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b o l e z e n



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Special Edition on the
occasion of the IDF Europe
General Meeting

Otočec, 22 - 24 October 2004



FOR BETTER QUALITY OF LIFE

Welcome to Slovenia!



Janko Kušar, President of the Slovenian Diabetes Association

On behalf of the Slovenian Diabetes Association and all its members, I would like to greet and warmly welcome to Slovenia all participants of the European regional conference of the International Diabetes Federation IDF Europe, and especially its President Wim Wientjens.

We are delighted that the IDF Europe governing body has chosen Slovenia as the venue for its annual meeting. We are confident that the meeting of national representatives at the Otočec session, which will include the IDF Europe 2004 annual General Meeting, to be held on 22 October, and the Together We Are Stronger 2004 meeting, to be held on 23-24 October, will significantly contribute to sharing professional achievements and experiences regarding the ever increasing population of sugar disease sufferers.

Together with Novo mesto-based Krka pharmaceuticals company, which has consented to sponsor this significant meeting, we shall do everything to ensure good conditions for the work of delegates at the conference; in particular, it is our wish that all participants depart from Slovenia with the most favourable impressions possible.

On this occasion, on behalf of the Slovenian Diabetes Association, I would like to thank the President of the Republic, Dr. Janez Drnovšek, for having agreed with honourable patronage of this significant event.

I wish you success with your work at the conference, and a pleasant stay with us.

For Better Quality of Life



Dr. Wim Wientjens, President of the IDF Europe

We are looking forward to it. The countries belonging to the European Region of the International Diabetes Federation are coming to Slovenia. Representatives of 42 countries will come together on the 22nd, 23rd and 24th of October in Otočec. They will meet for the General Meeting 2004 (22nd of October) and also for the Together We Are Stronger 2004 meeting on the 23rd and 24th of October. The Slovenian Diabetes Association (SLODA) already during the preparations showed to be able to be a very fine host.

SLODA asked me to tell something about myself. I was born in 1937 and I am living now with diabetes for 53 years. As such I have experienced the enormous developments in diabetes care. And also the ups and downs of the diabetes itself. From »Am I blue?« with the urine sticks to (till the first decimal precise) blood glucose measurements. From, after finishing my study as biochemist, not being able to find a job because of diabetes, to the management of a research institute with 250 people as managing director. From not being able to ensure myself for the costs of illness (due to having diabetes) to the moment that I could convince the government of the Netherlands that, also for people with diabetes, the term of validity of a normal drivers' licence should be the same 10 years as for people without diabetes.

Our worries about a good quality of life for people with diabetes have not lessened in the past years. The number of activities of our member associations impresses me. In all sorts of ways they try to improve diabetes care in their countries and to ensure a fully respected place of people with diabetes in society. With all rights and duties that go along with it.

In the »Together We Are Stronger«-meetings we also want to discuss the problems of the implementation of national diabetes programmes and about the role of IDF Europe and the member associations in the coming years.

I hope and expect that »Otočec, Slovenia« will be a meeting IDF Europe will never forget and a step in the direction of better quality of life for people with diabetes.

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Greeting of the President of the Republic of Slovenia Dr. Janez Drnovšek



Dr. Janez Drnovšek,
President of the Republic of Slovenia

Dear diabetics,

It is my pleasure to be able to greet the participants of the European Regional Conference of the International Diabetes Federation taking place in Otočec this year. It is a meeting of an important international association, which deals with all aspects of one of the most pressing diseases of our time – diabetes.

The number of patients with diabetes is growing rapidly due to the modern lifestyle characterised by stressful environment, unhealthy living, lack of exercise and overweight. Destructive complications and defects caused by diabetes have profoundly changed the lives of many patients and their families.

In order to reduce this too high a price for people as well as the economic burden of treating the consequences and complications related with this disease, preventive measures should become increasingly important, namely: early diagnosis of diabetes, exchange of experience in management of the disease and the treatment itself. The mission of the International Diabetes Federation and national diabetes associations is invaluable in this respect.

It gave me great pleasure to accept the honourable patronage of your Conference, which will undoubtedly provide a new look on diabetes and contribute to better public awareness about the issue of diabetes and the necessity for healthy lifestyle, which has proven to be very efficient in fighting this disease.

I wish you successful work and exchange of opinions and I hope that our foreign guests will have a very pleasant stay in Slovenia.

Merck Sharp & Dohme, inovativna zdravila d.o.o.

Merck Sharp & Dohme, inovativna zdravila d.o.o. (MSD) is affiliated with Merck & Co., Inc., Rahway, New Jersey, USA and represents the interests of Merck & Co., Inc. in Slovenia.

Merck & Co., Inc. is a global, research-driven pharmaceutical company that discovers, develops, manufactures and markets a broad range of human and animal health products directly and through its joint ventures. It employs more than 63,000 employees all over the world and operates in nearly 80 states.

The main mission of the company is to research and discover, manufacture and market innovative drugs. In 2003 Merck & Co., Inc. spent more than 3.2 billion USD on research and development, which is more than 13 million USD per working day. The company offers a broad range of drugs; it manufactures approximately

one hundred drugs for 25 different therapeutic categories. The leading products of Merck & Co., Inc. are drugs for treating heart and vascular diseases (antihypertensive and cholesterol lowering drugs), osteoarthritis and rheumatoid arthritis, osteoporosis, chronic asthma, symptomatic benign prostate enlargement and antibiotics for a number of infections. The company is also among the leading developers of ophthalmologic drugs as well as products and vaccines for treating HIV infections.

A decade ago, Merck entered the Slovene market with its goal to provide the citizens of Slovenia with efficient, safe and innovative drugs as well as the most modern methods of treatment with the aim of prolonging and improving the quality of their lives.

IDF Europe

The European Region of the International Diabetes Federation

IDF Europe is a European non-profit organization whose aims are philanthropic and scientific.

DIABETES ASSOCIATIONS

Today, IDF Europe has more than 55 diabetes associations in some 40 countries in its membership. Many of these associations are made up of both people with diabetes and health-care professionals. More than half of the associations have over 10,000 members.

The associations work towards improving the lives of people with diabetes through a range of activities and tools. These include education for people with diabetes, public awareness campaigns, children's activities and collaboration with national health authorities.

MEMBER COUNTRIES

Albania, Austria, Azerbaijan, Belarus, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Republic of Georgia, Germany, Greece, Hungary, Iceland, Republic of Ireland, Israel, Italy, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Luxembourg, Macedonia, Malta, Netherlands, Norway, Poland, Portugal, Romania, Russia, Serbia and Montenegro, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine, United Kingdom.

CONTACT US

We are looking for financial support from industry, organizations and individuals to fund our activities and research. Please contact us for more information or for supporting us.

