

# Latest news

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

## DUK publishes guideline on technology prescribing for type 1 diabetes

Diabetes UK has published a consensus guideline on diabetes technology, including insulin pumps, flash glucose monitoring and real-time continuous glucose monitoring, in people with type 1 diabetes. It is designed to assist clinical teams in joint decision-making that ensures the most appropriate use of technology to support improved glycaemic outcomes in adults and children with the condition.

The guidance includes a treatment pathway, similar to those for medications, to support people through progressive use of diabetes devices either as “monotherapy” or “dual therapy”, as required to achieve target HbA<sub>1c</sub> while minimising risk of hypoglycaemia. It also states the importance of structured education, specialist support and access to psychology services, when appropriate, as essential pillars on which use of diabetes technology can be optimised.

The full report can be accessed [here](#), while a more concise guideline is available [here](#).

## Canagliflozin shows renoprotective effect

Results of the CREDENCE trial have demonstrated a 30% reduction in renal outcomes with canagliflozin compared with placebo in people with type 2 diabetes and chronic kidney disease (CKD). The trial was stopped early in July 2018 as the prespecified efficacy criteria had already been met.

A total of 4401 people with type 2 diabetes and CKD were randomised

to canagliflozin or placebo, both in conjunction with their current ACE inhibitor or ARB therapy. Over a median follow-up of 2.62 years, the primary composite outcome of end-stage kidney disease, doubling of serum creatinine, or renal or cardiovascular death was reduced by 30%.

Individual cardiovascular outcomes were also reduced by 20–40% and, reassuringly, the side effects of lower limb amputation and fracture that had been a concern in previous trials were no more common in the canagliflozin group. Diabetic ketoacidosis was more frequent in the canagliflozin group, but overall the events were rare (2.2 vs 0.2 events per 1000 person-years).

Our more detailed analysis can be found [here](#), and the study can be read in full [here](#).

## Diabetes nursing competency frameworks launched

Diabetes UK has published a new competency framework with the aim of standardising the job titles, roles and responsibilities of diabetes specialist nurses, and the knowledge, skills and qualifications they require to support people living with diabetes.

The framework is not exhaustive and has been deliberately kept succinct to facilitate ease of use. In addition to supporting commissioners and providers of diabetes services, the document offers guidance to registered nurses who aspire to a particular career level within diabetes, enabling them to identify learning opportunities to meet recommended requirements. The framework can be accessed [here](#).

A more detailed competency framework

is also available from TREND-UK, which has updated its *Integrated Career and Competency Framework for Adult Diabetes Nursing* to the 5<sup>th</sup> edition. This document provides all nurses and unregistered practitioners, no matter where they work, with clear, in-depth guidance on the competencies needed to meet professional standards of practice. It is available to download [here](#).

## NICE recommends new SGLT2 inhibitor

A new sodium–glucose cotransporter 2 (SGLT2) inhibitor has been recommended by NICE for the treatment of type 2 diabetes. Ertugliflozin is recommended as monotherapy or as dual therapy with metformin.

Indirect comparisons show that ertugliflozin has similar overall health benefits to the other SGLT2 inhibitors, although data from its cardiovascular outcomes trial are not yet available. It has a lower acquisition cost than the other drugs, however, and is therefore recommended as an option in line with the previous recommendations for SGLT2 inhibitors.

Ertugliflozin is recommended as monotherapy when metformin is contraindicated and if a DPP-4 inhibitor would otherwise be prescribed and a sulfonylurea or pioglitazone is not appropriate.

It is recommended as dual therapy, with metformin, if a sulfonylurea is contraindicated or not tolerated, or the person is at significant risk of hypoglycaemia or its consequences.

The NICE advice (TA572) can be accessed [here](#). ■