

## From the desk of the Chairman, Dinesh Nagi

I write to you during these most difficult times for all of us, for our country and the international society, as we are amidst the grip of coronavirus. The current situation and ever increasing COVID-19 case load has created an enormous uncertainty about many things in our personal and professional lives, but it is our duty to support our patients and colleagues during this time.

It is only through mutual collaboration and support that we will defeat this sinister enemy. National and local planning has resulted in diabetologists being called to help at the front line. Many of us are getting to grips with new and challenging ways of working and we are seeing real innovation and great speed of change during this challenge. It will be our duty to ensure that the learning from this experience is not lost, and we will work to ensure that new and exciting innovation is shared across our membership. If your teams are working on new innovations, please do let us know at ABCD so that we can share this (info@abcd.care). In the meantime, please visit our COVID-19 web pages to learn the latest in managing diabetes during the pandemic and learning more about the management of COVID-19 (<https://abcd.care/coronavirus>).

Colleagues will be concerned about how we will achieve the CPD for this year. The RCP has issued guidance which is available on the RCP and ABCD websites. The GMC has also decided to postpone revalidation temporarily for the coming months and will contact individuals with new dates for their revalidation.

The directors of the ABCD have been closely monitoring developments and we will continue to communicate with you about this on a regular basis. The directors of the ABCD have decided to postpone the Spring ABCD and DTN meetings in Liverpool to 15/16 December 2020, depending on how the situation further develops. The planned programme for the postponed ABCD meeting includes parallel sessions for trainees in ST3 and ST4 grades on the foundation aspects of training to provide a solid foundation in basic aspects of Diabetes and Endocrinology. Associate Professor Jonathan Bodansky has

kindly agreed to deliver the 3rd John Wales Memorial Lecture. Professor Bodansky worked with the late John Wales at Leeds General Infirmary and has been a consultant there since 1989. Further details on the conference programme are available at <https://abcd.care/events/abcd-conference-2020>.

The two planned Regional Meetings have been rescheduled to take place on 20 October and 26 November – see the website for more details (<https://abcd.care/events/abcd>). Further meetings are planned in the South West in 2020 and in Anglia in 2021. We plan to rename these as ABCD-BJD regional meetings to raise the profile of the ABCD journal. I feel very committed and passionate to ensure that these meetings should become a regular feature of our annual educational offering. There is huge advantage in having multidisciplinary attendance and shared local learning to facilitate collaboration and shared best practice. For these meetings to be successful, we have sought support from DUK, PCDS and TREND for ensuring their members are aware of these opportunities. The trainees in D&E will be contacted through local TPDs to ensure that our trainees take advantage of these meetings. Please spread the word.

It is likely that the Annual General Meeting will be held virtually later in the summer and we will provide full details and information on how you can participate and vote.

I am pleased to announce that Dr Dipesh Patel has been elected as the next Chair of ABCD. He will take over following a period of handover from myself during May and June 2020. We also have a new Meeting Secretary to take over from Dipesh in Dr Umesh Dashora who has served with distinction as BJD News Editor. We are currently recruiting for a new BJD News Editor – if you are interested please contact info@abcd.care. We are also seeking two further candidates for the ABCD committee. A strong and vibrant committee is crucial to the decision making and delivery of ABCD objectives. Please do advise us if you are interested in applying – contact info@abcd.care for more information.

The ABCD committee has backed the Executive recommendation that ABCD should focus on a single national conference every year in the Spring preceded by the annual DTN

meeting. From 2021 we are moving the meetings to mid-week (Tuesday/Wednesday) which, I believe, will facilitate better attendance. We hope to continue and build on our collaboration with DPC (Diabetes Professional Care), giving our delegates another platform for CME and networking with other disciplines and colleagues.

ABCD recognises that an adequately trained workforce is the key to the delivery of quality diabetes care, promoting and supporting the leadership within our speciality and more widely in the NHS. ABCD is planning to seek intermediate to long term funding for the National ABCD NCDMP programme, which has run for the last five years. 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. The Association is grateful to NAPP Pharmaceuticals for their commitment and support over the last 2 years to provide an educational grant for the Consultant Development Programme (CDP) component.

BJD continues to be published twice a year at present and we are focusing on our strategic approach to get the journal listed on PubMed. That submission is clearly dependent upon a number of critical factors including the submission of articles to BJD. On behalf of the directors of BJD and the editorial team, I would like to urge ABCD members to consider submission to BJD in the form of interesting case reports, topical review articles of interest and, of course, manuscripts based on original research. See <https://bjd-abcd.com/index.php/bjd/pages/view/manuscripts-considered> for details of the types of articles considered.

Watch out for the next ABCD-RA meeting in February 2021, which has in the past provided excellent programme content for consultants and trainees alike.

By the time this news is in paper format, I will have completed 3 years as Chair of ABCD and I will have handed over to Dr Dipesh Patel who will head the ABCD executive team from June 2020. It has been an absolute pleasure and a huge privilege for me to be able to serve the membership of ABCD and I thank you all for your support for the Association and in my role as Chairman of ABCD.

**Dinesh Nagi, ABCD Chair (Outgoing)**

## From the desk of the News Editor, Umesh Dashora

### JBDS App being developed (Ketan Dhatariya)

JBDS app is being developed in association with the Royal College of Arts. This will hopefully improve the uptake and use of the JBDS guidelines in various areas of diabetes.

### New guidelines published

New diabetes guidelines have been published from the Joint British Diabetes Societies for inpatients (JBDS-IP) – Diabetes at the front door and inpatient care of the frail older adults. ABCD and Renal Association guidelines are also worth visiting.

