

Diabetes distilled

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Managing diabetes across
the spectrum: From guidelines
to real-world impact

Hilton Templepatrick, Belfast | 17 September 2026

16TH Northern Ireland
Conference

PCDO
Society



My disclosures



I have received funding from the following companies
for providing educational sessions, writing, attending
advisory boards and conferences

Abbott, Boehringer Ingelheim, Astra Zeneca, Eli Lilly,
Janssen, MSD, Napp and Novo Nordisk,
OmniaMed, RCGP, Innovate, Sherborne Gibbs

Thank you to PCDOs friends for ideas and inspiration. Any errors are my own.



Diabetes distilled - an e-newsletter from the Primary Care Diabetes and Obesity Society - shares the latest developments in diabetes and obesity for primary care and community teams.

Sign up to receive the Diabetes Distilled newsletter at the link below



How many of you see
Diabetes Distilled regularly?



Diabetes Distilled:
Caprinotide/semaglutide in type 2 diabetes – REIMAGINE the impact

Combination of GLP-1 and amylin agonist results in significant weight loss and HbA1c reduction.

14 Aug 2026



Diabetes Distilled:
Overweight and obesity in childhood associated with lower birth rates in later life

Women with an obese trajectory in childhood 22% less likely to give birth in their late-20s and 44% less likely in their early-30s.

9 Aug 2026



Diabetes Distilled:
Nutritional, functional and psychological considerations for incretin-based therapies

Pragmatic guidance to help people optimise benefits from incretin-based weight loss drugs.

30 Jul 2026



Diabetes Distilled: Assessing competing risks of death versus renal replacement therapy in CKD

Kidney Failure Risk Equation does not take into consideration ethnicity and competing risk of death. What are the implications of this?

7 Jul 2026



Diabetes Distilled: Is weight cycling harmful?

No strong support for weight cycling causing detrimental changes in body weight, body composition or metabolism, but many gaps in the research.

7 Jul 2026



Diabetes Distilled: ESC consensus on ultra-processed foods and cardiovascular disease

High intake of ultra-processed foods associated with cardiovascular morbidity and mortality. How can we mitigate this risk?

7 Jul 2026

What's new in obesity?

DO NOT COPY



Healthy Futures

A Systematic Strategic Framework to Prevent the Harm
caused by Obesity in Northern Ireland



- ✓ 64% adults living with overweight or obesity
 - ✓ 69% men, 60% women
 - ✓ 68% disadvantaged, 62% least disadvantaged
- ✓ 4% severe obesity
 - ✓ 6% women, 2% men
- ✓ 25% children living with overweight or obesity
 - ✓ 26% girls, 24% boys
 - ✓ Year 1 rates 73% higher deprived areas; 87% higher by year 8

- 1st Regional Obesity Management Service Autumn 2026
- ✓ BMI>45 +1 of ASCVD, HT, dyslipidaemia, CSA, T2DM
 - ✓ BMI 30-39.9 for Obesity Pathway Innovation Programme
 - ✓ Self referral to Health and Social Care clinician
 - ✓ Funding £20m total
 - ✓ £7m funding OPIP
 - ✓ 2m DoH funding
 - ✓ PEACETIME project, Healthy Futures

4 long-term population outcomes:

- ✓ ↓ prevalence overweight + obesity
- ✓ Halting growth obesity and ↓ prevalence long term
- ✓ Improving diet and nutrition
- ✓ ↑ % population participating in regular PA

Health Inequalities

Annual Report 2026

Health inequalities annual report 2026

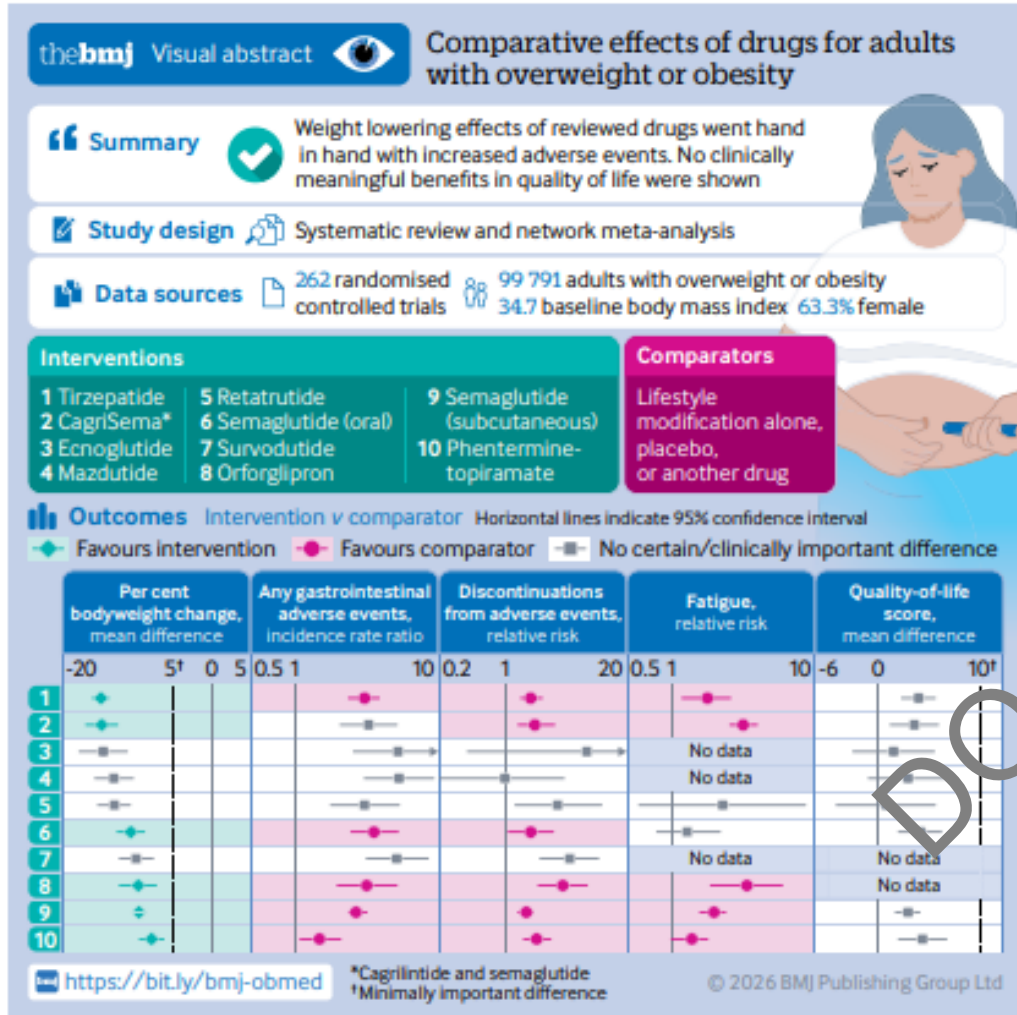
- ✓ Female life expectancy gap widened further 5.5 yrs; males no change at 7.2 years
- ✓ 15 year gap healthy life expectancy between most-least deprived areas

