NHS
Rotherham Doncaster and South Humber
NHS Foundation Trust

The Management of Diabetes in Primary Care

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RDaSH nurturing the power in our communities

- Diabetes Management in Primary Care
- Diabetes Medication Optimisation
- Key care processes in Diabetes Care
- XPERT Type 2 Diabetes Structured Education Programme

Diabetes Management in Primary Care

Annual Review: Key care processes

Diabetes Medications

Foot Surveillance

Management of other risk factors / health problems

Lifestyle Advice / Dietary Advice

Retinal Eye Screening

RESULTS

Blood glucose readings

CGM

Urine ACR

Hba1c

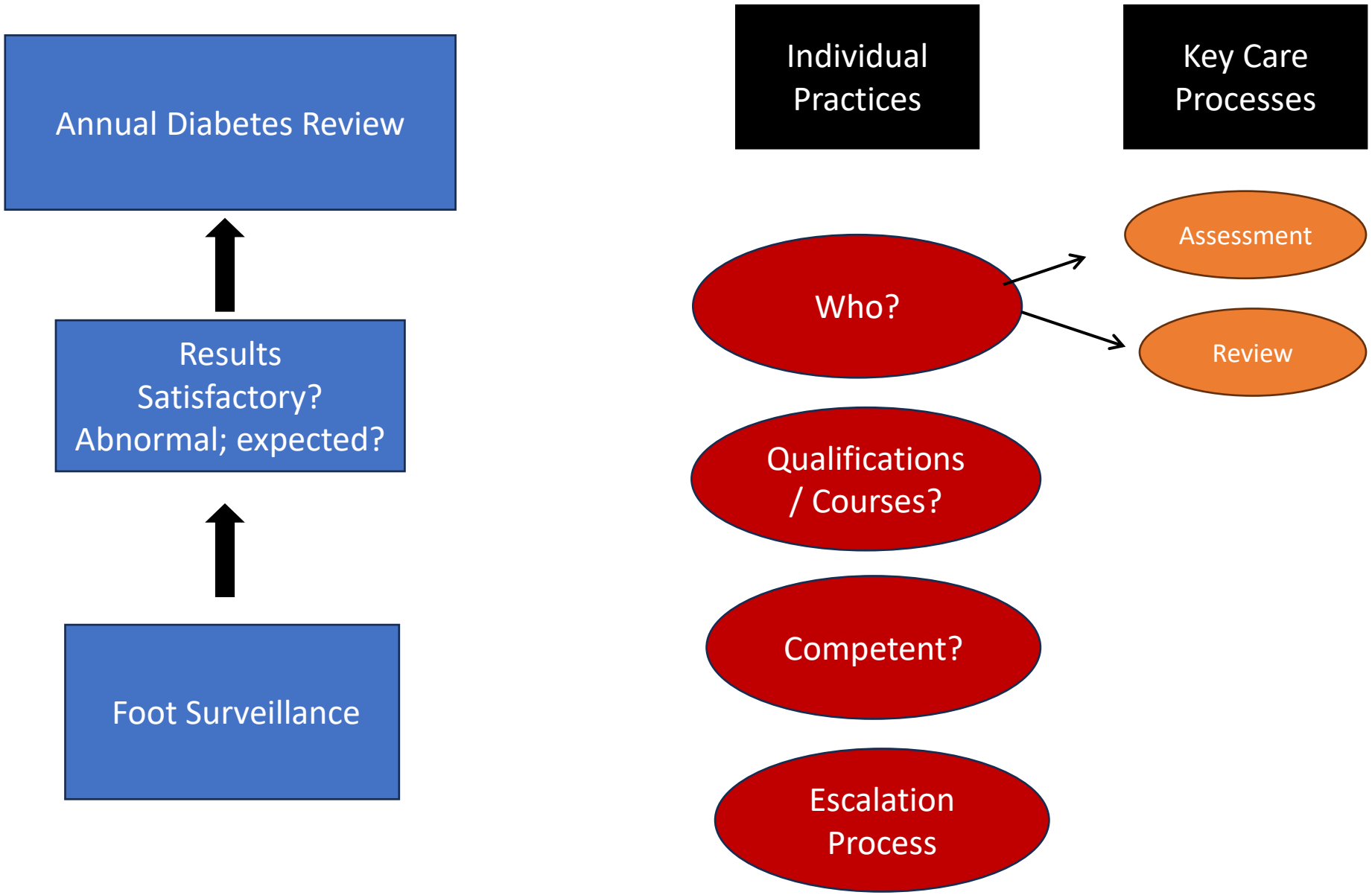
Lipid profile

Renal function

Liver Function

Full blood Count

Thyroid function


Annual Diabetes Review
Results
Satisfactory?
Abnormal; expected?
Foot Surveillance
Individual Practices
Key Care Processes
Who?
Assessment
Review
Qualifications / Courses?
Competent?
Escalation Process

Diabetes Medications used for Hyperglycaemia

How to choose first-line medicines

NICE National Institute for Health and Care Excellence

Rescue therapy

For symptomatic hyperglycaemia, consider insulin or a sulfonylurea and review when blood glucose control has been achieved.

First-line treatment — Assess HbA1c, cardiovascular risk and kidney function

For information on using SGLT2 inhibitors for people with type 2 diabetes and chronic kidney disease see the section on diabetic kidney disease in the guideline.

Not at high CVD risk

Offer
- Metformin
- Or if GI disturbance
- Metformin MR

If metformin contraindicated

Consider
- DPP-4 inhibitor ('gliptin') or
- Pioglitazone or
- Sulfonylurea

An SGLT2 inhibitor ('flozin') for some people:
- TA 390 Canagliflozin
- TA 390 Dapagliflozin
- TA 390 Empagliflozin
- TA 572 Ertugliflozin

NICE technology appraisals recommend SGLT2 inhibitors as monotherapy options in people:
- who cannot have metformin
