



National Prescribing Service Limited

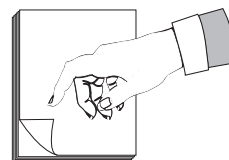
Drug use in type 2 diabetes self-audit

Why a self-audit on provision of drug use in type 2 diabetes?

Poorly managed diabetes reduces life expectancy by up to 15 years¹, particularly raising the risk of cardiovascular disease and stroke. Through early detection, monitoring and encouraging appropriate management, pharmacists can play an important role in reducing the risk of diabetes and progression of complications. Participation in this self-audit provides pharmacists with an opportunity to:

- identify counselling points for patients being treated for diabetes
- reinforce key messages about diabetes management to patients
- demonstrate your provision of quality care.

Please tear off each section carefully. Registration and clinical audit forms should be received at NPS by Friday 22 July 2005.



“A good way to reinforce the counselling points and assess how I was performing.”
 “Offers a very good method of structuring counselling.”
 “It only takes a few minutes to complete and provides immediate feedback about best practice in this area.”

How to participate

1. Select patients

Select 10 patients (older than 18 years of age) diagnosed with type 2 diabetes and treated with one or more antidiabetic drugs. Patients should be selected prospectively as they present their prescriptions.

Patient privacy

Patients must be informed that health information from their medication records may be used for the purposes of quality assurance activities. Please:

- display the enclosed poster *Quality assurance activities in this pharmacy and your privacy* in your pharmacy
- ask patients/customers to read the poster.

2. Collect data and review

- **Complete** one double-sided self-audit form as soon as possible **after** your interaction with each of your 10 patients/customers.
- **Check** Table 1 and the *Guide*, pages 2–3, for supporting information on data collection and review.

Note: Since Professional Practice Standards stipulate that counselling on medicines is carried out by a pharmacist, self-audit forms should be completed by a pharmacist or a pre-registration pharmacist under the direct supervision of a pharmacist.¹

3. Return the self-audit forms

Return the 10 self-audit forms and *Registration form/confidentiality agreement* to:

NPS Pharmacy Self-audit
Locked Bag 4888
STRAWBERRY HILLS NSW 2012

To be received at NPS not later than:

Friday 22 July 2005

Please note: Unfortunately, late submissions cannot be accepted.

4. Professional development

- This self-audit is recognised under the Pharmaceutical Society of Australia (PSA) Continuing Professional Development (CPD) and Practice Improvement (PI) Program. Registered pharmacists who are PSA members are eligible for 8 CPD & PI credit points (or State equivalent e.g. 3 CPE points for pre-registrant pharmacists in NSW) according to PSA Guidelines. Recognition No. R1–7/05.
- The self-audit is also recognised for 1 QCPP point.
- All 10 self-audit forms must be returned by Friday 22 July 2005 if you wish to obtain CPD & PI (PSA) credit points or QCPP/CQI points (if you are unable to complete all 10 forms you may still participate but you will not receive points).

Data collection and review

Use this information to complete the forms.

Section A: *Presentation of the prescription*

Establish who the prescription is for.

Section B: *Dispensing antidiabetic drugs*

- Indicate whether the drug was dispensed for the first time at this pharmacy, was a repeat prescription or this was not determined.
- Indicate the drug then specify the dose and frequency as recorded on the prescription.

Note that patients such as those taking maximum or close to maximum doses of a single agent(s), those taking 2 or more antidiabetic drugs and elderly patients taking long-acting sulfonylureas are high priority for counselling on **all** aspects of their drug treatment.

Section C: *Providing counselling*

Patient counselling is the dissemination or exchange of medicine information (including skills required to safely and effectively administer the medicine) by the pharmacist to the patient and/or their carer.¹ The information is provided to achieve safe and appropriate use of medicines and adherence to the prescribed treatment regimen in order to optimise therapeutic outcomes.¹

The Professional Practice Standards state:¹

- pharmacists have a legal and professional obligation to ensure patients have the information they need to enable them to make informed decisions about their medicines
- it is envisaged that counselling is offered to all patients each time a product is dispensed.

Professional judgement and the expressed needs of the patient or carer will influence the scope of the counselling and how it is conducted.¹

Remind patients of the need for ongoing monitoring of their response to their medicines, both regular blood glucose monitoring as well as blood pressure measurements.

Use Table 1 (attached) to counsel about:

- timing of when to take oral antidiabetic drugs
- common adverse effects.

