

# The media's influence on health issues

I would like to begin by wishing you all a very happy and healthy 2026. The start of a year tends to be the prime time for reflecting on what went before and making new resolutions going forward. I have also noticed this is a time when the people we see in our practices may be more receptive to making lifestyle changes. In previous years, I have invited those eligible for the [NHS Type 2 Diabetes Path to Remission Programme](#) within my practice to a group education session to find out more about what it entails, and this has worked well.

However, the requirement to commit to 3–4 months of total diet replacement can be off-putting for many, and the programme has several eligibility criteria, including age below 65 years, BMI above 27 kg/m<sup>2</sup> (adjusted for ethnicity) and duration of diabetes of less than 6 years, and it is only available in England. So I wanted to take this opportunity, when motivation levels may be at their highest, to signpost readers again to our [Type 2 Diabetes Remission: Toolkit for General Practice](#). Written by Roy Taylor and Chirag Bakhai, the toolkit provides materials for primary care to support attempts at remission through total diet replacement in people who are ineligible for the Path to Remission Programme. The authors also point out that, although remission becomes less likely in those with more than 6 years' duration of type 2 diabetes, weight loss in type 2 diabetes nonetheless can have many other benefits, including substantially decreased cardiovascular risk.

We have long known that the media has significant influence on health issues, shaping people's knowledge, beliefs and behaviours. Its impact can be both positive and negative; it can be highly reliable when information comes from credible sources and is responsibly reported, but less reliable (and even harmful) when it spreads misinformation, sensationalises health messages to attract attention, promotes "miracle cures" and oversimplifies the information provided. I rarely have a conversation about statins without the person referring to what they have read in the newspaper or heard about them from family and

friends. Rarely are these positive messages! The other drug classes that are capturing considerable media attention these days are the GLP-1 and GIP/GLP-1 receptor agonists, although these stories are mostly of a positive (if not necessarily realistic!) nature. I read an interesting article a couple of weeks ago which explored the challenges we face responding to medical advice from social media influencers ([Heiss et al, 2025](#)). As the authors point out, social media influencers are a growing source of health information, but this can be misleading and its reliability undermined by four key biases: lack of expertise, industry influence, entrepreneurial interests and personal beliefs.

There is widespread promotion of incretin-based therapies on social media platforms. Posts offering "weight loss jabs" directly to consumers have drawn attention from the regulators because prescription medications should not be marketed in this way, but it is difficult to control. I understand how compelling it must be when a person sees dramatic before-and-after posts depicting weight loss as "fast and effortless" and seemingly "effective for all without the need for lifestyle changes". However, obtaining these medicines on the internet can be dangerous and potentially life-threatening, especially when they are not prescribed or supplied by regulated pharmacies. Hopefully a public health message is getting through.

Decision-making around drug treatments is possibly one of the most challenging aspects of diabetes management. Evidence-based drug prescribing seeks to use the best currently available research to support our clinical expertise and judgment. However, thousands of clinical trials and systematic reviews that could influence prescribing decisions are published each year. Sometimes the results are conflicting, evidence may be limited in certain populations or in specific situations and circumstances, and guidelines take time to be updated. In a busy clinical setting, there is limited time to search, appraise and apply the latest evidence during a consultation.



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This is what encouraged us to create our series of quick reference guides, including [How-to guides](#), [At a glance factsheets](#) and [Prescribing Pearls](#). *Diabetes Distilled*, specifically, is designed to review a key paper from the last month and distil out its implications for our practice. It includes a short 30-second summary, followed by a more detailed analysis for those who would like to learn more. My most sincere thanks to Pam Brown, who writes such a helpful resource for us like clockwork every fortnight!

In this issue, Pam tells us about a potential association between [GLP-1 receptor agonists and new-onset chronic cough](#), highlighting how important it is for us to stay abreast of any newly recognised potential adverse events which may occur with the drugs we prescribe. She also offers further insight into the [benefits and safety of SGLT2 inhibitors](#) in people with chronic kidney disease independently of diabetes or heart failure status, baseline eGFR or albuminuria level. Finally, she outlines the association between [prediabetes and risk of cancer](#), and the influence that age at prediabetes diagnosis has on this. As always, there is much to consider.

Our Prescribing pearls series has proved to be one of our most popular formats, and in this issue David Morris tackles [calcium channel blockers](#). There is quite a lot of detail we need to know about this drug class, usually prescribed second-line to ACE inhibitors or ARBs in people with type 2 diabetes, and this is a really useful quick reference. Please let us know at [dpc@omniamed.com](mailto:dpc@omniamed.com) if there are other drug classes you would like us to include in this particular series. Our eagerly awaited guide to tirzepatide can be expected soon!

While we anticipate the update to the NICE NG28 guideline (expected in February 2026), in the meantime we have seen publication of the annual American Diabetes Association's Standards of Care. Although these are aimed at US healthcare professionals, most of the recommendations are relevant to us here in the UK. You can see our [At a glance factsheet](#) for a round-up of the key changes.

Our [interactive case study](#) this issue tackles peripheral arterial disease, a condition that

commonly affects people with diabetes but which often goes undiagnosed. You may like to refresh your knowledge on this topic by referring to [Mike Kirby's factsheet](#) once you have worked through the three interactive case scenarios presented here.

### PCDO Society news

Our annual National Conference of the Primary Care Diabetes & Obesity Society was held in Birmingham on 19–20 November and was our biggest event yet, with over 800 healthcare professionals in attendance. My personal highlights included a spirited debate (complete with embarrassing family photographs of the two speakers!) over which is more important, the heart or the kidneys; and the session on diet mythbusting. Slides from the conference are now [available here](#).

At the event, several awards were presented, including [Su Down's Lifetime Achievement Award](#), and the £500 Roger Gadsby Audit Award, which went to Amara Aziz for her frailty audit. Amara will report on her project in an upcoming issue of the journal, but in the meantime you can review our frailty resources, including [How to manage diabetes in later life](#), [Deprescribing in type 2 diabetes](#) and [How to approach and manage diabetes in people with dementia](#).

Our PCDO Society Chair, Naresh Kanumilli, has been incredibly busy over the past few months interviewing leading lights in diabetes and obesity research, and you can see his latest [three interviews here](#).

Finally, I wanted to extend a huge thank you from myself and Pam for voting for us in the Quality in Care Awards. We were truly honoured and grateful to win the Outstanding Educator in Diabetes award for our work on *Diabetes & Primary Care*; however, we could not have done this job without the help of our [Editorial Board](#) members, authors and anonymous peer reviewers who support the journal. Thank you to those who continually do so much for us – you know who you are! ■

Heiss R, Woloshin S, Dave S et al (2025) Responding to public health challenges of medical advice from social media influencers. *BMJ* 391: e086061