

London
Conference

PCDO
Society

Effecting Inclusive and Optimised care In Multiple Long Term Conditions prevention

Professor Naresh Kanumilli and Nicola Milne QN

July 2025



This conference was developed by the PCDO Society in conjunction with OmniaMed Communications. The sponsoring companies have had no input into the conference agenda, speaker selection or presentations, with the exception of the symposium sessions, for which the respective sponsoring companies are fully responsible.

Disclosures



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I have received funding from the following companies for providing educational sessions, attendance at conferences and for attending advisory boards:

Boehringer Ingelheim, Astra Zeneca, Lilly, Novo Nordisk, Sanofi, Napp, Abbott, Roche, Ascensia, Menarini and Bayer.



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Congratulations to: Nicola Milne



Do not copy

THE INDISPENSABLE COMPANION FOR NURSES
WORKING IN DIABETES CARE

OXFORD HANDBOOK OF DIABETES NURSING

Written by experienced nurse practitioners with a focus
on practical and comprehensive diabetes care

Fully updated to provide inclusive guidance
for all healthcare professionals

Explores new insights and advances in diabetes care,
insulin management, and the importance
of individualized care

EDITED BY
Nicola Milne and Teffy Thomas

SECOND EDITION •
2•
SECOND EDITION

Meet Aaron

- Aged 25 years
- Black African-Caribbean decent
- Father died aged 58 years: CVD
- Mother has type 2 diabetes
- BMI 35.4

What is Aaron's risk of future physical health problems

- Struggles with lower back pain
- Lives in supported accommodation
- Currently unemployed

Co-codamol



Meet Aaron

- Aged 25 years
- **Black African-Caribbean**
- **Father died aged 25**
- **Mother has type 2 diabetes**
- **BMI 35.4**
- **Neurodivergent**
- **Severe depression**
- **Struggles with lower back pain**
- Lives in supported accommodation
- **Currently unemployed**

THE LANCET

Diabetes & Endocrinology

[This journal](#) [Journals](#) [Publish](#) [Clinical](#) [Global health](#) [Multimedia](#) [Events](#) [About](#)

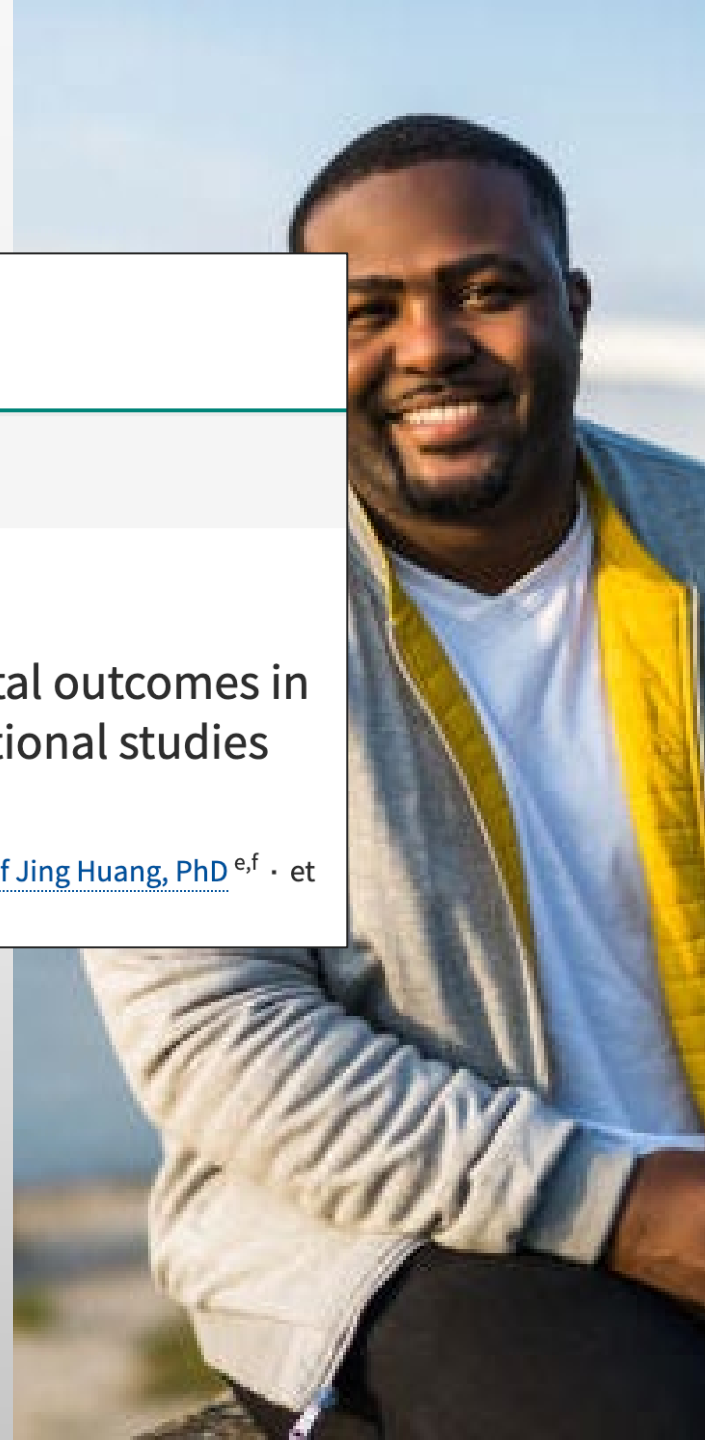
ARTICLES · [Volume 13, Issue 6, P494-504, June 2025](#)

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Association between maternal diabetes and neurodevelopmental outcomes in children: a systematic review and meta-analysis of 202 observational studies comprising 56·1 million pregnancies

[Wenrui Ye, PhD^{a,b,†}](#) · [Cong Luo, PhD^{c,†}](#) · [Jun Zhou, MM^d](#) · [Xisong Liang, MM^{a,b}](#) · [Jie Wen, MM^{a,b}](#) · [Prof Jing Huang, PhD^{e,f}](#) · et al. [Show more](#)

