



Managing Type 1 diabetes in the UK

Type 1 diabetes can be a lifelong challenge as this issue of *Update* shows. Healthcare professionals need to do more to emphasise self-management, backed by new approaches to structured diabetes education, says **Professor Simon Heller**

The publication of the DAFNE trial in 2002 changed clinical practice for adults with Type 1 diabetes in the UK. Structured training and teaching self-management not only improved glycaemic control and improved many aspects of quality of life, but has been shown to reduce rates of severe hypoglycaemia and diabetic ketoacidosis, while being highly cost-effective.

Fifteen years later, over 30,000 adults have participated in DAFNE training which is being delivered in over 70 UK and Irish centres. Many other centres now provide structured self-management training, based on DAFNE principles.

Yet, in large areas of the country, structured training remains unavailable, often due to the failure of diabetes professionals to provide it and clinical commissioning groups to fund it. It is particularly alarming that the National Diabetes Audit 2012–2013 reported that only around 1 per cent of those with newly diagnosed Type 1 diabetes had actually attended group education.

Furthermore, it appears, at least in the UK, that one week of high-quality structured education on its own is insufficient to enable most people with Type 1 diabetes to manage their condition effectively. In a recent five-year programme of research, we confirmed that people attending DAFNE courses report major psychological benefits, but that improved blood glucose levels were rarely sustained¹.

DAFNEplus

We have recently been funded by NIHR to undertake further research in which DAFNE graduates, psychologists and diabetes teams will work together to develop a more effective course. In DAFNEplus, we will learn from and build on previous work. We aim to incorporate new theories of behaviour change into the DAFNE curriculum to integrate the tasks of managing diabetes into everyday life. We will also improve the follow-up that healthcare professionals provide after the course.

We will then run a trial to evaluate the new course and professional support. This will compare, over one year, the results of around 300 people trying the new course with 300 who

undertake the current existing standard course. Thus, we aim to offer structured training to enable diabetes self-management within a lifelong package rather than as a stand-alone, five-day course.

Attitudes must change

Nevertheless, even if we are successful in improving the course and providing effective ongoing support, to make a real difference, attitudes among diabetes healthcare professionals must also change. We need to emphasise to our patients that successful outcomes depend almost entirely

upon the ability/willingness of those with the condition to manage it themselves. Perhaps continuing high levels of HbA1c among those with Type 1 diabetes in the UK compared with other countries² is largely due to a systematic failure to ensure that people with Type 1 diabetes have the tools, skills and support to undertake successful self-management.

The latest NICE guidelines for Type 1 diabetes management highlight the size of the task. To help patients reach an HbA1c of 6.5 per cent, without disabling hypoglycaemia, will require universal provision of structured training and far greater availability of modern technologies, such as insulin pumps and continuous glucose monitoring. Services will also need to be redesigned to ensure that everyone with Type 1 diabetes is equipped with the appropriate self-management skills from diagnosis and that they can access expert advice and ongoing support.

REFERENCES

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- 2 McKnight JA, SH Wild, MJ Lamb et al (2015). **Glycaemic control of Type 1 diabetes in clinical practice early in the 21st century: an international comparison. *Diabetic Medicine* 32; 1036–1050**

BIOGRAPHY

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He is currently a member of Diabetes UK Science and Research Advisory Group, a member of the UK NIHR Health Technology Assessment Panel and the UK Juvenile Diabetes Research Foundation, UK Scientific Advisory Committee. His current research interests include the physiology of hypoglycaemia and the use of insulin analogues and other technologies in Type 1 diabetes.

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