Australian Paediatric Society

ISPAD
International Society for Pediatric and Adolescent Diabetes

18TH ANNUAL APS ISPAD DIABETES WORKSHOP 2025

VENUE: PULLMAN HYDE PARK SYDNEY – 10TH AND 11TH OCTOBER 2025

Welcome

Dear Colleagues,

On behalf of the Australian Paediatric Society (APS), it is my pleasure to welcome you to the 18th Annual APS ISPAD Diabetes Workshop, this year themed “Clinical Application of AID Systems.” APS represents the largest group of clinicians managing Type 1 Diabetes (T1D) across Australia, caring for more than 4,000 children.

APS is strongly aligned with the International Society for Pediatric and Adolescent Diabetes (ISPAD), sharing the goals of best practice care through education, science, and advocacy. Many of our presenters are ISPAD members, and we encourage all delegates to consider joining ISPAD. We are delighted to again welcome **Professor Peter Adolfsson** (Sweden), a world authority in T1D, to share his expertise on cutting-edge advances in diabetes care.

Since our first meeting in 2006, aimed at training twenty regional paediatricians in insulin pump therapy, our mission has been equity of access. This extends beyond technology availability to include upskilling regional teams to initiating and manage complex T1D therapy, quality education for families, expertise in interpreting data and guiding interventions and commitment to benchmarking and peer review.

This year’s program brings together over 200 delegates onsite and virtually from across Australia and New Zealand. Sessions will highlight Automated Insulin Delivery systems in practice, including exercise, sick days, toddlers and adolescents and challenge fear of low glucose levels. We will have significant focus on psychosocial issues, T1D consumer inequities and the latest on T1D Screening as well as outcome benchmarking guided by ISPAD principles.

We extend sincere thanks to our speakers, sponsors, and consumer partners for their support. Especially to our Gold Sponsor Sanofi, Silver Sponsors YpsoMed, Insulet, and Novo Nordisk and Bronze Sponsors Medtronic, AMSL Dexcom, and Abbott.

We also acknowledge the valuable consumer contribution of the Type 1 Foundation and the technical support of Gary Smith (Armchair Medical).

Finally, thank you to the Organising Committee—Bruce King, Darrell Price, Nicola Hamood, Jenny Goss, Carmel Smart, Megan Paterson, Deb Foskett and Lucy Casson for their dedication.

Thank you for your commitment to this workshop and to improving outcomes for children and young people living with T1D.

Peter Goss

Chair APS Diabetes

PROGRAM

DAY 1: Friday 10th October 2025

8.45am	Welcome ISPAD and T1DLC resource update **Clinical Application of AID Systems**	Peter Goss
9.00am	Equity of Access to AID technology	Ben Nash
9.15am	AID Equity in public hospitals	Nicola Hamood
9.30am	AID Equity in private practice	Deb Foskett
10.05am	Optimal use of AID systems with exercise	Peter Adolfsson
10.50am	MORNING TEA	
	PARTIAL SPONSOR SESSION	**Toddler vs Adolescent - AID management strategies**
11.20am	Omnipod	Lucy Casson/ Megan Stephenson
11.45am	YpsoMed	Deb Foskett / Maree Thus
12.10pm	Medtronic	Lucy Casson / Ben Nash/Katie Elofson
12.35pm	Tandem T-slim	Nicola Hamood / Emma Matthews
13.00pm	LUNCH	
13.45pm	The Sad Adolescent (who wants to give up)	Tara Griffin
14.30pm	Is Anybody Listening? Continuing T1D inequities	Tamara Boyer
15.00pm	Changing behaviors to manage weight	Carmel Smart
15.30pm	AFTERNOON TEA	
16.00pm	Sick day and surgery management with AID systems	Peter Adolfsson
16.30pm	Hypoglycaemia - ‘What are we so afraid of?’	Bruce King
17.00pm	FINISH	
18.00pm	Cocktails and Canapes	

