

Rising to the challenges of a new year

Welcome to the first editorial of 2024! As we rounded up the end of 2023, anticipation was growing for the arrival of tirzepatide. We spent much of last year dealing with many drug shortages across a range of classes. Consequently, I'm sure I have not been alone in trying not to get too excited regarding the launch of this newest medication.

We have not been disappointed, though. The [news](#) of stock availability of tirzepatide (sold as Mounjaro) in the UK from the 12 February has brought some welcome relief to the end of this winter, and a glimmer of hope as spring appears. Equally positive news is that it will be available in a KwikPen device providing four doses – a month's supply in one pen.

I am absolutely confident that we will be hearing much more about this launch as we swiftly move towards the first major event of the year, the Diabetes UK Professional Conference at ExCeL London from 17–19 April. I will be in attendance as your Editor-in-Chief, and will be reporting back in my next editorial. If you are also going, please do stop and say hello – it is always great to meet up with old friends and to make new ones!

This year, the month of Ramadan begins on 10 March and ends on the evening of 9 April. If we are to help people with diabetes to complete a month of fasting and feasting with minimal issues, preparation is crucial. To help us, Salma Mehar offers a very [practical guide](#), which includes links to many useful resources.

A key component in preparing people for the month of Ramadan is being able to offer tailored advice, based on an individual's risks from the presence of multiple long-term health conditions, especially diabetes. An update in 2021 to the risk stratification tool from the International Diabetes Federation and Diabetes & Ramadan (IDF-DAR) has provided a far more pragmatic and reflective risk assessment tool.

The appreciation that many people will choose to fast despite having high risk factors – whereby they would be advised not to – led to the development of this latest tool. It provides us with the ability to offer more applicable support and guidance to a wider range of people, not only within the low to medium risk categories, but also to more people who fall within the higher risk category. With the month of Ramadan being almost upon us, this article is well worth a read.

Also in this issue of the journal, we have two fascinating companion articles relating to treatment with metformin and the resulting risk of vitamin B12 deficiency. This is a subject that has been talked about for many years, but with no real guidance for us as practitioners. It has equally been stated for many years that our old friend metformin is a bit of an enigma in terms of its actions. It is incredibly refreshing to read an [article](#) taking us through the pharmacology of such a widely used medication. We now have greater insight into the causal relationship between metformin and vitamin B12 deficiency, as well as having clear advice from the Medicines and Healthcare products Regulatory Authority on the regular screening and replacement of B12.

This has obvious implications for the healthcare workforce not only to [undertake the screening](#), but also to review and follow-up on the results. However, the greater benefits of the appreciation and recognition of the impact and effects of B12 deficiency on people cannot be ignored. I have to say that, from the amount of traffic to the early view publications, this really is an area that has captured the interest of many of you, too.

So, I will sign off this first editorial feeling very optimistic for what 2024 has to offer: the roll-out of the hybrid closed-loop programme; the launch of the latest advance in incretin therapy; and a programme to raise the awareness of and provide additional reviews for young adults with type 2 diabetes, to name but a few. I hope that you are feeling as inspired as me! ■



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Citation: Down S (2024)
Rising to the challenges of a
new year. *Journal of Diabetes
Nursing* 28: JDN314