

# Latest news: Statins and muscle pain; new CGM price deal; assessing fitness to drive; JBDS dialysis advice; and early-onset T2DM

Stay abreast of the latest news that could impact diabetes nursing.

## Statins and muscle pain: A rare side effect?

The statin side effects of muscle pain and weakness may be rarer than is commonly accepted, according to a new meta-analysis presented at the 2022 European Society of Cardiology Congress.

The analysis compiled data from 23 randomised controlled trials from the Cholesterol Treatment Trialists' (CTT) Collaboration, with information on nearly 155 000 participants. Over a median follow-up of 4.3 years, 27.1% of statin recipients and 26.6% of placebo recipients reported muscle pain or weakness (rate ratio, 1.03; 95% CI, 1.01–1.06).

The side effects were more common in the first year of treatment (a 7% relative increase, corresponding to an absolute excess rate of 11 per 1000 person-years). Thereafter, there was no evidence of any excess risk. During the first year, only about 1 in 15 reported cases of muscle symptoms were attributable to statin therapy.

High-intensity regimens (e.g. atorvastatin 40–80 mg daily or rosuvastatin 20–40 mg daily) had a larger risk of muscle pain or weakness than moderate-intensity regimens, with rate ratios of 1.08 and 1.02, respectively.

Commenting on the findings, the principal investigator, Colin Baigent (University of Oxford), said: "For most people taking a statin, any muscle-related symptoms they experience are not likely to be caused by the drug." He compared the excess rate of 11 mostly mild episodes of muscle pain per 1000 people in the first year, and no significant excess

in subsequent years, to the 75 major cardiovascular events prevented over the course of 5 years, and concluded that the cardiovascular protection from statins greatly outweighs the risk of muscle symptoms.

## New DVLA rules allow specialist nurses to assess fitness to drive

Diabetes specialist nurses are among the healthcare professionals now able to complete DVLA medical questionnaires, as part of an approach by the DVLA to improve and speed up the medical licensing process. An amendment to the Road Traffic Act means that registered healthcare professionals, including those registered with the NMC and HCPC, can now be authorised to provide information where a driver has declared a medical condition such as diabetes.

The change in the law allows these professionals to complete DVLA medical forms following deferment by a doctor. The DVLA will continue to send questionnaires to GMC-registered doctors and consultants, and it will then be up to individual GP practices and hospital teams as to which healthcare professional in practice is best placed to complete the questionnaire.

The change does not apply to the D4 Medical Examination Report (for Group 2, bus or lorry licences) which will still need to be completed by a GMC-registered doctor or consultant.

All healthcare professionals who provide advice on diabetes should familiarise themselves fully with chapter 3 of the [Assessing Fitness to Drive](#) guidance, and

discuss with colleagues or the DVLA Medical Team if they are uncertain about how to interpret guidance in relation to individual patients.

[Click here](#) for Jane Diggle's How-to guide on assessing fitness to drive.

## Over 120 000 people with early-onset type 2 diabetes in UK

Analysis of data from the National Diabetes Audit has identified the increasing number of people with early-onset (age under 40 years) type 2 diabetes (T2DM).

Out of 2 642 435 people with T2DM in the registry, 122 780 (4.6%) were aged under 40 years, comprising:

- 650 (0.5%) aged under 16 years.
- 910 (0.7%) aged 16–18 years.
- 8245 (6.7%) aged 19–25 years.
- 112 975 (92.0%) aged 26–39 years.

Individuals with early-onset T2DM were more likely to be from minority ethnic groups: 42% were Black or Asian compared with 21% in older age groups. They were also more likely to be obese, female and to live in areas with the highest socioeconomic deprivation. In addition, they were less likely to achieve target HbA<sub>1c</sub> levels or to receive the annual care processes recommended by NICE.

People with early-onset T2DM are more likely to experience both earlier and more severe diabetes complications than those with later-onset T2DM. They are also entering what should be the most economically productive period of their lives and they will often have children or elderly relatives to care for. Thus, the

personal and public-health implications of developing the condition at this age are severe.

The authors conclude that the growing number of people with early-onset T2DM may require service redesign, as well as more research into optimal treatment methods, to improve their outcomes.

[Click here](#) to read the study in full.

**Read more:** [At a glance factsheet: Early-onset and youth-onset type 2 diabetes](#)

### **New updated dialysis guideline from JBDS**

The Joint British Diabetes Societies for Inpatient Care (JBDS) continue their run of guideline updates and in August have published new guidance on the management of adults with diabetes undergoing dialysis.

The updated guidance has an expanded remit to include people with diabetes on peritoneal dialysis, and also includes a major revision to the section on glycaemic monitoring and glycaemic targeting, which takes into account the significant technological advances that have been made in relation to glucose monitoring, as well as the growing recognition that

glycated proteins (including HbA<sub>1c</sub>) do not adequately reflect glycaemic control in people on dialysis. The main change in this section is the suggestion for use of intermittently scanned or real-time CGM in people with diabetes on dialysis who are at high risk of hypoglycaemia or glucose variability.

The section on complications has also been updated to include subsections on diabetic ketoacidosis and retinopathy.

[Click here](#) to access the full guideline.

### **New price deal improves access to real-time CGM**

A new price deal between the NHS and the manufacturer means that the Dexcom ONE real-time continuous glucose monitoring (rt-CGM) system will be made available for all people with type 1 diabetes and certain groups with type 2 diabetes who are using insulin.

Previously, rt-CGM was more expensive than intermittently scanned (flash) CGM; however, the new deal means that the Dexcom ONE will be available on the NHS England, Wales, Scotland and Northern Ireland drug tariff at a similar price.

The price agreement follows updates to NICE guidelines in March which recommend that adults with type 1 diabetes should be offered a choice of flash or rt-CGM; children should be offered rt-CGM, and people with type 2 diabetes using insulin can be considered for rt-CGM if it is available for the same or lower cost as flash.

The Dexcom ONE features a wearable sensor that lasts up to 10 days and continuously monitors glucose levels and sends values wirelessly to a receiver or compatible smart device, along with customisable alerts to warn against hypo- and hyperglycaemia.

As of 1 August, patients will receive their starter pack – which will include information on the product and usage, a sensor and transmitter – from the hospital or GP surgery once prescribed, after which they can go to the pharmacy for their repeat prescription. ■

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