PROGRAM

DAY 2: Saturday 11th Oct 2025

Chair | Darrell Price

9.00am	Smart pens	Peter Adolfsson
9.30am	Carb counting is still important	Sharon Youde
10.00am	Expanding T1D consumer connection	Tilly Edwards
10.30am	MORNING TEA	
11.00am	Challenge - newly diagnosed toddler in limited resourced family	Panel Sharon Youde, Anne Sinclair, Michelle Neylan
12.00pm	Keeping the family together and engaged	Tara Griffin
12.30pm	ISPAD Off campus management	Peter Goss
13.00pm	LUNCH	
13.45pm	Monitoring Stage 1 and 2 - a model for regional Australia	Kirstine Bell
14.15pm	Nutritional Management of Stage 1 and 2 T1D	Carmel Smart
14.45pm	Virtual T1D ED and potential for Australia. t	Ben Nash
15.15pm	AFTERNOON TEA	
15.45pm	Australian T1D data - where are we going?	Maria Craig
16.15pm	Update on T1D cinical, audit and research tool Diabeasy	Peter Goss
16.45pm	Closing Remarks and Evaluation	Darrell Price
16.50pm	FINISH	

Cases Day 1

CASE A – ADOLESCENT WITH T1D

Patient: 16-year-old boy, 60 kg Type 1 Diabetes Mellitus (duration: 10 years)

Current Management:

- Total daily insulin dose: ~50 units
- Uses CGM: 85% wear time
- Average of ~1 bolus per day (upload data)
- HbA1c: 7.5%
- Glucose metrics: SD 4.5, Time in Target (4–8 mmol/L): 40%, Time <3 mmol/L: 4%
- Hypoglycaemia treatment: typically 15 g carbohydrate (150 mL juice or ~5 jellybeans); tends to overtreat

Clinical Observations:

- Happy, active, engaged in many activities; diabetes care not always a priority
- CGM data shows frequent late or missed boluses
- Interested in learning about alcohol management and strategies for high-fat/high-carb meals (e.g., pizza, KFC)

Impression:

- Suboptimal bolus adherence, particularly pre-meal
- Overtreatment of hypoglycaemia
- Needs education around flexible insulin dosing, correction strategies, and lifestyle-specific management (alcohol, mixed meals)

CASE B – TODDLER WITH T1D

Patient: 2-year-old girl, 13 kg, Type 1 Diabetes Mellitus (diagnosed at 13 months)

Current Management:

- Total daily insulin dose: ~10 units
- Diluted insulin: 50/50% with normal saline
- Still breastfed occasionally
- Uses CGM: 95% wear time
- HbA1c: 7.5%
- Glucose metrics: SD 4.5, Time in Target (4–8 mmol/L): 40%, Time <3 mmol/L: 4%

Feeding/Insulin Practices:

- Grazing feeding pattern; activity varies daily
- Mother reluctant to bolus full dose if food intake uncertain
- Often delays bolus or skips if anticipating playtime
- Hypoglycaemia managed with 3 g sucrose gel; tends to overshoot correction

Clinical Observations:

- Variable meal intake complicates insulin dosing
- Parental anxiety regarding hypoglycaemia leading to under- or delayed-bolusing
- Overtreatment of lows with sucrose gel

Impression:

- Challenges with mealtime insulin adherence due to variable intake and parental concern
- At risk of glycaemic variability from grazing, delayed boluses, and overtreatment of hypoglycaemia
- Requires support in caregiver confidence, flexible dosing strategies, and appropriate hypo treatment

THE SAD ADOLESCENT (WHO WANTS TO GIVE UP)

Patient: Casey, 14-year-old girl, T1D diagnosed age 5, managed with AID system for past 3 years.

Family: Second of four children, parents both professionals and sometimes attend consultation together. No family history of T1D.

