Latest news: New indication for semaglutide, and diabetes education for deaf communities

Stay abreast of the latest news that could impact diabetes nursing.

MHRA approves GLP-1 receptor agonist for new indication

The UK's Medicines and Healthcare products Regulatory Agency (MHRA) has approved a new indication for semaglutide (Wegovy) to reduce the risk of overweight and obese adults suffering serious heart problems or strokes. The GLP-1 receptor agonist is already approved for use, alongside diet, physical activity and behavioural support, in the treatment of obesity and for weight management.

Semaglutide becomes the first weightloss drug to be approved to prevent major adverse cardiovascular events (MACE), such as death from cardiovascular causes, non-fatal heart attack and non-fatal stroke, in people with established cardiovascular disease and a BMI ≥27 kg/m². The approval follows the publication of trial data showing that once-weekly semaglutide (at a dose of 2.4 mg by subcutaneous injection) lowers the incidence of MACE compared to placebo in this population.

The SELECT trial randomly assigned 17 604 participants to receive either semaglutide or placebo, with a mean exposure of 34.2 months. Semaglutide significantly reduced the risk of MACE by 20%, which occurred in 6.5% of those who received it compared to 8% who received placebo.

Semaglutide represents an important treatment option for the prevention of heart disease and stroke in this high-risk population. The MHRA stresses that healthcare professionals need to support patients to maintain improvements seen with it long into the future.

Self-management education adapted for deaf communities

Educators at Leicester Diabetes Centre (LDC) and the Greater Manchester Integrated Care Partnership have collaborated to adapt the DESMOND diabetes self-management education programme for the D/deaf population. Developed by LDC for people with or at risk of type 2 diabetes, DESMOND is a range of group-based and digital programmes.

It is estimated that 151 000 people in the UK use British Sign Language (BSL). It is the preferred language of over 87 000 deaf people for whom English may be a second or third language.

BSL is not a signed version of written or spoken English, and its vocabulary and syntax are different. This means that, particularly if individuals have been Deaf from birth or early childhood, subtitles or written English for BSL users are not an adequate alternative.

BSL users may face social exclusion resulting from linguistic exclusion, including from access to healthcare. It has been reported that BSL users have worse health outcomes than the general population, with over half of people with known diabetes having high fasting blood glucose levels.

The aim of the collaboration was, therefore, to identify what adaptions were needed to deliver the DESMOND programme for the D/deaf community to help improve their confidence in the management of their condition. An inperson discussion group with people

from the D/deaf community living with type 2 diabetes and BSL interpreters was convened.

Key discussion areas included the need for:

- DESMOND groups to be held in person within a local Deaf Centre.
- A toolkit to be created for accredited DESMOND educators.
- BSL interpreters to include top tips, such as elongating the programme to account for additional interpretation time.

The discussions resulted in the development of two toolkits to support the future rollout of DESMOND groups for the D/deaf community with type 2 diabetes across Greater Manchester and the 105 other providers around the UK and Ireland. DESMOND educators have been learning about the project and how to work with their local communities to adapt and deliver the programme.

After 12 months working on the project, Julia Burdon from the LDC commented that they are pleased to now be implementing the toolkits to improve accessibility to the programmes. It will now start to look at what adaptations are needed for those living with type 2 diabetes and visual impairment.

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