

Draft ADA/EASD consensus update on management of hyperglycaemia in type 2 diabetes

The American Diabetes Association (ADA) 82nd Scientific Sessions were held in New Orleans and online from 3rd to 7th June 2022. One highlight was a session in which draft changes to the ADA/EASD Consensus Report were reviewed. The proposed changes give the guidance a greater focus on holistic, person-centred care, weight loss and equity of care. The presentation can be [viewed here](#), and viewers are encouraged to submit feedback.

The Chairs and writing group members presented the 2022 draft of the ADA/EASD consensus report on the management of hyperglycaemia in type 2 diabetes on the penultimate day of the ADA 82nd Scientific Sessions. The draft updates the 2018 consensus and its 2019 update, based on evidence from the last 3 years. The final consensus is due to be presented and published in September 2022 at the EASD conference. A webinar of the presentation is [available here](#), and the diabetes healthcare community is invited to view the presentation and provide feedback; the consultation is open until 21st June.

Perspective

- There is a greater focus on the social determinants of health (SDOH), systems and equity of care.
- Emphasis on holistic, person-centred care and a greater focus on weight goals and cardiovascular outcome trials.
- For each intervention area, a summary of the supporting evidence base will be provided.

Rationale, importance and context

- Goals:
 - Prevention of complications (focus on glucose control, cardio-renal protection, weight management, cardiovascular risk and complications).
 - Optimise quality of life.
- More emphasis on Language Matters and aspects of SDOH to consider and incorporate in management.

- Weight reduction as a targeted intervention, exploring benefits of different levels of weight reduction from 5% to >15%, which is now achievable.
- Ongoing importance of putting the person with diabetes at the centre of care, and empathic, patient-centred care. The decision cycle diagram from the 2018 consensus has been updated to include:
 - Assess key individual characteristics, including SDOH.
 - Consider specific factors impacting choice of treatment.
 - Shared decision-making to create a management plan.
 - Agree on management plan.
 - Implement the management plan, with focus on avoiding clinical inertia by healthcare professionals.
 - Ongoing support and monitoring.
 - Review and agree on management plan.

Therapeutic options

- Responding to the obesity pandemic by increased focus on **weight reduction** using lifestyle behavioural changes (medical nutrition therapy and physical activity), drug therapy and metabolic surgery.
- Importance of **24-hour physical behaviours** for type 2 diabetes – for the first time, includes sleep.
 - **Sitting** – light activity or resistance exercise for a few minutes every 30 minutes.
 - **Stepping** – an additional 500 steps daily can



Pam Brown
GP in Swansea

Citation: Brown P (2022) Diabetes Distilled: Draft ADA/EASD consensus update on management of hyperglycaemia in type 2 diabetes. *Diabetes & Primary Care* 24: 95–7



Have your say

The presentation can be viewed on the DiabetesPro site, and viewers are encouraged to submit feedback until 21 June 2022.

[Click here](#) to view the presentation and to see instructions for submitting feedback.

impact glycaemic control and cardiovascular mortality, prolonging life.