- for whom diet and exercise alone do not provide adequate glycaemic control.

The SGLT2 inhibitors are recommended only if a dipeptidyl peptidase-4 (DPP-4) inhibitor would otherwise be prescribed and a sulfonylurea or pioglitazone is not appropriate.

In February 2022, using ertugliflozin to reduce cardiovascular risk when blood glucose is well controlled was off label. See NICE's information on prescribing medicines.

Chronic heart failure or established atherosclerotic CVD

Offer
- Metformin
- or if GI disturbance
- Metformin MR
- and as soon as metfomin tolerability is confirmed, offer
- SGLT2 inhibitor ('flozin') with proven cardiovascular benefit

Start metformin alone to assess tolerability before adding an SGLT2 inhibitor

Offer
- SGLT2 inhibitor alone

If metformin contraindicated

High risk of CVD
QRISK2 of 10% or higher or elevated lifetime risk

Offer
- Metformin
- or if GI disturbance
- Metformin MR
- and as soon as metfomin tolerability is confirmed, consider
- SGLT2 inhibitor ('flozin') with proven cardiovascular benefit

Consider
- SGLT2 inhibitor alone

If metformin contraindicated

Person's HbA1c not controlled below individually agreed threshold, or the person develops CVD or a high risk of CVD

See treatment options if further interventions are needed

Established atherosclerotic CVD includes coronary heart disease, acute coronary syndrome, previous myocardial infarction, stable angina, prior coronary or other revascularisation, cerebrovascular disease (ischaemic stroke and transient ischaemic attack) and peripheral arterial disease.

Published date: February 2022. Last updated: August 2022. This is a summary of the advice in the NICE guideline on type 2 diabetes in adults: management.

How to choose medicines for further treatment

NICE National Institute for Health and Care Excellence

Rescue therapy

For symptomatic hyperglycaemia, consider insulin or a sulfonylurea and review when blood glucose control has been achieved.