[https://www.thelancet.com/journals/landia/article/PIIS2213-8587\(25\)00036-1/abstract](https://www.thelancet.com/journals/landia/article/PIIS2213-8587(25)00036-1/abstract)



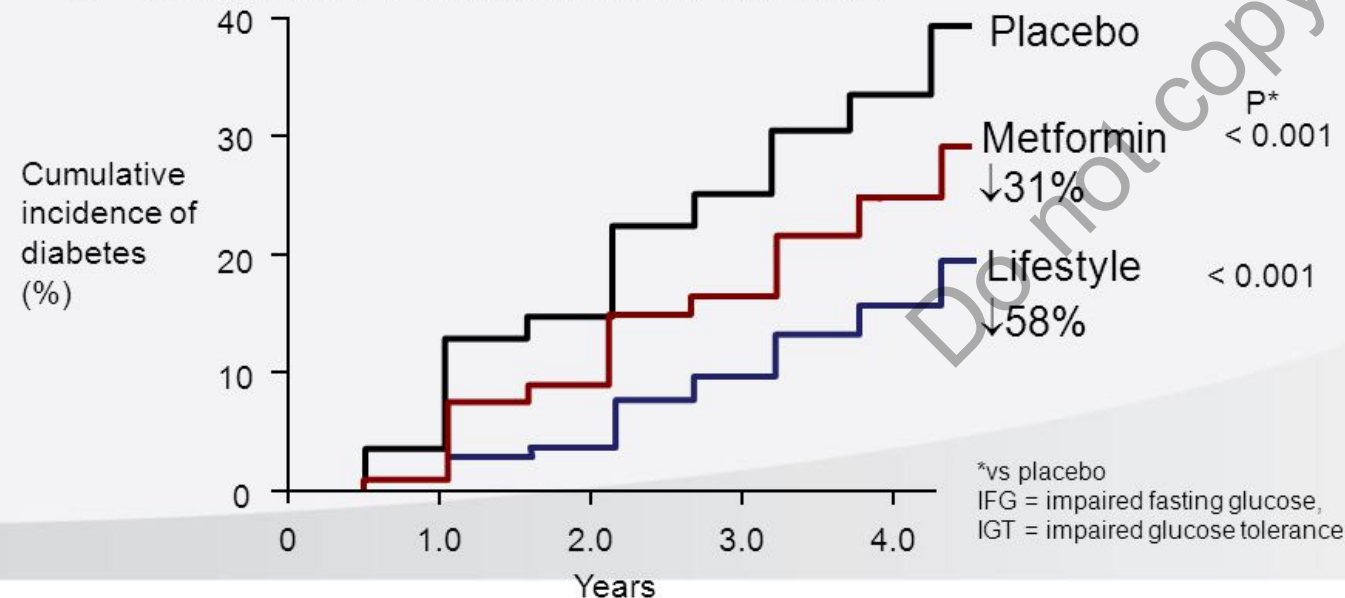
Risk factors for developing type 2 diabetes include....

Age	Poor? sleep	BMI	Ethnicity	Hypertension?
Gender	Dyslipidemia?	Intrauterine environment?	Family history	Physical inactivity?
Depression	Medications	History of gestational diabetes	Polycystic Ovary Syndrome	Smoking?
	CVD	Alcohol?	Dietary factors?	

Type 2 diabetes prevention

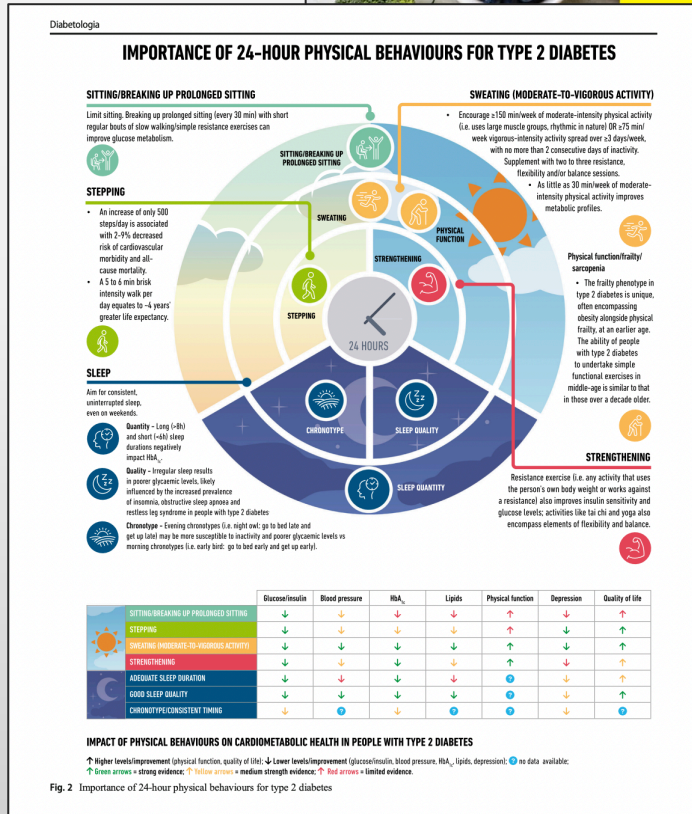
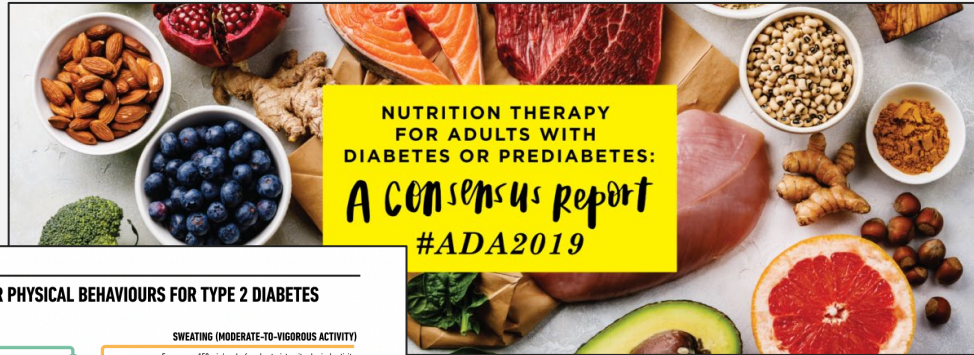
Diabetes Prevention Program (DPP)

- Benefit of diet and exercise or Metformin on diabetes prevention in at-risk patients
- N = 3234 with IFG and IGT, without diabetes



The DPP demonstrated lifestyle intervention, aimed at achieving weight loss, and metformin treatment reduced the risk of T2D development by 58% and 31%, respectively, compared to placebo after an average of three years.

