Association of British Clinical Diabetologists

NEWS

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From the desk of the chairman, Ketan Dhatariya

Professor Ketan Dhatariya, Chair of the ABCD Executive, reflects on a dynamic six months of progress, highlighting both visible achievements and the vital behind-the-scenes work that has strengthened the organisation's governance, transparency and operational efficiency.

As Chair of the Association of British Clinical Diabetologists (ABCD), I am pleased to share a summary of our activities over the past six months – a period marked by both visible impact and significant behind-the-scenes transformation.

Externally, ABCD has continued to deliver high-value resources, events and guidance for our members and the wider diabetes community. The *Diabetes Update* programme for trainees in diabetes and endocrinology, held earlier this year, showcased expert-led workshops and presentations on topics ranging from hybrid closed-loop technology to diabetes in pregnancy, eating disorders and perioperative management. These sessions advance clinical knowledge and also foster collaboration across disciplines of diabetes and endocrinology. Because of the high demand for places, the next update will be in Telford at the end of January 2026 and will be open to residents and consultants alike. Look out for the emails that will be sent out regularly between now and then.

We have published several **new position papers and consensus guidelines**, including joint statements with partner organisations on the discontinuation of Levemir (insulin detemir) and the use of finerenone in diabetic kidney disease. These documents reflect our commitment to evidence-based practice and timely clinical guidance.

Beyond the public-facing work, a substantial amount of unseen effort has gone into strengthening the internal foundations of the ABCD. Over the past year, we have undertaken a comprehensive review of our governance structures, resulting in clearer roles, improved accountability and more transparent decision-making processes. We realised that many systems that had been in place for several years were no longer fit for purpose. These changes ensure that ABCD remains a resilient and responsive organisation, capable of adapting to the evolving needs of our members and the healthcare system.

We have also invested in **smarter operational processes**, streamlining workflows and enhancing digital infrastructure to better support our committees, working groups and administrative teams. These improvements are already yielding benefits in terms of efficiency and member engagement.

Our commitment to transparency has led to **more open communication channels**, including clearer reporting of committee activities and more accessible documentation for members. We believe that trust and clarity are essential to our mission, and we are proud of the progress that has been made in this area.

ABCD remains firmly committed to upholding the highest ethical and research standards across all its activities. As part of this commitment, we have temporarily paused our **audit programme** to allow for a thorough internal review of processes, ensuring that future work is delivered with enhanced transparency and rigour. Meanwhile, our support for innovation continues through the **Dragons' Den research programme**, with this year's winners to be announced shortly. We are proud also to be collaborating with the **Novo Nordisk UK Research Foundation** to offer a research fellowship aimed at advancing diabetes care. Full details are available at https://abcd.care/current/research-fellowship. Applications must be received no later than 7th January 2026.

I want to take this opportunity, on behalf of ABCD, to express our deepest gratitude to Dr Bob Ryder, Dr Chris Walton and Dr Marie-France Kong as they retire from their roles within the organisation. Each has made an exceptional contribution to the advancement of diabetes care and to the growth and integrity of ABCD and the *British Journal of Diabetes*. Dr Ryder's pioneering work in clinical audit and research, as well as the support and unwavering enthusiasm for the *British Journal of Diabetes* by Dr Walton and Dr Kong as editors, have left a lasting legacy. Their tireless efforts have helped shape ABCD into the respected and forward-thinking organisation that it is today. We thank them sincerely for their service and wish them all the very best in their future endeavours.

A huge welcome to the expert members who will be stepping into their shoes. Dr Davide Iacuaniello and Dr David Hopkins have now taken over the audit programme; Dr Ben Field and Dr Srikanth Bellary will be taking over the joint editor-in-chief roles from January 2026.

Looking ahead, ABCD will continue to build on the foundations set by former members, expanding our educational offerings, promoting high-quality

research, strengthening partnerships and advocating for excellence in diabetes care. I want to thank all our members, contributors and staff for their dedication and support during this transformative period.

The ABCD extends its heartfelt thanks to all our **sponsors and supporters**, whose generosity and partnership continue to make our work possible. Through our joint endeavours and commitment to advancing diabetes care and supporting clinical excellence ABCD is empowered to deliver high-quality education, research and advocacy for our members and the wider diabetes community.

Together, we are shaping a stronger, smarter and more inclusive ABCD.

Professor Ketan Dhatariya
ABCD Chair, Norwich

From the desk of the News Editor, Umesh Dashora

News from the Joint British Diabetes Societies for Inpatient Care (JBDS-IP) group (Omar Mustafa, Chair JBDS-IP)

- Updated page of all the guidelines and publications in peer-reviewed journals.
- The JBDS-IP Inpatient Diabetes Conference 2025 held at The Spine in Liverpool on June 13th, 2025 was a success, attended by more than 100 delegates from all members of the multidisciplinary team. Work underway to prepare for the 2026 version. Please share your ideas and suggestions at info@jbds-ip.org.
- The JBDS-IP group led a proposal for EASD to create a new EASD study focusing on inpatient diabetes. We are pleased to say that the EASD approved the new group at the last board meeting in September 2025. The new group, Diabetes Inpatient Study Group (DISG), a reference group to the EASD, was announced at an inaugural meeting at EASD Vienna by Professor Gerry Rayman, the inaugural chair, and Professor Ketan Dhatariya. Watch this space for more details on the new website, themes and upcoming meetings.
- Join us in Newcastle for the announcement of the Rowan Hillson inpatient diabetes award 2025. This prestigious national award has been running since 2014 and awards excellence in inpatient diabetes care. Read about the previous winners and projects at: https://abcd.care/current/rowan-hillson-inpatient-diabetes-awards.
- We are pleased to see an increasing number of hospitals joining the Diabetes Care Accreditation Programme (DCAP) to accredit their inpatient diabetes service. The scheme uses many of the JBDS-IP standards and guidelines in the design. All hospitals are encouraged to join here: https://www.dcap.org.uk.
- Watch this space for new collaborations nationally and internationally in tech and perioperative medicine and our new series of visualisations.

