



Endocrine Nurses' Society of Australasia Inc.

Welcome to ENSAnews!

July - August 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 .

[Presidents Report:](#)

President's report April 2017

Dear ENSA Members,

The 2017 Program Organising Committee (Klaus Sommer, Joanna Potts, Maree Grant and Josie Green) has been working hard on the upcoming ENSA symposium that will be held on 28th August in the Perth Convention and Exhibition Centre. This year we will have conjoin lectures with ESA-SRB Scientific meeting that will provide a great opportunity for ENSA members to learn and network.

The ESA Clinical weekend is just before the symposium, followed by ESA, and then ADS/ADEA meeting later in the week. This year ENSA has provided additional travel grants for our ENSA members. ASN circulated a flyer earlier this year regarding the details of registration, abstract submission, and travel grants. I hope that you have decided to present some of your fantastic work/research. Please have a look on the ENSA website www.ensa.org.au to find out more information on travel grants and awards.

The 10th International Meeting of Paediatric Endocrinology & 1st International Paediatric Endocrine Nursing Summit will be held on 13-17 September in Washington DC this year. You will have received information on ENSA travel sponsorship for this conference. Some members are planning to register and submit their abstracts to this meeting in USA.

Special welcome to our new member, Emma Hetzel, who brings enthusiasm and wonderful nursing experience in Endocrinology.

Congratulations to Kate who had a baby boy, Frederick, earlier this year and both are well!

President's report April 2017 cont.

2

ENSA has a strong association with the Australian Pituitary Foundation (APF). APF is currently undertaking a national research study looking at issues related to acromegaly patients. ENSA members were invited to participate in this study. Thanks to those of our members who have agreed to contribute to this study.

ENSA continues to be represented on the SOS Fracture Alliance. Thanks to Ann Robinson who has agreed to be nominated for election to SOS Fracture Alliance Governing Committee in April 17.

Many thanks to Bin Moore, the NSW State representative, for re-establishing NSW branch meetings and adding them onto the ESA clinical monthly meetings at RNSH. This year, three dates were selected as they include both Paediatric and Adult presentations and will hopefully be of interest to most members. The first meeting was held on 28 March, then 27 June, and finally 24 October.

Please contact Liza or Bin for further information:

bin.moore@health.nsw.gov.au or liza.nery@health.nsw.gov.au

In March, Osteoporosis New Zealand (ONZ) launched '*Guidance on the Diagnosis and Management of Osteoporosis in New Zealand*'. This guidance is available in a printable hard copy and digital format which can be accessed via:

<http://osteoporosis.org.nz/resources/health-professionals/clinical-guidance/>

Ann, Tania and I have commented on several proposed publications as they have been circulated for review amongst a number of Australasian organisations.

In conjunction with Australia and New Zealand Bone and Mineral Society, a Clinical Densitometry Course 2017 was held on 29 – 30 July 2017 at the Faculty of Medical and Health Science, Auckland, New Zealand.

Looking forward to seeing you at the symposium,

Yuk Fun Chan

ENSA President

Fun has suggested some papers that she has found useful over the previous year.

These were all published over 2016 in ***Endocrine Connections***

www.endocrineconnections.com *Endocrine Connections* is an Open Access journal - all published articles are made freely available online to everyone.

Review: Growth hormone deficiency during young adulthood and the benefits of growth hormone replacement M Ahmad *et al.*

Review: Clinical aspects of symptomatic hyponatremia Dirk Wisemann, Andreas Schneider and Charlotte Höybye.

Review: Bilateral inferior petrosal sinus sampling Benedetta Zampetti *et al.*

Review: Bridging the gap: metabolic and endocrine care of patients during transition Anita Hokken-Koelega *et al.*

Endocrine Connections publishes original quality research and reviews. *Endocrine Connections* is published by Society for Endocrinology and the European Society of Endocrinology

Via *Endocrine Connections* you will also be able to access:

Competency framework: Veronica Kieffer, Kate Davies, Christine Gibson, Morag

Middleton, Jean Munday, Shashana Shalet, Lisa Shepherd, and Phillip Yeoh

Society for Endocrinology Competency Framework for Adult Endocrine Nursing: 2nd edition

BMC Endocrine Disorders also offers free open-access articles.

bmcendocrdisord.biomedcentral.com



Third NZ NET nurses meeting: 18th May, Auckland

We were very fortunate to have Professor Rod Hicks present at the NZ NET nurses meeting. Along with Dr Ben Lawrence, he generated an excellent interactive session on Carcinoid syndrome.

Professor Rod Hicks is a Professor of Medicine and Radiology at the University of Melbourne and Director of the Centre for Cancer Imaging at the Peter MacCallum Cancer Centre in Melbourne, Australia. He has developed Molecular Imaging and Targeted Therapeutic for NET's in Australasia (and the world!).

Dr Ben Lawrence specialises in caring for patients with GI, pancreatic and biliary system cancers, neuroendocrine tumours, cancer molecular profiling and cancer genomics.

Via video link from Australia, Caley Schnaid spoke about Nutrition and NEWe also had wonderful presentations on many other aspects of the NET journey, from tissue diagnosis to end of life cares. With nurses present (and presenting) from Endocrinology, Surgery and Oncology—this is proving to be a useful meeting.

The Unicorn foundation organized a meeting on the 19th May for NET patients and their families. Health Professionals were encouraged to attend. A highlight of this day was the MDM panel discussion demonstrating the input various disciplines contribute. It was a great example of the knowledge, care, and resources on offer. The NZ Unicorn foundation has recently fundraised and installed a Ga-Tate PET/CT scanner - based in Auckland. Currently they are lobbying to bring PRRT to NZ. NZ patients self-fund travel to Australia for PRRT treatment.

