

# Anticipating a second wave: The need to improve glycaemic control

As I'm sat here in the last throes of summer, we are all contemplating how COVID-19 will continue to challenge us moving into the winter period. We are back to being limited in our social gatherings at a time where we are also being encouraged to "get back to work".

From a work delivery point of view, many services are continuing to offer remote consultations and trying to re-establish face-to-face contacts where needed. In light of these challenges, I would urge you to read (if you haven't already) the recent publication in *The Lancet Diabetes & Endocrinology* reporting on what we now know regarding the huge impact of diabetes on COVID and of COVID on diabetes (Apicella et al, 2020).

This report highlights the increased risk of in-hospital death for those admitted with an HbA<sub>1c</sub> >58 mmol/mol (7.5%) in a cohort of patients admitted across the UK (Williamson et al, 2020). This and other worldwide studies have also demonstrated increased mortality in those with an HbA<sub>1c</sub> greater than 86 mmol/mol (10.0%) compared to those under 48 mmol/mol (6.5%). Given these findings, all areas of diabetes care are focusing rapidly on improving glycaemic control for a vast cohort of patients prior to an inevitable second wave of the infection.

## Diabetes prevention

Whilst all services are facing a huge challenge, it is refreshing to see the latest news from the DiRECT study showing cost-effectiveness (Xin et al, 2020). Compared with standard care, the DiRECT intervention was estimated to save the NHS £1337 per person with diabetes, and would be cost-saving

within 6 years. The NHS has committed to [trial programmes](#) due to start by the end of this year, and Scotland has already started delivering these programmes.

## Optimising CGM

In a [previous editorial](#), I discussed the use of flash and continuous glucose monitoring, with a need for us all to upskill in the interpretation of the data available, so that we can offer the best advice to our patients to improve their control. I do believe that throughout this extraordinary year, the increased use of flash monitoring has been a real good news story. To support our education with regard to data interpretation, I point you towards the [quick guide](#) in this edition and the [more in-depth guide](#) it is based on.

I can also recommend the online learning modules led by Dr Emma Wilmot and the Diabetes Technology Network UK, which can be found at: <https://bit.ly/3kqD2zw>. In addition to recent webinars that Emma has presented at the Abracadabra meeting, she is also giving another live webinar on 14 October. You can email [lillywebinarqueries@lilly.com](mailto:lillywebinarqueries@lilly.com) to request a link for this highly valuable webinar if you haven't already attended one. ■

Apicella M, Campopiano MC, Mantuano M et al (2020). COVID-19 in people with diabetes: understanding the reasons for worse outcomes. *Lancet Diabetes Endocrinol* 8: 782–92

Williamson EJ, Walker AJ, Bhaskaran K et al (2020) Factors associated with COVID-19-related death using OpenSAFELY. *Nature* 584: 430–6

Xin Y, Davies A, Briggs A et al (2020) Type 2 diabetes remission: 2 year within-trial and lifetime-horizon cost-effectiveness of the Diabetes Remission Clinical Trial (DiRECT)/Counterweight-Plus weight management programme. *Diabetologia* 63: 2112–22



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