Rowan Hillson Award 2025 (Umesh Dashora)

The results of this year's award were as follows:

Winners - Wye Valley, for their project on preparing people with diabetes for their hospital stay

Team lead: Christina Lange Ferreira

Team members contributing to the project:

Hellena Habte-Asres *(King's College London University)*

Jyothish Govindan *(Wye Valley NHS Trust)*

Angus Forbes *(King's College London University)*

Kirsty Winkley *(King's College London University)*

Runners-up - University of Leicester, for their innovation around insulin safety dashboards

Team lead: Dr Sowmya Setty

Team members contributing to the project:

Andrea Graham, *Diabetes Project Manager*

Fiona Adlam, *Pharmacist with SI Diabetes*

Helen Atkins, *Diabetes Nurse Consultant*

Kelly Milton, *Lead inpatient DSN*

The awards were judged by Ketan Dhatariya, Paula Johnston, Esther Walden, Liz Camfield and Pari Avari. The winning teams were awarded a certificate and prize money (£ 350 for the winners and £ 150 for the runners-up) at the ABCD/DTN conference 2025. ABCD supported free conference registration, complimentary places at the conference dinner, accommodation for one night and travel expenses for two team members from the winning and runner-up teams. The winning entries get a chance to publish their work on our website and in our journal. The project is led by Professor Umesh Dashora. Please look out for the announcement for the award for next year, and submit your projects and innovations for consideration.

Diabetes remission update (Roy Taylor)

The NHS England Path to Remission Programme is very successful for those who can access it. However, many people desperately want to achieve remission of T2DM and freedom from taking tablets for diabetes but have exclusion factors: they have a BMI (body mass index) under 27kg/m^2, are older than 65 years or have had T2DM for more than six years.

Following proof of the Personal Fat Threshold hypothesis in the ReTUNE study, it is now established that people with T2DM but of normal BMI have exactly the same underlying cause for their diabetes, and that 10% weight loss in this group achieves remission (70% if diabetes duration is six years or less). Older people with T2DM do very well following weight loss and achieve remission more often than younger people. Note that the rumour about inappropriate muscle loss is unfounded. Remission is possible at any duration of T2DM, but much less likely as the duration increases.

To provide the tools for interested Primary Care staff, a 'T2DM remission Toolkit' has been put together with all necessary info.
This is hosted on the Diabetes & Primary Care journal website:
https://diabetesonthenet.com/diabetes-primary-care/t2dm-remission-toolkit/

From the desk of Bob Ryder

EndoBarrier has regained its CE mark and has been relaunched under the trade name RESET.

Dr Ryder presented data at EASD 2025 and his presentation can be viewed at:https://www.youtube.com/watch?v=Qu58ysSCJVY

Other presentations from the ABCD audit programme at EASD 2025, ADA 2025, ATTD 2025 and DUK 2025 are on these pages:

ABCD audits at EASD 2025 in Vienna | The Association of British Clinical Diabetologists

ABCD Audits Presented at the ADA 2025 | The Association of British Clinical Diabetologists

ABCD audits at the recent ATTD meeting in Amsterdam | The Association of British Clinical Diabetologists

ABCD audits at DUK in Glasgow | The Association of British Clinical Diabetologists

ABCD Diabetes Update (Aaisha Saqib and Ketan Dhatariya)

The very popular ABCD Diabetes Update will return for its fourth year in Telford in January 2026. The conference provides the gold standard guidance for trainees and updates for new consultants. The ABCD clinical update covers the diabetes topics of the national curriculum in diabetes, issued by the Joint Royal Colleges of Physicians Training Board (JRCPTB), over a three-year programme cycle. This course is now recognised by the specialist advisory committee (SAC). Resident doctors who have attended the course have fed back that they feel it is indispensable for those preparing to sit the Federation of Royal Colleges of Physicians' Specialty Certificate Examination (SCE) in diabetes and endocrinology. It is also an opportunity for more established clinicians to hear about clinically relevant updates in diabetes, and provides an opportunity to network. Register here **ABCD Diabetes Update 2026 | The Association of British Clinical Diabetologists** for the conference, with details of workshops planned for 2026 and lectures to include the latest updates.