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ACTIVITY HIGHLIGHTS

Diabetes has been put on the health-care agenda of many European coun-

IDF Europe at a glance*	
Total population	872 million
Adult population (20-79 year age group)	621 million
Number of people with diabetes (20 - 79 age group)	48 million
Estimated diabetes prevalence (20-79 year age group)	7.8%
Number of people with Type 1 diabetes (all age groups)	1.6 million
Estimated Type 1 diabetes prevalence (all age groups)	0.19%
Member associations	59
Number of members	1.8 million
Member countries	43

* Source: Diabetes Atlas Second Edition, IDF, 2003

tries thanks to the St Vincent Declaration, which is the result of collaboration between IDF Europe and the European Regional Office of the World Health Organization (WHO). Many of the targets set out in the declaration have been adopted in national diabetes programmes in Europe.

Another forum that allows member associations to exchange ideas and experiences is the annual meeting organized by IDF Europe. These meetings provide an opportunity for member associations to identify common issues, discuss strategic planning and strengthen networks.

An important date in the diabetes calendar is November 14, which is World Diabetes Day. It provides an opportunity for IDF Europe and its member associations to organize activities to promote public awareness of diabetes and its complications.

THE NEXT STEPS

IDF Europe will continue to focus on improving the quality of diabetes care, safeguarding the interests of people with diabetes and working towards greater accessibility and availability of healthcare throughout the European Region. It will therefore take further initiatives in the

Mediterranean, and Central and East European countries.

THE ROLE OF IDF EUROPE

IDF Europe is the European regional organization of the International Diabetes Federation. The role of IDF Europe is to assist its member associations in their work to improve the lives of people with diabetes in every aspect. It therefore has a broad remit that ranges from association development at local level to influencing policy-making at European level.

IDF Europe covers an extensive region that extends from Greenland in the west to Russia in the east. The region is characterized by a wide diversity culturally, socially and linguistically as well as a huge disparity in economic conditions, social welfare provision and healthcare standards.

Diabetes is increasing at an epidemic rate in Europe as it is in other parts of the world. Currently, some 7.8% of the adult population in the IDF European Region have diabetes and this is predicted to increase dramatically by the year 2025. IDF Europe's role is not only necessary but also crucial in helping to reduce the burden of diabetes to the individual and society.

Our Mission

The mission of IDF Europe is to work with its member associations to enhance the lives of people with diabetes in Europe.

Tasks of the Slovenian Diabetes Association

The Slovenian Diabetes Association was established in 1956 at the initiative of the first Slovene diabetologist Prof. Dr. Ljudevit Merčun. Slovene diabetics were thus one of the first in the world to establish such an organisation. The International Diabetes Federation – IDF was established only ten years earlier, in 1946.



Vlasta Gjura Kaloper, MD
Transfusion Medicine Specialist and
Vice President of the Slovenian Diabetes
Association

The Association joins 39 diabetes societies from the entire country. These societies include patients with diabetes and their friends and relatives and everyone related or interested in the disease. The Slovenian Diabetes Association is a non-profit organisation working in the public interest. It has been a full member of the International Diabetes Federation (IDF) and its European arm (IDF Europe) since 1994. Slovenia has also signed the St. Vincent Declaration (SVD), a document signed by representatives of the European arm of the World Health Organisation (WHO/Euro), IDF Europe and then members of the WHO/Euro in Italian town St. Vincent in 1989.

NATIONAL PROGRAMME GUIDELINES

Experts estimate that around 100,000 people in Slovenia have diabetes. Alas, it is only an approximate figure, as Slovenia has not introduced the systematic gathering of data on the quality of caring for patients with diabetes. The danger of diabetes lies mainly in the fact that a non-managed disease can cause typical complications, which can lead to serious disability or even premature death.

Currently, expert guidelines are being prepared in Slovenia, which will form the basis for the National Diabetes Programme. The Programme is essential for rational implementation of care for diabetics, preventing

complications and lowering huge costs required for treatment and rehabilitation of patients with diabetes.

Slovenia is very much aware of the importance of educating patients with diabetes. It is performed by health care workers already when the disease is discovered. Later it depends on individuals how keen they are to preserve their health and how much and how they will educate themselves. Here societies and the Slovenian Diabetes Association play an important role in motivating people to take care of their health. It is significantly easier to learn and adopt new lifestyle in a group of people with the same disease and similar problems.

Regular sporting-recreational gatherings of diabetics and their friends and relatives promote regular exercise, which is essential in treatment of patients with diabetes. Knowledge quiz on diabetes in elementary and secondary schools teaches young people in a way they can relate to about healthy lifestyle and prevention of diabetes.

The World Diabetes Day, 14 November each year, is also an opportunity to increase the public awareness about the

disease. The Association has for several years co-operated with amateur broadcasters in organising international link through radio waves on the World Diabetes Day.

EDUCATION FOR HEALTHY LIFESTYLE

The Association's gazette, received by all members of societies, around 17,000 people, for free, is published quarterly. The Association also issues various educational publications, such as the books *Get Rid of Excess Fat* and *Guide to Healthy Eating*. The last book we have published was a book about exercise and sporting activities of patients with diabetes.

We have developed an excellent co-operation with other organisations of patients with chronic diseases (coronary societies, patients recovering from strokes, patients with kidney diseases...).

Tasks of the Slovenian Diabetes Association and diabetes societies are mostly educational with regard to healthy lifestyle, prevention of diabetes and related complications and acting for the best possible care for patients with diabetes.

Almost a Decade of Socialising and Friendship

Hosting of the Annual Meeting of the IDF Europe is an acknowledgement of the Slovenian Diabetes Association. It means that the Association was recognised in Europe for its work programmes.

Slovenia put intensive efforts in the last four years to host the Annual Meeting of the IDF Europe. We have been presenting our programmes to other European diabetes associations. Namely, promotion of exercise, educational rehabilitations, workshops and the quiz on diabetes in elementary and secondary schools. The latter was accepted with particular enthusiasm, as such programmes include the most sensitive and susceptible population, young people.

Slovene diabetics expect a lot from this meeting. We foremost want the issues regarding management of diabetes to enter the general public and that people would become aware

of how dangerous the disease really is.

Organising care for patients with diabetes brings very different challenges and each faces their own problems. However, it makes things easier if we can exchange opinions, learn what is new, meet someone with a similar experience and so on. Yes, we have become friends in these nine years and we know no borders. We are only people living with diabetes wishing to have the best possible quality of life.

I hope that all participants will have a nice weekend in Slovenia. I can't wait to show them a small part of my beautiful country.

Vlasta Gjura Kaloper

Taking Care of Diabetics in Slovenia

The level of knowledge about diabetes is growing quickly in Slovenia and the Slovene diabetologists are trying to keep abreast with the developed world. In the future, more emphasis will have to be put on research. One of our priority tasks is to appoint more dieticians and psychologists to medical teams.



