



## Summary of NICE Guidelines

Title	Type 2 diabetes in adults: management
NICE Reference	NG28
Date of Review:	September 2017
Date of Publication	December 2015 (reviewed May 2017)
Summary of Guidance (Max 250 words)	<p>This guideline is a replacement of CG87.</p> <p><b>Patient education</b></p> <ul style="list-style-type: none"><li>Outcomes of patients in an education programme should be audited.</li></ul> <p><b>Blood pressure management</b></p> <ul style="list-style-type: none"><li>An ACE inhibitor should not be combined with an angiotensin II-receptor antagonist.</li><li>If blood pressure is not reduced to the agreed target using first-line therapy, a calcium-channel blocker or a diuretic (usually thiazide) should be added. Another drug (either the calcium-channel blocker or diuretic) is added if the target level is not reached with dual-therapy.</li></ul> <p><b>Antiplatelet therapy</b></p> <ul style="list-style-type: none"><li>Not offered to patients without cardiovascular disease.</li></ul> <p><b>Blood glucose management</b></p> <ul style="list-style-type: none"><li>Measure HbA1c in adults 3-6 monthly initially. Measure 6-monthly once HbA1c and blood glucose lowering therapy are stable.</li><li>Methods for HbA1c analysis should be calibrated according to IFCC standardisation.</li><li>Fructosamine estimation can be used as a surrogate of HbA1c in individuals with abnormal haemoglobin.</li><li>Investigate unexplained discrepancies between HbA1c and glucose measurements. Seek advice from specialists in diabetes or clinical biochemistry.</li></ul> <p><b>Self-monitoring of blood glucose</b></p> <ul style="list-style-type: none"><li>Consider short-term self-monitoring to confirm suspected hypoglycaemia.</li><li>Self-monitoring patients should have a structured assessment at least annually, including equipment used.</li></ul> <p><b>Drug treatment</b></p> <ul style="list-style-type: none"><li>Standard-release metformin is the initial drug treatment which is increased gradually over several weeks to minimise gastrointestinal side effects. If this is experienced a trial of modified-release metformin should be considered.</li><li>Prescribe metformin with caution for those at risk of a sudden deterioration in kidney function and those at risk of eGFR <math>&lt;45\text{ml}/\text{minute}/1.73\text{m}^2</math>.</li><li>If metformin is contraindicated or not tolerated, either a dipeptidyl peptidase-4 inhibitor, pioglitazone or a sulfonylurea is considered for initial drug treatment. Treatment with sodium-</li></ul>

	glucose cotransporter-2 inhibitors may be appropriate in some patients.
Impact on Lab (See below)	<input checked="" type="checkbox"/> Moderate
Lab professionals to be made aware	<input checked="" type="checkbox"/> Laboratory Manager <input checked="" type="checkbox"/> Chemical Pathologist <input checked="" type="checkbox"/> Clinical Scientist
Please detail the impact of this guideline (Max 150 words)	The laboratory should be aware of the HbA1c monitoring interval; there may be a possibility of an increase in HbA1c requests. The laboratory should also be aware of estimating trends in blood glucose if HbA1c monitoring is invalid due to an abnormal haemoglobin type or disturbed erythrocyte turnover.

#### 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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