Lifestyle for T2D prevention....



Practice points

1. Consider SPAN (Sleep duration, Physical Activity and Nutrition) as a useful term in lifestyle discussions.
2. Small increases in all three SPAN behaviours combined appear to have similar or greater benefits than larger increases in single behaviours.
3. Moderate-to-vigorous physical activity includes active (intentional) walking (able to speak but not sing), while vigorous activity includes running (even talking is challenging).
4. Examples of diet quality improvements:
 - Extra 1/3 cup per day of cooked vegetables
 - Reduce refined grains by 1 serving per week
 - Reduce processed meat by 1 serving per week
 - Avoid sugar-sweetened beverages

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7011201/>

Davies, M.J., Aroda, V.R., Collins, B.S. *et al.* Management of hyperglycaemia in type 2 diabetes, 2022. A consensus report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD). *Diabetologia* **65**, 1925–1966 (2022). <https://doi.org/10.1007/s00125-022-05787-2>

<https://diabetesonthenet.com/diabetes-primary-care/distilled-small-changes-lifespan/>

Neurodiversity

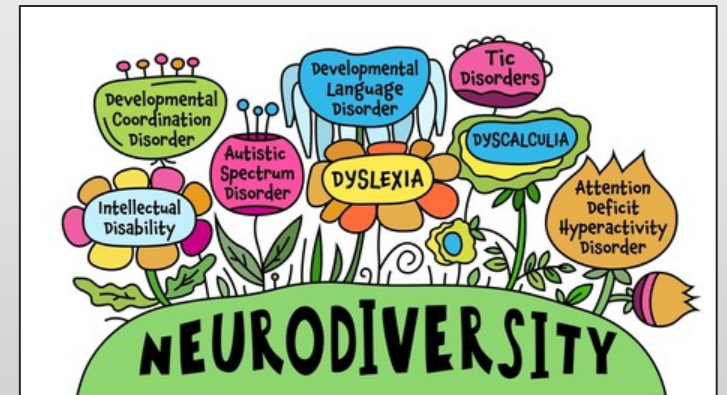
Encompasses a variety of neurodevelopmental conditions impacting cognitive functioning, **including autism spectrum condition (ASC), attention-deficit hyperactivity disorder (ADHD), dyspraxia and dyslexia**

- It is estimated that **15% of the population is neurodivergent in the UK¹**
- Many neurodivergent individuals have co-occurring conditions, such as developing psychiatric health conditions¹

A systematic review of 42 studies with 48 161 individuals with ADHD and 679 975 comparison subjects found a **higher pooled prevalence of obesity** among adults and children with ADHD (70% and 40%) than their comparison.

The association is potentially due to **poor lifestyle factors** such as

- physical inactivity
- poor diet
- sedentary lifestyle
- medication



1. Zheng, Z., Zhang, L., Li, S. *et al.* Association among obesity, overweight and autism spectrum disorder: a systematic review and meta-analysis. *Sci Rep* 7, 11697 (2017).
<https://doi.org/10.1038/s41598-017-12003-4>

Neurodiversity and depression

Depression is found in 38% of people with neurodiversity ¹

Neurodivergence may influence a person's style of communication, learning, attitudes, and behaviour, and they may experience **social isolation, stigma, discrimination and inequity**²

1. Accardo, A.L., et al. Heightened Anxiety and Depression Among Autistic Adolescents with ADHD: Findings From the National Survey of Children's Health 2016–2019. J Autism Dev Disord (2022). <https://doi.org/10.1007/s10803-022-05803-9>

2. Anna Stenning & Hanna Bertilsdotter Rosqvist (2021) Neurodiversity studies: mapping out possibilities of a new critical paradigm, Disability & Society, 36:9, 1532-1537, DOI: 10.1080/09687599.2021.1919503

Mental health survey results

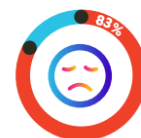
Nearly all autistic adults have experienced anxiety and around two in three have had this diagnosed by a health professional.



94% of autistic adults reported experiencing anxiety.



Almost 6 in 10 said this affected their ability to get on with life.



83% reported experiencing depression.



Half said this had a high impact on their ability to get on with life.



Almost 3 in 10 fall into the severe depression category based on the PHQ-9.



2 in 5 are currently diagnosed with anxiety and **1/4** have had a diagnosis in the past.



Eight times as many autistic people report feeling often or always lonely when compared to the general population.¹⁴



As anxiety levels increase, life satisfaction decreases.



Almost half fall into the 'severe anxiety' category of the GAD-7, showing if an autistic person did report experiencing anxiety, it was more likely to be severe.



Autistic people reported **much lower life satisfaction** levels than the general population.¹⁵



The more lonely a person reported they were, the more likely they were to experience greater anxiety and more severe depression.

Neurodiversity and depression

Only 14% of people with ASC said there were mental health services to support their needs in their area

Autism Services Directory

This Directory helps you find UK-wide or local organisations and services that are specifically for, or have adapted their services, to meet the needs of autistic people and/or their families. Please be aware that the Directory should not be used for finding a crisis or emergency service. UK residents can access urgent help or support by contacting the services listed on www.autism.org.uk/urgethhelp

Full Postcode

→

Keyword e.g. playgroup

→

I AM LOOKING FOR

Counselling and therapies

Diagnostics

Information, advice and advocacy

Legal help

Schools and education providers

Social care and residential services

Specialist equipment and adaptations

Support groups, social programmes and branches

CAYP Psychology

×

CAYP Psychology is a specialist psychological healthcare service for Children, Adolescents and Young People (CAYP). We offer professional and effective psychological assessment and intervention for a wide range of...