Drugs that may affect glycaemic control

The following drugs have been identified as having an effect on glycaemic control²:

Hypoglycaemic effect:

- ACE inhibitors
- alcohol
- anabolic steroids
- disopyramide
- mefloquine
- MAOIs
- octreotide
- pentamidine
- perhexiline
- quinine
- salicylates (high doses)

Hyperglycaemic effect:

- atypical antipsychotics
e.g. clozapine, olanzapine, quetiapine
- beta₂ agonists (IV salbutamol, terbutaline)
- danazol
- glucocorticoids
- nicotinic acid
- oral contraceptives (high dose)
- pentamidine
- phenothiazines, e.g. chlorpromazine
- somatropin
- thiazide diuretics (high dose,
e.g. hydrochlorothiazide 50 mg)

Complementary medicines that may cause hypoglycaemia are ginseng Asian/American and ginseng Siberian¹ (see pp 267–81 of *Australian Pharmaceutical Formulary and Handbook*, 19th Edition, for more details).

Management of hypoglycaemia

Hypoglycaemia or low blood sugar may be due to excessive insulin, a sulfonylurea or repaglinide, deficient carbohydrate intake or unaccustomed exercise.

Early symptoms that people may experience include dizziness, sweating, trembling, palpitations and headache. If hypoglycaemia is not treated, late symptoms such as double vision, unusual behaviour, drowsiness and confusion may occur.

Patients should be familiar with treating hypoglycaemia with some quick-acting carbohydrate that is easy to consume such as 3 teaspoons of sugar or honey, 6–7 jellybeans, or glucose tablets. This should be followed by a longer-acting carbohydrate e.g. a sandwich, a glass of milk or a piece of fruit, or by a subcutaneous glucagon administration given by another person.³

A patient information sheet in English can be downloaded from www.diabetesaustralia.com.au and multilingual information from www.diabetesaustralia.com.au/multilingualdiabetes

Section D: Other medication(s) for diabetes related condition(s)

Most patients taking one or more oral antidiabetic drugs will require additional medicines to manage other cardiovascular risk factors. It is important to provide counselling and ensure patients understand the role these medicines have in managing aspects of their diabetes.

In addition some complementary medicines/herbs are known to interact with other drug(s) prescribed for diabetes related condition(s):¹

| Complementary medicine/herb | May interact with* |
|-----------------------------|------------------------------|
| Black cohosh | Antihypertensives |
| Celery | Diuretics |
| Ginkgo | Thiazide diuretics, aspirin |
| Goldenseal | Antihypertensives |
| Guarana | Antihypertensives, diuretics |
| Hawthorn | Antihypertensives |
| Liquorice | Antihypertensives, diuretics |
| St John's wort | HMG-CoA reductase inhibitors |

* See pp 267–81 of *Australian Pharmaceutical Formulary and Handbook*, 19th Edition, for more details.

See below for information about lifestyle changes and cardiovascular risk.

Section E: Providing lifestyle advice

Lifelong lifestyle modifications are vital. A multidisciplinary approach involving healthcare professionals such as diabetes educators and dieticians is the most effective. (See also *NPS News 39*, available at www.nps.org.au/healthpro)

Advice and materials about lifestyle changes to reduce cardiovascular risk can be found on the Heart Foundation website: www.heartfoundation.com.au.

A cardiovascular (CV) risk calculator could help to discuss long-term benefits of exercise and diet for weight reduction in longer counselling sessions. Tools such as the New Zealand Guidelines Group's Cardiovascular Risk Calculator are available on the health professionals' area of the NPS website: www.nps.org.au, go to "Topics and Resources" then choose "Topics" then click on "Hypertension".

Section F: Providing written material

Consumer Medicine Information (CMI) can be used to supplement verbal counselling.¹

CMIs may be offered to the patient each time a product is dispensed.¹ Whether this is appropriate is a matter for professional judgement.

Specific circumstances where CMI should be provided include:

- when medicine is first provided to the patient
- on provision of medicine where:
 - a significant change to the CMI has been notified by a sponsor
 - the dosage form has been changed (e.g. from an injection to a tablet)
- with each supply of medicine for which there are valid reasons for regular reinforcement of information
- at the request of the patient
- at regular intervals for medicines used for long-term therapy (e.g. every 6 months).¹

Section G: Total counselling time

Pharmacists should ensure that counselling provided to the patient or carer is done in a manner that is sensitive to privacy and confidentiality to ensure the opportunity for discussion is optimal.¹

Please provide an estimate of the total time spent counselling. Experienced pharmacists advise that the key points about how to take a medicine should be able to be covered in 2–3 minutes.

