

Another successful round of Rowan Hillson Insulin Safety Award (Umesh Dashora)

The Rowan Hillson Insulin Safety Award 2016 was a huge success with over 19 very high quality submissions for the best joint pharmacy and diabetes team initiatives to improve insulin and prescribing safety in hospitals. The joint winners were Dr Suma Sugunendran on behalf of the Insulin Safety Group, Royal Derby Hospitals NHS Foundation Trust, and Sallianne Kavanagh and colleagues, Sheffield Teaching Hospitals NHS Foundation Trust. The runner-up was Sara Qureshi and colleagues, St George's University Hospitals NHS Foundation Trust. They received their awards at the ABCD Spring Meeting in Belfast. Dr Umesh Dashora, Lead, Safer Insulin Prescribing Group, organised the competition on behalf of the Joint British Diabetes Association (chaired by Professor Mike Sampson) with his colleagues Erwin Castro, Debbie Stanisstreet and Christine Jones. The competition has been supported by ABCD and has been running for the last 3 years to find the best practices in the country which can be followed elsewhere.

From the desk of the Chairman (Rob Gregory)

20th Anniversary

This year is a landmark year for ABCD and we are celebrating our 20th anniversary. We will be celebrating at our Autumn meeting in London on 9th November. See the website for details. Thank you to Russell Drummond and John Lindsay for the excellent programme. Patrick Bell's welcome address was both amusing and thought-provoking on a theme of reconciliation.



Insulin Pump Meeting

This year we hosted our 2nd Insulin Pump Meeting immediately prior to the ABCD Spring Meeting. Emma Wilmot, Chair of IPN-UK, opened the meet-

ing with an overview of the IPN-UKs previous years success. Please refer to the meeting report on page 79 of the journal.

Executive reshuffle

Summer is here and change is in the air. My term as Chair came to an end at the AGM of the association held in Belfast on 10th May. I was honoured to receive an engraved salver from the association, presented by my successor, Dinesh Nagi. I'm sure members will join me in congratulating him, and I have no doubt that the association will enter a new and exciting phase under his leadership. The finances will continue to be in the safe hands of Tony Robinson who has agreed to stay on as Treasurer for a further year. Russell Drummond exchanges Meetings Secretary for General Secretary and we welcome Dipesh Patel as the new Meetings Secretary. Chris Walton steps down from the executive to make room for me as ex-officio chair. I am delighted he will stay on as a director of BJDVD Ltd and report to the committee about the journal.

Achievements

Permit me to reflect on the last three years. ABCD has become even more influential nationally, with representation in most of the diabetes advisory and decision-making bodies. We have good working relationships with key stakeholders and have seen progress in a number of areas. All nations in the UK have made diabetes a priority and all have found money to invest in diabetes at a time when health budgets are under severe pressure. The clinical work streams have all produced key guidelines and position statements that will contribute to improvements in care for people with diabetes. Our journal is attracting a growing number of submissions, and we have set ourselves the target of achieving PubMed Central listing in the near future. The Nationwide Audits of New Therapies have gone global. I am organising a second 'ABCD Clinical and Commissioning News Live' event in the summer to bring commissioners and clinicians together in 4-5 localities. The establishment of ABCD IPN-UK along with a new corporate membership scheme to support it was a triumph, and the (sugar-free) icing on the cake will be the launch of the ABCD UK

Type 1 Clinical Collaborative after a very positive meeting at the Diabetes UK professional conference.

Challenges

Rapid growth of an organisation brings challenges that my successor and the new executive team will need to confront. ABCD has been approached by individuals and organisations to give administrative and/or financial support for worthy projects that deserve our help, but with finite resources we cannot do everything, so the committee has difficult choices to make. The committee has agreed to support the ExtOD Conference in 2017 in conjunction with JDRE. This is sure to sell out as Ian Gallen gave it a massive plug in Manchester, so I would urge you to book as soon as possible.

