



# Annual Report 2004

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for:

**The International Diabetes Institute**

**250 Kooyong Road**

**Caulfield Victoria 3162**

**[www.diabetes.com.au](http://www.diabetes.com.au)**

**October 2004**

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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
- acknowledge and promote corporate and individual excellence.

## President's Report

2003-2004 has been another year of activity and achievement. I have had some time out of my role as President due to ill health and The Hon. Neil Batt kindly and capably stepped into my shoes as Acting President for part of the year. My thanks to Neil for his guidance of the Board and the management team during that time.

The Board worked hard this year to formalise its processes and responsibilities by developing its own Charter. This large and detailed document is part of our quality and risk management regime and it is appropriate that, as we grow, the Board's processes strengthen and underpin our operations.

I am pleased to see the results that have stemmed from management's focus on quality and I congratulate those who have led the process. In an organisation of our modest size, these processes place considerable demands on staff over and above those created by their 'day' jobs. It is satisfying to see that, despite this, progress has been steady and milestones have been met.

This year, the Board decided to fund from its cash reserves the research programs which we call the 'Monash Projects' (because the laboratory is based in the Biochemistry Department at Monash University). This decision created an operating deficit for the year but was necessary to bridge a funding gap that would otherwise have seen the projects stalled. However, we expect to announce early in the new year that funding for these programs has been secured. For the next two to three years The Board, together with Professor Zimmet, were concerned not to lose the impetus that these important research programs - which are described elsewhere in this report - had developed, and we thank Monash University for its assistance.

The continuing financial viability of small research institutes is a constant challenge for their boards and management. We thank the public and many industry participants who support us. The Institute's raffle program generates significant dollars every year to underpin our operational budget and I thank those thousands of raffle ticket buyers all over Victoria who answer our call and buy raffle tickets for themselves and their families.

Our fundraising for the Paul Zimmet Diabetes Research Fund presents a challenge. Funds raised to date are supporting current programs but the challenge in the year ahead is to launch an effective major gift program which will enable us to increase funding for current projects and also build an endowment fund for the future. I would also like to thank Professor Zimmet and Helen Maxwell-Wright for their continued ability to make each dollar go as far as it can, and to find the extra dollars needed!

During the year we have forged closer links with other service providers who operate similar services to ours. As President I was delighted to welcome the President and Chief Executive of Diabetes Australia to a Board meeting and then later in the year to attend a joint meeting of the Board Executives of the two organizations. This is a formal recognition of the unity of focus for the 'good of people with diabetes' and reflects the collaboration of our two organisations at the operational level. We have also forged closer links with the Baker Medical Research Institute reflecting the duality of heart disease and diabetes.

My thanks also go to the Board executive – The Hon Neil Batt AO, (Vice President), Dr. Joanne Wilkinson (Immediate Past President) and Ms Fiona Bennett (Treasurer) who never stint on the time and talents they offer to the Institute.

I would also like to thank the members of the Institute's operational management team for their valuable contribution throughout the year. Professor Zimmet, our Professor Director, and Helen Maxwell-Wright as General Manager, have again provided outstanding leadership and demonstrated daily their commitment to making a difference for people with diabetes.

Finally, to all the staff, volunteers and donors who make the Institute what it is – a caring, compassionate service for people with diabetes and a powerhouse of research that we hope will find a cure for or a means of preventing diabetes and its complications – thank you!.

**H Neil Hewitt OAM**  
**President**

## Report from the Director

An urgent request from our General Manager – “Where is your contribution for the Annual Report?” My reaction was predictable: “No! Not again!” Every year when this request comes around I say: “Didn’t we just do this a few months ago?” Perhaps this is a warning that time is speeding up. It is hard to believe that this is our 19th Annual Report and that 2005 is the 20th anniversary of the opening of the International Diabetes Institute (IDI) and the 30th year of diabetes research and care at the Caulfield site. I am proud to note that over the years some very important events have been launched from our site, including:

- the Victorian Diabetes Education and Control Program (DECP) by The Hon. Tom Roper in 1984
- the National Diabetes Supply Scheme (NDSS) by The Hon. Dr Neale Blewett in 1986, and
- the Australian Diabetes Obesity and Lifestyle Study (AusDiab) by The Hon. Dr Michael Wooldridge in 1999.

This year has been another important one for us. When I wrote last year’s report, I mentioned the important contribution we made to Australia as a whole by conducting the landmark AusDiab1 study. I am now pleased to report that as this year drew to a close, we had begun the five year follow-up of the 11,000 or so people who had participated in that study. This second phase of AusDiab is being funded largely by the National Health & Medical Research Council (NHMRC) with a \$2.7 million grant over four years. This is the largest project grant ever made in Australia. The results of AusDiab2 will be of enormous value to those responsible for future healthcare planning in Australia and many other countries.

On a more personal note, let admit to how embarrassed I was when the Board named the Institute’s diabetes research fund after me. I did not seek this recognition and agreed to the naming only after being convinced that the Board believed my name would make a positive difference to the amount of money raised. I must say however, that the fundraising has been extremely slow and, if things do not improve, our future research initiatives could be affected. I urge you all to consider making a significant donation to this fund and hasten to point out that PZDRF is not a clever way of meeting my own superannuation requirements!!

This year has been rewarding in terms of our research activities and you will read about these elsewhere in this report. In particular, our collaboration with Chemgenex Pharmaceuticals (formerly AGT Biosciences/Autogen Ltd) has continued to produce exciting new gene discoveries in the areas of diabetes and obesity. Our genetics division has now moved to laboratories at the Baker Heart Research Institute on the Alfred Hospital campus. All concerned are pleased with this move which, in addition to providing better facilities, also provides our team with a more exciting intellectual and scientific environment.

We are continuing to explore the possibility of working more closely with the Baker Heart Research Institute - one of the world's leading heart disease research centers - and our collaboration on diabetes and obesity research with Professor Greg Collier and his team at Deakin University in Geelong has been enormously productive. Incidentally, it has been noted that some of the rats involved in our diabetes studies became depressed and this led to the discovery of new genes which, in turn, may result in new drugs for treating depression in humans.

Excitement in our research is not confined to genetics. We have also made important inroads into understanding the possible causes of type 1 diabetes. Our team, led by Dr Mark Myers at Monash University, has established the possibility that certain food toxins ingested during pregnancy may contribute to offspring developing diabetes. We are continuing to follow this fascinating line of research and are certainly world leaders in this area. We are also collaborating with Dr Marco Songini in Sardinia, a region of Italy with the equal highest rate of type 1 diabetes in the world. Our focus is on possible toxins that can be found in the population's daily diet.

Equally exciting is another project at our Monash laboratory where we are looking for a new type of medication for type 2 diabetes. ISF402 is an analogue of a naturally occurring body protein that has been shown to lower blood sugar. I originally isolated this compound in the early 1970s but had difficulty characterizing its chemical nature because of the inadequate nature of the technology available at that time. More recently, collaboration with Professor Frank Ng and Dr Mark Myers has shown the compound to have interesting potential as a new drug for type 2 diabetes.

Finally, I wish to thank the many talented and dedicated people who have contributed to our successes this year. One person in particular is Helen Maxwell-Wright who joined us as General Manager in October 2002. She has performed magnificently in this position. Many of the positive things discussed in this report are the result of her dynamic approach, enthusiasm, and strong commitment to the diabetes cause. This was recognized when she was named as "New CEO of the Year" in presentations made as part of the 2003 Equity Trustees Awards.