Vilma Urbancič, University Medical Centre of Ljubljana Clinical Department for Endocrinology, Diabetes and Metabolism Disorders

Miha Koselj, MSc, MD
University Medical Centre of Ljubljana
Clinical Department for Endocrinology, Diabetes and Metabolism Disorders

The beginnings of organised care for diabetics in Slovenia reach back to the period immediately after the end of World War Two. In May 1945, a hospital diabetes department was established within the Internal Medicine Department of the General Hospital Ljubljana, which was the first subspecialist department of internal medicine in Slovenia. In October 1945, the first outpatient clinic for diabetics was set up. After 1950, specialised outpatient clinics for diabetics were established within all Slovene general hospitals.

EPIDEMIOLOGY

The first data on the prevalence of diabetes in Slovenia were published in the period between 1962 and 1964, followed by a more detailed analysis in 1970; they did however not cover all the outpatient clinics in Slovenia. It was only in 1977 that all these clinics were comprised in the epidemiology and this gave a more realistic picture of diabetes in Slovenia. In 1983 we set up a Register of Diabetics which was kept until 1997; we are now preparing a modernised version, supported by modern technologies. Epidemiological data from the Register of Diabetics and the estimate for 2000 are shown in Table 1. It was assessed on the basis of these data that there were around 100,000 diabetics in Slovenia last year.

PROMOTING THE HEALTHY WAY OF LIVING

After 1950, outpatient clinics for diabetics were established within all Slovene general hospitals. There were already 13 of these in 1960. After the meeting of Slovene and Croatian diabetologists in 1963, additional 19 outpatient clinics with consultancy for diabetics were opened in the framework of health centres.

Until 1995, the majority of diabetics were treated in specialist outpatient clinics – either by specialist internists or general practitioners with specialisation in diabetology. There was also a nurse in the team taking care of diabetics.

The range of activities carried out in outpatient clinics and consulting rooms for diabetics spread considerably over the last two decades. We mainly emphasised medical education and promotion of healthy way of living. In 1990 we established the first three outpatient clinics for diabetic foot and by 2003, the programmes for preventing and treating the diabetic foot were introduced into most of the outpatient clinics for diabetics.

All these clinics have the appropriate equipment for identifying and treating late complications of diabetes: x-raying the back of the eye and ophthalmologic examinations for early discovery of diabetic retinopathy, screening test for micro albumin in the urine, early discovery of diabetic nephropathy, screening test for diabetic foot.

COUNSELLING

All over Slovenia, the patients have access to laser therapy for treating proliferative diabetic retinopathy and alternative treatment with haemodialysis for patients with end-stage renal disease. We have been transplanting kidneys in Slovenia for more than 30 years.

Organised care for pregnant women with diabetes started in early eighties and

includes counselling before conceiving, monitoring of diabetes through pregnancy and screening tests for gestational diabetes. Ever since 1990 we have been carrying out the outpatient programme for patients with erectile disorders in cooperation with the surgeons – urologists.

In order to reduce the load put on outpatient clinics for diabetics which could no longer do all the work by themselves, due to rapidly increasing number of diabetics and their constant demands for higher level of service quality, most of the patients treated with diets or tablets have been taken care of at the primary level since 1995, i.e. by general and family practitioners. Most of the patients treated with insulin are still coming to specialist outpatient clinics. Since 1990, insulin therapy is in the majority of cases applied in outpatient clinics.

REGULATIONS AND FINANCIAL ASPECTS

Diabetics in Slovenia do not have to pay for their treatment, which includes controls in the outpatient clinics, hospital treatment, medication (tablets and insulin) and injection kit. The devices for measuring blood glucose and test stripes for these meters are available free of charge for patients treated with insulin, while other patients can obtain urine test stripes and test stripes for measuring blood glucose – for optical reading – also free of charge.

After almost a decade of negotiations with the Health Insurance Institute of Slovenia and the Ministry of Health of the Republic of Slovenia, the rules regarding the prescription of special footwear were changed in 2001, so that it is now possible to prescribe such footwear to those diabetics who belong to the most endangered group with strong probability of developing foot ulcer.

We are also conducting intensive negotiations regarding the prescription of

bandaging materials, as it is at the moment only possible to prescribe standard bandaging materials (antiseptic gauze, bandages, Micropor tape) and not the modern materials, defended by the experts.

MEDICAL STAFF

Due to the increasing number of doctors treating diabetes, the Slovenian Medical Association established in 1970 the Endocrinological Section, which changed its name to Slovenian Endocrine Society in 1997. The members meet twice a year.

In 1979, a Diabetes Board of Slovenia was founded to take care of a uniform doctrine of glde diabetology and co-ordinate the development of medical care for diabetics. In the 1982-1983 period, the first post-graduate courses in diabetology were carried out and since 1995, it organises short post-graduate courses on type 2 diabetes which are carried out twice a year. Doctors who plan to treat diabetes can participate in three-month training at the Clinical Department for Endocrinology, Diabetes and Metabolism Disorders within the University Medical Centre of Ljubljana.

The Nurse Endocrinological Section was established in 1988. Since 1996, post-graduate courses on diabetes have been organised for nurses twice a year.

The workgroup for diabetic foot was established in 1995 with the aim of improving the treatment of diabetic foot, extend the network of outpatient clinics and promote research in this field. Since then, the training courses in the treatment of diabetic foot have been organised for doctors and nurses once a year, followed by practical training in outpatient clinics.

There is still significant lack of dieticians and clinical psychologists, although certain major steps were taken also in this field recently.

MEMBERSHIP IN INTERNATIONAL ORGANISATIONS

Slovene doctors and nurses are members of several international diabetes associations, such as: European Association for the Study of Diabetes (EASD), American Diabetes Association (ADA), Mediterranean Group for the Study of Diabetes (MGSD), International Diabetes Federation (IDF), Gesellschaft für Nephrologie (GFN), Deutsche Diabetische Gesellschaft (DDG), Federation of European Nurses in Diabetes (FEND), and active members of study groups within EASD: Diabetes Education Study Group (DESG), Diabetic Foot Study Group (DFSG), Psychosocial Aspects of Diabetes (PSAD), and European Diabetic Nephropathy Study Group (EDNSG).

In Slovenia we organised numerous conferences and congresses on diabetes. In 1994, the 4th International Alpe Adria Workshop on Diabetes was held in Rogaška Slatina. In 1996, a satellite symposium called ESAD was held at Bled, with the subject of hypoglycaemia, while in 1998 and 2002 we organised the 1st and the 2nd Slovene Congress on Endocrinology with participants from all over the world.

PATIENT ASSOCIATIONS

The first association of diabetics was established in Ljubljana in 1956, followed by numerous other associations in other Slovene towns; there are 38 of such associations. Their umbrella organisation is the Slovenian Diabetes Association.

PUBLICATIONS

Slovene diabetologists actively participated in the International Working group on the diabetic foot which drafted a document called International Consensus on the Diabetic Foot in 1999 and an updated version of this document on CD-ROM in 2003. In 2001, this document was also translated in the Slovene language.