PEACE TIME

Improving obesity care, reducing stigma

New Minister of Health, Robbie Butler

Benefits and harms of drugs for overweight and obesity



Tirzepatide 14.9%

Cagri-sema 14.8%

Semaglutide oral 10.9%, S/C 10.9%

Orforglipron 9.9%

Phentermine-topiramate 8.1%

Retatrutide – (GLP-1, GIP, glucagon agonist) 13.1%

Survodutide – (GLP-1 and glucagon agonist) 10.2%

Mazdutide – (GLP-1 and glucagon agonist) 13.2%

Ecnoglutide (biased GLP-1 agonist) 14.6%

Nong et al *BMJ* 2026; 294:

Gasoyan and Rothberg *BMJ* 2026; 294:

Lempesis and Dalamaga *Metabolism Open* 2026



Choose right drug at right dose to individualise treatment based on benefits v harms

Want to practice initiating conversations about obesity?

Try out the ‘*Treating Obesity First*’ resource ‘Practice Conversations in Obesity Care’

- ✓ Based on the Canadian 5As framework of Ask, Assess, Advise, Agree, Arrange
- ✓ Allows multiple conversation inputs with immediate patient responses
- ✓ Provides feedback at conversation end and scores the conversation to ensure real time learning

OMAr AI Patient Conversation Simulator

Training simulation

Practice Conversations in Obesity Care

Simulate patient visits, practice the 5A framework, and receive coaching feedback after the visit ends.

This is an AI-generated training tool for education only. It is not a real patient and does not provide medical advice.

Choose a Patient Persona



Omar H.
Man - Age 46
Busy adult balancing work, health concerns, and mixed past experiences

Busy schedule
Past frustration
Wants practical help



Angela S.
Woman - Age 48
Prior weight stigma in healthcare

Past stigma
Pain + fatigue
Wants respect



Jordan L.
Woman - Age 34
Caregiver under pressure and struggling to prioritize herself

Overwhelmed
Low energy
Needs support



David T.
Man - Age 67
Older adult with mobility limitations

Mobility limits
Joint pain
Practical



Sofia M.
Woman - Age 42
Motivated patient actively seeking treatment options

Motivated
Ready to plan
Wants options

<https://treatingobesityfirst.org/patient-conversation-simulator/>

Want to practice clinic scenarios in a safe environment? Thanks to David Morris

Add-on medication for type 2 diabetes

Additional glucose-lowering therapies recommended by NICE when initial therapy does not achieve HbA1c targets.

11 Aug 2026

Starting medication for type 2 diabetes

The glucose-lowering medications recommended for initial treatment of type 2 diabetes in the new NICE NG28 guideline.

16 Jun 2026

Mental health and diabetes

Depression, severe mental illness and diabetes distress.

27 Apr 2026

Using insulin in type 2 diabetes

When insulin therapy might be appropriate in a person with type 2 diabetes, and the practicalities of initiation.

11 Feb 2026

Diabetes & Primary Care

RESOURCES

● Interactive case studies

Peripheral artery disease and diabetes

The causes, diagnosis and management of PAD.

27 Nov 2025

Early pharmacological treatment in type 2...

Optimised management of glycaemia and cardiorenal risk factors yields long-term benefits.

17 Feb 2025

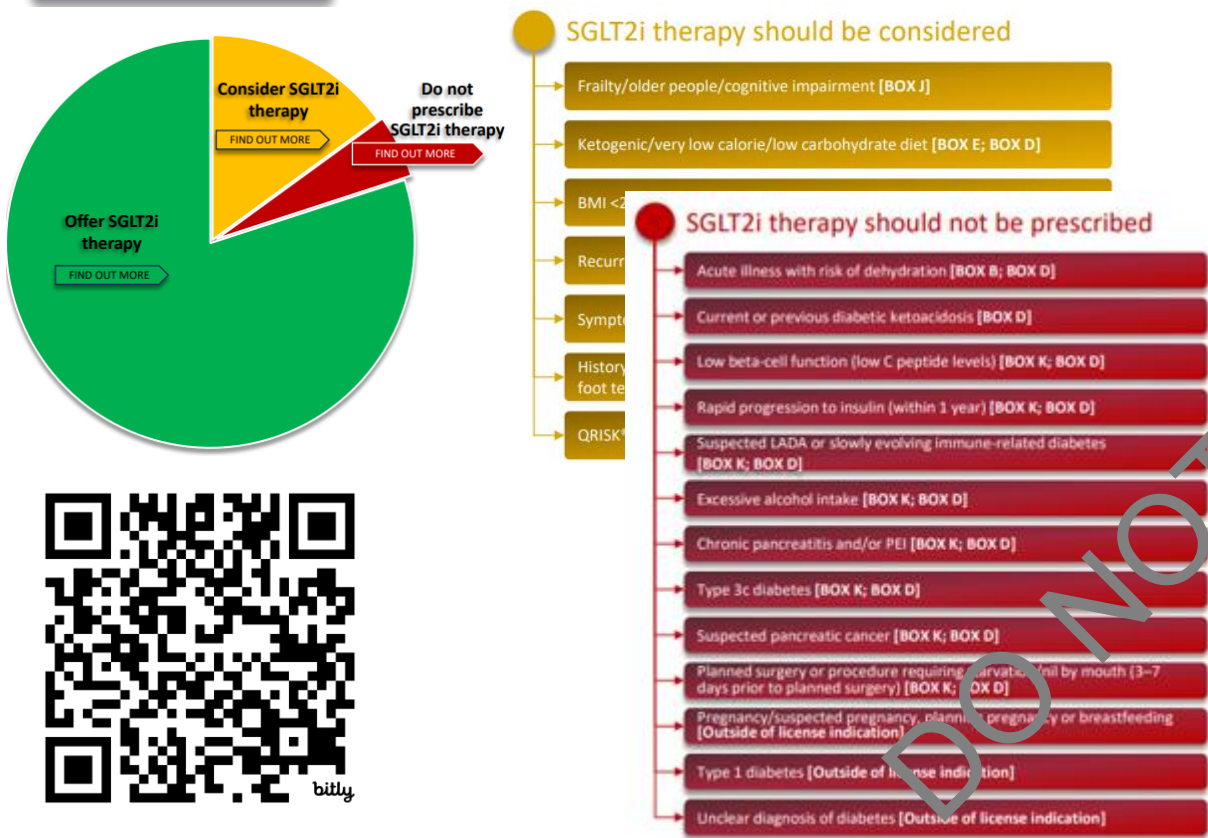
What's new in drug therapy?



