

# 2nd NATIONAL DIABETES CONFERENCE 2011

Managing Diabetes - Working together to make a difference

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Pan Pacific Kuala Lumpur  
International Airport Hotel

## Malaysian Diabetes Association

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Ministry of Health  
Malaysia

#### PP-015

### What are the strategies used by healthcare professionals to improve the practice of insulin initiation?

Lee Yew Kong

#### Abstract:

**Objectives:** Our study aimed to explore strategies employed by healthcare professionals (HCP) in Malaysia to improve the practice of insulin initiation amongst patients with type 2 diabetes.

**Methods:** In depth interviews and focus group discussions were conducted in Klang Valley and Seremban in 2010-11. HCP consisting of general practitioners (n=13), medical officers (n=8), diabetes nurses (n=3), government policy makers (n=4), family medicine specialists (n=7) and endocrinologists (n=2) were interviewed. A topic guide was used to explore strategies to improve insulin initiation. The interviews were transcribed verbatim and analysed with Nvivo9 software using a grounded theory approach.

**Results and Conclusion:** The study identified the use of clinical practice guideline (CPG), HCP training and communication as key strategies to improve practice. A systematic, practical and easy-to-use CPG and quick-reference guide for type 2 diabetes were essential to help HCPs initiate insulin in primary-care settings. The guide should address patients' barriers, including challenging issues such as insulin use during pregnancy and fasting month. Training strategies targeting HCP were suggested, including: disseminating guidelines via a website and road shows; conducting 'Echo' (cascade) training to implement guidelines; and improving existing training by incorporating behavioral and chronic care models. HCPs' strategies involved providing good patient support by practicing good communication skills and preparing the patient early for insulin. Some doctors felt that mentally preparing themselves was important before attempting to initiate insulin.

In conclusion, the resources for improving insulin initiation practices are already available and HCPs should be up-to-date and fully utilize these resources.

#### PP-016

### Minimally Invasive Gastrocnemius release for the treatment of Chronic Non Healing Diabetic Plantar Foot Ulcer

Fadzly Ramidi, EJ Yeap, SB Shams Amir, Saidatul, DM Yazid

#### Abstract:

**Introduction:** Abnormal foot pressure is a well known cause of chronic non-healing ulcers over the plantar aspect of the foot especially in diabetic patients. A variety of methods are described in the treatment of these ulcers and one of it is by releasing the gastrocnemius aponeurosis.

**Objective:** To evaluate the efficacy and safety of minimally invasive gastrocnemius release in treating chronic non-healing plantar foot ulcers in diabetic patients.

**Methods:** This prospective study includes 9 cases with type 2 diabetes, with a minimum of 3 months' history of non-healing plantar foot ulcers with an associated equinus contracture. All cases underwent minimally invasive gastrocnemius release and were followed up until ulcer healing.

**Results:** 7 patients with mean age of 54.1 (range 42 to 66) and mean wound duration before operation of 23.4 months (range 3 to 40) were operated on. 2 patients had bilateral procedures. Mean pre-op wound size was 8.1 cm<sup>2</sup> (range 1 to 25) and all wounds healed post-operatively with a mean follow up of 5.2 months (range 3 to 9)[p value < 0.05]. The ulcers were located over the forefoot in 8 cases and midfoot in 1. There were no surgical wound complications.

**Conclusion:** Minimally invasive gastrocnemius release is effective and safe in treating chronic non-healing diabetic plantar foot ulcers.