School: Year 8, All Girls College. Struggling academically and socially; has not attended during second term 2025. Experiences panic attacks on arrival at school, refusing to leave the car. Early puberty and growth spurt - always a taller and heavier girl compared to peers.

Psychosocial Context: Recently disengaged from a friendship after the peer made a concerning remark: "It doesn't matter anyway; you will be dead soon." Reserved and somewhat sad in consultation; most information disclosed by mother after Casey left the room.

Commenced on fluoxetine for anxiety March 2025 and referred for psychological support. Additional family stressors noted: argument between brother and cousin, during which Casey intervened supporting her brother but later criticised by him for doing so.

Clinical Data (Consultation, April 2025) Weight gain of +6.5 kg over 3 months; current weight 101.5 kg. T1D Outcome metrics: HbA1c 7.3% SD 5.4 mmol/L, TItR 35%. Frequent disconnection from closed-loop system, inconsistent bolusing. Eating pattern - often skips breakfast/morning food, no current evidence of body image concerns.

Crisis (May 2025) Episode of deliberate insulin overdose – Casey delivered 10 boluses of 30 units from 11.53pm to 12.47 am. Father assisted unknowingly as he helped her cartridge change at midnight when insulin ran out. Disclosure to parents about 1am ("I have done something silly"). Rushed to ED via ambulance and managed with IV glucose. Remorseful for actions.

Question What are the social and family dynamics in play that may be relevant to Casey and how do we help?

KEEPING THE FAMILY TOGETHER AND ENGAGED

Patient: Henry, 13-year-old boy, T1D diagnosed age 2, managed with AID system for past 2 years.

Family: Oldest of two children, mother nurse and father builder. Father has not attended an appointment for 7 years. Mother always looks tired and overwhelmed. She is supportive and protective of Henry but both parents leave management to Henry "now that he is a teenager." At each appointment, Henry's mother answers for Henry – defensive that he always does the best he can and there has been "a lot on" lately. The "CGM has not worked well" and "always fails." She complains he says has "always been low" despite upload showing 1% low and nothing in severe low range.

School: Year 7, local High School. Popular with academic and sport skills. No assistance at school. School has both Emergency Response Plan and Diabetes Management Plan. School camp with 3 days overnight stays at the end of year in semi-remote location with satellite phone coverage. Both parents keen that he attends camp and he should be able to "self-manage"

Clinical data. HbA1 8.5% SD 4.9, TiTR 20% 7% lows. Possibly one food bolus per day with random correction bolus. Insulin cartridge has run out twice in last fortnight overnight with BG >20 mmol/l in both mornings.

Question What are the social and family dynamics in play that may be relevant to Henry and how do we help?

Cases Day 2

EXPERT PANEL

Lucy Casson CDE

Anne Sinclair MSW

Sharon Youde Dietician

CHALLENGE: THE FAMILY WITH ENTRENCHED SUBOPTIMAL LIFESTYLE BUT WILLING TO CHANGE

1Case Summary – Nevaeh, 3 years old

- **Background:** Nevaeh is a 3-year-old girl, newly diagnosed with Type 1 Diabetes. She lives with her parents, Zayden (a laborer) and Krystal (a full-time homemaker), and has one sibling, Harley (5 years old, 31 kg, otherwise well).
- **Family context:**
  - Parents are pleasant and appear supportive of each other, though currently overwhelmed by the diagnosis.
  - Both parents are overweight.
  - Krystal smokes but ceased during pregnancy.
  - Zayden's father, who had Type 2 Diabetes, died last year of a heart attack.
- **Socioeconomic factors:**
  - The family holds a Low Income Health Care Card.
  - Diet is often fast-food based (KFC, Pizza House, McDonalds), with occasional meals from Subway considered by the family to be "healthier."
  - Typical breakfast includes Coco Pops or toast with Nutella.
- **Presentation:**
  - Three weeks of symptoms: polyuria, polydipsia, and weight loss.
  - Three prior GP visits before hospital admission.
  - Diagnosed in diabetic ketoacidosis (DKA) with pH 6.95.
  - Required ICU admission and intravenous therapy for 2 days.
- **Family attitude:**
  - Both parents are engaged and express strong interest in achieving the best outcome for Nevaeh, despite their current stress.