I would also like to acknowledge the important contributions of the key members of our management team. Matthew Cohen continues to do a wonderful job as Director of Medical Services. Jonathan Shaw has been a versatile Director of our research activities and has contributed significantly to our AusDiab project and many others. Virginia Hagger has made a major contribution to diabetes education and our business activities have expanded under the creative supervision of Gary Layton. Arthur Walmsley and Jeremy Jowett have also contributed significantly in their areas of finance and genomics. I also thank my personal assistant, Cathryn Walker, for her excellent support. Cathryn stepped into this role after Lesley Anderson, who had worked with me for nearly 20 years, retired in late 2003. I will never forget Lesley's dedication and the wonderful support she gave me. Her competence and compassionate management of my office made my life much easier.

I wish to also thank the President of our Board, Mr Neil Hewitt OAM; our Vice-President, The Hon. Neil Batt AO; our Treasurer, Ms Fiona Bennett, and our Board of Directors for their advice and support. Our Board members are very busy and talented people who readily accept the extra burdens of what can sometimes be a thankless task. Their dedication is greatly appreciated.

Paul Zimmet AO  
MB, BS, MRACP, PhD, FRACP, FAIID, FACN, FACE, MD, FAFPHM,  
FRCP (UK) Doctor Honoris Causa (Spain)  
**Director**



## Report from the General Manager

Looking back on 2003/04 I feel some pride in our achievements. Our bottom line shows a deficit of just over \$1 million, however this reflects the board's decision to commit reserve funds to supporting our ISF402 and Bafilomycin research projects. This interim funding, while we negotiate a contract, has meant the continuation of this important research. What better way could there be to spend our cash reserves than in keeping our researchers busy? Truly the fulfilment of our Vision and Mission.

One of our great joys this year came from developing a closer working relationship with Diabetes Australia Victoria. Our two organisations have worked well at the operational level for some time with the shared goal of providing 'good for people with diabetes'. However, this evolved further during the year when our two Board Executives, DAV's Chief Executive Greg Johnson and I met formally for the first time. Greg and I had previously made presentations to each other's Boards but we now have a more detailed understanding of the strategic plans and operational activities of our two organisations.

This year saw quality management high on our agenda. The Board began developing a Charter to formalise and document its role. We received accreditation under QICSA and our clinical areas gained accreditation under NATA (pathology laboratory) and completed the audit for the Medical Defence Association of Victoria.

The medical clinic continued meeting the needs of the 8,000 Victorians with diabetes who come to us annually, by providing specialist medical care, diabetes nurse education, dietetics and counselling. We have always believed that it takes a team to manage diabetes. That team centres on the client and includes the general practitioner, specialist physician, ophthalmologist, cardiologist and various allied health professionals. I mention this because the financial viability of our service depends on a complex model that includes the Federal and State Governments, patient contributions and our public fundraising. We are grateful to the State Government for the money it contributes to the Diabetes Education and Control Program (DECP) which partially funds our education services. We are keen to find matching funding in the near future so that we can extend our education services to meet the demands of the increasing number of health professionals and people with diabetes who need our services. I congratulate Dr Matt Cohen, Virginia Hagger and their staff for their dedication and commitment to providing the client-focused quality clinical care which is so important to so many of our clients.

Research now consumes about half of our operating budget. As I write this report, our AusDiab2 survey team is out in the field collecting data. The Epi team has changed the process of collecting and collating data in the field and

this will mean that the analysis and reporting functions will be streamlined. This has been made possible by using two lap top computers donated by the Diabetes Support Association and we thank the DSA for its continuing support. The relocation of our genetics team to laboratories at the Baker is described elsewhere in this report. Moving the team into a more supportive and synergistic environment means we have achieved one of the key objectives in our strategic plan.

Our Business Development and Fundraising teams continue to play an important role in our financial welfare during the past year. As you would expect, the returns from fundraising activities materialise more quickly than do those from Business Development. However, the latter's role in commercializing our intellectual property will, we hope, result in long term gains. This year saw us begin reaping the financial rewards of our earlier investment in the glycemic index (GI) testing service we provide to food manufacturers. However, it is proving to be a much harder task to find a partner/ investor/ donor to help fund the Lift for Life® the strength training program which we have developed from some of our previously conducted research. This transition from research to clinical outcome is most important if people in need or society generally is to benefit from that research. Our search for a suitable partner for this activity will continue in the year ahead.

Our finance and administration team and my own staff perform the less glamorous back room roles of keeping the Institute operational. I thank them all for their dedication and hard work.

My thanks also go to our President, Board executive and Directors who provide strong governance and oversight of the Institute's operations. These people are volunteers who give freely of their time and talents for the benefit of both the Institute and people with diabetes. Their wise counsel is greatly valued.

Helen Maxwell-Wright  
**General Manager**

## Corporate and Organisational Structure

### Board of Directors

Mr H Neil Hewitt OAM – President  
Hon Neil Batt AO – Vice President  
Ms Fiona Bennett – Treasurer  
Professor Robert Atkins AM  
The Hon. G Connard (ret'd 1203)  
Mr Ian Davis  
Mr Gavan Disney

Mr David Gilmour  
Ms Sue Nattrass AO  
Ms Genevieve Overell  
Mr Shane Tanner  
Dr David Thurin  
Dr Joanne Wilkinson

### Auditors

HLB Mann Judd

### Solicitors

Deacons

### Senior Staff

#### Professor/Director

Professor Paul Zimmet AO  
MBBS, MD, PhD, FRACP, FRCP (UK), FACN, FACE, FAFPHM,  
Doctor Honoris Causa (Complutense University, Madrid)

