ABCD NEWS

Br J Diabetes 2019;**19**:81-92

From the desk of the Chairman, Dinesh Nagi

This is my first bulletin this year since the last publication of *BJD* in December 2018. The editorial team has recently taken the decision to reduce the number of paper issues of *BJD*. The reduction in frequency of hard copy issues of the journal is as a result of lower than expected submissions of quality articles and it also allows us to reduce our production costs a little and focus on timely processing of papers as they are submitted. We will continue to publish all accepted articles online and ahead of print. In order to prepare for submission to PubMed Central, I would like to urge all ABCD members to consider submitting their work to *BJD* in the form of interesting case reports, topical systematic review articles of interest and original research manuscripts.

I am delighted to announce that Dr Susannah Rowles has been appointed as honorary General Secretary of ABCD for a three-year tenure. Susannah has been a co-opted member of ABCD for many years, representing the organisation on all aspects of transitional care and represents ABCD on the Specialist Training Committee of the RCP.

Recent elections for the two positions to replace retiring members generated a healthy interest. We received a number of very high quality applications from consultant colleagues with excellent credentials. After careful deliberation, the executive team has decided unanimously to increase the number of elected members to serve on the ABCD committee. This decision has allowed us to take on four highly experienced colleagues, and our congratulations to Dr Parth Narendran, Dr Emma Wilmot, Professor Rob Andrews and Dr Alison Gallagher on their successful appointment. Our commiserations to the unsuccessful applicants; we hope this will not deter them from reapplying in the future.

I would like to report that ABCD has had some very constructive discussions with the Chair of the Primary Care Diabetes Society (PCDS), Dr Clare Hambling. We both are keen for the two organisations to work together on a number of areas (being ratified by respective committees). This, I believe, is a step in the right direction, not only for ABCD and PCDS but also for diabetes care in general. The recently published joint position statement on 'Remission of type 2 diabetes' is one such example and hopefully the beginning of a very positive and collaborative partnership.

The NHS has struggled over many years to create true integrated primary/secondary care working amongst healthcare professionals (HCPs). Both ABCD and PCDS are aware of some excellent models of joined-up working to address challenges in tackling diabetes in localities. We believe that a close scrutiny of these models to establish some broad themes which underlie their success is a worthy objective so that we can disseminate this important intelligence more widely.

I am pleased to inform you that the work undertaken following a national survey of midwives is nearing completion and will be available to thousands of midwives who care for pregnant women who have diabetes or develop it during pregnancy. This piece of work fits well with the recent strategic shift to ensure that ABCD contributes to the education and training of HCPs who contribute significantly to diabetes care.

The new venture of a fortnightly e-newsletter communication with members commenced at the beginning of this year and has been well received. Please help us create and disseminate important news to the diabetes community of specialists by e-mailing any relevant news you have to share with the membership via info@abcd.care. My thanks to Tricia Bryant and the team at Red Hot Irons who have made this possible.

ABCD has updated the position statement on 'SGLT-2 inhibitors in Type 1 Diabetes' since the licence has been awarded for the use of dapagliflozin in conjunction with insulin in people with type 1 diabetes. NICE are currently in the process of developing and publishing guidance, due in August. https://www.nice.org.uk/guidance/indevelopment/gid-ta10374

The Diabetes Technology Network (DTN) has recently produced a set of educational webinars to educate and train HCPs on technology-related issues. Since the introduction of these webinars the initial indication shows that they have been accessed by a significant number of HCPs and are available for download at https://abcd.care/node/778. This is a major new development and success and thank you to all colleagues at the DTN for their hard work.

Following the national announcement in November 2018 that FreeStyle Libre will be made available to patients with type 1 diabetes, we received the NHS revised criteria in March 2019. The funding for each locality is included in this announcement and is based on a calculation that approximately 20% of the population with type 1 diabetes will be eligible for flash glucose monitoring. Many health professionals including me believe that the criteria still remain too narrow and in reality there are significantly more individuals who can benefit from the use of this technology. An early indication of the benefits of this was presented at the recent Diabetes UK meeting by the ABCD FreeStyle Libre Audit group.

The ABCD Spring meeting took place in the beautiful campus of Loughborough university on 14/15th of May. It was very successful. On Thursday we had several high quality presentations from the technology experts, including a presentation from the service users. Dr Emma Wilmot announced that she will step down from her role as Chair of DTN after this meeting and hand over the reigns to Dr Pratik Choudhary and Dr Alistair Lumb. The ABCD Chair thanked Emma for her outstanding contribution to the DTN over the last three years.

The ABCD Autumn Meeting is scheduled to take place on Thursday/Friday 28/29 November in London; we continue to work on the extended programme over 1.5 days with inclusion of industry-led symposia. For the first time ABCD plans to run a parallel session for ST3 and ST4 trainees on the fundamentals of diabetes and endocrinology.

By the time this news is in paper format I will have completed two years as Chair of ABCD with my remaining term of office taking place during a time of great challenge for the NHS and its management of diabetes. One of the key areas of focus in my last year will be to build on the work we have done in the last two years with special emphasis on education and training of allied HCPs whilst ensuring that ABCD continues to deliver innovative and rel-

evant programmes for the membership.

Finally, there have been concerns raised from several colleagues about the impact of a no-deal Brexit on the supply of medicines in the NHS, especially insulin. In the unlikely scenario of a shortage of insulin, there would be potentially serious implications. This was discussed at our joint meeting with Diabetes UK and we plan to produce some working guidance for insulin users as to the best ways to deal with this situation. ABCD is also concerned about the plans allowing pharmacists to switch insulins to an alternative. While it is somewhat reassuring to hear that there are contingency plans for this, ABCD remains concerned about the lack of clarity and any visible details.

ABCD is planning to seek intermediate to long term funding for the National ABCD Mentorship and Consultant development programme, which has been running for five years. Our thanks to Eli Lily for their unconditional support so far, but I believe that the time is right to ensure that we secure the long-term future of this unique programme, which has benefited many aspiring young diabetologists. Whilst an adequately trained workforce is critical to the delivery of quality diabetes care, promoting and supporting leadership within our specialty and more widely in the NHS remains crucial.

Goodbye until next time.

From the desk of the News Editor, Umesh Dashora

Rowan Hillson Inpatients Safety Award 2018

Thanks to colleagues who submitted their entries for this year's competition which was for the 'Best Inpatient Educational Diabetes Programme for Health Care Professionals'. This JBDS-IP project was led by Umesh Dashora, Debbie Stanisstreet and Erwin Castro. The entries were judged against predetermined criteria by an independent panel chaired by Rowan Hillson, and the winner will be awarded the prestigious annual Rowan Hillson Inpatient Safety Award at the ABCD Spring meeting.