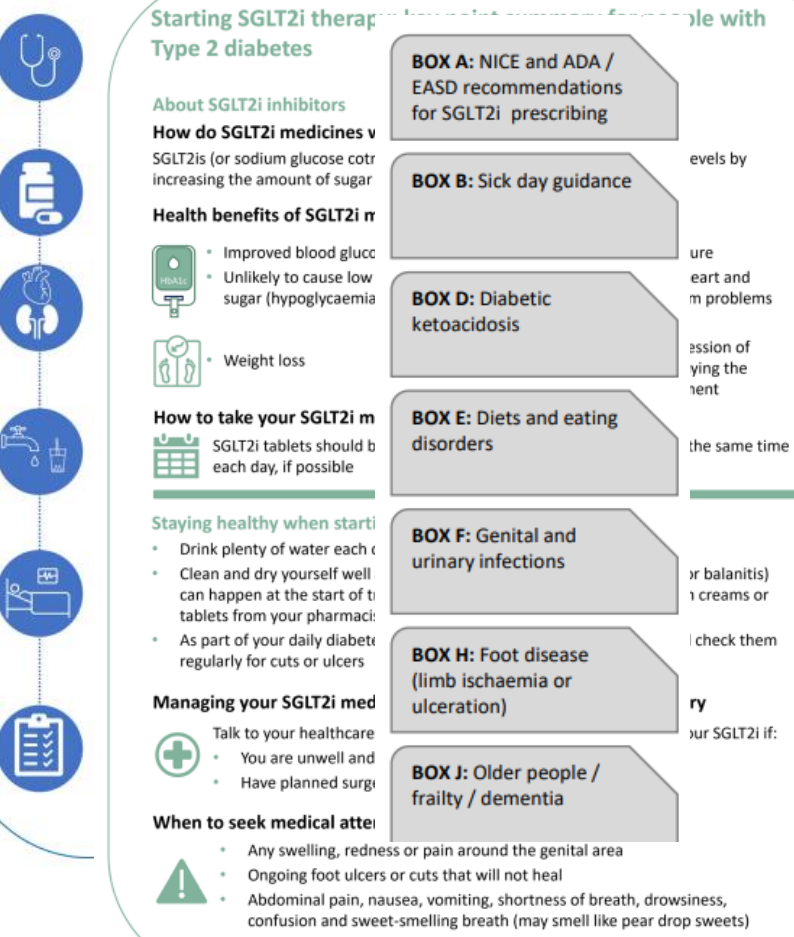
Implementing SGLT2 inhibitor therapy in line with NICE NG28

