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# The Twelfth Anglo-Danish-Dutch Diabetes Group Meeting

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Among all of the international congresses on diabetes, the Anglo-Danish-Dutch Diabetes Group has a distinct role. Junior researchers, at the larger meetings, are often inhibited from free expression and active discussion, and there are few opportunities to play a leading role in the design and practical organization of such meetings. It was against this background that Edwin Gale, Torsten Lauritzen, and Stig Pramming proposed in 1982 an Anglo-Danish (the Dutch input coming a few years later) Diabetes Meeting. The many similarities in the way research is performed in the respective countries naturally brought them together.

This year the twelfth annual meeting was held from 18–21 May 1994. The aim of the meeting is to create the opportunity for young diabetes investigators to meet and discuss their research in a relaxed atmosphere which allows free criticism of established ideas and methods. Those attending the meeting should be actively involved in research. The absence of publications or proceedings encourages a free and open approach. Attendance at the ADDDG is generally limited to 2 years to give as many as possible the opportunity to attend this unique event.

The ingredients to establish these goals are to select a remote location, bring a limited number of active researchers in from the three participating countries, and ask all participants to give a presentation, expect all participants to attend all sessions (especially those not on their specific field) and finally, and most importantly, invite two senior discussants who have a broad view and the ability to encourage and stimulate discussion.

This year these ingredients again supplied 34 young (and active) diabetes researchers who were brought to Thornbridge Hall, which is set deep in the Derbyshire Dales and dates back to the 18th century. The Hall, with its impressive gardens and on 6 acres of land has been refurbished into a conference centre, but has kept its unique Victorian character, the nearest city being Sheffield (30 kilometres), the nearest village (and public house) 30 minutes walking distance.

Within 2 hours of the arrival of the participants, the first session had started with presentations on hypoglycaemia, which included evidence that one hypoglycaemic episode affects responses to further hypoglyca-

emia 2 days later and even after 7 days, a fact particularly relevant with respect to the results of the DCCT. This session also included a presentation stating that magnesium deficiency is present in subjects with insulin-dependent diabetes and suggested that such patients would benefit from magnesium supplementation, hypothesizing that this may reduce the risk of atherosclerosis and hypertension. After a sporting intermezzo, the genetic session was scheduled, with very lively debates about the pros and cons of searching for NIDDM genes and a new religion, 'biological determinism'. With this programme, by the first evening the desired mix between nationalities had been achieved and the atmosphere was relaxed and friendly.

Over the next 2 days well-prepared high quality presentations continued, as did frank and open discussion. The least number of questions being around five, the discussion often taking more time than the presentation itself. There was a fascinating paper which demonstrated that in diabetic patients even without any signs, and with minimal neurophysiological abnormalities, neuropathologic changes indicative of neuropathy were already present. Looking at the other end of the spectrum there was a report of an impressive Copenhagen vascular surgeon, who spared a high number of limbs by a multidisciplinary approach. Of course there was a session on insulin secretion and beta cell function, one paper showed that insulin secretory capacity was largely conserved in a successful pancreas transplant, while another demonstrated that disturbed pulsatility of insulin secretion is already present in subjects with impaired glucose tolerance. In the next session there were papers on insulin resistance with an elegant presentation showing that the use of the oral glucose tolerance test to classify glucose intolerance will tend to bias selection of those subjects with insulin resistance.

Finally there was a session on glucose transporters which included reports on the novel experimental approach of one leg exercise which was shown to improve GLUT-4 expression and production in NIDDM and controls in the exercising leg and one on the expression of GLUT 1 in various compartments of rat muscle.

The last morning was devoted to some controversial clinical issues, including the use of insulin therapy in the obese NIDDM patient, the management of painful neuropathy, and the clinical aspects of implementing

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tight glycaemic control as suggested by the results of the DCCT, this session being a new concept in this year's meeting, and stimulating lively discussion.

Jorgen Vinten and Steve O'Rahilly were invited as the senior discussants, and were indeed the motivators behind lots of the discussion. The latter surpassed himself in an unequalled original and humorous summary of the best slides, which in fact were the worst slides. One of the Danes won the esteemed prize for the 'worst slide', for one which should have shown immunofluorescence of GLUT 1 in muscle sections in but in fact showed only darkness!

This year's meeting had also a nice mix of social events, one being the visit to the astonishing splendour of the Duke of Devonshire's Home (Chatsworth House). The meeting seemed to be enjoyed by all the participants and considered to be useful, stimulating and friendly. The meeting was, once again, made possible by the very generous sponsorship from Novo-Nordisk. Next Year's meeting will be held in Holland provisionally from 5 to 8 June 1995. Details will be available from the authors and through future mailings.