The funding model of the Association depends on corporate support, and successive treasurers have designed schemes that comply with ABPI regulations to cover the whole range of activities. It is difficult to plan for more than 12 months ahead when companies delay their spending decisions until (after) the last minute. I am grateful to our corporate members for their continuing support. Lilly has announced that after 5 highly successful years it is no longer able to be the sole sponsor of the National Consultant Diabetologist Mentorship Scheme organised on our behalf by Dev Singh. I am very grateful to Lilly for their support for the scheme since its inception, and for their commitment to see it placed on a firm footing for the future.

Membership drive in Manchester Central

Although membership subscriptions (now tax-deductible) will never be sufficient to pay for everything we wish to do, if we could significantly increase the proportion of eligible consultants and trainees who are members it would also make ABCD even more attractive to corporate supporters. I attended the YDEF Day in Manchester to promote ABCD and publicise the special offer of a free one year's membership for new SpR members who join in 2017. I also had the pleasure of interviewing (yes really!) candidates for the YDEF com-

mittee. There were six candidates for one vacancy, and if they are representative of the talent coming through the system, then the future of our specialty is assured. Diabetes UK invited me to be a panellist for the Consultants and Specialist Trainees' P.I.G. and I explained what ABCD has been up to in the 5 minutes allocated to me. Stella George had softened the audience up with the latest Workforce Survey data, so I did not have to answer any awkward questions. Stella presented a more detailed analysis of the first data collected electronically at the Belfast meeting.

Spring cleaning

There are some items of unfinished business that I hope will yet be achieved in my term. Completing the Diabetes and Endocrinology chapter for Medical Care, the RCPL online guide to medical specialties, is very important as we will be able to use this in discussions with commissioners and provider organisations. Furthermore the 'Getting it Right First Time' Lead for Diabetes will be able to cite it in their discussions with Trusts. The most controversial section is the description of workforce numbers, in particular how many consultants are needed to provide a 5-day and a 7-day service for a given population. The committee discussed how this should be expressed – how assumptions concerning contributions to GIM were to be factored in, and whether the denominator population should be the diabetic population.

Our website redevelopment is a priority, and it won't be long now before everything we need will be accessible from www.abcd.care. Andy Macklin will be setting up members only forums where you will be able to chat about topics that you feel need to be aired.

Diabetes and CKD work stream



Peter Winocour and colleagues from ABCD and the Renal Association have produced four guidelines on various aspects of diabetes and CKD. These were trialled at a highly successful joint conference on the topic at the NEC recently. There is a real need for some research into key evidence-free areas, and an appetite to do this. I hope that ABCD might be able to support a project, perhaps in conjunction with the Renal Association in the future. At the very least we will be trying to persuade Diabetes UK and Kidney Research to prioritise projects in the field.

Thank you

I'd like to take this opportunity to thank all our corporate sponsors without whom all the activities, educational programmes and research programmes would not be possible. We are very grateful for their continued support in these challenging times.

Corrigendum and apology

Reports that Ana Pokrajac had completed two terms on the ABCD Committee were wrong. I am glad to say that she has kindly agreed to serve a second term. I apologise for the error.

National Diabetes Audit

I represented ABCD at the NDA Partnership Board meeting on 28th April. It was encouraging in that the participation rate by GP practices had seen a dramatic rise thanks to the efforts of NDA staff and CCGs. The change in the legal status of the NDA from April 2017 is significant. Many, but not all, of your trusts submit data for the NDA secondary care audit. Participation in the next audit will be mandated for secondary care providers so I would urge those members working in England and Wales to ensure their IT departments are able to submit the 2016-17 data in the format required. Three briefing teleconferences have been arranged in the first week of June. The provisional window for uploading the data is 12 June – 21 July, although this might slip owing to the election. See <https://abcd.care/sites/default/files/civcrm/persist/contribute/files/NDA2carenews.pdf> to download a newsletter that explains all this.