Diabetes update (Rebecca Reeve)

NHS England - Medium Term Planning Framework – delivering change together 2026/27 to 2028/29

The document states: *"The impact we can have by organising ourselves better around the patient on priority long-term conditions such as cardiovascular disease and diabetes won't just transform how patients get their care, it will dramatically improve productivity."*

The NHS is undergoing its biggest transformation since inception, moving from short-term planning to a three-year revenue settlement (£226bn by 2028/29) that enables medium-term strategic planning. The focus is on three major shifts:

1. Hospital to community care
2. Sickness to prevention
3. Analogue to digital

New obesity service models are to be implemented in 2026/27, including:

1. Improved advice and support
2. Access to NICE-approved weight loss medications
3. Initial cohort: ~220,000 adults to receive weight loss treatments by June 2028
4. 250,000 referrals/year to the NHS Digital Weight Management Programme by March 2029
5. Specialist "complications of excess weight" clinics for children and young people

Cardiovascular disease (CVD) prevention

1. 25% reduction target in CVD-related premature mortality over 10 years
2. Partnership with local authorities to test and scale NHS Health Check online service
3. This directly impacts diabetes prevention and management given the CVD-diabetes link

Medicines optimisation

1. A single national formulary to be introduced within two years
2. Priority efficiency savings for 2026/27 include:
    1. Best value SGLT-2 medicines
    2. Direct acting oral anticoagulants
    3. Wet AMD pathways
    3. Addressing problematic polypharmacy to reduce avoidable harm

The framework emphasises integrated neighbourhood teams to manage long-term conditions like diabetes:

Key features:

1. Joined-up care across NHS, local authority and voluntary sectors
2. Focus on high-priority cohorts: people with frailty, care home residents, housebound patients
3. Integrated neighbourhood teams (INTs) to provide coordinated support
4. A digital-first approach, enabling patients to manage their own care
5. Specialist support closer to home for planned care

This framework represents a fundamental shift in how diabetes care will be delivered:

- ✓ More prevention (obesity management, CVD risk reduction)
- ✓ More community-based care (neighbourhood teams, integrated services)
- ✓ More digital (remote monitoring, NHS App, virtual consultations)
- ✓ Fewer hospital visits (reduced follow-ups, PIFU, digital-first)
- ✓ More GP-led care (with specialist advice and guidance)
- ✓ Better medicines optimization (SGLT-2 focus, formulary standardization)

The challenge: Transforming traditional diabetes clinic models while maintaining quality and improving outcomes within tight financial constraints.

The opportunity: Leading innovation in chronic disease management that could serve as a model for other long-term conditions.

Interesting recent research

Umesh Dashora, Muhammad Khan, Md Mizanour Rahman, Nebras Hasan

A rapid-fire collection (extract) of interesting recent developments in diabetes

Authors, Journal	Type of Study	Main results
Eriksson *et al*, *Diabetologia*	Matched case-control observational study	**Uric acid and future complications in young individuals with type 1 diabetes: results from the Diabetes Incidence Study in Sweden (DISS) and the National Diabetes Registry of Sweden** UA levels were analysed in individuals, aged 15–34 years with newly diagnosed type 1 diabetes (T1DM), from the nationwide Diabetes Incidence Study in Sweden (DISS) cohort to assess the relationship with macro- and microvascular complications later in life. Information on complications was obtained by record linkage to the National Diabetes Registry of Sweden and the National Patient Registry of Sweden. Individuals who developed complications during follow-up (n = 94) were matched for year and age at diagnosis (±2 years), sex and HbA1c with control individuals (n = 94) without complications. Plasma UA levels at the time of diabetes diagnosis were significantly higher in individuals who later developed diabetes-related complications compared with those who did not, after a median follow-up of 19.0 years (IQR 16.3–21.0): 209.2 ± 68.9 vs 171.7 ± 50.2 µmol/l (p<0.001). The odds of