Latest news: tirzepatide prescribing for obesity, AI predicting kidney disease, and recognition of type 5 diabetes

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

Guidance on tirzepatide prescribing for obesity in England released

NHS England has published a framework for commissioners to implement the recommendations of the NICE technology appraisal guidance on the use of tirzepatide as an option for the management of overweight and obesity (TA1026). The document provides details on eligible patient cohorts, the prioritisation strategy and phased implementation of tirzepatide across primary care settings and specialist weight management services.

Obesity has become a major public health concern and has imposed a huge economic burden on the NHS and wider economy, underscoring the need for more cost-effective and scalable treatments and management approaches.

The efficacy of tirzepatide (brand name Mounjaro) for weight management is well documented in clinical trials, and NICE recommended provision of the weekly injection in primary care in 2024. So that sustainable support could be provided, NICE accepted NHS England's request for a phased rollout and asked them to produce a detailed plan for the pilot phases.

The new NHS England approach considers comorbidities as the main qualifier in clinical prioritisation, in association with BMI. The phased approach will cover the first 3 years of implementation across primary care and specialist weight management services. Anyone prescribed tirzepatide in primary care must also receive wraparound support, which incorporates nutritional and dietetic advice as a minimum and access to behavioural change components.

Integrated Care Boards (ICBs) are required to meet the costs of funding access to tirzepatide for the treatment of obesity in primary care settings from 23 June 2025. All ICBs will receive a funding allocation for 2025/26 to cover the estimated additional costs of the weight-loss drugs and to support the new service within primary care. To address health inequalities, the allocation is calculated based on obesity prevalence rates at ICB level.

In June, NHS England will also publish a template to ensure that essential data is captured in a structured way within practice IT systems.

The full interim commissioning guidance can be read here.

AI predicts risk of kidney disease from eye-screening images

Researchers at the Universities of Dundee and Glasgow have developed an innovative approach to predicting whether people with type 2 diabetes are likely to develop chronic kidney disease. Insights into kidney health are provided using artificial intelligence (AI) to analyse images taken during routine diabetes eye screening. This enables kidney problems to be detected long before current tests can identify them or before symptoms arise.

Diabetic kidney disease can often go undetected until it becomes severe. It represents a great burden for the individuals affected and to health services. One in five people with diabetes needing treatment for kidney disease within their lives.

The retina provides the only opportunity for the fragile networks of capillaries that are critical to the health of organs to be conveniently visualised. In the UK, everyone with diabetes aged 12 years and above is invited to attend regular eye screening, during which photographs are taken of the retina to spot signs of damage.

The researchers took nearly one million screening photographs from 100 000 people with type 2 diabetes and linked them with existing data on kidney health. The AI tool was trained to distinguish between images from people with and without kidney disease. The tool was then validated with data from around 30 000 other people with type 2 diabetes.

It was able to detect existing kidney disease with 86% accuracy. Furthermore, in people without kidney disease, it was able to predict who would go on to develop it in the next 5 years with 78% accuracy. By detecting future risk where standard kidney function tests provide no warning, it is hoped that AI will allow for earlier interventions, so that kidney disease progression can be slowed or halted.

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Malnutrition-related diabetes formally recognised after years of debate

Following a vote at its World Diabetes Congress in Bangkok, the International Diabetes Federation (IDF) has voted to officially recognise malnutrition-related diabetes and name it "type 5 diabetes". It follows the drafting in January of a consensus statement about the condition.

First described in Jamaica in 1955 and initially called malnutrition-related diabetes, type 5 diabetes is seen most commonly in lean and malnourished teens and young adults in low- and middle-income countries. It is estimated to affect up to 25 million people worldwide, but has largely been overlooked in Western scientific literature.

Often misdiagnosed as type 1 or type 2 diabetes, the condition has a distinct metabolic profile, which may stem from impaired pancreatic development resulting from chronic undernutrition during childhood or adolescence. Recent evidence shows that it is characterised by low insulin secretion, low endogenous glucose production and high glucose uptake. Despite high blood glucose levels and high insulin requirements, ketonuria and ketosis do not develop.

According to Professor Meredith Hawkins (co-Chair of the IDF's newly launched Type 5 Diabetes Working Group), this new understanding of the condition has revolutionised how it should be treated. While there is no clear guidance yet, data suggests that very small amounts of insulin combined with oral agents may be a safe and cost-effective approach. Careful studies into nutritional requirements also need to be conducted.

Over the next 2 years, the Working Group will develop formal diagnostic and therapeutic guidelines. Type 5 diabetes has gone unrecognised for decades, depriving millions of people of the appropriate care. It is hoped that this historic shift will result in greater equity of care and save lives.

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