14:50	Development and pilot study of DiAlert: a lifestyle education programme in Dutch and Turkish-Dutch 1st degree relatives of patients with type 2 diabetes: A pragmatic randomised controlled trial.	Heideman W.
14:50 - 15:15	Design and implementation of a couples-focused lifestyle intervention for adults with type 2 diabetes: The Diabetes Support Project.	Trief P.M.
15:15 - 15:40	Evaluation of a treatment and education programme for type 1 diabetic patients (PRIMAS).	Ehrmann D.
15:40 - 16:05	The treatment of co-morbid emotional problems in people with diabetes: Evaluation of a mindfulness-based psychological intervention.	van Son J.
16:05 - 16:30	Tea/Coffee break	
16:30 -	Free Time / EDID Meeting	
18:00 -	Social Programme – Dinner at St Catherine’s College	

PSAD Social Programme

- 18:00 Walk to the punts
- 18:15 Guided punting on the river Cam
- 19:30 Walk to Dinner
- 20:00 Dinner at St. Catherine’s College
- 23:00 Coach to the Hotel



Sunday, 15th May

09:00 - 11:00	Work in Progress - brief presentations	Chair: Frans Pouwer
09:00 - 09:12	First administration of hypoglycaemia fear survey and problem areas in diabetes questionnaire in Slovenian type 1 and type 2 diabetic subjects: a pilot study.	Kanc K.
09:12 - 09:24	Development of the psychological treatment program for young patients with diabetes type 1 and co-morbid eating disorder.	Primožic S.
09:24 - 09:36	Clinical insights about the feasibility and value of routine monitoring of diabetes related distress (using the PAID) in a regional Australian diabetes clinic.	Morris A.
09:36 - 09:48	Assessment of the psychometric qualities of the Dutch version of the WHO 5 in adult patients with type 1 and type 2 diabetes.	Hajos T.
09:48 - 10:00	Brief assessment of diabetes-related distress: PAID short forms not confirmed in an unselected type 2 diabetes sample in regional Australia.	Browne J.
10:00 - 10:12	Problems with implementation of the treatment with insulin analogues among patients with type 2 diabetes: results of the baseline study and project follow up.	Kokoszka A.
10:12 - 10:24	How do we investigate if Guided Self-Determination-Young improves life skills in adolescents?	Husted G.
10:24 - 10:36	Psychological, behavioural and social aspects of living with diabetes.	Browne J.
10:36 - 10:48	Diabetes self care in low income priority populations attending primary care clinics in the United States.	Ruggiero, L.
10:48 - 11:00	The screening profile of young adults joining a flexible rehabilitation program using Guided Self-Determination.	Zoffmann, V.
11:00 - 11:20	Coffee/Tea break	
11:20 - 12:20	PSAD business meeting	Executive Committee
12:20 - 12:30	Closing remarks	Chair: Norbert Hermanns
12:30 -	Lunch	
	END of the 16th PSAD Scientific Spring Meeting	

The 16th PSAD Scientific Meeting, Cambridge 2011



Participants of the 16th PSAD Spring Meeting

Adriaanse Marcel, Institute of Health Sciences, VU University Amsterdam, Amsterdam, The Netherlands

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Participants of the 16th PSAD Spring Meeting

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Tah Priya, University of Warwick, UK

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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

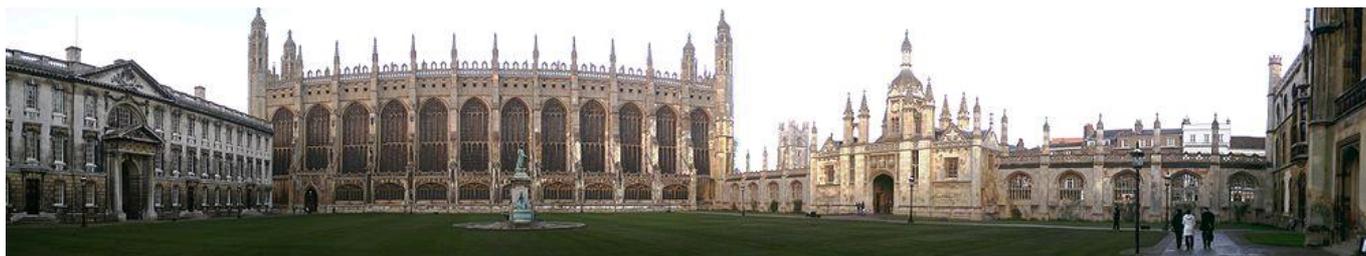


shifted from Castle Hill on the left bank of the river to the area now known as the Quayside on the right bank. After the end of the Viking period the Saxons enjoyed a brief return to power, building St Bene't's Church in 1025, which still stands in Bene't Street. In 1068, two years after his conquest 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 16th 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:

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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