The Association for Clinical Biochemistry & Laboratory Medicine

Better Science, Better Testing, Better Care

Summary of NICE Guidelines

Title	Type 1 diabetes in adults: diagnosis and management
NICE Reference	NG17
Previous NICE Reference (if applicable)	This guideline along with NG18 and NG19 updates and replaces CG15.
Date of Publication	*26th August 2015*
Date of Update	*17th August 2022*
Date of Summary by Trainee	*31st May 2023*
Summary of Guidance (Max 250 words)	This guideline outlines the management and monitoring of type 1 diabetes (T1DM) following initial diagnosis. New updates outlined below. Early care plan: • Addition of personal/family history of autoimmune disease as presenting features of T1DM. • Age or BMI alone should not be used to exclude T1DM • Consider other diabetes subtypes. • Measure autoantibodies following initial diagnosis. • Do not routinely measure C-peptide to confirm T1DM. • Consider C-peptide analysis after initial diagnosis in auto-antibody negative patients where the diabetes classification is uncertain or to confirm T1DM. Monitoring: • Monitor HbA1c levels every 3 to 6 months, target ≤48 mmol/mol using methodology calibrated to the International Federation of Clinical Chemistry standardisation. • Use other methodologies in states of abnormal haematology. • Offer annual urine albumin:creatinine ratio (ACR), thyroid-stimulating hormone and full lipid profile. • Specific blood pressure aims depending on ACR result. • Be aware of associated illnesses such as coeliac disease, Addison's disease, thyroid disease and pernicious anaemia. Glucose monitoring • Specific blood glucose targets outlined depending on the time of day and pre/post-prandial. • If admitted to hospital aim for a plasma glucose of 5-8 mmol/L. Insulin administration may be changed from subcutaneous to IV to accommodate complications from illness. • Self-monitoring blood glucose devices are recommended with 4-10 daily measurements to monitor glucose target. Diabetic ketoacidosis (DKA) • Healthcare professionals caring for T1DM patients must be aware of DKA presentation and management. • Consider use of ketone self-monitoring for at home use to reduce hyperglycaemia.

	• Use ketone monitoring in patients presenting to hospital with suspected DKA or uncontrolled DM during illness.
Impact on Lab (See below)	☐ **Moderate**: This NICE guideline has information that is of relevance to our pathology service and may require review of our current service provision.
Lab professionals to be made aware *Please select/highlight appropriate choices*	**Laboratory Manager** **Chemical Pathologist** **Clinical Scientist** **Biomedical Scientist**
Please detail the impact of this guideline (Max 150 words)	Laboratory staff should be aware of the appropriate indication of testing and frequency of testing following initial diagnosis and annual monitoring. The guideline also discusses patient management with regards to educational, dietary, physical and insulin delivery recommendations which have little relevance to biochemistry.

Impact on Lab

- **None**: This NICE guideline has no impact on the provision of laboratory services
- **Moderate**: This NICE guideline has information that is of relevance to our pathology service and may require review of our current service provision.
- **Important:** This NICE guideline is of direct relevance to our pathology service and will have a direct impact on one or more of the services that we currently offer.

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Date: 31th May 2023