

Summary of NICE Guidelines

Title	Type 2 diabetes in adults: management
NICE Reference	NG28
Previous NICE Reference (if applicable)	NICE guidelines updates and replaces CG66 (published May 2008) and CG87 (published May 2009).
Date of Publication	2 December 2015
Date of Review/Update by NICE	29 June 2022
Date of Summary by Trainee	27 June 2023
Summary of Guidance (Max 250 words)	<p>This guideline provides many updates since the original publications due to the availability of new evidence and key developments.</p> <p>HbA1c Measurements</p> <ul style="list-style-type: none"> • Measure HbA1c at 3-6 monthly intervals until HbA1c is stable on unchanged therapy. Once stable measure 6 monthly. • Only measure HbA1c on IFCC calibrated assays. • Where HbA1c is contraindicated monitor trends in either plasma glucose, total glycated haemoglobin (if abnormal haemoglobins) or fructosamine. • Discrepancies between HbA1c and glucose measurements should be investigated appropriately. <p>HbA1c Targets</p> <ul style="list-style-type: none"> • For adults managed with lifestyle and diet, or lifestyle and diet combined with a drug not associated with hypoglycaemia, aim for an HbA1c of 48 mmol/mol. • For adults on a drug associated with hypoglycaemia aim for an HbA1c of 53 mmol/mol. • Consider a less conservative HbA1c target where patients are older or frailer and where risk reduction/intensive management is unlikely to produce benefit. <p>Continuous and Capillary Glucose Monitoring</p> <ul style="list-style-type: none"> • Do not offer self-monitoring of capillary glucose unless there is an insulin requirement, hypoglycaemia risk, current/planned pregnancy or short term steroid treatment. • Do not offer scanned continuous glucose monitoring to T2DM adults who do not have a daily insulin requirement. <p>Complications</p> <p>Chronic Kidney Disease (CKD)</p> <ul style="list-style-type: none"> • Use an albumin-to-creatinine ratio (ACR) cut off of $\geq 3\text{mg}/\text{mmol}$ to determine if adults with CKD and T2DM should be offered an angiotensin receptor blocker or an angiotensin-converting enzyme inhibitor. Consider addition of SGLT2 inhibitor where ACR remains $>30\text{mg}/\text{mmol}$. • Assess cardiovascular risk as part of annual review and prior to commencing drug treatment using QRSIK2 tool- requires lipid profile measurement (see CG181).

Impact on Lab (See below)	<input checked="" type="checkbox"/> Moderate
Lab professionals to be made aware <i>Please select/highlight appropriate choices</i>	<input checked="" type="checkbox"/> Laboratory Manager <input checked="" type="checkbox"/> Chemical Pathologist <input checked="" type="checkbox"/> Clinical Scientist <input type="checkbox"/> Biomedical Scientist
Please detail the impact of this guideline (Max 150 words)	<ul style="list-style-type: none"> • NG28 provides recommendations pertaining to suggested tests, retesting intervals and target values in those diagnosed with T2DM. • Now adults on drugs associated with hypoglycaemia should aim for an HbA1c of 53 mmol/mol. • Measuring intervals are dependent on glycaemic control and stability of glucose lowering therapy. Initially this should be measured at 3-6 monthly (previously 2-6) intervals and this may be reflected in minimum retesting intervals. • Discrepancies between HbA1c and plasma glucose should be investigated by clinical and laboratory teams as appropriate. • Continuous and capillary glucose monitoring (using POCT device) is not normally required and should only be offered to at risk groups. • Laboratories should be aware of the significance of ACR estimation in initiating and optimising treatment in patients with diabetic nephropathy. • ACRs and lipid investigations form part of annual diabetic review and should be interpreted in the clinical context of reducing risk of renal and cardiovascular complications.

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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Reviewed by: Karen Smith

Date: 27/06/2023