



Endocrine Nurses' Society of Australasia Inc.

Welcome to ENSAnews!

December 2017

We welcome your contribution to this newsletter. Please submit content/feedback to:
tania.yarndley@waikatodhb.health.nz Tania Yarndley Newsletter Editor

[About ENSA Inc.](#)

www.ensa.org.au

The Endocrine Nurses' Society of Australasia incorporated, (ENSA Inc.) is a professional organisation which provides a forum for continuing education and professional development for nurses working in the field of endocrinology. The Society promotes collaboration between health professionals and is committed to the advancement of the art and science of endocrine nursing as a specialty field, through the development of standards of practice, enhancing clinical expertise and promoting and encouraging nursing research.



FIND US ON FACEBOOK

The ENSA Facebook page is now public and has a new look. Type ENSA into the Facebook search window and join the group to keep up-to-date with all the ENSA news and events throughout the year. Please share or post any articles or new information relevant to the group .

President's AGM report - 28th August 2017

Perth Convention Centre

It has been my honour to be the ENSA president starting from August 2016. Thanks to our wonderful executive team: Ann Robinson (past president) for her support, experience and resources, secretary Carmen Bischoff for 3 years of service, treasurers Shannon Reakes & Michelle Warnock for 2 years service, and president-elect Josie Green. Every couple of months the executive committee teleconferences.

The 2017 Symposium Organising Committee (SOC) worked extremely hard on the ENSA symposium. There were conjoin lectures with Endocrine Society of Australia and Society of Reproductive Biology (ESA-SRB) Scientific meeting that provided a great opportunity for ENSA members to learn and network. With the great effort of our SOC and ASN team (Jim Fawcett, Daniela Sabolo, Nitesh Patel and Bree Knights), there were 10 travel grants to support our members for their attendance to this symposium.

Many thanks to Bin Moore, the NSW State representative, who re-established NSW branch meetings in 2016 adding them onto the ESA clinical monthly meetings at Royal North Shore Hospital.

Thank you for members who contributed their valuable comments for the ENSA response to the Osteoporosis Australia Draft first accredited Endocrine Nurse Course in Australia- a big step forward for the advance practice nurse in endocrinology. Hopefully this will be available in the near future in Australia.

ENSA was invited to review and comment on the updated version of Clinical Standards for Fracture Liaison Services by Osteoporosis New Zealand. Ann Robinson, Tania Yarnley and I myself were reviewers. The updated Clinical Standards for Fracture Liaison Services has then been endorsed.

ENSA continues to be represented at the Stop Osteoporotic Secondary Fracture (SOS) Alliance. Congratulation to Ann Robinson who has been elected as one of the members of the SOS Governing Committee in April this year.

Our ENSA members recently involved in publication of an international endocrine nursing textbook: Thanks to Ann Robinson and Chris Yedinak as editors, and Julie Hetherington, Klaus Sommer and myself as authors. It is anticipated that this will be published in 2018.

ENSA has a strong collaboration with the Federation of International Nurses in Endocrinology (FINE) which embraces members all over the world including countries of USA, Europe and Southeast Asia. Following the ENSA symposium last year, we had 4 ENSA members, Chris Yedinak, Julie Hetherington, Ann Robinson and myself, presented at the FINE 1-day symposium that embedded in the International Congress of Endocrinology meeting (ICE) meeting in Beijing. It is great to see that Chris Yedinak, Julie Hetherington and Ann Robinson again have been involving in the planning of the upcoming FINE symposium in ICE meeting at Cape Town, South Africa, in December 2018.

The 10th International Meeting of Paediatric Endocrinology and 1st International Paediatric Endocrine Nursing Summit will be held on 13-17 September in Washington DC this year. Some ENSA members will attend these conferences to present their abstracts in USA.

ENSA has a strong association Australian Pituitary Foundation (APF). ENSA members were invited to participate in APF national research study looking at the issues related to acromegaly patients. Thanks to some of our members' contribution to this research study.

Special welcome to our new members! It is exciting to see that we had 10 new members since July last year until now, with about 15% increase in membership. All of these new members bring enthusiasm and wonderful nursing experience in Endocrinology. Thanks for Klaus Sommer who has been looking after ENSA membership. Also thanks to ASN team who also assists in managing our membership.