Section H: Self-assessment

Assess your interaction with this patient, facilities to accommodate counselling in private and the main barrier(s) to providing quality advice.

How to participate – continued

5. Receiving your results

When the results have been analysed (approximately 3 months after completion of the audit), you will receive:

- your original self-audit forms
- your own results
- the aggregate results of all participants
- expert commentary on the aggregate results
- review and reflection points
- certificate of completion
- CPD & PI credit points, CPE points or QCPP/CQI points.

6. Confidentiality

Individual results of your audit are kept confidential. The aggregate results (which do not identify any individual patient or pharmacist) will be provided to all participants and may be used in reports. Please note that any potentially identifying data (e.g. age, postcode) will be removed from NPS records after completion of analysis and reporting.

Important note: The confidentiality agreement must be signed to participate in the self-audit. For more information about drug use in type 2 diabetes see:

- *NPS News 39* (available at www.nps.org.au)
- *PPR 29* (available at www.nps.org.au)
- *Australian Medicines Handbook 2005*
- *Therapeutic Guidelines: Endocrinology, Version 3, 2004.*

Returning your forms

Look over all the forms.

Attach the completed *Registration form* and signed *Confidentiality agreement* to the **10** completed self-audit forms and return to NPS by **Friday 22 July 2005**.

Further information

Contact Gwen Higgins
Email: ghiggins@nps.org.au
Phone: (02) 8217 8700
Fax: (02) 9211 7578

To order more copies of this pack
Email: info@nps.org.au
Phone: (02) 8217 8700
Fax: (02) 9211 7578

References

1. Pharmaceutical Society of Australia. *Australian Pharmaceutical Formulary and Handbook*, 19th Edition. Canberra: The Pharmaceutical Society of Australia, 2004.
2. *Australian Medicines Handbook 2005*. Australian Medicines Handbook Pty Ltd. Adelaide, 2005.
3. Writing Group for Therapeutic Guidelines: Endocrinology. *Therapeutic Guidelines: Endocrinology*, Version 3, 2004. Melbourne: Therapeutic Guidelines Limited, 2004.

The information contained in this material is derived from a critical analysis of a wide range of authoritative evidence. Any treatment decisions based on this information should be made in the context of the clinical circumstances of each patient.



National Prescribing Service Limited

NPSA0283 April 2005

National Prescribing Service Limited ACN 082 034 393
An independent, Australian organisation for Quality Use of Medicines,
funded by the Australian Government Department of Health and Ageing.

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Phone: 02 8217 8700 | Fax: 02 9211 7578 | email: info@nps.org.au | web: www.nps.org.au