NaDIA will run in a familiar form in September 2018, but will be transformed into an audit of 'continuous harms' thereafter. There is particular interest in the handful of trusts that have not participated in NaDIA to date. An Insulin Pump Spotlight Audit will run in 2018, and I am keen to broaden its remit to include Type 1 as well as pump services.

An outlier policy is being developed that will pragmatically see secondary care diabetes teams assessed on the core Type 1 diabetes processes and outcomes data, while primary care will be assessed on the Type 2 diabetes data. Outliers falling more than 2 SD from the mean will trigger an 'alert', and those more than 3 SD from the mean will trigger an alert.

There is a determination to see the data used to drive quality improvement, and a resource pack has been produced to help diabetes teams undertake QI projects. Please look out for this.

Driving legislation

ABCD responded to a consultation on proposed changes to the law on driving and diabetes due to be enacted for January 2018. I am very grateful to members who took the trouble to contribute their opinions that have been incorporated into the response, which can be seen at <https://abcd.care/sites/default/files/civcrm/persist/contribute/files/DVLAresponse.doc>.

Launch of the ABCD Type 1 Diabetes Clinical Collaborative – UK (T1DCC-UK)

This ABCD-hosted initiative to drive up standards of care for people with Type 1 diabetes is ready to start. Use <https://abcd.care/type1collaborative> to sign up as a member of the collaborative free of charge, and encourage other members of your multi-disciplinary team to do so. The hope is that every department will have a clinical lead for Type 1 diabetes; this can be any health care professional, not necessarily a medic. We will send information to clinical leads about service audits, and we hope to have a snapshot of what is provided for people with Type 1 diabetes across the UK before an NDA audit of Type 1 and Insulin Pump Services in 2018 (vide supra).

From the desk of Rebecca Reeve

NHS England announced expansion of the National Diabetes Prevention Programme

NHS England has announced a package of measures to help reduce the levels of diabetes, including funding for more specialist nurses and an evaluation of how digital technology can provide tailored support to those with type 2 diabetes. £15m will also be allocated to support the expansion of the National Diabetes Prevention Programme; up to 50,000 additional places will be created in 13 new areas over the next two years. Funding will also be provided to support the 27 existing sites.

https://www.england.nhs.uk/2016/12/tackling-rising-diabetes/?utm_source=feedburner&utm_medium=email&utm_campaign=Feed%3A+NHSCBoard+%28NHS+England%29

National Diabetes Audit shows significant variation in diabetes care

NHS Digital has published the National Diabetes Audit for 2015–16, which measures the effectiveness of diabetes care against NICE clinical guidelines and quality stan-

dards. It found that there is significant local variation across England and Wales in the levels of care people receive; the number of people with type 1 diabetes who achieved the three NICE-recommended treatment targets varied between 11% and 34%. It also suggests that the overall number of people who achieved the treatment targets has decreased for both type 1 and 2 diabetes in the last year, from 18.9% to 18.1% and from 41% to 40.2%, respectively.

A sign of improvement is that practice participation in the NDA has increased significantly since last year, from around 57% to 82%. However, the 2015/16 data shows that an increase in the practice participation has not translated into a substantial change in the number of people meeting their treatment targets, or the number of people receiving their NICE-recommended care processes.

<http://www.content.digital.nhs.uk/catalogue/PUB23241/nati-diabi-rep1-audi-2015-16.pdf>

NDA Headline findings

- Practice participation increased to 82.4% from 57.3% in 2014/15.
- Significant variation in the achievement of the treatment targets (HbA_{1c}, BP and cholesterol) persists, with people with type 1 diabetes far less likely to achieve their blood glucose, BP and cholesterol targets than those with type 2 diabetes. Although the data show that the percentage of people with diabetes meeting these targets has increased since the NDA started in 2010, the increase has only been by a few percentage points.
- Significant regional variation with respect to NICE-recommended care processes persists, and the number of people with diabetes receiving all eight care processes is lower now (for both type 1 and type 2 diabetes) than it was when the NDA started in 2010.
- More people with diabetes are being offered access to structured education programmes, but the number of people with diabetes attending these courses remains low (less than 10% of people with diabetes are attending structured education courses).
- For the first time information is being reported on the number of people with diabetes who also have a learning disability, and the extent to which this group of people are receiving their eight care processes and achieving treatment targets.

