NEWS

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From the desk of the Chairman, Dipesh Patel

I have been reflecting on my final report as Chair of ABCD as I hand over the reins to Professor Ketan Dhatariya this summer. I am proud to see ABCD delivering exciting programmes and attracting new members to help ensure that we continue to thrive and grow. The Association celebrated its 25th Anniversary last June and remains in good standing.

My term of office was overshadowed by COVID-19. I am very proud of the achievements of the members of our committee and wider membership, who stood up to the challenges of the pandemic and became the vanguard for best practice and care in managing people with diabetes (some of whom presented with extreme pathology). Our popular and widely respected *COncise adVice on Inpatient Diabetes (COVID:Diabetes)* resources led the way in delivering optimal care during the pandemic for all our patients. A survey of our members at the height of the pandemic confirmed that the guidance was helpful and that it informed practice. We adapted the organisation to be able to deliver ongoing rapid and responsive education via virtual means throughout the pandemic. Our respected webinar programme continues to this day to deliver topical education programmes to meet learning needs.

Thankfully, the storm of COVID has passed, and whilst its legacy lives on through NHS backlogs and people suffering from long covid and mental health problems, we are now able to enjoy face-to-face high-quality patient care delivery and personally enriching interactions with colleagues and friends. ABCD has been able to deliver educational and training programmes to facilitate all these.

We will be running more meetings than ever before in 2023, ranging from a lifelong learning programme for diabetologists from SpR curriculum courses to advanced techniques and management for emerging experts. My sincere thanks to everyone involved with these programmes. I am delighted to have chaired a dedicated ABCD session at the Diabetes UK conference in April.

The ABCD Diabetes Technology Network (DTN) is a fantastic resource for the multidisciplinary team involved in the delivery of care for people with diabetes. Make sure you take some time to have a look at the educational resources on offer – from a virtual showroom demonstrating devices and their use to expert views on devices, educational resources for patients, a virtual academy and a series of videos on virtual consulting. Our thanks go to Professor Pratik Choudhary for his vision and enthusiasm in driving this thriving network. He has recently handed over to Dr Alistair Lumb, who will I am sure continue to enrich the network and activities.

Our hugely successful nationwide audit programmes are still led by Dr Bob Ryder and Emma Wilmot. Last year, in collaboration with Diabetes Care Trust (ABCD) Ltd, we launched a new research grant awards programme targeted at new and aspiring researchers, with total grant funds of £100,000 per year. The research call was successful, with 17 applications received. The successful grant applicant was Dr Rajna Golubic at the University of Oxford for a project to improve inpatient detection and management of glucocorticoid-induced diabetes. The research grant programme continues this year, with a closing date of 1st June. **For further details see https://abcd.care/research-grants.** Later this year we will launch an exciting small grant awards forum based on the BBC TV show Dragons Den where applicants pitch for grant funding to a team of research experts.

The Joint British Diabetes Societies for Inpatient Care Group (JBDS-IP) continues to work tirelessly to ensure that its valuable guidelines are always up to date. JBDS-IP is also embarking on an ambitious project to identify the right number of staff to deliver an ideal, 'state of the art' inpatient diabetes service in the UK. We are delighted to contribute to this work and host the outputs of the work on our website.

I am extremely pleased to report that our membership continues to grow. We now have nearly 750 members. We have a strong voice and presence with policy makers and stakeholders in the diabetes community, including the NHSE, the RCP, NICE, CaReMe, JBDS and many more. We have more recently supported the formation and administration for the Obesity Management Collaborative (OMC) as we appreciate that obesity management needs more focus from multiple professional stakeholders. Our participation in these organisations helps us to ensure that the voice and expertise of the specialist diabetologist are central and considered in forthcoming guidance, programmes and reports.

Our own flagship journal, *The British Journal of Diabetes* continues to grow and mature. Please follow our dedicated BJD Twitter account (@BJDiabetes) to be the first to hear about publication of our ahead-of-print articles. Do send us your original research, audits, case studies and general diabetes news. I am always pleasantly surprised at hearing positive comments from colleagues outside the UK who access the journal; they respect the clinical content and appreciate its ABCD affiliation.

We hope you enjoy our fortnightly newsletters which help keep you abreast of new developments, news, events and other diabetes-related information. If you have news to share with the membership please drop us a line at info@abcd.care.

As chair of the ABCD committee I would like to take this opportunity to sincerely thank the ABCD executive and committee for their support and loyalty during my term in office.

We could not perform our activities without corporate sponsor support for ABCD and DTN. Current sponsors include AstraZeneca, Lilly, Sanofi, A Menarini Farmaceutica Internazionale SRL, Abbott Laboratories Ltd, Dexcom, GlucoRx Limited, Insulet International Ltd, Ypsomed Ltd, Air Liquide Healthcare Ltd, Medtrum Ltd Menarini Diagnostics and Roche Diabetes Care.