15 minutes presentation with 15 questions at completion

1. Challenges of Diabetes Education including choice of insulin administration
2. Challenges of nutritional support
3. Challenges of family support

How should each discipline "sell" the message that will give the child and family the best possible chance of optimal outcomes?

SPEAKERS

IN ORDER OF APPEARANCE

PETER GOSS
Consultant Paediatrician

Peter and his wife Jenny (Credentialled Diabetes Educator) comprise Team Diabetes, managing over 80 young people with T1D in Geelong, Gippsland and Melbourne. Peter's interests include T1D at school, T1D advocacy and training and upskilling regional diabetes teams. Peter co-chaired the 2018 and 2024 ISPAD Diabetes in Schools Position Statements, is a ISPAD Schools Special Interest Group Council member and was awarded the 2019 ISPAD Prize for diabetes innovation on behalf of the team who developed the first e-learning school courses for diabetes in schools (t1d.org.au). Peter is co-creator of the innovative and unique Diabeasy project enabling T1D data collection and audit in less resourced regions.

BEN NASH
Endocrinologist

Ben is a Melbourne-based endocrinologist and Diabetes Lead at the Victorian Virtual Emergency Department (VVED). Having lived with type 1 diabetes for two decades, Ben combines his training and lived experience to empower people living with diabetes. He is passionate about leveraging technology to improve access to diabetes care and is a strong advocate for equitable access to Automated Insulin Delivery. Ben recently joined Medtronic in an Asia-Pacific role.

NICOLA HAMOOD
Credentialled Diabetes Educator, Paediatric Diabetes Nurse Practitioner

Nicola is an ISPAD member who works as part of the Flinders Medical Centre multidisciplinary team who provide quality diabetes care and education to children and young people living in the South of SA. Nicola is one of two lead investigators currently running a study exploring a Diabetes Educator / Dietitian-led model of Care for Children and Adolescents with Type 1 Diabetes.

DEB FOSKETT
Credentialed Diabetes Educator, Nurse Practitioner

Deb is an ISPAD member who is the Australian pioneer of technology use in diabetes management with over 22 years' experience in initiating insulin pump therapy. Since moving to the Gold Coast, Deb has also led initiation of insulin pump therapy in children from diagnosis. Deb looks forward to the future of volunteer work and membership of her local lawn bowls club.

PETER ADOLFSSON
Paediatrician and Sports Medicine Physician Sweden

Peter is a Senior Physician in Gothenburg Sweden, specializing in Paediatrics and Sports Medicine. Peter is an active member of the paediatric scientific community on a national and international scale. He is a world authority on Continuous Glucose Monitoring and one of the original founders of Diasend, providing the clinician's perspective. Peter also created different educational and pedagogical tools such as a CGM step 1-2-3 Guide (Dexcom) and a web-based Libre Guide. Peter has been an ISPAD Council representative.

LUCY CASSON
Credentialled Diabetes Educator, Paediatric Diabetes Nurse Practitioner,

Lucy was the senior diabetes nurse at Sydney Children's Hospital, Randwick from 2005 – 2017. Lucy qualified as a paediatric nurse in the United Kingdom in 1997 and moved to Australia in 2005.Lucy has extensive experience in helping children and their families manage T1D and is passionate about diabetes technologies. Lucy is an ISPAD member who co-owns Total Diabetes Care, a private practice in Sydney and visits families in their homes and a variety of practice settings.