Newland-Jones et al Diabetes Ther 2026; 17: 1095-1117

DECISION TOOL Prescribing SGLT2i therapy for Type 2 Diabetes Mellitus Management



Starting SGLT2i therapy in T2DM: key point summary for healthcare professionals



Ensure we are confident about contraindications/special precautions

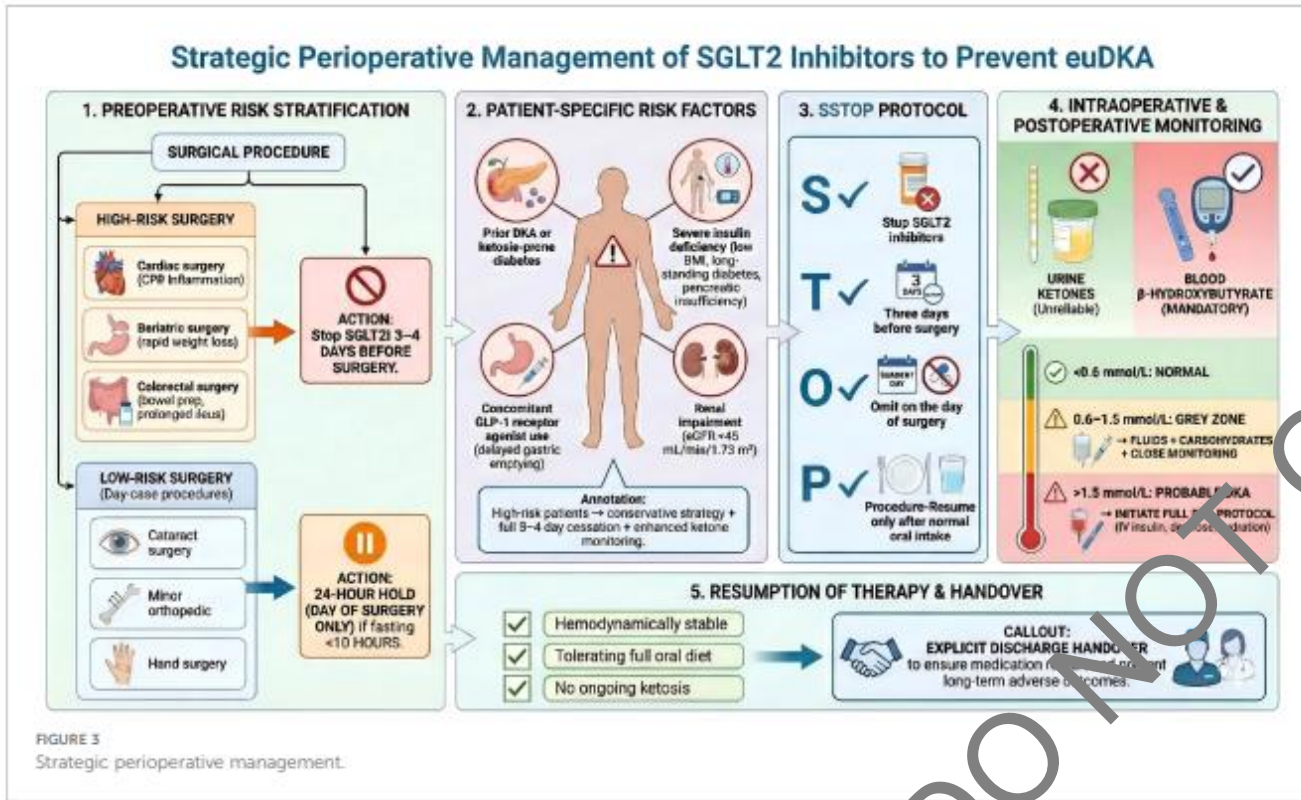
DKA varies by patient characteristics

- ✓ Cohort study – DKA incidence; nested case control study - risk factors/precipitating events
- ✓ >320,000 treatments >280,000 people T2DM
- ✓ Median 1.3 years - 1,452 DKA cases
 - ✓ 2.43 events /1000 person years
 - ✓ CVOTs suggest <1 event/1000 person yrs
 - ✓ NNH 625-833/year
- ✓ Highest first 180 days, persisted throughout
- ✓ Precipitating/co-occurring events
 - ✓ Infection commonest
 - ✓ Alcohol intoxication
 - ✓ Acute renal events; Acute abdomen
 - ✓ Stroke
- ✓ Mortality high (10%) – DKA/associated conditions
- ✓ 1 year post DKA 25.1% remained on SGLT2i; insulin use increased from 31.9% to 73%
- ✓ New users SGLT2i v GLP-1RAs
 - ✓ 2.11HR

Strong risk factors	Odds ratio
High HbA1c	15.37 (83 v ≤52mmol/mol)
Malnutrition	10.54
Previous ketoacidosis	10.40
Low BMI	9.98 (<20 v 20-25)
Hypoglycaemia (365 days)	5.22
End stage CKD	4.91 (eGFR <30 v >90)
Alcohol misuse	4.11
Pancreatitis or pancreatic disease	3.93

How can we reduce risk? Do we reinforce sick day rules every consultation?
How can we improve early detection?

Perioperative management SGLT2 inhibitors and GLP-1RAs



- ✓ JAMA emergency surgery study 2025 reassuring
 - ✓ No 3 day cessation of treatment
- ✓ Low incidence DKA but serious consequences
- ✓ Rebound phenomenon in HFrEF – loss of natriuresis and increased sympathetic tone
 - HR for hospitalisation 2.4 not initiated/continued v those receiving SGLT2i

Peri-operative GLP-1RA use

- ✓ National, cohort study – 47,000 elective/emergency
- ✓ 2.9% GLP-1RAs/tirzepatide (1 in 36) >40% private
- ✓ Association anaesthetists – continue drug; 5 half lives to remove – 25-35 days; if stopped, 8-14 days
- ✓ Pulmonary aspiration/regurgitation
 - ✓ Non-GLP-1RA group - 0.12% (0.09-0.16%)
 - ✓ GLP-1RA group – 1.41% (0.85-2.19%)
- ✓ Despite preventive measures, 1 in 71 on GLP-1RAs had aspiration/regurgitation – mostly on emergence from anaesthesia

Potter et al Anaesthesia 2026 on-line 16.9.26

How vigilant are we ensuring SGLT2i restarted after surgery/adherence in HF?

Does everyone taking GLP-1RAs declare for surgery?

GLP-1 RAs

Discontinuation of semaglutide therapy for obesity management

Malhat et al JAMA Network Open 2026;9 August 28

- ✓ Registry based study Denmark; 18+ without T2DM
 - ✓ 12 month cumulative index (60 day grace period)
 - ✓ 157,822 users; 69% female
 - ✓ 49% discontinued within 12 months
 - ✓ No subgroup had significantly lower risk
 - ✓ Increased risk for 18-29 years, men, socioeconomic disadvantage, higher comorbidity burden, previous GI or psych medications
 - ✓ 13% 3 months; 27% 6 months; 39% 9 months
- 1 in 4 discontinuers re-initiate obesity therapy

What can we do to support people?

GLP-1RAs and fragility fracture risk

Hamad et al JAMA Network Open 2026;9: July24

- ✓ Obesity, T2DM and weight loss associated with increased fragility fractures
- ✓ US retrospective target trial emulation study over 3 years GLP-1RA v DPP4 inhibitors; T2DM no osteoporosis or #
- ✓ 66,803 matched pairs
- ✓ GLP-1RA associated with lower fragility fracture risk v DPP4i
 - ✓ Hazard ratio 0.79 (95% CI 0.76-0.83)
 - ✓ Absolute risk reduction 0.79% (baseline 3-4%)
- ✓ NNT 126 over 3 years to prevent one fracture
- ✓ Vertebral and hip fractures reduced most
- ✓ Higher in year 1 than 2; attenuated year 3
- ✓ Those with T2DM but not those without
- ✓ Independent of changes in HbA1c and weight; potential direct skeletal effect

GLP-1 RAs

Smell and taste disturbances in T2DM

Multicentre retrospective cohort study T2DM; 2 years follow up

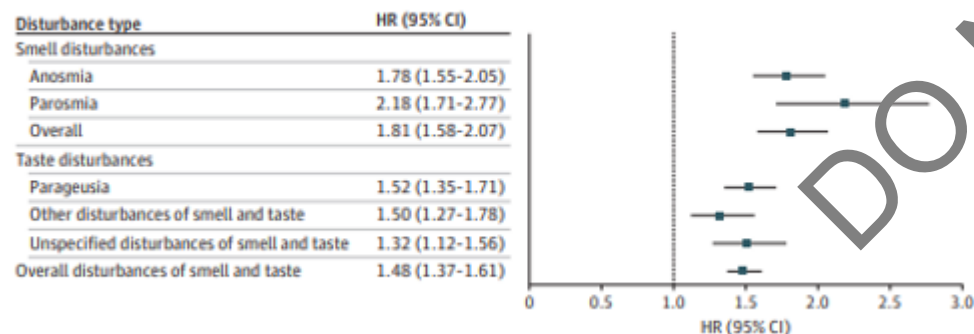
N=438,474 pairs GLP-1RA v other glucose-lowering drugs