Besides that, the following books were published in the Slovene language:

- Klinika prehrane (Clinics of Nutrition) (1948)
- Klinika endokrinih žlez (Clinics of Endocrine Glands) (1948)
- Endokrinologija (Endocrinology) (1987)
- Interna medicina (Internal Medicine) (1993 and 1998)
- Sladkorna bolezen tipa 2 – priročnik za medicinske sestre (Type 2 Diabetes – Manual for Nurses) (1997)
- Sladkorna bolezen tipa 2 – priročnik za zdravnike (Type 2 Diabetes – Manual for Doctors) (1999)
- Oskrba diabetičnega stopala – priročnik za medicinske sestre in zdravstvene tehnike (Treatment of Diabetic Foot – Manual for Nurses and Medical Technicians) (1997 and 2003).

PLANS

The level of knowledge about diabetes is growing quickly in Slovenia and the Slovene diabetologists are trying to keep abreast with the developed world. In the future, more emphasis will have to be put on research. There is room for improvement with respect to health care of diabetics:

- One of our priority tasks is to appoint more dieticians and psychologists to medical teams.
- We need to draft and implement the programmes for improving patient awareness, so that they would be willing to start insulin treatment at the early stage of the disease, thus reducing the frequency of late complications in diabetes.
- More efforts must be put in educating and training medical staff.
- We also need to improve co-operation between general and family practitioners and specialists.

Prevalence and incidence of diabetes in Slovenia

Year	Diabetics	Population	Prevalence	Newly identified	Incidence
1962	4,504	1,604,980	0.28		
1964	6,281	1,630,553	0.39		
1970	12,428	1,726,513	0.72		
1977	30,121	1,839,358	1.64		
1981	45,971	1,917,469	2.40		
1982	49,231	1,924,877	2.56	3,700	0.19
1985	52,858	1,973,151	2.68		
1987	55,117	1,989,462	2.77		
1988	57,337	1,999,988	2.87	4,054	0.20
1989	58,992	1,999,404	2.95	4,356	0.22
1990	62,821	1,998,090	3.14	4,837	0.24
1992	68,739	1,995,832	3.45	4,761	0.42
1993	72,723	1,995,832	3.64	4,685	0.23
1994	77,685	1,989,408	3.91	4,962	0.25
1996	76,480	1,986,989	3.85	5,274	0.27
2000	89,000	1,985,557	4.48		

Slovenian Heart House

In developed countries the cardiovascular diseases represent 50 % of diseases and mortality rate. It is similar in developing countries. In Slovenia these diseases are the most frequent reason of the mortality rate among Slovenians after 45 years of age in approximately 40 % of cases, still in the active age, which is especially alarming.



Prof. **Miran F. Kenda**, MD, Ph.D., Senior Counsellor
President of the Slovenian Society of Cardiology
Slovenian Heart House Project Manager

The analysts have found out that the ischemic heart disease will be the main cause of diseases and mortality rate in the world after 20 years. These diseases are not only the first-class health problem, but also represent a bigger social and economic burden for all countries. In the developed parts of the world they have found out that the problem is so big that the state institutions are not able to handle it by themselves successfully. Therefore, non-governmental organizations and civil society get increasingly involved in resolving this problem. This model of the civil society active cooperation is more and more practiced in Slovenia as well, therefore, the Slovenian Society of Cardiology established the Slovenian Heart House two years ago.

WE SHALL ALSO ESTABLISH A CARDIOLOGIC ACADEMY

It is our pleasure to ascertain that the Slovenian Heart House is the first specialized association of profession and civil society of this kind in the area of former Yugoslavia states and probably the only one in the area of Central and Eastern European states. Therefore, we think it is a historical project of the Slovenian cardiology or cardiovascular medicine respectively. There is also the head office of the Slovenian Society of

Cardiology as the top-level professional organization in this field in the Slovenian Heart House, and head offices of all its bodies and working groups, as well as of the editorship of the scientific-professional journal on the cardiovascular medicine – *Slovenska kardiologija (Slovenian Cardiology)*.

The Slovenian Heart House cooperates with the civil society: The Slovenian Heart Foundation, the Society of Heart Operated Patients of Slovenia, the Slovenian Diabetes Association and the Coronary Clubs. We wish to increase the number of non-governmental organizations in the following years. A scientific-research centre also operates within the Slovenian Society of Cardiology.

In the Slovenian Heart House, the cardiovascular diseases research programmes will be harmonized and researches in this field planned and implemented. Only such pan-Slovenian results will be comparable to researches of other states due to our country smallness. We shall also establish a cardiologic academy, which will provide for training of all educational profiles in the field of cardiovascular diseases.

IT IS WORTHWHILE TO ENDEAVOUR

We think of the Slovenian Heart House as a pan-Slovenian project, where we should prepare the doctrines and harmonize opinions regarding diagnostics, treatment, rehabilitation and prevention of cardiovascular diseases. The leading professional institution should be the Slovenian Society of Cardiology, while all the mentioned laic organizations and societies would contribute important initiatives and points of view, which would jointly be formed. They would be available to state bodies and others for the improvement of health in the field of cardiovascular diseases and in forming health policies.

The intention of the Slovenian Heart House is to harmonize professional and organizational questions between individual institutions which act in Slovenia in the field of cardiovascular diseases so that the most adequate solutions would be found, and professionally and economically substantiated.

This autonomy of the discipline connected with civil society goals and intentions of laic organizations is the principal advantage of the Slovenian Heart House, making this project of national importance, being worthwhile to work for and to realize it.

Celebration of the World Diabetes Day with Radio Amateurs

Association of Radio Amateurs of Slovenia and Slovenian Diabetes Association – SLODA will already for the sixth time celebrate the World Diabetes Day with the purpose to improve lives of people and to enhance public interest in this problem by special call connected signals S55T and S50G. In last five years, we have set up over 10,000 connections with radio amateurs from more than 130 countries.

Worldwide transmission will take place from 12 November 2004 – 8.00 p.m. GMT to 14 November 2004 – 8.00 p.m. GMT, on all amateur broadcasting shortwave and ultra shortwave bandwidths. The most important location will be on the Slivna Mountain (850 m above the sea level) near the Geometrical Centre of Slovenia.

Many radio amateurs with diabetes each year participate with great pleasure in this action, being likewise praised by IDF.

The contact person is Mr. Jože Snoj – S52ZG – e-mail: jsnoj@siol.net.

Reducing the Risk of Development of Diabetes

A number of changes and measures aimed at protection and improvement of the population's health, which should also reduce costs of managing chronic non-infectious diseases, are planned and implemented in Slovenian health care system. However, data from the comparative study, which was conducted as a part of the CINDI project, are not too encouraging.