9.8 miles from M22 4DH

→

<https://www.autism.org.uk/autism-services-directory>

Adapting therapy checklist

☐

Does the person know why they are there?

☐

Have you discussed what they want to achieve?

☐

Have you given real-life examples of what they could achieve?

☐

Do they know what the assessment is and why they are doing it?

☐

Have you given the person time to process each question?

☐

Are you using direct language?

☐

If you use humour or indirect language, are you explaining what you mean?

☐

Have you asked them what adjustments they might need?

☐

Have you given examples of adjustments they could ask for?

☐

Are you conducting the session in the best way for someone to engage?

☐

Do they need to write things down or draw?

☐

Do you need to write things down or draw?

☐

Have you structured sessions? By providing an agenda?

☐

Have you asked if they want someone to attend the sessions with them?

☐

Do they need support understanding the feelings and emotions you are talking about?

☐

Have you incorporated their interests meaningfully?

☐

Have you supported them by providing bullet points on what you have covered?

Challenges

Some autistic traits can be barriers to weight management such as

- social anxiety
- sensory sensitivity
- obsessiveness
- a strong desire for routine
- May feel a disconnect between how they perceive their b

Other Challenges include:

- The focus should be on problems that are common to the experience, rather than the problem that is unique to the individual.**



Updated 11 September 2020

- a strong desire for routine
- May feel a disconnect between how they perceive their behaviour and how others perceive them

Challenges include:

- Supporters' lack of knowledge and good information
- Lack of understanding of the need for training and support

The focus should be on problems that neurodivergent people experience, rather than the problem that they might be experiencing.

Means of control

Activities, for example driving to a café or a pub

Unhealthy choices themselves so staff need to be healthy role models

Capacity and choice around diet and physical activity

People who are neurodivergent or their families and care services often mention issues about capacity and choice around diet and physical activity as being difficult, this can include:

- Supporters such as family or staff struggling to contribute to best interest decisions
- Dilemmas about balancing choice and the duty of care and balancing different risks and benefits
- Paid supporters can feel limited in their capacity to influence food choices
- Supporters misusing the right to make unwise decisions as an excuse for not helping the person to understand risks and options properly



Solutions...

- Accessible in
- A multi-discip
- People need appropriate i
- Involvement encourage p
- Consider pra reduce relian
- It's important possible both

Symbol version 3





12 Month Challenge





In 12 months you should be healthier, fitter and slimmer.



Each month has a new topic.


Learn about the topic.

Fill in this workbook.


















Month

6




Snacks

What I do now



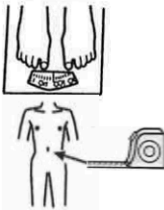
What I will do in Month 6



After month 6

My weight is

My waist is



How did I do in month 6?



coach
on so training and
s
s been shown to
nd opportunities to
s acceptable or
sehold.

'It's designed for someone who is not me': A reflexive thematic analysis of the unmet healthcare support needs in UK autistic adults aged 65 years and over

It's a question of just getting to know that person, even right at the start of the conversation just call them by their name. Maybe a couple of comments about a past experience, just to signpost them that you know this person, and maybe a couple of reassuring comments

Continuity Assign the same healthcare professional so there is continuity of care. If this is not possible, read the notes and ask the autistic person if they have any needs or adjustments. Also, check in with different healthcare services or staff to ensure more seamless care.

"In some parts of the country, they put you under mental health but in our part, you're put under learning disability but if you need a counsellor or anything, you're not allowed to use their resources if you haven't got the learning disability as well"

Proactive care Proactive care for autistic older adults. These may include regular reviews about waitlist positions, autism-specific support groups and tailored support to combat negative experiences with services and social isolation.

Reasonable adjustments

- Is there anything that will make the appointment easier?
- What reasonable adjustments are need?
- Appointment times and locations written down (text or emails)
- An early or late appointment when clinics are quieter
- A longer appointment, extra time to think between questions, extra time to explain
- Natural light (bright lights turned off)
- Somewhere to wait other than the waiting room
- The opportunity to write things down



Work with all services.....

“Below are the community led programmes that might be relevant to this young man”:

- Local cooking sessions
- Men’s support sessions
 - MANDEM Meetups
 - Talking circles – Directions for Men
- Men’s night at Bideford Community Centre
- Local walks – loads of options locally
- Walking rugby, walking football
- Local food banks
- Debt advice
- Benefits support
- Specific groups/churches based on heritage
- 42nd Street

42nd Street’s vision is for inclusive, accessible mental health and wellbeing support and opportunities for all young adults

- Youth Clubs



NICE Pathway for T2D prevention.....

- Offer validated self-assessment questionnaires or validated web-based tools
 - pharmacists
 - managers of local health and community services
 - voluntary organisations
 - employers
 - leaders of faith groups
- Possible health venues include:
 - community pharmacies
 - dental surgeries
 - NHS walk-in centres
 - opticians
- Examples of community and social care venues include:
 - workplaces
 - job centres
 - local authority leisure services
 - shops
 - libraries
 - faith centres
 - residential and respite care homes and day centres (for older adults and for adults with learning disabilities)

TYPE 2 DIABETES RISK ASSESSMENT FORM

Circle the right alternative and add up your points.

1. Age	2. Body mass index (BMI)	3. Waist circumference (measured before the ribs, usually at the level of the navel)	4. Have any of the members of your immediate family or other relatives been diagnosed with diabetes (Type 1 or Type 2)?
1 p. Under 45 years	0 p. Lower than 25 kg/m²	0 p. Less than 94 cm	0 p. No
2 p. 45-54 years	1 p. 25-30 kg/m²	1 p. 94-102 cm	1 p. Yes
3 p. 55-64 years	2 p. Higher than 30 kg/m²	2 p. More than 102 cm	2 p. Yes
4 p. Over 64 years			

5. How often do you eat vegetables, fruit or berries?

0 p. Every day	1 p. Not every day
----------------	--------------------

6. Do you usually have daily at least 30 minutes of physical activity or work outside during leisure time (excluding normal daily activity)?

