



Annual Report 2006

for:

The International Diabetes Institute

250 Kooyong Road

Caulfield

Victoria 3162

www.diabetes.com.au



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Our Vision

To find a cure for, or a means of preventing, diabetes and its complications and to provide care to meet the needs of those who have diabetes or are at risk.

Our Mission

To excel as a leading national and international centre for diabetes research, education and clinical care.

Our Values

Services provided by the Institute reflect our commitment to:

- a dedicated consumer focus
- integrity
- teamwork
- professional development
- leadership
- astute business orientation
- retention of highly qualified staff
- acknowledgement and promotion of corporate and individual excellence.



Report from the President

This is my last report as President and I welcome the opportunity to reflect on the challenges and achievements the Institute faced during the year. In their bid to remain viable, the boards and management of small research institutes face constant challenges. That task is doubly difficult for us because in addition to conducting research we also provide clinical care for people with diabetes. More than 8,000 people had appointments in the last year with our doctors, ophthalmologists and allied health team.

We believe that our integrated model of diabetes care best serves people with diabetes because it allows patients to benefit directly from both the skills of each of the team and the translation of our research into improved care.

The highlight of the year was the launch of the AusDiab report in May attended by the Federal Minister for Health and Ageing, the Hon Tony Abbott. This report provided the first definitive picture of Australia's rising tide of diabetes, obesity, hypertension and chronic kidney disease.

The key findings revealed that:

- approximately 275 Australian adults develop diabetes each day
- Nearly 600 adults progress from being grossly overweight to obese each day
- 400,000 adults develop hypertension each year, and
- 270,000 adults develop chronic kidney disease annually.

This second Australian Diabetes, Obesity and Lifestyle Study was funded by the National Health and Medical Research Council, and strongly supported by the pharmaceutical sector, other institutes, universities, individual and corporate donors and government. The findings will be instrumental in helping Australian governments and health authorities formulate future policies and priorities, and calculate budgetary needs.

As my term as President draws to a close, I would like to thank the Directors for the valued contribution they make to the life and work of the Institute. They give freely of their time and talents and do this because they believe in the Institute's Vision and Mission. My thanks also to Professor Zimmet, Professor Director and Helen Maxwell-Wright, Managing Director and the management team and staff. I would also like to recognise and thank those wonderful volunteers who offer so much of their time and special skills. Volunteers man our OP Shop, help in fundraising, in the D Café and NDSS shop, in the information library and in many other ways. Thank you. Your dedication and service to the Institute and to people with diabetes is inspiring.



I will retire from the Presidency at the AGM in November. My time as President has seen the Institute grow its asset base and increase its professionalism in many of our business processes. We are a stronger Institute as a result. I regret not being able to say that a new permanent home for the Institute has been one of my achievements but we are working hard to achieve that so that our diabetes services, research and health promotion activities can continue meeting the accelerating demands of the type 2 diabetes epidemic which confronts this nation and many others across the globe.

The Hon Neil Batt AO
President



Report from the Director

As the Institute ends its 21st year and, despite its position and reputation as one of the world's leading diabetes institutions, our future is not entirely secure because we do not have a permanent home. During the year we saw a jousting contest with Bayside Health over our security of tenure on the Caulfield site. Fortunately, the State Government intervened and helped us achieve a short term reprieve. In the year ahead, we will work hard to achieve a longer term solution.

Diabetes is one of biggest health challenges the world has ever faced. When coupled with obesity, it constitutes the greatest public health challenge in human history. Diabetes is as big a threat to humankind as is global warming, and dwarfs individual environmental disasters, the HIV/AIDS pandemic and the potential disaster posed by avian (bird) flu.

I continue to wonder where I have failed in not getting this message across to our politicians and public health authorities. Although diabetes is now unquestionably on the public radar screen, there is still a need to translate that visibility into action, funding and a better deal for people with diabetes. There are many gaps in how those people are cared for in this country. In our state, for example, there is a shortage of trained diabetes educators, podiatrists, exercise physiologists and other specialist healthcare workers. Victoria is not alone in suffering these shortages.

However, we can be proud of the fact that despite limited resources and funding over the last 21 years, we have played a major role in driving the agenda to get diabetes better known and better recognised as the human and economic threat that it is.

We now make a significant contribution on several levels in Victorian and Australian government diabetes activities, including:

- The Diabetes Education and Control Program
- The Victorian State Diabetes Prevention Program
- The AusDiab Study
- Lift for Life[®]
- The National Diabetes Prevention Strategy.

I forecast that the Institute will have a great future based on our collaborations in the biotechnology industry, and our developing relationships with universities and other major institutions. During the year, we signed a Memorandum of Understanding with Deakin University for research collaboration and have commenced work with Victoria University on a major diabetes project in the western region of Victoria.



During 2005-6, we undertook the 5 year follow-up of the AusDiab study and reported the results in May to the Federal Minister of Health. The results received enormous publicity both in Australia and overseas. The results that AusDiab produces fill a knowledge void and have a major influence on healthcare planning in Australia.

None of these activities would have been possible without our excellent staff of health professionals; our Managing Director, Helen Maxwell-Wright, and the rest of our management team. Particularly pleasing was the appointment of Associate Professor Jonathan Shaw as our Deputy Director during the year. I am grateful to The Hon Neil Batt AO and the IDI Board of Directors for their leadership, advice and support.

We have two major missions:

1. To reduce the burden of diabetes on those who already have it by improving their lifestyles and reducing their complications, and
2. To prevent diabetes in those people at high risk. These people include those with a strong family history of diabetes, overweight people, women with a history of gestational diabetes or large babies, our Indigenous and Asian communities and people with heart disease, high blood pressure and high blood fats.

Australia's diabetes epidemic requires urgent action. It is only a matter of time before diabetes and its complications bankrupt the national healthcare budget in this and many other counties. The time for action is now.

Paul Zimmet AO
Director



Report from the Managing Director

This has been another busy and challenging year as we strive to achieve our Vision of finding a cure or a means of preventing diabetes and its complications and providing care to meet the needs of those with diabetes or who are at risk. We have a broad charter which requires us to work in many 'spaces' - from prevention and pre-diabetes through to health promotion and clinical care, always endeavouring to translate our research findings into our clinical work and providing a 'model' centre which inspires us and others to excellence.

Sustainability as an independent institute is always a challenge because despite our good work we fall below the criteria for receiving infrastructure support from the Victorian Government. So it is particularly pleasing to report that last year's turnaround in our financial position was consolidated further this year with an operating surplus of almost \$1.29 million. Having committed increased funds to research, this result demonstrates our strong and prudent financial management and increased returns from our investment portfolio.

Our tenure on the Caulfield site continues to be a concern. We are grateful for the assistance of the Victorian Government and hope that in the coming year a permanent long term home will be found for the Institute. As governments recognise the burden that diabetes is placing on the community, it is appropriate that we, as the largest diabetes centre in the country, should be free to concentrate on solving the problem through research, education and care rather than enduring the distractions of life in a building that is not only inadequate but for which we cannot even negotiate a long term and appropriate lease.

Collaborations are very important to the achievement of our goals. This year we signed formal agreements with Deakin University (a new agreement recognising our relationship with the Faculty of Health and Behavioural Sciences) and Victoria University, extending our reach and building capacity in research and service delivery.

We have continued to evolve policies and procedures to support continuous quality improvement, and management's leadership and commitment is helping us build a collective sense of purpose and direction.

Risk management and Continuous Quality Improvement (CQI) are now embedded in our processes and by auditing key functions that underpin our activities we can see, for instance, systems as diverse as the Board Charter which governs how the Board operates and the client incident reporting procedures at the service delivery level in our medical and education clinics.

The work done by the Board to develop the new Charter, under the leadership of our immediate past President Neil Hewitt OAM, and that done by staff and stakeholders in developing strategic and business plans, is providing us with very strong foundations for the future.