Winner

Kath Higgins and the team at the University Hospitals of Leicester NHS Trust won the competition for their Inpatient Diabetes Training & Support (ITS) programme – an educational toolkit accessible to medical, nursing and pharmacy staff. Components included face-to-face training, e-learning module, monthly newsletter, social media communications with competency document and flashcards. Messages are consistent across the resources. The project had Executive support. The judges were impressed by the reduction in insulin errors and in in-hospital DKA.

Runners up

The runners up were so close to each other that they were both awarded second place: Congratulations to Michael Lloyd and colleagues at St Helens and Knowsley Teaching Hospitals NHS Trust for their individualised and shared insulin prescribing error feedback system, Safe Insulin TiPS (SIPS), and multiprofessional simulation based training.

Congratulations to Ruth Miller and colleagues in North West London for the project to implement Diabetes 10 Point Training in Acute Hospitals across North West London. This clinically-based teaching programme provided quick training specifically designed for all hospital settings to address the commonest diabetes errors.

New guidelines published

A number of new diabetes guidelines from the Joint British Diabetes Societies for inpatients (JBDS-IP) and their positive impact are now published in *Diabetic Medicine* to support and standardise the care of inpatients with diabetes.

- Dashora U *et al*. National guidelines have contributed to safer care for inpatients with diabetes. *Diabetic Medicine* 2018 Sep 5.
- Price HC *et al*. Guidelines for the management of diabetes in adults and children with psychiatric disorders in inpatient settings. *Diabetic Medicine* 2018 Aug;**35**(8):997–1004.
- Flanagan D *et al*. Self-management of diabetes in hospital: a guideline from the Joint British Diabetes Societies (JBDS) for Inpatient Care group. *Diabetic Medicine* 2018 Jun 19.
- Roberts A *et al*. Management of hyperglycaemia and steroid (glucocorticoid) therapy: a guideline from the Joint British Diabetes Societies (JBDS) for Inpatient Care group. *Diabetic Medicine* 2018 Aug;**35**(8):1011–7.
- Dashora U *et al*. Managing hyperglycaemia during antenatal steroid administration, labour and birth in pregnant women with diabetes. *Diabetic Medicine* 2018 Aug;**35**(8):1005-10.
- Roberts AW *et al*. Glycaemic management during the inpatient enteral feeding of people with stroke and diabetes. *Diabetic Medicine* 2018 Aug;**35**(8): 1027–36.
- Sampson M *et al*. Joint British Diabetes Societies for Inpatient Care: clinical guidelines and improving inpatient diabetes care. *Diabetic Medicine* 2018 Aug; **35**(8):988–91.

New ABCD position statements and national surveys published

- Jayagopal V *et al*. Association of British Clinical Diabetologists (ABCD) position statement on the use of biosimilar insulin. *British Journal of Diabetes* 2018 Dec 12;**18**(4):171–4.
- Dashora U *et al*. Association of British Clinical Diabetologists (ABCD) position statement on the use of sodium-glucose cotransporter-2 (SGLT-2) inhibitors in type 1 diabetes. *British Journal of Diabetes* 2018 Sep 30;**18**(3):117–21.
- Dashora U *et al*. Findings of a nationwide survey of the diabetes education and training needs of midwives in the UK. *British Journal of Diabetes* 2018 Dec 12;**18**(4):147–53.

National Severe Insulin Resistance Service (by Anna Stears)

The National Severe Insulin Resistance (NSIR) Service is a highly specialised NHS service which provides a multidisciplinary service for adults and children with inherited or acquired severe insulin resistance and/or lipodystrophy. The service is funded directly by NHS England for patients residing in England with no extra cost to local CCGs. The service has been running since 2011 and we have now seen nearly 400 patients.

The NSIR service offers biochemical and genetic testing and access to specialised dietetic support and medication. We are currently the only UK centre permitted to prescribe metreleptin therapy to patients with lipodystrophy. After an initial review at our clinic, we usually continue shared care with the local team. We also offer telephone appointments for ongoing follow-up if preferred.

Referral criteria

We are happy to accept referrals or to discuss patients with known or suspected:

- Donohue syndrome or Rabson-Mendenhall syndrome or other patients with a known or suspected insulin receptor mutation
- Type B insulin resistance (anti-insulin receptor antibodies)
- Inherited or acquired lipodystrophy

- Unexplained severe insulin resistance with: BMI <30 kg/m^2 AND acanthosis nigricans AND/OR severe hyperinsulinaemia

Contact us
E-mail:
insulinresistanceservice@addenbrookes.nhs.uk
Website: https://www.cuh.nhs.uk/national-severe-insulin-resistance-service
Telephone: 01223 768455
Post: c/o Mrs Elaine Withers, National Severe Insulin Resistance Service, Level 4, Institute of Metabolic Science, Box 289, Addenbrooke's Hospital, Hills Road, Cambridge CB2 0QQ

News in the field of diabetes (Rebecca Reeve, Sanofi)

NHSE Diabetes Team

Congratulations to Professor Jonathan Valabhji, National Clinical Director for Diabetes and Obesity at NHS England for being awarded the OBE for services to diabetes and obesity care.

Dr Partha Kar provided an overview of what the NHS Diabetes team has delivered in 2018 in his Christmas blog, which includes many achievements of which many of you reading this will have been part. Read it on the below link to access additional information on fabulous projects such as Language Matters, the new T1 Diabetes Resource and the implementation of low calorie diets to help in the remission of type 2 diabetes, to name but a few.
http://nhssugardoc.blogspot.com/2018/12/and-thats-wrap.html

NHS Long Term Plan

The NHS Long Term Plan was launched, which can be found via the link https://www.gov.uk/government/news/nhs-long-term-plan-launched and, more specifically, the diabetes section can be found at https://www.longtermplan.nhs.uk/online-version/chapter-3-further-progress-on-care-quality-and-outcomes/better-care-for-major-health-conditions/diabetes/. Chapters One and Two set out a range of actions the NHS will be taking to prevent type 2 diabetes and reduce the variation in the quality of diabetes. For those people living with a diagnosis of type 1 or type 2 diabetes the NHS will enhance its support offer. We will support people who are newly diagnosed to manage their own health by further expanding provision of structured education and digital self-management support tools, including expanding access to HeLP Diabetes, an online self-management tool for those with type 2 diabetes. The NHS will ensure that, in line with clinical guidelines, patients with type 1 diabetes benefit from life-changing flash glucose monitors from April 2019, ending the variation patients in some parts of the country are facing. In addition, by 2020/21, all pregnant women with type 1 diabetes will be offered continuous glucose monitoring, helping to improve neonatal outcomes. Through continuing investment in supporting delivery across primary care, we will enable more people to achieve the recommended diabetes treatment targets and drive down variation between CCGs and practices to minimise their risk of future complications. Further, for those who periodically need secondary care support we will ensure that all hospitals in future provide access to multidisciplinary footcare teams and diabetes inpatient specialist nursing teams to improve recovery and to reduce lengths of stay and future readmission rates.