Special thanks to Maresa Derbyshire who has been working closely with ASN for ongoing management of the ENSA website and Facebook page. Thanks to Tania Yarnley who is continuing as ENSA Newsletter Editor.

Once again thank you for all the ENSA members who attended the Symposium. The conference organising committee members have started working hard to organise the 2018 ENSA symposium. I look forward to seeing you again at the ENSA Symposium in Adelaide. **Please save the date of 20 August 2018 for the next symposium.**

Hope you all have a wonderful Christmas and may the New Year 2018 bring you and your loved ones good health and happiness!

ENSA news: 2017 ENSA Symposium report - Lynda Wells

When Liza Nery suggested I apply for a travel grant to the up and coming ENSA conference in Perth in exchange for an article for the ENSA magazine I thought it was perhaps time for me to contribute in some small way. You see I have sat quietly at the back of these annual meetings of great minds, (not mine I hasten to add), for a number of years and am often in awe at the knowledge and ability of the endocrine nurses that have such a variety and complexity of roles to play in their daily duties at their various hospitals around Australia.

I am a Bone Density technician at the Royal North Shore Hospital so I rarely get to see or hear what the endocrine nurses and doctors are doing beyond my walls; I thought they were just drinking coffee! I found all the lectures interesting, but for me, obviously you might think, the lectures on Osteoporosis and bone health were the most relevant and found I could relate most to.

Here I will discuss the lecture by Prof. Richard Prince who spoke on **'The Basic Concepts that our older patients need to know to manage their osteoporosis'**, and interject with some things that I have encountered along my working way.

Prof. Prince illustrated and outlined the complexity of the raft of information that is out there, which often poses a problem for the older patient, (which of course is the majority), invariably causing confusion. He suggested that we need to train patients, if possible, to manage their own care and to seek help. In my daily contact with patients that I scan they often aren't aware of what treatment they are having, why they're having it and what it does but are happy for the medical fraternity to take control and help them, there is often a huge element of trust. Conversely I, sometimes, scan patients that will be happy to have the scans but then refuse treatment, thinking the body will 'take care of itself' and that interfering may pose more of a problem. The biggest issue that bothers most of these patients, I find, is the risk they may get osteonecrosis of the jaw post dental surgery; it is however, reassuring to be able to inform them that this risk is extremely negligible and that if taking Bisphosphonates they can inform their dentist who will take measures to avoid complications. However there are always risks associated with most, if not all, medications but in the case of osteoporosis the risks of doing nothing are far greater!

We learnt about the two components required to regenerate bone, Protein (osteoid glue) and Calcium (stiffening). Two types of bone, trabecular (or 'Violet Crumble' as I like to tell the patients) and Cortical ("like a smooth cement"). He told us about the skeleton remodelling every 5-10 years and that bone is a living organism, about osteocytes that are cells inside the bone that 'chew it' and osteoblasts that are on the lining of bone, building it by secreting osteoid glue, a matrix that becomes mineralised. Some of the osteoblasts turn into osteocytes while the bone is being formed and then the osteocytes become surrounded by new bone! (But of course I knew all this!! Phew!)

Not so Fun Fact: Women are more at risk of osteoporosis post menopause! Drat! :(

He talked about stress and fracture, also about stress fractures and how if you *over exercise* you can damage your bones! (Another phew!) This is no excuse to sit about all day obviously as we all know weight bearing exercise is what our bones need to keep rebuilding. (Another Drat?)

He discussed how bone is the body's mechanical structure and how buckling and bending causes fractures; as does falling over the dog; (my last patient on Friday!)

Treatment comes in many forms, Pharmacological, Resistance exercise, Diet, and of course, having a DEXA scan, which for those of you who don't know how it works: Dual Energy X-ray Absorptiometry assesses total body bone mineral density also muscle and fat mass. X-rays are sent from two different sources through the bone being tested. Bone blocks a certain amount of the X-rays and the more dense the bone is the less X-rays get through to the detector. By using two different sources it greatly improves the accuracy.

He talked about T scores (young age match) and Z scores (age match) and how a bone mineral density is used to calculate fracture risk and a Garvan Fracture Risk assessment can be done to predict future fractures in 5 - 10 Years. Have you had yours done yet?