#### General Manager

Ms Helen Maxwell-Wright

#### Director Service Development

Mrs Virginia Hagger

#### Director Medical Services

Dr Matthew Cohen

#### Manager Business Development

Mr Gary Layton

#### Director Clinical Research

Dr Jonathan Shaw

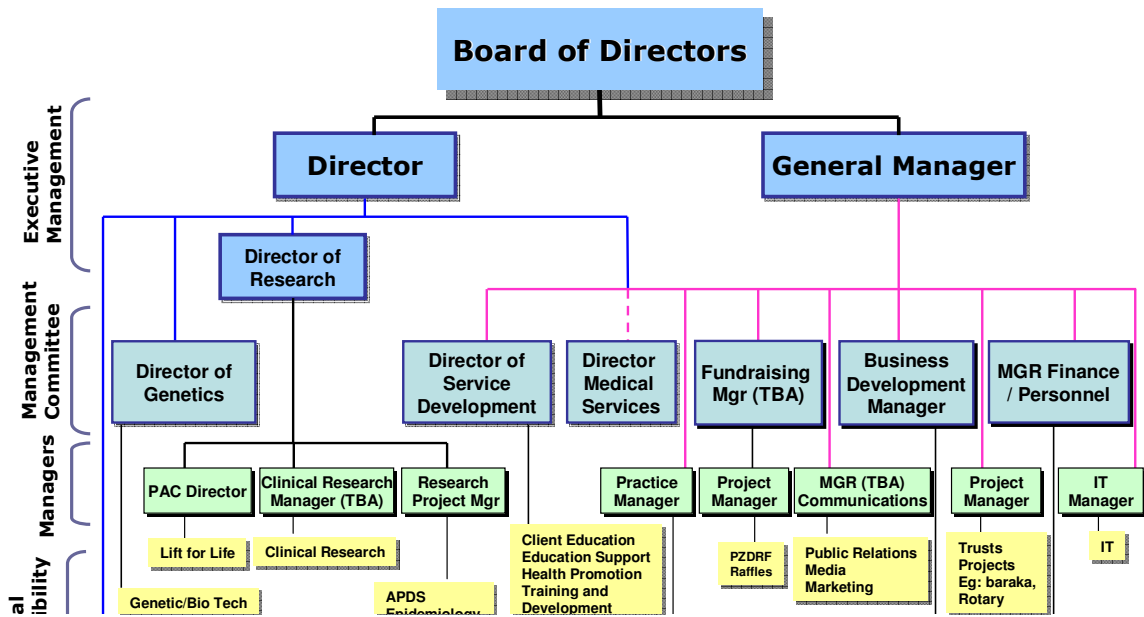
#### Director Genetics Research

Dr Jeremy Jowett

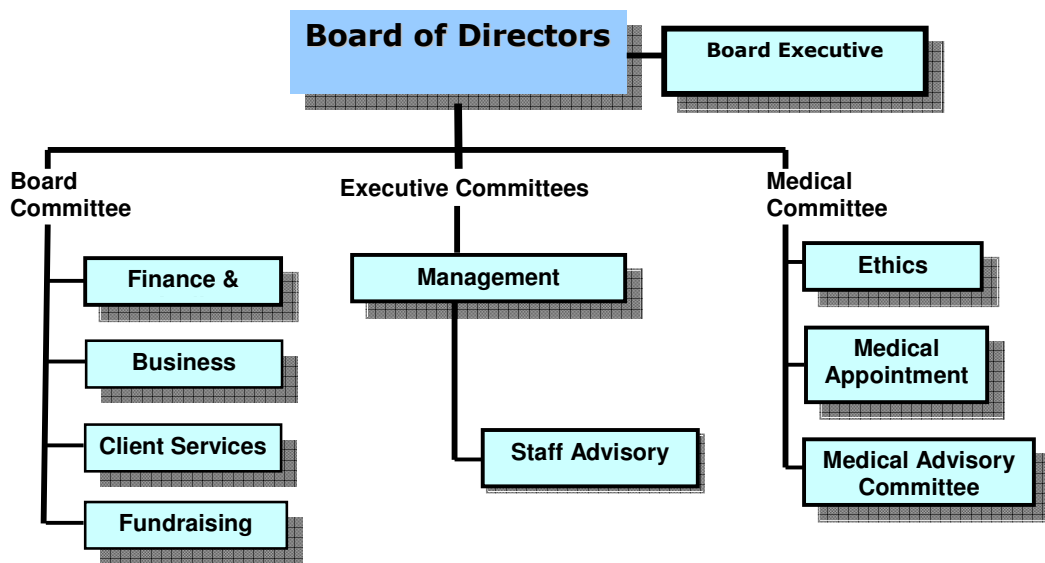
#### Manager Finance/Human Resources

Mr Arthur Walmsley

# Organisation Chart



# Committee Structure



October 04

## INTERNATIONAL DIABETES INSTITUTE

### NAMES OF DIRECTORS AND NUMBER OF DIRECTORS MEETINGS ATTENDED

July 2003 – June 2004

<b>Board Members Name</b>	<b>Number of Meetings Eligible to Attend</b>	<b>Number of Meetings Attended</b>
Professor Robert Atkins AM	6	4
Hon Neil Batt AO	6	5
Ms Fiona Bennett	6	2
Hon Geoffrey Connard AM	3	3
Mr Ian Davis	6	4
Mr Gavan Disney	6	1
Mr David Gilmour	6	3
Mr H Neil Hewitt AO	6	5
Ms Sue Nattrass	6	4
Ms Genevieve Overell	6	2
Mr Shane Tanner	6	5
Dr David Thurin	6	4
Dr Joanne Wilkinson	6	3

## Departmental Reports

### Epidemiology

#### The Team

Professor Paul Zimmet AO  
Dr Jonathan Shaw  
Ms Liz Barr  
Ms Annaliese Bonney  
Mr Adrian Cameron  
Dr David Dunstan

Ms Nicole Meinig  
Ms Shirley Murray  
Dr Richard Sicree  
Dr Ravi Singh  
Ms Theresa Whalen

2003 saw the launch of the *Diabetes Atlas* by the International Diabetes Federation. This publication reports on many aspects of the burden of diabetes around the world, and our epidemiology team contributed more than one third of all the material used. We estimated that over 190 million people worldwide have diabetes and that this figure will pass 330 million by 2025. In addition, we reported on the global burden of diabetic complications and the emerging problem of type 2 diabetes in children and adolescents.

The AusDiab study remains the department's most important project. The information collected in 1999-2000 on more than 11,000 people around the country allows us to continue publishing important reports in the scientific literature on diabetes, obesity and cardiovascular and kidney disease. We have:

- shown that many people with diabetes are not being regularly screened to see if they are developing diabetic complications
- shown that the distribution of fat is at least as important as the amount of fat, with fat around the hips apparently offering some protection against the chance of diabetes developing
- identified the most efficient ways of screening people for undiagnosed diabetes, and
- confirmed that lack of exercise and excessive time spent watching television are important risk factors for diabetes.

In the first half of 2004, AusDiab entered its second phase with preparations being made for the five year follow-up of all 11,247 participants. In June 2004, the first participants, in Melbourne, took part in the follow-up which will take 15 months and involve visiting 42 different sites around the country. This major project is being funded by a grant of \$2.7 million from the National Health and Medical Research Council, and support from the pharmaceutical industry, state health departments and charitable foundations.

This year also saw the commencement of another important project which looks at amputations, one of the most feared complications of diabetes. This ambitious work will determine the number of amputations due to diabetes performed across Melbourne, and will provide urgently needed data with which to determine if national targets to reduce amputation rates are being achieved.

### **AusDiab Collaborators**

Mr Brian Conway  
Diabetes Australia

Dr Pat Phillips  
Queen Elizabeth Hospital, SA

Dr Stan Bennett  
Australian Institute of Health & Welfare

Professor Neville Owen  
School of Population Health  
The University of Queensland

Professor Hugh Taylor  
A/Prof Tien Yin Wong  
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

Dr Steven Chadban  
Royal Prince Alfred, 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  
The Prince of Wales Hospital, NSW

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



## **Clinical Research**

### **The Team**

Professor Paul Zimmet AO  
Dr Jonathan Shaw  
Dr Neale Cohen  
Dr Carol Delaney  
Dr David Dunstan  
Ms Maria Lawton  
Ms Libby Prior  
Ms Elena Vulikh

The Clinical Research department has continued testing new treatments for diabetes. 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.

With regard to our own in-house research, the SASH study is examining different methods of encouraging people with diabetes to take up and maintain strength-training exercise, and an analysis of the results of this study should be completed in late 2004. We also published findings on the potentially important vascular functions of c-peptide (a 'fragment' of insulin previously thought to have no function), and are developing the expertise to measure subtle abnormalities of vascular function which may be crucial to understanding the huge burden of vascular disease afflicting people with diabetes.

## **Monash Projects**

Professor Paul Zimmet AO  
Dr Mark Myers

Research in our laboratories at Monash is divided between two major projects.