The Government's mandate to NHS England for 2017–18 has published

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/601188/NHS_Mandate_2017-18_A.pdf

Building on the enduring objectives to 2020 set out in the 2016–17 mandate, this mandate maintains the direction of travel and continues to define annual deliverables against the same seven objectives:

1. Through better commissioning, improve local and national health outcomes and reduce health inequalities
2. To help create the safest, highest quality health and care services
3. To balance the NHS budget and improve efficiency and productivity
4. To lead a step change in the NHS in preventing ill health and supporting people to live healthier lives
5. To maintain and improve performance against core standards
6. To improve out-of hospital care
7. To support research, innovation and growth

The clear focus of this mandate is the delivery of the NHS's A&E turnaround plan which should see hospitals return to meeting the 4-hour target. This follows the recent statement by NHS England and NHS Improvement that the service must achieve the 4-hour emergency department waiting target in 2017–18.

This mandate also includes a new section entitled 'Key measures of success' which specifies that the Government "expects the NHS to deliver the Five Year Forward View and close the gaps in the quality of health, care and NHS finances through Sustainability and Transformation Plans (STPs)". This focus on STPs and linking performance at a local level to national accountability is a new theme within the mandate.

Diabetes is still a strong focus of the mandate with mid-term objectives and shorter term deliverables.

Objectives for 2020

One of the goals for 2020 is for there to be a 'measurable reduction in variation in the management and care for people with diabetes, including the achievement of the NICE-recommended treatment targets whilst driving down variation between CCGs'. As part of Objective 4 in the mandate, which aims to help to prevent ill health in the population, the NHS commits to doing more to engage with the five million people who are at high risk of diabetes and improve the management and care of people with diabetes.

Deliverables

The mandate states that, by July 2017, the results for the CCG improvement and assessment framework for 2016/17 will be published for each of the disease areas which they review, including diabetes. In terms of deliverables, the plan commits to referring at least 60,000 people to the Diabetes Prevention Programme by 2017/18.

NHS England publishes delivery plan for the final two years of the Five Year Forward View

NHS England has published the 'Next Steps on the NHS Five Year Forward View' (FYFV), which sets out its refreshed delivery plan for the next two years. The plan reiterates the NHS's three national priorities: to improve A&E performance; strengthen access to GP services; and deliver improvements in cancer and mental health care. It confirmed that NHS England will publish an Implementation Plan for the UK Strategy for Rare Diseases in 2017–18, and that the new commercial medicines team will negotiate directly with pharmaceutical companies on fast track reimbursement arrangements for selected drugs, as recommended in the Accelerated Access Review (AAR). The document also introduces a 10-point efficiency plan to 'get the best value' out of medicines and pharmacy. Measures include using NHS RightCare to improve uptake of NICE-recommended medicines that will also generate savings, and four regional medicines optimisation committees (RMOCs) to coordinate the pursuit of medicines optimisation opportunities.

<https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf>

ABCD renal guidelines (Peter Winocour)

The ABCD-Renal Association portfolio of guidelines is being finalised and will be rolled over throughout this year. Guidance on lipid lowering will be available on the ABCD website and the summary guidance is scheduled for publication in *BJD*. The subsequent guidelines on managing HBP-RAAS blockade and glycaemic care in CKD-nephropathy will follow in due course.

Interesting recent research (Umesh Dashora)

A rapid-fire collection of interesting recent developments in diabetes

Evolocumab shows cardioprotection

In a study published in *NEJM* there was a 59% reduction in low-density lipoprotein at 48 weeks of evolocumab (PCSK9 inhibitor) treatment from a median baseline value of 2.5 mmol/L to 0.78 mmol/L ($p < 0.001$). This risk of primary and secondary endpoints were significantly reduced compared with placebo treatment (9.8% vs 11.3%, $p < 0.001$; and 5.9% vs 7.4%, $p < 0.001$).