- ▶ **Sweating** – 150 minutes of moderate-to-vigorous aerobic activity (or 75 minutes of vigorous activity if safe) per week, supplemented by flexibility and balance exercises.
 - ▶ **Strengthening** – two to three sessions per week to aid function, frailty and sarcopenia.
 - ▶ **Sleep** – quality, quantity (>6 and <9 hours per night); recognition of chronotype impact.
 - **Glucose-lowering drug treatments** – summary of benefits and risks of classes:
 - ▶ Updated to include oral GLP-1 RAs, higher doses of dulaglutide and semaglutide, the GIP/GLP-1 RA class, combination GLP-1 RA and insulin.
 - ▶ Side effects of TZDs can be mitigated by optimising dosing and combining with other medications such as SGLT2 inhibitors and GLP-1 RAs.
 - ▶ Importance of increased “Education and explanation” about drug therapies offered to improve adherence, and “Escalation” to appropriate doses to achieve agreed glycaemic goals.
 - ▶ Updated patient-centred care diagram, emphasising a circular, not sequential, care pathway.
 - **ASCVD or high risk of ASCVD:** offer a GLP-1 RA or SGLT2 inhibitor. Intensify, if needed, with the other class or with pioglitazone. Reassurance that combination with metformin does not have negative impact.
 - **Heart failure:** Offer an SGLT2 inhibitor; if this is unsuitable, offer a GLP-1 RA.
 - **CKD:** section updated to differentiate between:
 - ▶ Advanced albuminuria (>200 mg/g [22.6 mg/mmol]): an SGLT2 inhibitor with demonstrated renal benefits is the preferred treatment. If not suitable, consider another SGLT2 inhibitor or a GLP-1 RA with evidence of renal benefits.
 - ▶ CKD with albuminuria <200 mg/g (22.6 mg/mmol): focus on decreasing ASCVD risk using a GLP-1 RA or SGLT2 inhibitor.
- goals to prevent complications and optimise quality of life.
- Four areas of focus: glycaemic management, weight management, cardiovascular risk factor management and cardio-renal protection. All equally important when considering therapies.
 - Principles of care – all equally important, without any one priority:
 - ▶ Language Matters.
 - ▶ Shared decision-making.
 - ▶ Access to diabetes self-management education and support.
 - ▶ Taking into account psychosocial factors and SDOH.
 - ▶ Consider local healthcare systems/resources.
 - ▶ Be an advocate to promote diabetes care.
 - ▶ Avoid therapeutic inertia.
 - ▶ More aggressive and proactive treatment, including consideration of initial combination therapy.
 - ▶ Surveillance and screening for complications.
 - ▶ Health behaviour modification very important.
 - ▶ Monitor and review therapies for side effects.
 - ▶ Consider therapies that allow avoidance of hypoglycaemia risk.
 - ▶ Consider the balance of efficacy and side effects of therapies.
 - ▶ Review the organisation of care where you work.
 - ▶ When making choices of therapy, consider underlying physiology.
 - The final consensus document will include:
 - ▶ An expanded patient-centred care diagram integrating the four areas of focus, the principles of care and summarising the specific management options for those with comorbidities.
 - ▶ An updated, simplified algorithm, including recommendations depending on comorbidities and giving equal focus to glycaemic control and weight management/maintenance, colour-coded by efficacy of therapy options.

Practical tips for implementation

- Importance of integrated care and knowing local resources.
- Diabetes self-management education and support at any time, not just at diagnosis.

Strategies for implementation

- Holistic approach to type 2 diabetes management with the patient at the centre, and

- Facilitate healthy behaviours and weight management, with focus on self-management and education.
 - Proactive care:
 - Consider initial combination therapy.
 - Avoid inertia.
 - Consider de-escalation.
 - GLP-1 RA before insulin for most.
 - On insulin, if fasting glucose to target but HbA_{1c} and time in range are not: add mealtime insulin.
 - Use technology as part of holistic care and, if using CGM, ensure education and understanding of results.
 - Identify education needs and ensure education for all healthcare professionals.
 - Team-based care and coordinated care.
 - Ongoing quality improvement of all aspects of care delivery.
- Call to action from John Buse**
- Major opportunities to improve diabetes outcomes by effective implementation of the available best evidence.
 - Everyone has a role in better implementation and ensuring equity of access and care.
- Individualising care is important to ensure that the right person is getting the right therapy at the right time, independent of their SDOH.
 - Key knowledge goals and ongoing research are needed to better understand:
 - How to manage young, old and frail, and to address the gender balance.
 - The comparative effectiveness of weight management options.
 - How to set appropriate targets for HbA_{1c}, time in range, weight and remission.
 - The comparative effectiveness of cardio-renal protective drugs, including their cost-effectiveness in moderate-risk populations, and effects of combinations of SGLT2 inhibitors and GLP-1 RAs.
 - How best to prevent and manage comorbidities such as NAFLD, cognitive impairment and advanced CKD.
 - How to optimise screening and prevention of type 2 diabetes taking into account current higher BMI populations.
 - How to advance evidence on sleep and chronotypes. ■



More ADA coverage

To view all our coverage of the 82nd Scientific Sessions, [click here](#)