### ISF project

Dr. Robyn Gray (Senior Post-doctoral Scientist),  
Alexia Fremantle (Research Assistant),  
B Nikolovski, S Paule, I Schenberg (PhD students)

### Toxin project

J. Ludeman (Research Assistant),  
K. Hettiarachchi, S Chin Ling (PhD students), K. Ying Soo (Honours student)

### ***Dietary toxins as a possible cause of type 1 diabetes***

This work follows up our earlier observations of a link between toxins produced by potato scab and damage to the islet cells in the human pancreas where insulin is produced. The two key toxins (bafilomycin & concanamycin) are produced by bacteria which can infect a variety of root vegetables, including potato, beet, radish, turnip, carrot and parsnip, and appear as 'scab'. Most of the toxin is in the peel but may extend 5 to 10 mm into the flesh of the vegetable and can be relatively resistant to cooking. Our earlier studies demonstrated that exposure to bafilomycin accelerates onset and increases the incidence of diabetes in diabetes-prone mice (the NOD mouse model of type 1 diabetes). Other, more recent studies have suggested that exposing pregnant mice to bafilomycin may also increase the risk of type 1 diabetes in their offspring. We continue to explore the mechanisms by which these toxins may cause diabetes and to examine ecological associations between rates of infestation of vegetables and rates of type 1 diabetes. This work has led to six publications and four conference presentations.

### ***Novel treatment for type 2 diabetes***

This work on developing a potential new treatment for type 2 diabetes examines the activity of a short peptide (protein fragment) which was originally isolated as a natural product in human urine. The work to date has shown that the peptide (ISF 402) improves insulin resistance and may also increase the amount of insulin available to control blood sugar levels. The peptide is a stable compound, has low toxicity and appears to work whether given by injection or by mouth. There have been five poster presentations at local and international meetings in the past 12 months on various aspects of this work. The further exploration of the mechanisms of this peptide, and planning for its commercialisation are two major goals.

## **Genetic Research**

### **The Team**

Dr Jeremy Jowett  
Dr Kate Elliott  
Dr Joanne Curran  
Dr Jianmin Wang

Kristi Gluschenko  
Kiyomet Bozaoglu  
Amanda Eddy  
Hoki Beckham-Sionetali

Our genetics research aims 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 anticipate that this will lead to the development of more accurate diagnostic tests and improved therapeutic drugs which will ameliorate 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 have been investigating several groups of genes spread throughout the genome and will continue these investigations in the coming year. Solid progress was made in all of these projects with some potentially exciting results obtained recently that will be followed as a matter of high priority.

### **Funding**

During the year, our application to the National Health and Medical Research Council for funding to study disease genes related to the metabolic syndrome was successful. This peer-review selection of our project for funding from a limited pool of government research funds highlights the importance of the program and the quality of the work being done in our genetics research laboratories. The additional funding, which commenced at the start of the calendar year, has enabled us to investigate some important new genomic areas for disease genes that we would otherwise have been unable to pursue. As in previous years, we have taken several opportunities to present our research to colleagues at national and international conferences.

### **Facilities**

Our state of the art, high throughput DNA sequence and genotype analysis facility continues to produce high quality data at low cost. As mentioned elsewhere, we relocated to the Alfred Medical Research and Education Precinct in Prahran during the year and are now housed in the Baker Medical Research Institute building on Commercial Road. This move allows increased interaction with other researchers working in related fields and gives us greater access to a broader range of research facilities and technologies.

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

## **Business Development Report**

### **The Team**

Gary Layton: Manager, Business Development

Renee Slade: Lift for Life™ Coordinator

Thavamani Thangavel: Lift for Life™ trainer

Lisa Moorthy: Food Science Research Coordinator

Assoc. Professor Neil Mann: Glycemic Index Testing Service Scientific Director

Dr Carol Delaney: Glycemic Index Testing Service Scientist

Joanna James: Glycemic Index Testing Service Assistant

Clare Gibson: Glycemic Index Testing Service Assistant

The past 12 months saw our business development activities continue to grow. Our three major activity areas - endorsement programs, glycemic index science and the development of physical activity programs - all took important steps towards becoming established sources of much needed revenue. Our success has been made possible by the exceptional efforts of our team and our ability to work with people outside our own organisation to implement our business development strategies.

### **Endorsements**

We are grateful to our endorsement partners who generously contribute a percentage of their product sales to the Institute. These funds are critically important if we are to continue the research that might lead to a cure for diabetes. In particular, we are very grateful for the support we receive from the following sponsors:

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

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

**Johnson and Johnson**, the makers of **Splenda**, low calorie sweetener

**The Mossenson Galleries**, exclusive exhibitors of **Indigenart**

**Food Evolution**, the makers of **zuba juice**

### **Lift for Life™**

Our Lift for Life™ program continues going from strength to strength. This unique strength training program has been developed from the research we have done into the health benefits of physical activity. The program now operates from three community health and fitness centres and from our own physical activity facility at Caulfield. We are very pleased to be working with our community partners at Ashburton Pool and Recreation Centre, South Pacific Health Club at St. Kilda and Equilibrium Health & Fitness Centres to provide this evidence-based program.

Participants in Lift for Life™ are enrolled in an eight-week introductory phase followed by a long-term phase which builds on their early successes. The program is designed to change participants' lives by enhancing their physical ability and personal well-being.

Lift for Life™ is for people of all ages, regardless of whether they have diabetes or not. The program:

- provides participants with supervised instruction in a friendly social environment, and
- makes participants healthier, stronger and better able to perform their daily tasks with increased confidence and a sense of freedom.

It is especially satisfying when we receive feedback such as this from one of our Lift for Life™ participants:

"I was diagnosed with impaired glucose tolerance, or 'pre-diabetes', and my doctor told me to make some lifestyle changes or risk developing type 2 diabetes. After doing the Lift for Life™ program for over twelve months and making a few minor changes to my diet, my blood glucose levels have returned to normal. My doctor's happy and I'm enjoying feeling fitter and stronger." Tony Carr, 64 years

### **Glycemic index testing service**

Our new glycemic index (GI) testing service is an excellent example of successful collaboration with another academic institution. Through our association with the RMIT University's Department of Food Science, we have established this service for manufacturers of healthy food products. The GI is a measure of how quickly or slowly the body digests the carbohydrate content of a particular food into glucose, and the speed at which that glucose appears in the blood stream.

Foods that are digested and absorbed slowly by the body 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 to take more interest in what they eat, GI information on food labels allows manufacturers to differentiate themselves from their competitors while providing consumers with important nutritional information.

We are excited by the business development plans we have for the coming year. We look forward particularly to building further on our achievements in each of our three key areas. Importantly, we will focus on working closely with our existing partners and collaborators to maintain our team approach as a leading provider of care, education and support to people with diabetes.

Gary Layton M.Sc., MBA, **Manager, Business Development**

## **Service Development Division**

### **The Team**

#### **Director of Service Development**

Virginia Hagger

#### **Education Services Staff**

Melissa Jones (Dietitian Coordinator) until April 2004

Anna Waldron (Dietitian Coordinator) from April 2004

Megan Wilson (Nurse Coordinator)

Eileen Collins

Brett Fenton

Phillipa Low

Lorraine Marom

Nicole McBain

Seona Powell

Lynette Schroen

Mary Storey

Louis Vecchie

#### **Training and Development Manager**

Paula Wright

#### **Helen M Schutt Diabetes Information Centre**

Veronica Speirs – Librarian

#### **Special Projects (Primary Fightback / OzChild)**

Karen Edis

Robyn Perlstein

Several new staff joined the Division this year, including diabetes nurse educators Brett Fenton, Lorraine Marom and Phillipa Low.