developing complications were 1% higher for every 1 µmol/l rise in baseline UA, and individuals in the highest quartile of UA were more than three times more likely to develop diabetes-related complications later in life after adjusting for age, HbA1c, smoking and eGFR. This study indicates that higher baseline UA levels at the time of T1DM diagnosis may be linked to both macrovascular and microvascular complications later in life. *Eriksson JW, Gudbjörnsdottir S, Nyström L, Landin-Olsson M. Uric acid and future complications in young individuals with type 1 diabetes: results from the Diabetes Incidence Study in Sweden (DISS) and the National Diabetes Registry of Sweden (NDR). Diabetologia 2025. https:// doi.org/ 10.1007/s00125-025-06561-w. Epub ahead of print. PMID: 41085706.*
Vercalsteren *et al*, *Diabetologia*	Experimental preclinical study on mice	**Pre-stroke weight loss by GLP 1 receptor and neuropeptide Y receptor Y2 activation improves post-stroke functional recovery in male diabetic mouse models** Pre-stroke weight loss markedly enhanced post-stroke recovery in diabetic mice, with notable improvements in forelimb grip strength and overall sensorimotor function. The combination therapy of semaglutide and BI8271 resulted in greater weight loss (~33%) and superior recovery outcomes compared to semaglutide alone (~20% weight loss). These benefits appeared to be independent of glucose control, indicating that weight loss itself is the primary contributor to improved recovery. Notably, stroke volume remained unchanged across groups, suggesting the observed benefits are due to improved functional recovery rather than reduced brain injury. When administered acutely after stroke, both semaglutide and BI8271 also demonstrated neuroprotective effects, separate from their impact on body weight. Additionally, serum IGF-1 levels were inversely associated with stroke recovery, highlighting its potential as a prognostic biomarker. The study was conducted exclusively in male mice, leaving the effects in females and older animals unknown. Furthermore, the minimum degree of weight loss required for therapeutic benefit remains unclear, and the exact biological mechanisms linking weight loss to recovery have yet to be elucidated. *Vercalsteren E, Karampatsi D, Neicu M, et al. Pre-stroke weight loss by glucagon-like peptide 1 receptor and neuropeptide Y receptor Y2 activation improves post-stroke functional recovery in male diabetic mouse models. Diabetologia 2025. https://doi:.org/10.1007/s00125-025-06567-4. Epub ahead of print. PMID: 41094027.*
Davoodian *et al*, *Diabetologia*	Pooled prospective cohort study	**Regression from prediabetes to normoglycaemia and the role of cardiometabolic risk factors on the subsequent risk of developing type 2 diabetes** This large pooled study involving 6,861 adults with prediabetes showed that returning to normal blood sugar levels significantly reduced the risk of developing T2DM by more than 50%. The risk dropped even further when individuals also had healthy cardiometabolic factors, such as normal weight, blood pressure, and not smoking. Although the protective effect of normoglycaemia was observed across all regions, its extent varied due to differences in population characteristics. Quitting smoking and losing weight also lowered diabetes risk, though ex-smokers who did not improve their blood sugar saw less benefit. Importantly, individuals who were overweight but achieved normoglycaemia still had a much lower risk compared to those with obesity. Since T2DM often occurs alongside conditions like high blood pressure and cholesterol, restoring normoglycaemia may also help prevent heart disease and stroke. The study's strengths include its large, diverse sample and rigorous methodology, though limitations such as follow-up loss, limited behavioural data and lack of global representation should be considered. These findings support including normoglycaemia restoration as a key goal in diabetes prevention strategies to reduce future health risks. *Davoodian N, Lotfaliany M, Huxley RR, et al. Regression from prediabetes to normoglycaemia and the role of cardiometabolic risk factors on the subsequent risk of developing type 2 diabetes. Diabetologia 2025. https://doi.org/ 10.1007/s00125-025-06555-8. Epub ahead of print. PMID: 41107618.*

