

Diabetes Management

A JOURNAL FOR GENERAL PRACTITIONERS & OTHER HEALTH PROFESSIONALS

SEE
RESULTS OF GP
READERSHIP
SURVEY
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Diabetes
AUSTRALIA

A NEW LOOK JOURNAL PUBLISHED QUARTERLY
DIABETES MANAGEMENT JOURNAL IS A DIABETES
AUSTRALIA PUBLICATION

2010/11 MEDIA KIT

The only publication dedicated to Diabetes that is read by
GPs, Diabetes Educators and Allied Healthcare Professionals

DOCTORS READERSHIP SURVEY- DIABETES MANAGEMENT JOURNAL (SEPTEMBER 2009)

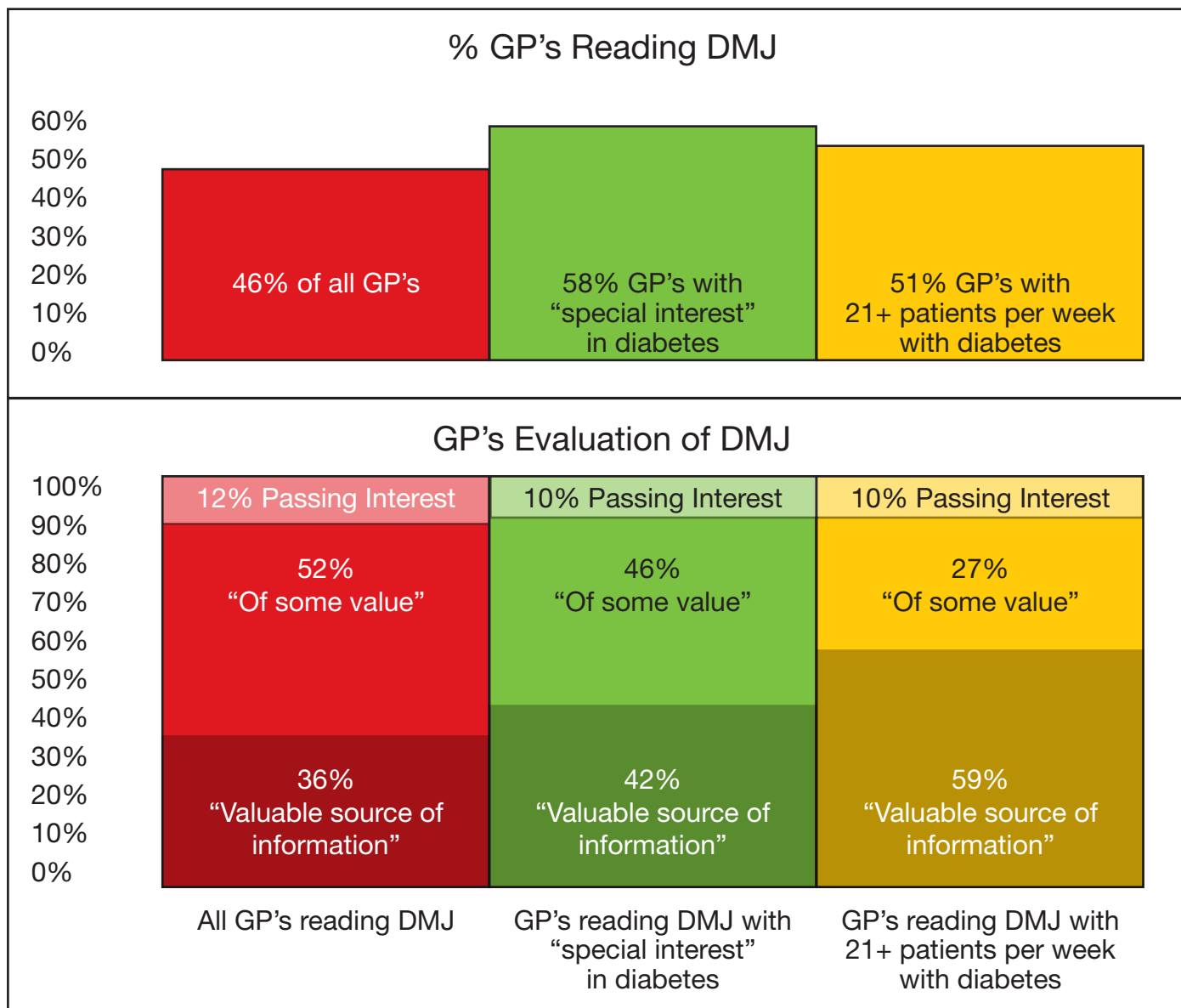
Sample size 305 practicing primary care doctors subsequently weighed to the AMPCO doctors database. Survey conducted by Competitive Advantage Research for **Diabetes Management Journal (DMJ)** which has an absolute focus on the day to day management of diabetes.