0 p. No	1 p. Yes
---------	----------

7. How often do you eat vegetables, fruit or berries?

0 p. Every day	1 p. Not every day
----------------	--------------------

8. Do you have any of the following conditions?

0 p. No	1 p. Yes
---------	----------

9. Do you have any of the following conditions?

0 p. No	1 p. Yes
---------	----------

10. Do you have any of the following conditions?

0 p. No	1 p. Yes
---------	----------

11. Do you have any of the following conditions?

0 p. No	1 p. Yes
---------	----------

12. Do you have any of the following conditions?

0 p. No	1 p. Yes
---------	----------

13. Do you have any of the following conditions?

0 p. No	1 p. Yes
---------	----------

14. Do you have any of the following conditions?

0 p. No	1 p. Yes
---------	----------

15. Do you have any of the following conditions?

0 p. No	1 p. Yes
---------	----------

16. Do you have any of the following conditions?

0 p. No	1 p. Yes
---------	----------

17. Do you have any of the following conditions?

0 p. No	1 p. Yes
---------	----------

18. Do you have any of the following conditions?

0 p. No	1 p. Yes
---------	----------

19. Do you have any of the following conditions?

0 p. No	1 p. Yes
---------	----------

20. Do you have any of the following conditions?

0 p. No	1 p. Yes
---------	----------

Sum of points: _____

The risk of developing Type 2 diabetes within 10 years is:

Lower than 7	7-11	12-14	15-20	Higher than 20
Low risk	Low risk	Medium risk	High risk	Very high risk

Please write your name and date: _____

DIABETES UK
KNOW DIABETES. FIGHT DIABETES.

1,426,933

START — 1 — 2 — 3 — 4 — 5 — 6 — 7 — RESULTS

TYPE 2 DIABETES
KNOW YOUR RISK

Finding out **your risk of Type 2 diabetes** only takes a few minutes. It could be the most important thing you do today.

Before you start, grab a tape measure and scales...

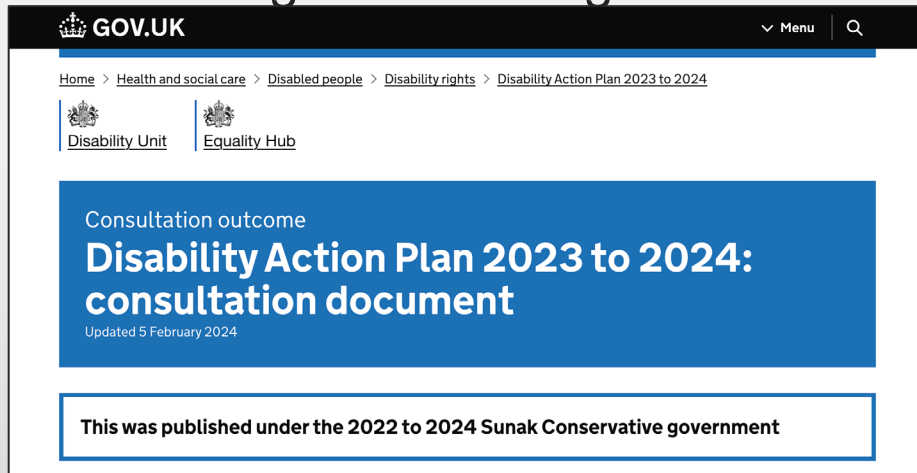
Find out your risk

You must be 18 or over to complete this tool. Please note the results will not be accurate if you are pregnant.



Encourage the following persons to have a risk assessment:

- all eligible adults aged 40 and above, except pregnant women



Delivering annual health checks and health action plans for people with a learning disability, and piloting a new health check for autistic people

vascular and renal surgery units and ophthalmology departments may also be at high risk”

Meet Aaron

- Aged 25 years
- Black African-Caribbean decent
- Father died aged 58 years: CVD
- Mother has type 2 diabetes
- BMI 35.4
- Neurodivergent
- Severe depression
- Struggles with lower back pain
- Lives in supported accommodation
- Currently unemployed

Medication

Mirtazapine
Co-codamol

“Health Check”

BP 128/70

Total Cholesterol 6.3
LDL-C 2.8

HbA1c
44mmol/mol

eGFR 90



High risk of developing T2D...

For people confirmed as being at high risk (a high-risk score and fasting plasma glucose of 5.5 to 6.9 mmol/l or HbA1c of 42 to 47 mmol/mol)

- Tell the person they are currently at high risk but that this does not necessarily mean they will progress to T2D.
- Explain that the risk can be reduced.
- Briefly discuss their particular risk factors, identify which ones can be modified and discuss how they can achieve this by changing their lifestyle.
- Review annually
- **Offer referral to a local, evidence-based, quality-assured intensive lifestyle-change programme**
- In addition, give them details of where to obtain independent advice from health professionals.

National Diabetes Prevention Plan (NDPP)

Patients are eligible for the service if they meet the following criteria...

Healthier You programme goes from strength to strength

5 Jun 2025

A record number of adults in England began receiving support from the NHS's Healthier You programme to improve their health in 2024. The world-leading initiative aims to prevent or delay the development of type 2 diabetes in people at risk.



Research by The University of Manchester found that completing the programme reduces an individual's chance of developing type 2 diabetes by 37%, and participants achieve an average weight loss of 3.3 kg

Healthier You Engagement

Engagement Officers have been recruited to provide tailored support to practices in Greater Manchester to increase sign up to the programme

To take up this offer please contact
Rebecca.Murray@XylaHealth.com

An illustration of a person from the chest up, wearing a light blue button-down shirt and a purple tie. They are standing against a yellow circular background.

