

Preliminary Tutor Report ped endo programme 2
Stefan Aronson, Halmstad Sweden
Tutor 1 – 19 December 2008

This was the second month for the Group 2 that started Nov 2008.
Christmas holiday reduced the period.

My arrival 2 working days before previous tutor Martin Ritzen left was very beneficial. Martin introduced me thoroughly both to the work with the programme as well as in practicalities. Sidney Nesbitt, the programme Director was temporarily in Canada during my period.

Diabetes

The majority of patients are diabetic. Among the fellows there is a great interest in developing diabetes care at home, especially among the fellows from Nigeria. It was therefore agreed upon that my period should give priority to diabetes. Through the courtesy of Dr Ragnar Hanas, Prof Martin had received 18 samples of his prized book in diabetic care for children and adolescents free of charge to the programme.

It was also agreed that each fellow should have no more than two pieces of homework per week.

The journal club was reduced and seminars were expanded and were mainly on diabetes. Summaries from the Hanas book as well as the ISPAD programme for diabetic care 2006 formed the basis.

Initially the five fellows reviewed the situation for children's diabetic care at their respective home clinics.

The number of patients treated at the three university hospitals in Nigeria reported was between 0 and 26. Generally diabetes started as a ketoacidosis. Follow up and return visits were not complete. There was no system to recover the lost cases. In no places were quality control registers used.

Most developed was the situation in Khartoum with 500 diabetic children enrolled. Not all patients in the region were reached however. Mostly insulin and blood sticks were free through WDF support.

The diabetic children seen during my tutor period were mostly at the Kenyatta hospital. Dr Lucy Mungai has more and more taken over the responsibility for these children, now being referred to the general outpatient clinic number 17. The Clinic is reserved for diabetic children on Tuesday mornings. Valuable assistance from the diabetic education unit (head medical officer Alieno Jalango) with nurse and educator were obtained several times. In fact Alieno Jalango was also involved in starting these Tuesday morning clinics for diabetic children. The clinic was a result of negotiations between University representatives at the Kenyatta Hospital (present head of ped dpt, Dorothy M.-Ngacha; the dean for the med faculty Dr Ngumi) and the Hospital leaders (i.e Dr Lubanga, clinical services and Dr Paul Ngugi, dpt of medicine and Dr Charles Maina at the the ped dpt). The patients at present have free blood meters and blood strips and the price for insulin is reduced or free. This sponsoring is essential and must probably be reinstated. The exact terms for the sponsoring must be clarified. Several patients were seen repeatedly at the clinic. It was possible for the fellows to see the effects of our suggestions to change the

therapy in many of the patients. Several not so uncommon problems in diabetic care were identified such as over-treatment with insulin, miscalculations, and misunderstandings of how to dose insulin and inject insulin, bad injection techniques, as well as the many psychological problems with diabetes care such as refusal on part of the child to accept his or her diabetes. As noted by earlier tutors some diabetic patients are shorter than expected compared to parental height. The reason for this was difficult to clarify. No growth charts and no earlier height measurements were found in the journals. Growth charts, the CDC model, were introduced by my predecessor prof. Martin Ritzen) Inconsistently weight recordings had been done before. The height measurements were now fairly reliably done. The weight measurements however were unreliable. As discovered by one of the fellows the weight balance was very malfunctioning and should be exchanged. For economic reasons it was not always possible to do check ups on accompanying autoimmune diseases. Some patients didn't have money to pay for TSH measurement and serological tests for celiac disease were not obtainable. The observations at the clinic formed a good illustration for the fellows seminars on diabetes based on the Hanas book and ISPAD guidelines 2006. The attitude and the practical handling in return visits of the fellows were very good and they were constructively engaged in the patients. Our dialogue was very fruitful. Of course we realized our shortcomings regarding many details of importance for every child with diabetes such as living condition, diet, etc. On return visits more will be learnt. There are about 200 children with diabetes that are listed at the Kenyatta clinic. However only about 70 appear. About 5 children are admitted to the ward every month with diabetic ketoacidosis. The situation is far from satisfactory. Dr Lucy Mungai is backed by the university professor in Paediatrics, prof Dorothy M-Ngacha in acquiring increased responsibility for the diabetic clinic. Dr Lucy had four years paediatric endocrinology training at the University Hospital in Barcelona. Lucy is very interested in further collaboration with the fellow programme in other areas of pediatric endocrinology (i.e. small for date children follow up, midline defect patients postoperative ely and endocrinological sequelae in oncology patients) . It was agreed that the coming tutors and the fellows probably could benefit from this initiative. Dr Lucy Mangai is responsible for the education of the doctors under specialist training in pediatrics at Kenyatta. Two lectures were shared with these doctors and the fellows and Lucy gave a return lecture on diabetes in Kenya for us. Apart from that, two very fine diabetic lecturers appeared, Alice a nutritionist and Jean Suren, a sworn diabetic educator! Jean had more to say and promised to come back!

Endocrine diseases

The endocrine patients were mainly seen as referrals at the Gertrude and the Aga Kahn clinics. The number of patients was insufficient for educational purposes, especially this last month (many just didn't show up, Christmas holiday at school may have influenced?) The spectrum of diagnoses were idiopathic growth hormone deficiency, thyroiditis, CAH cases previously treated surgically as unspecified DSD patients, one sexreared at one year of age when laparotomy had showed the presence of ovaries. It seems as if the pediatric surgeons have relied mostly on surgical diagnoses. A newly diagnosed virilized

CAH girl of 11, had stopped her prednisolone treatment due to lack of money and she had experienced rather severe withdrawal symptoms. The fellow responsible and I helped the family with some money and treatment was reinstated.

Administrative comments

For several months it has been proposed to start an economic patient fund to help to pay for some life saving expenses of the poorest patients. The steering committee of the programme has been proposed to refund some of the charges they make for the patients to this fund. The programme itself produces valuable work and instead of paying the programme for this work the hospitals should pay a percentage of the patient fees to this patient fund. The steering committee is still considering this suggestion. A standardized form for journal writing as proposed by prof. Martin Ritzen is also being considered. A problem during this month has been that the present secretary Jaqueline Koine has reduced her work and not been fully compensated.

Members of the steering committee and associated including Angela Kiragu say that there is a plan to solve the problem. Angela is right now the utmost person to rely on for running the business and probably also Sidney Nesbitt when he returns.

The two local fellows of the previous programmed Mary and Paul appear at the clinics and serve nicely. Tutors in general have no license and Mary and Paul sign the papers as well as help the programme, keep track of patients, and arrange follow up visits etc. Although very busy with their ordinary jobs they serve us and make the programme work.

The tutor flat

The tutor flat on the Gertrude area is well functioning and the services are excellent through the house-keeping department (represented by Elvis for male tutors and Lilian for women tutors). Recently Dr Nesbitt has provided a wireless Safaricom net adapter to make home work possible also for the tutor!

The fellows

The fellows work very well and are inspiring. Several organizational matters were clarified at the start (see Martin's folder in tutors' folder in the tutor computer at the Gertrude office). A great problem for the fellows is their travel times of about 3 hours per day (except the Kenyatta day) through the roaring Nairobi traffic. The steering committee is considering this problem.

Another problem with this group of fellows is that they are not paid by their home hospital as they should. Letters to remind the home administrators of the fellows' rights and the terms of the programme are being sent.

It is one of the very rewarding things with this programme to get to know these fellows. It inspires you to do your best in return.

I have asked the steering committee to make an inquiry to the fellows to get a detailed view from them about the programme. Their feedback could further develop the programme.

Gertrudes Hospital Dec 20, 2008

Stefan Aronson