GLP-1RA users increased smell and taste disturbances HR 1.48

✓ GLP-1RA smell disturbances HR 1.81

✓ GLP-1RA taste disturbances HR 1.52

Figure 2. Dot-and-Whisker Plot Showing for Smell and Taste Disturbances Over 2 Years



Zontag and Zontag JAMA Otolaryngology-Head Neck Surgery 2026; 152:758-765

GLP-1RAs in cardiovascular disease: a guide for
Cardiologists Ayton et al British J Cardiol; 26 August

- ✓ Ask about and counsel at baseline?
- ✓ Smell and taste essential warnings spoiled food and contribute to eating pleasure
- ✓ Individualise decisions to stop therapy
- ✓ Take care not to miss other underlying causes if olfactory or GI disturbances in people using GLP-1RAs

Riley and McCoul JAMA Otolaryngology-Head and neck surgery 2026; 152:

Nonarteritic anterior ischaemic optic neuropathy (NAION)

Hathaway et al JAMA Ophthalmol 2024;142

Cai et al JAMA Ophthalmol 2025;143

- ✓ Rare - painless usually unilateral permanent visual loss 11-82/100,000 person-yrs MHRA Feb 2026
- ✓ Short term increased risk compared to DPP4 inhibitors Noh et al Diabetes Care 2026; 49:763-771



Once weekly insulin for T2DM

NICE Final draft guidance 20th August 2026:

1.1 Insulin efsitora alfa can be used, within its marketing authorisation, **as an option** to treat type 2 diabetes in adults.

1.2 Use the least expensive option(including insulin efsitora alfa and basal insulin intended for administration once or twice a day), having discussed the advantages and disadvantages of the available Take account of administration costs, dosages, price per dose and commercial arrangements.

NICE is issuing guidance prior to the licence.

To be made available within 90 days of licence in England, 60 days of licence/final guidance in Wales

Discontinuation of Levemir - abbreviated ABCD/PCDOS guidance

<https://diabetesonthenet.com/wp-content/uploads/99.-N2K-Levemir-discontinuation.pdf>

Treat to target efficacy and safety studies:

QWINT-1 OW fixed dose efsitora (4 weekly adjustment. fixed dose 100, 150, 250 or 400 units) v glargine in insulin-naïve. **Non-inferior**

Rosenstock et al NEJM 2025; 393:325-35

QWINT-2 OW efsitora v degludec +/- GLP-1RA ABCD **Non-inferior**

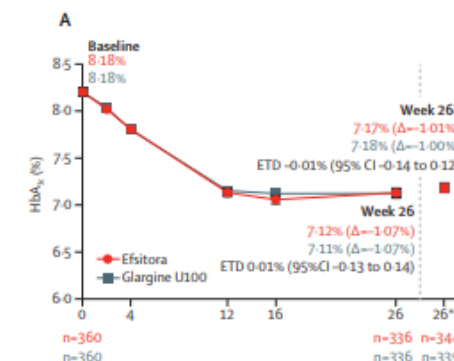
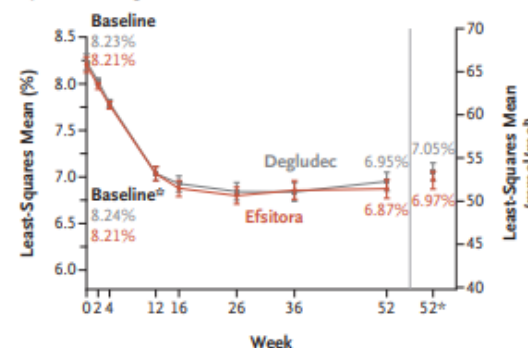
QWINT-3 OW efsitora v degludec in those on basal insulin+ ≤ 3 drugs (not prandial insulin) **Non-inferior**

Phillis-Tsimikas et al Lancet 2025; 405:2279-89

QWINT-4 – OW efsitora insulin v glargine in those on basal and prandial insulin **Non-inferior**

Blevins et al Lancet 2025; 405:2290-301

B Glycated Hemoglobin Level over Time



What's new in pregnancy?

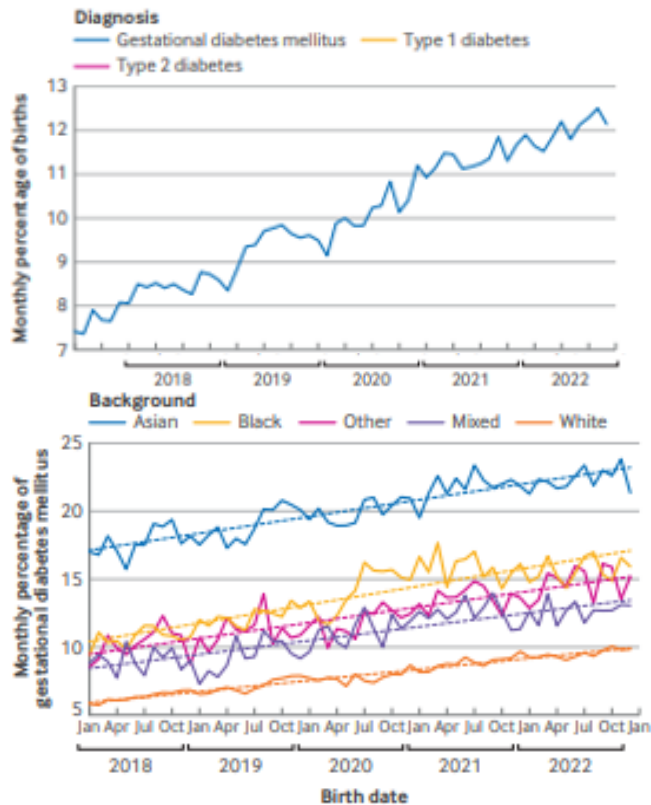
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Gestational diabetes

