



# Annual Report 2005

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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 2005

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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

The International Diabetes Institute (IDI) is dedicated not only to research but also to providing clinical care which meets the needs of people with diabetes. In the past year, patients made almost 18,000 visits to our doctors, ophthalmologists and allied health team.

We believe that our integrated model of diabetes care and teamwork best serves these people because it permits research findings to be directly translated into patient care.

One of our original research projects that is now in the 'translational' phase is our Lift for Life™ strength training program for people with type 2 diabetes. The Commonwealth Department of Health and Ageing is providing more than \$2 million over four years for this program to be further developed and rolled-out nationally.

Lift for Life will engage older Australians in supervised community-based physical activity which will help them prevent or better manage diabetes and avoid or delay other lifestyle-related illnesses such as obesity, heart disease, hypertension and osteoarthritis.

In January, the Managing Director and I visited each of IDI's Directors as part of conducting a Board Review. Their insights and candid comments made our job most rewarding and it was very helpful to both of us to have this one-on-one contact.

In May, after 12 months of planning, a multidisciplinary group representing all parties which can contribute to reversing the underlying socio-economic, demographic and political causes of the diabetes epidemic met in London. This meeting entitled **Global issues in health: Globalization, coca-colonization and the chronic disease epidemic** was the brainchild of Professor Zimmet. We are grateful to the Monash Institute for Global Movements and the UK-based Nuffield Trust which funded the meeting and provided the opportunity to put this topic on the international "radar screen". The meeting was jointly chaired by Professors Sir George Alberti and Paul Zimmet.

In September, our Director, Professor Paul Zimmet AO, received the coveted Helmut Mehnert Award at a meeting of the European Association for the Study of Diabetes (EASD) in Munich. The award, which is presented every two years by UNESCO and the German Diabetes Union, recognises outstanding contributions made to the world's knowledge of diabetes and its complications.

Professor Zimmet's address to the congress was entitled 'The accelerating diabetes epidemic. Who will apply the brakes?'

In November, we were delighted to welcome to the Institute the Parliamentary Secretary for Health, the Hon Chris Pyne, who opened our newly renovated D Café. Located on our Kooyong Road frontage and adjacent to our clinical areas, the D Café incorporates the One Stop Shop and NDSS outlet and provides patients and other clients with healthy eat-in and take home food, diabetes supplies and merchandise.

This year's relocation of our Genetics Department to laboratories at the Baker Medical Research Institute on the AMREP campus in Commercial Road, Prahran has given us state of the art facilities, a better scientific environment for our team and a greater capacity to collaborate with the Baker. We held our April board meeting at the Baker and the Directors observed the laboratory at work and received a presentation on the research being done.

I would like to thank the Directors for the contributions they have made this year to the life and work of the Institute. They give freely of their time and talents because they believe in the Institute's vision and its mission. During the year, Fiona Bennett resigned as a Director and as our Treasurer because of work commitments. I would like to thank Fiona for her services to the Board and the Institute, particularly during her time as Treasurer. My thanks also to Professor Zimmet, our Managing Director Helen Maxwell-Wright and to all members of the management team and staff. Thanks also go to our wonderful volunteers who give us so much of their time, energy and talent. They staff our OP Shop, the D Café, the NDSS shop and our information library, participate in our fundraising activities and make other valuable contributions in so many different ways. Their dedication and service to people with diabetes and the Institute is inspiring.

The Hon Neil Batt AO  
**President**

## Report from the Director

Twenty years!! Going strong!! Getting even stronger! No one could have dreamed that when IDI opened for business in 1985 it would develop into an entity that now has global impact. With its designation as a World Health Organization Collaborating Centre for diabetes, IDI has had a major role in defining the diabetes epidemic that has raged through Asia and the Pacific like a tsunami. Our epidemiological studies in the Pacific and Indian Ocean nations set the stage for predicting the global spread of diabetes and its complications and have contributed to an understanding of how they can be prevented.

IDI's team has participated in nearly every major WHO, International Diabetes Federation and national expert committee on diabetes research and care in the last two decades. This is a testament to the high recognition IDI has achieved as a world leader in diabetes research, care and prevention – a significant achievement for an organisation that has developed from the “grass-roots”.

Despite limited funding over the years, IDI has made important contributions in the diabetes arena and was the first or among the first to:

- establish a diabetes education centre in Victoria
- introduce to Australia the then new concept and technology of self blood glucose monitoring
- develop a blood test, the anti-GAD test, which allows type 1 diabetes to be predicted 10 years before its clinical presentation
- describe the new class of diabetes, “Latent Autoimmune Diabetes in Adults” (LADA) – the presence of “juvenile diabetes” in the middle-aged and elderly
- identify, in conjunction with researchers at Chemgenex and Deakin University, a number of new human genes which may be important in diagnosing and treating obesity and type 2 diabetes
- discover the highest frequency of diabetes in the world in the Pacific island of Nauru
- show varying diabetes rates, higher than those in Europeans, in different ethnic groups eg Polynesians, Chinese and Asian Indians
- predict the global diabetes epidemic which has now eventuated, and highlight the diabetes disaster facing China and India
- investigate the possibility that type 1 diabetes may be caused by naturally-occurring toxins in vegetables and other food toxins
- develop exercise programs, based on our own research, for elderly people with type 2 diabetes. With Federal Government funding, the program is now being rolled out across Australia as Lift for Life.

In addition, in 2000, the Institute team carried out AusDiab, Australia's first national diabetes, obesity and lifestyle survey. This was the largest such survey performed in any developed nation and the results have had a major influence on health care planning in Australia. The results have been cited worldwide and was even quoted by the Federal Treasurer in one of his annual Budget speeches to the nation!

As a result of AusDiab, IDI has established and led a major national diabetes consortium which includes national and state health departments, other research institutes and organisations including Diabetes Australia, Kidney Health Australia, Centre for Eye Research Australia, Monash University's Department of Epidemiology and major pharmaceutical companies.

A major indicator of a research institute's performance is the quality and number of papers it publishes annually, mostly in high profile and peer-reviewed journals. Our research team has performed admirably in this area during the last 20 years, having published more than 600 papers. Many of these resulted from our AusDiab Study which has been one of the most productive projects we have ever undertaken.

IDI has a great future with collaborations in the biotechnology industry, developing relationships with universities and other major institutions.

None of this would have been possible without an excellent team of health professionals and management.

Over the years, and with excellent leadership, our board has developed into a strong and cohesive group.

May the next 20 years bring even greater success.

Paul Zimmet AO

MB, BS, MRACP, PhD, FRACP, FAIID, FACN, FACE, MD, FAFPHM,  
FRCP (UK) Doctor Honoris Causa (Spain)

**Director**

## Report from the Managing Director

Looking back on this our 20<sup>th</sup> anniversary, it is good to reflect on the challenges we face as we strive to fulfil our vision.