My gratitude to Tricia Bryant and the impressive Red Hot Irons team who serve as our secretariat, helping to plan, action and deliver our programmes. Special thanks to Claire Harris, who has provided tremendous support with our governance and committee work.

As I pass on the baton of executive chair to Ketan, I look back and reflect proudly on

how we, as a healthcare community, came together and navigated the COVID pandemic and contributed to multiple national workstreams.

It has been a real honour and a privilege to serve this organisation. I wholeheartedly encourage other members to apply to join our talented and diverse steering committee and to come forward to connect with our workstreams. I suspect there are many UK subspecialty experts and rising stars of whom we are unaware; please get in touch to see how we can support you.

I have no doubt ABCD will continue to innovate, support members and thrive over the next 25 years. Thank you to everyone who has provided me counsel and support over the last three years.

I wish you all a wonderful summer and hope you have a chance to unwind. I look forward to seeing you all at one of our events. Please do join us for our main ABCD & DTN conference which takes place in Edinburgh in September.

Dipesh Patel, ABCD (Outgoing) Chair

From the desk of the News Editor, Umesh Dashora

JBDS News (Ketan Dhatariya)

New ABCD chair

Professor Ketan Dhatariya will take over as ABCD chair from June 2023. Professor Dhatariya is a consultant in diabetes & endocrinology and Honorary Professor of Endocrinology & Diabetes, at Norfolk and Norwich University Hospitals and Norwich Medical School, University of East Anglia.

New JBDS-IP chair

Dr Omar Mustafa, current co-chair of JBDS, will take over as new chair of the JBDS-IP from June 2023. Dr Mustafa is a consultant in diabetes and internal medicine at King's College Hospital in London.

New position statement on the staffing needs for a good inpatient diabetes care

JBDS has produced a position statement which will help teams across the country to calculate their staffing need to be able to provide good-quality inpatient diabetes care. It can be found at: JBDS_19_Optimal_Staffing_Calculator_19042023.xls (live.com)

The full guideline will be available soon on our ABCD website.

Rowan Hillson Inpatient Safety Award 2023

The Rowan Hillson Inpatient Safety Award 'Best innovation to improve patient safety when discharging from hospital' has attracted innovative entries. The project was led by Umesh Dashora and Erwin Castro. The winners will be announced at the annual ABCD meeting in Edinburgh in September 2023.

At a recent JBDS meeting it was agreed that the scope of the award may be widened to allow more innovations and entries.

ABCD Worldwide EndoBarrier Registry (Bob Ryder)

The most recent data were presented orally at the last EASD see: https://youtu.be/_VfloaMn4GQ

The data have been published in the current issue of Diabetes Care. They can be found at https://diabetesjournals.org/care/article-pdf/46/4/e89/700530/dc221952.pdf

Offerings from MywayDigital Health for health professionals working in diabetes and people with diabetes (Dr Debbie Wake and Dr Alex Bickerton)

There are fantastic educational opportunities available from MyWayDigital Health for healthcare professionals working in diabetes and for people with diabetes.

MyWayDigital Health's mission is to provide the highest standard of education and support to people with diabetes and healthcare professionals working in diabetes. They offer a suite of **FREE** educational resources, including:

Massive Open Online Courses (MOOCs)

1- or 2-day QISMET accredited online courses (text, videos, quizzes, moderated comment sections, live Q&A sessions).

Courses:

Understanding Type 1 MOOC: Comprehensive type 1 diabetes self-management course delivered over two days. This course ran on 17th/18th May

Understanding Type 2 MOOC: Comprehensive type 2 diabetes self-management course structured over two days. This course ran on 14th/15th June

Diabetes and Ramadan MOOC: Ramadan-focused diabetes self-management course for people with diabetes and healthcare professionals, including information on fasting and associated health risks.

Peer-reviewed publications of patient-reported outcomes:

Mackenzie et al. Diabetic Medicine, 2022.
Mackenzie et al. BMJ Innovations, 2021.

My Type 1 Diabetes

(https://www.mytype1diabetes.nhs.uk/)

- NHS England-commissioned national platform for people with T1DM and HCPs
- More than 200 educational resources
- 7 eLearning modules (QISMET accredited), which include:
  - Understanding T1DM
  - Living with T1DM
  - Growing up with T1DM
  - Carbohydrate counting
  - Freestyle Libre
  - Considering an insulin pump?
  - My insulin pump

Coming soon: T1DM and physical activity.

Feedback from healthcare professionals on the eLearning courses: *"The information was very informative, and patient-led." "An excellent way of learning." "Lots of good examples and case studies from people living with type 1 diabetes." "Clear info and examples to work through are great for patients' understanding." "The video accounts from people with type 1 diabetes were particularly insightful."*

Feedback from people with diabetes on the eLearning courses: *"It was so much more than I expected. Every element was useful, hearing other T1Ds talk about their experience was so informative. Thank you for creating this. I've been diabetic for 42 years and the last 12 months I have found all these resources and my DSN team. Just fantastic." "The content was very informative, and has increased my understanding of calculations made when taking into account variables such as exercise and drinking."*

Understanding Type 1 Diabetes 17th and 18th May, 2023

Delivered in partnership with NHS England. Day 1 content was released on Wednesday 17th May. Day 2 content was released on Thursday 18th May.

