many hundreds of consultants). There was still a great need for all professionals to meet together within a 'big tent'. An excellent meeting had been held recently with the Association of British Clinical Diabetologists and there was complete agreement about the need to communicate, work together and generally talk the same language with government etc.

- Some PCTs appeared not to appreciate the role of the specialist and adopted the attitude that 'everything can be done by PC'. There was an important role for Diabetes UK in resisting this.
- Rudy Bilous pointed out that the way to stop this happening was to work through the new structures, e.g. SHAs, the NSF.
- Was it realised that only 25% of Diabetes UK funds went to research? There was a perception among scientists that they were being marginalised. A review of the association's research strategy was underway (and much needed) but 'hypothecated funding' was not the answer.
- Mary MacKinnon proposed that a young scientist should be included in the APC organising committee in future.

Professor Bilous promised that all these important comments and suggestions would be followed up. He was anxious that the various professional bodies within Diabetes UK should adopt in future a forward-looking and problem-solving approach – not merely identifying challenges, but suggesting ways in which to meet these successfully.

Meeting Report

Optimising insulin therapy

On 24 May the Royal Society of Medicine was host to a meeting on optimising insulin therapy. The meeting was chaired by Professor Sally Marshall from the Royal Victoria Infirmary (*Newcastle, UK*), and sponsored by Novo Nordisk. This meeting saw a number of leading experts gathered to present data from recent developments in insulin therapy.

David Matthews, Professor of Diabetic Medicine at the University of Oxford and Chairman of the Oxford Centre for Diabetes, Endocrinology and Metabolism, provided current background information on insulin resistance, heterogeneity and phenotypic variance of secretion between individuals, and regulation of insulin secretion in beta-cells.

In type 1 paediatric and adolescent patients, glycaemic targets are often missed due to fear of hypoglycaemia and concerns about weight increase, Dr Carlo Acerini, Consultant Paediatrician (*Cambridge, UK*) revealed. In summary, he said analogue preparations with rapid-acting or longer-acting profiles offered greater flexibility in avoiding these problems. He also commented that recent studies suggest pump technology is a safe alternative to multiple daily injection therapy.

Dr David Kerr, Consultant Physician (*Bournemouth, UK*) continued the theme, discussing pump therapy. The new generation pumps with programmable infusion rates allow type 1 patients greater control. However, they are not a panacea – the evidence base is still small and patients must meet National Institute for Clinical Excellence criteria in order to qualify for treatment.

The insulin analogue detemir (Levemir) – launched on 21 June by Novo Nordisk – was discussed by Consultant Diabetologist, Dr Malcolm Nattrass (*Birmingham, UK*). He advocated it as a useful addition to the range of long-acting insulins due to its predictable and protracted absorption and action.

Treatment of type 2 diabetes by stimulation of glucagon-like peptide-1 (GLP-1) receptors is likely to be possible in the near future, according to Jens Holst, Professor of Medical Physiology (*Copenhagen, Denmark*). GLP-1 has important effects on carbohydrate metabolism, with the possibility of reduced mean plasma glucose and HbA_{1c}, weight loss, improved insulin sensitivity and beta-cell function in type 2 patients.

Liraglutide (NN2211 – Novo Nordisk), exenatide (Eli Lilly), and DPP728 (Novartis) are currently in Phase III trials, while Novartis has presented LAF237 Phase II results at the recent American Diabetes Association annual meeting.