Valnea Jurečič, M.Sc.Pharm., national co-ordinator for the pharmaceutical care programme for diabetes Slovenian Chamber of Pharmacy

Three quarters of Slovenes develop and die from chronic diseases, notably cardiovascular diseases (and many of them have the type II diabetes) and the level of risk factors is still high, which is related mostly to unhealthy eating and unhealthy lifestyle (disturbed metabolism of fats, increased blood pressure, obesity). Why is that the case?

There are several reasons and one of them is certainly the fact that one tends not to think of risk factors or chronic diseases in one's youth. Later on, »a bit« raised blood sugar level »doesn't hurt« and is often discovered only when other health problems, which bring us to the doctor's office, start appearing. It is one of the reasons why Slovenia is among those countries where diabetes poses an increasing problem requiring that pharmacists are also involved in promotion of health and prevention of diabetes in order to supplement efforts and actions of other health care workers.

Therefore, various programmes of pharmaceutical care are being developed and introduced in public pharmacies, taking into account the Good Pharmacy Practice – GPP concept and giving the pharmacist a totally different role than in the past. These programmes are promoted by the

World Health Organisation (WHO) and the Council of Europe. They include the programme of pharmaceutical care regarding diabetes, which is recognised as a daily activity in pharmacies in certain Western European countries.

PHARMACEUTICAL CARE IMPLEMENTATION

A large number of sick, healthy and apparently healthy people visit pharmacies every day and pharmacists are therefore in an ideal position to inform and teach people on the healthy lifestyle, to recognise risk factors and signs of a disease and, if need be, timely refer people to a physician. Problems must be discovered and assessed and the decision for the correct advice or measure must be made on the basis of observations and discussion for all groups of visitors/patients.

We use previously agreed processing models (guidelines, protocols) of the pharmaceutical care programme for diabetes, whereby we achieve transparency of all procedures, discover their deficiencies and attempt to improve them. The programme includes three levels of action with specific objectives.

- Level 1 – primary prevention: Promotion of healthy lifestyle aimed at reducing the occurrence of risk factors, which increase the likeliness for development of type II diabetes.
- Level 2 – Early recognition of risk factors for development of type II diabetes (pharmacist's intervention: referral to the physician),
- Level 3 – Co-operation in treatment with medications aimed at prevention or delaying of development of chronic defects and their consequences.

The individual strategy is the most appropriate for promoting healthy

lifestyle and overcoming behavioural risk factors in pharmacies: short advice supported by appropriate information in written form.

EARLY RECOGNITION OF RISK FACTORS

With regard to determining risk factors, a pharmacist's ability to assess, interpret and evaluate symptoms is limited to efficient communication with the patient and carrying out of certain measurements (measuring the body mass and height, establishing the state of nutrition, measuring blood pressure and glucose in capillary blood). Efficient communication means that the discussion is conducted in a way, which provides the necessary information. Measurements and the discussion are carried out in a separate room thus providing a certain level of privacy.

All measurements are performed in accordance with the instructions and with quality and validated equipment. They are a constituent part of the guidelines and ensure the accuracy of obtained results. Slovenia was the first country to devise the protocol of pharmacist's intervention for early discovering of diabetes (measuring glucose in capillary blood and algorithm of measures) and instructions for management of waste resulting from measurements. Protocols, which are brought in line with medical guidelines for management of diabetes, are used for acting upon received information. Possible measures include:

- Advising, teaching and encouraging appropriate adaptations of lifestyle (explaining the importance of risk factors for development of diabetes, handing out information material, recommending appropriate literature, recommend inclusion in support groups);

- Preparing an individual plan for changing lifestyle, monitoring individual risk factors (proper eating, losing weight, more physical activity);
- Referral to providers of the already adopted health care programmes (in co-operation with service providers in the CINDI programme);
- Referral to a physician (people with borderline fasting basal glycemia or hyperglycemia and people with symptoms pointing to possible diabetes).

The patient must be always informed on the importance of warning signs or symptoms, measurement results and the reasons for actions taken. We should cautiously point to the fact that results of measuring glucose in capillary blood are merely information and do not equal development of a disease.

CO-OPERATION IN TREATMENT WITH MEDICATIONS

Type II diabetes is an example of most common chronic diseases, where the increased glucose levels in the blood are often accompanied by disturbed fat metabolism, increased blood pressure and obesity, which are the ideal environment for developing additional conditions – chronic vascular complications). The objective of treatment aimed at prevention of occurrence and/or progression of chronic organic impairments is adequate metabolic regulation of diabetes and requires an integrated (pharmacological and non-pharmacological) approach to all disorders. Therefore people with type II diabetes often have prescriptions for a number of drugs (simultaneous use of several drugs) and medical aids for using medicinal products and regular control of blood glucose levels.

Wrong attitude of the patient regarding treatment with medications, inadequate supervision of treatment and increasing number of simultaneously used drugs increase the probability for drug related problems, which can endanger the patient. They are also the cause of increasing, unplanned additional costs of treatment.

The actions of pharmacists and physicians can have a decisive role in all procedures regarding the treatment with medications. The task of pharmacists is to give accurate instructions on the method of administration and storing of

all drugs, on the importance of their taking in prescribed doses, on safety precautions required in the administration of a certain medicinal product and on the correct way to use medicinal aids.

MOST COMMON COMPLICATIONS RELATED TO MEDICATIONS

Pharmaceutical care is foremost the prevention, identification and solving of problems related to medications and health with the purpose of improving all aspects of administration of drugs. In doing that, pharmacists and physicians must put efforts to develop the best possible co-operation for the benefit of improved quality of patients' lives and reduced costs of treatment.

The most common complications related to drugs and their causes are the following:

- Unnecessary treatment with medications: patients are taking drugs, which are not necessary given their present health condition. Possible causes are that no indication exists for the drug they are taking, that non-pharmacological treatment is more appropriate, doubling of treatment, treatment of adverse effects which could be avoided, abuse of medications.
- Use of inappropriate drugs: patients suffer from a disease for which the administered drug is inappropriate. Possible causes: mistake in dispensing of the drug, a more efficient drug is available, the drug is contraindicated, inappropriate form of the drug, patients do not respond to treatment.
- Too high dose: patients suffer from a disease for which the dose of the administered drug is too high. Possible causes: wrong dose, inappropriate frequency of taking, incorrect duration of treatment.
- Any consequences of interactions between drugs: the drug causes reduced or increased effect of another drug, effects of two drugs cancel each other out, interaction between food and the medication, effects on results of diagnostic tests.
- Too low dose: patients suffer from a disease for which the dose of the appropriate drug is too low. Possible causes: wrong dose, inappropriate frequency of taking, incorrect duration of treatment, incorrect storing of the drug, inappropriate use of the drug, interaction between drugs.

- Adverse effects: patients become ill because of adverse effects of drugs. Possible causes: allergic reactions, incorrect use of the drug, interaction between drugs, the dose is increased or decreased too rapidly.
- Patients are not receiving medications: patients suffer from a disease for which they take no drugs. Possible causes: patients forget to take drugs, cannot afford the drug, the drug is not taken because of adverse effects, bureaucratic error.