Improving the care of people with diabetes undergoing surgery

NCEPOD is pleased to have released a new report summarising a review of the care received by adults age 16 and over with diabetes who underwent a surgical procedure. The report takes a critical look at what could have been improved. There are 13 recommendations made to improve the care for any person over the age of 16 with diabetes undergoing surgery.
https://www.ncepod.org.uk/2018pd.html

MHRA responds to consultation on its regulatory framework in a Brexit no-deal situation

In response to an earlier consultation, the Medicines and Healthcare products Regulatory Agency (MHRA) has issued further guidance in the event that the UK and EU fail to reach a deal on Brexit, resulting in a 'no-deal' situation from 29 March 2019. Key arrangements the MHRA will undertake in a no-deal Brexit include automatically converting Centrally Authorised Products to UK Marketing Authorisations (MAs), targeted assessments for products containing new active substances (NAS), a 2-year grace period to amend packaging and leaflets for products already on the market and allowing parallel imports of medicines holding a MA in the EU. On clinical trials, the MHRA has pledged to continue recognition of existing approvals for clinical trials and aligning, where possible, with the EU Clinical Trials Regulation when it comes into force.
https://www.gov.uk/government/news/mhra-releases-response-to-consultation-on-eu-exit-no-deal-legislative-proposals

CMO's report on public health recommends action on multi-morbidities and digital technology

Each year the UK's Chief Medical Officer (CMO), Professor Dame Sally Davies, publishes an annual report. For 2018, her annual report focuses on the state of public health in England in 2040. The CMO suggests that the state of public health in England is currently at a critical moment in deciding whether current trends widen gaps in life expectancy, or where policy and digital technologies can be utilised to 'bring prevention to the public'. The report highlights a number of recommendations, particularly around tackling childhood obesity, although there are other recommendations of interest. In particular, the CMO is calling on NICE to develop multi-disease guidelines for common clusters of disease to avoid multiple disease guidelines applying to the same groups of patients and for the NIHR and MRC to commission research to identify and understand the disease clusters that make up common multi-morbidity.

Diabetes UK data suggest an increase in lower limb amputations from 2010 to 2017

Diabetes UK has published new data indicating that lower limb amputations have increased by 19.4% from 2013 to 2017 – with 26,378 lower limb amputations occurring between 2014 and 2017. They have also highlighted that at least £1 in every £140 of NHS spending goes towards foot care for people with diabetes. Diabetes UK used the new data to call on NHS England to commit to maintaining the Diabetes Transformation Fund beyond 2019. Since 2017, NHS England's Diabetes Transformation Fund has invested more than £80 million to improve access to specialist foot care teams for people with diabetes across England.
https://www.diabetes.org.uk/about_us/news/lower-limb-amputations

Diabetes UK publishes new recommendations for improving inpatient diabetes care

Following the publication of the National Diabetes Inpatient Audit, Diabetes UK has proposed new recommendations to improve inpatient care for people with diabetes. Currently, one in six hospital beds are occupied by someone with diabetes, and by 2030 it is predicted that this will rise to one in four. Inpatient care for diabetes also costs the NHS £2.5 billion, 11% of the total cost of inpatient care. A key recommendation from the report included ensuring that there are multidisciplinary diabetes inpatient teams in all hospital. Diabetes UK estimated that an investment of £5 million on new diabetes inpatient specialist nursing services in 54 trusts would yield approximately £14 million savings per year, resulting in net savings of £9 million. Further recommendations included improving the knowledge of other healthcare professionals in diabetes, better support in hospital for people to take care of their own diabetes, enhancing access to systems and technology and more support for hospitals to learn from mistakes.
https://www.diabetes.org.uk/professionals/resources/improving-inpatient-care-programme/report-hospitals-safe

New NHS service for diabulimia to be piloted in London and the South Coast

Following the NHS Long Term Plan commitment to deliver a step change in mental health treatment and young people's health, NHS England has announced that it will pilot a new service to tackle the rare eating disorder, diabulimia. Diabulimia is a condition where people with type 1 diabetes restrict their insulin intake to lose weight and can lead to serious complications including blindness and amputations. It is most common in young people aged between 15 and 30. The service, which will be piloted in London and the South Coast, will establish specialist day care centres providing structured meal planning and advice on glucose and insulin management. These will be staffed by new eating disorder teams specialising in mental healthcare and type 1 diabetes. The pilot will also include training for other HCPs to increase their knowledge of the condition.
https://www.england.nhs.uk/2019/02/nhs-to-give-therapy-for-harmful-social-media-as-part-of-plan-to-tackle-rare-eating-disorder/

Diabetes UK publishes new data on the numbers of people diagnosed with type 2 diabetes

Diabetes UK (DUK) has published a new analysis of the number of people living with type 2 diabetes in the UK. According to this analysis there are currently 3.8 million people living with a diagnosis of diabetes in the UK, and 90% of this population have type 2. Further to this, DUK estimates that there are in addition 1 million people living with type 2 diabetes without a diagnosis, bringing the total number up to 4.7 million. DUK estimates that, by 2030, this number will rise to 5.5 million. DUK used the figures to call for the UK to do more to address rising obesity rates, as well as encouraging the public to use the 'Know Your Risk' online tool and urging people over 40 to get a free NHS Health Check.
https://www.diabetes.org.uk/about_us/news/new-stats-people-living-with-diabetes

Preventing amputations major concern as diabetes numbers rise

New data from the Diabetes Foot Care Profiles, published by PHE's National Cardiovascular Intelligence Network, reveals that the overall number of lower limb amputations continues to rise, with white males having the highest: 7,545 major amputations between 2015 and 2018 compared with 6,957 between 2012 and 2015. The overall number of major amputations is increasing as the number of people diagnosed with diabetes rises, but the rate among people with diabetes is not significantly increasing.
https://www.gov.uk/government/news/preventing-amputations-major-concern-as-diabetes-numbers-rise

Young people in the UK make healthier choices than in comparable countries but suffer a higher burden of long-term conditions, says Nuffield Trust

The healthcare think-tank Nuffield Trust has published a report assessing the health of children and young people aged 10–24 against comparable countries. The report, which analysed 17 measures of health and wellbeing, found that, while young people make healthier choices such as drinking less alcohol and smoking less, the burden of long-term conditions such as asthma and diabetes was far higher in the UK. In particular, the report found that the UK had the highest rates of obesity for 15–19-year-olds amongst the EU15, as well as the third highest rate of young people aged 16–24 with a long-term condition (aside from Finland and Sweden). For asthma, the UK had a far higher mortality rate for young people aged 10–24 (0.28 per 100,000 in 2016) than other European comparators, but was lower than Australia, New Zealand and the USA. However, for young people aged 10–14 the incidence was far higher (0.31 per 100,000 in 2016), with the UK ranking behind only New Zealand in this category.
https://www.nuffieldtrust.org.uk/files/2019-02/nt-ayph-adolescent-health-report-web.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=10305917_NEWLS_HMP%202019-02-22&dm_i=21A8,64W3H,R62YAK,O4IBF,1