Treatment options if further interventions are needed

At any point

HBA1c not controlled below individually agreed threshold

Switching or adding treatments

Consider:

DPP-4 inhibitor or Pioglitazone or Sulfonylurea

SGLT2 inhibitors may also be an option in dual therapy:

- TA 315 Canagliflozin
- TA 288 Dapagliflozin
- TA 336 Empagliflozin
- TA 572 Ertugliflozin

Or in triple therapy:

- TA 315 Canagliflozin
- TA 418 Dapagliflozin
- TA 336 Empagliflozin
- TA 583 Ertugliflozin

At any point

Cardiovascular risk or status change

If the person has or develops chronic heart failure or established atherosclerotic CVD

Switching or adding treatments

Offer

An SGLT2 inhibitor (if not already prescribed)

If the person has or develops a high risk of CVD (QRISK2 of 10% or higher, or elevated lifetime risk)

Switching or adding treatments

Consider

An SGLT2 inhibitor (if not already prescribed)

Established atherosclerotic CVD includes coronary heart disease, acute coronary syndrome, previous myocardial infarction, stable angina, prior coronary or other revascularisation, cerebrovascular disease (ischaemic stroke and transient ischaemic attack) and peripheral arterial disease.

At each point follow the prescribing guidance.
Switch or add treatments from different drug classes up to triple therapy (dual therapy if metformin is contraindicated).
In February 2022, using ertugliflozin to reduce cardiovascular risk when blood glucose is well controlled was off label. See NICE's information on prescribing medicines.

Insulin therapy

When dual therapy has not continued to control HbA1c to below the person's individually agreed threshold, also consider insulin-based therapy (with or without other drugs).

- TA 288 Dapagliflozin
- TA 336 Empagliflozin
- TA 315 Canagliflozin

GLP-1 mimetic treatments

If triple therapy with metformin and 2 other oral drugs is not effective, not tolerated or contraindicated, consider triple therapy by switching one drug for a GLP-1 mimetic for adults with type 2 diabetes who:

- have a body mass index (BMI) of 35 kg/m² or higher (adjust accordingly for people from Black, Asian and other minority ethnic groups) and specific psychological or other medical problems associated with obesity **or**
- have a BMI lower than 35 kg/m² **and**:
  - for whom insulin therapy would have significant occupational implications **or**
  - weight loss would benefit other significant obesity related comorbidities.

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1. Metformin

Titrate slowly over at least 1 week per dose increase

Advise to take up to 20 mins after food

Switch to MR

Ask specific questions: how taking and at what times

- **If somebody presents with gastric related problems – check first to see if they are taking Metformin and consider a trial without this.**
- **Consider screening for B12 deficiency in people taking Metformin long term.**

2. SGLT2i

Bloods
Medical history
Diet / Alcohol history

Fluid intake sufficient?

Sick day rules advice

Symptomatic of hyperglycaemia → Consider Rescue therapy first

3. Triple Therapy

Pioglitazone

Titration: Start low and increase up

- Effective at increasing sensitivity to insulin
- Appropriate for small group of patients
- Risk of weight gain
- Risk of fluid retention
- Can exacerbate heart failure symptoms

Gliclazide / Glimepiride

Titration: Start low and increase up

- Good response to lowering of glucose levels if symptomatic
- Risk of hypoglycaemia
- Glucose monitoring may be needed
- Risk of weight gain

Essential to check on eating patterns

Timing and compliance

DPP4

Titration: Start high and reduce according to renal function

- Generally well tolerated
- Minimal risk of hypoglycaemia
- Small reduction in Hba1c

GLP1 agonist

GLP1 agonists

Bydureon / Exenatide

Ozempic (Weekly):
0.25mg
0.5mg
1mg

Rybelsus
3mg
7mg
14mg

Victoza(Daily):
0.6mg
1.2mg
1.8mg

Trulicity (Weekly):
1.5mg
3mg
4.5mg

When triple therapy:

1. Not effective
2. Not tolerated
3. Contraindicated

1. Add in as 3rd agent
2. Consider BMI
3. STOP DPP4
4. Don't prescribe with a history of pancreatitis / gallstones

Mounjaro (Weekly):
2.5mg
5mg
7.5mg
10mg
12.5mg
15mg

Xultophy

Insulins:
Basal
Pre mixed
Basal Bolus

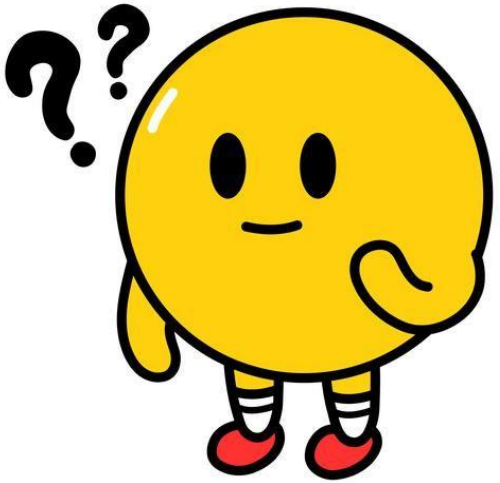
Group Titration Support:

- Insulin user
- Carers / families / friends
- Health professionals

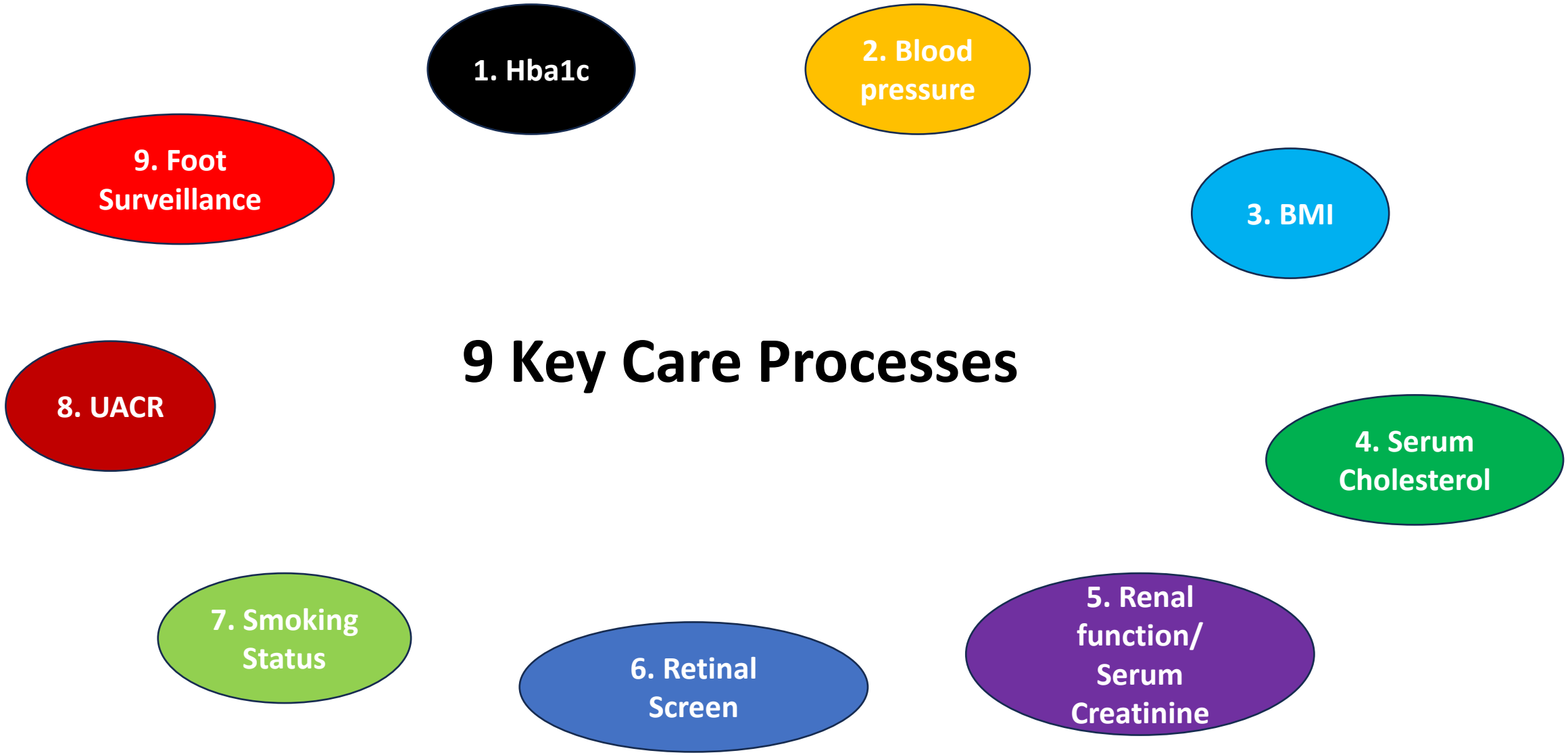
Self adjustment of insulin regime

Support from GP practice with ongoing titration

9 Key Care Processes in Diabetes Care

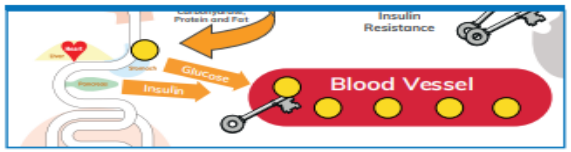


9 Key Care Processes



Programme Summary

The X-PERT Diabetes programme is delivered over six sessions, which are outlined below. If you have bought or been given this handbook but are not attending a programme, all of the key messages from these sessions are still covered. If you require additional support, our free online forum (accessible at www.xperthealth.org.uk/forums) is open to everyone.

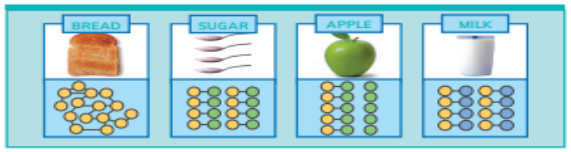


Session 1: What is Diabetes?

What happens to food when we eat it?
What is Diabetes?
Insulin and insulin resistance.
Health results: what do they mean?
The 7 lifestyle factors for optimal health.
Setting a goal: what do I want to get from the programme?

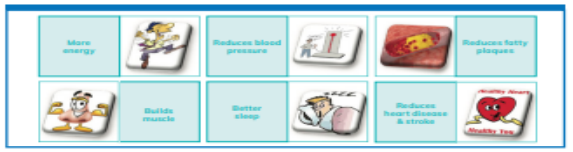
Session 2: Nutrition for Health and Fat Awareness.

Weight management: eat less, move more.
