New opportunities to support those New Year's resolutions

s the dawn of the New Year sees surges in attendance at health fitness centres and a prolific increase in adverts for healthier eating plans, thoughts of New Year's resolutions spring to mind. Defined as when, at the beginning of a calendar year, a person resolves to either continue good practices, change an undesired behaviour or accomplish a personal goal, how many of us have articulated our own resolutions? And how many of us are already finding these a challenge to maintain or indeed have given them up already?!

A study in 2007 from the University of Bristol involving 3000 people showed that 88% of those who set New Year's resolutions fail, even though 52% of participants were confident of success at the beginning (Wiseman, 2008). And yet, far too often we expect the people we are caring for to make significant lifestyle and behavioural changes, and to sustain these without failure. Such unrealistic expectations can lead to frustration, creating a perfect storm whereby healthcare professionals perceive little value in continuing to try to support and empower change, whilst the person with diabetes can experience feelings of guilt and despondency.

In this issue's Q&A with Deborah Christie all about diabetes stigma, we are reminded that it is important to remember that things are never perfect, and that our role as a healthcare professional is "to find strength and value in where the person is in the present, rather than where we think they 'should' or 'could' be". Professor Christie also advocates that we "need to offer empathy and a stance of hope and optimism".

Topically, the new World Darts Champion, Luke Humphries, has spoken about "comeback always being greater than setback" (Mirza, 2024), and to that end I would call on everyone to make a "resolution" to read <u>Professor Christie's Q&A</u> for some great tips to enable supportive, collaborative relationships to attain effective, sustainable empowerment and to give desired

positivity for "victorious comebacks" for anyone struggling or failing to make their desired lifestyle/behavioural changes.

Early-onset type 2 diabetes

Certainly, the importance of lifestyle change and of providing motivational consultations is reinforced elsewhere within this journal issue, as we continue to build on previous articles and educational content relating to optimising care for younger persons diagnosed with type 2 diabetes. Dr Chirag Bakhai, who is leading on the NHS England work for persons with type 2 diabetes under the age of 40 years, offers information on the T2Day (Type 2 Diabetes in the Young) initiative. This will be offered to roughly 140 000 people aged 18-39 in England living with type 2 diabetes, incentivising GP practices and Primary Care Networks (PCNs) to afford extended time and expertise for diabetes reviews for this particularly high-risk cohort.

Within my own PCN, over the last 18 months, we have been delivering such focused care delivery for people in a similar age bracket (in this case the under-50s) with type 2 diabetes, having established that this population, who are at higher risk of long-term complications, were the very people that we were "hardly reaching". I report on the results and lessons learnt from our work in an accompanying article, and I hope this will provide some ideas and inspiration on how you may also enhance diabetes care for this age group, supporting the delivery of the T2Day objectives, within your own practices.

With those New Year's resolutions at the forefront of people's minds, now might be an opportune time to look to engage people with new invitations and support to attend diabetes education, type 2 diabetes remission pathways (where appropriate) and other wellbeing services.

Polycystic ovary syndrome

The thread of lifestyle optimisation, alongside



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and Northenden PCN

Citation: Milne N (2023) New opportunities to support those New Year's resolutions. *Diabetes & Primary Care* **25**: 179–80



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The NHS T2Day (Type 2 Diabetes in the Young) programme: Addressing unmet need, improving awareness and building evidence

Providing additional clinical support to adults aged under 40 with type 2 diabetes, tailored to their individual needs

Diabetes & Primary Care **25**: 181–2

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medications, runs through both David Morris's latest <u>interactive case study on the primary prevention of cardiovascular disease</u> and the excellent summary by Mike Kirby on <u>polycystic ovary syndrome (PCOS)</u>.

We are reminded that PCOS is the most common endocrine disorder in women of reproductive age. Characterised by insulin resistance and hyperinsulinaemia, it is associated with increased risk of cardiovascular and cerebrovascular events, type 2 diabetes, impaired glucose tolerance and pregnancy complications including gestational diabetes.

When is lifestyle change not enough?

An important consideration amidst all this focus on lifestyle and behaviour change is Pam Brown's *Diabetes Distilled* summary, which reports on the concerning findings of a new Danish cohort study. The authors found that, in people with newly diagnosed type 2 diabetes, compared to those who achieved adequate glucose control using glucose-lowering agents, those who were treated with lifestyle alone had a higher 5-year risk of a first major adverse cardiovascular event (MACE), even if they achieved initial diabetes remission using lifestyle changes. Much of the

increased risk was attributed to the lower use of RAAS inhibitors and statins in the lifestyle-only group. This serves as a reminder that medication (RAAS inhibitors and statins) remains important alongside lifestyle intervention in those at higher risk of MACE.

Medicine supply updates

In concluding, I would also like to bring your attention to the latest National Patient Safety Alerts for Tresiba 100 units/mL insulin and injectable GLP-1 receptor agonist supply updates. With some of the shortages now predicted to last until the end of 2024, I once again remind readers of the joint PCDS and ABCD guidance to support clinicians in selecting alternative glucose-lowering therapies when GLP-1 receptor agonists are unavailable.

I do hope that you find this issue valuable to your everyday practice, and I'll sign off by wishing you all a very happy New Year. Good luck with those resolutions!

Mirza R (2024) World Darts Champion Luke Humphries is living by his motto after overcoming anxiety and depression. *Sky Sports*. Available at: https://bit.ly/48rzKWk

Wiseman R (2008) New Year's Resolution Project. *Quirkology*. Available at: https://bit.ly/47m4U00