The Dinner on Monday night at The Parmelia Hilton was up to it's usual high standard. I had the fortune to sit next to Dr. Amanda Cox of the 'Faecal Matters' lecture.....not the best dinner conversation but we in the medical world can disassociate!!

When the Awards were given, and the Travel Grants awarded you may have noticed me looking shocked and surprised as I hadn't seen the email that congratulated me on being a successful recipient way back in July! (I have so much junk mail these days that I obviously missed it! What a pleasant surprise :)

Anyway, it was yet another successful and wonderfully informative conference and I am so lucky to have been able to be part of it.

Have a good year and hope to see you all again in 2018.

Lynda Wells



Here's our ENSA Executive hard at work at the AGM.
Thanks for the fantastic article Lynda!

Tania

The 10th International Meeting of Paediatric Endocrinology was held this year at the Marriot Wardman Park in the beautiful city of Washington D.C. The meeting brought endocrinologists, allied health, nurses, psychologist and a host of other disciplines within the health profession from around the world together to share new knowledge, develop collaborations, strengthen existing friendships and begin new ones over a four day period.

Four thousand delegates were welcomed to the meeting with “celebrating the global community of endocrinology” as its theme. The program included an array of energetic and productive sessions, covering an immense range of topics and controversies all of high quality and content. Speakers from 23 different countries covered specific areas of interest including new insights in growth hormone safety, adult consequences of paediatric disease, bone disease from bench to clinic, thyroid conundrums, gender dysphoria, disorders of sex development and new concepts in diagnosis of CAH to name a few.

Plenary sessions included Mohamed Abdullah's inspirational story of bringing endocrine care to the Sudanese children, amplifying the spirit of “international connectedness” through this meeting. This talk was very inspiring, showing how one man's vision and passion can change the face of humanity and bring hope to the families and children in a world where hope may be lost.

The Paediatric Endocrine Nurses Society (PENS) is the equivalent to the Endocrine Nurses Society of Australia (ENSA). I was awarded a travel grant via ENSA to present a research poster presentation at the PENS nurse's summit held in conjunction with the international meeting. I was thrilled, nervous and incredibly excited at the prospect of preparing and presenting my research at the meeting.

The nurse's summit was an opportunity to network, share experiences and best practice with inspiring paediatric endocrine nursing colleagues from all over the world. Presenting a research poster at an international level was a daunting experience. There was a lot of research and time that went into preparing the research work and I was proud of what I achieved, with my co-author Dr Phil Bergman and supervisor Dr Jacky Hewitt. They were both encouraging and supportive. Phil was always ready with a story of his poster experiences, and Jacky was guiding me to stay on track. It took a lot of effort not to exceed word limits.

It was an honour to work with my research team. Monash Health can certainly give the world a run for its money when it comes to paediatric endocrinology, holding its own with evidence based treatment and research.

The paediatric endocrine nurse role here at Monash Children's Hospital is an expanding role, and I am blessed to be working together with a great multidisciplinary team in the Paediatric Endocrine Department.

Not all of the Washington visit was work and lectures, I did get into Washington a day earlier and managed some sightseeing, visiting all the monuments and beautiful memorials on offer. The highlight was having the opportunity to go inside the Capitol building which was stunning and of course like any tourist, having my picture taken outside the White House. Thankfully I did not run into the President!

Dear Colleagues,

Please send in your stories to share about meetings, events, opportunities for education. Our numbers may be small compared to other disciplines - network is our strength! Contact me on:

tania.yardley@waikatodhb.health.nz

Kind regards, Tania

Osteoporosis is a chronic disease that leads to weakening of bones, which can ultimately break even after minimal trauma ('minimal trauma' or 'fragility' fractures). Australia's burden of fractures in people with osteoporosis and osteopenia is high and costly. Hip fractures are the most serious and costly fragility fractures. About a half of older people who suffer a hip fracture had a preceding fragility fracture that could have been the sentinel fracture. This first fracture could have prompted action to prevent the secondary hip fracture. However, the vast majority (~80%) of Australians who experience a fragility fracture are neither investigated nor receive appropriate treatment following this sentinel event. As a consequence of this gap in post-fracture care, many of these men and women suffer further fractures, which lead to significant illness and premature death.

