## It's good to see the NICE guidelines catching up

de finally have the long awaited news – and no, its not the royal birth or that we finally have a deal for Brexit, but that NICE are going to review some of the diabetes-related guidelines. They have accepted the views of experts that three of the current guidelines need to be revised. The guidelines in question are:

- NG17 Type 1 diabetes in adults: diagnosis and management. The proposed update will focus on insulin therapy and management of complications.
- NG18 Diabetes (type 1 and type 2) in children and young people: diagnosis and management.
   The proposed update will focus on measures to encourage screening for diabetic retinopathy and fluid and insulin therapy for diabetic ketoacidosis.
- NG28 Type 2 diabetes in adults: management.
   The proposed update will focus on blood glucose management and management of complications.

This is long awaited and very much needed good news. The current type 2 management guidelines are at odds with the American Diabetes Association/ European Association for the Study of Diabetes (ADA/EASD) guideline that was discussed in a previous editorial (Davies et al, 2018). The ADA and EASD have taken a risk-stratification approach, suggesting that the presence of atherosclerotic cardiovascular disease, heart failure or chronic kidney disease should indicate which drug class should be considered after after metformin and lifestyle alone have failed to achieve target HbA,.. The current NICE guideline was published in 2015 before we had the fast-growing evidence base regarding the cardio- and renoprotective effects of sodium-glucose cotransporter 2 (SGLT2) inhibitors, and indeed the cardioprotective effects of glucagon-like peptide-1 receptor agonists.

If NICE take the same risk-stratification approach for glucose management in type 2 diabetes, it should be easier for clinicians to make an evidencebased decision in a timely fashion and to have fully informed discussions with their patients when choosing the first and second intensification following metformin.

For the type 1 NICE guidance, the following areas will be reviewed:

- Flash glucose monitoring.
- Telemedicine.
- Smartphone apps and online platforms.
- Newer long-acting insulins.
- Biosimilar insulins.
- Use of SGLT2 inhibitor therapy as an adjunct to insulin therapy will also be considered.

The recent roll-out of national guidelines for the use of flash glucose monitoring has had a huge impact for those with type 1 diabetes and coincides with the recent update to the DVLA guidance for its use. In February, the DVLA (2019) updated its position on the use of continuous and flash glucose monitoring prior to driving (*Box 1*). Whilst this change only applies to Group 1 drivers, it is a huge step forward.

We now need to watch this space for the next stages of the NICE process and the draft guidelines, which could potentially have major implications for the care of people with diabetes. Good news indeed!

## **State of the Journal**

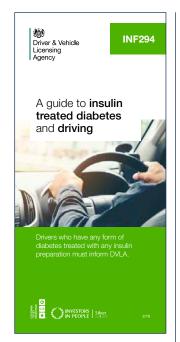
This month also sees some good news for the *Journal of Diabetes Nursing*. Readers may have noticed a somewhat erratic publishing schedule over the last two years, especially in the first half of this year. The Journal's mission to be a platform for all nurses working in diabetes, and to provide high-quality, peer-reviewed content free of charge is heavily dependent on support and sponsorship from the industry. Few publishers have been immune to the pharmaceutical industry's tightening of budgets and regulations in recent years; however, we are pleased to finally see some new life being breathed into the journal.



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Box 1. DVLA (2019) guidance on the use of flash and continuous glucose monitoring systems for people with insulin-treated diabetes.

## Appropriate glucose monitoring systems

- Group 1 (car and motorcycle) drivers may now use flash and real-time continuous glucose monitoring (RT-CGM) systems for the purposes of driving.
  - All glucose monitoring systems used for the purposes of Group 1 driving must carry the CE mark.
  - As there are times when flash and RT-CGM users are required to check their capillary glucose level, users
    of these systems must also have finger-prick glucose monitors and test strips available when driving.
- Group 2 (large lorry and bus) drivers must continue to use finger-prick testing for the purposes of driving. Flash and RT-CGM systems are not legally permitted for the purposes of Group 2 driving.

## Group 1 drivers using flash and RT-CGM systems must take a confirmatory finger-prick test in the following circumstances:

- If their glucose level is 4.0 mmol/L or below.
- If they have symptoms of hypoglycaemia.
- If their glucose monitoring system gives a reading that is not consistent with their symptoms (i.e. if they have symptoms of hypoglycaemia but the system reading does not indicate this).
- If they are aware they have become hypoglycaemic or have indication of impending hypoglycaemia.
- At any other times recommended by the manufacturer of the glucose monitoring system.

Note: Drivers using a glucose monitoring system must not actively use it whilst driving the vehicle. They must pull over in a safe location before checking their device.

For the rest of the year, at least, readers can expect more regular content and emails keeping you up to date. There may also be the occasional piece of sponsored content which, whilst not independent, we believe will nonetheless make interesting reading and viewing.

Readers of the old print version of the Journal will remember the themed special sections, and we are pleased to be bringing these back. Our

first section, on diabetes and dementia, will be published soon, so look out for the email towards the end of the month!

Davies MJ, D'Alessio DA, Fradkin J et al (2018) Management of hyperglycaemia in type 2 diabetes, 2018. A consensus report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD). *Diabetologia* **61**: 2461–98

DVLA (2019) A guide to insulin treated diabetes and driving [INF294].

DVLA, Swansea. Available at: https://bit.ly/2vY1vFa (accessed 13.06.19)