NDDP: local pilot to look at effective adjustments...



Improve

Improve the quality of referrals to the provider by including a preferred time of contact which would allow referral coordinators to conduct individual assessments



Utilise

Utilise funding for travel reimbursements, as many declined referrals due to issues with travel



Use

Use a face-to-face programme, as digital approaches for this population are more likely to be ineffective.



Advocate

Advocate for the use of smaller group sizes, which have been shown to be effective for this cohort.



Retain

Retain breaks with a longer format, to increase engagement among participants.



Model

Model the financial system differently for the provider, e.g. a one-off payment first rather than on completion, to make the small groups and face-to-face programme economically viable



Signpost

Signpost local offers on cooking classes and exercise classes, considering the barriers to behaviour change within this cohort



Continue

Continue participant support beyond programme completion

PCN Population Health Initiatives....

ARTICLE

“Prevention in Practice: Diabetes.”

A pilot scheme to deliver a structured education programme to individuals with impaired glucose regulation

Nicola Milne, Naresh Kanumilli

Chatterjee Milne N, Kanumilli N (2012) “Prevention in Practice: Diabetes.” A pilot scheme to deliver a structured education programme to individuals with impaired glucose regulation. *Diabetology in Practice* 1: 146-51

Article points

1. A 6-month programme of structured health education and support was delivered to individuals with impaired glucose regulation with the overall aim of delaying or preventing progression to type 2 diabetes.
2. The programme was delivered by a multidisciplinary team to 24 participants, of whom 17 completed the programme.
3. Participants invited back 1 year after completion of the programme demonstrated reduced weight, waist measurement and fasting glucose levels and reported having a healthier lifestyle.

Key words

- Lifestyle
- Prevention
- Type 2 diabetes

It is well established that the prevention of type 2 diabetes should be an integral role of the primary healthcare team (NICE, 2011). A pilot scheme was undertaken within a GP practice in Northenden, South Manchester under the heading of “Prevention in Practice: Diabetes”. The practice has a current diabetes prevalence of 5.4% within a predominantly Caucasian population. This scheme brought together various members of the primary healthcare team to deliver a 6-month programme of structured health education and support to individuals with impaired glucose regulation. The aim was to establish if this increased focus on lifestyle advice and diabetes awareness would have a positive impact on the progression of type 2 diabetes. The scheme ultimately delay or prevent progression to type 2 diabetes.

Although not all individuals develop type 2 diabetes, it is well established that they are doing so (Unwin et al, 2002). It has been suggested by NICE (2011) that without intervention, impaired glucose regulation in individuals with type 2 diabetes within a population increases the risk of cardiovascular disease. In addition, this group has a greater risk of cardiovascular disease.



WYTHENSHAW (BROOKLANDS) & NORTHEENDEN

Lets Talk: Diabetes

*A workshop for anyone who wants to know more about Diabetes
Aimed at people with or who work with folk who have diabetes
We would like to hear about what matters to you, what do you need support with?
A chance to share information, understand the what is on offer via local GP practices, review resources you might want to use, learn about the foods it is best to serve someone with diabetes*

SPEAKERS:

NICOLA MILNE
DIABETES UK CLINICAL CHAMPION

DR. NARESH KANUMILLI
NORTHEENDEN GROUP PRACTICE GP PARTNER
COMMUNITY DIABETES CONSULTANT

Wednesday 19th October 2022
St Aiden's Church, Wythenshawe
Road: M23 0PH
3-5pm



Please join us
Book your place email/phone or use Eventbrite link
rachel.harding9@nhs.net
or call 07502 193 406

Let's Talk Type 2 Diabetes



Benchill Community Centre,
Wythenshawe, M22 8EJ



Saturday 10th February, from
12pm to 2pm



This FREE event is for anyone with type 2 diabetes, aged 18 to 50 years. Friends and family welcome.

- Help and advice for managing type 2 diabetes
- FREE healthy food tasters from Blossom
- Ask an expert - Consultant Diabetologist Dr Sarah Steven answers questions about type 2 diabetes
- Find out if the NHS Type 2 Path to Remission Programme is right for you
- Information from local healthcare professionals and community services.

Please book via [Ticket Tailor](#).



Metformin?

- Use clinical judgement on whether (and when) to offer metformin to support lifestyle change in people whose HbA1c or fasting plasma glucose blood test results have deteriorated
 - this has happened despite their participation in intensive lifestyle change
 - they are unable to participate in an intensive lifestyle change
 - particularly if BMI is greater than 35

- Discuss benefits, limitations and risks of metformin

- Continue to offer metformin to people who are unable to achieve lifestyle and weight management goals

(starting once daily) > increase gradually as tolerated, to 1500 to 2550 mg daily. If intolerant of standard metformin, consider using modified-release metformin.

Offer metformin for 6 to 12 months initially. Monitor the person's fasting plasma glucose or HbA1c levels at 3-month intervals and stop the drug if no effect is seen.