EMMA MATTHEWS
Advanced Practice Nurse and Nursing Lead in the Paediatric Endocrinology and Diabetes Service at Canberra Health Services

Emma is passionate about expanding access to automated insulin delivery (AID) for all children and their families, achieving 95% uptake within the clinic cohort and leading the introduction of AID initiation at the time of type 1 diabetes diagnosis. Emma has a particular interest in supporting AID use in children under five, working closely with families to achieve tight glycaemic control while maintaining quality of life.

TARA GRIFFIN
Clinical Psychologist

Tara is a nationally registered clinical psychologist who was diagnosed with Type 1 diabetes at 14 years of age. She offers support in diabetes management, eating behaviour, bariatric support, chronic health conditions, as well as general psychological conditions. She is passionate about a client-centred approach, working with patients across the lifespan. Tara consults with patients in a variety of settings including private practice, telehealth, and an online program *My Health Explained.* She is a full member of the Australian Psychological Society (MAPS).

TAMARA BOYER
T1D Parent advocate

Tamara has a diverse professional background with senior leadership roles across a range of sectors giving her a unique skill set, including the ability to balance the competing objectives of diverse stakeholders whilst adhering to complex legal and regulatory frameworks. Since her son was diagnosed with T1D in 2010 at 13 months, Tamara has actively engaged in the health sector, applying the principles gained from her professional experience to advocate for improved health programs and sector compliance. Tamara has held appointments on the Royal Children's Hospital Statutory Patient Safety Committee, is the current CEO of the National T1D Council and is an ISPAD parent member.

CARMEL SMART
Paediatric and Endocrine Dietitian

Carmel is a clinical researcher and practitioner who is internationally recognised as a leading authority in paediatric diabetes. Carmel holds appointments as a Senior Diabetes Dietitian at the John Hunter Children's Hospital and as Nutrition Research Lead Diabetes, Hunter Medical Research Institute. In 2019, Carmel was a recipient of the Michelle Beets award for outstanding achievement in advancement of children's health in NSW. Carmel has enjoyed working with a great team and wonderful families for over 25 years and is prominent in ISPAD activities.

BRUCE KING
Paediatric Endocrinologist

Bruce is the Discipline Lead of the Paediatric Diabetes and Endocrinology at John Hunter Children's Hospital, NSW which has the best glycaemic outcomes in international SWEET data. Bruce is a long- standing member of the organising committee for the APS/ ISPAD diabetes workshop, upskilling regional Australian paediatric diabetes teams. Bruce strongly believes that skilled regional diabetes teams are essential for equitable service delivery and are capable of high-quality outcomes. Bruce leads a research team that has contributed to ISPAD and ADA guidelines. Bruce is a board member of Diabetes NSW & ACT and is a representative for "Life for a Child" in the Solomon Islands, India, and Kashmir.

DARRELL PRICE
Consultant Paediatrician /Diabetologist

In 2006, Darrell initiated APS Diabetes Workshops to upskill regional paediatricians on modern diabetes technology and remains part of the APS/ ISPAD Diabetes Workshop organising committee. Teaming up with Deb Foskett on the Gold Coast, Darrell has pioneered and published insulin pump management from diagnosis in Australia with excellent results benchmarked against other SWEET centres. Darrell is a long time ISPAD member who continues to manage almost all of his patients with T1D with Automated Insulin Delivery devices.

SHARON YOUDE
Advanced Accredited Dietitian.

Sharon has been a paediatric dietitian for over 35 years, beginning in the UK and since 1994 in Australia. She worked at the Children's Hospital at Westmead and has spent the last 19 years in Paediatric Diabetes at Royal North Shore Hospital. Her interests include diabetes technology, childhood feeding challenges, and developing nutrition education resources. Her research focuses on feeding behaviour in toddlers with Type 1 diabetes. Sharon is editor of the Traffic Light Guide to Food series, including the Australian Carbohydrate Counter, and has been an ISPAD member since 2010.