The diabetes epidemic described elsewhere in this report brings challenges to each of our operating divisions. It creates urgency around the need for research: research into a cure, research into discovering and verifying better treatments for people with diabetes and research into finding more effective preventative measures. In the future, our greatest challenge to providing clinical care for people with diabetes might well be workforce issues. Diabetes specialists and experienced allied health staff are a scarce resource and particularly so outside our major metropolitan cities.

As we plan for the next 20 years we will continue setting research priorities, reviewing and adapting our model of care and seeking secure funding streams to underpin our work. Funding is always an issue. It is almost always project based and that makes it hard to plan long term. Diabetes is a national health priority. If we, as a country, are to meet the needs of the burgeoning numbers of people with diabetes we must all work together to determine the best way. You can be assured that this Institute is committed to being part of the solution that must be found.

### FINANCIAL RESULTS

It is pleasing to report a substantial turnaround in our financial position over the last financial year. This year, we have produced an operating surplus of \$517,700. The investment we made in supporting research, which heavily influenced our 2004 financials, has now resulted in an agreement with a listed biotech company. This will further strengthen our ability to provide support and funding for future programs and research.

**Highlights of this last year are described in each of the reports which follow. I want to mention a few that stand out:**

#### **GLOBAL ISSUES IN HEALTH: GLOBALIZATION, COCA COLONIZATION AND THE CHRONIC DISEASE EPIDEMIC**

With funding from Monash University's Institute of Global Movements and the Nuffield Trust, the Institute organised a conference in London in May. The meeting was jointly chaired by Professors Zimmet AO and Professor Sir George Alberti. Paul's leadership and vision were the driving forces in this initiative and we hope to see this group meet again in 12 months. Those invited constituted a multidisciplinary group representing all parties who can contribute to reversing the underlying socio-economic, demographic and political causes of the diabetes epidemic.

We believe that traditional medical approaches will not prevent type 2 diabetes. What is required are major and dramatic changes in the socio-economic and cultural status of people in developing countries and the disadvantaged minority groups in developed nations. The international diabetes and public health communities must adopt a more pragmatic view of the type 2 epidemic and other non communicable diseases (NCDs). They and we, must lobby and mobilise politicians, other international agencies such as UNDP, UNICEF, and the World Bank as well as other international non-governmental agencies dealing with NCDs to address these issues that have led to the type 2 diabetes and other NCD epidemics.

### **AUSDIAB STUDY**

This important study is comprehensively discussed elsewhere in this report. I was a member of the Board when the first AusDiab Study was conducted in 1999/2000. I don't believe that I, nor indeed the Board, at that time understood the significance of this study – not only to Australia but also the rest of the world. Today, at conferences, in the scientific media and in other people's research papers the AusDiab Study is widely quoted.

### **FEDERAL FUNDING FOR OUR LIFT FOR LIFE™ PROGRAM**

We were delighted with the announcement that the Commonwealth Department of Health & Ageing will provide \$2.1 million over four years for further developing and rolling-out nationally our Lift for Life strength training program. This 'world first' project is an excellent example of translational research at work. The research study which underpins Lift for Life was conducted by the Institute's Dr. David Dunstan. IDI has funded the development of the program to this point. Outside recognition and further funding is crucial to ensuring that a sustainable community model is widely accessible to those Australians with type 2 diabetes. I would like to thank the Board for backing our business development activities and to congratulate the team, led by Gary Layton, for its focus and dogged determination.

### **MOVE OF THE GENETICS RESEARCH TEAM TO NEW LABORATORIES AT AMREP**

A very important move took place this year. After much planning and investigation of potential 'homes' our Genetics Research department, led by Dr. Jeremy Jowett, moved to the AMREP precinct. As well as providing excellent laboratory and office space the team is now in a supportive and hopefully synergistic scientific environment.

### **CONTRIBUTION OF VOLUNTEERS**

We are greatly blessed by people who believe in our work and actively support our goals. Every day of every week we have wonderful volunteers whose efforts bring us closer to achieving our vision. My thanks go to each and every one of these selfless people.

I would also like to thank the staff of the Institute who also demonstrate a strong commitment to our vision and mission. It is a privilege to work with them.

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 their talents for the benefit of both the Institute and people with diabetes. Their wise counsel is greatly valued.

Helen Maxwell-Wright  
**Managing Director**

## Corporate and Organisational Structure

### Board of Directors

Hon Neil Batt AO – President  
Ms Sue Nattrass AO – Vice President  
Ms Fiona Bennett - Treasurer (resigned June 2005)  
Mr John Rashleigh – Treasurer (w.e.f. July 2005)  
Professor Robert Atkins AM  
Mr Ian Davis  
Mr David Gilmour  
Mr H Neil Hewitt OAM  
Ms Genevieve Overell  
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)