Interesting recent research

(Umesh Dashora)

A rapid-fire collection of interesting recent developments in diabetes

Authors, Journal	Type of study	Main results
Gaede *et al*, *Diabetologia*	Post hoc analysis of Steno-2 study	**Intensive treatment is cost effective over time compared to conventional treatment in Steno trial analysis** Over 21.2 years of follow-up there was no difference in total direct medical costs (approx €12,000,000) in the intensified treatment group and the conventional treatment group in the Steno post hoc cost analysis. The initial higher cost in intensively treated patients was offset by the significantly lower cost during 1996-2014 (€8,725 vs €10,091 per person-year) mainly driven by lower cost due to reduced inpatient admissions related to cardiovascular disease (p=0.0024). https://link.springer.com/article/10.1007/s00125-018-4739-3
Callisaya *et al*, *Diabetologia*	Longitudinal study with MRI and neuropsychological measures	**Decline in brain functions in people with type 2 diabetes is present at diagnosis but does not increase with time in proportion to brain atrophy** Type 2 diabetes is associated with a decline in verbal memory and fluency over 5 years, but the process might start much earlier as evidenced by the presence of brain atrophy in people with diabetes at the start of this study. The brain function decline was not associated with further brain atrophy during the study. https://link.springer.com/article/10.1007/s00125-018-4778-9
Patterson *et al*, *Diabetologia*	Multi-centre prospective registration-based study	**Type 1 diabetes is increasing at the rate of over 3% per year** In a multi-centre prospective registration-based study over 25 years in 26 European centres, type 1 diabetes appears to be increasing at the rate of over 3% per year. The highest rate of increase of 6.6% per year was noted in a Polish centre. Pooled analysis showed an increase in incidence rate of about 3.4%. https://link.springer.com/article/10.1007%2Fs00125-018-4763-3
Guarino *et al*, *Diabetologia*	Clinical physiology study with OGTT and measures of insulin sensitivity among other measures	**Postprandial hypoglycaemia after Roux-en-Y gastric bypass surgery** Postprandial hypoglycaemia occurred in 11 of 35 individuals who underwent gastric bypass surgery. The patients who developed hypoglycaemia had lower BMI before surgery, shorter duration of diabetes, greater insulin sensitivity, and poorer control of diabetes and time of glucose peak in an OGTT earlier compared to patients who did not develop hypoglycaemia. https://link.springer.com/article/10.1007/s00125-018-4737-5
Perdigoto *et al*, *Diabetologia*	7-year clinical and immunological follow-up of patients with type 1 diabetes treated with teplizumab	**7-year follow-up of patients with type 1 diabetes treated with monoclonal antibody shows persistent response in responders** Fifty-six per cent of the original group returned for this study. The C-peptide responses to mixed-meal tolerance test were similar overall in the drug vs control group of participants but were significantly improved with less loss of C-peptide in drug-treated responders identified at 1 year. https://link.springer.com/article/10.1007/s00125-018-4786-9
Lee *et al*, *Diabetologia*	Multicentre prospective cohort study	**Non Alcoholic Fatty Liver Disease (NAFLD) in first trimester may be associated with the development of GDM later in pregnancy** NAFLD was found in 18.4% of 608 women who were included in the study. 5.9% developed GDM. The risk was significantly increased in women with severe steatosis. https://link.springer.com/article/10.1007/s00125-018-4779-8
Savicz *et al*, *Diabetologia*	Randomised crossover study	**Afternoon exercise is better than morning exercise in controlling glucose in patients with type 2 diabetes** Morning high intensity interval training (HIIT) increased CGM-based glucose concentration compared to pretraining period or afternoon HIIT (approximately 6.9 mmol/L vs 6.4 mmol/L or 6.2 mmol/L). Afternoon HIIT was also associated with elevated TSH and reduced T4 compared with morning HIIT, which had a similar effect on TSH but not T4. https://link.springer.com/article/10.1007/s00125-018-4767-z
Penna *et al*, *Diabetologia*	Observational prospective cohort study	**Non-albuminuric renal insufficiency is associated with excess mortality in patients with type 2 diabetes** Mortality risk is lowest for patients with no microalbuminuria and normal GFR and highest in those with both microalbuminuria and reduced GFR (HR 2.08). Hazard ratio for mortality was 1.45 for patients with microalbuminuria but normal GFR and 1.58 for patients with microalbuminuria negative but decline in GFR. In patients with normoalbuminuria with GFR <45 ml/min/1.73 m2 the risk was higher than in patients with microalbuminuria and similar to the risk with macroalbuminuria but normal GFR. https://link.springer.com/article/10.1007/s00125-018-4691-2
Rosengren *et al*, *Diabetologia*	Registry based case-control study	**Type 2 diabetes is associated with excess risk of heart failure** Patients with type 2 diabetes younger than 55 years of age had HRs for hospitalisation for heart failure of 2.07 for men and 4.59 for women. However, there was no excess risk in patients over 75 years of age and without microalbuminuria or with good glycaemic control. https://link.springer.com/article/10.1007/s00125-018-4700-5