Live Q&A sessions with diabetes experts ran on both days of the course over Zoom from 6-7pm BST. Diabetes experts moderated the discussion boards and replied to comments directly on the site over the 2-day course.

Day 1 focused on all things type 1. This included what T1DM is and how it is diagnosed and treated. It also covered blood glucose monitoring and gave

people everything they need to know about insulin.

Day 2 focused on the complications of diabetes and how it can impact the rest of the body. It also covered topics related to what it is like living with T1DM, including travelling and driving, and how lifestyle factors can impact diabetes management.

Everyone who completed the course received a personalised certificate for CPD. The course was QISMET accredited.

A new diabetes pre-operative pathway in Somerset (Louise Lewis)

A new diabetes pre-operative pathway piloting in Somerset is achieving significant improvements in glycaemia optimisation for patients awaiting elective surgery.

The unique pathway, commencing optimisation of diabetes from the point of referral, has been developed by Somerset NHS Foundation Trust and is bringing primary and secondary care colleagues together to work collaboratively in developing plans of care and delivering health education to patients.

Preliminary results demonstrate that 96% of patients on the pathway have reduced their HbA_{1c} after three months. Patients and primary care practitioners have also reported increased confidence in diabetes management.

Further data are now awaited to evaluate whether the development and maintenance of improved diabetes self-management throughout the surgical pathway can result in longer-term improvement in treatment targets.

A new diabetes care accreditation programme (Daniel Flanagan, the Clinical Lead for DCAP and Eva Lynch, Diabetes Project Manager for DCAP)

The Royal College of Physicians and Diabetes UK are launching the Diabetes Care Accreditation Programme (DCAP) on 31st May, 2023. First of its kind, DCAP aims to improve inpatient care across the UK by setting out quality standards and measuring service performance through external peer assessment. Accreditation acts as an assurance mechanism to service users, managers, referrers and commissioners about the service provided. The ambition is for DCAP to make a transformational impact on improving inpatient care and creating the change people living with diabetes need and deserve.

Start your accreditation journey today and find out more about DCAP by visiting www.dcap.org.uk.

From the desk of Rebecca Reeve

Primary care recovery plan launched on 1st May, 2023

This plan will become central to how Primary Care Networks will operate moving forwards, essentially improving care navigation within the system through:

- Reopening the tap (£645M over two years) on community pharmacy funding, while asking for more responsibility for prescribing and administering health checks
- Investing in additional roles in primary care reimbursement to hire 26,000 more direct patient-facing staff (non-GP)
- Retargeting existing funding into digital transformation

The future of QOF and Investment & Impact Fund (IIF) will be consulted on during the summer. Criticisms of the plans have focused on the timing and continued delay in a workforce plan for the NHS. The primary care plan should have been supplementary to a workforce plan for the NHS.

https://www.england.nhs.uk/publication/delivery-plan-for-recovering-access-to-primary-care/

Hewitt Review into ICSs published in April

The review was commissioned by Chancellor Jeremy Hunt shortly after his accession to the role and was led by Chair of NHS Norfolk and Waveney Integrated Care Board and former Health Secretary, Patricia Hewitt. It comes one year after the legal establishment of ICSs. It considers the oversight and governance of ICSs, examining the balance of greater autonomy and robust accountability of these emerging systems, and making a number of recommendations. The review is a clear signal from Government that integration is still on the agenda. However, the Department of Health and Social Care has not given any indication of when it would respond to the review and which recommendations it would accept. The review lays out some of the ongoing challenges faced by ICS structures and provides insight into the state of the emerging coordinating bodies; one example is the reference to specialised commissioning. Hewitt noted "during this review, several clinical and other leaders expressed concerns about the place of specialised services within the new landscape of ICSs" but noted that it was "not possible in the timescale of this review to consider this issue in detail."

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1148568/the-hewitt-review.pdf

Type 1 Diabetes Grand Challenge

A ground-breaking partnership between the Steve Morgan Foundation, Diabetes UK and JDRF UK announced funding of three major research projects, kicking off the race to a cure for T1DM. Three leading UK researchers at the University of Dundee, the University of Exeter and Imperial College London have been awarded Fellowships totalling £5 million. The three ambitious research projects will focus on two key research areas: :

- Developing treatments to replace or rescue insulin-producing beta cells
- Understanding the root causes of T1DM and how to stop the immune attack

https://type1diabetesgrandchallenge.org.uk

NICE recommendations for children with T2DM

For the first time new guidance from NICE recommends the use of real-time continuous glucose monitoring (rtCGM) or intermittently scanned glucose monitoring (isCGM) devices for some children living with T2DM who are currently using finger prick testing and insulin therapy. "Recommending new technology is a clear step towards giving children on insulin therapy the ability to manage their own condition in a less invasive way, and to live happier and healthier lives," said Dr Judith Richardson, programme director in the Clinical Directorate at NICE. The guideline committee has recommended the technology should be offered to children and young people with T2DM if they: 1. have a need, condition or disability (including a mental health need, learning disability or cognitive impairment) that means they cannot monitor their blood glucose by finger prick testing; 2. would otherwise be advised to self-measure at least 8 times a day; 3. have recurrent or severe low blood sugar levels; and 4. have impaired blood sugar awareness.