<http://www.nejm.org/doi/10.1056/NEJMoa1615664>

Gene therapy to prevent myocardial infarction in patients with diabetes

In a paper published in the *American Journal of Cardiology* the researchers show that cotransfer of angiogenic and anti-apoptotic genes reduced the damage caused by myocardial infarction in rats. This has the potential for a gene therapy to mitigate the effect of myocardial ischaemia by promoting angiogenesis and reducing apoptosis.

<https://www.hindawi.com/journals/omcl/2017/1271670/abs/>

EMPAREG cardiovascular benefits may be due to reduced cardiac myocyte sodium

In this article published in *Diabetologia*, the authors suggest that SGLT2 inhibitors act on Na/H exchanger in the cardiac cells and may reduce sodium levels which in turn improve mitochondrial function and may underlie cardiac benefits seen in the EMPAREG trial.

<http://link.springer.com/article/10.1007/s00125-016-4194-y>

Antibodies to reduce blindness

In research published in the *Journal of Experimental Medicine*, the authors show that a new technology of comparative ligandomics using secretogranin III neutralising antibodies can reduce blindness in diabetic mice and in the retinopathy of prematurity. This therapy will provide additional ways to reduce angiogenesis which leads to accelerated diabetic retinopathy.

<http://jem.rupress.org/content/early/2017/03/21/jem.20161802>

PCSK9 inhibitors reduce cholesterol by over 50%

In this review published in *Diabetologia* the authors review the studies and the potential of monoclonal antibodies against PCSK9.

<http://link.springer.com/article/10.1007/s00125-016-4178-y>

Statins can increase the risk of diabetes in older women by up to 50%

A new Australian study published in the journal *Drugs and Aging* shows that older women are at risk of developing diabetes with statin therapy. The

effect seems to be dose dependent, with higher doses increasing the risk by as much as 50%. Women on statin treatment should be monitored for diabetes and treated promptly. The number needed to harm was 131 treated for 5 years with statins in this study.

<http://link.springer.com/article/10.1007/s40266-017-0435-0>

Rare sugar syrup (RSS) improves insulin sensitivity by an action on hepatic glucokinase

RSS is produced by chemical modification of high-fructose corn syrup (HFCS) and has an anti-obesity and anti-diabetic effect. In a paper published in the *Journal of Agriculture and Food Chemistry*, the authors demonstrate that consumption of RSS maintains glucose tolerance by an action on hepatic glucokinase translocation. In an experiment on rats, RSS was associated with significantly lower weight gain and abdominal fat mass. Blood glucose and insulin levels were lower on glucose tolerance test compared with HFCS. RSS consumption was also associated with higher liver glycogen and glucokinase activity.

<http://pubs.acs.org/doi/abs/10.1021/acs.jafc.6b05627>

Evidence base for using HRT misinterpreted?

In a paper published in the journal *Climacteric*, Professor Langer, who was one of the principal investigators of the Women's Health Initiative (WHI) study argues that the results of the WHI study were misrepresented. He discusses how the clinicians might have misinterpreted the results of the study to wrongly deny the benefits of HRT to many younger women within the first 10 years of menopause. In fact, the subsequent publication from WHI showed cardiovascular benefits and reduced breast cancer in women who started HRT before 60 years of age, but it was largely ignored by the clinicians.

Low gluten diet can increase the risk of diabetes

In research presented at the *American Heart Association's* meeting, researchers showed that a high gluten diet can reduce the risk of diabetes by 13% after adjusting for the effect of higher fibre content of such a diet over a period of 30 years.

<http://www.tandfonline.com/doi/abs/10.1080/13697137.2017.1280251?journalCode=icmt20>

Antioxidants can prevent non-alcoholic steatohepatitis (NASH)?

