Latest news: G6PD deficiency and diagnosis delay, and EASD guideline on diabetes distress

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Undiagnosed G6PD deficiency can delay type 2 diabetes diagnosis

A common genetic deficiency that often goes undiagnosed may be putting thousands of Black and South Asian men in the UK at risk of serious type 2 complications by delaying diagnosis of the condition, according to a new study.

Glucose-6-phosphate dehydrogenase (G6PD) deficiency is an X-linked recessive disorder that it is more common in males than females. The G6PD enzyme protects red blood cells (RBCs) from damage. Many deficient individuals are asymptomatic, but triggers (such as infection, certain medicines or some foods) result in the premature destruction of these cells. While not causing diabetes, G6PD deficiency can interfere with the interpretation of HbA_{1c} blood tests.

Researchers at the University of Exeter and Queen Mary University of London analysed health data from 510 379 people to investigate the population-level impact of undiagnosed G6PD deficiency on type 2 diabetes diagnosis and complications. They estimated that approximately 1 in 7 Black and 1 in 63 South Asian males in the UK carry the G6PD deficiency allele. This compares to 1 in 100 000 White men. However, fewer than 1 in 50 G6DP-deficient males are clinically recognised.

Carriers had considerably lower average HbA1c compared to non-carriers, while differences in average glucose were negligible. G6PD-deficient men also had a 37% higher risk of developing diabetes-related microvascular complications than non-carriers. It is likely that this is linked to an average 4.1-year delay in type 2 diabetes diagnosis compared to non-carriers.

The investigators have called for greater awareness among healthcare professionals that the use of HbA_{1c} for diagnosing and monitoring type 2 diabetes may not be accurate for all ethnicities. This may compound the inequities in diabetes outcomes that are already found in these groups.

The full study can be read here.

EASD invites feedback on diabetes distress guideline

The European Society for the Study of Diabetes (EASD) has invited healthcare professionals, researchers and people affected by diabetes to provide feedback on the draft of its new clinical practice guideline. The guideline aims to support standardisation of the assessment and management of diabetes distress in clinical practice. It is the first to be developed under the EASD's new guideline development process, which is aligned to internationally recognised principles.

Diabetes distress refers to the emotional strain or burden that arises from living with diabetes and dealing with its daily demands. Elevated diabetes distress is very common in adults with type 1 and type 2 diabetes, and occurs when an individual perceives that the challenges of living with or managing their condition outweigh their ability to cope. It is not a diagnosable mental health condition and requires a different therapeutic approach.

The negative impacts of diabetes distress on mental health and the long-term course of diabetes mean that it is vital that individuals with high diabetes distress are identified in a timely manner. Early recognition offers a strong opportunity to prevent more serious mental health problems, to reduce the risk of complications and of early death, and to support better quality of life.

Addressing how and when to assess diabetes distress, the guideline includes a set of eight evidence-based recommendations and the rationale for them. Two further sets of nine recommendations address the management of diabetes distress in adults with type 1 and with type 2 diabetes. These are based on psychological and psychoeducational interventions.

The guideline is intended for use by relevant healthcare professionals, including DSNs, nurse practitioners and practice nurses. A public consultation period will end on 31 October 2025, after which the feedback will be reviewed and considered for inclusion before the final guideline is published early next year.

The draft guideline can be read here.

Citation: Latest news: G6PD deficiency and diagnosis delay, and EASD guideline on diabetes distress. *Journal of Diabetes Nursing* **29**: JDN397