February 2006 Newsletter

The February 16, 2006 meeting was held at Alta Cucina in Johnson C
Grubb, an endocrinologist from Charleston, West Virginia, gave the pre
discussion was Diabetes and Byetta. Dr.Grubb was one of the original
drug. Our meeting was sponsored by Lilly.

PRESENTATION HIGHLIGHTS

Dual concept of Type 2 Diabetes:

Insulin resistance

Insulin deficiency = hyperglycemia

Alternative view:

Insulin resistance = increased beta cell workload

Insulin deficiency = diminished beta cell response

Role of glucagons in type 2 diabetes:

Overnight glucose production by the liver is a function of glucagons.

Postprandial glucose is contributed to increased glucagon levels not sup
diabetic.

Increased glucagon increases hepatic glucose synthesis.

Fasting sugar is a reflection of hepatic glucose output.

Diminished beta cell response:

Decreased insulin secretion is a response to elevated glucose but is par
first phase insulin.

Decreased first phase insulin response = increased glucose load requirir
response hours later.

Normally insulin levels peak approximately 45 minutes into a meal.

Increased beta cell response results in decreased glucagon because of
association with decreased beta cell workload.

Normal postprandial blood sugars are less than 140 in non-diabetic.

Type 2 Diabetes:

Carbohydrate meal = increased beta cell response/ loss of first phase
glucagon not suppressed/ continued production of glucose by the liver
postprandial blood sugars.

Postprandial blood sugars:

More levels should be done diagnostically and therapeutically.

A1C 〈 7.9 - 75% of A1C is from PP blood sugars, 25% from fasting
plays a bigger role as the A1C increases.

PP blood sugar observation, control and awareness are the most lackir
care.

Retinopathy can be associated with an A1C of ~ 5.2%.

GLP 1 deficiency in type 2 diabetes:

More glucose is made because glucagon is stimulating hepatic producti
normalizes this process in the non-diabetic

GLP1 secreted by intestinal L cells is released upon ingestion of food ar
ilium. It stimulates beta cell insulin release; it's a glucose dependant pro
response to a rising BS than occurs in the absence of GLP1.

Increased beta cell response and decreased beta cell workload occur b
of post prandial glucagon.

Byetta:

The first agent that suppresses during meal and after meal glucagon el

Decreased glucagon = decreases hepatic glucose production

GLP1 reduces gastric emptying

Gastroperesis- most diabetics do not truly have this.

BS increases = meal = more glucose in the stomach = glucose not ab
absorbed in the intestines. Glucose emptying is delayed in the presence
Glucose emptying is enhanced when BS are low.

Byetta: available in 5mcg/sq or 10mcq/sq doses.

Mimics natural physiology for self-regulation glycemic control

Provides simple, fixed BID dosing before the morning and evening meal

Most common adverse events include hypoglycemia, when used with a
nausea, both mild to moderate.

Byetta increases acute beta-cell response by enhancing glucose-deper
from beta cells in the pancreas

Restores first phase insulin response

Decreases beta-cell workload

Suppresses glucagon secretion from alpha cells in the pancreas, which
hepatic glucose output from the liver

Slows gastric emptying, which allows for timely absorption of nutrients

Reduces food intake

Used as adjunctive therapy to improve glycemic control in patients with
who are taking metformin, a sulfonylurea, or a combination of both but
adequate glycemic control.

Business Meeting

Minutes accepted from January 2006 meeting.

Treasurer's report: N/A

Nomination committee:

Report given by Tina Killebrew, voting by paid members in favor of Kat
NETNPA president.

Congratulations to president elect Kathy Sharp

Kay Bone addressed the issue of bi-law changes and request this be ta
meeting.

TNA list serve now active

Member vote to continue current NETNPA.com website and keeper M
favor of paying the fee of $ 277.00 for the yearly plan and domain na

Legislative update: Wendy Vogel addressed TNA list serve activation,
and Medicare part D.

TNA members will now receive legislative update emails to keep memb
impacting the nursing profession and Tennessee healthcare.

Guidelines for new Advance Practice Nurses found at Tennessee.Gov

Board of Nursing >

Advance Practice Nursing > New graduates of Advance nursing progra

There is important info about supervision, use of title, and writing presc
without certification.

Wendy proposed consideration for holding clinics in Tri-Cities area to he
Medicare part D plans.

Will send out info about training sessions and dates of clinics and also p

Wendy Vogel suggested bereavement fund for local NP's and families:

Motion passed

Gift of $100.00 will be sent to the family of Paige Connell Odum in me
professional gifts and talents.

Informational website for Nursing can be found at www.nursingadvoca

Salary survey update:

Kathy reports the survey will be published in the spring edition of the TN

Feb 2006 in the Non-Physician Practitioner News attention was issued
ruling that NPPs cannot bill Medicare for readmission services in SNF.

Next NETNPA MEETING: Thursday, 3/16, at 6:30 PM. It will be at S
speaker will be Dr. Perez, neurologist from Morristown, speaking about
and Lyrica. Please RSVP to kayandpatbone@aol.com.

Submitted by Tracey Hensley

Secretary NETNPA 3/8/2006

Comments/Corrections/Suggestions to Baby2spoil@yahoo.com