Self-monitoring of blood glucose in type 2 diabetes: Let's not forget the benefits before limiting access to strips on cost

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"Involving the person with diabetes in setting self-monitoring goals and targets should be the norm. And remember: the cost of treating diabetes complications far outweighs the cost of the strips when used effectively."

In recent weeks I have heard a number of anecdotes on restricting access to self-monitoring of blood glucose (SMBG) testing strips in type 2 diabetes.

- One practice told me it was going to switch all the people with type 2 diabetes it had registered onto a single type of meter to save money on the strips.
  But what about those who use bolus calculating meters? What about the size of the screen? Can all see it? What about those who may be only able to use one hand? I have people with type 2 diabetes who fit all those categories and deserve to be able to test if they take action on the results.
- In another, all people with type 2 diabetes taking tablets were to have their test strips limited to one pot every month.
  If that is all tablets it will include sulphonylureas, which can cause hypos (Barnett et al, 2013). On the other hand, I can find no evidence to support one pot of strips per month. The Driver and Vehicle Licensing Agency (DVLA, 2013) advises drivers who could be at risk of hypos to check their blood glucose levels prior to driving and on longer journeys (over 2 hours).
- In yet another, no one on purely oral diabetes therapy was to be prescribed test strips but they could buy them themselves.
  This flies in the face of NICE (2009), which clearly states: "Offer self-monitoring of plasma glucose to a person newly diagnosed with type 2 diabetes only as an integral part of his or her self-management education. Discuss its purpose and agree how it should be interpreted and acted upon."

I received no reply when I asked to see the evidence supporting these moves so I can only deduce that simply saving money is the aim rather than ensuring cost-effectiveness or that a suitable patient education programme is in place before offering broader access.

Controversy exists regarding the effectiveness of SMBG in type 2 diabetes. On the one hand, it is seen as an expensive option with little evidence to support it; on the other, it is seen as a vital tool in engaging people with diabetes in their own care. Readers would be well advised to peruse previous articles that have discussed available research and practicalities before limiting access to testing strips on the grounds of cost (Martin et al, 2006; Peel and Lawton, 2007; O'Kane et al, 2008; Simon et al, 2008; Farmer et al, 2009; Parkin et al, 2011; Hall, 2012; Downie, 2013).

The now-disbanded NHS Diabetes pointed out the following back in 2010 (NHS Diabetes, 2010):

> "There is increasing concern that health service managers and GPs are using published evidence to prevent even individuals who find blood glucose monitoring useful from checking their blood glucose whenever they feel they need to."

Of potentially greater concern still, the NHS felt earlier this year that GPs (among other professional groups) had to be reminded even in the case of people with type 1 diabetes (Hillson et al, 2013). This is especially worrying in regard to drivers on any medications associated with hypoglycaemia. The updated DVLA (2013) guidance on driving and blood glucose monitoring makes that clear.

Involving the person with diabetes in setting self-monitoring goals and targets should be the norm. And remember: the cost of treating diabetes complications far outweighs the cost of the strips when used effectively. ■

Barnett AH et al (2013) *Curr Med Res Opin* 6 Sep [Epub ahead of print]
Downie P (2013) *Diabetes & Primary Care* **15**: 149–153
Driver and Vehicle Licensing Agency (2013) *At a glance guide to the current medical standards of fitness to drive*. DVLA, Swansea
Farmer AJ et al (2009) *Health Technol Assess* **13**: iii–iv, ix–xi, 1–50
Hall G (2012) *Diabetes & Primary Care* **14**: 235–40
Hillson R et al (2013) *Safe care of people with Type 1 diabetes* (letter to healthcare professionals). Department of Health, London. Available at: http://bit.ly/Zl6lmP (accessed 24.09.13)
Martin S et al (2006) *Diabetologia* **49**: 271–8
NHS Diabetes (2010) *Self monitoring of blood glucose in non-insulin-treated Type 2 diabetes*. NHS Diabetes, Newcastle Upon Tyne
NICE (2009) Type 2 Diabetes – newer agents (CG87). NICE, London
O'Kane MJ et al (2008) *BMJ* **336**: 1174–7
Parkin C et al (2011) *Clinical Diabetes* **29**: 131–8
Peel ED, Lawton J (2007) *BMJ* **335**: 493
Simon J et al (2008) *BMJ* **336**: 1177–80