[https://abcd.care/sites/abcd.care/files/site\\_uploads/JBDS\\_Diabetes\\_Front\\_Door.pdf](https://abcd.care/sites/abcd.care/files/site_uploads/JBDS_Diabetes_Front_Door.pdf)

[https://abcd.care/sites/abcd.care/files/resources/Inpatient\\_Care\\_of\\_the\\_Frail\\_Older\\_Adult.pdf](https://abcd.care/sites/abcd.care/files/resources/Inpatient_Care_of_the_Frail_Older_Adult.pdf)

[http://www.diabetologists-abcd.org.uk/Position\\_Papers/ABCD\\_RA\\_Guidelines\\_Lipids\\_in\\_DN\\_&\\_or\\_DM\\_CKD\\_June\\_2015.pdf](http://www.diabetologists-abcd.org.uk/Position_Papers/ABCD_RA_Guidelines_Lipids_in_DN_&_or_DM_CKD_June_2015.pdf)

### News from the Chair of the Royal College of Physicians, Joint Specialty Committee, Peter Winocour

1. The RCPL medical care document will be updated in 2020 to recognise the need to increase follow-up endocrine clinic time to 20 minutes and to seek wider agreement for additional admin time for a clinic session.
2. The inpatient diabetes mellitus accreditation programme will be piloted in east of England in 2020.
3. I have fed back to the Association of Medical Royal Colleges that diabetes needed to be included in patient safety syllabus.
4. Young people aged 16–18 years with DKA can now be managed following the adult protocol if being managed in adult areas.
5. Regional specialty advisers will be expanded to better support the response to national workforce survey.

### New online education module produced for the Royal College of Midwives

The diabetes-in-pregnancy work is Diabetes Care Trust (DCT)'s first sponsored project which was conceived by Huw Alban Davies, Chair of the DCT, and developed and com-

pleted with a positive result. The work was written with the benefit of a survey of the educational needs of midwives, composed on the basis of results from a freedom of information request received from 110 NHS trusts and replies to a questionnaire received from 698 midwives. The survey was supported by an award of £15,708 from DCT.

<https://bjd-abcd.com/index.php/bjd/article/view/339>

[http://www.diabetologists-abcd.org.uk/Research/DCT\\_report\\_final\\_05012018.pdf](http://www.diabetologists-abcd.org.uk/Research/DCT_report_final_05012018.pdf)

ABCD extended this work by helping to produce an online diabetes course for midwives for the Royal College of Midwives as part of their commitment to work with other healthcare professionals to improve care of people with diabetes. Umesh Dashora and Dinesh Nagi from ABCD devoted numerous hours to write the module while Jacquie Simpson and Deborah Burns, Diabetes Midwife Leads and Belfast H&SC Trust reviewed the content. Gail Johnson from RSM facilitated the project. On the last count 320 midwives accessed the course within 4 months of launch with more than 56% having completed the course. Positive comments and suggestions included "Great module, thank you"; "I think it would be helpful to separate gestational diabetes and pre-existing diabetes more as this could make the information clearer. Great module, though, thank you"; "Very informative module and useful for my training and professional development"; "I found this course really beneficial to my learning. However, some of the terminology within the course I found difficult to understand as a first year student midwife"; "I found this module informative and educational. It is also targeted at the right level for midwives"; "I have used this module as a refresher for my learning and as a revision tool"; "I have found it helpful and informative"; "I found this module short but thought provoking and stimulating"; "It updated my knowledge and will improve my clinical care"; "The course was excellent and informative for a new student"; "Very useful, some of the links a little difficult to navigate back from (using Kindle)". ABCD will work with RCM on the feedback received to produce the second version of this online course. The module is freely available to all RCM members via [www.rcm.org.uk](http://www.rcm.org.uk).

### Diabetes Care Trust supports clinical research and patient care

The Diabetes Care Trust (DCT) is a charity that supports the Association of British

Clinical Diabetologists (ABCD). As an important part of its charitable role it provides grants to support projects that are likely to benefit people with diabetes, particularly by improving their understanding of their own condition and by advancing the education of medical and other health professionals involved with the care of those with diabetes. The DCT also supports clinical research aimed at making direct improvements in the care and wellbeing of people with diabetes, as well as the audit and scrutiny of treatments and technology for people with diabetes.

For more information about grants available from the DCT visit [www.diabetescaretrust.org](http://www.diabetescaretrust.org). Grants are available for any suitable project, not just to ABCD members.

### ABCD collaboration with cardiology and renal societies

ABCD are formally collaborating with UK cardio-renal groups to improve understanding of the disease area and help produce recommendations to improve patient care. This will also create excellent opportunities for education and talks across boundaries for mutual benefit.

[http://www.bcs.com/documents/Memorandum\\_of\\_Understanding\\_CaReMe.pdf](http://www.bcs.com/documents/Memorandum_of_Understanding_CaReMe.pdf)

### More guidance for people on SGLT-2 inhibitors

ABCD has produced more guidance on the use of SGLT-2 inhibitors in people with diabetes.

<https://abcd.care/resource/sglt-2-inhibitors-people-type-2-diabetes>

### New book on 'Life without diabetes'

This new book by Professor Taylor is a 'must read' for both health professionals and people with diabetes. It is a definitive guide to understanding and reversing type 2 diabetes and explains the three-step Newcastle weight loss programme in an easy to read fashion. It also contains a great recipe section. Enjoy the read.