DEVELOPMENT GUIDELINES

Co-operation in treatment with medications means actual inclusion of pharmacists in procedures, which improve the quality of patients' lives. These activities are currently almost non-existent as a lot of new knowledge and changes are required, notably in documentation of all procedures. Slovene legislation prevents pharmacies from keeping records on patients and their treatment. This obstacle can be overcome by the patient and the pharmacist signing of a statement whereby the pharmacist undertakes to protect the acquired personal information. However, real solution to this problem would be to amend the legislation. Exchange of information between pharmacists and physicians is also rare and is mostly conducted over the phone.

The plan for further development of programme implementation guidelines includes definition of contents and methods for exchange of information between pharmacists and physicians. All these changes cannot be done quickly and the programme is therefore implemented in a limited scope on the first two levels only. The programme involves 24 public pharmacies. It is implemented only by pharmacists with the appropriate certificate of qualification for running the programme in a pharmacy, issued by the Slovenian Chamber of Pharmacy after the passed test.

Results of similar programmes being implemented in Europe and the US are very encouraging and promising, which is a further proof that pharmaceutical care must become a part of daily activities of Slovene pharmacists. Only closer co-operation of expert public can ensure enrichment of knowledge and experience and success in managing and improving health of our citizens.

Neuropathy and Diabetes

Neuropathy means any pathology of nerves, »cables« connecting different parts of the nervous system and transmitting impulses, a form of data, between different organs. The nervous system is one of »control centres«, which link a group of organs, which is what our body essentially is, into an organised and working entity.



Dr. Duška Meh, MD

Various harms affect nerves and disturb their activity. One of them is disturbed metabolism of glucose. Neuropathy is thus a common disease of the peripheral nervous system in patients with diabetes, activity of the nervous system is often altered before the change of metabolism is discovered.

Disturbed activity of the nervous system can appear very early and more serious forms of neuropathy can develop later. Children with diabetes are rarely affected by diabetic neuropathy although our study has found that no less than 87% of children with diabetes aged between 6 to 18/have subclinical (i.e. without any symptoms or signs) disturbed activity of the peripheral nervous system.

SEVERAL MECHANISMS ARE AT WORK

Defects of nerve fibres in patients with diabetes depend on the length of a nerve fibre and may have different patterns. The frequency of occurrence of diabetic neuropathy is estimated between 0 and 93%, which is due to different selections of patients, diagnostic criteria and sensitivity of tests. Anamnestic data and clinical neurological tests alone are often insufficient for determining defects of peripheral nerve fibres, subclinical neuropathies are discovered only by applying sensitive neurophysiological tests.

Neurophysiological proof of incorrect activity of peripheral nerve fibres does not predict clinically manifested neuropathy, however the altered nerve fibres are more vulnerable. These findings are particularly important with regard to autonomous and sensory functions, which do not improve after the metabolic conditions have been provided for.

Several mechanisms are at work in the development of diabetic neuropathy. Opinions still differ with regard to the importance of particular factors (e.g. hyperglycemia, age, duration of the disease...). Unmanaged diabetes, wrong eating habits, not enough exercise, smoking, excessive drinking of alcohol and too much stress are the factors, which additionally weaken the body in its fight with the disease.

Diabetic neuropathy can be the result of defects in sensory or motor fibres of peripheral nerves, nerve roots and ganglions, spinal cord and/or autonomous nervous system. Clinical symptoms are composed and varied. The most common is distal symmetric sensory neuropathy, various clinical appearances often overlap (distal means distant from the body and neuropathy means disturbed activity of several nerves).

TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION LASTING SEVERAL HOURS

Nerves are »cables« with »wires«, nerve fibres with differing thickness, transmitting exact specific impulses. Diabetic neuropathy can disturb the activity of thin and/or thick nerve fibres and thus impair functions of various body parts. Different nerve fibres affected by diabetic neuropathy mean impaired functions of different tissues

and organs. The majority of classic, most commonly used neurophysiological methods, only disturbed activity of thick fibres can be determined.

The peripheral nerve has only a third or a quarter of thick fibres and therefore the assessment of activity by classic neurophysiological methods, which are fairly simple, is insufficient. Thin nerve fibres were until recently assessed only by clinical examination, however new psychophysical methods for determining detection thresholds and assessment of functioning of the autonomous nervous system enable us to assess in terms of quality and quantity the activity of the thinnest fibres, which are apparently affected before and more severely than thicker fibres.

Diagnostic procedures are more or less known while the opinions on treatment vary. It was long believed that the painful diabetic neuropathy cannot be treated and the patients were only diagnosed. Various preparations with analgesic effects on severe pain are used in treatment and in Slovenia we have also started to use transcutaneous electrical nerve stimulation (TENS) lasting several hours with 100 Hz frequency and pulse duration of 200 milliseconds for patients with typical problems (burning or altered »different« sensation, cold feet feeling, stinging, etc.). Results so far have been promising and are even better if the treatment is supplemented with antidepressants. We have also been comparing the effects of other pharmacological means and we will try newer physical means.

Educational Workshop for Diabetics

We have been organising educational workshops for patients with diabetes for the last four years. Their purpose is to enhance knowledge and control of diabetes, its critical complications and treatment. Here, we inform diabetics about new methods of treatment, proper eating, effects of exercise on health as well as with their rights and duties.

The Diabetes Society of Ljubljana, with slightly less than 2,000 patients with diabetes as members, is one of the most active in Slovenia. The task of the Society is to inform its members on new developments in treatment of diabetes, new aids and to provide them any other information relevant for patients with diabetes.

Educational workshops take place in smaller, homogenous – participants are divided with regard to the type of diabetes and method of treatment – groups of up to ten diabetics. They take place two hours once a week on the Society's premises. An educational workshop includes seven meetings of which five with a diabetologist, one with a dietician and another with a nurse. First, each diabetic fills a questionnaire on eating habits and physical activity and then measurement of bodyweight, blood sugar, blood pressure and overall cholesterol level are performed.

IMPROVING ONE'S LIFESTYLE

The educational workshops are led by an expert team with the following members: Dr. Andrej Janež, Assist. Prof., MD, specialist diabetologist, employed at the Endocrinology and Diabetes Clinic of the University Medical Centre of Ljubljana, and Maruša Pavčič, B.Sc. (FSc), dietician and Adviser to the Government on the Ministry of Health. The group also includes Dr. Andrej Marušič, Assist. Prof., who discusses with diabetics the psychosocial problems related to diabetes.

Nurse Mira Slak examines feet of participants of the workshop and gives them advice regarding care of their feet and prevention of complications and physiotherapist Andreja Backovič Juričan, BOT, Degree in physiotherapy, presents the importance of aerobic physical activity. She shows them the exercises and points out the importance of regular exercise.

