

GLYCEMIC ROOTS

KEEPING DIABETES EDUCATORS CONNECTED

Waterloo Wellington Diabetes Newsletter

ADCES 2026 - Columbus Ohio Key Takeaways

The annual meeting of the Association of Diabetes Care and Education Specialists (ADCES) took place August 7-10, 2026. The overarching focus of this year's conference was integrating advanced technology with behavioural health, reducing clinical inertia, and addressing multi-system cardiometabolic conditions.

- 1. Unified Management of Cardio-Kidney Metabolic Syndrome:** strong emphasis on implementing combined GLP-1s and SGLT2 inhibitors in patients at elevated risk; with the goal of aggressively protecting the heart, kidneys and liver concurrently. Educators were encouraged to advocate for timely medication initiation rather than waiting for a patient's A1c to rise above target on lifestyle modifications alone.
- 2. Transitioning to "Tech-First" Onboarding:** Educators were encouraged to offer continuous glucose sensors at the time of diagnosis, irrespective of insulin therapy.
- 3. Hypercortisolism Screening in Difficult-to-Treat Diabetes:** Findings for the Catalyst clinical trial revealed that approximately 24% of patients with difficult-to-control type 2 diabetes had underlying hypercortisolism. Flags of possible hypercortisolism: A1c >7.5% despite taking three or more medications. Consider screening for hypercortisolism in suspected patients. In the study, patients treated with mifepristone saw a 1.5% lowering in A1c.
- 4. Language, Inclusion, and Digital Health Platforms:** Person-first terminology is a clinical necessity (non-judgemental, person-first language) to decrease diabetes distress and clinical burnout. For the first time, prescriptive digital health coaching platforms were advocated for, alongside traditional education to reinforce behaviour modification outside of the clinic.
- 5. Managing Oncology-Induced Hyperglycemia:** Conference presenters advocated for a collaborative endocrinology-oncology workflow using a three-step preventative protocol, utilizing prophylactic metformin to help manage glycemic spikes caused by cancer/steroid treatments.
- 6. Residual C-peptide in Type 1 Diabetes:** In people diagnosed with type 1 diabetes who have residual c-peptide function, can serve as a critical metabolic shock absorber and shield against DKA, severe hyperglycemia and long-term vascular damage. Research is shifting towards investigating early beta-cell preservation using immunotherapies.
- 7. Reproductive Lifespan Approach for Preventing Cardiometabolic Diseases in Women:** Cardiometabolic risk screening should be used throughout a woman's reproductive lifespan. Early menarche or early menopause may raise risk for some cardiometabolic disorders. Two specialists highlighted the need for the menstrual cycle to be considered as a fifth vital sign in a woman's overall health. Cardiometabolic risk evolves over a woman's lifespan and is more related to ovarian aging than chronological age. Healthcare providers were advised to collect menstrual history as part of their risk assessment. Post-pregnancy and perimenopause are key opportunities for risk reduction interventions.

This Issue:

**Association of Diabetes
Care and Education
Specialists (ADCES)
Annual Conference
Highlights**

Page 1

**Steps Towards Truth
and Reconciliation,
T1D Research Spotlight**

Page 2

**Diabetes Canada News,
TrialNet Screening &
Upcoming Events**

Page 3

**Community Partner
Program Updates**

Page 4





National Day for Truth and Reconciliation



Steps Towards Truth and Reconciliation

Diabetes education is fundamentally about building relationships. We ask people to share their experiences, priorities, challenges, fears, and hopes. We work alongside individuals and families to develop goals that fit their lives. Yet for Indigenous Peoples in Canada, the health-care relationship exists within a complicated history—one shaped by colonial policies, residential schools, displacement, systemic racism, and generations of harmful experiences within health and government institutions and religious organizations. Understanding this history and ongoing effects of colonization is essential to advancing culturally safe diabetes care.

The Truth and Reconciliation Commission of Canada's Calls to Action 18–24 specifically address Indigenous health. They call for action on health inequities, recognition of Indigenous healing practices, cultural competency and safety education, and increased Indigenous representation within health professions and decision-making.

From Awareness to Action

For diabetes educators, reconciliation involves more than learning about Indigenous cultures. Cultural humility requires ongoing self-reflection, recognition of personal biases, and a willingness to listen and learn from Indigenous patients, families, communities, and knowledge holders. I encourage all healthcare providers to reflect on their clinical practice and consider how can we each play a more active role in truth and reconciliation.