## Interesting recent research (Umesh Dashora)

### A rapid-fire collection of interesting recent developments in diabetes

Authors, Journal	Type of study	Main results
Mason <i>et al</i> , <i>Diabetologia</i>	Review	<b>Circadian rhythm may influence glucose metabolism</b> Sleep-wake, feed-fast, day-night rhythms can adversely influence glucose metabolism if disrupted. This understanding can help improve diabetes control in some people. <a href="https://link.springer.com/article/10.1007/s00125-019-05059-6">https://link.springer.com/article/10.1007/s00125-019-05059-6</a>
Buse, <i>Diabetologia</i>	Clinical guidelines	<b>ADA-EASD update on the management of hyperglycaemia 2019</b> The update suggests considering GLP-1 RAs and SGLT-2 inhibitors for people with type 2 diabetes based on the recent studies showing cardiorenal benefits. GLP-1 receptor agonists should be used for patients with established ASCVD or where a major cardiovascular event is a major threat irrespective of HbA <sub>1c</sub> . SGLT-2 inhibitors should be considered in people with type 2 diabetes with heart failure with reduced ejection fraction, those with chronic kidney disease and to prevent CKD progression. <a href="https://link.springer.com/article/10.1007/s00125-019-05039-w2">https://link.springer.com/article/10.1007/s00125-019-05039-w2</a>
Crump <i>et al</i> , <i>Diabetologia</i>	Cohort study of 4 million people	<b>Pre-term birth is associated with higher incidence of type 1 and type 2 diabetes</b> The higher risk is only partially explained by shared genetic and environmental factors in the families. There may be a direct effect of pre-term birth and its treatment on later subsequent development of diabetes in the offspring. These babies may need early preventive measures and long term monitoring for early detection and management of diabetes. <a href="https://link.springer.com/article/10.1007/s00125-019-05044-z">https://link.springer.com/article/10.1007/s00125-019-05044-z</a>
Brouwers <i>et al</i> , <i>Diabetologia</i>	Review of research	<b>NAFLD may be associated with cardiovascular disease</b> NAFLD may actually cause excess cardiovascular disease through plasma lipids, low-grade inflammation, impaired fibrinolysis and hepatokines rather than being a simple association. Specific genes have been found to be associated with CAD and non-alcoholic steatohepatitis and may be linked to their lipid-raising effect. <a href="https://link.springer.com/article/10.1007/s00125-019-05024-3">https://link.springer.com/article/10.1007/s00125-019-05024-3</a>
Advani, <i>Diabetologia</i>	Review	<b>Time in range (TIR) target for people with diabetes</b> The author suggests for most people with type 1 and type 2 diabetes a TIR (3.9–10 mmol/L) target of >70%, time below range (<3.9% and <3.0 mmol/L) target of 4% and 1%. The targets may have to be individualised and would be less stringent for older and very young people. <a href="https://link.springer.com/article/10.1007/s00125-019-05027-0">https://link.springer.com/article/10.1007/s00125-019-05027-0</a>
Avogaro <i>et al</i> , <i>Diabetes Care</i>	Hypothesis	<b>How do we explain the cardio-renal benefits of SGLT-2 inhibitors?</b> The authors' hypothesis is that the cardio-renal benefits are a result of change in cellular life history programming from defence to dormancy programming. Hyperglycaemia can be considered as an environmental stress and provokes a defence programme in the cells characterised by activation of the immune responses and anabolic metabolism. The dormancy programme is an energy-preserving state with high resistance to environmental stressors and is similar to hibernation where fuel is stored, metabolic rate is suppressed and insulin secretion is reduced. <a href="https://care.diabetesjournals.org/content/43/3/501.full-text.pdf">https://care.diabetesjournals.org/content/43/3/501.full-text.pdf</a>
Haidar <i>et al</i> , <i>Diabetologia</i>	RCT	<b>Dual insulin and pramlintide therapy improves diabetes control</b> In an RCT comparing three different artificial pancreas systems, rapid insulin-and-pramlintide system increased the time in range (74% to 84%, p=0.0014), whereas the regular insulin-and-pramlintide did not change the time in range compared to the rapid insulin-alone artificial pancreas system, mainly due to improved daytime control. Hypoglycaemia was numerically similar but GI side effects were reported more often with systems containing pramlintide. <a href="https://care.diabetesjournals.org/content/43/3/597">https://care.diabetesjournals.org/content/43/3/597</a>
Frykberg <i>et al</i> , <i>Diabetes Care</i>	RCT	<b>Topical oxygen therapy for chronic diabetic foot ulcers is superior to standard therapy alone</b> Topical oxygen therapy had a higher rate of wound closure after 12 weeks compared with standard therapy with placebo (41.7% vs 13.5%, OR 4.57, p=0.010). At 12 months post-enrolment, 56% of ulcers healed in the active arm compared with 27% in the sham arm (p=0.013). <a href="https://care.diabetesjournals.org/content/43/3/616">https://care.diabetesjournals.org/content/43/3/616</a>
Succurro <i>et al</i> , <i>Diabetes Care</i>	Clinical study	<b>1-hour post glucose hyperglycaemia is associated with lower myocardial glucose uptake</b> Volunteers with CAD exhibited reduced glucose uptake associated with impaired glucose tolerance and people with normal glucose tolerance but high post glucose load values. <a href="https://care.diabetesjournals.org/content/43/3/669">https://care.diabetesjournals.org/content/43/3/669</a>

