

# Another year over, but what can we look forward to next year?

Welcome to my final editorial of 2023! It has become my tradition to reflect on and celebrate the positives that the year has brought us. Accordingly, I have looked over this year's editorials and can hardly believe that the common thread has been the wait for the NICE recommendations on hybrid closed-loop systems in the management of blood glucose levels! At the time of writing, we are still awaiting the final guidance and an indication of finances that will be awarded for the mobilisation of this technology. This is currently expected on the 19 December 2023. The impact of this technology will be immense for those living with type 1 diabetes, and I am sure that all specialist teams up and down the country will be making plans to address the enormous implications for workforce capacity this guidance will present.

Early in the year, I also discussed the concept of food insecurity. In this issue of the journal, we have a very interesting and thought-provoking article by Emily Forrester exploring the impact of [food insecurity](#) on families of children with type 1 diabetes. This article again addresses the need for us to screen for food insecurity, while exploring its impact and the effect this can have on psychological distress in greater detail. The lessons and conclusions of this article are, indeed, transferable across all ages and people living with diabetes, so I do urge you to read it.

Women's health and the menopause was the subject of my [previous editorial](#). Continuing with this theme, we have an article in this issue exploring how diabetes has distinctly different [impacts on women](#) throughout all stages of life. Again, I recommend that you take a moment to read it and consider how we need not only to reflect on its content, but also to challenge the way we address the sex-specific aspects of care when supporting women with diabetes.

As for 2024, we have much to look forward to. The NHS Type 2 Diabetes in the Young (T2Day) programme, which launched in August, will see

financial support to address the issues facing this cohort over the next two years. Type 2 diabetes diagnosed in those aged 18–39 years is recognised as a more aggressive form of the condition. Not only does it progress more rapidly than later-onset type 2 diabetes, it is also more prevalent in people living within deprived areas and individuals from minority ethnic groups. It manifests with a greater degree of insulin resistance and is associated with premature mortality, worse long-term health outcomes and a higher risk of diabetes-related complications.

The [T2Day programme](#) will focus on increased support for this cohort, the achievement of diabetes-related targets, and ensuring improved access to pre-conception care. I will endeavour to report on and share examples of good practice from across the country as this programme rolls out.

New medications will also become available in 2024. Although we still eagerly await the return of regular stock levels of the GLP-1 receptor agonist (RA) class, NICE recently published technology appraisal [guidance](#) for the new medication, tirzepatide. The latest advance in the incretin space, this “twincretin” contains both GLP-1 and GIP RAs. It has demonstrated greater weight loss and glycaemic lowering compared to the established medications that only contain a GLP-1 RA.

In addition, we anticipate in 2024 the launch of once-weekly insulins. If licences are granted, then this option could provide a huge step forward for some insulin users. There are many for whom the prospect of a once-weekly injection is a very interesting and exciting concept. For those who are reliant on others to administer their insulin and for those with needle phobia, the once-weekly option offers a real breakthrough from the grind of a daily injection.

With so much to look forward to and so much to celebrate from the year just closing, I will sign off by wishing you all a very peaceful festive season and a happy New Year! ■



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**Citation:** Down S (2023) Another year over, but what can we look forward to next year? *Journal of Diabetes Nursing* 27: JDN307