In a paper published in the journal *Molecular Systems Biology*, the authors show that addition of serine (a precursor of glycine) to a Western diet has the potential to prevent and treat the fatty liver

complications associated with diabetes. Plasma and liver levels of glutathione and serine levels were found to be lower in patients with NASH.

<http://msb.embopress.org/content/13/3/916>

Younger people with type 2 diabetes at higher risk than those with type 1 diabetes

In a paper published in the *Journal of the American Medical Association*, researchers show that younger people with type 2 diabetes are at higher risk of complications like nephropathy (20 vs. 6%), neuropathy (18 vs. 9%) and retinopathy (9 vs. 6%) than their counterparts with type 1 diabetes over 8 years.

<http://jamanetwork.com/journals/jama/article-abstract/2606400>

Obesity is associated with higher risk of cancer

In a recent meta-analysis, investigators found that obesity is associated with a higher risk of some cancers such as oesophageal adenocarcinoma, colon and rectal carcinoma in men, biliary tract and pancreatic cancer, endometrial cancer in premenopausal women, kidney cancer and multiple myeloma. Weight gain and higher waist to hip ratio were associated with higher risks of postmenopausal breast cancer in women who never took HRT and endometrial cancer, respectively. The increase in risk varied between 9% and 56% depending on the type of cancer and the degree of obesity.

<http://www.bmj.com/content/356/bmj.j477>

Fasting can help regenerate insulin-producing cells

In a paper published in *Cell*, the authors demonstrate that fasting mimicking diet (FMD) regenerated insulin-producing cells in mice by promoting Ngn3 expression. Such cycles of FMD can reverse beta cell failure and reverse type 1 and type 2 diabetes. Similar results can be obtained in humans through inhibition of PKA or mTOR, resulting in promotion of Ngn3 driven beta cell regeneration.

[http://www.cell.com/cell/fulltext/S0092-8674\(17\)30130-7](http://www.cell.com/cell/fulltext/S0092-8674(17)30130-7)

Liraglutide can prevent diabetes by 80% in the at-risk population

In a randomised clinical trial published in *Lancet*, the researchers showed an 80% reduction in the development of new cases of diabetes after 3 years with liraglutide 3 mg versus placebo (26 (2%) vs. 46 (6%) patients) when the study medications were administered to 2,254 people with pre-diabetes and obesity (body mass index >30 or >27 with co-morbidities).

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)30069-7/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30069-7/fulltext)

Statins added to chemotherapy do not alter outcomes in patients with lung cancer

In a study published in the *Journal of Clinical Oncology*, the researchers showed that pravastatin does not improve clinical outcomes when added to chemotherapy in patients with small cell lung carcinoma. The median survival versus placebo was 10.7 months versus 10.6 months. Other outcomes were also similar in both groups.

<http://ascopubs.org/doi/abs/10.1200/jco.2016.69.7391>

Anti-ageing hormone Klotho may help in diabetes complications

In a study published in *Diabetologia*, the authors from Kings' College London found that patients with type 1 diabetes with microalbuminuria have lower levels of the anti-ageing hormone Klotho than patients with type 1 diabetes without microalbuminuria, suggesting a potential therapeutic role for Klotho in preventing renal and possibly cardiac complications of diabetes.

<http://link.springer.com/article/10.1007%2Fs00125-017-4219-1>

Selenoprotein excess may explain poor benefits of exercise

In research published in *Nature Medicine*, the authors show in work conducted on mice that selenoprotein deficiency may be involved in the exercise-induced phosphorylation which improves insulin sensitivity. They showed that anti-oxidative hepatokine selenoprotein P (SeP) leads to reduced AMP-activated protein kinase phosphorylation through a low-density lipoprotein receptor. Inhibitors of the SeP-LRP1 axis may therefore have exercise-enhancing benefits.