Nutrition for Health: food groups & portions.
Dietary approaches: low fat, Mediterranean, low carb, and intermittent fasting.
Fat awareness.
Dietary self-assessment.



Session 3: Carbohydrate Awareness.

Importance of carbohydrate AMOUNT.
Considering the TYPE of carbohydrate.
Fibre and how it protects us.
Estimating carbohydrate content.
How much carbohydrate am I having?

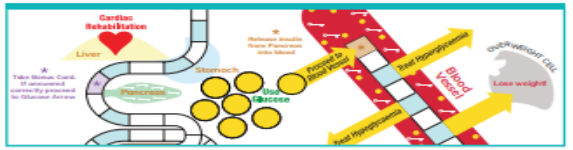


Session 4: Psychology of Eating, Food Shopping, and Physical Activity.

Psychology of eating, and causes of hunger.
Challenges when food shopping.
Reading and understanding food labels.
Benefits of physical activity.
How to increase physical activity levels.

Session 5: Possible Complications.

Low and high blood glucose levels.
How diabetes can affect long-term health.
Reducing risk of long-term complications.
Managing stress and sleep.
Living with diabetes.



Session 6: Recapping and the Way Forward.

Recapping key messages and "Are you an X-PERT?" game **(group programme only).**
What's Next?
Meal ideas and recipes.
Setting goals: the way forwards.

1. Anyone newly diagnosed with type 2 diabetes

2. Anyone who has had type 2 diabetes for a while and never attended structured education

3. As a refresher for someone with type 2 diabetes

Please refer using the XPERT referral form to:
Diabetes Specialist Nursing Service

RDASH.DiabetesYASReferrals@nhs.net

Thank you for listening

Any Questions?

Email: leander.parkinson@nhs.net