TILLY EDWARDS
Type 1 Foundation

Tilly is Creative Director at the Type 1 Foundation, leading its brand, communications, and creative strategy. With a background in marketing and graphic design, and lived experience as a parent of a child diagnosed with type 1 diabetes at 18 months, she brings both professional and personal insight to her role. The Foundation is a nationally recognised not-for-profit supporting and connecting people with type 1 diabetes through education, events, care packs, and advocacy, and Tilly is proud to share its vision of a stronger, better-connected community.

ANNE SINCLAIR
Paediatric Diabetes Social Worker, John Hunter Children's Hospital

Anne has extensive experience in child and family welfare, providing counselling, advocacy, and practical assistance to help families manage the challenges of diabetes care. Anne works closely with the multidisciplinary diabetes team to promote wellbeing, resilience, and inclusion at school and in the community. She is passionate about empowering parents and young people to build confidence in managing diabetes.

SPEAKERS

MICHELLE NEYLAN

Paediatric Diabetes Clinical Nurse Consultant, Master Of Nursing

Michelle works as an integral part of the world-renowned John Hunter Children's Hospital diabetes unit and has more than 20 years' experience working with children and families with T1D and CFRD. Outside of work Michell is a dedicated movie buff who loves her child, her dog and gardening.

KIRSTINE BELL

Principal Research Fellow – Australian Type 1 Diabetes National Screening Pilot

Kirstine is an Accredited Practising Dietitian, Credentialled Diabetes Educator and NHMRC Early Career Research Fellow based at the Charles Perkins Centre, University of Sydney. She completed her PhD in mealtime insulin dosing for type 1 diabetes and is internationally recognised for her research in type 1 diabetes. Kirstine is the Principal Research Fellow on the first ever Australian national screening program for type 1 diabetes in the general population. Funded by Breakthrough T1D (JDRF) Australia and run from the Charles Perkins Centre, this project seeks to pilot the ideal approach to routine screening for all Australian children.

MARIA CRAIG

Professor of Paediatric Endocrinology, The Children's Hospital at Westmead

Maria is an NHMRC Practitioner Fellow at the Institute of Endocrinology and Diabetes. She is internationally recognised for leadership in diabetes epidemiology, clinical guidelines, and evidence-based medicine and is the principal investigator for the Australasian Diabetes Data Network (ADDN). Her research focuses on type 1 diabetes, autoimmunity, and clinical practice, with over 250 peer-reviewed publications, including ISPAD clinical guidelines and a highly cited BMJ paper on enteroviruses in diabetes. Outside of work, she enjoys running, reading, art, jazz, and travel.

Notes:

Diabeasy

Diabetes made easy

Revolutionary single-entry type 1 diabetes patient management and audit software.