This year has been one of rapid change in HR management. A Workplace Agreement was negotiated with staff and was resoundingly endorsed when 78% of our people voted in favour of its acceptance. I would like to thank all staff who engaged in this process and particularly those who served on the committees. This agreement is an important first step to achieving a workplace agreement which recognises our unique nature and the services we provide, while appropriately rewarding and valuing our people.

Our payroll and packaging services were outsourced to commercial providers during the year, providing staff with increased opportunities for salary packaging.

I would like to thank the Directors who continue giving so freely of their time and talents in a voluntary capacity to serve on our Board and its various committees. At this year's AGM our president, the Hon. Neil Batt AO, will step down. Neil has been a marvellous President and I thank him for his wise counsel and for his support and guidance. The role of a Managing Director is often a lonely one but not when one has a President as intuitive, skilled and committed as Neil.

I also wish to thank my management colleagues, Professors Zimmet and Shaw and all the members of the Management Committee, for their commitment to the Institute and to what we seek to achieve. Staff too, have remained focussed and committed during this year of change and I thank them. They are fundamental to our capacity to make a difference for people with diabetes. Our volunteers who work in the Op Shop, our retail and fundraising areas are a continuous source of inspiration for they demonstrate to us their endorsement of our Vision.

Helen Maxwell-Wright
Managing Director



Corporate and Organisational Structure

Board of Directors

The Hon Neil Batt AO – President
Ms Sue Natrass AO – Vice President
Mr John Rashleigh – Treasurer
Professor Robert Atkins AM
Mr Ian Davis
Mr David Gilmour
Mr H Neil Hewitt OAM
Mr Tom Krulis
Ms Helen Maxwell-Wright
Ms Genevieve Overell
Mr Jeffrey Swingler
Dr David Thurin
Dr Joanne Wilkinson
Professor Paul Zimmet AO

Auditors

HLB Mann Judd

Solicitors

Deacons

Senior Staff

Professor/Director

Professor Paul Zimmet AO FTSE
MB BS, MD, PhD, FRACP, FRCP (UK), FACN, FACE, FAFPHM,
Hon Doctoris Causa (Complutense University, Madrid)