Authors, Journal	Type of study	Main results
Davis *et al, Diabetes Care*	Post hoc analysis of VADT trial	**Severe hypoglycaemia may be associated with excess cardiovascular deaths** Patients in the intensive control group had a higher rate of hypoglycaemia compared with the standard control group (10.3 vs 3.7 per 100 patient-years). Severe hypoglycaemia within the previous 3 months was associated with an increased risk of serious cardiovascular events, cardiovascular mortality and total mortality. Patients in the standard treatment group had a greater increase in total mortality. http://care.diabetesjournals.org/content/42/1/157
Laclaustra *et al, Diabetes Care*	Original research	**Impaired sensitivity to thyroid hormone is associated with diabetes and metabolic syndrome** Thyroid hormone resistance is associated with a higher rate of diabetes, diabetes-related deaths and metabolic syndrome. http://care.diabetesjournals.org/content/early/2018/12/09/dc18-1410
Kim *et al, Diabetes Care*	RCT	**Smart phone-based patient-centred diabetes care system is superior to paper-based one** Patients in the smart phone-based system achieved a greater reduction in HbA1c (-0.40 vs. -0.06) and more patients achieved HbA1c below 53 mmol/mol (41.1% vs. 20.7%). There was no difference in the event numbers of severe hypoglycaemia. http://care.diabetesjournals.org/content/42/1/3
Aronson *et al, Diabetes Care*	Randomised crossover study	**Insulin correction factor after intense exercise** 64 out of 71 participants (90%) developed hyperglycaemia at 40 min post exercise with plasma glucose increasing by approximately 3.8 mmol/L. Correction factor multiplied by 100% and 150% was more effective than 50% correction in correcting hyperglycaemia. Hypoglycaemia was rare. http://care.diabetesjournals.org/content/42/1/10
Ghouse *et al, Diabetes Care*	Original research	**Variability in HbA1c in people without diabetes is associated with higher cardiovascular risk** The study shows that people without diabetes who have variability of HbA1c have a higher risk of major adverse cardiovascular events and all-cause mortality (HR 1.09 and 1.13, respectively) but not type 2 diabetes. http://care.diabetesjournals.org/content/42/1/134
Ishibashi *et al, Diabetes Care*	Prospective cohort–control study	**Improvement in HbA1c helps neuropathy outcomes** Patients whose HbA1c normalised from 81.4 mmol/mol to 39.9 mmol/mol in the last 2 years of an intervention period of 4 years with weight reduction of 7.3 kg showed improvement in neurophysiological and corneal nerve fibre measures similar to those with impaired glucose tolerance. http://care.diabetesjournals.org/content/42/1/110
Ehrmann *et al, Diabetes Care*	RCT	**Impact of an education programme in people with type 1 diabetes on insulin pump** A specific education programme designed for patients with type 1 diabetes already being treated by continuous subcutaneous insulin infusion improved HbA1c by -0.28% compared with -0.06% in the control group. Severe hypoglycaemia was 3.55 times higher in the control group than in the education group. http://care.diabetesjournals.org/content/41/12/2453
Feig *et al, Diabetes Care*	Pre-specified analysis from CONCEPTT randomised trial	**Multiple daily injections (MDI) are superior to insulin pump in pregnancy with type 1 diabetes** Pump users were more often in a stable relationship, more likely to take preconception vitamins and less likely to smoke at baseline compared to MDI group. Pump and MDI users had comparable first trimester HbA1c (6.84% vs. 6.95%) and CGM time in target (51% vs. 50%). However, at 34 weeks MDI users had a greater decrease in HbA1c (–0.55% vs. –0.32%) and were more likely to achieve target HbA1c. Pump users had more hypertensive disorders, more neonatal hypoglycaemia (31.8% vs. 19.1%), more neonatal intensive care unit admissions over 24 hours (44.5% vs. 29.6%), larger reduction in hypoglycaemia-related anxiety and greater decline in health/well-being. http://care.diabetesjournals.org/content/41/12/2471
Yao *et al, Nature Communications*	Animal study	**A tiny implant stimulating vagus nerve can reduce body weight** A battery-free nanogenerator stimulated by peristaltic movement of the stomach results in vagal stimulation with reduced food intake and 38% more calories weight loss within 100 days than the control group. https://www.nature.com/articles/s41467-018-07764-z
Fagherazzi *et al, JAMA*	E3N cohort study	**Women with migraine are at lower risk of developing type 2 diabetes** Women with active migraine are at lower risk of developing type 2 diabetes (HR 0.80) compared to women without migraine. The migraine episodes reduced from 22% to 11% over 24 years prior to the diagnosis of diabetes. https://jamanetwork.com/journals/jamaneurology/article-abstract/2718592
Aldasouqi *et al, International Journal of Endocrinology*	Survey	**Fasting for lipid profile in patients with type 2 diabetes can cause hypoglycaemia** Omitting breakfast for blood tests can cause hypoglycaemia in 17.1% of patients over the preceding 12 months as revealed in a survey. Patients on insulin or oral sulfonylurea had a higher rate of hypoglycaemia (21.9%). Only 53% of these patients reported these events to their healthcare providers and only 35% received instructions to prevent hypoglycaemia while fasting. https://www.hindawi.com/journals/ije/2018/1528437/

Authors, Journal	Type of study	Main results
Ho *et al, Molecular Metabolism*	Rodent study	**Single episode of exercise may have longer lasting impact** Twenty minutes of exercise depolarised and increased firing rate of arcuate pro-opiomelanocortin neurons concomitant with increased excitatory inputs to these neurons. This had a favourable effect on appetite and glucose metabolism for up to 2 days. https://www.sciencedirect.com/science/article/pii/S2212877818308706?via%3Dihub
Hoekstra *et al, Journal of Applied Physiology*	Case–control study	**Hot bath can help people with diabetes by reducing inflammation** Immersion in hot water set at 39°C for 1 hour for a 2-week intervention period increased plasma interleukin-6 and nitrite concentration and reduced fasting glucose and insulin concentrations. https://www.physiology.org/doi/full/10.1152/japplphysiol.00407.2018
Friesling *et al, European Journal of Nutrition*	Questionnaire-based study	**Nuts may be helpful in people with diabetes** Study participants who consumed nuts gained 2.1 kg weight over 5 years. Compared with non-consumers of nuts, participants in the highest quartile of nut intake had less weight gain over 5 years and had 5% lower risk of becoming overweight or obese. https://link.springer.com/article/10.1007/s00394-017-1513-0
Katsel *et al, PLOS ONE*	Analysis of post-mortem human brain samples	**Antidiabetic drugs can help Alzheimer's disease** Patients with diabetes who are treated with insulin or antidiabetic medications have reduced microvascular abnormalities and insulin receptor signalling pathways genes in the parahippocampal gyrus in people with Alzheimer's disease. https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0206547
Samii *et al, Diabetic Medicine*	Observational retrospective cohort study	**Vascular complications are not associated with congenital malformations in pregnant women with type 1 diabetes** Nearly 21% or 232 women with type 1 diabetes had at least one vascular complication and 52 babies had congenital malformations. Maternal age, duration of diabetes and the rate of pre-eclampsia was higher in mothers with vascular complications than in those without. There was no association with an increased risk of congenital malformation (OR 1.16, 95% CI 0.46 to 2.88). https://onlinelibrary.wiley.com/doi/10.1111/dme.13872
Rowe *et al, Diabetic Medicine*	Retrospective cohort study	**An intravenous insulin protocol designed for steroid administration in women with GDM reduces the risk of neonatal hypoglycaemia** In a cohort of 151 women with GDM, a specific intravenous insulin infusion protocol achieved higher time in target glucose (68% vs. 55%), lower critical maternal hyperglycaemia (0% vs. 2%), lower maternal hypoglycaemia (2% vs. 12%) and lower neonatal hypoglycaemia (29% vs. 54%) compared with the standard intravenous insulin infusion. https://onlinelibrary.wiley.com/doi/10.1111/dme.13864
Linag *et al, Diabetes, Obesity and Metabolism*	Retrospective cohort study	**Exenetide use is not associated with thyroid or pancreatic cancer** Over 10 years, exenetide use in 33,629 patients with type 2 diabetes was not associated with a statistically significant risk of either pancreatic or thyroid cancers compared with other oral antidiabetic drugs. https://onlinelibrary.wiley.com/doi/10.1111/dom.13597
Xiang *et al, Diabetes, Obesity and Metabolism*	Case–control study	**Autoantibodies may be present in a significant number of patients with apparent type 2 diabetes** Autoimmune diabetes was diagnosed in 6% of non-insulin requiring people with apparent type 2 diabetes in China. Other antibodies present in this group were TPO (16.3%), tissue transglutaminase (2.1%) and 21-OH (hydroxylase) antibody (1.85%). https://onlinelibrary.wiley.com/doi/10.1111/dom.13595
Etoh *et al, Diabetes, Obesity and Metabolism*	Exploratory post hoc analysis	**Achieving LDL cholesterol of 1.8 mmol/L leads to additional cardiovascular risk reduction in high-risk patients** Data from 1,909 patients who achieved target cholesterol levels were analysed. Patients who were in the intensive control arm reached a level of 1.54±0.30 mmol/L whereas those in the standard group attained a level of 2.77±0.46 mmol/L. The incidence of cardiovascular risk was significantly lower in the intensive control group (HR 0.48, 95% CI 0.28 to 0.82, p=0.007). https://onlinelibrary.wiley.com/doi/10.1111/dom.13575
Grip *et al, Diabetes Care*	Cohort case–control study	**Pump therapy is costlier than MDI in real-world study** Over 9 years, mean annual costs for pump therapy were higher than for MDI therapy (mean difference $3,923, p<0.0001). Health care costs including medications and disposables accounted for 73% of the costs for pump therapy and 63% of the costs of MDI therapy. The costs were higher for low education, low disposable income, women and older people. http://care.diabetesjournals.org/content/42/4/545
Noronha *et al, Diabetes Care*	Systematic review and meta-analysis	**Liquid meal replacement in diabetes may have beneficial effect on cardio-metabolic parameters** The comparison showed lower body weight (–2.37 kg), BMI (–0.87 kg/m^2), waist circumference (–2.24 cm), HbA1c, fasting glucose (–11.83), systolic blood pressure (–4.97) and diastolic blood pressure (–1.98). There was no effect on blood lipids and the certainty of evidence was low to moderate. http://care.diabetesjournals.org/content/early/2019/03/20/dc18-2270