Our primary role is to provide education for people with diabetes and their families (focussed on improving self-management skills) and health promotion at the community level. The division also provides consulting and training services to the health sector.

In 2003, we received funding under the Commonwealth Department of Health & Ageing National Diabetes Improvement Projects scheme to conduct the "Bush Telegraph" project. Since November 2003, our team has conducted seven, one or two day programs for health professionals, seven half day programs for aged care staff and six half-day programs for food service staff in rural Victoria. These were attended by a total of 546 participants from regional and rural areas.

## **Lifestyle Parenting project in conjunction with OzChild: Children Australia.**

The Lifestyle Parenting project was developed to increase awareness of the risk factors that contribute to childhood obesity and facilitate change through a community development model. The project was funded by the Commonwealth Department of Family and Community Services. Its aim is to change knowledge, behaviour and attitude in parents who may not have access to, or the ability to use, educational and community resources to take a more informed approach to their children's nutrition and exercise. Our specific objectives are to:

- promote awareness of the risk factors that contribute to childhood obesity
- facilitate a process whereby parents develop strategies for lifestyle changes that will reduce childhood obesity, and
- encourage the wider school community to adopt these strategies.

The program was presented to parents through their children's schools under the title of 'Healthy, Happy & Active Families - a program for parents working together'. It was delivered at Karingal Primary School in metropolitan Melbourne, Mooroopna Primary School in rural Victoria and Centaur Primary School in Tweed Heads, New South Wales. We hope that further funding will be secured so that this program can be offered more widely.

We were delighted that OzChild invited us to work with it on this initiative which puts to good use what we learned from our Primary Fightback Program in this important area of health promotion and diabetes prevention.

### **Health Promotion**

In July 2003, we received three year funding under the VicHealth "Partnerships for Health Program" to provide healthy eating support for state sporting associations. We now provide a website (<http://www.diabetes.com.au/healththroughsport/vichealth1.htm>) which clubs can visit for information about nutrition, recipes, snack ideas and healthy catering policies.

In another initiative, Swinburne University's multimedia students worked with our dietitians to develop an interactive "Smart Supermarket Shopping" website. The site address is <http://www.diabetes.com.au/SmartShopping/home.htm> . This site teaches people the basics of reading food labels, thereby making it easier for them to understand the ingredient lists and nutrition information panels found on food products.

### **Patient education**

The following new programs for people with type 1 (insulin dependent) diabetes were initiated during the year:

- a continuous glucose monitoring program. The monitor checks glucose levels constantly over a three day period to assist with optimising diabetes control
- insulin pumps. Our nurse educators have been trained in the latest advances in pump therapy and several IDI patients have begun using these as a means of better managing their diabetes
- an advanced intensive insulin therapy course where people learn to estimate the carbohydrate content of their meals and adjust their insulin accordingly. This is based on successful programs conducted in the UK and Germany.

### **Support groups**

- our pregnancy support group has been active for over 10 years. A diabetes nurse educator, a midwife and guest speakers meet at the Institute every six weeks to help future parents plan and manage the challenges of pregnancy and diabetes
- the motivation support group, which has between 12 and 15 regular members, meets monthly for advice and support.

### **Training & Consultancy**

Our annual symposium conducted in collaboration with Diabetes Australia Victoria and entitled "Exploring Diabetes Education – from client to community" was held on May 7. It attracted 220 participants who learnt about consumer centred strategies for diabetes education and how to broaden their focus to develop community directed programs. The keynote speaker was Professor Stephanie Amiel from King's College Hospital in London.

Professor Amiel also shared her expertise with 140 members of the diabetes community and the public at Glen Eira Town Hall on the topic of islet cell transplantation for people with type 1 diabetes.

We continue to conduct our well regarded programs for General Practitioners and other health professionals, attracting participants from New Zealand and requests for programs from interstate. Programs in 2003-2004 included:

- general practitioner and practice nurse programs
- a general practitioner program with the Riverina Division of General Practice in Wagga Wagga, NSW
- collaboration with the Lung Health Foundation to conduct a diabetes and asthma 'update' for practice nurses



- collaboration with the Heart Research Centre to conduct the Diabetes and Heart Disease program for the fourth consecutive year, and
- Two and five-day programs.

Our health professionals are regular presenters in the Mayfield Graduate Certificate in Diabetes Education and Health Care course for Royal District Nursing programs and aged care services. We also support students from other education institutions, accept several diabetes education students from Mayfield Education Centre and nutrition and dietetics students from Deakin University for clinical placements each year.

Our symposium and programs this year received unconditional educational grants and we thank the pharmaceutical companies which provided this assistance. They included: Novo Nordisk, Servier Laboratories, Eli Lilly, Bayer Pharmaceuticals, Abbott Diagnostics, Abbott Pharmaceuticals, Roche Diagnostics, Freedom Foods, BD Medical, Medical Specialties Australia and GlaxoSmithKline.

#### Quality Matters

Our Quality Improvement committee implemented a range of initiatives this year to increase the quality of services to its internal and external customers, including an organisation-wide staff training calendar and risk management program.

Virginia Hagger

**Director Service Development**

## **Medical Services**

### **The Team**

#### **Consultants**

Professor Paul Zimmet AO

Dr Matt Cohen

Dr Jonathan Shaw

Dr Leon Chapman

Dr Neale Cohen

Dr Ravinder Singh

#### **Cardiologist**

Dr Nicholas Cox

#### **Ophthalmology**

Dr Mark McCombe

Dr John Sutton

Dr Pradeep Madhok

Associate Professor Tien Wong

#### **Pediatrician**

Dr Joe Mel

#### **Optometrist**

Mrs Rashelle Cohen

#### **Clinical Support Staff – (supporting the Education team also)**

Kim Mawson

Margaret Tasker

Lieba Cohen

Janet Sephton

Thu Tran

Edwina de Souza

Mary Geraghty

Chris Lalor

Erin Boyle

Grace Moir

Staff in the Medical Services Division strive to deliver the highest possible quality medical care to its clients. Our major focus this year was in the areas of technology and support services in order to increase the efficiency of the services we deliver.

Among our achievements was implementing the final step in our plan for a fully computerised and integrated appointment, medical record and accounting system. Transferring from the traditional written record to a totally electronic one is a major project but we are now in a position where about 80% of our consultations are "paperless".

One advantage of electronic records is the ability to produce a "report card" on our services. This ensures that we consistently provide "best practice" at our clinics. For example, a recent report from our system showed that the average HbA1c level (a measure of long term control of diabetes) of patients attending the Institute is possibly the best in Australia.

The recent installation of a new digital (tape-less) dictating system has increased the speed and efficiency with which our specialists' reports are now sent to referring and other treating doctors. Reports are now usually mailed (or e-mailed) within two working days of the consultation. We have also recently installed an SMS appointment reminder system for those patients with mobile phones.

Another achievement has been in our fast-track multi-disciplinary service for people whose diabetes has been diagnosed within the last six months. In most cases, we can arrange a same-day consultation with a nurse educator or dietitian immediately after the specialist consultation.

Multi-skilling of our staff also helps us increase the efficiency with which we provide support services. Our support team has welcomed three new team members this year - Thu Tran (Pathology and Reception) Edwina de Souza (Reception and Word Processing) and Grace Moir (Pathology).

Diabetes is a major cause of heart problems, and it was with this in mind that we secured the services of cardiologist Dr Nicholas Cox for one session a week. Dr Cox has worked in Switzerland and the United States, and is providing a valuable service to our patients.