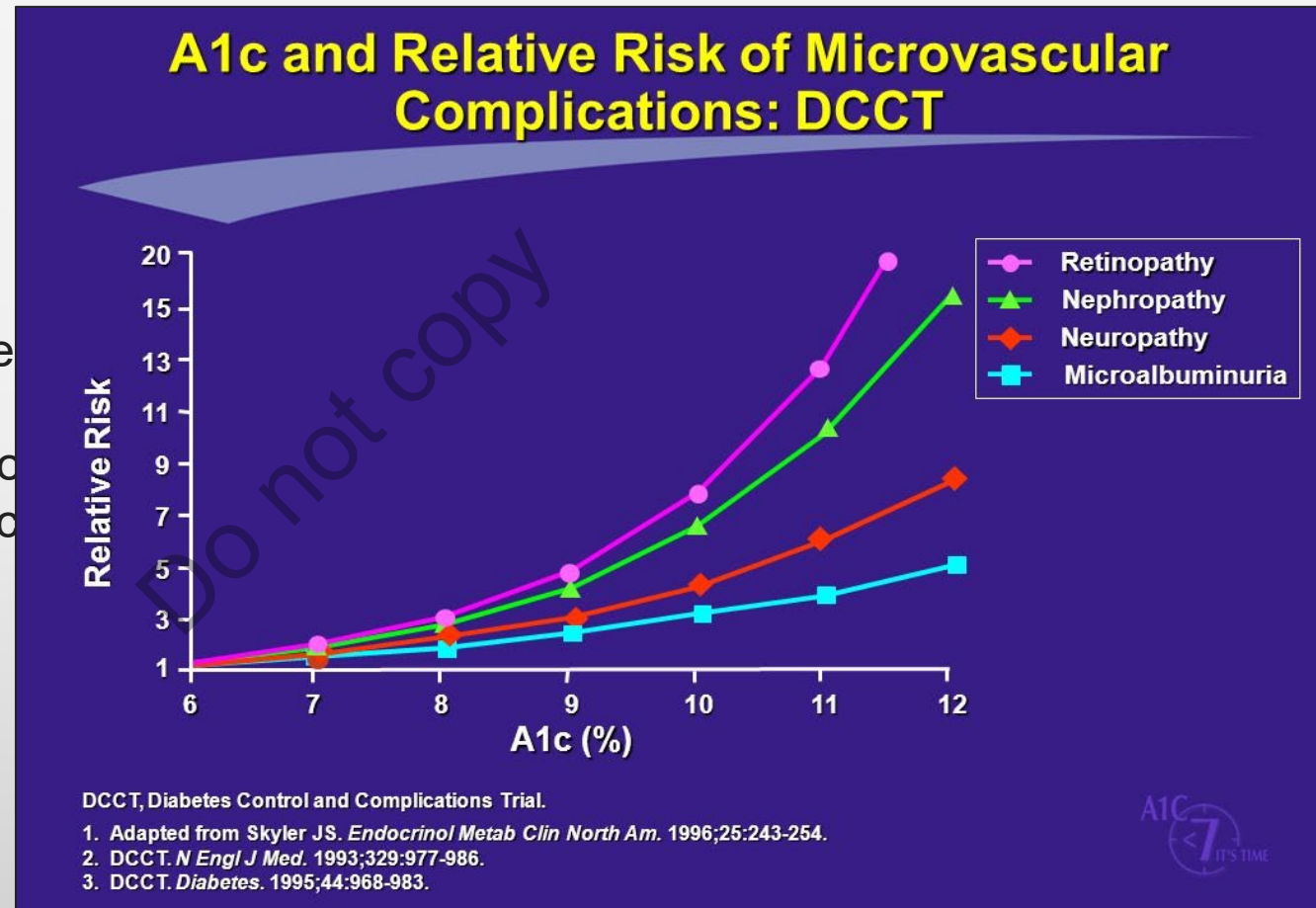
Diabetes Prevention Program Outcomes Study

- Prevention effects in the original lifestyle and metformin treatment groups remain at 22 years with a **25% and 18% reduced risk of diabetes development** v placebo
- Participants who did not develop diabetes > **57% and 37% lower risk of developing early eye and kidney disease, respectively, and a 39% lower risk of major cardiovascular disease**
- No significant benefit seen with the individual interventions—metformin or the lifestyle intervention—with regard to heart disease or development of kidney disease /diabetic retinopathy.
- **Favorable trends with metformin in stroke reduction and cardiovascular events in the subgroup of people who started the study before age 45.**
- **Metformin was associated with a non-significant 12% lower risk of cancer compared with the placebo group.**
- **Intensive lifestyle intervention group had a long-term reduction in the development of frailty.**
- The only long-term negative effect observed with any of the interventions was a modest increase in kidney disease with metformin, which appeared only in the oldest group of participants.

Metformin?



- Approximately two-thirds of people with prediabetes develop type 2 diabetes within 10 years.
- Approximately one-third of people with prediabetes develop type 2 diabetes within 10 years.
- People who meet the glycemic criteria for prediabetes have a higher risk of developing complications of diabetes and a higher mortality outcome.









- Use clinical judgement on whether to offer orlistat to people with a BMI of 28.0 kg/m² or more, as part of an overall plan for managing obesity
- Take into account the person's risk and level of weight loss and lifestyle change required to reduce risk
- Discuss potential benefits and limitations
- Advise a low-fat diet that provides 30% of daily food energy as fat, distributed over three main meals a day
- Offer information and regular support from a dietitian/another appropriate healthcare professional
- Agree a weight-loss goal with the person and regularly review
- Review the use of orlistat after 12 weeks. If < 5% weight loss, use clinical judgement to decide whether to stop the orlistat. *However, as with adults who have type 2 diabetes, those at high risk of the condition may lose weight more slowly than average, so less strict goals may be appropriate.*
- Use orlistat for more than 12 months (usually for weight maintenance) only after discussing the potential benefits, limitations and side effects with the person concerned.

Incretin Memetic?

ORIGINAL ARTICLE | JUNE 22 2024

Semaglutide and Cardiovascular Outcomes by Baseline HbA_{1c} and Change in HbA_{1c} in People With Overweight or Obesity but Without Diabetes in SELECT **FREE**

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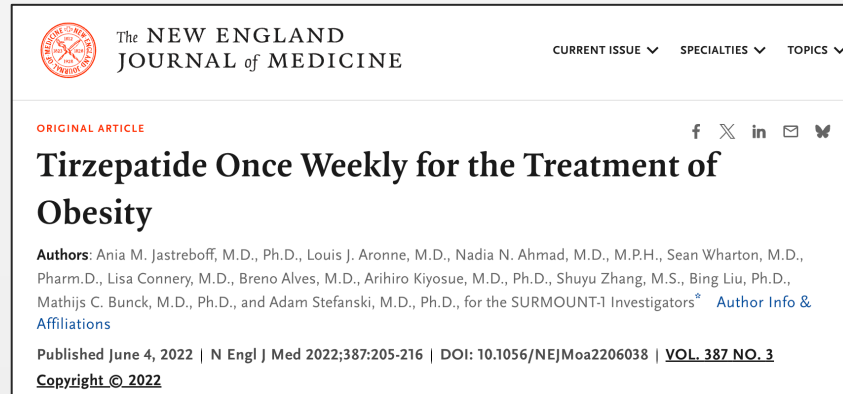
Diabetes Care dc240764

<https://doi.org/10.2337/dc24-0764> **Article history** 

Further analysis of the SELECT trial (injectable semaglutide) showed:
73% reduction in progression to diabetes over four years regardless of baseline glycaemia compared to placebo

- About two-thirds of the 17,604 participants in the global trial had prediabetes at baseline
- One-third had normoglycemia.
- All had established cardiovascular (CV) disease
- Mean body mass index (BMI) was 33

Incretin Memetic?