<http://www.nature.com/nm/journal/vaop/ncurrent/full/nm.4295.html>

Hypothyroidism in utero leads to increased beta cell proliferation in fetal pancreas

New research conducted in sheep shows that fetal hypothyroidism and high insulin levels can induce beta cell proliferation and excess insulin production in the fetus. This may have implications for the health of babies in the future.

<http://onlinelibrary.wiley.com/doi/10.1113/JP273555/full>

Amino acid transport inhibition can have similar benefits to surgery

In a study published in the *British Journal of Pharmacology*, researchers show that inhibition of neutral

amino acid transporter (BOAT) can produce similar benefits to obesity surgery by restricting protein transport. Bzotropine was identified as a competitive inhibitor of the transporter in experiments on mouse intestinal cells.

<http://onlinelibrary.wiley.com/doi/10.1111/bph.13711/abstract>

Subclinical hypothyroidism in pregnancy should be treated, but at what level?

According to a paper published in *BMJ*, the authors show that pregnancy loss is lower if mothers with thyroid-stimulating hormone (TSH) levels between 4.1 and 10 mIU/L are treated with thyroxine but not in those with levels between 2.5 and 4.0 mIU/L ($p < 0.01$). There was, however, some increase in the risk of preterm pregnancy, gestational diabetes and pre-eclampsia in some of these patients, requiring further studies to evaluate the safety of thyroid hormones in patients with TSH levels between 2.5 and 4.0 mIU/L.

<http://www.bmj.com/content/356/bmj.i6865>

Once weekly DPP-4 inhibitor as effective as once daily product

In a recent paper published in *Diabetes Obesity and Metabolism*, the researchers showed in a randomised controlled trial that once weekly DPP-4 inhibitor omarigliptin 25 mg was as effective as once daily sitagliptin 100mg in reducing HbA_{1c} (-0.47% vs. -0.43%).

<http://onlinelibrary.wiley.com/doi/10.1111/dom.12832/abstract>

Metformin increases the risk of lactic acidosis especially in patients with impaired renal functions

In a paper published in *Diabetic Medicine*, the authors found that metformin was associated with the risk of lactic acidosis to the tune of 11.6 per 100,000 person-years in Denmark and 6.8 per 100,000 person-years in the UK. The comparative rate of lactic acidosis with other glucose-lowering therapies was 1.8 and 1 per 100,000 person-years in the two countries, respectively. The risk is higher in patients with impaired renal functions.

<http://onlinelibrary.wiley.com/doi/10.1111/dme.2017.34.issue-4>

New guidelines for the diagnosis and management of thyroid disease

In the new guidelines, the TSH levels recommended in pregnancy are <4.0 mIU/L rather than the old cut-off of 2.5 or 3 mmol/L to reduce the risk of adverse

outcomes in women with TSH between 2.5 and 4.0 mIU/L treated with thyroxin. Further details are given in the full guidelines.

<http://online.liebertpub.com/doi/abs/10.1089/thy.2016.0457>

Diabetes is associated with a higher risk of bacterial and fungal but not viral infections

In a study published in *Diabetic Medicine*, the authors found that people with poor diabetes control are at higher risk of developing bacterial and fungal or yeast infections but not viral infections.

<http://onlinelibrary.wiley.com/doi/10.1111/dme.13205/full>

Low vitamin D is associated with higher cardiovascular mortality in people with type 2 diabetes

In a community-based cohort study, the authors found an inverse correlation between vitamin D levels in blood and cardiovascular mortality and morbidity after adjusting for other factors, suggesting a prognostic value for vitamin D levels.

<http://onlinelibrary.wiley.com/doi/10.1111/dme.13290/full>

Type 1 diabetes is associated with higher mortality

In a 24-year follow-up study of Danish patients with onset of type 1 diabetes under 20 years of age published in *Diabetic Medicine*, the authors report a 38% increase in the risk of death for each 1% increase in HbA_{1c}. The cause of death was diabetes with complications.