Those eligible should speak to their diabetes team to access real-time or flash monitors on prescription.

https://www.nice.org.uk/news/article/hundreds-of-children-with-type-2-diabetes-to-be-offered-choice-of-two-life-changing-technologies

Entries for QiC Diabetes Awards 2023 now open

Applications are now being taken for this year's Quality in Care (QiC) Diabetes Awards, an established accolade "at the forefront of sharing best practice" that recognises outstanding people working on the frontline of healthcare. Winners have implemented a new care initiative over the last year which has improved the lives of those living with diabetes. Now in their 13th year, the awards will have a new category for 2023, entitled Peer Support. In total, there are 10 awards available to win, including three nomination prizes, such as Outstanding Educator in Diabetes, Diabetes Professional of the Year and The People's Award. Entries are invited from anyone working in the diabetes arena throughout the UK and Ireland.

https://qicdiabetes.awardsplatform.com/

Green Award – have you been involved in a project to reduce carbon emissions?

A pharmaceutical company will recognise outstanding healthcare initiatives which have benefited the environment in a new award which launched at the Diabetes UK Professional Conference in April. Sanofi has created a Green Award to celebrate and applaud teams, organisations and individuals who work in health care and have led a project which has reduced carbon emissions. Registrations for the Sanofi Green Award opened on 27th April and will close on 25th August. Shortlisted entries will be unveiled on Friday, 15th September, and the winner will be announced at the QiC Diabetes Awards ceremony on 12th October. For more information and to see the entry criteria please use this link.

https://forms.office.com/e/n4wScRMSda

Interesting recent research

(Umesh Dashora, Mizanour Md Rahman, Sheena Gupta)

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

Authors, Journal	Type of study	Main results
Gullaksen *et al*, *Diabetologia*	Randomised trial	**Semaglutide and empagliflozin effect on kidney oxygenation and perfusion** In this trial the hypothesis that semaglutide, empagliflozin or their combination improves kidney oxygenation was rejected. In fact, empagliflozin induced a reduction in medullary kidney oxygenation. Semaglutide substantially reduced kidney perfusion without affecting oxygenation. Gullaksen S, Vernstrøm L, Sørensen SS et al. Separate and combined effects of semaglutide and empagliflozin on kidney oxygenation and perfusion in people with type 2 diabetes: a randomised trial. Diabetologia 2023; 66: 813–825. https://doi.org/10.1007/s00125-023-05876-w
Yuan *et al*, *Diabetologia*	Analysis	**What causes diabetes** In this paper authors discuss the aetiology of diabetes through the epidemiological approach of mendelian randomisation (MR) that uses genetic instruments to study causal association between exposure and outcomes. In type 2 diabetes MR analyses support causal associations of somatic, mental and lifestyle factors with the development of disease. Authors argue that multi-ancestry cohort studies are needed to examine the role of different types of physical activity, dietary components, protein biomarkers and gut microbiome in diabetes development. Yuan S, Merino J, Larsson SC. Causal factors underlying diabetes risk informed by Mendelian randomisation analysis: evidence, opportunities and challenges. Diabetologia 2023;66: 800–812. https://doi.org/10.1007/s00125-023-05879-7
Forouhi *et al*, *Diabetologia*	Narrative review	**What diet is good for people with type 2 diabetes** In this review the author explains the key principles of a diet that is good for people who want to avoid diabetes or who have diabetes. The review considers various strategies like low-energy, low-fat and low-carbohydrate diet and summarises the current evidence. Forouhi NG. Embracing complexity: making sense of diet, nutrition, obesity and type 2 diabetes. Diabetologia 2023;66:786–799. https://doi.org/10.1007/s00125-023-05873-z
Ling *et al*, *Diabetologia*	Population- based study	**Inequalities in cancer mortality trends in people with type 2 diabetes** In this study the authors examined cardiovascular and cancer mortality trends in people with T2DM. In contrast to a decline in all-cause mortality in people with T2DM at all ages between 1998 and 2018, there was a decreasing trend in all-cancer mortality rates at younger ages but increasing trends in older age groups (75+). The authors also show persistent inequalities in cancer mortality rates by gender and socioeconomic status and widening disparities by smoking status. Ling S, Zaccardi F, Issa E, Davies MJ, Khunti K, Brown K. Inequalities in cancer mortality trends in people with type 2 diabetes: 20 year population-based study in England. Diabetologia 2023 Apr;66(4):657-73. https://doi.org/10.1007/s00125-022-05854-8
Morton *et al*, *Diabetologia*	Cost-effectiveness analysis	**SGLT-2 inhibitors and GLP-1 RAs are cost-effective** In this paper the authors report that, based on their cardiovascular benefits at current prices, SGLT-2is are cost-effective for anyone with T2DM from the Australian healthcare perspective. GLP-1RAs are unlikely to be cost-effective, even in a population with pre-existing cardiovascular disease. Morton JI, Marquina C, Shaw JE et al. Projecting the incidence and costs of major cardiovascular and kidney complications of type 2 diabetes with widespread SGLT2i and GLP-1 RA use: a cost-effectiveness analysis. Diabetologia 2023; 66: 642–656. https://doi.org/10.1007/s00125-022-05832-0