Research Objectives: To provide measures of readership and the value of Diabetes Management Journal to primary care doctors.

Two key premises:

- GP's who express a 'special interest' in diabetes would be most interested and most discerning of the calibre of the publication.
- GP's with a high patient load treating 21 + patients with diabetes are the most commercially important primary target group for pharmaceutical companies as they write the majority of scripts and their opinion is important.

Survey Results



Summary

The research shows **Diabetes Management Journal** has a high degree of engagement with key primary care doctors groups. Those GP's with a "special interest" in diabetes and those with the highest diabetes patient load were highly complimentary of the caliber of the journal. DMJ journal is 100% focused on clinical diabetes issues which provide GP's with contextual relevance and focus. This readership survey has independently confirmed the value of the journal from both a quantitative and qualitative perspective.



Initiating Insulin in Patients with Type 2 Diabetes

Type 2 diabetes mellitus has become a global public health issue. Type 2 diabetes is a chronic metabolic disease that leads to serious complications such as blindness, kidney failure, and cardiovascular disease. The management of type 2 diabetes mellitus is a complex task that requires a multidisciplinary approach...



When to Start Insulin? The UKPDS 90¹ showed progression to insulin in patients with Type 2 diabetes as well as in the health-related quality of life of patients who were treated with secondary failure of sulfonylureas...

How to Start Insulin? It is important to start with a foundation of good glycaemic control. The Diabetes Management Journal (DMJ) is the only regular clinical publication for GPs with a single focus on diabetes. The DMJ strengths are as follows:



Prevention of Type 1 Diabetes – Reality or Fantasy?

Adult Peter Cohen, MD, MSc, MEd, Director, Department of Diabetes and Endocrinology, Royal Melbourne Hospital, Melbourne

Type 1 diabetes (T1D) is known to be a chronic autoimmune disease in which genetically susceptible people develop a T1D-mediated process, the precise details of which remain unclear. The process is thought to be triggered by exposure to an environmental agent, the end result being the destruction of the insulin-producing beta cells of the pancreas...

The Prevalence of Type 1 Diabetes The incidence of T1D has steadily increased over the past few decades. In the United States, the prevalence of T1D is estimated to be 1.6 per 1,000 people. In Australia, the prevalence is 1.5 per 1,000 people. The incidence of T1D is also increasing in many other countries...

Trials Aimed at Prevention of Type 1 Diabetes The reduction that there is a prolonged preclinical phase of T1D provides a potential opportunity for prevention. The intervention period could be "subpreclinical" or even subclinical, the untreated beta cells still producing sufficient insulin to maintain glucose levels within the normal range...



explains the program and outlines the implications for the prevention of Type 1 diabetes. The program is a comprehensive approach that includes lifestyle changes, medical interventions, and patient education...

Table 1. Interventions aimed at prevention of Type 1 diabetes. The table lists various interventions such as oral insulin, oral sulfonylureas, and oral metformin, along with their effects on beta cell preservation and clinical outcomes.

Table 2. Agents used in the preclinical phase of T1D. The table lists agents like oral insulin, oral sulfonylureas, and oral metformin, detailing their mechanisms of action and clinical trial results.

Table 3. Agents used in the subclinical phase of T1D. The table lists agents like oral insulin, oral sulfonylureas, and oral metformin, detailing their mechanisms of action and clinical trial results.

Table 4. Agents used in the clinical phase of T1D. The table lists agents like oral insulin, oral sulfonylureas, and oral metformin, detailing their mechanisms of action and clinical trial results.

References: 1. Gorman PG, Orchard TJ, Jovanovic L, et al. Oral insulin in the prevention of Type 1 diabetes mellitus. Diabetes Care 2003;26:1039-44. 2. Bergqvist M, Wilander A, et al. Oral sulfonylureas in the prevention of Type 1 diabetes mellitus. Diabetes Care 2003;26:1039-44. 3. Anderson R, et al. Oral metformin in the prevention of Type 1 diabetes mellitus. Diabetes Care 2003;26:1039-44. 4. Anderson R, et al. Oral metformin in the prevention of Type 1 diabetes mellitus. Diabetes Care 2003;26:1039-44. 5. Anderson R, et al. Oral metformin in the prevention of Type 1 diabetes mellitus. Diabetes Care 2003;26:1039-44.