GDM across the life course: Epigenetic programming, intergenerational cardiometabolic risk and preventive strategies

Padmakar Obesity Medicine 2026;63



- ✓ UK data - 2.76M births 2018-2022
- ✓ GDM increasing rapidly 12% by 2022
- ✓ Increased risk deprivation, ethnicity
 - ✓ 2 in 9 Asian mothers (2 in 21 white)

Sanchez-Soriano et al *BMJMed* 2026; 5

Maternal pathway	Offspring/intergenerational pathway
Persistent postpartum insulin resistance + beta cell dysfunction: T2DM (7-10x ↑ risk)	Fetal hyperinsulinaemia, macrosomia, large for gestational age at birth
CVD risk (2x ↑ risk)	Epigenetic reprogramming, Developmental Origins Health and Disease (DOHaD)
Hypertension	Childhood obesity
Dyslipidaemia	Insulin resistance, pre-diabetes, EOT2D
MASLD	Adult cardiovascular disease
Metabolic syndrome	Polyendocrine metabolic ovarian syndrome
Coronary artery disease	↑ reproductive risk in daughters

Maternal obesity and offspring neurodevelopment: Mechanisms, risks, and prevention opportunities

Djamalutdinova et al *Developmental Dynamics* 2026

- ✓ ADHD
- ✓ Autism
- ✓ Intellectual delay
- ✓ Emotional or behavioural problems

Paternal intergenerational transmission of obesity

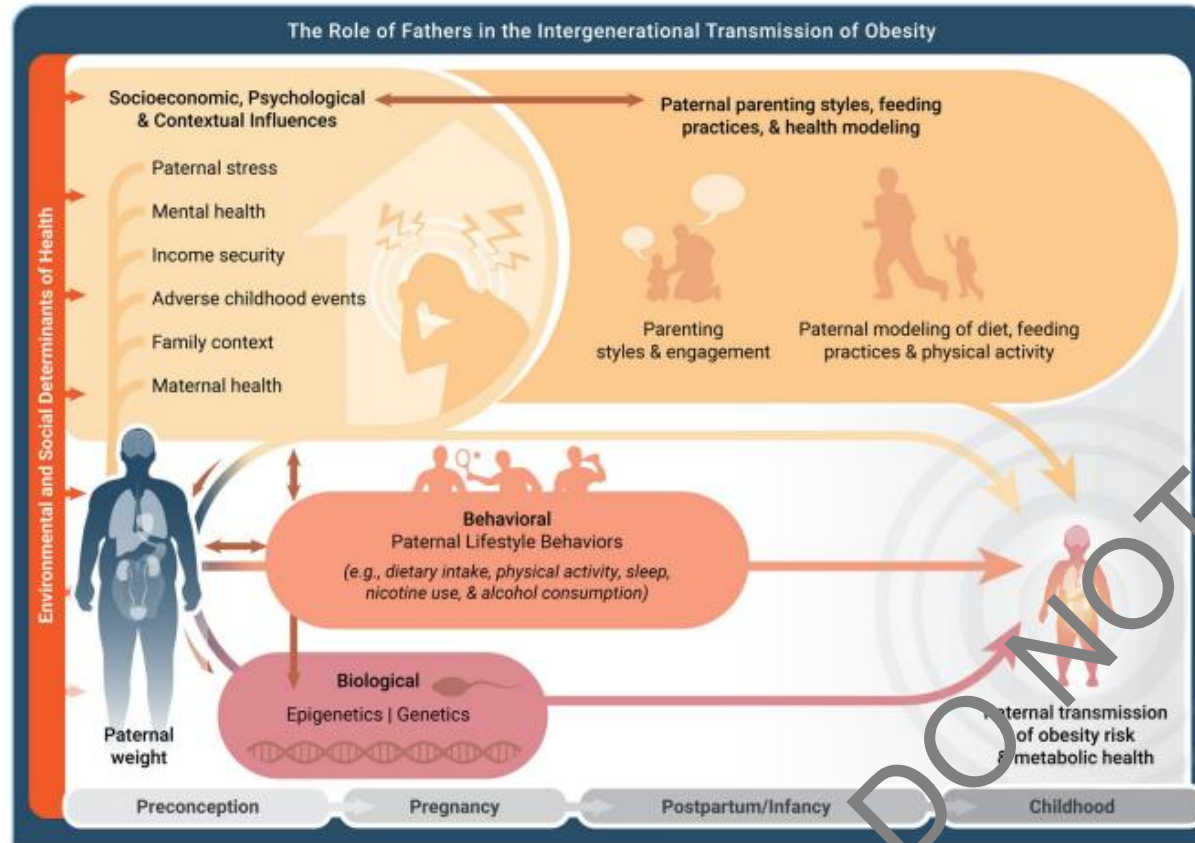


Fig. 1 Conceptual model of mechanisms through which paternal factors contribute to the intergenerational transmission of child obesity risk
Landry and Parker Curr Obesity Reports 2026

Paternal Origins of Health and Disease (POHaD)