In another appointment, Associate Professor Tien Wong, whose specialty is diabetic eye disease, has joined our team of ophthalmologists and conducts clinics twice weekly. He has a keen interest in retinal vascular abnormalities as predictors of cardiovascular disease and is also working with our research team. Dr Wong has studied and worked in Singapore, the UK and the US.

Finally, my 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**

## **Corporate Services**

### ***Fundraising***

#### The Team

Helen Maxwell-Wright  
Catherine Amies  
Noelle Wengier  
Lynette Gaspero

Diann Pattison  
Katrina Polderman  
Faye Brown

Our department supports the Institute by coordinating retail services, raffles, appeals, fundraising events, projects and 'bequest' and 'in memoriam' programs.

Our raffle program continues to be a success story. It is particularly well supported by people in rural Victoria and provides the Institute with much-needed funds. In the past financial year, we raised more than \$700,000 from this program alone. My thanks to Bib Stillwell BMW of South Yarra and the various other businesses which have provided support and prizes.

Trusts and foundations also provide the Institute with a vital source of the funds. During the year we made several successful applications to such bodies and secured more than \$98,000 for various projects.

Although our 'in-memoriam' giving program has been part of the fundraising agenda for some time, it wasn't until recently that we were able to get it up and running well. By making local funeral directors and solicitors aware of our financial needs, we have begun seeing a positive return from generous new donors.

The Fundraising department also works with Medical & Client Services to produce two newsletters a year that are mailed to our 18,000 patients and regular donors. This enables us to give people with diabetes the latest news from both the Institute and the wider world of diabetes research and development.

Our retail department which comprises the café, the Christmas and NDSS shops underwent a huge upgrade and facelift in September. The retail facilities have now been integrated into one outlet and provide better access and greater convenience for the 8,000 patients who visit our clinical services each year.

Our special thanks go to all the individual schools, clubs and societies that have chosen the Institute as the beneficiary of their fundraising efforts. It is heartening to see that the messages about the extent of the diabetes epidemic and the importance of continued research are being heard and acted upon.

Catherine Amies **Fundraising Manager**

## Donors

01/07/03 to 30/06/04

Mrs Di Blanton	\$1,000
Mr Craig Buddle	\$1,000
Mr & Mrs A & B Edwards	\$1,000
Mrs Neilma Gantner	\$1,000
L R Cazaly Trust Fund	\$1,000
P& M Harbig (Holdings) Pty Ltd	\$1,000
Mrs Bonnie Wong	\$1,000
Yamboon Pty Ltd	\$1,000
Ms Helen Maxwell-Wright	\$1,100
Mrs S Shnider	\$1,100
Mrs Lesley Roche	\$1,020
Mrs Rebecca Szentel	\$1,040
Miss Agnes Wilson	\$1,050
Mr Marcus Mandie	\$1,320
Mr Dudley Adams	\$2,000
Jean F. Maver Charitable Trust	\$2,000
Mr Gilbert Lau	\$2,000
Ms Yvonne Alterwein	\$2,100
Affinity3 Pty Ltd	\$2,196
Mr & Mrs G & M Jorgenson	\$2,500
Mrs Sophie Weinberg	\$2,500
Bib Stillwell BMW	\$3,000
The Flora & Frank Leith Charitable Trust	\$4,000
Mr & Mrs Fred & Anita Burke	\$5,000
Estate of the Late Edward Wilson	\$5,000
H V Mckay Charitable Trust	\$5,000
The Scobie & Claire MacKinnon Trust	\$5,000
Bell Charitable Fund	\$6,000
The Marian & EH Flack Trust	\$6,500
The Macquarie Bank Foundation	\$11,000
Collier Charitable Fund	\$13,000
The Jack Brockhoff Foundation Ltd	\$32,558
The Victor Smorgon Charitable Fund	\$20,000

## **The Paul Zimmet Diabetes Research Fund**

The Paul Zimmet Diabetes Research Fund (PZDRF) celebrated its first anniversary on July 29 with a gala dinner at Crown Palladium. We had many distinguished guests including the then Federal Health Minister, The Hon Tony Abbott. Thanks to a wonderful night and the generosity of our supporters, this event raised more than \$175,000 for the AusDiab2 and DRUID research studies.

The PZDRF seeks financial support in the form of unrestricted funds for the Institute's research programs and any new research initiatives which may arise. It also works to attract financial support for annual appeals and special appeals for capital equipment and building programs that provide the physical facilities and infrastructure support for our research work. The PZDRF's mission is to support research into a cure for diabetes and related illnesses; conduct community and health projects, programs and initiatives; conduct community education and diabetes awareness and advocacy programs and encourage corporate involvement through strategic alliances and partnerships.

The challenge ahead is to establish a successful major gift program which allows us to approach and seek contributions from potential individual donors for our priority projects while 'putting some away' for future research. We are delighted that Board Director David Gilmour has agreed to chair the PZDRF and is gathering around him an impressive committee. I look forward to working closely with them all. We have a strong commitment internally to making the Fund a success.

Catherine Amies

**Manager, Paul Zimmet Diabetes Research Fund**

## **Donors to the Paul Zimmet Diabetes Research Fund**

Mr Dudley Adams	\$1,000
Mr Frank Libman	\$1,000
Mrs Barbara Guzzardi	\$1,000
Harbig (Holdings) Pty Ltd	\$1,000
Mr Sam Smorgon AO	\$1,000
The B'nai B'rith Foundation	\$1,000
Mr & Mrs John & Marie Warnock	\$1,000
National Private Bank	\$1,100
Federation Health	\$1,500
Mr Chris Hood	\$1,500
Mrs Debbie Dadon	\$1,800
Berwick Opportunity Shop Inc	\$2,000
Ms Leslie Heine	\$2,200
Ms Fiona Bennett	\$3,000
ChemGenex	\$3,000
Mr Gavan Disney	\$3,000
Vreissati Foundation	\$3,000
Leon Mow Nominees P/L	\$4,150
Fred Burke Engineering	\$5,000
Jack & Robert Smorgon Families Foundation	\$5,000
Minter Ellison	\$5,000
Evercharge Pty Ltd	\$10,000
Mrs Sue Alberti AM, Dansu Constructions	\$25,000
Mr Frank Lowy	\$50,000
The Victor Smorgon Charitable Fund	\$61,000

## **Finance & Administration/Human Resources**

### **The Team**

Ms Helen Maxwell-Wright  
Mr Arthur Walmsley  
Ms Helen Chait  
Mrs Laura Collins

Mrs Joyce Cordingley  
Mr Rodney Grigoleit  
Mr Don McDermott  
Mrs Nina Marich

In contrast to our positive financial results during the past two years, this year's activities produced an operating deficit of \$1,050,567. The reason for this was that we decided to fund research into type 1 diabetes from our existing reserves. Had we not done this, that research would almost certainly have been put 'on hold'. We view this redirection of funds as a short term investment.

The "Australia at Risk" study (the five year follow-up of people with type 2 diabetes, glucose intolerance and associated risk factors) entered into its second year of funded activity with a grant from the NHMRC.

Our Business Development department was proactive during the year and entered into large scale contractual testing programs for the food industry.

In the year ahead, the Institute will rely heavily on its Fundraising department to secure the money necessary for us to continue our research activities. It is gratifying that in the financial year just ended, the Australian public once again displayed considerable generosity which was evidenced by the success of our raffle and bequest programs.