Table 1: Comparative information for antidiabetic drugs

| Drug group | Generic name: brand name | Mechanism of action | Dosage | Important dosage points | Common adverse effects* | Important risks and monitoring |
|---------------------------------------|---|--|--|---|---|--|
| Biguanide | Metformin [†] : <i>Diabex, Diaformin, Glucohexal, Glucomet, Glucophage</i> | Improves insulin sensitivity (mainly hepatic) | 500 mg daily up to a maximum of 3 g daily | Two or three times daily dosing with or immediately after meals to minimise gastrointestinal effects. Increase dose slowly and reduce or stop if gastrointestinal symptoms persist | Gastrointestinal e.g. diarrhoea, nausea, vomiting <i>No weight gain or hypoglycaemia</i> | Lactic acidosis – rare but can be fatal. Avoid in high-risk patients: renal and hepatic impairment, and cardiac insufficiency Creatinine clearance should be monitored at baseline and every 4–6 months. If creatinine clearance < 30 mL/min, metformin should be avoided Care with drugs that may cause renal impairment [‡] |
| Sulfonylureas <i>Longer-acting</i> | Glibenclamide [†] : <i>Daonil, Glimel</i> Glimepiride: <i>Amaryl, Diminil</i> | Stimulate insulin release | Glimepiride: 1–4 mg daily Glibenclamide: 2.5–20 mg daily (up to 10 mg as single dose) Gliclazide: 40–320 mg daily (up to 160 mg as single dose) Glipizide: 2.5–40 mg daily (up to 15 mg as single dose) | Take dose with meals to minimise risk of hypoglycaemia. Increase dose at weekly intervals until control achieved Glimepiride and modified release gliclazide: once daily Glibenclamide, gliclazide and glipizide: once or twice daily depending on dose | Hypoglycaemia, weight gain | Hypoglycaemia can occur with all drugs in this class – especially in the elderly (particularly with longer-acting agents) Educate patients to recognise and manage hypoglycaemia [§] |
| <i>Shorter-acting</i> | Gliclazide: <i>Diamicon, Diamicon MR, Glyade, Mellinhexal, Nidem</i> Glipizide: <i>Melizide, Mindiab</i> | | | | | Glibenclamide is associated with the highest risk: avoid in elderly and those with renal and hepatic impairment. Care is also warranted with gliclazide and glimepiride |
| Glitnide | Repaglinide: <i>NovoNorm</i> | Stimulates insulin release | 0.5 mg three times daily up to a maximum of 16 mg daily | Usually three times a day. For effective action and to minimise risk of hypoglycaemia, take immediately before meals Omit dose if meal is skipped | Hypoglycaemia, gastrointestinal, e.g. nausea, diarrhoea | Hypoglycaemia is the greatest risk, especially in the elderly Educate patients to recognise and manage hypoglycaemia [§] Avoid co-administration with gemfibrozil |
| Alpha-glucosidase inhibitor | Acarbose: <i>Glucobay</i> | Improves postprandial hyperglycaemia by delaying absorption of glucose after meals | 50 mg daily up to a maximum of 600 mg daily | Usually three times a day. For effective action, swallow whole immediately before meals or chew with first few mouthfuls of food. Improve tolerance by starting with a low dose and titrating slowly | Gastrointestinal, e.g. flatulence, diarrhoea and abdominal pain | Has been associated with elevated transaminase levels and, rarely, hepatotoxicity Liver transaminase levels should be monitored at monthly intervals for first 6–12 months. If elevated, dose should be decreased and monitored weekly until normal; stop treatment if elevation persists |
| Thiazolidinediones | Pioglitazone: <i>Actos</i> Rosiglitazone [†] : <i>Avandia</i> | Improve insulin sensitivity (mainly in adipose tissue) | Pioglitazone: 15–30 mg daily to a maximum of 45 mg daily Rosiglitazone: 4–8 mg daily | Pioglitazone: once daily Rosiglitazone: once or twice daily Take with or after food | Peripheral oedema, weight gain | Avoid when transaminase levels > 2.5 times upper limit of normal. LFTs should be monitored at baseline, every two months in the first year, then periodically. Discontinue treatment if ALT > 3 times upper limit of normal or if patient is jaundiced Avoid in heart failure NYHA Class III or IV (caution with Class I or II) Isolated case reports describe hepatic adverse effects |
| Insulins | Multiple preparations including ultrashort, short, intermediate and long acting insulins | Play a key role in regulating carbohydrate, protein and fat metabolism | Dose depends on individual needs and response | Various dosing frequencies depending on schedule used Ultrashort acting: immediately before meals Short acting: 30 minutes before meals | Hypoglycaemia, weight gain | Hypoglycaemia is the greatest risk, especially in the elderly Educate patients to recognise and manage hypoglycaemia [§] |

Developed from the Australian Medicines Handbook 2005.

* For comprehensive information on potential adverse effects and drug interactions, please refer to the latest edition of *Australian Medicines Handbook*, the approved production information or contact the NPS Therapeutic Advice and Information Service on 1300 138 677.

† Metformin and glibenclamide are now available in the combination product GlucoVance. Metformin and rosiglitazone are available in the combination product Avandamet. The usual precautions for the individual components apply when considering use of combination products.

‡ Examples of drugs that could cause renal impairment include NSAIDs, COX-2 selective NSAIDs, ACE inhibitors, angiotensin II receptor antagonists and iodinated contrast media.

§ See http://www.diabetesaustralia.com.au/_lib/doc_pdf/resources/factsheets/Hypoglycaemia_FS.pdf

Drug use in type 2 diabetes: self-audit form

Completing the form

- The pharmacist conducting the self-audit should oversee the completion of all forms.
- The pharmacist or pre-registration pharmacist may complete the forms.
- Complete the forms as soon as possible after serving each customer who presents a prescription for a person aged 18 years or over that contains drugs for the treatment of type 2 diabetes. (Reminder: metformin may also be prescribed for the treatment of polycystic ovary disease.)

- Use a black biro to mark a cross (X) in the appropriate box beside your response.

- If you make a mistake, use white correction fluid.