One year after the workshop is concluded, measurements are repeated and the

influence of this education and the changed lifestyle to long-term management of diabetes is established. The experience is positive and show significant improvement of health in participants, who use the knowledge obtained on educational workshops, in their daily lives. The analysis of educational workshops was already presented at the International Diabetes Federation Congress in Paris.

PHYSICAL ACTIVITY/EXERCISE

The purpose of this part of the workshop, led by Andrea Backovič Juričan, is to inform patients with diabetes and their relatives and friends on the benefits of exercise for health and to motivate them to exercise regularly and safely. Participants attend a lecture on the importance of physical exercise for health and special points significant for patients with diabetes. It is followed by the presentation of exercise suitable for diabetics and individual counselling regarding increasing and maintaining regular physical activity.

The lesson about exercise is accompanied by music, takes place in a gym and lasts a good 45 minutes. It consists of warming up, the main part of the exercise and cooling down. Warming up and cooling down in addition to simple dynamic exercises always includes exercises for stretching muscles. The main part of exercise is based on aerobic physical activity followed by exercises for strengthening muscles and exercises for balance and co-ordination. Aerobic exercise is the only part of the exercise effectively regulating the proportion of consumption of carbon hydrates and fats in the body. Scientific research has shown that regular exercising at least one hour a day reduces the need for insulin by half.

DIABETES AND DEPRESSION

At the educational workshops, diabetics are also informed about depression disorders, which affect the most people with

various chronic diseases. The incidence of depression disorders, which require treatment, is twice as high in diabetics as in other people, according to some studies, it is even three times greater. Depression lasts longer in patients with diabetes and the recovery is less successful, generally increasing the risk for body waning, decreasing the effectiveness of health care and increasing health care costs. Foreign studies have shown that the total health care costs for diabetics with depression are four times bigger than those for patients without depression.

A study on depression among patients with diabetes in Slovenia is at the present carried out by the Institute of Public Health and has not yet been concluded. Preliminary results show that there is more than 35% of patients with diabetes in Slovenia, who report critical number of symptoms of depression. It is highly likely that these persons are already suffering from a depression disorder or are in great danger of developing such a condition.

INDIVIDUAL COUNSELLING

A special lecture is concerned with counselling about eating. The objective of the medical food therapy is to normalise blood sugar in diabetics, prevent development of other diseases and long-term complications and influence management of the disease. After one year we examine the changes in eating habits and self-management of diabetes.

Main findings relevant for the majority of participants in the educational workshops is that complying with dietary eating habits increases the consumption of fresh vegetables, fruit, legumes in beans and drinking of water and decreases consumption of roasted food, salt, meat, fatty cheeses and other fats. It all contributes to reduction in bodyweight and improved levels of sugar and cholesterol in blood.

Highly Active Groups of Young Diabetics

»Are you coming with us?« the Hba1c Society asked me in the spring. »Where to?« I replied, as I had no idea of their activities. »We are going to Šmarješke Toplice, where we will attend lectures, picnics, in short have a good time.«



Tjaša Cepuš

In the last year, groups of young diabetics have become increasingly aware of the problems related to diabetes. This is the purpose of numerous groups organising different lectures on diabetes and its consequences, social gatherings, picnics, they get together, exchange information and experience and help each other out.

»We can do it together,« a member of a group of diabetics once said to me. Of course they will, because each of them can help the other with his/her experience. That enables an individual to overcome the negative attitude towards diabetes and fully accept it, whereby taking control of it. Healthy eating and exercise, which are crucial in this respect, provide strength to diabetic's body, help his/her immune system and thereby influence the mental strength of an individual.

I was unable to attend the gathering in Šmarješke Toplice because of previous engagements, but I was nevertheless interested in what happened in such gatherings and how they helped each other. So I went and asked Boštjan Korošec, the Chairman of the Hba1c Society about the society and its activities.

Why was the Hba1c Society established?

For a long time there was an organisation for patients with type I diabetes missing in our country. It was high time to establish the society, although in many parts of Slovenia people with type I join those with type II, there is as we all know an essential difference between the two. We

have different people with different profiles, active sportsmen and sports enthusiasts in one way or the other, some are not very physically active yet they have become more so because of their membership in the society.

Can you describe how the Hba1c Society works?

The society was established a year ago and we thus still deal with some organisational issues, as it is our aim to include people from the entire country. The society organises annual sporting-educational weekend, intended for sporting activities, training preparations, new developments in managing diabetes, preventing complications, etc. Each Saturday we take a cycling trip together and as we turn pedals we exchange a few interesting ideas.

What is in your opinion the effect of the society on an individual member?

If a patient with diabetes is a member of our society it does not necessarily mean that his or her condition is stable. It is certainly true that we are the ones who can do the most for our health and feeling. However a positive attitude towards the disease is an appealing example. We try to give to all our members a bit extra from our society, including to those, who come only to sporting weekends or lectures. A very important aspect of our get-togethers is exchange of experience, discussions and not least making contacts with new people.

What are the results of managing diabetes in the group as a whole? Was there any improvement given the fact that you established a group dealing with these issues?

The number of diabetes types in the world probably matches the number of diabetics. Each is different in his or her own way, living the life unimpeded and according to his or her own rhythm, facing new challenges... Diabetics should therefore be familiar with their disease in order to avoid any unpleasant situation, which they could find themselves into.

You are perhaps familiar with the saying It doesn't matter how many meals you've had, what matters is how many miles you've walked.«

What plans do you have? Do you intend to make any improvements?

I sincerely hope that the society will be able to carry out all planned activities. Given the present level of support we should have no problem in achieving this. We would like to organise a climb on Triglav and trip to Gardaland. Perhaps a fresh spirit will come in the organisational committee and bring new ideas. It is essential that the membership is increasing so that the motto »Together we stand« will be easier to live by, as this is the only way to improve the quality of living. Our goal is to establish groups all over Slovenia as parts of our society.

Your society has organised gathering of signatures to enable the use of insulin pumps also to those over 14. Why?

The society's Committee tries to introduce into daily use the newest and tested medicinal aids. It is our goal to make these aids accessible to all who need them. We disagree with limitations imposed for certain treatments and indications without proper reasons.

Is there a sufficient awareness among physicians about the existence and the needs for your society in Slovenia?

Unfortunately, physicians cannot monitor us all day, although sometimes they would like to. They are however eager to help and their expertise and preparedness to give lectures and at the same time transfer theoretical knowledge into practice is widely appreciated in this society. Although our society has been around for a short period of time, we try to increase the connections between diabetologists and ourselves and expand this practice throughout the country. The initial contact has shown that diabetologists are more prepared to co-operate than diabetics themselves.

Climb on Triglav, the Highest Slovene Mountain

Slovene diabetics fight the disease by engaging in sporting activities, recreational trips and also by climbing. Every year a group of 30 to 50 diabetics climb on Triglav, which is with 2864 meters the highest mountain in Slovenia.