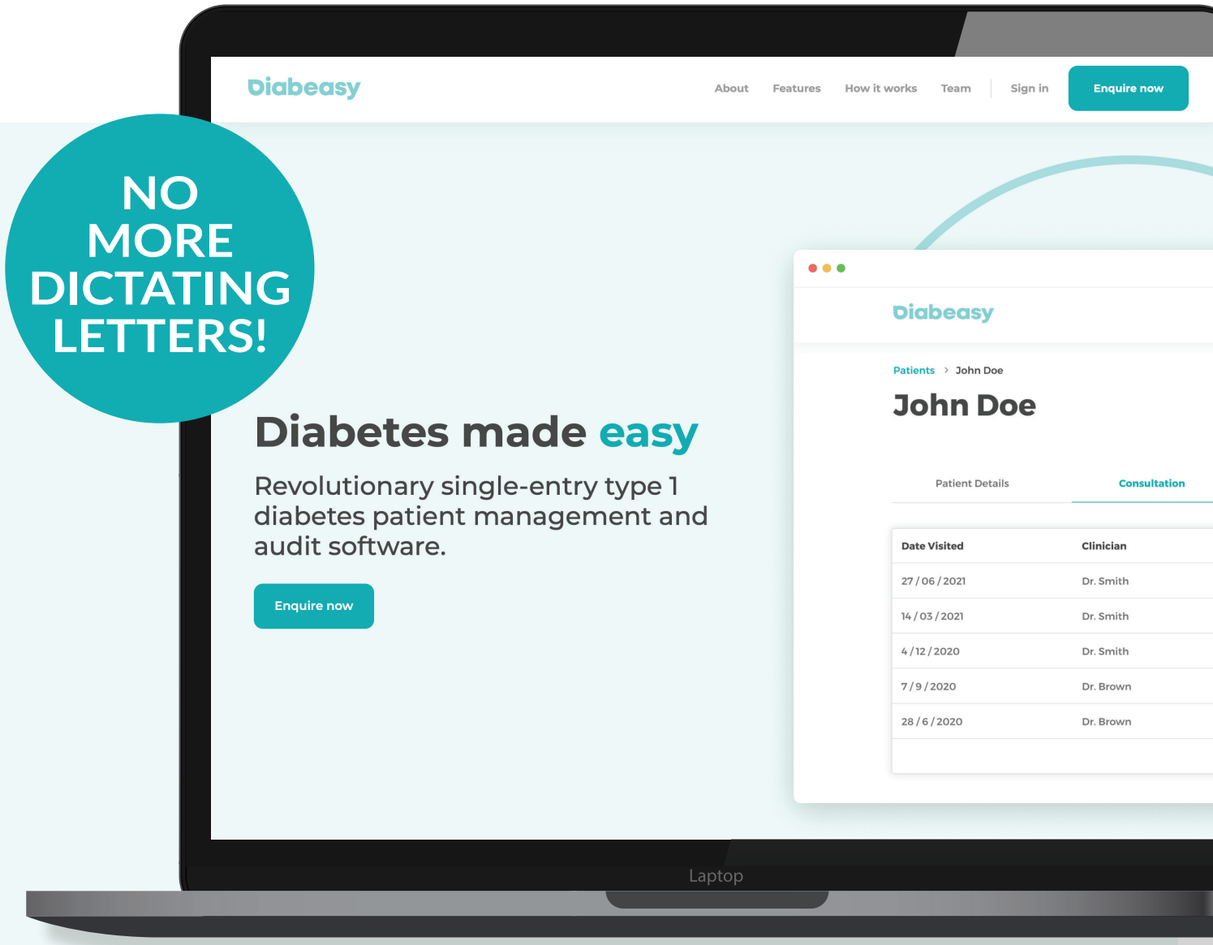
Announcing the expansion of the Australian innovation **Diabeasy v1.0**.

The revolutionary T1D cloud based audit solution for less resourced clinicians that is simple to use and easily accessed via your computer or tablet.

Built by patients and clinicians, **Diabeasy** is an innovative way to capture recommended data through comprehensive streamlined Type 1 diabetes consultations.

Proudly sponsored by Australian Paediatric Society.

To register, visit: www.diabeasy.com.au



Effortless and fast data entry

Data entry can be time-consuming. Not with Diabeasy.

Provide summary of consultation

A comprehensive summary sheet is then prepared as a PDF and can be given to the patient.

Securely upload to medical records

The summary sheet can easily be uploaded to the patient's medical record or even sent to their referring doctor.

Receive benchmarking reports

Data entered in Diabeasy can effortlessly be anonymised and transferred to external databases for benchmarking and analysis to improve patient outcomes.

GOLD SPONSORS:

sanofi

SILVER SPONSORS:

YPSOMED
SELFCARE SOLUTIONS

omnipod
simplify life

novo nordisk®

BRONZE SPONSORS:

amsl diabetes
a Dexcom company

dexcom

Medtronic
Engineering the extraordinary

Abbott

Australian Paediatric Society

ISPAD
International Society for Pediatric and Adolescent Diabetes