Metformin is associated with favourable neonatal outcomes in gestational diabetes compared with insulin alone

A recent meta-analysis published in *Diabetic Medicine* shows that metformin for gestational diabetes and type 2 diabetes in pregnancy is associated with a lower incidence of neonatal hypoglycaemia, large for gestational age babies, pregnancy-induced hypertension and total pregnancy-related weight gain compared with insulin alone. However, the long-term outcome is not yet available.

<http://onlinelibrary.wiley.com/doi/10.1111/dme.13150/full>

HIV patients at higher risk of developing diabetes

In a paper published in *BMJ*, researchers report that the prevalence of diabetes in patients with HIV is 10%. Diabetes appears to start at an earlier age and even in the absence of obesity in patients with HIV.

<http://drc.bmj.com/content/5/1/e000304>



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YDEF NEWS

**YOUNG
DIABETOLOGISTS
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A time for change

March is always a busy time for YDEF and full of changes. From our committee to our courses and plans, there have been a few developments.

YDEF Committee

The year ahead promises to be a busy one, but we are all ready for the challenge. We have progressed and strengthened our team, taking on new challenges under the leadership of Muna Nwokolo (London); however, she has now stepped down as chair and passed the baton on to Amar Puttanna (West Midlands). We have also welcomed a new member in the form of Clare Whicher who will further enhance our development and plans. We sadly had to say goodbye to one of our longstanding members as Ali Chakera focuses on his consultant post..

Clare Whicher

Clare Whicher is an ST5 trainee currently working in Bournemouth, having graduated from Newcastle University in 2009. She has done all of her clinical training in Wessex deanery and is currently the specialty trainee representative in Wessex. She is taking time out of training to concentrate on research, looking into severe mental illness, obesity and diabetes.

YDEF Day

Our main event of the year was organised by Adam Nicholls and was another resounding success. From initial updates from members of ABCD, Diabetes UK and SFE through to the excellent small group sessions, the day was both enjoyable and informative. An enjoyable session by Professor Holt on getting published and a thought-provoking insight into behavioural changes by Bill Polonsky further cemented the relevance and high quality that is

synonymous with YDEF Day. The day closed with a perspective on public health policy by Paul Plant (Deputy Director, Health Improvement at Public Health England) and an invigorating call to arms by Partha Kar from NHS England encouraging us all to develop and improve care. Completing the day was the panel discussion covering topics such as Brexit and allocation of funding in diabetes. Discussion got quite heated as the panel delivered a lively discussion for the benefit of all the attendees. We continue to take pride in YDEF Day being the educational and entertaining event it is and look forward to stepping things up in 2018.

Upcoming plans

This year we want to further develop our ties across the regions in the UK. We have started to work on interactions with each of the deanery representatives in the UK and plan to improve collaboration and communication between them and ourselves. This will not only strengthen us as a specialty but will also enable us to get a better understanding of training issues across different deaneries and aid collaboration. We urge any of our members to speak to their local rep to contact us and get involved.

We are also keen to address the reduced uptake in our specialty and recently presented results of our YDEF perceptions of the specialty survey at Diabetes UK Professional Conference. This survey has been a key undertaking for us and we hope the results will have an important and lasting

UPCOMING YDEF COURSES

NEYD

Our international research course is back on British soil and is being held in Warwickshire. This meeting brings together young researchers from Denmark, Holland and the UK to present and discuss their research in a relaxed setting to showcase their projects and gain feedback as well as develop international collaboration.

National D&E Taster Day

New for this year is our drive to improve uptake and to cultivate interest in our wonderful specialty. We are organising a National Taster Day in Birmingham in September this year. Stay tuned for more updates and please highlight this to your interested junior doctors and medical students.

impact on improving uptake into our specialty. We will be publishing the results in the near future.

We continue to try and understand issues with current trainees in the specialty and are still collecting data for our trainee wellbeing survey. This will be a valuable piece of work to try and address work/life balance for trainees in our specialty, and we urge those of you who haven't filled it in to look at our website for details.

Dr Amar Puttanna
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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 @youngdiab on twitter