Managing Director

Ms Helen Maxwell-Wright

Deputy Director & Director Research

Associate Professor Jonathan Shaw

Director Business Development

Mr Gary Layton

Director Education

Ms Virginia Hagger

Director Genetics Research

Dr Jeremy Jowett

Director Medical Services

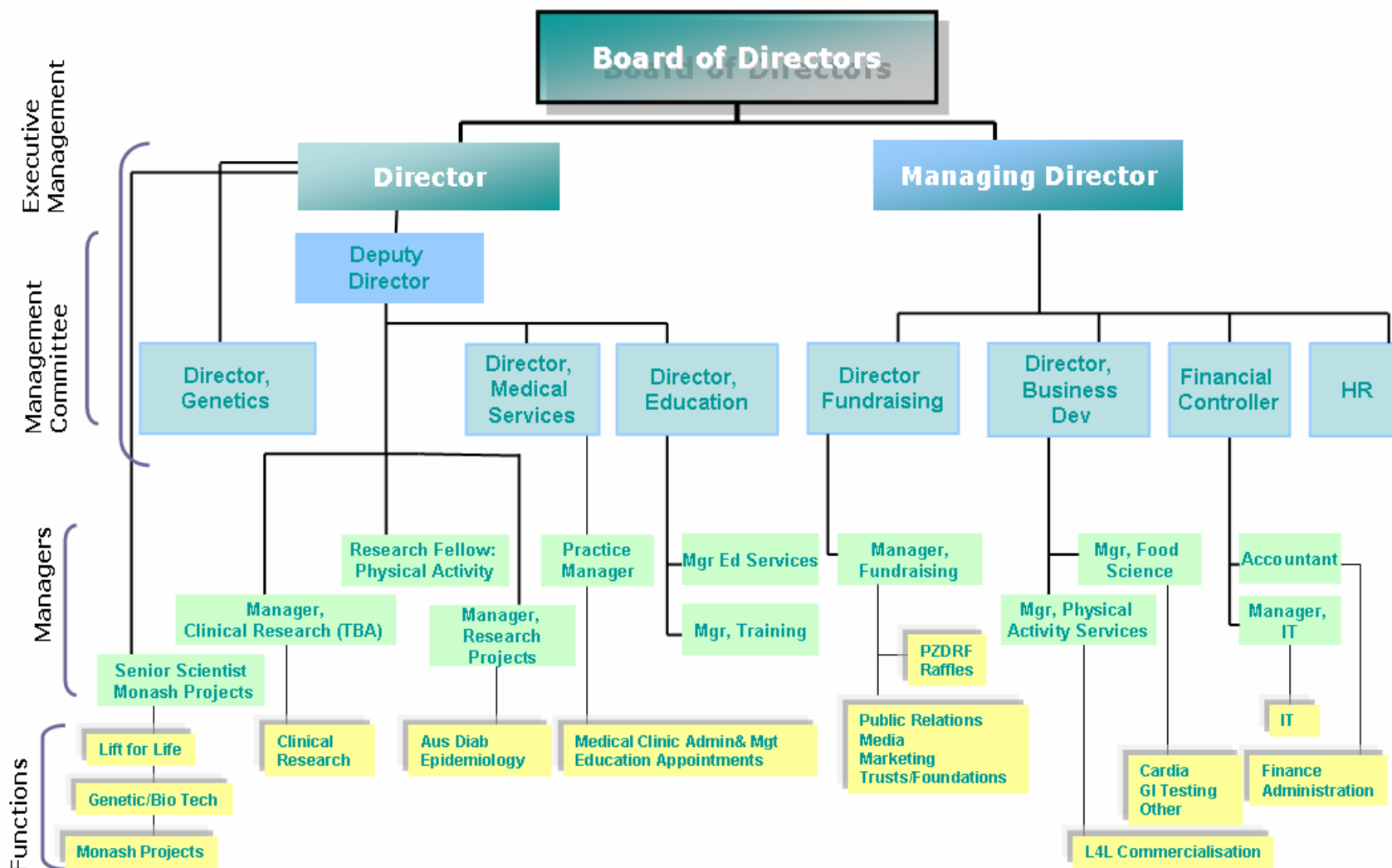
Dr Matthew Cohen

Financial Controller

Mr Noel Jacobs



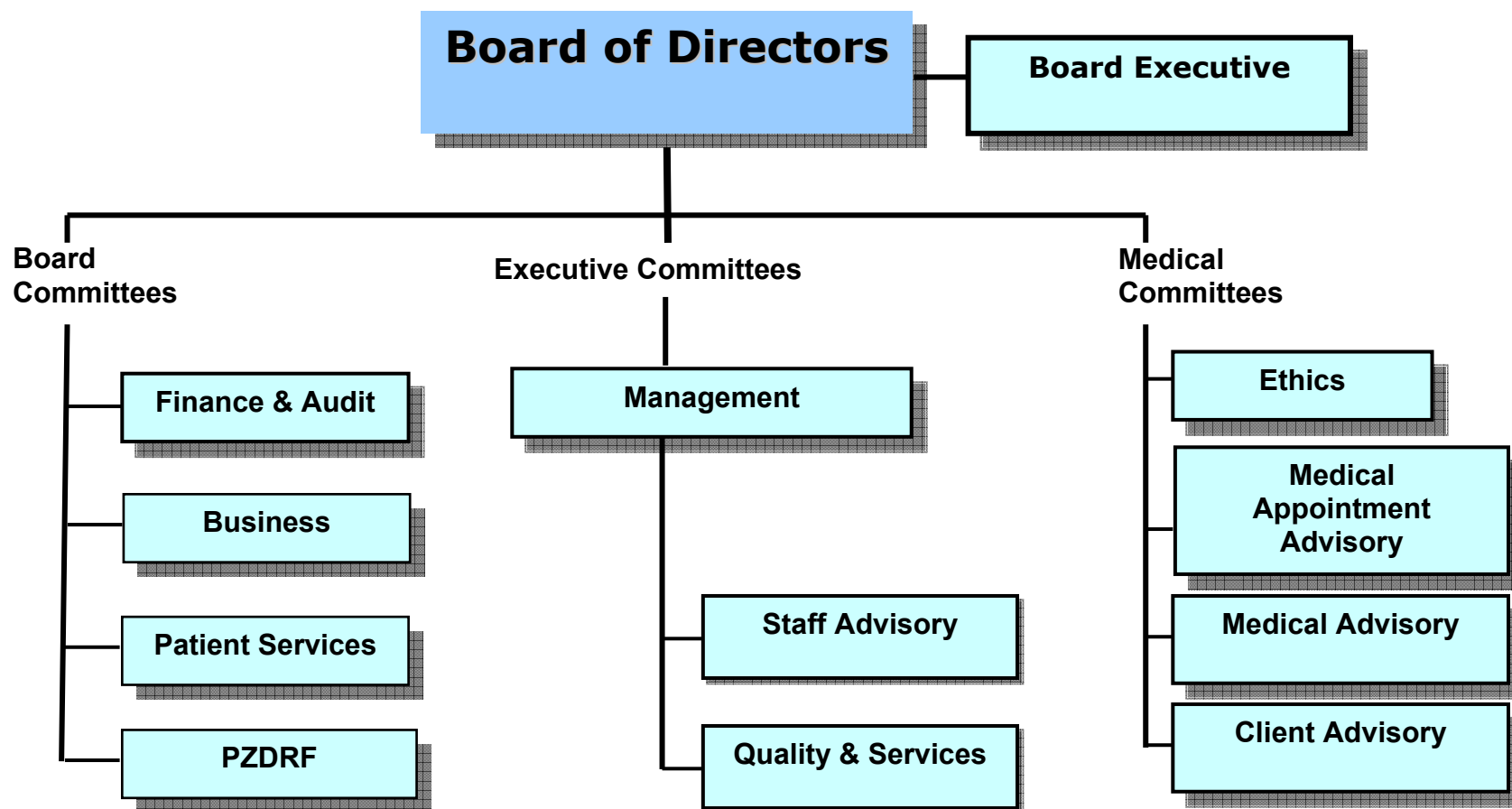
Organisation Chart 2006



APR 2006



Committee Structure





**INTERNATIONAL DIABETES INSTITUTE
NAMES OF DIRECTORS AND NUMBER OF DIRECTORS'
MEETINGS ATTENDED
July 2005 – June 2006**

Name	No. of Meetings Eligible to Attend	No. of Meetings attended
Professor Robert Atkins AM	3	1
The Hon Neil Batt AO	6	6
Mr Ian Davis	6	4
Mr David Gilmour	6	6
Mr H Neil Hewitt OAM	6	3
Mr Tom Krulis	6	4
Ms Helen Maxwell-Wright	3	3
Ms Sue Nattrass AO	6	4
Ms Genevieve Overell	6	3
Mr John Rashleigh	6	4
Mr Jeffrey Swingler	6	4
Dr David Thurin	6	4
Dr Joanne Wilkinson	6	5
Professor Paul Zimmet AO	3	1



Departmental Reports

Epidemiology

The Team

Professor Paul Zimmet AO
Assoc. Professor Jonathan Shaw
Ms Liz Barr
Ms Annaliese Bonney
Mr Adrian Cameron
Dr David Dunstan
Ms Sue Fournel
Mr Hasan Jahangir
Dr Dianna Magliano
Ms Nicole Meinig
Ms Shirley Murray
Dr Richard Sicree
Dr Ravi Singh
Professor Stefan Söderberg
Associate Professor Tien Wong

The AusDiab study - the first phase of which began in 1999-2000 when we undertook a detailed study of 11,247 adults around Australia - remains at the forefront of the Epidemiology Department's work. Phase 1 gave health professionals and government the first accurate information on the size of the diabetes burden in Australia. Phase 2 commenced in mid-2004 and was completed at the end of 2005. This "five year follow-up" of all the original (Phase 1) participants saw the IDI team visit 42 different sites across Australia to gather information, take blood tests and conduct medical examinations. The logistics for Phase 2 included contacting and making appointments for all the participants, identifying and hiring a testing site in each location, hiring and training 12 local staff in each state and transporting equipment to each site. This major project is being funded by a \$2.7 million grant from the National Health and Medical Research Council and support from the pharmaceutical industry, state health departments and charitable foundations. With the completion of the follow-up at the end of 2005, a report on the preliminary findings was presented to the Federal Health Minister.



The key findings included:

- Approximately 275 adults in Australia develop diabetes every day (i.e. more than 100,000 annually). This represents 8 adults per year in every 1,000.
- People with pre-diabetes are 10-20 times more likely to develop diabetes than are those with normal blood glucose levels.
- More than 600 adults progress from being overweight to being obese every day (i.e. more than 200,000 annually).
- The average Australian waistline increased by 2.1 cm over 5 years.
- Every year, 3% of adults develop high blood pressure and almost 1% of adults develop chronic kidney disease.
- Over two-thirds of all cardiovascular disease deaths in the AusDiab cohort occurred in people with diabetes or pre-diabetes.

The metabolic syndrome remains one of the most discussed topics in the field of diabetes and metabolism research. Following an International Diabetes Federation expert committee meeting last year (involving Professors Zimmet and Shaw, and a range of other international experts), a new definition of the metabolic syndrome was published in papers co-authored by Professors Zimmet and Shaw in three separate medical journals – the Lancet, Diabetic Medicine and The Medical Journal of Australia. In addition, Professors Zimmet and Shaw played key roles in the IDF expert committee on Prevention of Diabetes and the Metabolic Syndrome which met in Lisbon in May.

December 2006 will see the publication of the third edition of the Diabetes Atlas. This book, which is published in Brussels by the International Diabetes Federation, is increasingly recognised as the premier collection of global information about the burden of diabetes. Dr Richard Sicree and Professor Jonathan Shaw provide much of the information for this book, including detailed figures on the numbers of people with diabetes in every country and projections for the year 2025.

Professors Zimmet and Shaw were part of an international expert committee (chaired by Professor Zimmet) involved in producing the 4th edition of the International Diabetes Federation Western Pacific Region 'Type 2 Diabetes Practical Targets and Treatments'. The document is widely used in the region to help primary care physicians better manage type 2 diabetes and was launched at the International Diabetes Federation Western Pacific Region conference in Bangkok in late 2005.