#### Managing Director

Ms Helen Maxwell-Wright

#### Deputy Director & Director Research

Dr Jonathan Shaw

#### Director Business Development

Mr Gary Layton

#### Director Education

Ms Virginia Hagger

#### Director Genetics Research

Dr Jeremy Jowett

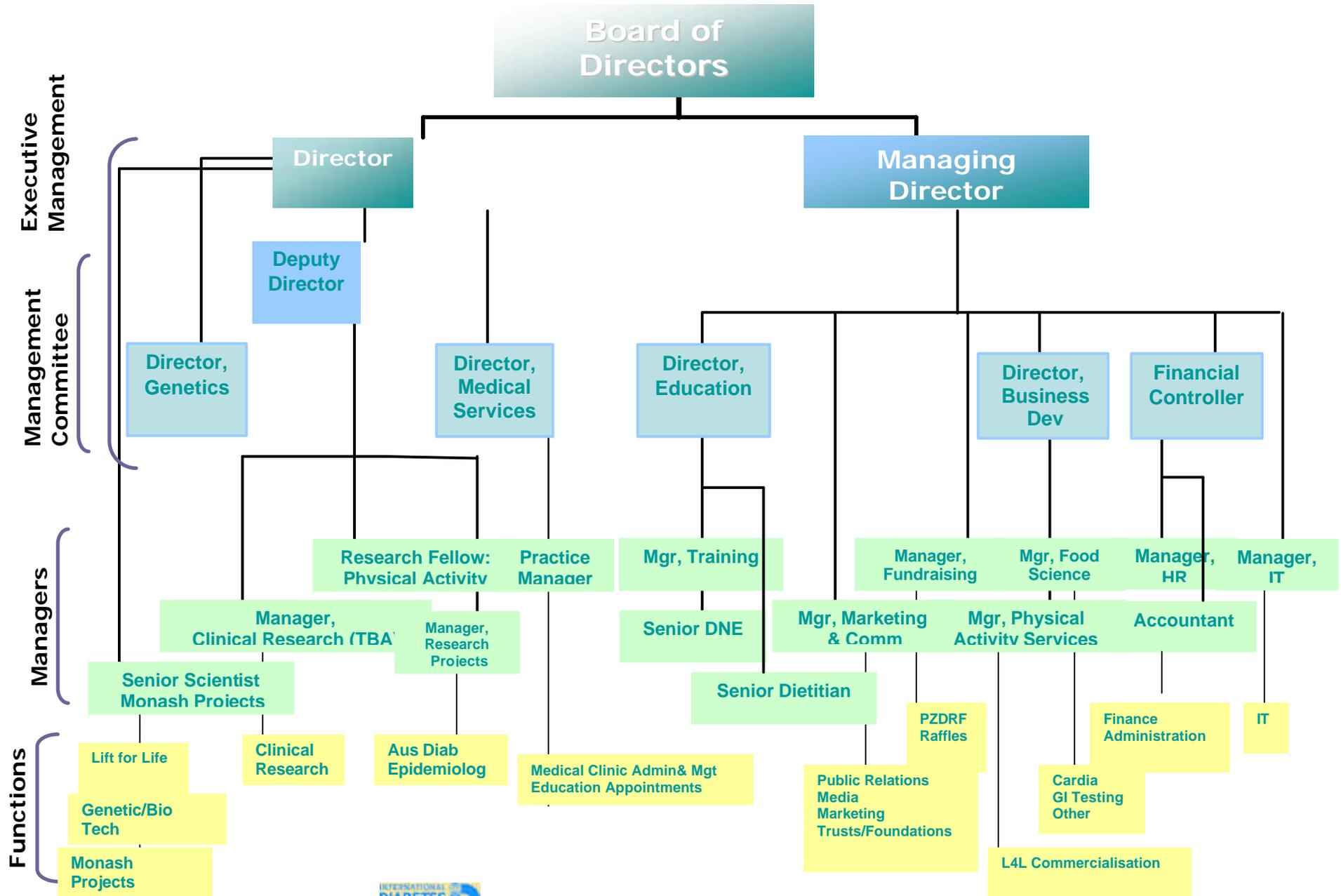
#### Director Medical Services

Dr Matthew Cohen

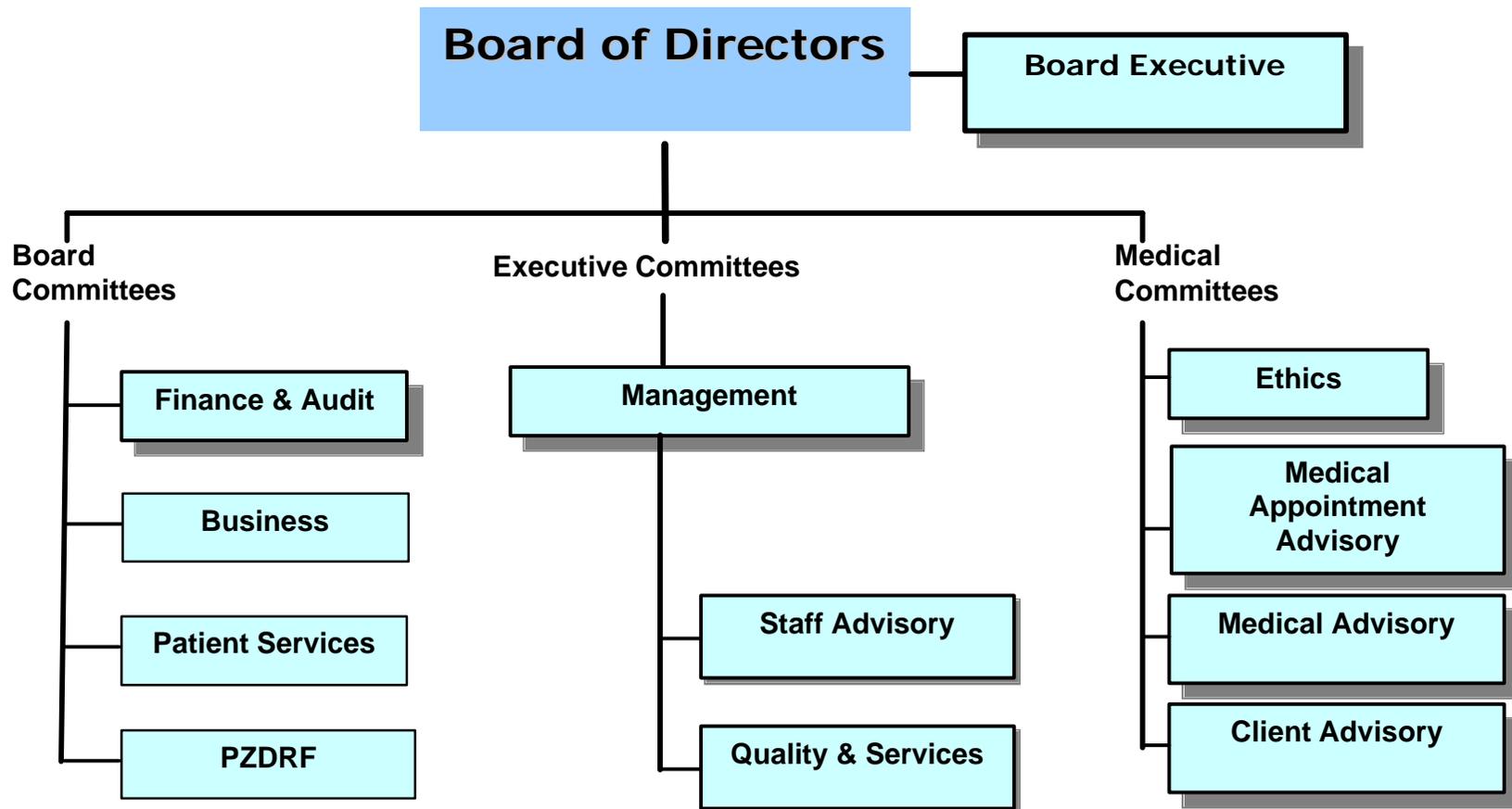
#### Financial Controller

Mr Noel Jacobs

# Organisation Chart 2005



# Committee Structure



**INTERNATIONAL DIABETES INSTITUTE  
NAMES OF DIRECTORS AND NUMBER OF DIRECTORS'  
MEETINGS ATTENDED  
July 2004 – June 2005**

Director	Number of Meetings Eligible to Attend	Number of Meetings Attended
<b>Professor Robert Atkins AM</b>	7	2
<b>Hon Neil Batt AO</b>	7	6
<b>Ms Fiona Bennett</b>	7	5
<b>Mr Ian Davis</b>	7	2
<b>Mr Gavan Disney</b> <i>Retired 11/04</i>	4	-
<b>Mr David Gilmour</b>	7	7
<b>Mr H Neil Hewitt OAM</b>	7	5
<b>Mr Tom Krulis</b>	3	2
<b>Ms Sue Natrass AO</b>	7	4
<b>Ms Genevieve Overell</b>	7	4
<b>Mr John Rashleigh</b> <i>Appointed 11/04</i>	3	2
<b>Mr Shane Tanner</b> <i>Retired 11/04</i>	4	2
<b>Dr David Thurin</b>	7	3
<b>Dr Joanne Wilkinson</b>	7	5

## Departmental Reports

### Epidemiology

#### The Team

Professor Paul Zimmet AO  
Assoc. Professor Jonathan Shaw  
Professor Robert Atkins AM  
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  
Ms Theresa Whalen  
Assoc. Professor Tien Wong

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. In the reports published this year, we have shown that:

- mortality is doubled in people with diabetes
- over only four years, people with pre-diabetes have a 60-90% increase in mortality, compared with people who have normal glucose tolerance
- while over 50% of people with type 2 diabetes have adequate control of their blood sugar levels, far fewer are achieving adequate control of their blood pressure or cholesterol levels, and
- the early signs of the kidney disease seen in diabetes are also present in some people with pre-diabetes.