Authors, Journal	Type of study	Main results
Elsenburg *et al*, *Diabetologia*	Cohort study	**Childhood adversity increases the risk of T2DM in early adulthood** Compared with a low-adversity group, the risk of T2DM was higher in all groups of men and women with childhood adversity (material deprivation, family illness/death, disturbed family dynamics etc). This translates into 36.2 additional cases of T2DM per 100,000 person-years among men and 18.6 among women. Elsenburg LK, Bengtsson J, Rieckmann A. et al. Childhood adversity and risk of type 2 diabetes in early adulthood: results from a population-wide cohort study of 1.2 million individuals. Diabetologia 2023(Apr): PMID 37076640. https://doi.org/10.1007/s00125-023-05911-w
Laugesen *et al*, *Diabetologia*	Phase II, randomised trial	**Pen-administered low-dose dasiglucagon (DASI) vs usual care for prevention and treatment of non-severe hypoglycaemia** Compared with usual care, the mean differences in the dasiglucagon intervention (DASI) period for time in and below range were 2.4% and -0.5% points, respectively. In the DASI period, recovery rate was 44% faster while total daily carbohydrate intake was reduced by 11%. Dasiglucagon was safe and effective. 96% of participants would like to use dasiglucagon in the future management of hypoglycaemia. Laugesen C, Ranjan AG, Schmidt S et al. Pen-administered low-dose dasiglucagon vs usual care for prevention and treatment of non-severe hypoglycaemia in people with type 1 diabetes during free-living conditions: a phase II, randomised, open-label, two-period crossover trial. Diabetologia 2023. https://doi.org/10.1007/s00125-023-05909-4
Kazda *et al*, *Diabetes Care*	Randomized, parallel, open-label study	**Once-weekly basal insulin Fc (BIF) achieved non-inferior glycaemic control with similar safety profile compared to once-daily Degludec** After 26 weeks BIF achieved non-inferior HbA1c, time in range (TIR) and fasting glucose (FG) targets in people with T1DM, with no statistically significant hypoglycaemia, when compared to Degludec Kazda CM, Bue-Valleskey JM, Chien J et al. Novel once-weekly basal insulin Fc achieved similar glycemic control with a safety profile comparable to Insulin Degludec in patients with type 1 diabetes. Diabetes Care 2023;46(5):1052-9. https://doi.org/10.2337/dc22-2395
Lee H *et al*, *Diabetes Care*	Cohort study	**Earlier age at type 2 diabetes diagnosis is associated with increased genetic risk of cardiovascular disease** Incident CAD was largest in individuals diagnosed with T2D at ages 30–39 years (hazard ratio 2.25; 95% CI 1.56–3.26) and decreased as age at diabetes diagnosis increased: ages 40–49 years (1.51; 1.30–1.75), 50–59 (1.36; 1.24–1.50), and 60–69 years (1.30; 1.14–1.48) (P interaction = 0.0031). Lee H, Choi J, Kim NY et al. Earlier age at type 2 diabetes diagnosis is associated with increased genetic risk of cardiovascular disease. Diabetes Care 2023;46(5):1085-90. https://doi.org/10.2337/dc22-2144
Martínez-Montoro *et al*, *Diabetes Care*	Retrospective cohort study	**Dapagliflozin discontinuation led to an overall deterioration of glycemic control, significant weight gain, and increased insulin requirements in T1DM** In total, 38 patients with T1DM (46.9 ± 11 years [mean ± SD age]; 25.7 ± 10.2 months of dapagliflozin treatment before discontinuation) were analyzed. Further research is needed to evaluate long-term clinical consequences of the discontinuation of dapagliflozin in patients with T1DM after the removal of this indication. Martínez-Montoro JI, Picón-César MJ, Simón-Frapolli VJ et al. Evaluation of the clinical impact of dapagliflozin discontinuation as adjunctive therapy for patients with type 1 diabetes after indication withdrawal: a two-center retrospective study. Diabetes Care 2023;46(5):e101. https://doi.org/10.2337/dc23-0083
Reaven *et al*, *Diabetes Care*	Cohort study	**The initiation of CGM was associated with sustained improvement in HbA_{1c} in patients with later-onset T1DM and patients with T2DM using insulin** CGM users receiving insulin (n = 5,015 with T1DM and n = 15,706 with T2DM) and similar numbers of non-users were identified from 1 January 2015 to 31 December 2020. Declines in HbA_{1c} were significantly greater in CGM users with T1DM (–0.26%; 95% CI –0.33, –0.19%) and T2DM (–0.35%; 95% CI –0.40, –0.31%) than in non-users at 12 months. Hypoglycaemic events and hospitalisation rates were significantly reduced in both T1DM and T2DM in the CGM group. Reaven PD, Newell M, Rivas S, Zhou X, Norman GJ, Zhou JJ. Initiation of continuous glucose monitoring is linked to improved glycemic control and fewer clinical events in type 1 and type 2 diabetes in the Veterans Health Administration. Diabetes Care 2023;46(4):854-63. https://doi.org/10.2337/dc22-2189
Stentebjerg *et al*, *Diabetes Care*	Prospective cohort study	**Women with RYGB (Roux-en-Y gastric bypass) were more exposed to hypoglycaemia and hyperglycaemia during pregnancy compared with control participants** Women with RYGB spent decreased time in range (TIR) (87.3–89.5% vs. 93.3–96.1%; $p < 0.01$) owing to an approximately two-fold increased time above range and increased time below range (TBR) throughout pregnancy and postpartum compared with control participants. Stentebjerg LL, Madsen LR, Støving RK et al. Roux-en-Y gastric bypass increases glycemic excursions during pregnancy and postpartum: a prospective cohort study. Diabetes Care 2023;46(3):502-510. https://doi.org/ 10.2337/dc22-1357. PMID: 36477853; PMCID: PMC10020020
Harris *et al*, *Diabetes, obesity and metabolism*	Retrospective cohort study	**Use of the FreeStyle Libre system improves the care of people with T2DM** This study suggests that FreeStyle Libre (FSL) is associated with significant improvement in glycaemic control in DM in comparison to routine finger prick blood glucose monitoring. The reason suggested is that FSL can help physicians and patients make the right decision to escalate therapy. Harris SB, Levrat-Guillen F. Use of the FreeStyle Libre system and diabetes treatment progression in T2DM: Results from a retrospective cohort study using a Canadian private payer claims database. Diabetes, Obesity and Metabolism 2023; 25(6): 1704-13. https://doi.org/10.1111/dom.15025