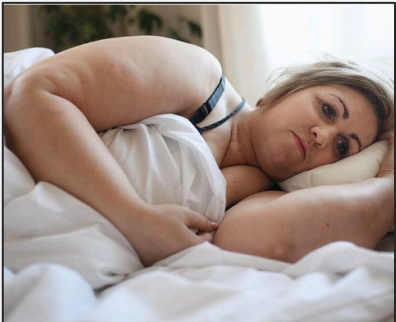
- At week 72, 95.3% of the participants with prediabetes at baseline in the tirzepatide groups had reverted to normoglycemia
- Compared with 61.9% of participants in the placebo group.

<https://www.nejm.org/doi/full/10.1056/NEJMoa2307563>

<https://www.nejm.org/doi/full/10.1056/NEJMoa2410819>



- Tirzepatide was evaluated in 1,032 adults who had pre-diabetes at randomization and obesity or overweight for a treatment period of 176 weeks
- Pooled doses of tirzepatide resulted in a **significant 93% reduction in risk of progression to type 2 diabetes** compared to placebo up to week 176



**At a glance factsheet:
Lifestyle discussions: Stress
and type 2 diabetes**

The causes and effects of stress in people with type 2 diabetes and what healthcare professionals can do to help.



At a glance factsheet: Mental health and diabetes

At-a-glance information on mental health problems in people with diabetes, including recognising them and their



**At a glance factsheet:
Intermittent fasting for the
management of weight and
diabetes**

The definitions, benefits and risks of intermittent fasting, plus tips for supporting people who wish to adopt these methods.

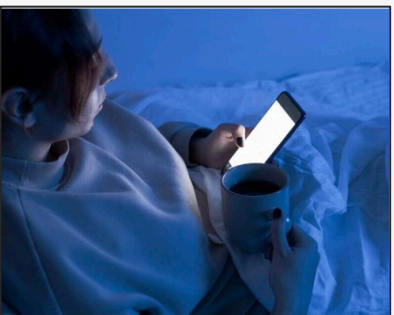
8 Jul 2024



**How to improve
carbohydrate awareness**

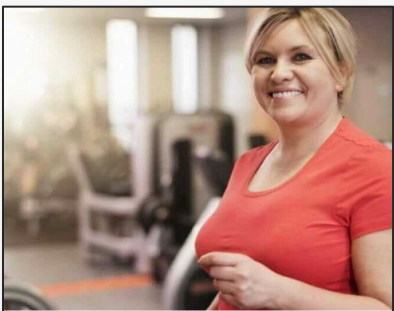
All the background information and practical tips needed to discuss carbohydrates with patients.

8 Jul 2019



**At a glance factsheet:
Lifestyle discussions: Sleep
and type 2 diabetes**

Understanding common sleep problems and their consequences, and providing advice in primary care.



**At a glance factsheet:
Lifestyle discussions: Physical activity and type 2 diabetes**

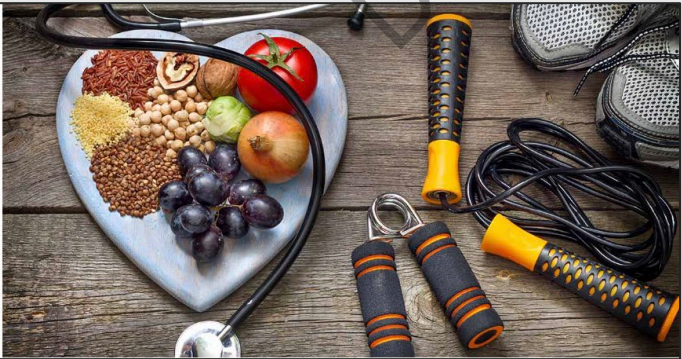
Practical information on recommending physical activity safely in type 2 diabetes.

Resources

Diabetes Distilled: SPAN – Small changes to improve lifespan

Small increases in three lifestyle behaviours is effective in reducing all-cause mortality.

27 May 2025



TYPE 2 DIABETES PREVENTION

60 min

This module will explain what type 2 diabetes prevention is, and the risk factors that contribute to the development of type 2 diabetes. It will help you understand the social determinants that influence a person's risk, and give you the knowledge and tools to better support people under your care.

Start Module

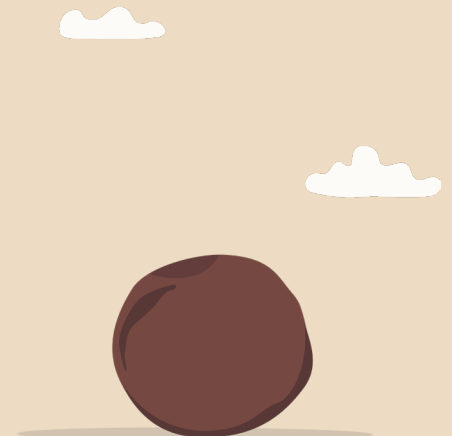


<https://diabetesonthenet.com/journals/diabetes-primary-care/>

<https://cpd.diabetes.org.uk/type-2-diabetes-prevention>

Take home messages.....

1. Consider who are the people at highest risk
2. Outreach and Community Care: Work collaboratively
3. Make reasonable adjustments.....



Thank you.

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