Authors, Journal	Type of study	Main results
Mäkimattila <i>et al</i> , <i>Diabetes Care</i>	Retrospective observational study	<b>20% of people with type 1 diabetes have another autoimmune condition</b> In this Finnish study 22% of people with type 1 diabetes had another autoimmune disease. 32% of women and 15% of men were affected. The odds ratios of hypothyroidism, hyperthyroidism, celiac disease, Addison's disease and atrophic gastritis were 3.43, 2.98, 4.64, 24.13 and 5.08, respectively, compared with controls. Older people have associated hypothyroidism whereas younger people have an increased risk of celiac disease. <a href="https://care.diabetesjournals.org/content/early/2020/03/04/dc19-2429">https://care.diabetesjournals.org/content/early/2020/03/04/dc19-2429</a>
Garvey <i>et al</i> , <i>Diabetes Care</i>	RCT	<b>Liraglutide 3 mg with insulin in obese people with type 2 diabetes</b> In this RCT, at 56 weeks the mean weight change was -5.8% for liraglutide versus -1.5% with placebo, $p < 0.0001$ . More people achieved >5% weight loss with liraglutide compared with placebo (52% vs 24%, OR 3.41, $p < 0.0001$ ). Liraglutide 3 mg group had greater reduction in mean HbA <sub>1c</sub> , mean daytime glucose values and less need for insulin vs placebo despite a treat-to-target protocol. <a href="https://care.diabetesjournals.org/content/early/2020/02/27/dc19-1745">https://care.diabetesjournals.org/content/early/2020/02/27/dc19-1745</a>
Kwon <i>et al</i> , <i>Diabetes Care</i>	Retrospective observational cohort study	<b>Metformin reduces mortality in people with type 2 diabetic kidney disease</b> Metformin use was associated with lower all-cause mortality and ESRD in people with type 2 diabetic kidney disease. After matching of the two groups, the hazard ratio for all-cause mortality and ESRD progression was 0.65 ( $p < 0.001$ ) and 0.67 ( $p < 0.001$ ). There was only one event of metformin associated lactic acidosis (NS). <a href="https://care.diabetesjournals.org/content/early/2020/02/27/dc19-0936">https://care.diabetesjournals.org/content/early/2020/02/27/dc19-0936</a>
Pyl <i>et al</i> , <i>Diabetes Care</i>	Single-centre retrospective review	<b>FreeStyle Libre use is associated with contact dermatitis</b> Allergic contact dermatitis was reported in 5.5% of patients and was shown to be due to Isobornyl Acrylate (IBOA) sensitivity in 3.8%. Only two patients, one of whom was sensitive to IBOA, showed benefit from using a barrier film. <a href="https://care.diabetesjournals.org/content/early/2020/02/12/dc19-1354">https://care.diabetesjournals.org/content/early/2020/02/12/dc19-1354</a>
Miidera <i>et al</i> , <i>Diabetes Care</i>	Retrospective cohort study	<b>Antidepressants associated with risk of type 2 diabetes</b> People who were on antidepressants showed a higher risk of developing type 2 diabetes in a time- and dose-dependent fashion. The hazard ratio was 1.27 for short-term low-dose exposure and 3.95 for long-term high-dose antidepressant use. People who discontinued or reduced the dose of antidepressants had lower HbA <sub>1c</sub> ( $p < 0.001$ ). <a href="https://care.diabetesjournals.org/content/early/2020/02/12/dc19-1175">https://care.diabetesjournals.org/content/early/2020/02/12/dc19-1175</a>
Ley <i>et al</i> , <i>Diabetes Care</i>	Retrospective study over 25 years	<b>Duration of lactation is associated with lower risk of developing type 2 diabetes in women who had gestational diabetes in pregnancy</b> Longer duration of lactation was associated with a lower risk of developing type 2 diabetes. The hazard ratios for lactation up to 6 months, 6–12 months, 12–24 months and for >24 months were 1.05, 0.91, 0.85 and 0.73, respectively, $p$ -trend=0.003 after adjustment for confounding factors. Longer duration of lactation was associated with lower HbA <sub>1c</sub> , fasting plasma insulin and C-peptide concentration among women with type 2 diabetes at follow-up ( $p$ -trend<0.04). <a href="https://care.diabetesjournals.org/content/early/2020/02/10/dc19-2237">https://care.diabetesjournals.org/content/early/2020/02/10/dc19-2237</a>
He <i>et al</i> , <i>Diabetes Care</i>	Cohort study	<b>Dietary non-heme and total iron is associated with higher risk of developing type 2 diabetes</b> There seems to be a J-shaped association between iron intake and the risk of developing type 2 diabetes in men but an L-shaped association in women. The hazard ratios for quantiles of non-heme and total iron intake were 1.0, 0.77, 0.72, 0.63 and 0.87 ( $p$ -non linearity=0.0015) for men and 1.00, 0.63, 0.57, 0.58 and 0.67 ( $p$ -non linearity <0.0001). No significant associations were observed between heme iron intake and diabetes risk. <a href="https://care.diabetesjournals.org/content/early/2020/02/06/dc19-2202">https://care.diabetesjournals.org/content/early/2020/02/06/dc19-2202</a>
Ochoa-Rosales <i>et al</i> , <i>Diabetes Care</i>	Cohort study	<b>Statins may increase diabetes by altering genetic expression</b> Higher cg06500161 methylation was associated with higher fasting glucose, insulin, HOMA-IR and type 2 diabetes (OR 1.34). Mediation analyses suggest that ABCG1 methylation may partially mediate the effect of statins on insulin and insulin resistance. <a href="https://care.diabetesjournals.org/content/early/2020/02/06/dc19-1828">https://care.diabetesjournals.org/content/early/2020/02/06/dc19-1828</a>
Pigeire <i>et al</i> , <i>Diabetes Care</i>	Mendelian randomisation study	<b>ACE inhibitors may help control and manage diabetes</b> This study shows lower ACE concentrations associated with lower risk of type 2 diabetes (OR 0.92). This result was replicated in the UK biobank. <a href="https://care.diabetesjournals.org/content/early/2020/01/30/dc19-1973">https://care.diabetesjournals.org/content/early/2020/01/30/dc19-1973</a>
Misra <i>et al</i> , <i>Diabetes Care</i>	Genetic study	<b>Novel young-age diabetes due to homozygous hypomorphic HNF 1A allele mutation may be sulphonylurea sensitive</b> Homozygous HNF1A variant was identified in three insulin-treated family members diagnosed with diabetes before 20 years of age. Patients had low CRP levels but were sensitive to sulphonylurea at a low dose. <a href="https://care.diabetesjournals.org/content/early/2020/01/28/dc19-1843">https://care.diabetesjournals.org/content/early/2020/01/28/dc19-1843</a>
Ma <i>et al</i> , <i>Diabetes Care</i>	Prospective biobank study	<b>Glucosamine may be associated with lower risk of type 2 diabetes</b> In this 8-year study, glucosamine use was associated with a significantly lower risk of type 2 diabetes (hazard ratio 0.83), especially in people with higher CRP. <a href="https://care.diabetesjournals.org/content/early/2020/01/23/dc19-1836">https://care.diabetesjournals.org/content/early/2020/01/23/dc19-1836</a>