With so many new and diversified projects now being undertaken by the Institute, it is pleasing to report that our recently enhanced accounting system has strengthened the financial reporting capabilities of all our divisions.

Our current planning for future research and business development initiatives suggest that our financial base in the years ahead will be even stronger than its has been previously.

This year, as in the past, the Treasurer and Director 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 support, loyalty, dedication and hard work.

Arthur Walmsley, **Manager Finance/Human Resources**



## 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!

Our main responsibilities include computer hardware and software support, administering the network, systems integration, telecommunications, training, graphic design and web page design and maintenance.

During the year we supported all departments in their efforts to make their operations more efficient. This was most evident in Medical Services where there was a move away from paper-based medical records to electronic records. This created not only the challenge of storing all this data and having it accessible to the appropriate people but also the issues of security, access control and privacy.

Another important focus of the IT department has been to make the computer systems more stable and reliable. Almost everyone at IDI relies heavily on both the network and internet access, and any down time can be enormously disruptive and adversely affect patient care. By conducting regular maintenance and stockpiling backup components, we were able to keep downtime to a minimum this year.

Our website [www.diabetes.com.au](http://www.diabetes.com.au) is still very popular and attracts almost 18,000 Australian and foreign visitors each month. The facts sheets, which were developed by the Education team, are by far the most popular section of our site with around 30,000 copies being downloaded each month.

I am pleased to report that the Institute has become more proactive in having efficient and up-to-date computer resources for all its staff. In keeping with this we have introduced a Computer Replacement Policy that allows computers to be replaced every four years.

We look toward to the coming year during which we will focus on creating a three year strategic plan that will allow for the staged implementation of computer projects to aid in the Institute's vision and mission.

Stephen Russell, **IT Manager**

## Honorary Appointments Held by IDI Staff

<b>Name</b>	<b>Details</b>
Dr Jonathan Shaw	Honorary Senior Lecturer Department of Medicine, Monash University Duration – December 2006
Dr David Dunstan	Honorary Lecturer in Department of Epidemiology & Preventative Medicine Duration – December 2006
Dr Leon Chapman	Honorary Lecturer Biochemistry at Monash University Duration – 2005
	Medical Administrative Committee at Masada Hospital Duration – 2005

### **HONORARY FELLOWS**

Professor Bob Atkins  
Department of Nephrology  
Monash Medical Centre

Dr Stefan Soderberg  
Umea University Hospital  
Sweden

Dr Tom Kemp  
Dewsbury & District Hospital  
UK

### **MOW VISITING FELLOW**

Professor Stephanie Amiel  
RD Laurence Professor of Diabetic Medicine  
Guy's, King's and St Thomas' School of Medicine, King's College, London.

## Publications and Presentations

### Epidemiology

Publications 2003/2004

### Refereed Journals

**Tapp R, Shaw J, Harper A, de Courten M, Balkau B, McCarty D, Taylor**

**H, Welborn T, Zimmet P** on behalf of the AusDiab Study Group. The prevalence of and factors associated with diabetic retinopathy in the Australian population. *Diabetes Care* 2003;26:1731-1737.

**Schneider H, Shaw J, Zimmet P.** Guidelines for the detection of diabetes mellitus – diagnostic criteria and rationale for screening. *Clin Biochem Rev* 2003;24:77-80.

**Williams JW, de Courten MP, Zimmet PZ, Shaw JE, Chitson P, Tuomilehto J, Alberti KGMM.** Gender differences in impaired fasting glycaemia and impaired glucose tolerance. Does sex matter? *Diabetic Med* 2003;20:915-920.

**Zimmet P.** Diabetes in Australia: An affair of the heart. *Heart, Lung and Circulation* 2003;12:S95-S98.

**Genuth S, Alberti KGMM, Bennett P, Buse J, DeFronzo R, Kahn R, Kitzmiller J Knowler WC, Lebovitz H, Lernmark A, Nathan D, Palmer J, Rizza R, Saudek C, Shaw J, Steffes M, Stern M, Tuomilehto J, Zimmet P.** Follow-up report on the diagnosis of diabetes mellitus. *Diabetes Care* 2003;26:3160-3167.

**Walder K, Segal D, Jowett J, Blangero J, Zimmet P, Collier G.** Genetic studies in Psammomys obesus. *Progress in Obesity Research* 2003;9:275-278.

**Myers MA, Hettiarachchi K, Ludeman J, Wilson AJ, Wilson CR, Zimmet PZ.** Dietary microbial toxins and type 1 diabetes. *Ann N Y Acad Sci* 2003;1005:418-422.

**WHO Expert Consultation.** Appropriate body-mass index for Asian populations and its implications for policy and intervention strategies. *Lancet* 2004;363:157-163.

**Snijder MB, Zimmet PZ, Visser M, Dekker JM, Seidell JC, Shaw JE.** Independent and opposite associations of waist and hip circumference with diabetes, hypertension and dyslipidemia: the AusDiab Study. *Int J Obesity Relat Metab Disord* 2004;28:402-409.

**Zimmet P, Shaw J.** Does your patient have glucose intolerance? *Medicine Today* 2004;5:28-33.

**Colagiuri S, Hassain Z, Zimmet PZ, Cameron AJ, Shaw JE.** Screening for type 2 diabetes and impaired glucose metabolism – The Australian experience. *Diabetes Care* 2004;27:367-371.

**Palmer AJ, Roze S, Valentine WJ, Spinass GA, Shaw JE, Zimmet PZ.** Intensive lifestyle changes or metformin in subjects with impaired glucose tolerance: modelling the long-term health economic implications of the diabetes prevention program in the Australian, French German, Swiss and UK settings. *Clinical Therapeutics* 2004;26:304-321.

**Söderberg S, Zimmet P, Tuomilehto J, de Courten M, Dowse GK, Chitson P, Stenlund H, Gareeboo KGMM, Shaw J.** High incidence of type 2 diabetes and increasing conversion rates from impaired fasting glucose and impaired glucose tolerance to diabetes in Mauritius. *J Int Med* 2004;256:37-47.

**Alberti KGMM, Zimmet P, Shaw J, Bloomgarden Z, Kaufman F, Silink M** for the Consensus Workshop Group. Type 2 diabetes in the young: the evolving epidemic. *Diabetes Care* 2004;27:1798-1811.

**Cameron AJ, Shaw JE, Zimmet PZ.** The metabolic syndrome: prevalence in worldwide populations. *Endocrinol Metab Clin N Am* 2004;33:351-375.

**Hettiarachchi KD, Zimmet PZ, Myers MA.** Transplacental exposure to bafilomycin disrupts pancreatic islet organogenesis and accelerates diabetes onset in NOD mice. *J Autoimmunity* 2004;22:287-296.

**Lee W-Y, Park J-S, Noh S-Y, Rhee E-J Kim S-W, Zimmet PZ.** Prevalence of the metabolic syndrome among 40,698 Korean metropolitan subjects. *Diabetes Res & Clin Pract* 2004;65:143-149.

**Steyn NP, Mann J, Bennett PH, Temple N, Zimmet P, Tuomilehto, Lindström, Louheranta A.** Diet, nutrition and the prevention of type 2 diabetes *Pub Hlth Nutr* 2004;7(A):147-165.

**Mackerras D, Levy J, Shaw J, Zimmet P.** Comparison of fruit and vegetable frequency data from two Australian national surveys. *Nutr Diet* 2004;61;88-97.