Carter et al *BMC Public Health* 2023;23:509

Soubry *Environ Epigenetics* 2018; 4

Casciaro et al *Trends endocrinol Metab* 2025; 36:459-71

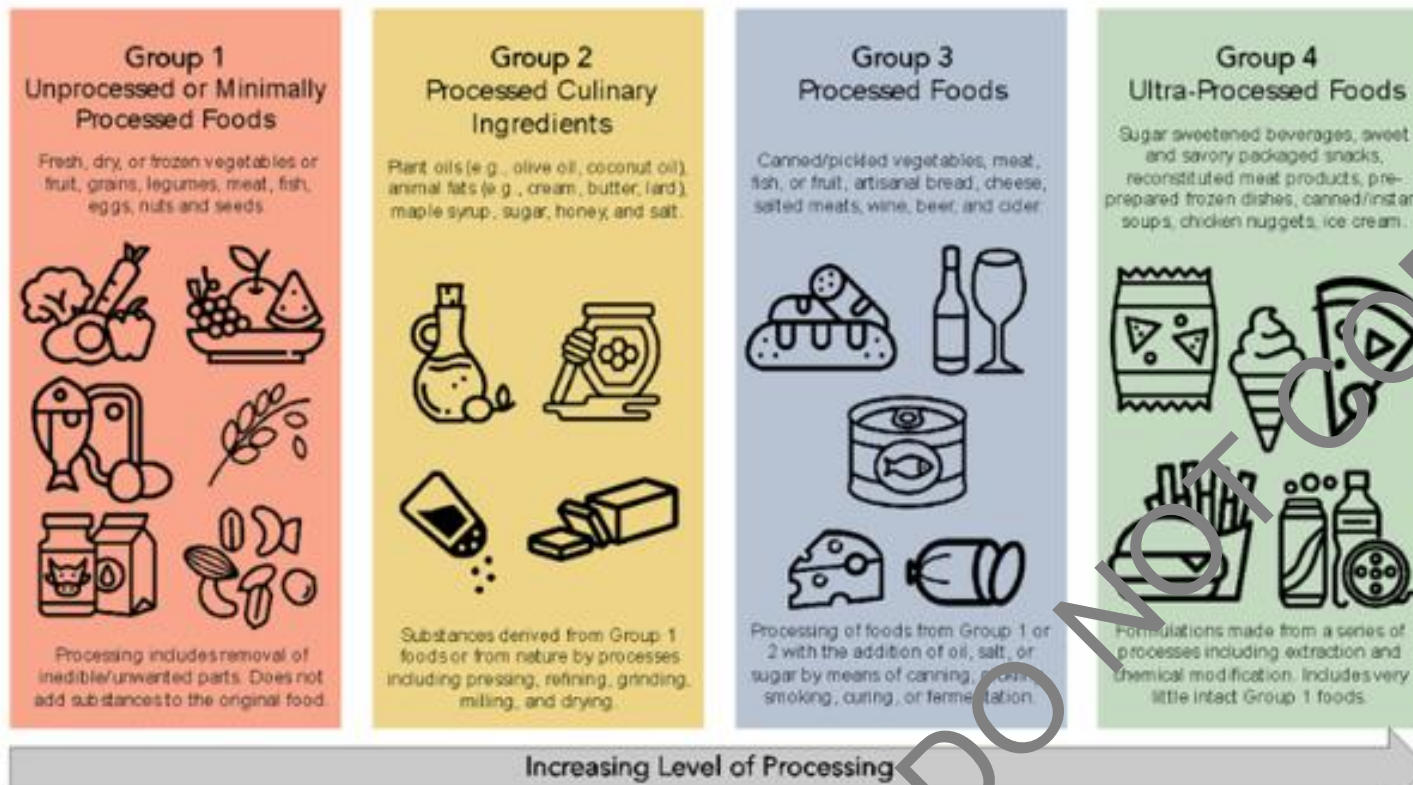
- ✓ Biological
 - ✓ Altered sperm epigenetic signatures
 - ✓ Behavioural
 - ✓ Diet quality, physical activity, feeding practices, parenting styles shape child's behaviour patterns
 - ✓ Transition to parenthood critical period for weight gain and unhealthy lifestyle changes
 - ✓ Socioecological
 - ✓ Food insecurity, neighbourhood, paternal mental health, toxins
- Creates the shared family-level experience +/- childhood adversity with long-term consequences

Important to get Dad fit for pregnancy as well as mum

What's new in healthy living?



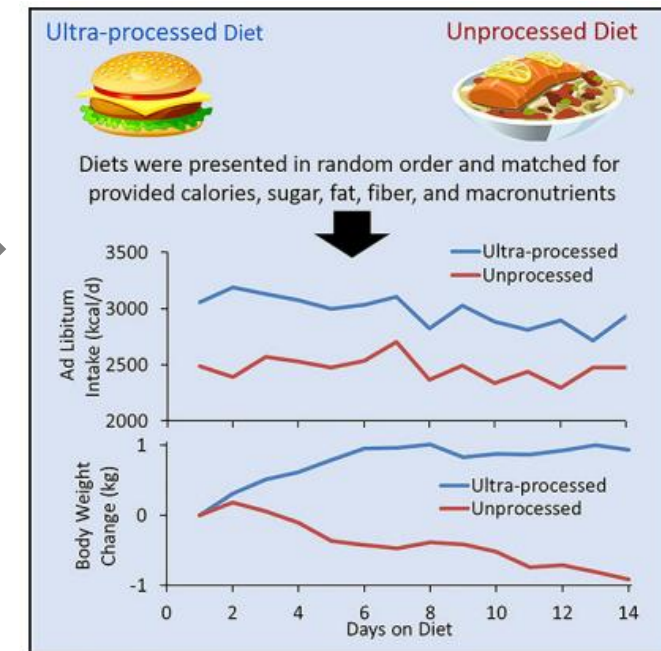
Ultraprocessed foods (UPFs)



NOVA classification Monteiro 2018 Public Health Nutr 21 5-17

**If it came from a plant, eat it;
if it was made in a plant, don't.**
—Michael Pollan—

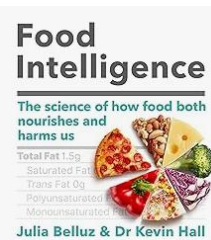
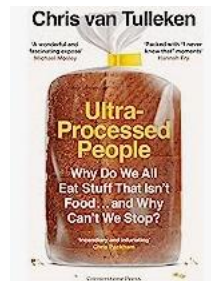
UPFs - Industrially made, additives, added flavours, colours, hyperpalable, little or no food content



Published in final edited form as:
Cell Metab. 2019 July 02; 30(1): 67–77.e3. doi:10.1016/j.cmet.2019.05.008.