Authors, Journal	Type of Study	Main results
Gubeli *et al, Diabetologia*	Randomised controlled crossover trial	**Dapagliflozin's impact on hormonal regulation and ketogenesis in type 1 diabetes: a randomised controlled crossover trial** This randomised, placebo-controlled, open-label crossover study examined the impact of adding dapagliflozin to insulin therapy on hormonal and metabolic responses in individuals with T1DM. Thirteen participants were treated with dapagliflozin or placebo for 7 days across two intervention periods, with metabolic assessments conducted using hyperinsulinaemic–euglycaemic and oral glucose tolerance test (OGTT) clamps. Dapagliflozin did not significantly alter levels of GLP-1, glucagon or somatostatin compared to placebo. However, it led to a marked increase in plasma ketone body concentrations under both testing conditions ($p<0.001$), indicating enhanced ketogenesis. These results suggest that while short-term dapagliflozin use does not affect key islet hormone secretion, it does raise ketone levels, underscoring the associated risk of diabetic ketoacidosis in people with T1DM using SGLT2 inhibitors. *Gübeli A, Steiner N, Limacher A, Mathis D, Melmer A, Laimer M. Dapagliflozin's impact on hormonal regulation and ketogenesis in type 1 diabetes: a randomised controlled crossover trial. Diabetologia 2025;68(10):2116-25. https://doi.org/10.1007/s00125-025-06481-9. Epub 2025 Jul 9. PMID: 40629004; PMCID: PMC12423202.*
O'Neill *et al, Diabetologia*	Observational cohort study	**Comparative effectiveness of alternative second-line oral glucose-lowering therapies for type 2 diabetes: a precision medicine approach applied to routine data** This study assessed the effectiveness of three second-line treatments—sulfonylureas (SU), dipeptidyl peptidase-4 inhibitors (DPP4i) and sodium–glucose cotransporter-2 inhibitors (SGLT2i)—when added to metformin in reducing HbA1c levels in people with T2DM, using data from more than 41,000 patients in England. By employing rigorous methods to minimize confounding, the study found that SGLT2i consistently achieved greater reductions in HbA1c compared to SU and DPP4i across different age groups, initial HbA1c levels, and regardless of whether patients had multiple long-term conditions (MLTCs). The most significant improvements were seen in younger patients (18–49 years), but benefits were observed in all groups. These results support SGLT2i as a more effective and personalized second-line treatment option for better blood sugar control in a wide range of patients. *O'Neill S, Bidulka P, Lugo-Palacios DG, et al. Comparative effectiveness of alternative second-line oral glucose-lowering therapies for type 2 diabetes: a precision medicine approach applied to routine data. Diabetologia 2025;68(9):1908-23. https://doi.org/10.1007/s00125-025-06447-x. Epub 2025 May 31. PMID: 40450157; PMCID: PMC12361298.*
de la Rambelje *et al, Diabetes, Obesity and Metabolism*	Research letter (post hoc analysis)	**Dapagliflozin and finerenone have independent and possibly complementary pathways to reduce the risk of cardiovascular events** In this post hoc analysis on available data from DAPA-CKD and FIGARO-DKD trials, authors suggest that the molecular mechanism of cardiovascular benefits of these two drugs may be different and possibly complementary. Dapagliflozin affects protein kinase pathways and pathways linked to oxygen transport by erythrocytes, among others. Finerenone affects pathways linked to inflammation, oxidative stress and lipid metabolism, among others. *de la Rambelje MA, Voors AA, Greasley PJ, Berger M, Heerspink HJL. Proteins and signalling pathways targeted by dapagliflozin and finerenone: insights from DAPA-CKD and FIGARO-DKD. Diabetes Obes Metab 2025. https:// doi.org/10.1111/dom.70193. Epub ahead of print. PMID: 41077935.*
Gribsholt *et al, Diabetes, Obesity and Metabolism*	Danish cohort study	**Abnormal body mass index is associated with specific mental disorders** There were U-shaped associations of BMI with schizophrenia, mental disorders, anxiety, stress-related and somatoform mental disorders, eating disorders and personality disorders. For people with low but not high BMI ($\geq$25 kg/m^2), there were associations with organic and substance use disorders. All associations were more prominent among women than men, and most associations attenuated with advancing age. *Gribsholt SB, Laugesen K, Plana-Ripoll O, et al. Body mass index and mental disorders: a Danish cohort study. Diabetes Obes Metab 2025. https://doi.org/ 10.1111/dom.70189. Epub ahead of print. PMID: 41069311.*
Alissou *et al, Diabetes, Obesity and Metabolism*	Prospective study	**Semaglutide reduces fat mass without adverse impact on lean mass and muscle function** Semaglutide 2.4 mg reduced body weight by 18% in month 12 while lean mass stabilised after initial decline. Hand grip improved to +4.5 kg at month 12 and the prevalence of sarcopenic obesity decreased from 49% at baseline to 33% at month 12 of treatment. *Alissou M, Demangeat T, Folope V, et al. Impact of semaglutide on fat mass, lean mass and muscle function in patients with obesity: the SEMALEAN study. Diabetes Obes Metab 2025. https://doi.org/10.1111/dom.70141. Epub ahead of print. PMID: 41068996.*
Zhong *et al, Diabetes, Obesity and Metabolism*	Machine learning study	**Alarming increase in global prevalence of type 2 diabetes by machine learning study** Global incident cases in the working-age population are projected to increase five-fold from 6.33 million in 1990 to 32.38 million in 2050, with the fastest growth (annual percentage change of 3.45) in North Africa and the Middle East. High-income regions like the UK will face an accelerating age-standardised rate (1.43). Machine analysis identified age as the predominant contributor while high blood glucose, BMI and air pollution remained influential. High temperature and alcohol consumption were also significant factors in the increase. *Zhong X, Zheng Y, Wang L, et al. Evaluating global epidemiology of type 2 diabetes mellitus among the working-age population: a 60-year study by interpretable machine learning framework. Diabetes Obes Metab 2025. https://doi.org/10.1111/dom.70155. Epub ahead of print. PMID: 41063371.*