In mid-2004, the AusDiab Study entered its second phase when we began the five year follow-up of the original 11,247 participants. These people are scattered right across Australia, and an IDI team has been visiting 42 different locations where its members conduct examinations and blood tests. The logistics for this study include contacting and making appointments for every participant, 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 nationally important 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.

One of the hottest topics around the world this year has been the metabolic syndrome. Professor Zimmet chaired the 1st International Congress on "Prediabetes" and the Metabolic Syndrome, which attracted 2,500 delegates to Berlin.

At this meeting, a new definition of the metabolic syndrome was announced.

The definition was formulated by an International Diabetes Federation expert committee which included Professors Zimmet and Shaw.

Associate Professor Tien Wong, who works at both IDI and at Melbourne's Centre for Eye Research Australia, has secured a \$2 million grant from the Victorian Government to develop a facility (RetVIC) for continuing his ground-breaking work on imaging retinal blood vessels. Analysing retinal photographs from the AusDiab Study is one of many projects that will RetVIC will undertake.

### **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  
The 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  
Assoc. 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  
Ms Robyn Smith  
Ms Elena Vulikh  
Assoc. Professor Tien Wong

Two major projects on the dietary management of type 2 diabetes began 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 undertaking a randomised controlled trial to determine the role of high protein, low carbohydrate diets in the treatment of type 2 diabetes. Over 100 patients are taking part in the study which will report results at the end of 2006. A second dietary study, which will conclude early next year, is examining the potential that meal replacements might have to achieve weight loss and improve blood sugar control in people with type 2 diabetes.

Physical activity research continues to focus on strength training. The SASH study is examining different methods of encouraging people with diabetes to take up and maintain strength-training exercise. Preliminary analyses of the results have indicated the difficulty that participants have in maintaining improvements in their blood sugar control. At the same time, it appears they do get better blood pressure results and this may be an important outcome of their strength training program. 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 on the effects of strength training on blood glucose for 72 hours after the exercise session.

New techniques to measure subtle abnormalities of vascular function are being used to identify early vascular abnormalities in over 400 patients with type 2 diabetes. The study will address the important question of whether these abnormalities are linked to blood sugar control and to the presence of diabetic complications. 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 disturbance of vascular function (endothelial function) in the skin.

The Clinical Research department has continued testing new treatments for diabetes. The largest project 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 multi-national study, Professors Zimmet and Shaw are also on the trial's global steering committee.

## **Medical Services**

### **Consultants**

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

### **Ophthalmology**

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

### **Paediatrician**

Dr Joe Mel

### **Optometrist**

Mrs Rashelle Cohen

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

Mary Pagett Practice Manager  
Kim Mawson  
Margaret Tasker  
Lieba Cohen  
Janet Sephton  
Thu Tran

Edwina de Souza  
Mary Geraghty  
Chris Lalor  
Erin Boyle  
Grace Moir

2004-5 has been a year in which our Medical Services experienced steady growth and development, particularly in the application of computer technology.

Our “fast-track” multi-disciplinary service for people with recently diagnosed (within the last 6 months) diabetes has been so successful that we have now extended it to all new clients. 98% of these patients are now able to see a nurse educator or dietician immediately after their specialist consultation.

The past year has also seen further progress in integrating our computerised medical record system. The ophthalmology area - where we are now able to store graphics such as eye photographs in a client's electronic file - is the last hurdle. I am pleased to report that Medical Services will soon become virtually paperless.

Our search for efficiencies also takes us into other areas. When patients forget their appointments, for example, gaps are created that could be filled by other people. This year we implemented a new automated reminder system which sends a text (SMS) message to a patient's mobile phone on the day before their scheduled appointment. We have had excellent feedback from patients and the number of 'no shows' has decreased substantially.

Another achievement this year was joining "HIC online" for Medicare benefits. The first step was sending some of our accounts electronically to Medicare. These were paid within two days instead of the usual 4-6 week wait. We can also offer our clients the ability to pay their bills in full on the day of their appointment and have their Medicare subsidies paid straight into their accounts.

We have also been working closely with the Research Department to provide data to assist with selecting patients for the many clinical trials being conducted at the Institute.

Our doctors continue to be active in the area of health professional training, both on the receiving end by attending various national and international conferences, and also by giving presentations to many groups during the year.

Our staff has had a great year. We 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  
Dr Jianmin Wang  
Kristi Gluschenko  
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 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 have been investigating several groups of genes spread throughout the genome and will continue these investigations in the coming year. By building on our earlier work we continue to make excellent progress in each of these regions. In the coming year we hope to confirm some of our positive findings and move ahead with publication and the next step of target validation as a prelude to discovering and developing new drugs.

### **Funding**

Our application to the US National Institute of Health with our collaborators Deakin University and the Medical College of Wisconsin to study disease genes related to the metabolic syndrome was successful. This peer-review selection of our project highlights the importance of the program and the quality of the work being done in our genetics research laboratories. The additional funding 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. Our relocation to the Alfred Medical Research and Education Precinct in Prahran last year has been successful on many fronts including increased interaction with other researchers working in related fields and giving both them and us access to a broader range of research facilities and technologies.

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  
Mr Rodney Grigoleit  
Mr Zev Kane  
Mrs Nina Marich  
Mrs Irina Loevskaia  
Ms Helen Markham

It is pleasing to be able to report a substantial turnaround in the Institute's financial position over the last financial year with an operating surplus of \$517,700. The investment we made in supporting research into type 1 diabetes, which heavily influenced our 2004 financials, has now resulted in an agreement with a listed biotech company which fully funds this research and is very confident of providing new and enhanced treatments for diabetes. This result further strengthens our ability to provide support and funding for future programs and research in the diabetes arena.

The Finance and Administration team has undergone substantial renewal with four new employees joining us over the course of the year. Each has brought a strong dynamic commitment to deliver best practice outcomes for the Institute and its stakeholders, and a solid and robust skill set. These new employees enhance the department's depth and ensure it is able to adequately meet the Institute's obligations and support the operating divisions effectively.