Some ideas to consider:

1. Learn about Indigenous-led health programs and community support organizations in our region or province:
 - [Indigenous Diabetes Health Circle](#)
 - [SOAHAC](#)
 - [Crow Shield Lodge](#)
 - [Healing of the Seven Generations](#)
 - [White Owl Native Ancestry](#)
 - [Indigenous Supports in Waterloo Wellington](#)
2. Deepen your knowledge of Indigenous culture and health beliefs
 - [Providing Safe Diabetes Care with Indigenous Older Adults infographic](#)
 - [Infographic Reflective Practice Booklet](#)
 - [Caring for Indigenous Older Adults in Waterloo Wellington](#) e-module
3. Consider new conversation starting points with your patients:
 - What matters most to you about your health?
 - Are there cultural, spiritual, or traditional practices that are important to your wellness?

Truth and reconciliation is an ongoing responsibility rather than a destination. Every patient encounter provides an opportunity to build trust and support self-determination. For diabetes educators, it means learning about Indigenous history, examining our assumptions, listening with humility, shared decision-making, and addressing the systemic barriers that influence diabetes outcomes for Indigenous Peoples.

T1D Research Spotlight

In the last year there has been more focus on type 1 diabetes (T1D) in research, below are some of the highlights so you can deepen your knowledge in areas of interest.

- [Effects of Menstrual Cycle on Insulin Sensitivity in T1D](#) – an observational study (n= 77 women) using automated insulin delivery (AID) systems. It is known that hormonal cycle fluctuations impacts glycemic control. This study provides more insight into the different phases of the menstrual cycle, insulin sensitivity and insulin needs, which may be helpful in adjusting pump settings. It also highlights that current AID systems are not designed to fully compensate for hormonal changes and should be an area of focus for AID system manufacturers.
- [Adjunctive Treatment with GLP-1 and Dual GLP-1/GIPs for People with T1D](#) – a consensus report and practical guidelines for safe use for people living with T1D.
- [C-peptide in Precision Diabetes Care and Beyond](#)– impaired pancreatic beta cell function is a key feature in T1D and long-standing type 2 diabetes (T2D). C-peptide estimation plays an important role in the accurate diagnosis of diabetes and treatment choices. The greatest utility is 3–5 years post-diagnosis when detectable levels may help to differentiate between maturity-onset Diabetes of the Young (MODY) and T2D. This article discusses the clinical potential of c-peptide usefulness beyond diagnosis; as a risk stratification for vascular complications, pharmacotherapy decisions, hypoglycemia and bariatric surgery.
- [A Golden Hour and Golden Opportunity of Beta Cell Preservation](#) – with the development and approval of Teplizumab, a disease modifying therapy for T1D, a new era of possible prevention has started. A growing body of evidence suggests modest residual C-peptide levels improve glycemic control, reduces complications, and hypoglycemia. For future research, C-peptide could serve as a marker for therapeutic efficacy in trials conducted at different stages of T1D progression. This could serve as a springboard for continued regulatory approval of disease-modifying therapies at all stages, thus offering hope for all who are affected by T1D.



DIABETES CANADA

New Website, New Look

Diabetes Canada has recently updated their website. The Clinical Practice Guidelines are now integrated into the "For Professionals" section. As part of this project, Diabetes Canada has also reviewed their professional tools, resources and webpages. Check out the new website [here](#).

Other helpful programs offered by Diabetes Canada:

- **Virtual Diabetes Education Program:** an online support program for people living with type 2 diabetes. Content is applicable to someone who is newly diagnosed or needs a refresher. There are 11 sessions per year, each session covers a new topic area. Sessions are live on Zoom led by a health care professional who can answer participants questions in real-time.
- **In the Kitchen 2026:** is a free, live and interactive four-week cooking and nutrition series. Hosts: Mairlyn Smith (professional home economist and cookbook, and Katie Brunke (RD CDE). They will showcase delicious, healthy recipes live and answer questions. All sessions run Tuesdays in October at 7 p.m.
- **How 2 Type 1:** This video series, developed in partnership with the Diabetes Leadership Foundation, aims to provide support, knowledge, expert advice, and actionable steps to help your patients and others in the type 1 diabetes community thrive.
- **How 2 Type 2:** This video series is designed to provide clear, practical guidance for patients living with type 2 diabetes and their support.