Authors, Journal	Type of Study	Main results
Banerjee *et al*, *Diabetes, Obesity and Metabolism*	Network meta-analysis	**Anti-diabetic agents can help metabolic dysfunction-associated steatohepatitis (MASH)** In this analysis all active treatments, including dapagliflozin, suvodutide, tirzepatide and semaglutide, improved fibrosis compared to placebo. Meta-regression using data from all arms showed that weight loss was significantly associated with improvement in fibrosis and MASH. *Banerjee M, Pal R, Pal S. Histological efficacy of anti-diabetic agents in MASH and the mediating role of weight loss: a network meta-analysis. Diabetes Obes Metab 2025. https://doi.org/10.1111/dom.70187. Epub ahead of print. PMID: 41063381.*
Ozairi *et al*, *Diabetes, Obesity and Metabolism*	Real-world data	**Weight loss and improved diabetes control in people with type 1 diabetes on adjunct treatment with tirzepatide, semaglutide and liraglutide** Tirzepatide showed the greatest reduction in weight (10.9%), followed by semaglutide (9.9%) and liraglutide (7.1%). Weight reduction was dose-dependent. Tirzepatide, semaglutide and liraglutide also reduced HbA1c by 0.65%, 0.33% and 0.23%, respectively. LDL-cholesterol was reduced by semaglutide and liraglutide; liraglutide also lowered the urine albumin-to-creatinine ratio. *Al Ozairi E, Irshad M, Alkandari J, et al. Weight loss in people with type 1 diabetes over 12 months: real-world data comparing tirzepatide, semaglutide and liraglutide. Diabetes Obes Metab 2025. https://doi.org/10.1111/dom.70172. Epub ahead of print. PMID: 41048008.*
Tabesh *et al*, *Diabetic Medicine*	Prospective study	**Associations of glycaemia-related risk factors with dementia and cognitive decline in individuals with type 2 diabetes: a systematic review and meta-analysis** In this study the authors analysed Embase and MEDLINE (January 2000-October 2024) for studies reporting longitudinal association between T2DM control and dementia. Forty studies representing 7,076,724 individuals with diabetes were included. The study concluded that a history of hypoglycaemia, longer diabetes duration and higher HbA1c levels and variability were related to higher dementia risk in people with T2DM. *Tabesh M, Sacre JW, Mehta K, et al. Associations of glycaemia-related risk factors with dementia and cognitive decline in individuals with type 2 diabetes: a systematic review and meta-analysis. Diabetic Medicine 2025;42(10):e70123. https://doi.org/10.1111/dme.70123*
Thabit *et al*, *Diabetic Medicine*	Open label, randomised crossover trial	**Fully closed-loop control with ultra-rapid versus standard insulin lispro: a randomised crossover study simulating missed meal boluses** In this analysis authors included 18 adults with T1DM who were using a CamAPS-FX closed loop system with either ultra-rapid insulin lispro (URIL) or insulin lispro (IL). Participants completed two 8-hour inpatient sessions (9:00 to 17:00h) and received a standardised meal at 11:00 h without a meal bolus. The primary endpoint was time in range (TIR; 3.9-10 mmol/L) based on sensor glucose. TIR was numerically higher with URIL than IL [49.3 (15.6) vs. 39.9 (18.9)%; p = 0.072] but this was not statistically significant. The study showed clinically significant improved TIR and reduced hyperglycaemia with URIL compared to IL. *Thabit H, Lim J, Willinska ME, Fullwood C, Hovorka R, Leelarathna L. Fully closed-loop control with ultra-rapid versus standard insulin lispro: a randomised crossover study simulating missed meal boluses. Diabetic Medicine 2025;42(10):e70122. https://doi.org/10.1111/dme70122*
Weight *et al*, *Diabetic Medicine*	Cohort study	**The impact of socio-economic deprivation on the long-term survival of people with diabetes and acute myocardial infarction: a nationwide cohort study** Patients with diabetes from socio-economically deprived regions have a higher risk of mortality at 1 year, 5 years and overall, compared to least deprived patients with diabetes following acute MI. The study also documented that the mortality risk is lower when compared to non-diabetic patients over the same periods. This suggests that current approaches to management in people with diabetes may mitigate some of the effect of deprivation on outcomes. Risk of 1-year (aHR: 1.05 (1.01–1.10), p < 0.001), 5-year (aHR: 1.14 (1.11–1.17), p < 0.001) and overall mortality (aHR: 1.14 (1.12–1.17), p < 0.001) was higher in Q1 (most deprived) compared to Q5 (least deprived) for patients with DM, but this increase was smaller than in patients without DM at 1 year (aHR: 1.12 (1.09–1.14), p < 0.001), 5 years (aHR: 1.18 (1.16–1.20), p < 0.001) and overall (aHR: 1.22 (1.20–1.23), p < 0.001). Using the Myocardial Ischaemia National Audit Project (MINAP) registry, with Office for National Statistics (ONS) mortality recording, 729,722 patients from England and Wales between 2005 and 2019 were included, 152,867 with DM, and followed up to 31 July 2021. *Weight N, Cole A, Rashid M, et al. The impact of socio-economic deprivation on the long-term survival of people with diabetes and acute myocardial infarction: a nationwide cohort study. Diabet Med 2025;42(11):e70111. https://doi.org/ 10.1111/dme.70111. Epub 2025 Jul 28. PMID: 40726042; PMCID: PMC12535319.*
Wang *et al*, *Diabetic Medicine*	Observational study	**Continuous glucose monitoring during intravenous insulin infusion treatment: assessing accuracy to enable future clinical utility** This multi-centre observational study included adults with T1DM who required IVII treatment during hospital admission. In total, 736 time-matched glucose pairs were obtained from 56 hospital admissions. The study concluded that if CGM measures had been used instead of POC, dose adjustments would have been the same in 77% of instances. It suggests high concordance of CGM measures with BG during IVII. More inpatient studies are required to validate the use of CGM during IVII. *Wang R, Kyi M, Krishnamoorthi B, et al. Continuous glucose monitoring during intravenous insulin infusion treatment: assessing accuracy to enable future clinical utility. Diabet Med 2025;42(9):e70076. https://doi.org/10.1111/dme.70076. Epub 2025 May 21. PMID: 40396304; PMCID: PMC12352713.*