## **Books, Chapters, Proceedings, Review Articles**

**Sicree R, Shaw J, Zimmet P.** The global burden of diabetes. Diabetes and impaired glucose tolerance: prevalence and projections. In: Gan D (ed). Diabetes Atlas 2<sup>nd</sup> Edition. International Diabetes Federation, Brussels 2003:15-71.

**Tapp R, Shaw J, Zimmet P.** The global burden of diabetes. Complications of diabetes. In: Gan D (ed). Diabetes Atlas 2<sup>nd</sup> Edition. International Diabetes Federation, Brussels, 2003:72-113.

**Singh R, Shaw J, Zimmet P.** Diabetes in the young: a global perspective. Type 2 diabetes in the young. In: Gan D (ed). Diabetes Atlas 2<sup>nd</sup> Edition. International Diabetes Federation, Brussels, 2003:135-155.

**Shaw JE, Zimmet PZ, Gries FA, Ziegler D.** Epidemiology of Diabetic Neuropathy. In: Morgensen CE (ed). Textbook of Diabetic Neuropathy. Thieme, New York 2003:64-82.

**Zimmet P, Cowie C, Shaw J.** Classification of diabetes mellitus and other categories of glucose intolerance. In: DeFronzo RA, Ferrannini E, Keen H, Zimmet P (eds). International Textbook of Diabetes Mellitus, 3<sup>rd</sup> Edition. John Wiley & Sons, Chichester, 2004:3-14.

**Shaw J, Dowse G, Zimmet P, Alberti KGMM.** Screening for diabetes and glucose intolerance. In: DeFronzo RA, Ferrannini E, Keen H, Zimmet P (eds). International Textbook of Diabetes Mellitus, 3<sup>rd</sup> Edition. John Wiley & Sons, Chichester, 2004:1755-1776.

**Simpson RW, Tuomilehto T, Lindstrom J, Shaw J, Zimmet P.** Prevention of Type 2 Diabetes Mellitus In: DeFronzo RA, Ferrannini E, Keen H, Zimmet P (eds). International Textbook of Diabetes Mellitus, 3<sup>rd</sup> Edition. John Wiley & Sons, Chichester, 2004:1899-1913.

## **Presentations at Symposia 2003-2004**

### **Professor Paul Zimmet**

Keynote Speaker, Bayer Aspirin Awards Ceremony, Fiuggi, Italy 2003

Speaker, IDF Congress, "Diabetes Epidemic" Paris 2003

Speaker, Eugene Matison Lecture. South Australian Friends of The Hebrew University Jerusalem 2003

Keynote Lecture, Tribute to Professor Don Beavan – The Devil that is Diabetes, New Zealand, 2004

Keynote Lecture, Potato Connection – Type 1 and Type 2 Diabetes, New Zealand, 2004

Speaker, "Tribute to Professor Don Beavan – The Devil that is Diabetes" given at "This Is Your Life" show organised by Diabetes Christchurch, New Zealand, 2004

Keynote lecture, "The Etiology of Type 1 and Type 2 Diabetes – The Potato Connection", Symposium of the Rabin-Schneider Diabetes Research Centre, Tel Aviv, 2004

### **Presentations/Publications**

Conference Name: **International Diabetes Federation Meeting**

Date: August 2003

Location: Paris

Title: **Comparison of metabolic syndrome definitions in the prediction of diabetes over 5 years in Mauritius.**

Authors: Cameron AJ, Shaw JE, Zimmet PZ, Chitson P, Alberti KGMM, Tuomilehto J.

Conference Name: **International Diabetes Federation Meeting**

Date: August 2003

Location: Paris

Title: **Does glucose tolerance status affect quality of life?**

Authors: Shaw J, Tapp R, de Courten M, Welborn, Zimmet P.

Conference Name: **International Diabetes Federation Meeting**

Date: August 2003

Location: Paris

Title: **Does association of BMI with the metabolic syndrome differ between populations?**

Authors: Tapp R, Balkau B, Mhamdi L, de Courten M, Rabouin F, d'Hour D, Welborn T, Zimmet P.

Conference Name: **International Diabetes Federation Meeting**

Date: August 2003

Location: Paris

Title: **Improved self-perceived physical functioning following supervised resistance training in older persons with Type 2 diabetes.**

Authors: Dunstan DW, Daly RM, Owen N, Shaw JE, Jolley D, Vulikh E, Zimmet PZ.

Conference Name: **International Diabetes Federation Meeting**

Date: August 2003

Location: Paris

Title: **Prevalence of diabetes in the Goulburn Valley, Australia**

Authors: Simmons D, Easton S, McKenzie A, Shaw J, Zimmet P.

Conference Name: **International Diabetes Federation Meeting**  
Date: August 2003  
Location: Paris  
Title: **Intensive lifestyle changes or metformin in subjects with impaired glucose tolerance: modelling the long-term health economic implications of the diabetes prevention program in the Australian, French and Swiss settings**  
Authors: Lammert M, Palmer AJ, Roze S, Valentine WJ, Spinass GA, Shaw JE, Zimmet PZ

Conference Name: **International Diabetes Federation Meeting**  
Date: August 2003  
Location: Paris  
Title: **Long-term projection of the costs of the diabetes prevention program in the USA using the CORE diabetes prevention model: intensive lifestyle changes and metformin are both cost-effective**  
Authors: Palmer AJ, Roze S, Cabrières L, Valentine WJ, Lammert M, Zimmet PZ, Shaw JE, Spinass GA

Conference Name: **Australian Diabetes Society Meeting**  
Date: September 2003  
Location: Melbourne  
Title: **The relationship of total body water with the 2 hour oral glucose tolerance test classification**  
Authors: Sicree R, Dunstan D, Zimmet P, Cameron A, Shaw J on behalf of the AusDiab Steering Committee

Conference Name: **Australian Diabetes Society Meeting**  
Date: September 2003  
Location: Melbourne  
Title: **Prevalence of the metabolic syndrome in Australia using 3 proposed definitions**  
Authors: Cameron AJ, Shaw JE, Zimmet PZ, Welborn T.

Conference Name: **Australian Diabetes Society Meeting**  
Date: September 2003  
Location: Melbourne  
Title: **Independent associations of abnormal glucose tolerance with leisure-time physical activity & television viewing time.**  
Authors: Dunstan DW, Shaw JE, Zimmet PZ, Salmon J, Owen N, Armstrong T, Jolley D.

Conference Name: **National Physical Activity Conference**  
Date: November 2003  
Location: Perth

Title: **Physical activity & television viewing patterns among Australian adults according to gender and educational attainment.**

Authors: Dunstan D, Salmon J, Owen N, Armstrong T, Shaw J, Zimmet P.

Conference Name: **Lorne Genome Conference**

Date: February 2004

Location: Lorne

Title: **Genesniffer a gene prioritisation tool**

Authors: Elliott K, Blanger J, Jowett J

Conference Name: **Keystone Symposia**

Date: March 2004

Location: Banff, Alberta

Title: **A genome wide scan for obesity and diabetes in Mauritius**

Authors: Jowett J, Elliott K, Curran J, Wang J, Dennis S, Kotea, R, Kowlessur S, Chitson P, Zimmet P, Blanger J.

Conference Name: **American Diabetes Association**

Date: June 2004

Location: Orlanda, Florida

Title: **Height partly explains the gender differences seen in post load glucose – The AusDiab Study**

Authors: Sicree RA, Cameron AJ, Zimmet PZ, Shaw JE