Authors, Journal	Type of study	Main results
Bebu *et al*, *Diabetes Care*	DCCT/EDIC study analysis	**Mediation of glycaemia on cardiovascular outcome** Only a few factors (eg, pulse, triglyceride, albumin excretion rate) explained more than 10% of the effect of glycaemia on CVD risk. In multivariable models, these traditional risk factors mediate up to 50% of the effect of glycaemia on the risk of CVD and association of HbA1c and the risk of CVD remains highly significant even after adjusting for these factors. http://care.diabetesjournals.org/content/early/2019/03/20/dc18-1613
Yassin *et al*, *Diabetes Care*	Registry-based case–control study	**Testosterone therapy for hypogonadism in people with pre-diabetes can reduce the risk of developing diabetes** Testosterone therapy group showed a reduction in HbA1c by 0.39% with 90% people achieving normal HbA1c compared with an increase in HbA1c by 0.63% and progression to diabetes in 40.2% of people in the control group along with improvements in various other metabolic parameters. Mortality and myocardial infarction was also lower in the treatment group (7.4% vs. 16.1%, p<0.05 and 0.4% vs. 5.7%, p<0.005) http://care.diabetesjournals.org/content/early/2019/03/12/dc18-2388
Latva-Rasku *et al*, *Diabetes Care*	RCT	**Dapagliflozin can reduce liver fat in type 2 diabetes** In this 8-week RCT of dapagliflozin, HBA1c reduced by 0.39% (placebo-corrected), liver proton density fat fraction (PDFF), liver volume, visceral adipose tissue volume, interleukin-6 and N-terminal of brain natriuretic peptide reduced by 3.74%, 0.10 L, 0.35 L, 1.87 pg/mL and 96 ng/L (placebo-corrected and all significant). Tissue level insulin sensitivity remained unchanged. http://care.diabetesjournals.org/content/early/2019/03/12/dc18-1569
Patel *et al*, *Diabetes Care*	Observational study	**High rates of medication non-adherence in people with diabetes in the UK** Liquid chromatography–tandem mass spectrometry (LC-MS/MS) on the annual review urine sample revealed that 28.1% of patients were not taking prescribed medications for diabetes, hypertension and dyslipidemia. http://care.diabetesjournals.org/content/early/2019/03/12/dc18-1453
Halden *et al*, *Diabetes Care*	RCT	**Empagliflozin is safe in post-transplant diabetes patients** Median change in glycated haemoglobin (–.0.2% vs +0.1%, p=0.025) and body weight (–2.5 kg vs. +1.0 kg, p=0.014) was significantly reduced with empagliflozin compared to placebo in a recent study. http://care.diabetesjournals.org/content/early/2019/03/04/dc19-0093
Law *et al*, *Diabetes Care*	Prospective observational study	**Night-time poor glucose control in gestational diabetes may be responsible for large for gestational age babies** Women who delivered a large for gestational age baby had significantly higher mean glucose (6.2 vs. 5.8 mmol/L, p=0.025). Further analysis revealed that the higher mean glucose in these women was driven by higher glucose overnight (6.0±1.0 mmol/L vs. 5.5±0.8 mmol/L, p=0.005). http://care.diabetesjournals.org/content/early/2019/02/07/dc18-2212
Danne *et al*, *Diabetes Care*	Consensus statement	**International consensus on risk management for people with type 1 diabetes being treated with SGLT-2 inhibitors** The statement outlines all the precautions that would help mitigate the risk of diabetic ketoacidosis (DKA) in patients with type 1 diabetes who are being treated with SGLT-2 inhibitors. These include starting SGLT-2 inhibitors in only those people with type 1 diabetes who are willing and able to do blood ketone monitoring and stopping these medications in situations which are known to predispose to DKA (eg, starvation, low calorie diet, dehydration, acute medical illness, infections, myocardial infarction, cerebrovascular accident, elective admission for surgery, insulin dose reduction, missed insulin injections, insulin pump failure or blockage, excessive alcohol intake, etc). Medical professionals should be provided with training and prompts that these patients may present with ketoacidosis but relatively normal glucose levels due to the glycosuria effect of SGLT-2 inhibitors. http://care.diabetesjournals.org/content/early/2019/01/31/dc18-2316
Li *et al*, *Diabetes Care*	Data from prospective cohort study	**Diabetes increases the risk of fragility fracture in frail patients with diabetes** In this analysis patients with diabetes had a higher frailty index than controls. There was a significant relationship between the frailty index (FI) and the risk of incident fragility fracture (HR 1.02, 95% CI 1.01 to 1.03 and 1.19, 95% CI 1.10 to 1.33 per -0.01 and per -0.10 FI increase respectively, p=0.018). http://care.diabetesjournals.org/content/42/4/507
Montvida *et al*, *Diabetic Medicine*	Real-world registry-based study	**Incretin-based therapies do not cause more pancreatic disease than other therapies added to metformin in people with type 2 diabetes** There was no difference in the incidence of pancreatic disease in patients treated with various agents like sulfonylureas, GLP-1 analogues, DPP-4 inhibitors, thiazolidinedione or insulin added to metformin. https://onlinelibrary.wiley.com/doi/10.1111/dme.13835
Evans *et al*, *Diabetic Medicine*	RCT	**Higher insulin dose might be required to control postprandial hyperglycaemia in patients with type 1 diabetes having high protein diet** In this study patients who were given a higher protein diet needed nearly 50% more insulin to maintain euglycaemia compared with patients who received a lower protein diet but the same amount of carbohydrate. 60% of this additional requirement was within the first 2 hours of the meal. https://onlinelibrary.wiley.com/doi/10.1111/dme.13875