Authors, Journal	Type of study	Main results
Muller <i>et al</i> , <i>Diabetes Care</i>	Retrospective population-based study	<b>Incidence of severe hypoglycaemia in people with type 2 diabetes</b> The event rate for severe hypoglycaemia has changed from 460 in 2006 and 490 in 2011 to 360 in 2016 per 100,000 people. The proportion of people with severe hypoglycaemia receiving sulphonylurea has reduced from 23.6% to 6.2%. <a href="https://onlinelibrary.wiley.com/doi/abs/10.1111/dme.14294">https://onlinelibrary.wiley.com/doi/abs/10.1111/dme.14294</a>
Avanzini <i>et al</i> , <i>Diabetic Medicine</i>	Prospective pre-post intervention study	<b>Brick-diet and postprandial insulin can reduce the incidence of hypoglycaemia in hospitalised people with diabetes</b> In 83 of the first 100 people treated with the brick diet (10 g carbohydrate constituting a brick), the oral carbohydrate intake was lower than planned on at least one occasion over a median of 5 days. Compared with the standard approach, postprandial insulin given on the basis of calculation of bricks by nurses significantly reduced the incidence of hypoglycaemic events per day from 0.11 to 0.04 ( $p < 0.001$ ). <a href="https://onlinelibrary.wiley.com/doi/abs/10.1111/dme.14293">https://onlinelibrary.wiley.com/doi/abs/10.1111/dme.14293</a>
Hilden <i>et al</i> , <i>Diabetic Medicine</i>	Population-based cohort study	<b>Obstetric outcomes of women with GDM remain largely unchanged</b> In this study, which included 1,455,667 pregnancies, the overall prevalence of GDM was 1%. There was a significant trend towards improvement in the incidence per year for large for gestational age birthweight and birth trauma; however, the trend for small for gestational age among women with GDM increased. Newer strategies are needed. <a href="https://onlinelibrary.wiley.com/doi/abs/10.1111/dme.14266">https://onlinelibrary.wiley.com/doi/abs/10.1111/dme.14266</a>
Middleton <i>et al</i> , <i>Diabetic Medicine</i>	Prospective observational study	<b>Younger onset type 2 diabetes is associated with more severe diabetic retinopathy</b> The prevalence of retinopathy was highest in those with young-onset type 2 diabetes (diagnosed at age 15 to <40). The adjusted odds ratio after 10–15 years of diabetes in this group for retinopathy was 2.8 compared with those diagnosed after 60 years of age. For a similar period for the same comparator, the odds ratios for albuminuria, peripheral neuropathy and microvascular disease in the same population were only 0.5, 0.7 and 0.2. <a href="https://onlinelibrary.wiley.com/doi/10.1111/dme.14238">https://onlinelibrary.wiley.com/doi/10.1111/dme.14238</a>
Aroda <i>et al</i> , <i>Diabetes Obesity and Metabolism</i>	Pooled post hoc exploratory analysis of Sustain 1–5 RCTs	<b>Semaglutide once weekly sc injections effective in a range of patients with variable beta-cell function</b> HbA <sub>1c</sub> reduction from lowest to highest HbA <sub>1c</sub> was –0.9%, –1.2%, –1.5%, –1.7% and –2.3% for semaglutide 0.5 mg with mean HbA <sub>1c</sub> ranges at week 30 of 6.3–7.3% and 6.1–6.9%, respectively. Body weight reduction was also smaller with higher HbA <sub>1c</sub> . <a href="https://onlinelibrary.wiley.com/doi/10.1111/dom.13896">https://onlinelibrary.wiley.com/doi/10.1111/dom.13896</a>
Avgerinos <i>et al</i> , <i>Diabetes Obesity and Metabolism</i>	Systematic review and meta-analysis of 11 RCTs	<b>Oral semaglutide can reduce HbA1c with beneficial effect on weight and BP</b> The meta-analysis showed that, compared with placebo, oral semaglutide reduced HbA <sub>1c</sub> and body weight (–0.89% and –2.99 kg). It was superior to active counterparts including liraglutide, empagliflozin and sitagliptin in terms of lowering HbA <sub>1c</sub> and body weight and had a favourable effect on systolic blood pressure. Compared with placebo, oral semaglutide reduced all-cause mortality (OR 0.58) and cardiovascular mortality (OR 0.55) and had a neutral effect on myocardial infarction, stroke, severe hypoglycaemia and diabetic retinopathy. Nausea, vomiting and diarrhoea were more frequent while events of acute pancreatitis were rare. <a href="https://onlinelibrary.wiley.com/doi/10.1111/dom.13899">https://onlinelibrary.wiley.com/doi/10.1111/dom.13899</a>
Thieu <i>et al</i> , <i>Diabetes Obesity and Metabolism</i>	Review	<b>Current and newer formulations of glucagon to prevent and treat hypoglycaemia</b> In this review the authors describe the current and future potential glucagon preparations to treat hypoglycaemia safely including injectable glucagon emergency kits, recently approved nasal glucagon, liquid glucagon rescue pen, bioChaperone glucagon and desiglucagon. <a href="https://onlinelibrary.wiley.com/doi/10.1111/dom.13941">https://onlinelibrary.wiley.com/doi/10.1111/dom.13941</a>
Dejgaard <i>et al</i> , <i>Diabetes Obesity and Metabolism</i>	RCT	<b>Liraglutide added to insulin pump in overweight people with type 1 diabetes reduced body weight and hyperglycaemia</b> Liraglutide reduced HbA <sub>1c</sub> by 5 mmol/mol from a baseline of 66 mmol/mol compared with an increase of 2.3 mmol/mol in the placebo group (between-group difference 7 mmol/mol, $p < 0.001$ ). Total insulin dose reduced by 8 units or 16% of total insulin dose ( $p < 0.001$ ). Mean body weight reduced by 6.3 kg ( $p < 0.001$ ) compared with placebo. Time spent in glycaemic target range of 4–10 mmol/L increased without any difference in hypoglycaemia rate. <a href="https://onlinelibrary.wiley.com/doi/10.1111/dom.13911">https://onlinelibrary.wiley.com/doi/10.1111/dom.13911</a>
Husain <i>et al</i> , <i>Diabetes Obesity and Metabolism</i>	Post hoc analysis of SUSTAIN 6 and PIONEER 6	<b>Semaglutide reduces cardiovascular risk events across varying cardiovascular risk</b> In SUSTAIN 6 and PIONEER 6 combined, the hazard ratio (HR) for the effect of semaglutide versus placebo on overall MACE was 0.76, mainly driven by the effect on non-fatal stroke (HR 0.65). The HR for hospitalisation for heart failure was 1.03 (NS). The HRs for MACE were <1.0 in all subgroups, except for those with prior heart failure (HR 1.06, NS) <a href="https://onlinelibrary.wiley.com/doi/10.1111/dom.13955">https://onlinelibrary.wiley.com/doi/10.1111/dom.13955</a>