TARGETING THE DECISION MAKERS

The Diabetes Management Journal (DMJ) is the only regular clinical publication for GPs with a single focus on diabetes. The DMJ strengths are as follows: 1. The official health professional journal of Diabetes Australia 2. The GHP Doctors Readership Survey shows a significant increase in readership among GP's with a "special interest" in diabetes and those treating the "highest patient load" with diabetes. 3. DMJ as a peer reviewed clinical medical journal identifies the key issues on how to better manage the diabetic patient. 4. The DMJ Editorial Board are people at the top of their profession in diabetes healthcare comprising Endocrinologists, Diabetes Educators, Dietitians and GP's > An experienced GP is the Medical Editor 5. The articles will only be read in DMJ

ADVERTISING RATES

Advertisement Type	Casual	x4
Full Page Ad	\$9,450	\$8,950
Double Page Spread	\$16,100	\$15,350
Half Page	\$5,600	\$5,350
Inside Front Cover	\$12,200	\$11,600
Inside Back Cover	\$10,300	\$9,800
Outside Back Cover	\$12,650	\$12,050

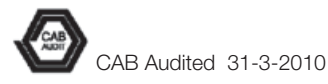
THE TICK TEST

- Where else can you find this unique advertising package?
- Credibility-Diabetes Australia.
- Distribution to a mailing list of doctors provided by AMPCO.
- Targeted-Focus only diabetes-hit all the right professionals i.e. GPs, Diabetes Educators, Endocrinologists, Allied Healthcare Professionals, such as Podiatrists and Dietitians
- Sought After- NHMRC guidelines updates.
- Articles written by top Diabetes Health Professionals.
- No Clutter. Cap of 14 ad pages per edition.
- Free copies for Sponsors Reps for detailing to GPs.

CIRCULATION

- General Practitioners AMCO database 20,000
- Distributed by Diabetes Australia to all their state and territory branches 6,000
- All Diabetes Educators membership benefit 1,400
- All Diabetes Society members 600
- Members of DAA (Dietitians) with interest in Diabetes 1,250
- Podiatrists-Members of Podiatry Council of Australia 1,800

Total Average Circulation 31,050





Diabetes Management Journal is the ONLY publication dedicated to Diabetes that is read by GP's

MECHANICAL SPECS

SIZE	WIDTH (mm)	DEPTH (mm)
Double Page Trim Area	420	275
Double Page Type Area	400	265
Single Page Trim Area	210	275
Single Page Type Area	200	265
Bleed	Bleed 5mm top, bottom and foredge	

DEADLINES

ISSUE	DISTRIBUTION	BOOKING	MATERIAL DUE
Nov 2010 Vol 33	15/11/10	25/10/10	1/11/10
Mar 2011 Vol 34	1/03/11	1/02/11	7/02/11
Jun 2011 Vol 35	1/06/11	26/04/11	2/05/11
Sep 2011 Vol 36	1/09/11	1/08/11	8/08/11
Nov 2011 Vol 37	1/11/11	26/09/11	4/10/11

TECHNICAL SPECIFICATIONS

File formats

Adobe Portable Document Format (PDF). Please prepare all PDFs as specified by the 3DAP guideline. Visit www.3dap.com.au for detailed instructions. Artwork is accepted on CD, zip disk or by email (up to 10mb).

Other formats

QuarkXpress, InDesign, PhotoShop and Illustrator are accepted as long as all fonts are included and all images are in CMYK mode. Illustrator files must have all fonts converted to outlines/paths. We do not accept ads in Word, PowerPoint, Publisher or any Microsoft software.

Images

Minimum of 300dpi at 100% scaling. Line Art images minimum of 1200dpi at 100% scaling. All Images must be in CMYK mode. Image file formats should be TIFF or composite EPS and should not be compressed.

Fonts

We accept Postscript fonts only; include both printer and screen fonts. We do not accept True Type Fonts. PDF files are to have fonts embedded. Fonts should not be stylised.

Bleeds

All bleed ads must have at least 5mm bleed all round.

Proofs

A coloured proof must be supplied with all ads. No responsibility will be accepted for reproduction of the advertisement unless a colour printout is sent with the disk as a frame of reference for the printer and all files saved as specified above.

TERMS AND CONDITIONS

Confirmation by the advertiser or agent of the 'booking form' outlining the advertising schedule is considered the contract.

Advertising standards

Advertisements submitted to Diabetes Management are subject to approval by Diabetes Australia. Advertisers are responsible for ensuring that advertisements comply with Commonwealth and State laws.

Acceptance

The published reserves the right to reject any advertisement or copy considered offensive or outside advertising industry standards and regulations. The word 'advertisement' will be placed above or below copy in which in the publisher's opinion resembles editorial.

Cancellation

A 12 month sponsorship is non cancellable.

Indemnity

It is the responsibility of the advertiser to ensure that advertisements comply with the Trade Practices Act 1974 as amended and the Therapeutic Goods Act 1989 as amended. All advertisers are accepted for publication on condition that the advertiser indemnifies the publisher and its servants against all actions, suits, claims, loss and or damages resulting from anything published on behalf of the advertiser.

This document is accurate at the time of publication and any subsequent variation will be advised to relevant parties.



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