AusDiab Collaborators

Mr Brian Conway
Diabetes Australia

Dr Pat Phillips
Queen Elizabeth Hospital, SA

Australian Institute of Health & Welfare

Professor Neville Owen
School of Population Health
The University of Queensland

Professor Hugh Taylor
Centre for Eye Research Australia Ltd

Professor Andrew Tonkin
Heart Foundation of Australia

Professor John McNeil
Dr Danny Liew
Department of Epidemiology and
Preventive Medicine
Monash University

Assoc. Professor Steven Chadban
Royal Prince Alfred Hospital, NSW

Dr Jo Salmon
School of Health Sciences,
Deakin University

A/Professor Damien Jolley
Monash Institute of Health Services
Research

Professor Terry Dwyer
Menzies Centre for Population
Health Research, Tas

Professor Bob Atkins
Dr Kevan Polkinghorne
Department of Nephrology
Monash Medical Centre

Professor Tim Welborn
Department of Endocrinology and
Diabetes
Sir Charles Gardiner Hospital. WA

Professor Stephen Colagiuri
Centre for Diabetes Strategies
Prince of Wales Hospital, NSW

Professor Kerin O'Dea
Mrs Terry Dunbar
Dr Joan Cunningham
Dr Tarun Weeramanthri
Menzies School of Health
Research

Professor David Simmons
Waikato Clinical School
University of Auckland, NZ

Dr Richard Simpson
Eastern Clinical Research Unit
Monash University (Box Hill
Hospital)



Clinical Research

The Team

Professor Paul Zimmet AO
Associate Professor Jonathan Shaw
Ms Cathie Adams
Dr Neale Cohen
Dr Carol Delaney
Dr David Dunstan
Mr Jeroen Laverge
Ms Maria Lawton
Ms Elizabeth Maclean
Ms Libby Prior
Dr Anne Reutens
Dr Ravi Singh
Ms Robyn Smith
Ms Elena Vulikh
Associate Professor Tien Wong

Following the release of the 4th edition of the International Diabetes Federation Western Pacific Region 'Type 2 Diabetes Practical Targets and Treatments' in 2005, we are now undertaking a major clinical trial to test the effectiveness of these guidelines. With funding of nearly \$3 million from the global pharmaceutical company GSK, we are co-ordinating a randomised controlled trial of the guidelines among 100 doctors in 10 Asian countries. The study is due to begin at the end of 2006 and will be completed in 2008.

Two major projects on the dietary management of type 2 diabetes were undertaken this year. In an important collaboration with Professor Neil Mann from RMIT and, with a \$200,000 research grant from Meat and Livestock Australia, we are conducting a randomised controlled trial to determine the role of high protein, low carbohydrate diets in the treatment of type 2 diabetes. Over 100 patients have been entered into the study, the results of which will be reported at the end of 2006. A second dietary study examined the potential of meal replacements to achieve weight loss and improve blood sugar control in people with type 2 diabetes. This study, which was presented at the International Congress on Obesity, showed that meal replacement therapy led to much greater weight loss over 6 months than did standard dietary advice (5.0 vs 1.5 kg).



Our physical activity research continues to focus on strength training. The SASH study examined different methods of encouraging people with diabetes to take up and maintain strength-training exercise. While a strength training program run through a health club achieved improvements in blood sugar control, a similar exercise program undertaken in people's homes did not. Other physical activity projects include a clinical trial examining the role of strength training in managing gestational diabetes and a study in people with type 1 diabetes of the effects of strength training on blood glucose for 72 hours after exercise.

A study using new techniques to measure subtle abnormalities of vascular function was completed in over 400 patients with type 2 diabetes during the year. It demonstrated that these abnormalities were not linked to blood sugar control but were related to kidney function and to blood pressure. Further work on vascular function is building on Professor Wong's work on abnormalities of retinal blood vessels and will attempt to link such abnormalities with vascular function disturbance (endothelial function) in the skin. A study examining these associations is now underway.

The Clinical Research department continued testing new treatments for diabetes during the year. The largest project currently being undertaken is a multi-national study of over 10,000 people which examines the potential that weight loss drugs have to prevent cardiovascular disease. Preventing type 2 diabetes remains one of our key targets and participating in the DREAM trial, which is examining the potential of two different drugs to prevent or delay the onset of type 2 diabetes, is a key component of this. In addition to supervising our own patients in this study, Professors Zimmet and Shaw are also on the trial's global steering committee. The Clinical Research team also took part in international trials of a new long-acting insulin for type 1 diabetes, and a study of inhaled insulin for people with type 2 diabetes.



Medical Services

The Team

Consultants

Professor Paul Zimmet AO
Dr Matt Cohen
Assoc Professor Jonathan Shaw
Dr Leon Chapman
Dr Neale Cohen
Dr Ravinder Singh
Dr Anne Reutens

Ophthalmology

Dr Mark McCombe
Dr John Sutton
Dr Pradeep Madhok
Professor Tien Wong

Paediatrician

Dr Joe Mel

Optometrist

Mrs Rashelle Cohen

Clinical Support Staff – (supporting the Education team also)

Mary Pagett
Kim Mawson
Margaret Tasker
Lieba Cohen
Janet Sephton
Thu Tran
Edwina de Souza
Mary Geraghty
Chris Lalor
Erin Boyle
Grace Moir

In January 2006, the Institute welcomed Dr Anne Reutens as the newest member of the IDI team. Anne comes to us with a wealth of experience and has studied extensively in Sydney, Chicago and New York. She currently conducts 3 sessions per week for IDI patients, works with our research team and is also involved in teaching undergraduate and post-graduate programs in medical and nursing.

2005-6 saw our clinic update its computer technology with the objective of improving service to our clients.

An automated mobile phone text messaging service was introduced in March 2004 and has seen the volume of clients who fail to attend their medical or education appointment reduce by 20% each year. This is a huge financial saving for the Institute and its doctors and allows better scheduling of patient appointments. The average age of our client base is getting younger, primarily because the onset of diabetes is now occurring at a lower age. As most young people have mobile phones, they appreciate and make use of this service.

At the beginning of the year, the Institute installed a new phone system. We reverted to a 'real person' rather than the automated answering service and this has proved a real winner with our patients. A queuing system operates if there is an overwhelming volume of calls, and patients can leave a message if they prefer not to wait. This streamlines the use of support staff and allows us to give priority attention to those clients who are waiting in reception.



We also extended our 'fast-track' multi-disciplinary service for people with recently diagnosed diabetes to every new client attending the Institute. This has been a great success, with 98% of all clients attending the Institute for the first time being seen on the same day by a nurse educator or dietician immediately after their specialist consultation.

Another area in which we are about to introduce improvements is in reporting to the GPs who refer patients to us. At the moment, we send about 1,300 letters each month, with each letter being posted within 5 days of the patient's appointment. This is possible because of our new digital dictating equipment and our expert typists. However, we will soon start using our secure encryption system so that we can report by email in a safe and secure manner, thereby speeding up the communication process.

This year was very busy as we prepared for our annual Quality Improvement reassessment. In August, we received accreditation from QICSA and, in September, NATA granted our pathology laboratory with 3 year accreditation. We also obtained MDAV Risk Management accreditation. Our pathology laboratory recently received a 'rating' from the RCPA Quality Assurance Program. The Institute is rated at the 66.7% mark – better than two thirds of all other labs in Australia – and that includes all the big laboratories! We are very proud of this achievement.

What does all this say about our services? It confirms that we have implemented all the suggestions and protocols these professional organisations have suggested and have gained third party endorsement that we operate to 'best practice'.

One of our challenges this year was to review the business aspects of the clinic and we have worked closely on this with board members, our Financial Controller, Noel Jacobs and Managing Director Helen Maxwell-Wright. We are very grateful for their help and expertise, and the review is ongoing.

To stay abreast of the latest treatments for people with diabetes, all of our doctors attended conferences and seminars during the year, often as guest speakers.

Our support staff work well as a team, as well as with other sections of the Institute, and continue striving to make our clients' visits to the Institute a smooth and confident experience.

Our special thanks to all our doctors and staff who have worked so hard during the year to help our clients maintain their best possible standard of health.

Mary Pagett, **Practice Manager**
Dr Matt Cohen, **Director Medical Services**



Genetics Research

The Team

Dr Jeremy Jowett
Dr Kate Shields
Amanda Eddy
Nik Cummings

The aim of our genetics and molecular research is to provide a better understanding of the process that causes diabetes by identifying disease-predisposing genes, their products and how those products interact with other elements in the cell; and, in turn, how the cell's function is affected by these genes in its physiological role within the body. We believe that this will lead to the development of more accurate diagnostic tests and improved therapeutic drugs which will ameliorate, cure or prevent the development of type 2 diabetes, obesity and related metabolic conditions.