## ABCD activities in the era of COVID-19 and beyond

**Dinesh Nagi, Umesh Dashora, Susannah Rowles, Dipesh Patel and Andrew Macklin on behalf of the ABCD**

The NHS is battling hard to get to grips with the coronavirus pandemic, which has had a sudden effect on the NHS and diabetes services. The unexpected timing of the pandemic and the way the virus has behaved has challenged us in ways we have all found hard to deal with. In times like these, governments, organisations, societies and individuals play a crucial role. ‘Leadership’ – both at an individual and organisational level – plays a crucial role in supporting our response to such a crisis.

Social isolation was the first step to try to counter the spread of the disease and to protect the NHS services from being overwhelmed. ‘Flattening the curve’ has been achieved to a degree. As we reach the beginning of the end of the first phase of this pandemic, which has so far caused more than 32,000 deaths in the UK alone, society and the medical profession have paid a heavy price and the war against the virus has taken its toll on individuals and key workers in the country.

Most specialities, including Diabetes and Endocrinology (D&E), have played a significant role in supporting the frontline services. The nature of training doctors in D&E with emphasis on dual training including general internal medicine (GIM) always meant that they would form an important role at the front line. That has led to cancellation of less urgent outpatient services, so that colleagues could be freed to support the front line.

ABCD, as a specialist society, has been involved in activities to support not only our members and people with diabetes, but also has ensured that we contributed to support those professional colleagues who were managing people with diabetes.

Activities of the Association have focused on:

- (1) Working closely with other specialist societies to help produce appropriate new clinical guidance to aid healthcare professionals involved in the care and support of people with diabetes. These documents were widely circulated amongst all healthcare professionals and are easy to access on Diabetes UK and ABCD websites.

The documents are intended for those involved in delivering and redesigning diabetes services in the light of this pandemic. It recognises the importance of maintaining certain elements of the diabetes service which will be essential in reducing the burden on hospitals and supporting inpatient teams. We have also included a simple template based on the NHS ‘Clinical guide for the management of acute diabetes patients during the coronavirus pandemic’. A major focus of the work has been to share experiences of clinicians and clinical networks experiencing severe, acute and atypical diabetes manifestations arising from COVID-19 infections. A detailed document outlining how to maintain patient flow and patient safety across the community, particularly in inpatient areas, was made available to teams by producing a joint document with the inpatient group of Diabetes UK. This was followed by a series of joint documents with the Inpatient COVID Group team to support and advise health professionals across the country.

- Maintaining acute diabetes services in response to COVID-19
- Speciality template for acute diabetes services
- COncise adVice on Inpatient Diabetes (COVID:Diabetes) - Front Door Guidance
- COncise adVice on Inpatient Diabetes - Guidelines for managing diabetic ketoacidosis (DKA) using subcutaneous insulin
- COncise adVice on Inpatient Diabetes - Guidance for managing inpatient hyperglycaemia

- (2) ABCD has provided professional expertise, through the Royal College of Physicians, to the NHS on the issues facing the specialist services in D&E, to support plans for a ‘reset’ including a redesign of clinical services for people with diabetes post COVID.
- (3) ABCD is planning ahead to ensure that educational needs of members for CME are met in the foreseeable future. Work is in progress to develop an ABCD app which can provide quick and easy access to important documents and resources. It will include functionalities for quick access to peer and expert advice on diabetes-related matters.
- (4) ABCD plans to create virtual platforms, webinars and webcasts on important ‘hot’ topics that can be easily and conveniently accessed by the members via numerous IT system platforms during work and away from work, although some colleagues may need permissions from their IT departments.
- (5) ABCD is working closely with our sponsors to ensure that their support and contribution during the COVID pandemic remain consistent and appropriately evidence-based for the membership.
- (6) ABCD is currently exploring and ensuring that it is able to provide a leading view in re-booting of services and the recovery of education and training. This should involve retaining existing and newer innovations at the forefront of our minds as we move through to the ‘post’ COVID phase. This will include approaches such as remote consultations – with careful specification for the organisation, planning and IT support required to facilitate this transformation. In the following text we would explore the background, work done, need and challenges in the future in relation to recovery of various services.
- (7) ABCD has surveyed its members during the pandemic. ABCD members (n=187) from across the UK have responded to this snapshot survey – ‘Life as a diabetologist during the Covid-19 pandemic’. It’s heartening to hear that, despite enormous pressures on acute Trusts, a majority feel supported by their Trust (81%). A full report on this survey will follow soon; however, the headline to share to improve patient care is that 55% of respondents have seen atypical presentations of DKA, a message that is relevant for colleagues in Accident and Emergency and Acute Medicine. In 37% of cases of atypically presenting DKA, SGLT2 inhibitors were involved.
- (8) ABCD and the Society for Endocrinology (SfE) have produced a report with recommendations to inform NHS planning, in collaboration with the RCPL. This is focused on the feedback received from members and is distilled into a single document which outlines the challenges – but also the opportunities – which exist during this crisis and may shape the services in years to come.
- (9) ABCD has submitted evidence to the Health Select Committee apprising them of the views of specialists in the UK to be considered when informing health policy for the recovery and future formulation of diabetes services in the UK.

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## From the desk of Rebecca Reeve (Sanofi)

### Coronavirus: NHS leaders call for targets to be scrapped

Healthcare leaders have called for (<https://www.hsj.co.uk/finance-and-efficiency/nhs-leaders-call-for-financial-targets-to-be-scrapped-ahead-of-covid-19-surge/7027121.article>) financial targets to be scrapped in advance of the expected increase (<https://www.imperial.ac.uk/media/imperial-college/medicine/sph/ide/gida-fellowships/Imperial-College-COVID19-NPI-modelling-16-03-2020.pdf>) in coronavirus cases. In his first Budget delivered on 11 March, Chancellor Rishi Sunak pledged a £5bn emergency response fund (<https://www.gov.uk/government/news/chancellor-delivers-budget-2020>) for the NHS, which he stated was an initial figure.

