

Suitability Criteria (Pens)

The following criteria can be used to determine if an OzDAFNE Pens program is suitable for an individual with diabetes. If you are still unsure after reading this document, please contact OzDAFNE@diabetesvic.org.au to discuss the person's individual circumstances.

Suitability criteria

➤ **Diagnosis of type 1 diabetes**

There is no restriction on length of diagnosis before attendance; however, people who are newly diagnosed should be assessed for readiness to attend OzDAFNE.

➤ **Using multiple daily injections of insulin and a basal-bolus regimen**

➤ **18 years or older**

This is an adult program, but mature 17 year olds may attend at discretion of the OzDAFNE Facilitators.

➤ **Able to hear, speak, understand and read English**

Some resources may be able to be reproduced in large print if required.

➤ **Able to attend a pre-program appointment (1 to 1.5 hours)**

➤ **Able to attend all 5 days of the face-to-face program or all 7 online group sessions of the OzDAFNE@home program**

➤ **Able to attend review sessions after the program**

➤ **Prepared to adjust their own insulin according to what they eat, their glucose levels (GLs) and other factors (for example, physical activity)**

➤ **Prepared to check and record GLs at least 4 to 5 times a day.**

Insulin adjustment is determined by glucose levels. Participants wearing a Continuous Glucose Monitor with a Therapeutic Goods Association indication for the sensor glucose level to be used for all treatment decisions, may use a sensor glucose reading at the times recommended in OzDAFNE without confirmatory fingerprick GL checks.

➤ **Absence of any severe physical or mental impairment that would prevent them from following the OzDAFNE principles**

Suitability may need to be confirmed with the referring doctor or endocrinologist.

➤ **HbA_{1c} less than 108 mmol/mol (12 %)**

People with an HbA_{1c} of more than 108 mmol/mol (12 %) will be assessed for suitability on a case-by-case basis. This may require discussion with their referring doctor or endocrinologist.

Consideration:

An HbA_{1c} of more than 108 mmol/mol (12 %) may indicate that the person is omitting insulin. At the pre-program appointment, the person may be asked if they ever omit insulin. Facilitators will then determine readiness to attend the OzDAFNE program.

➤ **Absence of ‘end-stage’ diabetes complications**

People with ‘end-stage’ diabetes complications will be assessed for suitability on a case-by-case basis; this may include discussion with their doctor or endocrinologist.

Considerations:

- *Retinopathy* – How well can the person independently manage essential skills like carbohydrate estimation, GL monitoring, injecting insulin. Some resources may be able to be reproduced in large print.
- *Nephropathy* – While insulin action may be affected in end-stage renal failure, motivated people should not be excluded. Note that:
 - Hypos are a greater risk once creatinine clearance drops below 15 mL/min as the clearance/degradation of insulin via the kidneys is impaired and the half-life of circulating insulin is increased. Insulin requirements therefore decrease.
 - Uraemic patients are insulin resistant because of impaired glucose uptake. This is resolved once the uraemia is addressed using dialysis.
 - OzDAFNE facilitators may require the support of diabetes/renal medical colleagues before taking on these participants.
- *Gastroparesis* – People who are unable to eat normally due to nausea and vomiting, or who require artificial nutrition for severe gastroparesis may not benefit from the OzDAFNE program.

Further considerations for suitability:

People with the following conditions will be considered on a case-by-case basis by the OzDAFNE Facilitators. OzDAFNE Facilitators may prefer to have experience delivering OzDAFNE and the support of the person's specialist medical team before accepting these participants or other people with complex medical needs:

➤ **Pregnancy**

Pregnant women with type 1 diabetes may attend an OzDAFNE program but will need to be guided by their endocrinologist/obstetric team regarding pre- and post-prandial GL targets and suggested frequency of GL monitoring.

➤ **Eating disorders**

People with eating disorders may not want to discuss dietary and carbohydrate intake with OzDAFNE Facilitators or group members. This makes insulin dose adjustment challenging.

➤ **Secondary diabetes from pancreatic disease, cystic fibrosis.**

Although not type 1 diabetes, OzDAFNE principles may be applied.

➤ **Type 2 diabetes**

A maximum of one person with type 2 diabetes may be accepted in an OzDAFNE program if the person is using a basal-bolus insulin regimen. This is at the discretion of the Lead Facilitator and requires consent from the treating endocrinologist or doctor.