

Type 2 Diabetes

Second consultation on draft recommendations about pharmacological management of blood glucose in adults with type 2 diabetes
– deadline for comments 5pm on 24 July 2015 email: T2DAdultsupdate@nice.nhs.uk

				<p>Please note that we are specifically seeking comments on the pharmacological management of blood glucose in adults with type 2 diabetes.</p> <p>Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.</p> <p>See section 3.9 of Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.</p>
Stakeholder organisation(s) (or your name if you are commenting as an individual):				<u>Diabetes UK</u>
Name of commentator (leave blank if you are commenting as an individual):				
Comment number	Document (full version, short version or the appendices)	Page number Or 'general' for comments on the whole document	Line number Or 'general' for comments on the whole document	Comments
				<p>Insert each comment in a new row.</p> <p>Do not paste other tables into this table, because your comments could get lost – type directly into this table.</p>
Example 1	Full	16	45	We are concerned that this recommendation may imply that
Example 2	Full	16	45	Question 1: This recommendation will be a challenging change in practice because
Example 3	Full	16	45	Question 2: Our trust has had experience of implementing this approach and would be willing to submit its experiences to the NICE shared learning database. Contact.....
1	NICE	19	Section 1.6.8	<p>HbA1c target</p> <p>This recommendation suggests waiting until HbA1c levels rise beyond 58mmol/mol (7.5%) before intensifying treatment. 58mmol/mol (7.5%) is too high especially for newly diagnosed and evidence recommends targeting at anything above 53mmol/mol (7%). We are extremely concerned that intensification is being left too long especially in younger people with Type 2 diabetes who would</p>

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				benefit from achieving, and maintaining, a lower HbA1c target. Keeping this recommendation in its current form risks giving people the false sense of security that maintain HbA1c below 58mmol/mol is ideal when clear evidence suggest that for younger, fitter, people we should be aiming for lower HbA1c targets. We suggest that intensification should be considered when HbA1c rises above 53mmol/mol (7%) for more than 6months.
2	NICE	22	2 – 15	<p>Individualising drug treatment</p> <p>We welcome the recommendation to base choice of drug treatments on, among other considerations, person’s individual circumstances, preferences and needs. However, we suggest there should be a clear recommendation for clinicians to include in their conversations about drug treatments</p> <ul style="list-style-type: none"> • the individual targets for the person with diabetes • for those not meeting their targets what else may be going on in their life which may impact on their diabetes management and • agreed appropriate steps to meeting their targets considering the options along the treatment pathway <p>This will give the person the opportunity to be actively involved in their care planning.</p>
3	NICE	24	3	We welcome the clear guidance on when modified-release Metformin should be considered
4	NICE	24	1.6.24	<p>Initial drug treatment</p> <p>We are concerned that repaglinide is still being considered in view of the fact that repaglinide is mostly taken three times a day which is likely to substantially increase non-adherence.</p> <p>There is also the added complication that repaglinide is not licensed with other oral glucose lowering agents apart from metformin, so that when a second agent is needed, a further change</p>

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				which requires an additional time and effort to explain the situation to the person with diabetes. In practice, this will be making life much more difficult for the person with Type 2 diabetes.
5	NICE	24	17- 21	First intensification We suggest adding ‘If metformin has failed to achieve agreed blood glucose control, ideally the choice of second or third line therapy should be agreed between the clinician and the person with diabetes, choosing the most appropriate therapy for them, as recommended in the EASD/ADA guidance’.
4	NICE	General	General	We are concerned that there is no clear guidance on making people aware of the effect of sulphonylurea on weight gain and hypoglycaemia for them to make an informed choice, given that sulphonylureas have now been given real prominence throughout the treatment pathway. We also suggest that, this prominence which has now been given to sulphonylureas should be downgraded.
5	NICE	General	General	There are real concerns about the risk of bladder cancer with pioglitazone and we are concerned that, if this is not explained properly to people with diabetes, it may lead to non-compliance.
5	NICE	General	General	SGLT-2 should be added in the main guidelines as an option across the treatment pathway rather than a cross-reference to the technology appraisals. Clinicians and patients find it unhelpful to have partially updated guidelines with links to other external documents. It will be more practical to have the guidance on SGLT-2 fully incorporated, and readily accessible, otherwise we are concerned that this aspect of the guidelines risks being overlooked. This could lead to people with diabetes being denied access to this new group of drugs which can help them to achieve their targets and reduce their risk of devastating complications.
6	NICE	26	12-15	Continuing with GLP-1 memetic therapy We are concerned that the current recommendation to only continue GLP-1 memetic therapy if the person with Type 2 diabetes has had both a reduction in HbA1c of at least 11mmol/mol and a

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				<p>weight loss of at least 3% in 6 months seems to disregard the important benefits of achieving either of these targets on its own. Given that GLP-1 is only considered for those who meet a strict criteria, achieving either the HbA1c reduction or the stipulated weight loss should be sufficient motivation to continue on the medication beyond 6months. We suggest rewording this section to read:</p> <p><i>Only continue GLP-1 mimetic therapy if the person with Type 2 diabetes has had a beneficial metabolic response (a reduction of at least 11 mmol/mol [1.0%] in HbA1c and/or a weight loss of at least 3% of initial body weight in 6 months).</i></p> <p>Failure to make such changes to the recommendation could lead to some people being taken off the medication in spite of clear evidence of benefiting.</p>
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Insert extra rows as needed

Checklist for submitting comments

- Use this comment form and submit it as a Word document (not a PDF).
- Include page and line number (not section number) of the text each comment is about.

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- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, comment forms do not include attachments such as research articles, letters or leaflets (for copyright reasons). We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.

You can see any guidance that we have produced on topics related to this guideline by checking [NICE Pathways](#).

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.