



Results from the PCDS survey series



One of the aims of the PCDS in 2016 is to encourage discussion within the society and foster the voice of members. As a result, a series of clinical snapshot surveys has been launched. The results of the first questionnaire on the final version of the NICE type 2 diabetes guidance have now been analysed and are presented below.

Over a 2-week period in March 2016, approximately 200 healthcare professionals completed the survey on the updated NICE type 2 diabetes guidelines published in November 2015. More than 85% were aware of the new guidelines. PCDS members were asked what part of the new NICE guidance was most different from their current clinical practice – 35% answered the new guidance on pioglitazone, closely followed by changes to the recommendations on individualisation (31%), glycaemic targets (30%) and sodium–glucose cotransporter 2 inhibitors (26%).

More than half of the PCDS members who responded and who are able to intensify treatment, or recommend intensification, tended to intensify to two agents when HbA_{1c} was 58 mmol/mol (7.5%), which is the NICE recommendation. Respondents were also given the opportunity to expand their answer; 16% wrote that they took an individualised-approach to intensification taking into account age and other comorbidities. This is also in agreement with updated recommendations on individualisation of glycaemic control.

The NICE type 2 diabetes algorithm states that glucagon-like peptide (GLP)-1 receptor agonists should be considered if triple therapy (which may include insulin) fails in those on metformin, and BMI and other criteria are met (i.e. BMI is >35 kg/m² and there are psychological or medical issues associated with obesity, or BMI is <35 kg/m² and insulin therapy would have significant occupational implications, or weight loss would benefit other obesity-related comorbidities). The results of the survey show that 35% of respondents would use GLP-1 receptor agonists when all oral agents had failed (*Figure 1a*); however, a quarter would initiate, or refer for initiation of, a GLP-1 receptor agonist at first intensification and 41% at second intensification. *Figure 1b* shows respondents felt the updated treatment algorithm was the most useful part of the new guidance.

NICE (2015) Type 2 diabetes in adults: management (NG28). NICE, London. Available at: www.nice.org.uk/ng28 (accessed 01.04.16)

New survey: Managing insulin in general practice Do you manage insulin in your practice?

Scan the QR code above or go to www.diabetesandprimarycare.co.uk/surveys by 5 pm on Thursday 26th May 2016.

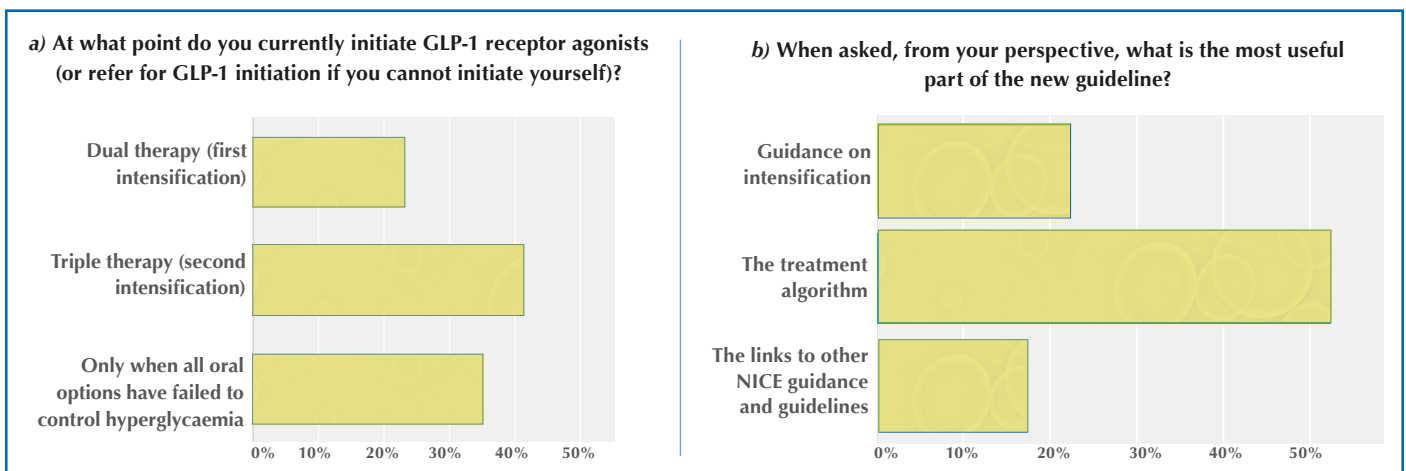


Figure 1. Results of some of the survey questions.