Authors, Journal	Type of study	Main results
Vilsboll *et al, Diabetes, obesity and metabolism*	Observational cohort study	**Semaglutide once-weekly injections improve glycaemic control in people with T2DM up to 720 days** People with T2DM who were treated with semaglutide once-weekly injections had significantly improved glycaemic control after 180, 360, 540 and 720 days of follow-up. These findings support the use of semaglutide in routine clinical practice for the long-term management of T2DM. Vilsbøll T, Lindahl CØ, Nielsen NF, Tikkanen CK. Real-world impact of once-weekly subcutaneous semaglutide after two years of follow-up: results from a nationwide observational study in people with type 2 diabetes. Diabetes, Obesity and Metabolism 2023:25(6): 1740-9. https://doi.org/10.1111/dom.15031
Van der Aart-van der Beek *et al, Diabetes, obesity and metabolism*	Randomised, cross-over clinical trial	**Dapagliflozin, exenatide and their combination reduce albuminuria** Mean percentage change in urine albumin creatinine ratio from baseline was -21.9% with dapagliflozin versus -7.7% with exenatide and -26.0% during combined treatment in this study van der Aart van der Beek AB, Apperloo E, Jongs N et al. Albuminuria lowering effect of dapagliflozin, exenatide and their combination in patients with type 2 diabetes: a randomized cross-over clinical study. Diabetes, Obesity and Metabolism 2023;25(6):1758-68. https://doi.org/10.1111/dom.15033
Schneider-Utaka *et al*, *Diabetic Medicine*	Open-label, randomised study	**Patient-reported outcomes from older people with T1DM on CAMAPS FX hybrid closed loop (CL) system compared to sensor-augmented pump (SAP)** The study showed improved patient-reported outcomes in people on CL in relation to Diabetes Distress Scale score and two subscales (powerlessness and physician distress) There were benefits noted in 'improved glycaemic control' and 'worrying less about diabetes.' Schneider-Utaka A, Hanes S, Hartnell S et al. Patient reported outcomes for older adults on CamAPS FX closed loop system. Diabetic Medicine 2023: e15126. https://doi.org/10.1111/dme.15126
Oliver *et al*, *Diabetic Medicine*	Review article	**Continuous glucose monitoring systems (CGMS) across settings and population** CGM is now an integral part of management of both T1DM and insulin-treated T2DM. It helps to inform food choices, titration and timing of insulin injection and prompts corrective action for hyperglycaemia and hypoglycaemia. People with T1DM and special groups like people with impaired kidney function and women during pregnancy can derive additional benefits from this technology. Oliver N, Chow E, Luk AO, Murphy HR. Applications of continuous glucose monitoring across settings and populations: Report from the 23rd Hong Kong diabetes and cardiovascular risk factors—East meets west symposium. Diabetic Medicine 2023:e15038. https://doi.org/10.1111/dme.15038
Globa *et al*, *Diabetic Medicine*	Genetic study on children on registry	**Genetic diabetes in neonatal and early-onset diabetes** The study picked up a number of genetic markers for early-onset diabetes including ABCC8, KCNJ11, INs or GCK genes. 6q24 was found in transient neonatal diabetes. Other rare genetic subtypes were identified, many of the patients died. Globa E, Zelinska N, Johnson MB, Flanagan SE, De Franco E. Neonatal and early onset diabetes in Ukraine: atypical features and mortality. Diabetic Medicine 2022:e15013. https://doi.org/10.1111/dme.15013
Nally *et al*, *Diabetic Medicine*	Randomised study	**Supervised long-acting insulin reduces ketosis in children with T1DM with high HbA_{1c}** This study showed that supervised long-acting insulin in school in vulnerable children reduces ketosis and holds promise to reduce long-term complications Nally LM, Sherr JL, Tichy E et al. Impact of school supervised ultra-long-acting basal insulin injections on ketosis in youth with T1D and elevated hemoglobin A1c: a pilot study. Diabetic Medicine 2023:e15123. https://doi.org/10.1111/dme.15123
O'Neill *Diabetic Medicine*	News and views	**An update on diabetes** In this article the author summarised the following key developments in 2023. **1.** T1DM leads to absences from school in children aged 6 to 18 years but there was no association with educational attainment. Children who were struggling to manage their diabetes, however, got five grades lower in their GCSE results compared to those without diabetes. The chance of going to university was also less than half in this group compared to children without the condition. The data also suggest that the root cause for this difference lies not in biology but in the socioeconomic support available for these children. French R, Kneale D, Warner JT et al. Educational attainment and childhood-onset type 1 diabetes. Diabetes Care 2022;45(12):2852-61. https://doi.org/10.2337/dc21-2861 **2.** Closed-loop systems in T2DM can achieve lower HbA1c (56 mmol/L vs 72 mmol/mol), double the time in range, half the time with high glucose levels and very little time in a range lower than target compared to controls. Participants particularly liked freedom from injections and multiple finger prick testing. Daly AB, Boughton CK, Nwokolo M et al. Fully automated closed-loop insulin delivery in adults with type 2 diabetes: an open-label, single-center, randomized crossover trial. Nat Med 2023; 29: 203- 208. https://doi.org/10.1038/s41591-022-02144-z **3.** Is oral insulin not possible? Oramed Pharma has stopped further trials with oral insulin after negative results in a phase 3 trial. The possible beneficial effect of oral insulin on NASH remains to be further explored. **4** Should metformin always be the first-line therapy? A new analysis of electronic health record data for 22,000 patients starting metformin in three US sites found that 40% experienced 'metformin failure', with median time to failure being less than four months. A suggestion has