Research progress

Identifying genes that contribute to the development of complex diseases remains a formidable task. We made solid progress throughout the year in narrowing the list of genes down to some key targets. One study in which we were involved has yielded substantial new data that will aid in this identification process. Currently, due to a break in funding, we have placed this project on hold, pending a review of our active grant applications. Nevertheless, we are using this new set of data in our continuing efforts to locate new biological markers that may help us identify who is at high risk of developing diabetes. In time, this should help us understand why some people develop the disease and why others do not - and, for those at greater risk, which preventative measures might reduce the risk of diabetes.

Jeremy B. M. Jowett D.Phil B.Sc (Hons)
Director, Genetics Research Division



Finance & Administration/Human Resources

The Team

Ms Helen Maxwell-Wright
Mr Noel Jacobs
Mrs Joyce Cordingley
Mrs Kay Earney
Mr Rodney Grigoleit
Ms Bibra Japara
Mr Zev Kane
Mrs Irina Loevskaia
Mrs Nina Marich
Ms Helen Markham
Mr Stephen Russell

It is pleasing to report that last year's turnaround in our financial position was consolidated further this year with an operating surplus of \$1,289,571. This result, achieved despite having committed increased funds to research programs, further strengthens our capacity to expand future programs and research activities.

The Finance and Administration team underwent significant renewal in 2004-2005 with 4 new employees joining us. These people have worked tirelessly to develop their skills and knowledge of our operations and are now part of a stable, committed, effective corporate function.

The implementation of Australian International Financial Reporting Standards (AIFRS) provided a catalyst for us to review and upgrade our financial information systems capabilities and we have strengthened the Institute's understanding of its divisional operations and enhanced management's ability to ensure that our mission is achieved in a streamlined, effective and transparent manner. This review process is now part of our Continuous Quality Improvement program and will be applied on an ongoing basis.

There were several significant changes to the Institute's internal operations during the year. The implementation of superannuation choice and an Institute-wide Enterprise Agreement led us to review our back office functions for efficiency and cost effectiveness and a decision was made to outsource the payroll and salary packaging functions to specialist external providers and to upgrade and refine our internal HR systems, policies and procedures.

Future plans for the departments revolve around continual review and leveraging cost reductions by integrating automated technology into our systems.

Our current planning for the year ahead suggests that our financial results will continue to strengthen and that our commitments to research, education and clinical care will also continue growing in line with our ability to fund these areas of our operations.



To all of the people who have supported the Institute over the last 12 months - whether as a benefactor, sponsor, donor, client or volunteer - we give our heartfelt thanks.

This year, as in the past, the Treasurer and Directors who serve on the Finance & Audit Committee have led by example and their assistance and encouragement are much appreciated.

I thank the staff of Finance and Administration/Human Resources for their continuing loyalty, dedication and hard work.

Noel Jacobs
Financial Controller



Information Technology

The Team

Stephen Russell
Bibra Japara

Although the role of the Information Technology (IT) Department is integral to the Institute's projects and day to day operations, we tend to work behind the scenes and very much out of the public eye. We like to think that having a low profile means we are accomplishing our tasks - because it is only when problems arise that people notice us!

The key responsibilities of our team include computer hardware and software support throughout the Institute, network administration, systems integration, telecommunications, training, graphic design and web page design and maintenance.

In November last year, we launched our Intranet and this has become a popular and important resource for staff to obtain key information and to have a central portal for sharing information. Later that month, we moved to a new PABX phone system which allows greater flexibility in our communication strategies and, importantly, allows people calling the Institute to be greeted by a human voice rather than a recorded message. It was at this stage that we also changed our communications carrier and were able to negotiate substantial savings of about \$1,000 per month on our landline bill.

SPAM has become a growing problem for Institute staff and a solution was implemented at the start of the year to catch known SPAM before it reached our mailboxes. Just 6 months ago, our security system was stopping just over 2,000 SPAM emails per week - this has now grown to over 5,000 per week.

With the heavy reliance on email and the number of staff travelling overseas and interstate, we have implemented a 24-hour monitoring system on our servers so that the IT Department is SMSed when access is unavailable for a prolonged time. The cause can be investigated and appropriate action taken to have connectivity restored quickly.

Disaster recovery procedures are continually being implemented, monitored and adjusted where necessary. In February, this was put to the test when our main server crashed and the boot disk failed. Within three hours of arriving in the morning, the Institute was fully operational again. Whilst this real life test was successful, we are investigating procedures that should allow us to recover much more quickly should the same failure occur again.

We look toward to the coming year during which we will focus on consolidating some systems and ensuring the availability of all of our network systems. This will be done in conjunction with other activities which focus on helping the Institute to meet its Vision, Mission and Values.

Stephen Russell
IT Manager



Business Development

The Team

Gary Layton, Director, Business Development

Renee Slade, Manager, Physical Activity Programs

Sarah Morrissey, Marketing Manager, Lift for Life

Emily Birch, Marketing Co-ordinator, Lift for Life

Ashton Cunningham, IT Co-ordinator, Lift for Life

Helen Redding, Trainer, Lift for Life

Dr Carol Robinson, Manager, Food Science

Associate Professor Neil Mann, Scientific Director, Glycemic Index Testing Service

Dr Fiona Kelly, Research Scientist, Glycemic Index Testing Service

Lisa Southgate, Food Science Research Coordinator

Deanna Pattieson, Research Assistant

The Business Development Department leverages the Institute's core strengths to generate income to support IDI's work in diabetes research, education and clinical care. We also work to create new products and services that benefit people with diabetes and those at risk of developing it.

Since 2002, the department has grown to become a significant source of income for the Institute. This has been achieved through careful selection, development and growth of new projects which:

1. Complement and synergise with the Institute's research, education and clinical care activities
2. Benefit people who have diabetes, and
3. Have significant commercial potential.

In 2005-2006, Business Development generated revenue of \$1.4 million. Continued strong growth is expected with income for 2006-2007 projected to be in excess of \$2.2 million.

To date, the department has developed and nurtured both small and major projects. Among the small projects that have been successful are:

- contract clinical trials
- industry consultancies
- industry training programs
- endorsements
- sponsorships.



We are currently engaged in two major projects involving exercise and nutrition. Our 'exercise' work is focused on Lift for Life® - a community-based strength training program designed to increase people's participation in safe and effective exercise. Our 'nutrition' work hinges on our GI Testing Service - a service which helps industry develop healthy foods.

Lift for Life

In 2006-2007, we will begin rolling out our strength training program to health and fitness centre throughout Australia. The Lift for Life program, developed by Business Development in collaboration with the Commonwealth Government, is an evidenced-based physical activity course based on research carried out at the Institute. Lift for Life is a comprehensive strength training program comprising:

- a structured strength training regimen
- education materials for participants
- an online participant support system
- a patient/doctor/trainer/IDI network system
- trainer accreditation
- a physical activity centre endorsement program.

Lift for Life is engaging older Australians in supervised community-based physical activity that will help participants prevent or better manage their diabetes and avoid or delay other lifestyle-related illnesses including, obesity, heart disease, hypertension and osteoarthritis.

Lift for Life consists of an initial eight-week introductory phase followed by a long-term phase which builds on the participants' early successes. The program is designed to change participants' lives by enhancing their physical abilities and personal well-being.

The program currently operates from three community health and fitness centres and from our own physical activity facility at Caulfield. Our community partners are the Ashburton Pool and Recreation Centre, South Pacific Health Club, St. Kilda and Studio 1240, Bentleigh. With support from the Victorian Government, Lift for Life is also being developed for indigenous communities in rural Australia. We are grateful for the support of both the Federal and State Governments which have provided the funding to enable us to translate our physical activity research into community-based programs.

Glycemic index testing service

Our GI Testing Service is now a benchmark GI analytical service to the national and international food industries and is regarded as a leader in its field for innovation, throughput and quality. In 2005-2006, we performed GI analysis on more than 200 food products for many of the world's leading food manufacturers.