### Parallel export banned for 80 drugs

The Government has announced (<https://www.gov.uk/government/news/crucial-medicines-protected-for-coronavirus-covid-19-patients>) a ban on parallel export outside the UK for 80 drugs. These drugs were identified by the Government as being necessary for the treatment of people in intensive care units across the UK. Listed drugs include insulin.

### Diabetes diagnoses increase in Scotland

Diabetes Scotland reported the number of people diagnosed with type 2 diabetes in Scotland has increased by 40% over the last 10 years. People with type 2 diabetes are 50% more likely to die prematurely than those without the condition.

<https://www.bbc.co.uk/news/uk-scotland-51447772>

### GPs accept 2020/21 contract

After receiving over 4,000 responses to the January consultation on the Primary Care Network (PCN) draft service specifications from general practitioners and their representatives, NHS England announced the organisation would review the terms and conditions. Last Thursday GP representatives voted to accept the 2020/21 General Practice Contract which included changes to PCN service specification roll-out and an extra £1.5 billion to support general practice over the next four years.

<https://www.gponline.com/nhs-england-will-significantly-rework-draft-pcn-plans-officials-confirm/article/1672549>

### NHS England has issued speciality advice for management of acute diabetes patients in the coronavirus pandemic

#### Key points:

- Where clinicians need to work outside of guidance, they will follow new GMC guidance (<https://www.gmc-uk.org/news/news-archive/how-we-will-continue-to-regulate-in-light-of-novel-coronavirus>) on regulation for exceptional circumstances.
- Where elective care will be curtailed, the NHS will use the following categories of patients with diabetes:
  - **Obligatory inpatients:** Continue to require admission and medical management, e.g. diabetic ketoacidosis (DKA). We must expedite treatment to avoid delay and expedite discharge to minimise length of stay.
  - **Secondary care services:** Outpatient attendances should be kept to the safe minimum. Consider using virtual clinics and telephone updates.
  - **Primary care delivered diabetes services:** Consideration of long-term management.
- For obligatory inpatients, NHSE currently estimates that 18% of hospital beds will be occupied by someone with diabetes, with this proportion likely to increase beyond 18% over the next few weeks or months.
  - Inpatient diabetes services will potentially increase capacity to:
    - support care of inpatients with diabetes and coronavirus
    - support other inpatients with diabetes to facilitate early discharge, maximising inpatient bed capacity
    - provide remote support if necessary for those discharged to prevent readmission.
- Expectation for secondary care services that multidisciplinary diabetic foot services will be at full capacity – as well as pregnancy and diabetes service.
- For primary care, the following areas of prioritisation will be considered, but not exclusively:
  - Some services should not be postponed/cancelled if at all possible, due to acuity and potential impacts, e.g. risk of amputation in the con-

text of active diabetic foot disease.

- Some contacts can be performed remotely (telephone, email, video conferencing), but where reliance on biochemical parameters to inform clinical management decisions in diabetes means that associated need for, and access to, phlebotomy/blood testing will also be considered.
- Some patient contacts could be postponed, but there may not be sufficient capacity in the future to 'catch-up', so it should be acknowledged that postponement will equate to cancellation in a proportion of cases.
- Group-based face-to-face contacts will be avoided, and replaced with remote contacts or, if necessary, one-to-one face-to-face contacts.
- Senior decision-making at the first point of contact will be emphasised to reduce or even prevent the need for further unwarranted hospital attendances.

### DUK's latest position statement

The DUK's latest position statement has been published in the *Journal of Diabetic Medicine* ([https://onlinelibrary.wiley.com/doi/epdf/10.1111/dme.14225#\\_blank](https://onlinelibrary.wiley.com/doi/epdf/10.1111/dme.14225#_blank)). This contains all the relevant data relating to the UK diabetes landscape and serves as a useful reference point. Here are some of the key figures:

#### Prevalence

- Some 4.7 million people in the UK (7% of the total population) have a diagnosis of diabetes, of whom 90% have type 2 diabetes. About 8% of people currently living with a diagnosis of diabetes have type 1 diabetes, with other types such as monogenic diabetes accounting for the remaining 2%.

#### NHS/access

- When last reviewed, the NHS was spending at least £10bn a year on diabetes, equivalent to 10% of its entire budget; 80% of this is spent on treating complications.
- People with diabetes spend around 3 hours per year with a healthcare professional (HCP).
- Since the introduction of the Diabetes Transformation Fund, 49% of people with type 1 diabetes were offered structured education with 7.6% attending, while 90% of people with type 2 dia-

betes were offered structured education with 10.4% attending.

- 28% of people report to DUK having issues obtaining the medication or equipment necessary for self-management.
- NICE recommends that people with diabetes require eight annual basic health checks, but 57% of people with type 1 diabetes and 42% of those with type 2 diabetes do not receive all eight each year.

#### Inpatient care

- People with diabetes are twice as likely to be admitted to hospital and one in six people in hospital beds has diabetes.
- More than 20% of hospitals do not have a dedicated diabetes inpatient specialist nurse.
- Nearly 40% of people treated with insulin experience an insulin error during their hospital stay

and one in 25 inpatients with type 1 diabetes develop DKA during their hospital stay. Almost 20% of people with diabetes have a hypoglycaemic episode and 1.3% have a severe hypoglycaemic episode during their hospital stay.

#### Mental health

- Around 40% of people with diabetes struggle with their psychological well-being, with seven in 10 reporting feeling overwhelmed by the demands of living with diabetes.

#### Employment

- 37% of people with diabetes feel that the disease has caused them a problem at work. People with type 1 diabetes are twice as likely as those with type 2 diabetes to experience this, with one in five people with type 1 diabetes reporting discrimination at work.