Authors, Journal	Type of study	Main results
Neoh *et al, Diabetic Medicine*	Pre-specified sub-group analysis from CONCEPTT trial	**Dietary deficiencies are common in pregnant patients with type 1 diabetes** Mean calorie intake was 1,588 and 1,673 kcal in women planning pregnancy and pregnant women with type 1 diabetes. Although total carbohydrate intake was appropriate (about 53 g for both groups), 46% of this consisted of non-recommended sources like sugars, preserves, confectionery, biscuits and cakes. Fat consumption was higher than recommended (nearly 71 g for both groups). Fibre (15.4 g for both groups), fruit and vegetables (nearly 3.3 serves/day) were inadequate. 26% of women did not meet micronutrient requirements. https://onlinelibrary.wiley.com/doi/10.1111/dme.13937
Stoyanova *et al, Diabetic Medicine*	Real-world diabetes database study	**People with type 2 diabetes and heart failure** These people are older, more often women, have longer duration of diabetes at presentation, have lower blood pressures, lower HbA1c, higher BMI, get more intense insulin therapy, have more co-morbidities in history and are more frequently in receipt of antihypertensive and lipid-lowering medications than those without heart failure. https://onlinelibrary.wiley.com/doi/10.1111/dme.13915
Bryrup *et al, Diabetologia*	18-week one-arm crossover trial	**Metformin effect on gut microbiota in people with normal glucose** Metformin reduces Intestinibacter spp. and Clostridium spp. but increases Escherichia/Shigella spp. and Bilophila wadsworthia. Some of the baseline intestinal micro-organisms might be responsible for the GI side effects of metformin. https://link.springer.com/journal/125/62/4
Oram *et al, Diabetologia*	Review	**Beta cells in type 1 diabetes may be sleeping rather than dead** The review discussed the possibility and the potential of at least some beta cells in type 1 diabetes surviving but dysfunctional and the potential of new beta cell regeneration or activation. https://link.springer.com/article/10.1007/s00125-019-4822-4
Lowe Jr *et al, Diabetologia*	HAPO follow-up study	**Maternal glucose levels linked to obesity in the offspring** The study showed that for 1 SD difference in pregnancy glucose and HbA1c, OR for child adiposity was in the range of 1.05–1.16 for maternal fasting glucose, 1.11–1.19 for 1 hour post glucose value in OGTT, 1.09–1.21 for 2 hour post glucose value in OGTT and 1.12–1.21 for HbA1c. Many of these associations were significant. The association persisted even for glucose levels not diagnostic of diabetes. https://link.springer.com/article/10.1007/s00125-018-4809-6
McGurnaghan *et al, Diabetologia*	Real-world observational study	**Dapagliflozin reduces HbA1c in real-world study** Dapagliflozin reduces HbA1c by 10.41 mmol/mol after 3 months and 12.99 mmol/mol after 12 months of exposure. SBP reduced by 4.32 mm Hg in 3 months. BMI and body weight reduced by 0.82 kg/m2 and 2.20 kg in 6 months. https://link.springer.com/article/10.1007/s00125-018-4806-9
Bergmann *et al, Diabetologia*	Randomised crossover study	**Combined GIP and GLP1 infusion did not have additive effect on lowering energy intake** Although GLP-1 infusion lowered energy intake in overweight men, simultaneous GIP infusion did not potentiate this effect. https://link.springer.com/article/10.1007/s00125-018-4810-0
Mustroph *et al, Diabetologia*	Experimental study	**Empagliflozin increases cardiac myocyte glucose uptake** The experiments showed that empagliflozin exposure for 24 hours results in significantly increased GLUT1 expression in murine and human ventricular cardiomyocyte while expression of GLUT4,8,10 and 12 remains unchanged. This effect and the resultant increase in intracellular glucose might underlie the beneficial effect of empagliflozin in heart failure. https://link.springer.com/article/10.1007/s00125-019-4819-z
Brown-Frandsen *et al, Diabetes Obesity Metabolism*	DEVOTE sub-analysis	**Lower rate of cardiovascular events in patients taking liraglutide with basal insulin compared to those not taking liraglutide** Liraglutide use versus no liraglutide use along with basal insulin was associated with significantly lower hazard rates for MACE (0.62) and all-cause mortality (0.50) without any difference in the rate of hypoglycaemia. https://onlinelibrary.wiley.com/doi/10.1111/dom.13677
Meneghini *et al, Diabetes Obesity Metabolism*	Prospective real-world study	**Basal insulin can achieve target HbA1c in only a small proportion of patients and with some risk of hypoglycaemia** In this study, individualised targets were set for almost all of the participants with 57% of participants having HbA1c target between 53 and 58 mmol/mol. By week 12, 28% and 27% of newly and previously initiated participants respectively achieved their individualised targets with a modest increase in daily insulin dose of 9 and 5 units, respectively. 16% of the participants experienced at least one episode of hypoglycaemia and it was positively associated with a higher likelihood of achieving individualised target. https://onlinelibrary.wiley.com/doi/10.1111/dom.13673
Funch *et al, Diabetes Obesity Metabolism*	5-year prospective cohort study	**Liraglutide use and the risk of acute pancreatitis and cancer** No association between liraglutide use and the occurrence of acute pancreatitis or pancreatic cancer was found in this large study. https://onlinelibrary.wiley.com/doi/abs/10.1111/dom.13739