Glycemic Index (GI) is a measure of carbohydrate digestibility. Foods that are digested and absorbed slowly are given a low GI and those that are digested and absorbed quickly receive a high GI value. The GI ranking is particularly important to people with diabetes who need to absorb glucose at a slow, steady rate. As people continue taking more interest in what they eat, GI information on food labels allows manufacturers to differentiate their products from those of their competitors while providing consumers with important nutritional information.

The benefit to the public is that GI data provided and endorsed by our Testing Service encourages industry to develop healthy food alternatives while enabling consumers to make more informed choices about the foods they eat.

Endorsements

Our endorsement partners generously contribute a percentage of their product sales to the Institute and these funds provide essential financial support for our research to develop a cure for diabetes. We are very grateful for the support we receive from the following sponsors:

Jockey Australia, the manufacturer of **Circulation Socks**, specially designed and manufactured in Australia to promote healthy foot circulation

Roche Diagnostics, the manufacturer of **Integra** and **Accu-Chek** meters - leaders in blood glucose monitoring

Michaelis Bayley Footwear, the manufacturer of **The Diabetes Friendly Footwear Range**.

IP Register

The Institute's IP register is maintained by all staff and coordinated by the Business Development Division.

In conclusion

The year ahead begins with the national roll-out of the Lift for Life program and several new glycemic index and food science initiatives. We look forward to building on our past achievements and working closely with our partners and collaborators to help develop products and services that will benefit people with diabetes.

Gary Layton
Director, Business Development



Education

The Team

Virginia Hagger
Eileen Collins
Brett Fenton
Melissa Jones
Lorraine Marom
Kate Plant
Seona Powell
Lynette Schroen
Mary Storey
Louis Vecchie
Anna Waldron
Patricia Woolven
Paula Yates

The education services division provides opportunities and programs so that people with diabetes can learn about their condition and receive support in managing it. We also provide diabetes and healthy living education programs for the wider community.

Anna Waldron, who was co-ordinator of IDI's Dietician services, was appointed to the newly-created position as Manager of Education Services in April. Her role is to liaise with education, medical and support staff to ensure our programs and services consistently provide the best standard of care.

In July 2005, we commenced a new model of service delivery to improve integration of medical and education services. The full-time Education Co-ordinator role is shared by several credentialed diabetes nurse educators and an accredited practicing dietician, all of whom are available to see new patients during their first visit to one of our medical specialists. This avoids delays for people needing urgent care, and is particularly convenient for our many country patients. The education co-ordinator role provided 2,500 education patient visits during the year.

The team approach is important if diabetes is to be better managed, especially in people with type 1. Since commencing our 'Intimate' program (**I**ntensive management with the team), 84 patients have participated in an advanced course to learn carbohydrate counting and to fine tune their insulin doses.

Results of the program indicate that one year after attending the program, participants have greater confidence to adjust their insulin (thereby preventing high and low blood glucose levels), increased treatment flexibility and improved blood glucose control. These courses run during the day and evening to fit in with participants' work commitments.



Our support group for women with diabetes who are pregnant or trying to become so has been running for 20 years and has supported many thousands of couples. Although most women attending have type 1 diabetes, we are now seeing many more type 2 diabetes as the disease embraces women of child-bearing age.

In 2006, we established a new support group for people using insulin pump therapy to help them make the most of this new technology which helps them achieve optimal control of their diabetes.

Partnerships

Developing strategic and collaborative partnerships has been a focus for implementing programs in the community and for research activities.

Working with our local Primary Care Partnership, we have been involved in initiatives to increase community participation in physical activity and healthy eating. Football legend Kevin Sheedy was the special guest at our Physical Activity Expo in May which gave community members an opportunity to find out about and try a range of new fun and fitness activities.

Partnering with Deakin University, we completed a systematic review of self-management interventions for the Department of Human Services (DHS). Another project for the DHS is the '*Go For Your Life - Diabetes Prevention*' program.

IDI played a key role in developing the course and trainer's manual (The Healthy Living Course) and is providing training and support to the pilot sites where the program is being implemented. During the year, we also conducted a diabetes program for Medibank Private members. The 12 month 'On Track' pilot program resulted in the participants achieving worthwhile health and lifestyle improvements. This program will continue in 2007 with an internet-based version to be developed.

Training & Consultancy

This year we continued working collaboratively with a variety of organisations to provide high quality diabetes programs to health professionals. Some notable collaborations in 2006 included working with Divisions of General Practice, Diabetes Australia Victoria, Heart Research Centre and Mayfield Education Centre. Programs in rural areas remain popular, with 50 people attending a course in Wodonga.



We appreciate the support received this year from the pharmaceutical and food industries which help us to keep the costs of providing programs affordable for health professionals. We received unconditional educational grants from the following companies:

Novo Nordisk (major supporter)
Servier Laboratories
Eli Lilly
Abbott Diagnostics
Roche Diagnostics
Freedom Foods
BD Medical
Medical Specialties Australia
Medtronic
GlaxoSmithKline
Australian Medical and Scientific

Professional Development

The team keeps up-to-date on the latest advances in diabetes care and education, with training in the Flinders University self-management model, Rogen presentation skills training, conferences and regular in-house professional meetings.

Quality

Our active and enthusiastic Quality and Occupational Health and Safety Committee has begun preparing for re-accreditation under the QICSA program due in August 2006. Significant changes have been implemented across the organisation in the areas of risk management, accounting and financial reporting and human resources, so we are well prepared for the next review.

Virginia Hagger
Director Education



Marketing & Fundraising

The Team

Serhat Abdurazak
Catherine Amies
Lynette Gaspero
Shannon Super
Alessandra Superina (part)
Noelle Wengier
Diann Patterson – D Café
Katrina Polderman – D Café
Faye Brown – NDSS Shop

The Fundraising Division has undergone some significant changes over the last financial year with the employment of a Director of Fundraising, Serhat Abdurazak, and a new Communications and Marketing Co-ordinator, Alessandra (Sandy) Superina. The new Director role was established primarily to overlay a strategic approach to all of the Institute's fundraising activities, with a focus on establishing viable major gift and bequest programs. The Communications and Marketing role has been re-designed to increase our capacity to apply and attract funding from philanthropic trusts and foundations.

What hasn't changed is the tremendous success and financial performance of the division's main fundraising programs. These continue to raise vital funds which underpin the Institute's financial health.

This year's Beat Diabetes Diabetes Research Fund's Gala Dinner was a fantastic success, both financially and as a celebration of the Institute's accomplishments with many of its corporate and individual supporters. Over 300 of IDI's closest friends and supporters attended the evening, raising a staggering \$205,211 net.

Our raffle program continues going from strength to strength. The six raffles conducted each year give us a substantial and sustainable income stream. This year, the program raised \$706,876 net, an increase of 11% on the previous financial year.

Over many years, IDI has invested in developing a balanced approach to Appeal Fundraising. This involves two appeals being sent to donors and patients via Institute newsletters in March and September, and two telephone appeals during the tax return and end-of-year holiday seasons. This approach continues delivering strong financial results and has provided us with thousands of friends and supporters who, through careful and strategic communications and nurturing, have become our informal advocates in the wider community. Over 8,000 people donated \$356,702 to the Institute last year, an increase of 7% on the previous financial year.



Other fundraising activities, such as our “In memorium” and “In lieu” donation programs conducted during the year, raised almost \$95,000.

We continue to be blessed with dedicated, hard working and committed volunteers, many of whom we rely on to perform a variety of crucial jobs. Our Opportunity Shop, for example, is staffed almost entirely by volunteers. The NDSS shop, the D Café and the Diabetes Information Centre could not run as efficiently as they do were it not for volunteer staff. The work our volunteers perform in almost all our administrative areas, saves the Institute tens of thousands of dollars annually. This money ultimately finds its way into supporting our research, education and care programs. Over the last year, thirty six volunteers worked an astounding 8,736 hours for the Institute (an average of 168 hours per week or the equivalent of almost four and a half paid full time employees).