Authors, Journal	Type of study	Main results
		been made to individualise therapy rather than always trying metformin monotherapy as the first-line treatment in T2DM. Bielinski SJ, Yanes Cardozo LL, Takahashi PY et al. Predictors of metformin failure: repurposing electronic health record data to identify high-risk patients. J Clin Endocrinol Metab 2023;dgac759. https://doi.org/10.1210/clinem/dgac759 **5.** Tidepool gets FDA approval Tidepool, a non-profit organisation founded by people with diabetes, gets approval for its automated 'do-it-yourself' insulin dosing app, Tidepool Loop for people with T1DM over 6 years of age. **6.** A soft drink industry levy (SDIL) has been associated with a drop in the number of older primary schoolgirls developing obesity, leading to prevention of approximately 5,234 cases of obesity per year. The effect was greatest in deprived areas. There was no difference though in boys. More may need to be done. Rogers NT, Cummins S, Forde H et al. Associations between trajectories of obesity prevalence in English primary school children and the UK soft drinks industry levy: an interrupted time series analysis of surveillance data. PLoS Med 2023; 20:e1004160. https://doi.org/10.1371/journal.pmed.1004160 **7.** Diabetes-related social stigma is common in people using new diabetes technology. This includes alerts and alarms attracting unwanted attention in public, being asked to remove devices for non-medical reasons and people staring or pointing at the device. Garza M, Shoger E, Holmes-Truscott E et al. Diabetes-related stigma and diabetes technology use among US adults with type 1 and type 2 diabetes. Diabetes Technol Ther 2023; 25: S2. https://doi.org/10.1089/dia.2023.2525.abstracts **8.** Verapamil may preserve beta cell function in people newly diagnosed with T1DM The verapamil group in an RCT maintained C-peptide levels whereas the placebo group dropped their C-peptide levels by 30%. The study also failed to show that controlling glucose levels better can preserve beta cells. Forlenza GP, McVean J, Beck RW et al. Effect of verapamil on pancreatic Beta cell function in newly diagnosed pediatric type 1 diabetes a randomized clinical trial. JAMA 2023; 329(12): 990-9. https://doi.org/10.1001/jama.2023.2064b **9.** Time in target range (TIR) TIR (3.9 to 10 mmol/l) of 70% equates to an HbA_{1c} of about 53 mmol/mol. There is however, a move to try to achieve Time in Tight range (TITR) between 3.9 and 7.8 mmol/L. TITR of 50% should equate to an HbA_{1c} of about 48 mmol/mol. Although the aim may increase the risk of diabetes burnout, it may be suitable for some people who are already achieving good control and using advanced technology.

