

Niru Goenka lecture

Recurrent DKA, diabetes psychiatry and new ways of addressing clinical risk in diabetes services

This lecture aims to cover three linked themes within diabetes and an innovative clinical service set up by Dr Chris Garrett, consultant in diabetes psychiatry.

The lecture will start by giving an overview of the clinical phenomenon of recurrent diabetic ketoacidosis. It will describe the history of recurrent DKA, the links with brittle diabetes research from the 1970s and 80s, the well-established associations with mental health and the current research in associated morbidity and mortality.

Secondly the lecture will describe the clinical specialism of diabetes psychiatry. Diabetes psychiatry is a relatively new specialism with very few clinicians currently working in the area. Dr Garrett is the only full-time diabetes psychiatrist in UK and there are less than 10 further part-time psychiatrists working in this area with variability in experience and extent of services. The lecture will outline the background to the establishment of diabetes psychiatry as a sub-specialism and describe potential future developments in broadening numbers working in this area. The lecture will draw parallels other innovations in diabetes such as diabetes physicians and nurses.

The lecture will go onto describe how diabetes psychiatry has been at the heart of a highly innovative diabetes clinic established in 2019 by Dr Garrett at Bart's Health, which manages the riskiest people in our service through data monitoring and early intervention. It will outline how mental health case-management has substantially impacted the trajectories of people with recurrent DKA and severe hypoglycaemia. It will provide data on the people seen within the service and present outcomes. It will give case examples of successes in the management of very risky people with very high risk of early mortality.

These themes will be brought together to emphasise the importance of mental health professionals in understanding specific presentations within diabetes clinics and the usefulness of psychiatrists in establishing high-risk people on hybrid closed loop.