Our retail shops continue providing excellent service and care for our patients. In May, the D Café won the “Taste4Health” Gold Award for the third successive year from the Glen Eira Council for providing tasty health food options. The NDSS shop continues to be one of the busiest in the country, servicing our large patient cohort and complementing that vital link with our diabetes educators, nurses and dietitians.

The Fundraising Division provided 62% of the Institute’s total contribution performance for the financial year 2005-2006. The division’s key objective for the future, commencing this year, is to develop an integrated fundraising program mix that will continue to provide the Institute with a growing and sustainable income stream.

Our strategies for achieving this objective in 2006-2007 are to:

- Maintain and increase raffle & appeal income
- Create a strong fundraising “case for support”
- Implement a systematic / pro-active major gift program
- Implement a pro-active bequest program
- Increase targeted submissions to philanthropic trusts and foundations
- Increase profitability of retail activities

Serhat Abdurazak
Director Fundraising



The Beat Diabetes Research Fund

The Beat Diabetes Research Fund (BDRF) seeks financial support for the Institute's research programs. Its mission is to support:

- research into a cure for diabetes and related illnesses
- community and health projects and initiatives
- community education and diabetes awareness and advocacy programs
- corporate involvement through strategic alliances and partnerships.

While still relatively new for a fund of this kind, one of our first tasks is to raise community awareness of the growing diabetes epidemic, the role of the Institute and our need for vital research dollars.

I would like to thank the BDRF committee and its Chairman, David Gilmour, for their continued support and efforts over the year and look forward to working alongside them in the year ahead as we continue raising funds to underwrite the Institutes' vital research, education and care projects.

Serhat Abdurazak
Director Fundraising



Donations

Donors to the Paul Zimmet Research Fund 1 July 2005 to 30 June 2006

Donation to the Beat Diabetes Research Fund 01/07/2005-10/06/2006

\$100,000 +

Susan Alberti Charitable Foundation

\$50,000 to \$99,999

Gandel Charitable Trust

The Victor Smorgon Charitable Fund

\$25,000 to \$49,999

The Pratt Foundation

\$10,000 to \$24,999

Jack & Robert Smorgon Families Foundation

Diabetes Australia Tasmania

Rotary Club of Glen Eira

Evercharge Pty Ltd

P & M Harbig (Holdings) Pty Ltd

John Wertheimer & Company Pty Ltd

Mr & Mrs R & J Vidor

\$5,000 to \$9,999

Bell Charitable Fund

Mrs W Fredrickson

Mr & Mrs G & S Bridges

Dansu Constructions Pty Ltd

\$1,000 to \$4,999

Diabetes Australia - Victoria

Apple Telemarketing

Mr & Mrs J & E Vernon

Berwick Opportunity Shop Inc

Mrs M Kagan

Kagan Bros Industries P/L

Ms H Maxwell-Wright

Mr W Jona AM



**Donations to International Diabetes Institute
01/07/2005 – 30/06/2006**

\$10,000 +

Roche Group

\$2,000 to \$9,990

Diabetes Support Association

Mrs M Young

Mr D Adams

Miss P Brown

Mrs R Simpson

Mr & Mrs G & M Jorgenson

\$1,000 to 1,999

Mr & Mrs T & L Krulis

Mr J Curtis

Mr M Edwards

Ms H Maxwell-Wright

Gardenvale Masonic Centre

Sylvia M. Caddy Charitable Trust

The William Angliss (Vic) Charitable Fund

Mrs E Felts

Lions Club of Marysville & District

Mr & Mrs J & M Warnock

Mrs N Gantner

Lions Club of Waverley



Honorary Appointments

Dr Beverley Balkau
Director Research in INSERM
France

Dr John Blangero
Chief Scientific Director of Human Genomics
AGT Biosciences Center for Statistical Genomics

Professor Maurice Eisenbruch
Professor of Culture and Health
Victoria University

Associate Professor Stefan Söderberg, MD, PhD,
Department of Public Health and Clinical Medicine, Medicine
Umeå University Hospital
Sweden

Dr Robyn Tapp
Department of Epidemiology & Preventive Medicine
Monash University

Professor Tim Welborn
Emeritus Consultant
Department of Endocrinology and Diabetes
Sir Charles Gairdner Hospital
Western Australia
and
Clinical Professor of Medicine
University of Western Australia

Honorary Appointments Held by IDI Staff

Professor Paul Zimmet AO

Head and Principal Investigator
World Health Organisation Collaborating Centre for the Epidemiology of Diabetes
Mellitus and Health Promotion for Noncommunicable Disease Control
Professor of Diabetes
Department of Biochemistry and Molecular Biology
Monash University
Professor
Department of Medicine and Department of Medicine & Preventive Medicine
Monash University
Professor of Epidemiology (Adjunct)
Graduate School of Public Health
Department of Epidemiology
University of Pittsburgh
Pennsylvania USA



Professor, Faculty of Health and Behavioural Sciences
Deakin University
Hon Professor Victoria University
Consultant Physician to Diabetes
Southern Health Network
Victoria

Associate Professor Jonathan Shaw

Department of Medicine and Department of Medicine & Preventive Medicine
Monash University

Dr Jeremy Jowett

Faculty of Health and Behavioural Sciences
Deakin University
Academic Fellow
Baker Heart Research Institute

Dr David Dunstan

Honorary Lecturer
Faculty of Medicine, Department of Epidemiology and Preventative Medicine
Monash University
Honorary Research Fellow
School of Population Health
University of Queensland
Adjunct Research Fellow
School of Exercise and Nutrition Sciences
Deakin University

Dr Leon Chapman

Honorary Lecturer Biochemistry
Monash University
Medical Administrative Committee
Masada Hospital



Publications and Presentations

Epidemiology

Publications 2005/2006

Refereed Journals

Zimmet PZ, Alberti KGMM, Shaw JE. Mainstreaming the metabolic syndrome: a definitive definition. *MJA* 2005;183:175-176.

Bottazzo GF, Bosi E, Cull CA, Bonifacio E, Locatelli M, Zimmet P, Mackay IR, Holman RR. 1A-2 antibody prevalence and risk assessment of early insulin requirement in subjects presenting as type 2 diabetes (UKPDS 71). *Diabetologia* 2005;48:703-708.

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Eckel RH, Grundy SM, Zimmet PZ. The metabolic syndrome. *Lancet* 2005;22:1415-1428.

Uusitalo U, Sobal J, Moothoosamy L, Chitson P, Shaw J, Zimmet P, Tuomilehto J. Dietary Westernization: Conceptualization and measurement in Mauritius. *Public Health Nutrition*, 2005;8:608-619.

Zimmet P, Alberti G, Shaw J. A new IDF worldwide definition of the metabolic syndrome: the rationale and the results. *Diabetes Voice* 2005;50:31-33.

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Daly RM, Dunstan DW, Owen N, Jolley D, Shaw J, Zimmet P. Does high intensity resistance training maintain bone mass during moderate weight loss in older overweight adults with type 2 diabetes? *Osteoporosis Int* 2005;16:1703-1712.



Dunstan DW, Salmon J, Owen N, Armstrong T, Zimmet PZ, Welborn TA, Cameron AJ, Dwyer T, Jolley D, Shaw JE on behalf of the AusDiab Steering Committee. Associations of TV viewing and physical activity with the metabolic syndrome in Australian adults. *Diabetologia* 2005 48:2254-61.

Zimmet P, Magliano D, Matsuzawa Y, Alberti G, Shaw J. The metabolic syndrome: a global public health problem and a new definition. *J Atherosclerosis & Thrombosis* 2005;12:295-300.