Reporting upgrades to our financial information systems capabilities have strengthened IDI'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.

The Australian public responded to humanitarian pleas with outstanding generosity after the Boxing Day tsunami and the terrible aftermath that unfolded across the Asia Pacific region. It is therefore especially pleasing and humbling that our donors, benefactors and supporters who were part of the group that answered that call so magnificently still found the capacity to support the Institute's fundraising activities.

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 continue to grow in line with our ability to fund these areas of our operations.

To all of the people who have supported us over the last 12 months - whether as a benefactor, sponsor, donor, client or volunteer - our heartfelt thanks for your support.

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 on behalf of the Institute.

Noel Jacobs  
**Financial Controller**

## **Business Development**

### **The Team**

Gary Layton: Director, Business Development

Renee Slade, Manager, Physical Activity Programs

Thavamani Thangavel, Trainer, Lift for Life™

Stephen Ross, Trainer, Lift for Life™

Helen Redding, Trainer, Lift for Life™

Dr Carol Robinson, Manager, Food Science

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

Lisa Moorthy, Food Science Research Coordinator

Dr Suzanne Graham, Research Scientist, Glycemic Index Testing Service

Clare Gibson, Glycemic Index Testing Service Assistant

Kate Pettifer, Glycemic Index Testing Service Assistant

John Dantzer, Glycemic Index Testing Service Assistant

Over the past year, our department has implemented a focussed development strategy centred on two approaches for preventing and managing type 2 diabetes that help meet the needs of diabetic patients:

- Nutrition- glycemic index testing and information
- Exercise- Lift for Life

This strategy has produced encouraging results with annual Institute revenues increasing from \$504K in 2003/04 to \$670K in 2004/05. These results reflect good progress toward our goal of developing these products and services into offerings that have a valuable place in the care and management of people with diabetes. Importantly, these offerings will become significant long-term sources of future income for the Institute.

The exceptional efforts of our team and our various partners are highlighted by the following outstanding achievements.

### **Glycemic index testing service**

In association with RMIT University's Applied Sciences Department, our glycemic index (GI) testing service is an excellent example of successful collaboration with another academic institution. The GI is a measure of the rate that 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 their products from those of their competitors while providing consumers with important nutritional information.

In 2004/05, we performed glycemic index analysis on over 100 different food products and provided healthy food development consultancy advice to many local and overseas food manufacturers. It is very pleasing that the Institute has established such an important role in the healthy food development process.

### **Lift for Life™**

The International Diabetes Institute welcomed the announcement by the Federal Government this year that it will provide \$2.1 million in funding over four years for the further development and national roll-out of our Lift for Life strength training program.

This program will engage older Australians in supervised community-based physical activity that will help them prevent or better manage 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 ability and personal well-being.

The program currently 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, St. Kilda and Equilibrium Health & Fitness Centre, Mentone to provide this unique evidence-based physical activity program. Federal Government funding will enable us to make our dream a reality by translating our physical activity research into community based programs for older Australians.

### **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 into 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.

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

The year ahead will be a very exciting one for the business development department as we begin work on the national roll-out of the Lift for Life program and continue developing our glycemic index initiatives. We look forward to building on our achievements and working closely with our existing partners and collaborators to maintain our team approach as a leading provider of diabetes research, education and care.

Gary Layton  
**Director, Business Development**

## Education Division

### The Team

Virginia Hagger  
Brett Fenton  
Phillipa Low  
Kate Plant  
Lynette Schroen  
Mary Storey  
Anna Waldron  
Paula Yates

Eileen Collins  
Melissa Jones  
Lorraine Marom  
Seona Powell  
Veronica Speirs  
Louis Vecchie  
Megan Wilson

The aim of education services is to provide a range of opportunities and programs for people with diabetes - and the community generally - to learn about the condition and to support them in diabetes self management. We continue developing and evaluating our programs and ensuring that our staff is well trained and remains up to date with the latest in diabetes management.

This year we have given people who have limited opportunities greater access to our education programs. Such people include those living in rural areas and people from non-English speaking backgrounds. Programs have been conducted in Russian by a bi-lingual educator for the local community and planning has commenced on a Greek language program, the next most common language spoken in the region. With support from the Department of Human Services Victoria, three programs for health professionals were conducted in rural Victoria.

Our internet site is one of the most popular sites for diabetes information and is an ideal way to deliver timely health information to people anywhere in the world. Our updated website was launched in 2005, and plans include an electronic newsletter and revised fact sheets, including Russian language versions. As a result of the renovations to the building, the Helen Macpherson Smith Diabetes Information Centre is now located in the reception area making it more accessible and opening hours have been extended with the support of our terrific, regular volunteers.

Forty-five clients with type 1 diabetes have participated in our 'Intensive Management With The Team' course (INTIMATE). Improvements in diabetes control, confidence to adjust insulin and treatment flexibility have been positive outcomes demonstrated by the new course. An annual event is the community seminar at Glen Eira Theatre which saw Professors Zimmet and Shaw explain the latest in diabetes management.

## Partnerships

Our efforts to develop strategic and collaborative partnerships have given us success in both achieving research grants and working with the community. Working with our local Primary Care Partnership, we have been involved in initiatives to increase community participation in physical activity and healthy eating.

Our partnering with Deakin University led to a grant from the Department of Human Services (DHS) which will allow us to conduct a systematic review of self management interventions. Another project for the DHS is the 'Go For Your Life – Diabetes Prevention' program. IDI performed a key role in developing The Healthy Living Course and trainers' manual, and we will provide training and support to the pilot sites implementing the program over next 2-3 years. On behalf of Medibank Private, IDI has conducted the 'On Track' Program for 500 members with diabetes. This initiative has seen the participants achieve worthwhile health and lifestyle improvements.

## Training & Consultancy

The training department continues to work collaboratively with a number of organisations and continues to provide health professionals with high quality diabetes programs. Some notable collaborations in 2005 included working with a number of Divisions of General Practice, Diabetes Australia Victoria, the Lung Health Promotion Centre and the Heart Research Centre.

Following the successful rural training program 'The Bush Telegraph' in 2004, we continued our rural health professional programs in Swan Hill, Hamilton and Wodonga. Participant feedback from these programs indicates that these programs are both much needed and appreciated by health professionals in these areas.

*"The program was not just theory based but offered the opportunity to see how we can implement today's learning into everyday practice"- participant of the Swan Hill program.*

A special thank you to the education team for all the time and effort put into making our training courses so highly regarded.

Our programs and annual symposium this year received unconditional educational grants and we thank the pharmaceutical and food companies which generously provided this assistance. They include:

Novo Nordisk (major supporter)

Servier Laboratories

Eli Lilly

Abbott Diagnostics

Roche Diagnostics

Freedom Foods

BD Medical

Medical Specialties Australia  
Medtronic and  
GlaxoSmithKline.

