

A challenging year for nursing but with many positives to celebrate in diabetes

Well, another year is almost complete and there has been much to reflect on and celebrate. So, for this editorial, I thought a quick reflection on 2022 and a look ahead to what we can expect for the next year was in order.

Diabetes technology

First, the increasing use of technology for diabetes control and management. We are eagerly awaiting the NICE position on closed loop-technology, but in the meantime we have seen the remarkably quick move to the recommendation that all those with type 1 diabetes should have [access to continuous glucose monitoring \(CGM\)](#). Furthermore, this technology is now also recommended for certain groups of people with type 2 diabetes on insulin therapy. I am sure this is just the starting point and that, in the near future, CGM will be the standard of choice for all of those with diabetes. Exciting times!

New therapies and treatment strategies

Alongside technological advances, we have seen emerging evidence and a real repositioning of two of our medication classes in type 2 diabetes. The cardiorenal benefits of the SGLT2 inhibitor class have really started to shift our thinking in how they are used. The term “organ protection” in the new [EASD/ADA recommendations](#) has highlighted how we should consider this class for more than its glucose-lowering properties (Davies et al, 2022).

Along with the SGLT2 inhibitors, we also see cardiovascular benefits from some of the GLP-1 RA class. Again, using these agents for more than just glucose lowering is a real change in thinking. We still await the review from NICE regarding the position of GLP-1 RAs in the treatment algorithm.

Although we have seen, for the first time, [a global shortage in certain members of the GLP-1 RA class](#),

something we have not had to counter before, the future of incretin therapies will be fascinating to watch. Hopefully next year we will be welcoming the first ever “twincretin”, a combination agonist of two gut hormones, GLP-1 and GIP. This agent, tirzepatide, has shown [very exciting results in clinical trials](#), with even greater weight-loss and glucose-lowering properties than the most effective GLP-1 RAs, so the future for incretin-based therapies appears bright indeed.

Lifestyle and obesity

Another positive for me has been the new prominence given to the so-called 5 S’s – **Stepping, Sweating (moderate-to-vigorous physical activity), Strengthening, Sitting (broken up by movement) and Sleep** – and the recognition that we should be discussing with our patients the impact of multiple forms of activity and the powerful influence of sleep hygiene in diabetes self-care (*Figure 1*).



Su Down
Diabetes Nurse Consultant,
Somerset Partnership NHS
Foundation Trust

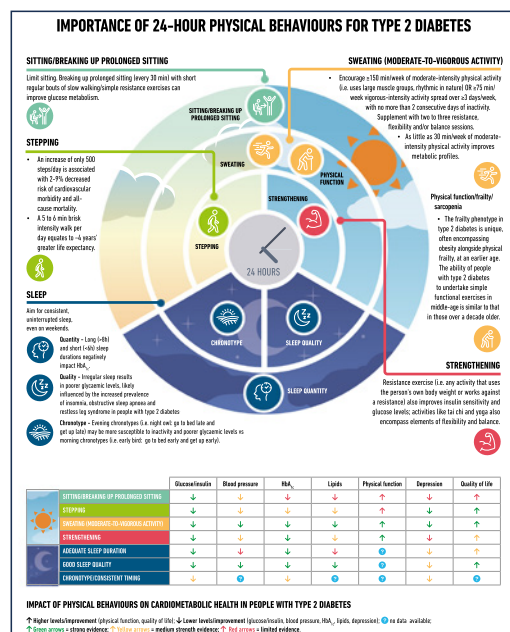


Figure 1. The importance of 24-hour physical behaviours for type 2 diabetes. Image courtesy of Diabetologia. Click on the figure to access.

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Along with the change in positioning of medications and the call for their earlier use, it is refreshing to see equal weight given to lifestyle factors and to have a real guide to the discussions we should be having. The [ADA Standards of Care for 2023](#) have just been released and they cement these recommendations.

The challenges facing nurses

So, for me, there have been many positives to celebrate in 2022, and many of these will continue to grow into next year, so good news indeed. To finish this editorial, though, I feel I must comment on the huge challenges we, as nurses, face. I have always steered very clear of political comment in my time as Editor-in-Chief; however, I feel it would be remiss not to acknowledge the enormous turmoil facing us all, with the recent and ongoing strike action among RCN members across the country.

The acknowledgement of the nursing shortages and their impact on patient care is what has led many colleagues to take this deeply traumatising and emotive step. I have seen the impact on all services, from secondary care through to intermediate/community services and primary care. The increasing workload, vacant positions and ageing workforce are at a level I have never witnessed in my 40 years of being an NHS employee. However, over that period, nursing has also advanced enormously as a profession, and it continues to do so at great pace. New roles

and qualifications are changing how we deliver high-quality care in the most effective way. The development of the ACP qualification is an example of this, and I recommend the article at the beginning of the year from Maureen Wallymahmed urging us to consider the benefits of this advancement ([Wallymahmed and Pearson, 2022](#)).

Early next year, in my first editorial of 2023, I will be reviewing the ADA standards of care, and we as an editorial team are looking to refresh the Journal with focused reviews of nursing roles for the future. We have seen a growing readership over the last 4 years, which is really rewarding for us here at the Journal since its move to an online format. To keep it growing, and to deliver more for our readers, I have a final request to any budding writers: [please do contact us](#) if you wish to share your work, thoughts or ideas. We provide extensive support to all healthcare professionals, even those with no experience of publishing, and would be very keen to help you get published and share good practice!

So with that, I wish you all a very happy New Year, and I look forward to writing again in 2023! ■

Davies MJ, Aroda VR, Collins BS et al (2022) 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: 1925–66

Wallymahmed M, Pearson S (2022) Should diabetes specialist nurses be Advanced Clinical Practitioners? *Journal of Diabetes Nursing* 26: JDN225



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