### Flash glucose collaboration wins RCP Excellence in Patient Care Award (Andrew Macklin)

The Royal College of Physicians (RCP) have recently announced the winners of the RCP Excellence in Patient Care Awards 2020 #EPCA2020

We are delighted to congratulate our colleagues, led by Dr Emma Wilmot, who have won the digital award for the Flash Glucose Collaboration (between ABCD, the Diabetes Technology Network UK and NHS England).

This award recognises and rewards the use of new or existing technologies or digitally driven projects that have contributed to significant improvements in patient care or health outcomes. Many congratulations to everyone who contributed.

Prize money has been donated to Life for a Child Spare a Rose campaign, which gives insulin to children in need across the globe. You can see the full list of award winners on the RCP website.



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<https://doi.org/10.15277/bjd.2020.249>

The ABCD News is not subject to peer review



Sadly, the Covid outbreak meant that we had to postpone our annual DTN meeting which was due to be held in Liverpool on 23 April. We have now rescheduled this for 15th (in Liverpool), and are working on rescheduling other regional events including an educators' event which was originally planned for the autumn.

During the Covid outbreak we worked closely with manufacturers to make sure that we had communications around staying safe and preventing stockpiling that would allow supply chains to function. We are pleased to report that there are no reported issues with supplies, and we are in close communication with all manufacturers to keep an eye on this. As teams move into a recovery phase, we are working on providing guidance that may help you with tasks such as technology upgrades, maintaining choice and safety, and supporting patients to get access to technology in a way similar to that which they would have prior to the challenges placed on us by Covid.

We are really pleased to see the uptake of the CGM education

modules which we launched earlier this year, and these along with the Libre videos have been used by a number of teams to support 'virtual' technology starts.

Finally, we are really pleased to be able to formally announce our collaboration with Diasend to develop a healthcare education platform which will use the videos we have already created for Libre and CGM, but add to it modules on sensor augmented pumps, hybrid closed loops, insulin pumps, virtual clinics and connected pens. This will allow HCPs to learn key tips on how to support their patients in the use of diabetes tech, but also certify their competence in this area. We hope that this becomes a valuable tool for appraisals and for supporting trainees, specialist nurses and dietitians in providing evidence to support their clinical skills.

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# YDEF NEWS

**YOUNG  
DIABETOLOGISTS  
& ENDOCRINOLOGISTS**  
EDUCATION • REPRESENTATION • COMMUNICATION

## The COVID-19 Pandemic: The Opportunity Arising from Restoration of Specialty Training

The COVID-19 pandemic has created unexpected and unprecedented challenges to the healthcare workforce internationally. Trainees across grades and specialties have been redeployed to meet the challenge, working in sometimes unfamiliar environments and with unfamiliar structures. For those training in Diabetes & Endocrinology (D&E), this has been no different. The experience of these trainees is important to recognise as, undoubtedly, it will have an impact both on their future training and future careers.

D&E trainees in most regions in the UK continue to work on General Internal Medicine (GIM) rotas throughout their specialty training years. Protected specialty training time is rare, unlike some other specialties. This has meant that D&E trainees have been particularly useful in supporting COVID-19 admissions and ward-based care for patients in the medical registrar role. As a cohort of trainees we have a wide breadth of GIM experience and are in a good position to provide leadership. Many trainees therefore have had much reduced specialty experience focusing almost entirely on GIM-based ward cover and COVID-19 support. In many settings this has involved working alongside other clinicians who are working in unfamiliar environments and thus providing a supporting role, often with flattening of traditional hierarchies.

These experiences will provide trainees with substantial additional leadership, general medicine, education and mentoring skills. It is important these are recognised. Through these ward-based experiences, trainees will also continue to have significant diabetes exposure, given the nature of the

disease as one that seems to particularly affect people with diabetes and those with uncontrolled blood sugars. Conversely, the cancellation of clinics and move of many clinics to (often consultant-held) virtual clinics has significantly reduced exposure to other areas of the specialty. This is combined with cancellation of educational events, perhaps most notably the Diabetes UK Professional Conference, alongside a number of events including those planned by the YDEF Committee and regional-based study days. It is right that these events were cancelled to protect the NHS, patients and the potential delegates; however, the loss of educational opportunity should not be overlooked. The emergence of virtual events is important to provide ongoing educational opportunities, but these do not necessarily allow the networking and 'soft skills' development that would typically occur at face-to-face events. It is also important to note the cancellation or possible postponement of the Specialist Certificate Examination (SCE). For many trainees this will prove stressful as the SCE can be seen as a barrier to progression to the award of CCT. It is already challenging enough for trainees to revise for an examination held only once a year, alongside nights and other requirements of the continual GIM rota.

The COVID-19 pandemic has occurred at an interesting and important time in higher specialist training. The introduction of Internal Medicine Training (IMT) and launch of a new curriculum may shorten the period of specialty training and introduce essential new learning requirements, perhaps around topics such as genetics and technology. Many hospitals have moved

their clinic-based services virtually, and whilst the need for face-to-face clinics will always be there, it is likely trainees will need to learn new ways of working in virtual clinics and blended clinic models. The virtual clinic consultation will need as much training and learning as traditional clinic consultations taught and assessed in detail throughout medical school and postgraduate training. This will undoubtedly require a significant degree of focus and intensity to ensure genuine, high quality, world leading training in D&E going forward.

There will be long-lasting changes to the way we work and live long after the COVID-19 pandemic has settled. We do not feel specialty medical training should be exempt from such changes. We would argue that the contribution of D&E trainees to the COVID-19 rotas, the loss of educational opportunity, potential reduction in length of specialty training and increased curriculum and learning needs all argue for the need of specialist trainees to have protected specialist time during their training to focus on their D&E skills and knowledge, should they so wish. It would seem particularly logical for this to be timed immediately prior to the first SCE examination on a rolling basis across specialty years. Perhaps it is just possible that, in the restoration of services and training following this awful pandemic, this long wished for ambition amongst trainees may finally be recognised.

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**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](http://www.youngdiabetologists.org.uk) @youngdiab on twitter