### **Professional Development**

To keep abreast of the advances in diabetes requires our team participates in a range of professional development activities. These have included a visit to Finland to investigate population based diabetes prevention programs, self management training at Flinders University, Rogen presentation skills training, conferences and regular in-house professional meetings.

### **Quality**

Our active and enthusiastic Quality and Occupational Health and Safety Committee and Quality Coordinator Hoki Beckham-Sionetali have begun preparing for re-accreditation under the QICSA program in 2006. We are confident that our systems for staff development and training, quality and safety audits, information and risk management will see us well prepared for our next review.

Virginia Hagger  
**Director Service Development**

## 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, network administration, systems integration, telecommunications, training, graphic design and web page design and maintenance.

As we celebrate IDI's 20<sup>th</sup> year, it is appropriate to recall some of the IT milestones throughout the years:

- 1985 - one computer in use - approximate cost \$10,000
- 1990 - about 15 stand-alone computers (mainly in Epidemiology and Administration)
- 1996 - first network and server installed
- 1997 - Institute's website launched
- 2000 - website redesigned and moved to [www.diabetes.com.au](http://www.diabetes.com.au) (and the Institute survived Y2K!)
- 2005 - four servers, VPN between sites, approximately 90 personal computers and notebooks.

One of the main projects we accomplished this year was the redevelopment of the Institute's website. Mid-June saw the unveiling of a fresher, cleaner website that was easier for people to navigate and had a more efficient and effective e-commerce facility. The restructuring also meant that we had a greater choice of where the site could be hosted and we were therefore able to negotiate cheaper hosting costs.

Another important focus for us has been to make the Institute's 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 checks, downtime has been kept to a minimum this year.

We are continually investigating new technologies and practices to ensure that we are able to provide the structure for the best patient care and facilities to provide accurate and current information to internal and external stakeholders. Due to budget considerations, this is always a constant battle which can only be won by differentiating between the things that are 'nice-to-have' and those which are 'need-to-have'.

We look toward to the coming year during which we will focus on improving internal communication through a variety of different initiatives.

Stephen Russell  
**IT Manager**

## **Fundraising Department**

### **The Team**

Ms Helen Maxwell-Wright  
Ms Catherine Amies  
Ms Lyndel Hunter  
Ms Noelle Wengier  
Mrs Lynette Gaspero  
Mrs Vivienne Harkness (Consultant, T for Teddy)  
Mrs Denise Nadebaum

The fundraising department's activities are crucial to IDI's financial health. We undertake a wide variety of programs including raffles, appeals, events, special projects and bequests and 'in memoriam' and 'gifts in lieu'. We are also responsible for IDI's retail activities, including the newly renovated D Café and sales of diabetes-friendly foodstuffs and other products, the NDSS shop and our internet product sales.

During the year we were approached by Vivienne Harkness who brought Red Nose Day to Australia. She introduced us to her new concept for fundraising, T for Teddy. We loved it immediately. The challenge facing us was to fund a pilot program in 2005 and then evaluate the long term viability of T for Teddy within our fundraising program. We approached the Gandel Charitable Trust which generously donated \$150,000 over two years to underwrite the program's development and marketing. This donation meant that we were able to proceed. T for Teddy was launched in May by the Chair of the Gandel Trust, Mrs Lisa Thurin, surrounded by the children of Albert Park Primary School and footballers from the Western Bulldogs, North Melbourne and Richmond Football Clubs.

### **T for Teddy**

- seeks to motivate children to lead a healthy lifestyle, to eat healthy foods and be active, and for the older children and adults to be aware of diabetes and its implications.
- is built around the child's own teddy bear and encourages children to love and care for themselves and others as they love and care for their teddy bears.
- incorporates an initiative to raise funds for diabetes research.
- is supported by an independent advisory panel of teachers and allied health professionals.

Approximately 26,000 children from more than 450 crèches, kindergartens and schools - registered for the pilot program. An independent study by Sweeney Research evaluated the pilot and rated it a success. (*T for Teddy Research Findings*, Sweeney Research Ltd., September 2005).

The plans for T for Teddy in 2006 are being developed as I write.

We are grateful for the support of trusts and foundations in the work that we seek to do. Often they support projects that may otherwise not proceed. During the year we made successful applications to such bodies and secured almost \$116,000 for AusDiab, Lift for Life and Primary Fightback.

Our raffle program continues to be a success story and provides a stable income for the Institute. This is very important to our capacity to deliver research, education and care programs. In the past year, we raised more than \$660,000 through raffles. Many people from rural Victoria support our raffles and two of our winners came from outside the metropolitan area.

Our patients and stakeholders generously support the Institute's programs through donations to our two appeals and via our newsletters. These activities are coordinated by Lyndel Hunter who joined us this year as Manager Marketing & Communications. Lynette Gaspero manages our donor database and is responsible for banking and sending out receipts for the donations received.

Noelle Wengier, a veteran of 20 years' service, coordinates the volunteer program. She has a loyal band of wonderful people who provide many, many hours of important support. Our Op Shop in Glenhuntly Road is run entirely by volunteers. Others help in the NDSS outlet and the D Café, in fundraising and administration, even in our garden. Their gifts to us are their time and skills - and they are an inspiration to us all.

The D Café is managed by Di Pattison supported by Katrina Polderman and Faye Brown (NDSS outlet). These services are important to the 8,000 patients who come to Caulfield during the year for clinical care. Our staff also appreciate the fresh, tasty healthy food and the sunny environs of our café.

The challenge for we fundraisers is to be creative in our programs and clear and cost effective in our communications so that we can raise money needed if we are to find a cure for or a means of preventing diabetes and its complications and continue providing care that meets the needs of those who have diabetes or are at risk.

Helen Maxwell-Wright  
**Managing Director**  
Catherine Amies  
**Fundraising Manager**

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

The Paul Zimmet Diabetes Research Fund (PZDRF) seeks financial support for the Institute's research programs. Its 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 Fund is still very new and our first task is to raise community awareness of the diabetes epidemic, the role of the Institute and its need for research dollars. From this will come a major gift program and approaches to corporations and potential individual donors who may be convinced to support priority projects and help build reserves with which we can fund future research.

Again this year the PZDRF held a major fundraising dinner at Crown. More than 300 people attended and funds raised exceeded \$250,000. This year's dinner acknowledged the contribution that Susan Alberti AM has made to the diabetes community as both a fundraiser and as Chair of JDRF. Sue graciously accepted our invitation to be a Patron of the Institute and we thank her for her belief in us and her commitment to finding a cure for diabetes.

I would like to thank the committee of the PZDRF under the leadership of David Gilmour for the work that they do and the support they give to the Institute. I look forward to working closely with them all in the year ahead. We have a strong commitment internally to making the Fund a success.