Many thanks to Avril Hull, oncology NET nurse specialist, for organising the meeting. Avril has developed a booklet which is available from

www.unicornfoundation.org.nz *Neuroendocrine Tumours A Guide for Patients*

Another excellent resource is: Nutrition in NETs (neuroendocrine tumours),

by Caley Schnaid accessible at **www.netpatientfoundation.org**

Tania



Dear Colleagues,

Please send in your stories about meetings, events, opportunities for education, to share. Our numbers may be small compared to other disciplines but network is our strength! Contact me on: **tania.yarndley@waikatodhb.health.nz**

Kind regards, Tania

ADRENAL INSUFFICIENCY (AI) Tania Yarndley & Alana Gould

Adrenal insufficiency is a rare and severe disorder that requires lifelong steroid replacement. Although considered rare, living with primary or secondary AI is a common reality for many endocrine patients. Providing the right information and resources is an important aspect of many Endocrine nurses' practice to promote effective self-management. **Appropriate dose adjustment is required in stressful situations to prevent life-threatening adrenal crises**¹ Large registry studies have shown increased mortality in pts with AI, most often from adrenal crisis (AC) precipitated by infection.

How to assess understanding, meet knowledge needs about AI and treatment, and ensure that this knowledge is applied, can be a bewildering task. Nick van der Meij's² group assessed the effectiveness of a structured education programme including hands-on training and written information, and concluded that there needs to be **ongoing** assessment of AI understanding, and repetition of practical skills, to achieve adequate self-management. Medication compliance and prevention of adrenal crisis relies not only on the patient, but also on support from their family and health professionals³ Bruno Allolio acknowledges that most medical professionals rarely encounter an adrenal crisis⁴ and consequently fail to manage AC appropriately. This means that patients with AI need to be well informed and confident to advocate for themselves. Gargya⁵ published an Australian case detailing sub-optimal management for a pt. in adrenal crisis - illustrating that even with patient education and advocacy the outcome can be poor. This paper includes some guidelines that may help you with your patient education. It provides recommendations on the prevention of adrenal crisis, and includes guidance on the management of "sick days" in patients with AI. Here is evidence that, even in patients assessed as having good level of knowledge and understanding, the patient and the clinician may not think to adjust steroid dose during acute illness or stress, to reduce morbidity and mortality. AC will still occur-even in educated patients. Some reasons for non-adherence to recommended treatment (increasing dose in illness) included concerns about potential adverse effects, such as weight gain and osteoporosis, and dissatisfaction with the provided information on the therapeutic approach¹ If you also include the stress and "brain-fog" that comes with being severely unwell, it is easy to see how the situation can escalate to an adrenal crisis. It is recommended that every patient with AI have an emergency injection kit, as well as emergency ID-such as a Medic Alert.

So, where to start? The Society for Endocrinology Competency Framework for Adult Endocrine Nursing⁶ has helped Endocrine nurses worldwide to define knowledge, skills and interventions required for caring for a variety of endocrine disorders. It can be accessed on-line at www.endocrineconnections.com For an Endocrine nurse virtual check-list of knowledge on adrenal insufficiency, and a potential format for sharing this knowledge, refer to "Competency 11: Steroid replacement therapy for disorders of the pituitary and adrenal glands". More detailed guidelines have been recently published by the Endocrine Society⁷ and can be found in JCEM. These have been endorsed by the European Society of Endocrinology. This is a comprehensive clinical practice guideline covering AI-from diagnosis, day-to-day treatment, monitoring and replacement of glucocorticoids (and mineralocorticoids), through to the management and treatment of adrenal crisis.

Discuss AI management with your Endocrine colleagues to create cohesion & uniformity with the information given to the patient. Allolio's article includes guidelines for steroid dosing in non-procedural and procedural events, complimentary to Gargya's guidelines. Encourage your patients to get emergency ID, and a steroid card or appropriate documentation. In our hospital we add AI as an electronic alert and have a standardised "sick-day management plan". Teach your patients & their families when and how to use emergency hydro-cortisone injection kits, and when and how to access emergency care.

Discuss, demonstrate, practice, give written information, review and repeat!



PERTH CONVENTION & EXHIBITION CENTRE
WESTERN AUSTRALIA
www.ensa.org.au/ensa2017

This year's meeting promises a program rich in innovative topics and one that is sure to provoke thought & spark many fruitful discussions!

ADRENAL INSUFFICIENCY (AI) references:

- 1 Kampmeyer D et al. *Self-management in adrenal insufficiency - towards a better understanding. Endocr J [internet]. (2017);64(4):379–85*
- 2 van der Meij, N et al. *Self-management support in patients with adrenal insufficiency. Clinical Endocrinology (2016)*
- 3 Shepherd et al. *Exploration of knowledge & understanding in patients with primary adrenal insufficiency: a mixed methods study. BMC Endocrine Disorders (2017) 17:47*
- 4 Allolio, B. *Extensive expertise in endocrinology: Adrenal Crisis. EJE (2015) 172 (3),115-124*
- 5 Gargya A et al (incl J Hetherington & K Sommer) *Acute AI: an aide-memoire of the critical importance of its recognition & prevention. Int Med Journal (2015)*
- 6 Kieffer V, Davies K, Gibson C, Middleton M, Munday J, Shalet S, Shepherd L, and Yeoh P. **Society for Endocrinology Competency Framework for Adult Endocrine Nursing: 2nd edition**
- 7 Bornstein, S et al, (incl D Torpy). *Diagnosis and Treatment of Primary Adrenal Insufficiency: An Endocrine Society Practice Guideline. JCEM (2015) 101 (2)*