Upcoming Screening Events

Type 1 Diabetes TrialNet is an international research network that offers free risk screening and clinical studies to prevent, delay, and slow the progression of T1D. First or second-degree relatives of someone living with T1D are 15 times more likely to develop the disease. TrialNet screening looks for diabetes-related autoantibodies that signal an increased risk of developing T1D. Early detection of T1D risk and on-going monitoring can allow for earlier intervention to maintain insulin production in those relatives who are deemed high risk. Please consider sharing the upcoming screening event information below with your clients living with T1D and their family members.

Upcoming local screening events:

- **Langs Community Health Centre** - October 5 from 4-8 pm.
[Click here](#) for more information.
- **WRHN Midtown Adult Diabetes Education Centre** - November 5 from 4-8 pm.
[Click here](#) for more information.



1. Transforming T2D Care: Real Cases, Real Solutions for GLP-1 & GIP/GLP-1 Therapy Virtual

October 8 or 29, 2026

[Click here](#) to learn more

2. Streaming Evidence into Clinical Practice: T2D and CVD Virtual

October 14, 2026

[Click here](#) to learn more

3. Motivational Interviewing - Level two Virtual

October 22 and 29th 9am-noon

[Click here](#) to learn more

4. Diabetes Canada Professional Conference In-Person - Vancouver Convention Centre

November 18-21, 2026

[Click here](#) to learn more

5. CGM School 2026 Virtual or In-person

November 24, 2026

[Click here](#) to learn more

6. University of Toronto's Food as Medicine 2026 Update Virtual and In-person

November 30, 2026

[Click here](#) to learn more



Community Partner Updates

Want to learn how the **Self-Management Program** can benefit you, your patients & program? Contact Kyla at kylap@lancs.org or call 519-947-1000 ext. 265



Pediatric Teplizumab Infusion Clinic

McMaster Children's Hospital Pediatric Endocrinology Program is in the final planning stages to offer Teplizumab infusions to pediatric patients with stage 2 type 1 diabetes. Teplizumab is a monoclonal antibody immunotherapy approved to delay the onset of clinical type 1 diabetes (stage 3) by up to 3 years. It is administered via Intravenous infusion daily for 14 consecutive days. For those patients meeting eligibility criteria (see below), referrals can be made via Ocean or Fax.

Eligibility criteria:

- fasting glucose between 5.6-6.9 mmol/L **OR**
- 2-hour post prandial glucose of 7.8-11.0mmol/L **OR**
- A1c between 5.6-6.4%
- Two or more positive diabetes-related autoantibodies; with or without dysglycemia

Electronic referral available on Ocean.
Paper-based referral form can be [found here](#).



Indigenous Nurse-Led Footcare Clinic

A **free** Indigenous nurse-led footcare clinic is being offered at Groves Hospital in Fergus, Ontario. Proof of Indigenous status is not required. Transportation supports are available.

Services offered:

- **General foot and nail care** - nail trimming, and corn/callus removal
- **Diabetes-related footcare**
- **Self-care education** - strategies for body, mind, spirit care
- **Referral advocacy:** to specialist as needed, Indigenous-led healthcare services and traditional medicines

To book an appointment, call 519-505-2381 (Toe-Tally Footcare)

[Click here](#) to learn more, access the footcare clinic flyer.

The Waterloo Wellington Diabetes with Indigenous Older Adults working group is currently investigating funding opportunities to offer a mobile version of the clinic.



Wishing you a lovely fall season,

Trina



Waterloo Wellington
Self-Management Program

New Workshops for Your Clients

The Sleep Workshop: Simple, Proven CBT-I Strategies That Work

Many people living with chronic health conditions struggle with sleep. This new workshop introduces practical, evidence-based CBT-I (Cognitive Behavioural Therapy for Insomnia) strategies to help participants improve sleep habits and achieve more restful nights.

[Click here](#) to learn more about this virtual workshop

Creative Coping: Exploring Strength, Resilience and Wellness Through Art

Participants will use creative expression as a tool for self-reflection, stress management, and emotional wellness. No artistic experience is required. Participants will explore personal strengths and coping strategies through guided art and reflective writing in a supportive environment.

[Click here](#) to learn more about this in-person workshop

We're excited to expand our workshop offerings and provide new ways for participants to build skills, confidence, and wellbeing.



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