Authors, Journal	Type of study	Main results
Hallberg *et al*, *Diabetes Obesity Metabolism*	Review	**Low carbohydrate diet might help** Patients on low carbohydrate diets had lower triglycerides and higher HDL, although some studies have shown higher LDL as well. https://onlinelibrary.wiley.com/doi/abs/10.1111/dom.13736
Kyi *et al*, *Diabetes Care*	Cluster RCT	**Early intervention for diabetes (new and pre-existing) reduces hospital acquired infections in medical and surgical inpatients** A proactive approach of early electronic identification and bedside management increased specialist diabetes management (92% vs. 15%, p<0.001) and new insulin treatment (57% vs. 34%, p=0.001), decreased patient-days with glucose <4 or >15 mmol/L by 24%, reduced overt hyperglycaemia >15 mmol/L by 55% and hospital-acquired infections (OR 0.20, 95% CI 0.07 to 0.58, p=0.003). http://care.diabetesjournals.org/content/early/2019/02/14/dc18-2342
Durrer *et al*, *Nutrients*	Exploratory study	**Short-term low carbohydrate high fat diet can increase susceptibility to endothelial damage by a carbohydrate surge** Acute glucose ingestion after a short-term (7 days) low carbohydrate (10% of energy) high fat (70% of energy) diet increases the markers of endothelial damage. https://www.mdpi.com/2072-6643/11/3/489/htm
Cochrane, *et al*, *ENDO 2019*	Abstract, animal study	**Keto diets might not be helpful in females** Female mice gained weight compared to weight loss in male mice and developed glucose intolerance when exposed to keto diet (75% fat, 3% carb), although producing higher amount of ketones in blood. Some of these differences may be attributed to oestrogen levels. https://www.abstractsonline.com/pp8/#!/5752/presentation/16639
Kerem *et al*, *ENDO 2019*	Abstract, exploratory study	**Oxytocin spray may reduce the desire for food in obese people** Oxytocin spray reduced activities in reward centers as evaluated by functional MRI in obese people when presented with food. This may lead to a potential therapeutic application for oxytocin in obesity. https://www.endocrine.org/news-room/2019/endo-2019---investigational-obesity-drug-oxytocin-weakens-brains-reward-signals-for-food
Zaman *et al*, *ENDO 2019*	Abstract, exploratory study	**Eating later in the day can be associated with obesity** Eating later in the day did not affect the duration of sleep but was associated with higher BMI and fat mass in the participants. https://www.abstractsonline.com/pp8/#!/5752/presentation/20950
Islami *et al*, *International Journal of Cancer*	Prospective cohort study	**Drinking hot tea regularly may be associated with higher risk of oesophageal cancer** Preference for hot tea, higher temperature of tea and shorter time interval between pouring and drinking tea were all associated with a higher risk of developing oesophageal cancer. A higher association was also noted with drinking over 700 ml of tea, >60°temperature of tea and cancer. https://onlinelibrary.wiley.com/doi/epdf/10.1002/ijc.32220?referrer_access_token=jp597q3th5iztzcOI661YE4keas67K9QMdWULTWMo8NRg3XoYfyWi8JjjIk602yTF-EB7kRxqLdy9aVQjSZ3LyGhzW0WomHH7PwNGue1NpHuc2G6vB7i22MNwC7TgoH2wF2JEUNebGgWyqgwOL6o4A%3D%3D
Chambers *et al*, *Applied Ergonomics*	Systematic review	**Sit-stand desks change behaviour but the health benefits remain uncertain** The review found that there was a significant association of sit-stand desks with 61% of behavioural, 37% of physiological, 7% of work performance, 31% of psychological, 43% of discomfort and 18% of posture domains, but definite health benefits remain uncertain overall. https://www.sciencedirect.com/science/article/pii/S0003687019300304?via%3Dihub

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YDEF NEWS

YOUNG DIABETOLOGISTS & ENDOCRINOLOGISTS
EDUCATION • REPRESENTATION • COMMUNICATION

Onwards and upwards: YDEF's ambitions for continual learning in Diabetes and Endocrinology

One of the great pleasures of our speciality is the nature of diabetes and endocrinology as a rapidly evolving field, with a constant supply of new information to nourish our life-long learning needs (and, of course, provide content for trainee e-portfolio reflections!).

YDEF (the Young Diabetologist & Endocrinologist Forum) strives to be at the heart of supporting trainees to learn the information they need either for their daily professional practice or to explore areas of personal specialist interest. The last few months have been particularly busy and we are delighted by the opportunity to share some of those activities here.

The flagship event in our calendar is the YDEF Annual Day, hosted immediately before the Diabetes UK Professional Conference and culminating in a networking social event in the evening. This year attendees enjoyed presentations from Dana Lewis on Open Source Technology, Abd Tahrani on Obesity and Ben Whitelaw on Checkpoint Inhibitors. Particular congratulations are due to Shang Shao and the diabetes team at Newham Hospital who won the annual poster prize with a great poster considering practical approaches to reducing inpatient hypoglycaemia.

The Diabetes UK Professional Conference provided a further opportunity for both learning and networking. The professional interest group proved to be particularly stimulating with the chairs of both YDEF and ABCD exploring exemplars of good practice in balancing speciality and general internal medicine clinical demands with some fantastic examples from across the country. The YDEF Travel Award was shared this year by Sheila Grecian and Hanieh Yaghootkar, and it was a delight to see a trainee (Peter Jacob) win the Lilly Diabetes Clinical Science Poster Award.

Each year we have run an insulin pump course that has been particularly popular with trainees. However, this year, acknowledging how quickly technology has changed, the course was restructured to a new format called the 'YDEF Diabetes Technology Course', which was held at the delightful Eynsham Hall venue in Witney, Oxfordshire. The course proved as popular as ever and was rapidly oversubscribed. We will, of course, be running it again next year and recommend anyone interested to book early. We are grateful to Giulia Argentesi for coordinating the course from a YDEF perspective and the tireless efforts of Pratik Choudhary and all the other speakers.

Looking to the future, we have a new president (Clare Whicher) from Southampton who co-ordinated the YDEF Annual Day described above and, after a competitive application process and interviews, we are delighted to welcome five new members to our committee: Peter Jacob, Fahad Arshad, Meera Ladwa, Thomas Crabtree and Anne De Bray. We look forward to working with them to curate the next series of YDEF educational events. On the horizon we have a collaborative YDEF/ABCD/SfE Taster Day planned for September in Newcastle, a repeat of the 'ABC of D&E' course for new trainees to the speciality and are finalising the Lilly EASD Scholarship Programme.

We hope this meets our mission to enable advocacy, education and support of trainees in our speciality and we would welcome any other suggestions or ideas!

Dr Tim Robbins
A speciality trainee in the West Midlands Region, a member of the YDEF Committee and trainee representative to the Health Education West Midlands Specialist Training Committee. He is organising the next YDEF Training Day in Northern England. Contact: drtrobbins@gmail.com

YDEF is dedicated to all diabetes and endocrine trainees and is open for new members to register on our website. Take advantage of our regular newsletters and up-to-date advertising of a wide variety of courses and meetings to complement your training.

As always, we are continuously looking to develop and propagate our specialty so do not hesitate to contact us if you have any suggestions or questions!

www.youngdiabetologists.org.uk @youngdiab on twitter