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Del Prato S, Felton AM, Munroe N, Nesto R, Zimmet P, Zinman B on behalf of the Global Partnership for Effective Diabetes Management. Improving glucose management: Ten steps to get more patients with type 2 diabetes to glycaemic goal. *Int J Clin Pract* 2005;59:1345-1355.

Wong TY, Barr ELM, Tapp RJ, Harper CA, Taylor HR, Zimmet PZ, Shaw JE. Retinopathy in persons with impaired glucose metabolism: The Australian Diabetes Obesity and Lifestyle (AusDiab) Study. *Am J Ophthalmology* 2005;140:1157-59.

Alberti KGMM, Zimmet P, Shaw J. Metabolic syndrome – a new world-wide definition. A consensus statement from the International Diabetes Federation. *Diabetic Med* 2005;23:469-480.

Shaw JE, Zimmet PZ, Alberti KGMM. Metabolic syndrome – do we really need a new definition? *J Metab Syndrome & Related Disorders* 2005;3:260-262.

Coyne T, Ibiebele TI, Baade PD, Dobson A, McClintock C, Dunn S, Leonard D, Shaw J. Diabetes mellitus and serum carotenoids: findings of a population-based study in Queensland, Australia. *Am J Clin Nutr* 2005;82:685-693.

Pladevall M, Singal B, Williams K, Brotons C, Guyer H, Sadurni J, Falces C, Serrano-Rios M, Gabriel R, Shaw JE, Zimmet PZ, Haffner S. A single factor underlies the metabolic syndrome: a confirmatory factor analysis. *Diabetes Care* 2006;29:113-122.

Cunningham J, O’Dea K, Dunbar T, Weeramanthri T, Zimmet P, Shaw J. Study protocol – diabetes and related conditions in urban indigenous people in the Darwin, Australia region: aims, methods and participation in the DRUID study. *BMC Public Health* 2006;6:1-23.



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Leiter LA, Betteridge DJ, Chacra AR, Chait A, Ferrannini E, Haffner SM, Kadowaki T, Tuomilehto J, Zimmet P, Newman CB, Hey-Hadavi J, Walkinshaw C on behalf of the AUDIT Study Steering Committee. The analysis and understanding of diabetes and dyslipidaemia in patients with type 2 diabetes mellitus. *Br J Diab & Vasc Disease* 2006;6:31-39.

Shaw J, Zimmet P, Alberti KGMM. Point: Impaired fasting glucose: the case for the new American Diabetes Association criterion. *Diabetes Care* 2006;29:1170-1172.

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Cunningham AL, Taylor R, Taylor J, Marks C, Shaw J, Mindel A. Prevalence of infection with herpes simplex virus types 1 and 2 in Australia: a nationwide population-based survey. *Sexually Transmitted Infections* 2006;82:164-168.

Shaw J. New diagnostic criterion for IFG. Clinical Review. *Int Diabetes Monitor* 2006;18:39-40.

Barr ELM, Wong TY, Tapp RJ, Harper CA, Zimmet PZ, Atkins R, Shaw J on behalf of the AusDiab Steering Committee. Is peripheral neuropathy associated with retinopathy and albuminuria in individuals with impaired glucose metabolism? The 1999-2000 AusDiab Study. *Diabetes Care* 2006;29:1114-1116.

Tapp RJ, Zimmet PZ, Harper CA, DeCourten MP, McCarty DJ, Balkau B, Taylor HR, Welborn TA, Shaw JE on behalf of the AusDiab study group. Diagnostic thresholds for diabetes: the association of retinopathy and albuminuria with glycaemia. *Diabetes Res Clin Pract* 2006;73:315-321.



Presentations at Symposia 2005-2006

Professor Paul Zimmet

Keynote Lecture, Australian Association of Medical Research Institutes Conference, Walter & Eliza Hall Institute, Melbourne, September 2005.

Plenary Lecture, 6th IDF Western Pacific Regional Diabetes Congress, Bangkok, October 2005

Keynote Address, 6th IDF Western Pacific Regional Diabetes Congress, Bangkok, October 2005

Keynote Address, Diabetes India Congress, Jaipur, November 2005.

Keynote Address, Obesity Summit, Parliament House, Canberra, December 2005.

Keynote Lecture, World Diabetes Summit, Hanoi, February 2006.

Keynote Lecture, Heart Foundation Conference and Scientific Meeting, Australia, March 2006.

Charles Best Award Lecture, Toronto Diabetes Association, Canada, May 2006.

Keynote Lecture, 3rd Metabolic Syndrome and Type 2 Diabetes and Atherosclerosis Congress, Marrakech, Morocco, May 2006.

Keynote Lecture, The 21st Donau Symposium on Diabetes Mellitus. The 3rd Baltic Congress of Endocrinology, Riga, June 2006.



Presentations/Publications

- Conference Name: **EASD**
Date: September 2005
Location: Athens
Title: **Type 2 diabetes in youth: the evolving epidemic**
Author: Shaw J.
- Conference Name: **EASD**
Date: September 2005
Location: Athens
Title: **Abnormal hepato-biliary function and the metabolic syndrome**
Authors: Simmons D, McKenzie A, Eaton S, Shaw J, Zimmet P.
- Conference Name: **EASD**
Date: September 2005
Location: Athens
Title: **All-cause mortality is increased across glucose tolerance categories in a national Australian population-based study (AusDiab).**
Authors: Barr ELM, Cameron AJ, Zimmet PZ, Shaw JE.
- Conference Name: **EASD**
Date: September 2005
Location: Athens
Title: **Effects of community-based resistance training on glycaemic control maintenance in persons with type 2 diabetes.**
Authors: Dunstan DW, Vulikh E, Shaw JE, Owen N, Jolley D, Zimmet PZ.
- Conference Name: **EASD**
Date: September 2005
Location: Athens
Title: **Association between insulin resistance and intraocular pressure: the DESIR Study.**
Authors: Tapp R, Balkau B, Shaw J, Vol S, Tichet J, Massin P
- Conference Name: **Australian Society for Study of Obesity**
Date: September 2005
Location: Glenelg, South Australia
Title: **Metabolic syndrome in Australia and CVD risk**
Authors: Magliano D, Cameron A, Zimmet P, Alberti G, Welborn T, Shaw J.



- Conference Name: **Australian Conference of Science and Medicine in Sport**
Date: October 2005
Location: Athens
Title: **Does physical activity attenuate the risk of abnormal glucose tolerance in overweight and obese men and women?**
Authors: Dunstan DW, Healy GN, Leslie E, Shaw JE, Zimmet PZ, Owen N.
- Conference Name: **International Diabetes Federation – Western Pacific Scientific Meeting**
Date: November 2005
Location: Bangkok
Title: **Complications and mortality of diabetes in Australia**
Author: Shaw J.
- Conference Name: **Japan Diabetes Society Annual Scientific Meeting**
Date: May 2006
Location: Tokyo
Title: **The Metabolic Syndrome: an epidemiological perspective.**
Author: Shaw J.
- Conference Name: **ADA**
Date: June 2006
Location: Washington
Title: **The prevalence of metabolic syndrome as defined by IDF and ATPIII criteria in Victoria, Australia**
Author: Devers MC, Campbell S, Eaton S, Simmons D, Shaw J, Zimmet P.
- Conference Name: **ADA**
Date: June 2006
Location: Washington
Title: **Retinopathy, neuropathy and peripheral arterial disease as independent predictors of all-cause mortality**
Author: Tapp R, Zimmet P, Harper CA, Dunstan D. Barr E, Tonkin A, Welborn T, Taylor H, Shaw J.
- Conference Name: **ADA**
Date: June 2006
Location: Washington
Title: **Association of gamma GT, metabolic syndrome components, and cardiovascular disease using ROC analysis.**
Author: Devers MC, Campbell S, Eaton S, Simmons D, Shaw J, Zimmet P.