

# Achieving diabetes remission in the second wave

Well, here we all are, as predicted, facing the second wave of the pandemic. This time we have a far more in-depth knowledge of certain aspects of this virus. We know that poor glycaemic control and obesity both independently lead to a more severe form of the disease and can lead to an increased risk of hospitalisation and, ultimately, death. With this in mind, it is imperative that we ensure we do all we can to support people to maintain or improve their glycaemic control and to lose weight.

We have all seen an increasing number of people whose diabetes control worsened during the first wave. I also fear we are yet to realise the number of people who have developed type 2 diabetes during the lockdown. This we are only likely to discover when all services are back at a functioning level where routine and surveillance phlebotomy is taking place.

With this current and future challenge upon us, it is refreshing to see that NHS England has supported and expanded the Healthier You Diabetes Prevention Programme. This programme has been adapted to provide support in a virtual manner, and it is now no longer reliant on referral from general practice. People can self-refer if they are deemed to be at risk having completed the [Diabetes UK risk tool](#), a validated type 2 diabetes risk assessment. This important change negates the need to have a blood test from the GP at a time of reduced capacity and access to phlebotomy.

This self-referral route into the Healthier You programme will only be available until the end of March 2021, and so we need to get the message out there to fully utilise this offering.

## A life without diabetes

On a similar vein, remission of diabetes is a topic that demands greater attention. With the launch of the NHS [very-low-calorie diet pilot programme](#), in which the liquid meal replacements for 5000 people across England are being funded, we watch with

interest to see whether the exceptional results of the DiRECT trial (Lean et al, 2019) can be replicated.

The work that led to the DiRECT trial is the subject of a [book review](#) in this issue by Dr Pam Brown. Professor Roy Taylor's book, *Life Without Diabetes*, is a fascinating read that explores the root cause of type 2 diabetes and how we might then achieve remission: a concept that is truly ground-breaking.

Pam's review is a must-read and I would also urge you to read the other reviews in that mini-series looking at the rationale behind other widely followed dietary and lifestyle plans, including the [8-Week Blood Sugar Diet](#) and the [Pioppi Diet](#). It is important to state that these reviews are not intended to persuade the reader to recommend these programmes, but instead to increase knowledge and understanding so that we might better support and protect our patients from unintended harm.

A key feature of *Life Without Diabetes* is the identification of those for whom following the diet is not recommended. I have always been a passionate believer that if someone **chooses** a dietary plan for themselves then it is more likely to be successful, and that it is my role as a healthcare professional to ensure their safety. This may include changing medication regimens during the diet; referring for eye screening and being aware of the effects of sudden glycaemic changes on current retinopathy; and taking early intervention should the individuals find it impossible to maintain their chosen dietary plan. However, it is also imperative to be aware of the dangers of some dietary interventions in certain individuals: namely, following a remission-type diet when the underlying diabetes is not type 2. It is important to ensure that the [diagnosis is correct](#) before embarking on one of these interventions.

I really do encourage you to read the review and then, if able, to read the book itself! ■

Lean MEJ, Leslie WS, Barnes AC et al (2019) Durability of a primary care-led weight-management intervention for remission of type 2 diabetes: 2-year results of the DiRECT open-label, cluster-randomised trial. *Lancet Diabetes Endocrinol* 7: 344–55



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Citation: Down S (2020) Achieving diabetes remission in the second wave. *Journal of Diabetes Nursing* 24: JDN150