Secondary fracture prevention programs aim to identify people with sentinel fractures, investigate whether those fractures are due to osteoporosis or osteopenia and, if they are, initiate a plan of management that entails lifestyle changes and medical therapies aimed at stopping or reversing bone mineral loss and reducing the risk of fractures. Many older patients are, as a result, also referred to falls prevention programs. Ongoing follow-up of patients found to need treatment is necessary to ensure optimal continuing care. Present Australian secondary fracture prevention programs generally operate at a hospital level. They identify and act on about 25% of all patients with sentinel fractures.

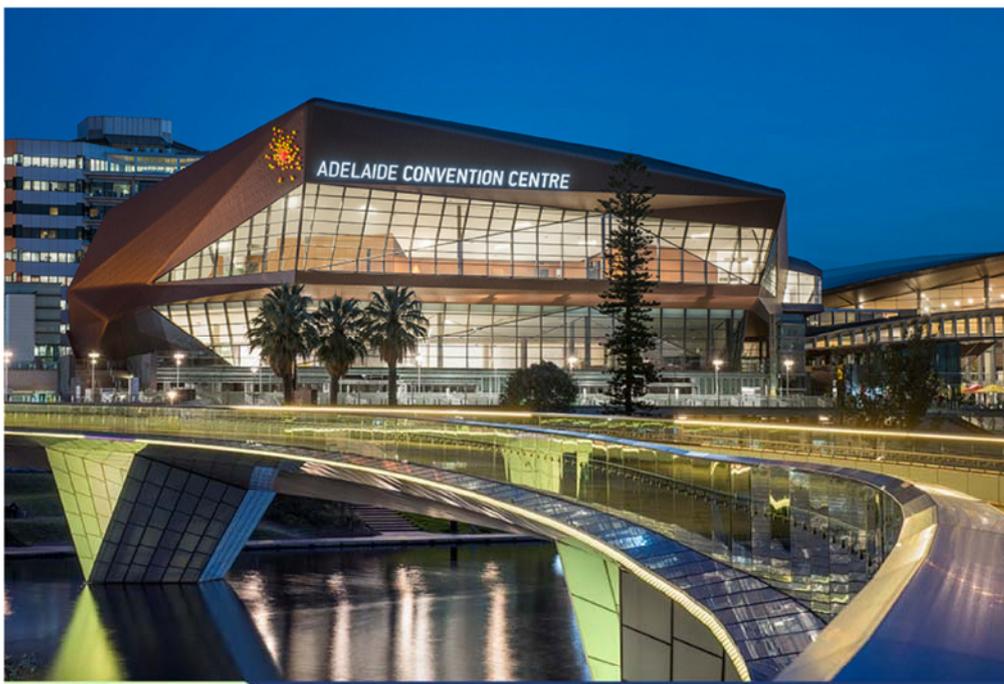
The Australian National Secondary Fracture Alliance (or '**SOS Fracture Alliance**') was founded in October 2016. The aim of the Alliance is to translate the evidence for the effectiveness of existing strategies for secondary fracture prevention into tangible health benefits, i.e. the development of an approach or approaches applicable to the Australian health system. The members of the Alliance are convinced that working together will deliver consistent and targeted messages, and that focussing multiple organisations in one united voice is most likely to lead to change. The mission is to bring about change whereby all Australian patients who experience a sentinel fracture are offered and can access an effective secondary fracture prevention program.

ENSA is excited to be a member of the Alliance, has contributed financially, and is actively involved with Ann Robinson on the governing committee, as well as members reviewing documents.

Please refer to our ENSA website for more information about the SOS Fracture Alliance (from which most of this information has been extracted).
Regards, Tania



Merry Christmas



ADELAIDE CONVENTION CENTRE
20 AUGUST 2018

2018 ENSA ANNUAL SYMPOSIUM

WWW.ENSA.ORG.AU/ENSA2018

HOLD THIS DATE:

Federation of International Nurses in Endocrinology (F.I.N.E) invite all endocrine nurses to a concurrent meeting at ICE 2018, 1-4th December, Cape Town, South Africa.

(Nurses (& overall) programme still being finalized - more details to come)



ICE 2018
18th International Congress of Endocrinology jointly with the 53rd SEMDSA Congress
THE GLOBAL ENDOCRINOLOGY COMMUNITY UNITE FOR 1ST TIME IN AFRICA!
1 - 4 DECEMBER 2018 | CAPE TOWN | SOUTH AFRICA #ICE2018