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| NPS office use only |
| |

Section A: Presentation of the prescription

1. Who presented the prescription?

- The patient Carer/support person
 Other (please specify) _____

Section B: Dispensing antidiabetic drugs

2. Was the antidiabetic drug(s):

- dispensed for the first time at this pharmacy
▶ Consider counselling on key points.
Was counselling provided on this occasion? Yes No
- dispensed as a repeat prescription at this pharmacy
▶ Consider reinforcing 1–2 points from previous counselling.
Was counselling provided on this occasion? Yes No
- neither of the above
Was counselling provided? Yes Not known
▶ Consider checking medication records to prioritise patients for counselling in future.

3. What drug(s) was dispensed:

- Metformin**
_____ mg daily twice daily other _____

Sulfonylurea

- glibenclamide gliclazide glimepiride glipizide
_____ mg daily twice daily other _____

Combination products

- metformin/glibenclamide metformin/rosiglitazone*
____mg/____mg daily twice daily other _____

Other

- pioglitazone rosiglitazone acarbose repaglinide*
_____ mg daily twice daily three times daily other _____
- insulin _____ units at night other _____

*Approved in Australia, but not listed on the PBS as at 1.4.05.

4. Is the patient:

- taking maximum or close to maximum doses of single agent(s)? (see Table 1)
 taking 2 or more antidiabetic drugs?
 elderly and taking a long-acting sulfonylurea?

If you checked any of these boxes, the patient is a high priority for counselling on all aspects of their medicines.

Section C: Providing counselling

5. What counselling was provided at this presentation (by the pharmacist or pre-registration pharmacist)?

See *Guide*, pages 2–3, and Table 1 for more information.

- How to take oral antidiabetic drug(s)
▶ Include details on dose and timing to optimise compliance, e.g. metformin should be taken after meals. See Table 1.
- Response to therapy
▶ Stress the need for ongoing monitoring of response to all therapy, e.g. regular blood pressure measurements, as well as blood sugar monitoring.
- Possible adverse effects
▶ See Table 1 for counselling advice on common adverse effects and information such as minimising the risk of lactic acidosis in patients on metformin.
- Potential interactions with other medications or complementary medicines
▶ Remind patient to always check with their doctor or pharmacist before taking certain drugs or complementary medicines with oral antidiabetic drugs. See *Guide*, pages 2–3, for a list of drugs that may affect glycaemic control and a list of herb-drug interactions.
- What to do for symptoms of low blood sugar e.g. weakness, trembling, sweating, dizziness, headache
▶ See *Guide*, page 3, Management of hypoglycaemia. Remind patient to take some quick acting carbohydrate (e.g. 3 teaspoons of sugar or honey OR 6–7 jellybeans) immediately if symptoms experienced.
- Lifestyle advice (see Section E, over)
▶ Lifelong lifestyle modifications are vital. A multidisciplinary approach involving healthcare professionals such as diabetes educators and dietitians is the most effective.
- Referral to GP
▶ Refer patient to their GP for referring on to dietician, diabetes educator, podiatrist or other health professional.
- Referral to Diabetes Australia
▶ Refer patient to Diabetes Australia for more information/resources.

Please turn over



Section D: Other medication(s) for diabetes related condition(s)

6. Has the patient been prescribed other medicine(s) for diabetes related conditions e.g. antihypertensive, lipid-modifying or anti-platelet drug(s)?

- Yes, on this occasion (Go to Q7)
- Yes, on previous prescriptions at this pharmacy (Go to Q7)
- No ▶ Ask if using other medicines, if 'yes', remind of need to take regularly for optimal outcomes for diabetes and cardiovascular health. (Go to Q8 below)
- Not determined ▶ Consider checking medication records to prioritise patients for counselling in future. (Go to Q8 below)

7. Which drug(s) were prescribed for diabetes related conditions?

Antihypertensive drug(s):

- ACE inhibitor
- ACE inhibitor/thiazide fixed-dose combination product
- thiazide/thiazide-like diuretic
- calcium channel blocker
- angiotensin II receptor antagonist
- angiotensin II receptor antagonist/thiazide fixed-dose combination product
- beta-blocker
- other (please specify) _____
- ▶ Remind patient of need to take regularly to manage cardiovascular risk factors and the importance of regular blood pressure measurements.

Lipid-modifying drug(s):

- HMG-CoA reductase inhibitor (statin)
- fibrates (fenofibrate, gemfibrozil)
- other (please specify) _____
- ▶ Remind patient of need to take regularly for optimal cardiovascular outcomes.