Catherine Amies  
**Manager, Paul Zimmet Diabetes Research Fund**

## **Donations**

### **Donors to the Paul Zimmet Research Fund 1 July 2004 to 30 June 2005**

#### **\$50,000 plus**

The Estate of Frank Macklin White  
The Gandel Charitable Trust

#### **\$25,000-\$50,000**

The Pratt Foundation  
Helen Macpherson Smith Trust  
The Estate of the late John Saunders  
Dansu Construction

#### **\$5,000-\$25,000**

H & I Hecht Trust  
Evercharge Pty Ltd  
Bell Charitable Fund  
Jack & Robert Smorgon Families Foundation

#### **To \$5,000**

Mr & Mrs Ian & Anita Burke  
First Samuel Limited  
Jreissati Foundation  
Mrs Sophie Weinberg  
Mr & Mrs Tom & Lorelle Krulis  
Berwick Opportunity Shop Inc  
Pierce Armstrong Foundation  
Mr & Mrs Albert & Debbie Dadon  
Caulfield Tabaret  
East Gippsland Toastmaster  
L R Cazaly Trust Fund  
Leon Mow Nominees P/L  
Lions Club of Mooroolbark  
Berkeley Consultants  
Mr Philip Weinman

**Donors to IDI  
1 July 2004 to 30 June 2005**

**\$10,000 & Over**

Mr & Mrs Geoff Bridges  
The Marian & EH Flack Trust

**\$2,500 to \$10,000**

Bib Stillwell  
The Danks Trust  
The Estate of Late Edward Wilson  
Diabetes Support Association  
Mrs Lesley Roche  
Mr & Mrs Alan & Anne Vaughan

**To \$2,500**

APC Logistics Pty Ltd  
Mr & Mrs A & B Edwards  
P & M Harbig (Holdings) Pty Ltd  
Mr Dudley Adams  
Mr Kenneth Martin  
Helmsman Kiosk Committee  
Ms H Maxwell-Wright  
Mrs Eva Felts  
Mrs Margot Young  
Mr Melville Edwards  
Mr & Mrs John & Marie Warnock  
Mr Gary Kagan  
Mrs Judith Jones  
Mrs Neilma Gantner  
Sylvia M. Caddy Charitable Trust  
The William Angliss (Vic)  
Charitable Fund

## **Honorary Appointments**

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

Professor Tim Welborn  
Head of Diabetes Centre  
Department of Endocrinology and Diabetes  
Sir Charles Gairdner Hospital  
Western Australia

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

## **Honorary Appointments Held by IDI Staff**

### **Honorary Fellow**

#### **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 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

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  
Duration - December 2007

**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  
Duration – 2006

Medical Administrative Committee  
Masada Hospital  
Duration - 2006

## Publications and Presentations

### Epidemiology

#### Publications 2004/2005

#### Refereed Journals

**Tapp R, Zimmet P, Harper C, de Courten M, Balkau B, McCarty D, Taylor H, Welborn T, Shaw J** on behalf of the AusDiab Study Group. Diabetes care in the Australian population: frequency of screening examinations for eye and foot complications of diabetes. *Diabetes Care* 2004;27:688-693.

**Pan CY, Sot WY, Khalid BAK, Mohen V, Thai AC, Zimmet P, Cockram CS, Jorgensen LN, Yeo JP** and the AsDiab Study Group. Metabolic, immunological and clinical characteristics in newly diagnosed Asian diabetes patients aged 12-40 years. *Diabetic Med* 2004;21:1007-1013.

**Jowett JB, Elliott KS, Curran JE, Hunt N, Walder KR, Collier GR, Zimmet PZ, Blangero J.** Genetic variation in *BEACON* influences quantitative variation in metabolic syndrome – related phenotypes. *Diabetes* 2004;53:2467-2472.

**Snijder MB, Zimmet PZ, Visser M, Dekker JM, Seidell JC, Shaw JE.** Independent association of hip circumference with metabolic profile in different ethnic groups. *Obesity Research* 2004;12:1370-1374.

**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. Physical activity and television viewing in relation to risk of 'undiagnosed' abnormal glucose metabolism in adults. *Diabetes Care* 2004;27:2603-2609.

**Atkins RC, Polkinghorne KR, Briganti EM, Shaw JE, Zimmet PZ, Chadban SJ.** Prevalence of albuminuria in Australia: The AusDiab Kidney Study. *Kidney Int* 2004;66(Suppl92):S22-S24.

**Tapp, RJ, Shaw JE, Zimmet PZ, Balkau B, Chadban SJ, Tonkin AM, Welborn TA, Atkins RC** on behalf of the AusDiab Study Group. Albuminuria is evident in the early stages of diabetes onset: results from the Australian Diabetes, Obesity and Lifestyle Study (AusDiab). *Am J Kidney Diseases* 2004;44:792-798.

**Delaney C, Shaw J, Day T.** Acute, local effects of iontophoresed insulin and C-peptide on cutaneous microvascular function in Type 1 diabetes mellitus. *Diab Med* 2004;21:428-433.

**Mori TA, Burke V, Puddey IB, Shaw JE, Beilin LJ.** Effects of fish diets and weight loss on serum leptin concentration in overweight, treated-hypertensive subjects. *J Hypertension* 2004;22:1983-1990.

**Wild S, Roglic G, Green A, Sicree R, King H.** Global prevalence of diabetes. *Diabetes Care* 2004;27:1047-1053.

**Singh R, Shaw J, Zimmet P.** Epidemiology of childhood type 2 diabetes in the developing world. *Pediatric Diabetes* 2004;5:154-168.

**Lambert TJR, Chapman LH.** Diabetes, psychotic disorders and antipsychotic therapy: a consensus statement. *MJA* 2004;181:544-548.

**Dunstan DW, Daly RM, Owen N, Jolley D, Vulikh E, Shaw J, Zimmet P.** Home-based resistance training is not sufficient to maintain improved glycemic control following supervised training in older persons with type 2 diabetes. *Diabetes Care* 2005;28:3-9.

**Dixon J, Pories W, O'Brien PE, Schauer PR, Zimmet P.** Surgery as an effective early intervention for diabetes. *Diabetes Care* 2005;28:472-474.

**Briganti EM, Kerr PG, Shaw JE, Zimmet PZ, Atkins RC.** The prevalence and treatment of cardiovascular disease and traditional cardiovascular risk factors in Australian adults with renal insufficiency. *Nephrology (Carlton)* 2005;10:40-47.

**Söderberg S, Zimmet P, Tuomilehto J, de Courten M, Dowse GK, Chitson P, Gareeboo H, Alberti KGMM, Shaw J.** Increasing prevalence of type 2 diabetes mellitus in all ethnic groups in Mauritius. *Diabet Med* 2005;22:61-68.

**Kemp TM, Barr ELM, Zimmet PZ, Cameron AJ, Welborn TA, Colagiuri S, Phillips P, Shaw JE.** Glucose, lipid and blood pressure control in Australian adults with type 2 diabetes: The 1999-2000 AusDiab Study. *Diabetes Care*, 2005;28:1490-92.