Authors, Journal	Type of Study	Main results
Augstein*et al, Diabetic Medicine*	Observational study	**Residual insulin secretion in long-standing type 1 diabetes** This observational study of 105 participants with a clinical diagnosis of T1DM and diabetes duration ≥30 years concluded that a subgroup of this cohort has residual beta cell function. Participants underwent mixed-meal tolerance tests (MMTTs) with measurements of C-peptide at 0 and 90 min. The levels of autoantibodies against GAD, IA-2 and ZnT8 were measured with radio-binding assays. The study also found the presence of autoantibodies was not associated with post-meal C-peptide levels, as evidenced by the fact that the proportions of antibody-positive participants did not differ between the groups. *Augstein P, Buschmann N, Riese J, et al. Residual insulin secretion in long-standing type 1 diabetes. Diabet Med 2025;42(9):e70104. https://doi.org/10.1111/dme.70104. Epub 2025 Jul 13. PMID: 40652353.*
Mosquera-Lopez *et al, Diabetes Care*	Crossover study	**Evaluation of a prediction-based bedtime intervention in reducing nocturnal low glucose in adults with type 1 diabetes: the DailyDose bedtime smart snack crossover study** In this article, the authors used the DailyDose smartapp to analyse data from the DexCom monitor and data entered by the participants about their physical activity to recommend a bedtime snack to prevent hypoglycaemia. Based on the probability and the estimated timing and level of hypoglycaemia, the app would recommend the appropriate snack according to the fat, protein, fibre and carbohydrate content. 20 participants completed the study, and although this approach did not significantly reduce the proportion of nights with low glucose <70 mg/dL, it did reduce the nights with a glucose of <54 mg/dL without affecting the other glycaemic metrics. *Mosquera-Lopez C, Roquemen-Echeverri V, Jacobs PG, et al. Evaluation of a prediction-based bedtime intervention in reducing nocturnal low glucose in adults with type 1 diabetes: the DailyDose bedtime smart snack crossover study. Diabetes Care 2025;48(10):1766-73. https://doi.org/ 10.2337/dc25-0407. PMID: 40705054; PMCID: PMC12451843.*
Lundemose *et al, Diabetes Care*	Systematic review and meta-analysis	**Low-dose glucagon to prevent and treat exercise-associated hypoglycaemia in Individuals with type 1 diabetes: a systematic review and meta-analysis** In this paper, the authors reviewed the evidence regarding the use of glucagon for exercise-induced hypoglycaemia. An injectable dose of 100-300 Ag has been shown to increase glucose levels by 1.5-2 mmol/L within 15 minutes, making it a reliable alternative to ingesting glucose. The analysis showed a reduced risk of hypoglycaemia and less time spent in hypoglycaemia during exercise when receiving glucagon compared to glucose tablets, placebo, basal insulin reduction, single-hormone insulin pumps, sensor-augmented pumps and predictive low glucose insulin pumps. A reported side effect of its use even in small doses is nausea. Glucagon remains unlicensed for the treatment of milder forms of hypoglycaemia and user- friendly options are needed for its use in such cases. *Lundemose SB, Ranjan AG, Nørgaard O, Suvitaival T, Nørgaard K. Low-dose glucagon to prevent and treat exercise-associated hypoglycemia in individuals with type 1 diabetes: a systematic review and meta-analysis. Diabetes Care 2025;48(9):1637-45. https://doi.org/ 10.2337/dc25-0702. PMID: 40834249; PMCID: PMC12368384.*
Hong *et al, Diabetes Care*	Cohort study	**Differential effect of GLP-1 receptor agonists and SGLT2 inhibitors on lower-extremity amputation outcomes in type 2 diabetes: a nationwide retrospective cohort study** There are concerns regarding the reported increased risk of lower-extremity amputations with the use of SGLT2i. This retrospective cohort study compared the effects of GLP1RA and SGLTi at 1-year and 3-year intervals following their index prescriptions on lower-extremity adverse outcomes. While both GLP1RA and SGLTi were associated with a lower risk of amputations, diabetic foot ulcers and mortality, GLP1RA were superior to SGLTi at reducing the risk. When combined with insulin, GLP1RA also showed significant reduction in amputation risk and mortality compared with both SGLTi and insulin-only therapies. *Hong AT, Luu IY, Lin F, et al. Differential effect of GLP-1 receptor agonists and SGLT2 inhibitors on lower-extremity amputation outcomes in type 2 diabetes: a nationwide retrospective cohort study. Diabetes Care 2025;48(10):1728-36. https://doi.org/ 10.2337/dc25-0292. PMID: 40560644; PMCID: PMC12451831.*
Okuno *et al, Diabetes Care*	Cohort study	**Continuous glucose monitoring metrics predict all-cause mortality in diabetes: a real-world long-term study** In this study CGM data were analysed from 2,752 adults with diabetes, and all-cause mortality was assessed over five years from CGM initiation. Metrics included: Time in Range (TIR), Mean Glucose (MG), Time Above Range (TAR), Coefficient of Variation (CV) and Glycaemic Risk Index (GRI). The study showed that lower TIR and higher MG, TAR, CV and GRI were associated with a higher 5-year mortality rate, which was significant even after adjusting for HbA1c. CV in particular was associated with higher risk of mortality which was strongest in those with lower HbA1c. This shows that a CGM matrix might better predict adverse outcomes like mortality compared to HbA1c and that clinicians would need to consider optimizing other parameters like fluctuations in glucose levels. *Okuno T, Macwan SA, Norman GJ, Miller DR, Reaven PD, Zhou JJ. Continuous glucose monitoring metrics predict all-cause mortality in diabetes: a real-world long-term study. Diabetes Care 2025;48(10):1794-802. https://doi.org/ 10.2337/dc25-0716. PMID: 40768053; PMCID: PMC12451845.*