Anti-platelet drug(s):

- low-dose aspirin
- other (please specify) _____
- ▶ Remind patient, especially those aged 50 or more years, of the benefits of aspirin in reducing the risk of ischaemic heart disease and preventing stroke.

Other (including any complementary medicines)

- ▶ Remind patient of need to check with doctor or pharmacist for potential drug interactions.

Section E: Providing lifestyle advice

8. Was lifestyle advice provided?

- Yes (go to Q8a) No (go to Q8b)

8a. If yes, which of the following were mentioned at this presentation:

- low-fat/high-fibre (low glycaemic index) diet
- regular moderate exercise
- quit smoking
- reduce weight
- minimise alcohol intake
- reduce saturated fat and sugar intake
- other (please specify) _____

8b. If no, what action do you plan to take on a future occasion?

- Advise on specific lifestyle issues especially if the patient is estimated to be overweight or obese
- Refer to GP
- Refer to diabetes educator
- Other (please specify) _____



Section F: Providing written material

9. What written material was supplied to support verbal counselling?

- Consumer Medicine Information (CMI) leaflet on antidiabetic drug(s)
- CMI for other medicines
- Pharmacy self care card
- Other (please specify) _____
- None

Section G: Total counselling time

10. Approximate time for counselling on this occasion was ___ mins.

Section H: Self-assessment

On a scale of 1–5, where 1=Excellent 2=Very good 3=Good 4=Could do better 5=No interaction (or no facilities available)

11. How would you rate your interaction with this patient in explaining how to take their medicines?

- 1 2 3 4 5

12. How would you rate your interaction with this patient in explaining the benefits of adding lifestyle changes to their regular diabetes management?

- 1 2 3 4 5

13. How would you rate the pharmacy's ability to provide facilities to accommodate counselling in private?

- 1 2 3 4 5

14. Which staff member(s) were involved with this customer? (more than one response may apply)

- Pharmacist Pre-registration pharmacist

15. Please indicate the main barrier(s) to providing quality advice. (more than one response may apply)

- Pharmacist busy Patient or customer in a hurry
- Customer not the patient Lack of privacy
- Other (please specify) _____



Enrolment form for pharmacists

Why a self-audit on provision of drug use in type 2 diabetes?

Poorly managed diabetes reduces life expectancy by up to 15 years¹, particularly raising the risk of cardiovascular disease and stroke. Through early detection, monitoring and encouraging appropriate management, pharmacists can play an important role in reducing the risk of diabetes and progression of complications. Participation in this self-audit provides pharmacists with an opportunity to:

- identify counselling points for patients being treated for diabetes
- reinforce key messages about diabetes management to patients
- demonstrate your provision of quality care.



The Pharmacy Guild of Australia



"A good way to reinforce the counselling points and assess how I was performing."
 "Offers a very good method of structuring counselling."
 "It only takes a few minutes to complete and provides immediate feedback."

To order your free self-audit kit, return this form to NPS

• Fax **(02) 9211 7579** OR Post **Locked Bag 4888 Strawberry Hills 2012**

• Enrolments must be received before Friday 10 June 2005.

• For more information contact Gwen Higgins phone (02) 8217 8700, email info@nps.org.au

Please send me packs of the Drug use in type 2 diabetes self-audit kit.

- One kit is recommended per pharmacist.
- To view a self-audit form before enrolling, please visit our website at www.nps.org.au
- To receive CPD and QCPP/CQI points* your self-audit must be completed and returned by Friday 22 July 2005.

Your details:

Please use BLOCK LETTERS

| | | | |
|----------------|--------------------------|----------------------|----------------------|
| Title | <input type="text"/> | Family Name | <input type="text"/> |
| Given names | <input type="text"/> | | |
| Postal address | <input type="text"/> | | |
| Suburb/town | <input type="text"/> | | |
| State | <input type="text"/> | Postcode | <input type="text"/> |
| Phone number | (<input type="text"/>) | <input type="text"/> | |
| Email address | <input type="text"/> | | |
| | <input type="text"/> | | |

* This program is recognised under the PSA CPD & PI Program for 8 credit points (or State equivalent e.g. 3 CPE points for pre-registrant pharmacists in NSW) for registered pharmacists. Recognition No. R1-7/05. 1 PGA QCPP/CQI points subject to approval.
 1. Dunstan DW et al. Australian Diabetes, obesity and lifestyle study (Ausdiab). Melbourne: International Diabetes Institute; 2001.