The easiest way to climb on Triglav is from Pokljuka, where we arrive by bus. The climb is then continued to Rudno polje, where Vodnik Lodge stands, and then to Dom na Kredarici (Home on Kredarica) and Triglav. We usually start the trip early in the morning, equipped with proper climbing gear, as required by our guides.

We usually start quite fast and come to Vodnik Lodge, at 1817 meters, in one go and have our first rest there. We have a hot drink, rest a bit to gather strength for the rest of the climb and admire the beautiful mountains, as there is a miraculous view from the Vodnik Lodge on mountain peaks bathing in the sun.

BEAUTIES NOT TO BE FOUND ANYWHERE NEAR

The path to Dom na Kredarici is beautiful and we meet the first climbers already returning to the valley. If need be, we measure our sugars. The route takes us through the Triglav National Park and it is not long before we catch a glimpse of Aljažev stolp (Aljaž Tower) standing on top of Triglav.

We observe rare and protected plants, such as the edelweiss flower, which is strictly protected and God forbid that one would come into temptation to pick such a flower

– we all know this. Often we see a family of ibexes or chamois. It is nice to watch them as they jump on the edges of precipitous rocks. We also see marmots, jackdaws and other mountain birds flying high above us.

The path to Dom na Kredarici is difficult, it takes our breath and for many also the last atoms of strength. Depending on the programme, we climb to the top of Triglav on the same or on the following day. If we do it one the same day, we quickly change clothes, rest a bit, eat a hot meal and continue with the climb, otherwise we climb to the top next day in the morning.

As we climb to the top, we meet many climbers going up from various directions. It is a demanding route requiring climbing on spikes and holding tightly and securely to the rope. Often strong and cold wind blows in climbers' faces. Those without much climbing experience and those with less secure step must be roped for safety.

YODELLING ON TOP OF TRIGLAV

Everyone reaching the top is a winner. We congratulate each other and a few yodel form joy producing an echo. When the pulse and breathing calms down, the

climber's initiation of who are on the top for the first time follows. The initiation is performed by experienced climbers, who visited Triglav the largest number of times, by hitting the novice on backside with a climbing rope. The obligatory photograph to preserve the moment near Aljažev stolp, which sits on the very top, follows.

Returning from the top of Triglav is even more demanding as knees suffer greatly in descend. Climbers are glad, happy and full of joy to have overcome this hard route. They often yodel from joy in front of Dom na Kredarici, where we usually return because we leave our rucksacks there.

The joy continues inside the lodge. Climbers are happy to have a hot drink and the dinner also hits the right spot. Handing of climber's initiation certificates is carried out after the dinner. The evening is eventful and fun and always too brief as it is still early when we have to go to bed.

The morning greets us with clear blues sky without a cloud and mountain peaks bathed in the sun. We were going back to the valley and the rocks above us were full of other climbers going towards new successes. We said to ourselves, thank God, this test is behind us.

Danica Sekavčnik-Kotnik



Short rest.



All Slovenes have in their hearts the desire to climb to the top of Triglav.

A healthy lunch for a diabetic

Colourful vegetable plate with dumplings made of sweet peppers in three colours

Lamb ribs in herbal sleeve
Stewed spelt with boletus
Fine vegetable garnish
Mixed salad

Soufflé made of millet porridge and blueberry puree

Colourful vegetable plate with dumplings made of sweet peppers in three colours

Ingredients for 4 persons:

50 dag of broccoli
70 dag of cauliflower
2 eggs
5 spoons of grits
2 spoons of grated almonds
2 dl of »Ego« yoghurt
some salt, pepper, a clove of garlic

Clean the broccoli, wash it and cook in salted boiling water. Do the same with cauliflower. Then separately press the two vegetables through a strainer in order to get two purees, the first from broccoli and the second from cauliflower. Mix the first one with one egg, two spoons of grits, grated almonds and 1 dl of yoghurt. Then mix the second one with one egg, three spoons of grits and the remaining yoghurt. Add salt, pepper and chopped garlic to both purees, fill the mixture in the models and cook them in water for 90 minutes.

Dumplings made of sweet peppers

1/2 of roasted peppers
1 spoon of fatless fresh cheese
garlic, salt, mustard

Remove the seeds from the peppers, peel and chop it. Add oil, garlic, salt and mustard and mix with the fresh cheese. Leave in the refrigerator for one hour. Put one spoon of the stuffing on a slice of fatless turkey ham and roll. Use sweet peppers of three different colours in order to get three types of stuffing for the dumplings.

Lamb ribs in herbal sleeve

Ingredients for 4 persons:

40 dag of lamb ribs without bones

50 g of mustard
1 spoon of bread crumbs
salt, pepper, parsley, chives, rosemary, thyme
1 dl of red wine

Put salt and pepper on the meat and singe. Mix the bread crumbs with chopped spices. Spread mustard on the top side of the meat, then add the spice mix, put in the oven and roast. Keep the roasted meet warm and add



red wine to the sauce left from roasted meat, cook and, if necessary, add some beef broth. Then add salt and pepper to the sauce and strain. If the sauce is too watery, add some rye flour mixed with water.

Stewed spelt

Ingredients for 1 person:

50 g of spelt
20 g of onions
salt, pepper
0.05 dl of oil
0.8 dl of water
4 dag of boletus
chopped parsley

Fry the onions in oil. Add spelt, fry some more, then add water, salt and pepper. Let it boil and stew for half an hour. Finally, add chopped parsley and stewed boletus.

Soufflé made of millet porridge and blueberry puree

Ingredients for 4 persons:

3 dl of milk 1.6 % fat
60 g of millet porridge
1 vanilla bean
grated lemon peeling
1 egg yolk
4 egg whites
30 g of diet margarine
50 g of bread crumbs (dark bread)

4 drops of Natreen liquid sweetener
Boil the milk, add millet porridge and spices, cover and cook slowly for 25 minutes. Then add one egg yolk, diet margarine and bread crumbs in the mixture. Allow it to cool. Beat the egg whites and Natreen into foam and mix lightly into the millet mixture.
Put the mixture in models and cook in water bath in the oven at 180°C for 20 minutes.

Blueberry puree

Ingredients for 4 persons:

40 dag of blueberries
4 drops of Natreen liquid sweetener
lemon peeling
juice of one lemon
juice of one orange

Put all the ingredients in a pan and stew slowly to let most of the water steam out. Mix and offer together with the soufflé.

Energy value of the lunch: 470 Kcal

Nutritional value of the lunch:

- albumins: 22 %
- carbohydrates: 52 %
- fats: 26 %

The menu and recipes prepared by: **Rok Kotar**, Head chef of the kitchen of the Thermal resort Šmarješke Toplice

Energy value and nutritional value calculated by: **Janja Strašek**, B.S. in Food Technology, Head of catering in Thermal resort Šmarješke Toplice

Calculation made by: Computer programme CIBONEX, made by: **Ignacij Kulijer**