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YDEF NEWS

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The Young Diabetologists and Endocrinologists' Forum (YDEF) committee continue to provide learning opportunities and to support diabetes and endocrinology registrars and doctors who interested in the speciality.

Since our last newsletter, we have been busy as usual. At the end of April, we put on our second diabetes-related foot course, which we held virtually this year. This was a great success, providing lectures suitable for all trainees, with content specifically from the specialty curriculum. Then we organised the two-day face-to-face obesity course in Nottingham for 25 lucky trainees, providing vital information about a very topical subject. We are looking to expand this next year to obesity and metabolism, to incorporate some of the endocrinological disorders associated with metabolic aberrations and obesity.

July was another busy month, with the first of our biannual diabetes technology courses held in Leicester. Ever popular and extremely well received, the course went swimmingly. It continues to be our most popular course, usually selling out within minutes. No other free-to-attend course exists within the UK, and we are proud to be involved.

We spent the rest of the summer ensuring that the starter guide for new diabetes and endocrinology (D&E) registrars was ready for new starters to the specialty **(https://www.youngdiabetologists.org.uk/library/)**. Please contact us via our webpage below if you are a new starter and have not had a chance to look at this very useful, all-you-need-to-know guide. Similarly, we have a guide available for international doctors.

October was jam-packed, starting with our second maternal medicine course, held jointly with our obstetrics and gynaecology colleagues. The speaker list was of star quality, with experts from around the UK imparting their expertise to both trainees and internal medicine trainees (IMTs) on this one-day course in London. Next, we started the first of our series of webinars aimed at IMTs wanting to start a career in D&E. These are held in the evenings, virtually, to allow IMTs to tune in after work, and we have further webinars planned (please see our website or sign up to the newsletter for details).

October also saw the first course of its kind, held jointly by YDEF and UK T1D-Research Consortium, for D&E and paediatric trainees, held in Birmingham. Attendees learnt how to preserve and protect beta cell function in type 1 diabetes, especially in light of new and incredibly exciting breakthroughs in treatment within the field. We look forward to hosting more similar events in the future.

We enjoyed hosting our ABC of D&E course in Nottingham on 24/25th November. Also on 24th November, we ran the first D&E taster day for doctors looking to embark on a career in the specialty. We will be hosting our second diabetes technology course in December, with further IMT webinars.

Lastly, this year we made a major change: after many years of a great partnership with Diabetes UK, we have moved to the Society for Endocrinology. We will of course continue to work closely with Diabetes UK and would like to thank them for their hospitality. We are excited for the new chapter!

Our courses remain free to all attendees and are an invaluable resource for our members. We continue to offer scholarships, prize competitions and financial support for the specialty exam.

Please ensure you stay up-to-date with our upcoming courses by following us on X @youngdiabendo and visiting our website https://www.youngdiabetologists.org.uk.

If you have not done so already, be sure to sign up to our YDEF newsletter!

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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!

DTN-UK NEWS
Collaborate • Evolve • Support

https://abcd.care/dtn/about-dtn-uk

The Diabetes Technology Network UK, is an organisation designed to support UK health care professionals who are involved in the delivery of technologies designed to improve the lives of people living with diabetes.

Major updates, new resources and a standout national conference

The Diabetes Technology Network UK (DTN-UK) has been particularly active in recent months, driving a number of key initiatives aimed at improving clinical practice and enhancing support for people living with diabetes.

A major area of focus has been the revision of the DTN best practice guides. Following recent changes in the availability of hybrid closed-loop (HCL) systems for use during pregnancy, the committee has prioritised updates to the *Best practice guide for the use of technology in pregnancy*. The revised document is nearing its final draft, with publication anticipated in late 2025 or early 2026.

Building on learning from the national HCL roll-out, the committee has also begun refreshing the *Best practice guide for HCL*. Further guidance documents, including those covering HCL use in special circumstances and the use of diabetes technology in T1DE, are progressing and will follow shortly.

Alongside these updates, the DTN has developed a new competency framework for healthcare professionals who are supporting people using diabetes technology. This framework, due to be published on the DTN website, accompanies a forthcoming research paper from Erica Richardson and the Leicester Diabetes Team.

Collaboration with NHS England and key stakeholders is also well underway to deliver new resources designed for non-specialist clinicians. These materials aim to support hospital teams in managing patients who use diabetes technology safely during inpatient admissions, an increasingly important area of care as the adoption of technology continues to expand.

Together, these projects demonstrate the ongoing commitment of the DTN to improving standards, strengthening clinical confidence and ensuring the safe, effective use of diabetes technology across the UK.

A standout year for the DTN conference

One of the highlights of the diabetes calendar, the annual DTN conference, was held this year in Newcastle. Once again it brought together leaders and innovators from across the country.

The day opened with a moving tribute to Dr Peter Hammond, who received a lifetime achievement award in recognition of his decades-long contribution to diabetes technology. His award set a reflective tone, celebrating how far the field has advanced.

Dr Emma Wilmot delivered an important session on sensor accuracy, highlighting ongoing challenges and reinforcing the need for all manufacturers to meet iCGM standards.

This was followed by an update on the national HCL roll-out from NHS England's Speciality Advisor, Dr Marc Atkin. Dr Garry Tan, clinical lead for both the National Diabetes Audit (NDA) and the National Paediatric Diabetes Audit (NPDA), provided a practical breakdown of the data submission process and offered valuable tips for navigating reimbursement hurdles.

Dr Katherine Hunt, diabetes consultant at King's College Hospital, London, then presented the latest progress in HCL implementation during pregnancy. Across these sessions, one message was clear: significant work is already underway nationwide, and the pace of change in diabetes technology is accelerating.

Delegates also took part in insightful workshops exploring the use of HCL in exercise, young adults, pregnancy and dialysis, each workshop offering practical guidance for real-world clinical challenges.

The conference continued with powerful contributions from Dr Giuseppe Maltese and Katie Hards, who spoke about delivering diabetes technology to frail and older populations. Their message emphasised that, with the right support and approaches, technology can and should remain an option when it offers clear benefits for the individual.

The conference closed with a sponsored symposium from Abbott sharing the latest evidence from FreeStyle Libre in the type 2 diabetes (T2DM) population.

With major national projects progressing and another successful conference completed, DTN-UK continues to lead the way in shaping the future of diabetes technology across the UK and thanks everyone for their contribution to bringing technology to the hands of those who need it the most.

Geraldine Gallen, ABCD-DTN UK Vice Chair E-mail: geraldinegallen@nhs.net

DATES FOR YOUR DIARY

ABCD DTN-UK Educators Day London 2026

6th February 2026 - Woburn House, London - *registration closes 23rd January 2026*

Registration to launch soon for additional date: 25th June 2026, Manchester