**Simmons D, McKenzie A, Eaton S, Cox N, Khan MA, Shaw J, Zimmet P.** Choice and availability of take away and restaurant food is not related to the prevalence of adult obesity in rural communities in Australia. *Int J Obes Relat Metab Disord* 2005;29:703-10.

**Barden A, Singh R, Walters BN, Ritchie J, Roberman B, Beilin, LJ** Factors predisposing to pre-eclampsia in women with gestational diabetes. *Journal of Hypertension*. 22(12):2371-2378, December 2004.

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

**Rewers M, Zimmet P.** The rising tide of childhood type 1 diabetes – what is the elusive environmental trigger? *Lancet* 2004;364:1645-1647.

**Zimmet P, Cameron A, Shaw J.** The Diabetes Epidemic; Genes and Environment Clashing. In: Ganz M (ed). Prevention of Type 2 Diabetes. John Wiley & Sons Ltd, Chichester 2005: 3-13.

**Zimmet P, Shaw J.** Diabetes – A Worldwide Problem. In: Kahn CR, Weir GC, King GL et al (eds). Joslin's Diabetes Mellitus 14<sup>th</sup> Edition. Lippincott, Williams & Wilkins 2005:525-529.

### **Presentations at Symposia 2004-2005**

#### **Professor Paul Zimmet**

UNESCO/Hellmut Mehnert/German Diabetes Union Award at the 40th Annual Meeting of the European Association for the Study of Diabetes (EASD), Munich 2004

Keynote Lecture, Australian Academy of Technological Sciences & Engineering, Adelaide, 2004

Keynote Lecture, Cabrini Hospital Research Day, Melbourne, 2004

Keynote Lecture, 1<sup>st</sup> Metabolic Syndrome Conference, Japanese Obesity Society, Tokyo, 2005

Banting Award Lecture, Diabetes UK, Glasgow, Scotland, 2005.

### **Presentations/Publications**

Conference Name: **EASD**  
Date: September 2004  
Location: Munich  
Title: **Height partly explains the gender differences seen in post load glucose – the AusDiab Study.**  
Authors: Shaw JE, Sicree R, Dunstan D, Cameron A, Zimmet PZ.

Conference Name: **EASD**  
Date: September 2004  
Location: Munich  
Title: **Six-year incidence and progression of diabetic retinopathy: results from the Mauritius diabetes complications study.**  
Authors: Tapp RJ, Zimmet PZ, Tonkin AM, Harper A, McCarty D, Söderberg S, Taylor H, Chitson P, Alberti KGMM, Tuomilehto J, Shaw JE.

Conference Name: **EASD**  
Date: September 2004  
Location: Munich  
Title: **Strong association between microalbuminuria and biochemical and physiological factors associated with diabetes: results from the Australian Diabetes, Obesity and Lifestyle Study.**  
Authors: Tapp R, Shaw J, Balkau B, Chadban S, Tonkin A, Zimmet P, Atkins R.

Conference Name: **EASD**  
Date: September 2004  
Location: Munich  
Title: **Presenilin associated, rhomboid-like protein: a mitochondrial intramembrane protease associated with insulin resistance and Type 2 diabetes.**  
Authors: Kerr-Bayles LJ, Walder K, Civitarese A, Jowett J, Curran J, Elliott K, Trevaskis J, Bishara N, Wanyonyi S, Sanigorski AM, Zimmet P, Blangero J, Kissebah A, Collier GR.

Conference Name: **EASD**  
Date: September 2004  
Location: Munich  
Title: **Classification of diabetes in young Asians based on islet autoimmunity and  $\beta$ -cell function.**  
Authors: Thai AC, Mohan V, Khalid BAK, Cockram C, Pan CY, Zimmet P, Yeo JP.

Conference Name: **EASD**  
Date: September 2004  
Location: Munich  
Title: **In Vivo studies of a novel lowering agent, ISF402.**  
Authors: Paule SG, Zimmet PZ, Myers MA.

Conference Name: **EASD**  
Date: September 2004  
Location: Munich  
Title: **Microphysiometry studies of insulin sensitising factor 402 in C2 C12 muscle cells.**  
Authors: Nikolovski B, Zimmet PZ, Myers MA.

Conference Name: **ADS & ADEA**  
Date: September 2004  
Location: Sydney  
Title: **Nephropathy is evident at the early stages of glucose intolerance.**  
Authors: Tapp R, Shaw J, Balkau B, Chadban S, Tonkin A, Welborn T, Zimmet P, Atkins R.

Conference Name: **ADS & ADEA**  
Date: September 2004  
Location: Sydney  
Title: **Glycaemic, lipid and blood pressure control among Australia adults with known type 2 diabetes: the Australian Diabetes Obesity and Lifestyle.**  
Authors: Barr E, Kemp T, Cameron A, Zimmet P, Welborn T, Shaw J on behalf of the AusDiab Steering Committee.

Conference Name: **ADS & ADEA**  
Date: September 2004  
Location: Sydney  
Title: **Algorithms for detecting impaired glucose tolerance, impaired fasting glucose, new diabetes and dysglycaemia.**  
Authors: Story AM, Hussain Z, Colagiuri S, Shaw J, Zimmet P.

Conference Name: **First International Congress on "Prediabetes" and the Metabolic Syndrome**  
Date: April 2005  
Location: Berlin  
Title: **Television viewing time in relation to blood glucose levels and quality of life in adults – AusDiab Study.**  
Authors: Dunstan D, Salmon J, Owen N, Zimmet P, Shaw J, Welborn T.

Conference Name: **First International Congress on "Prediabetes" and the Metabolic Syndrome**  
Date: April 2005  
Location: Berlin  
Title: **Prevalence of the metabolic syndrome and the ability of 3 definitions to identify incident cases of diabetes in Australia.**  
Authors: Cameron AJ, Shaw JE, Zimmet PZ, Welborn T on behalf of the AusDiab Steering Committee.

Conference Name: **First International Congress on "Prediabetes" and the Metabolic Syndrome**  
Date: April 2005  
Location: Berlin  
Title: **Television viewing time and blood glucose levels in Australian adults.**  
Authors: Dunstan D, Salmon J, Owen N, Shaw J, Zimmet P, Welborn T.

Conference Name: **American Diabetes Association**  
Date: June 2005  
Location: San Diego  
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: **American Diabetes Association**  
Date: June 2005  
Location: San Diego  
Title: **Bafilomycin ingestion during pregnancy is not associated with islet autoimmunity in offspring.**  
Authors: Lamb MM, Meyers MA, Ross, CA, Zimmet PZ, Rewers M, Norris JM.

Conference Name: **American Diabetes Association**  
Date: June 2005  
Location: San Diego  
Title: **Genetic variation in *PSARL* is associated with plasma insulin concentration.**  
Authors: Walder KR, Blangero J, Jowett JB, Bayles L, Curran JE, Elliott KS, Kim Kee-Hong, Skelton J, Comuzzie AG, Zimmet PZ, Collier GR, Kissenah AH.