YDEF NEWS

EDUCATION • ADVOCACY • SUPPORT

The last few months have seen plans for multiple courses coming together. The YDEF DTN technology course scheduled for the 12-14th of June and the YDEF obesity course for the 19-20th of June. Both courses were heavily oversubscribed once more, showing the interest of the trainees in these areas.

YDEF Day is taking place on the 7th of July in Leeds and will be covering several aspects of the diabetes and endocrine (D&E) curriculum. We also look forward to welcoming to YDEF Day the new winners of the Marjorie Prize, who submitted their reflections on diabetes and endocrine healthcare provision in conflict or emergency settings. We are organising a one-day diabetic foot course (on 16th October in Sheffield), which is a new initiative tailored to the needs of D&E trainees, and there are plans in place for the popular YDEF ABC of D&E; more details will be announced in due course.

We would like to congratulate Patrick Divilly on winning the Young Diabetologists & Endocrinologists Forum travel award at Diabetes UK Professional Conference 2023 for his presentation, which explored sensor-detected hypoglycaemia.

YDEF has recently welcomed its new committee members, including Abidullah Khan (ST6 trainee in Mersey Deanery) and Matthew North (ST6 trainee in North West Thames Deanery), and pre-specialty trainee representatives including Medha Agrawal (IMT2 in Wales Deanery), Alice Hughes (IMT1 in Peninsula Deanery), Rama Lakshman (upcoming IMT1 in Belfast) and Angelica Sharma (ACF ST1 in Endocrinology in East of England Deanery).

Congratulations to all those who passed the latest D&E SCE. However, if you are a trainee who did not pass the exam, we could offer some financial support for a resit. Please contact healthcare@diabetes.org.uk to find out more. The admin team at Diabetes UK will process all requests, which will remain confidential.

There are lots of exciting activities coming up in the future; watch this space! You can visit our website (https://www.youngdiabetologists.org.uk/) and follow us on Twitter @youngdiab so that we stay connected and explore new opportunities together.

Dr Alexandros Liarakos
on behalf of YDEF Committee
Contact: alexandros.liarakos@gmail.com

YDEF is dedicated to all diabetes and endocrine trainees and is open for new members to register on our website. Take advantage of our regular newsletters and up-to-date advertising of a wide variety of courses and meetings to complement your training. As always, we are continuously looking to develop and propagate our specialty so do not hesitate to contact us if you have any suggestions or questions!

www.youngdiabetologists.org.uk @youngdiab on twitter

DTN UK UPDATE

collaborate • evolve • support

www.abcd.care/dtn

DTN is pleased to announce a change of leadership, which took place at the Diabetes UK Professional Conference in Liverpool. Dr Alistair Lumb is taking over as Chair from Professor Pratik Choudhary. Pratik has been an excellent Chair for DTN who has achieved a huge amount during his term. He led us through the expansion of access to Freestyle Libre: here DTN provided resources to support the first-class work led by NHSE. Pratik also led us through the COVID-19 pandemic, during which DTN arranged the temporary extension of pump warranties and championed remote technology starts. Pratik also drove the development of the Glooko Academy education resource. Fortunately, Pratik is going to remain as part of the committee and so we will still have access to his incredible energy and expertise.

Alistair is very pleased to be taking over at such an exciting time for diabetes technology across the UK. The hotly anticipated NICE technology appraisal for hybrid closed-loop systems has the potential to widen access to diabetes technology significantly, and DTN has been working closely with NHSE to plan for the expected roll-out. A Best Practice Guide for Hybrid Closed-loop Therapy, produced by a group led by Dr Thomas Griffin and Dr Sufyan Hussain, has been published in *Diabetic Medicine* and is available via the DTN website. We are in the process of producing further educational resources for HCPs and people with diabetes to use.

DTN is also pleased to announce that two superb diabetes educators have joined the committee following a very competitive appointments process. They are: Amy Jolley, a specialist dietitian from Salford, and Anne Marie Frohock, a paediatric specialist dietitian from Oxford. They are bringing a huge amount of expertise and energy to the committee, and we are sure that you will see their influence very soon.

The programme for the DTN Day 2023 has been announced. We look forward to seeing you in Edinburgh at the Royal College of Physicians of Edinburgh on Tuesday 5th September 2023 for our flagship educational event for HCPs. You can now register via our website at https://abcd.care/dtn/events.