Hall K D et al
Ultra-processed diets cause excess calorie intake and weight gain: An inpatient randomized controlled trial of ad libitum food intake

Adults 54% calories from UPFs
Children 75%

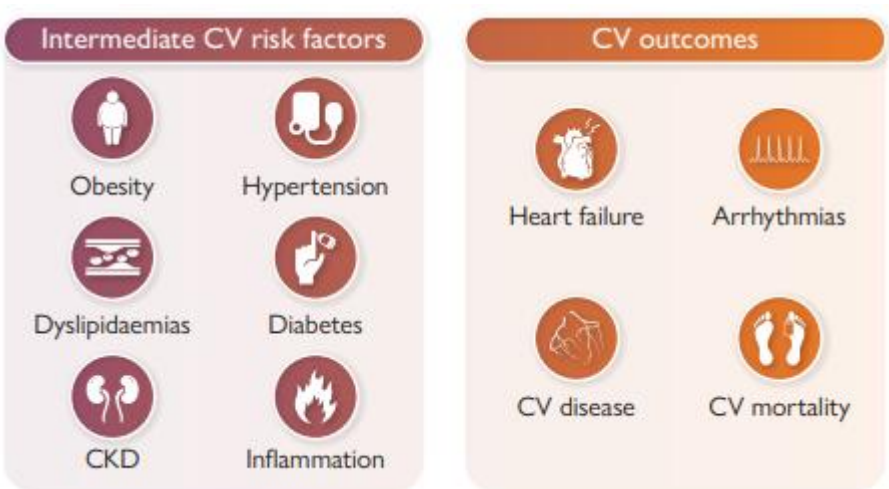


Ultra-processed foods, lifestyle management, and cardiovascular diseases

A clinical consensus statement of the European Society of Cardiology Council for Cardiology Practice and the European Association of Preventive Cardiology of the European Society of Cardiology

Guasti et al Eur Heart J 2026; 47: 3456-3473

Consistent direct association with CV risk factors and impacts CV outcomes



+ MASLD



Healthy Futures

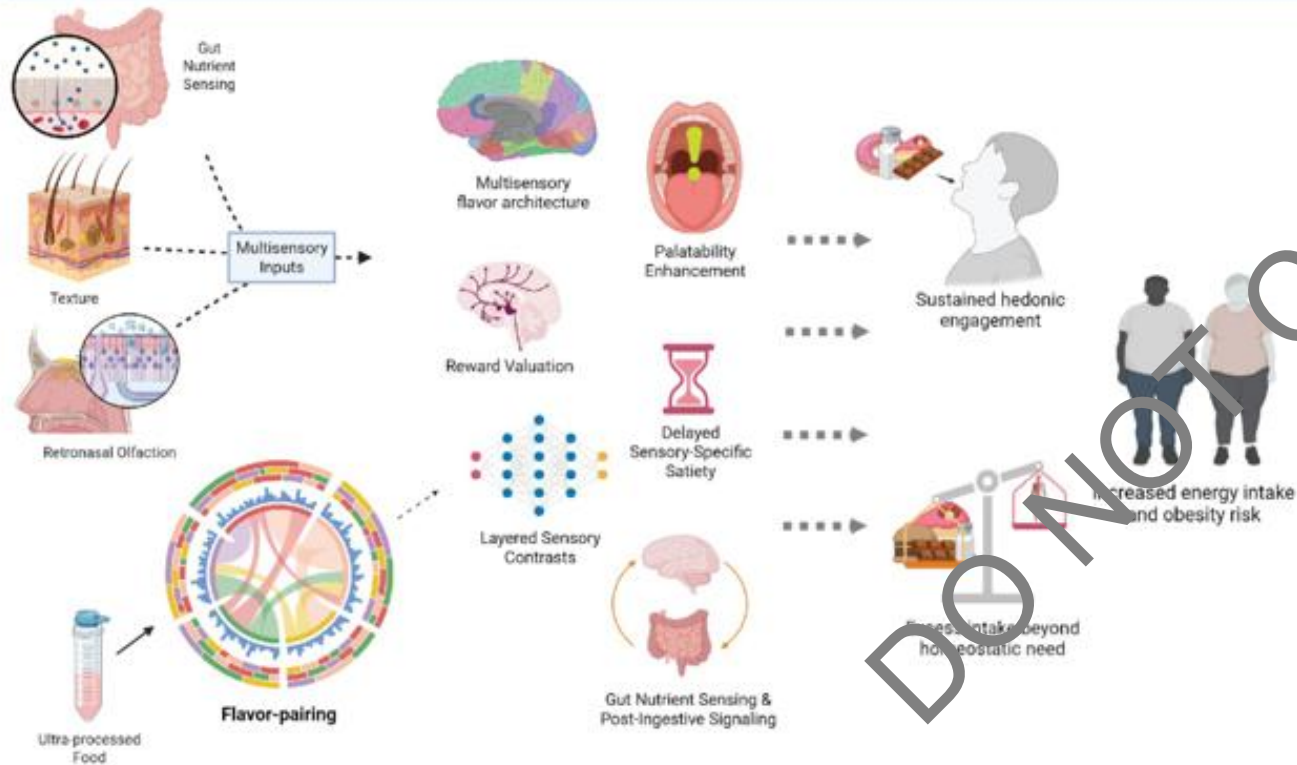
A Systematic Strategic Framework to Prevent the Harm caused by Obesity in Northern Ireland

- ✓ Keep it simple
- ✓ Increase fibre
- ✓ Add a portion of fruit or vegetables
- ✓ Discuss practical substitutions
- ✓ Water, tea, coffee to replace sugary drinks, fruit juice

Is it the sugar, salt, energy density, processing, additives, no chewing/eat faster, gut-brain signalling, packaging or nutritional deficiencies?

Sea salt chocolate cookies, flavour pairing and obesity

Multisensory Flavor Architecture in Sustained Intake & Obesity



- ✓ Flavour pairing can drive overeating – contrasting sensory signals, improved palatability
- ✓ Sensory-specific satiety – repeated single flavour promotes satiety
- ✓ Hedonic engagement maintained
- ✓ Food sensory architecture – mouth feel
- ✓ UPFs engineered with layered sensory properties to encourage over-eating

GLP-1RAs may block some of these pathways

How can we help people overcome these food cues and transition to more 'Real food'?

Ayyad and Kim Obesity 2026

How Does the Ultra-Processed Food Industry Drive Consumption Through Product Design and Marketing?

Clark, Swinburn, Wood et al Obesity Reviews 2026;27: October

Exploiting human physiology and behaviours to increase consumption UPFs

Managing diabetes across
the spectrum: From guidelines
to real-world impact

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What will we do
differently tomorrow?



Diolch!

