

DEDICATED LIFE

WORDS: NIGEL ADLAM. PHOTO: TIM TERRY.

Louise Maple-Brown is dedicating her life to a grim epidemic – diabetes among Indigenous people.

She particularly focuses on diabetes in pregnant women.

Associate Professor Maple-Brown has a noble aim: to break the cycle of the condition from mother to child.

Diabetes was fairly rare a few decades ago but is now so common that a dangerous complacency has set in.

The condition can be fatal, mainly by causing heart and kidney failure.

Associate Professor Maple-Brown gained a Bachelor of Medicine and Bachelor of Surgery at the University of Sydney.

She completed most of her physician training in endocrinology at St Vincent's Hospital before moving to Darwin in 2002 to start her PhD on type 2 diabetes and cardiovascular disease among remote and urban Indigenous people at the Menzies School of Health Research.

The principal research fellow is head of the endocrinology department at Royal Darwin Hospital.

She divides her time between working as a chronic diseases expert at the hospital and research at Menzies.

Associate Professor Maple-Brown is an example of the drawing power of Menzies – the prestige built up at the institute since it was founded 30 years ago attracts some of the most brilliant researchers in the country.

“I love working at Menzies. I enjoy working as part of a team and there's a great team here.”

“The research can be hard but Menzies is a very rewarding place to work.”

Diabetes is often precipitated by obesity, particularly fat around the stomach, which makes it difficult for the body to deal with sugars and carbohydrates.

It results in high blood sugar levels, which leads to problems with the heart, kidneys, eyes and feet. It affects nerves and blood vessels.

ASSOCIATE PROFESSOR LOUISE MAPLE-BROWN GIVES SHANNON DALY AND HER BABY RUBY A HEALTH CHECK



Diabetes can be managed, particularly by weight loss; many people control their condition by exercise and healthy diet without the need for medication.

“My focus is on the beginning of life, the origins of chronic diseases, which can begin in-utero or even before.”

“Diabetes is not just genetic; it can be precipitated by environment.”

“If the mother's blood sugar levels are high in pregnancy the baby is in danger of being born with a malformation, overweight or even stillborn, or having diabetes later in life.”

There are few symptoms in this type of diabetes in its early stages, which means screening by community health workers plays a major role in prevention and detection.

Associate Professor Maple-Brown is full of praise for the on-the-ground health workers who carry out the testing.

“It's hard work and they do a terrific job. The NT is good at carrying out health checks but, of course, we'd like this increased.”

Menzies and four main collaborators – the Northern Territory Health Department, AMSANT, Healthy Living NT and Baker IDI – are carrying out a major screening program and intervention to improve care of pregnant women thanks to a grant from the federal National Medical Health Research Council.

“We get two in one – the mother and baby. It's a great opportunity for early intervention.”

Up to 5 per cent of Indigenous women in the NT have diabetes before they fall pregnant; the figure for all Indigenous women is as high as 50 per cent in later adult life. And they tend to get the condition at a much earlier age than non-Indigenous women.

“The aim is to achieve a generational change – to help the next generation

and the generation after that. Diabetes is passed on to the next generation by exposing the baby to high glucose levels while it is developing in-utero – and that's what we want to stop. We want to break the cycle.

“This is going to take a long time. We can improve our systems, we can improve our health service delivery, we can increase health screening.

“But beyond that there's a need for a big change in lifestyle and systems to enable and support that.”

Associate Professor Maple-Brown was born in Sydney but always wanted to be a country doctor as her father was from country New South Wales.

She worked and studied in Nepal, the Solomons and Canada early in her career. But it was a secondment at Alice Springs Hospital that changed her life.

“I was shocked; it was a big eye-opener. I couldn't believe the number of people, young people, dying of preventable diseases.”

She decided then and there to do her bit to make a difference. **TQ**