

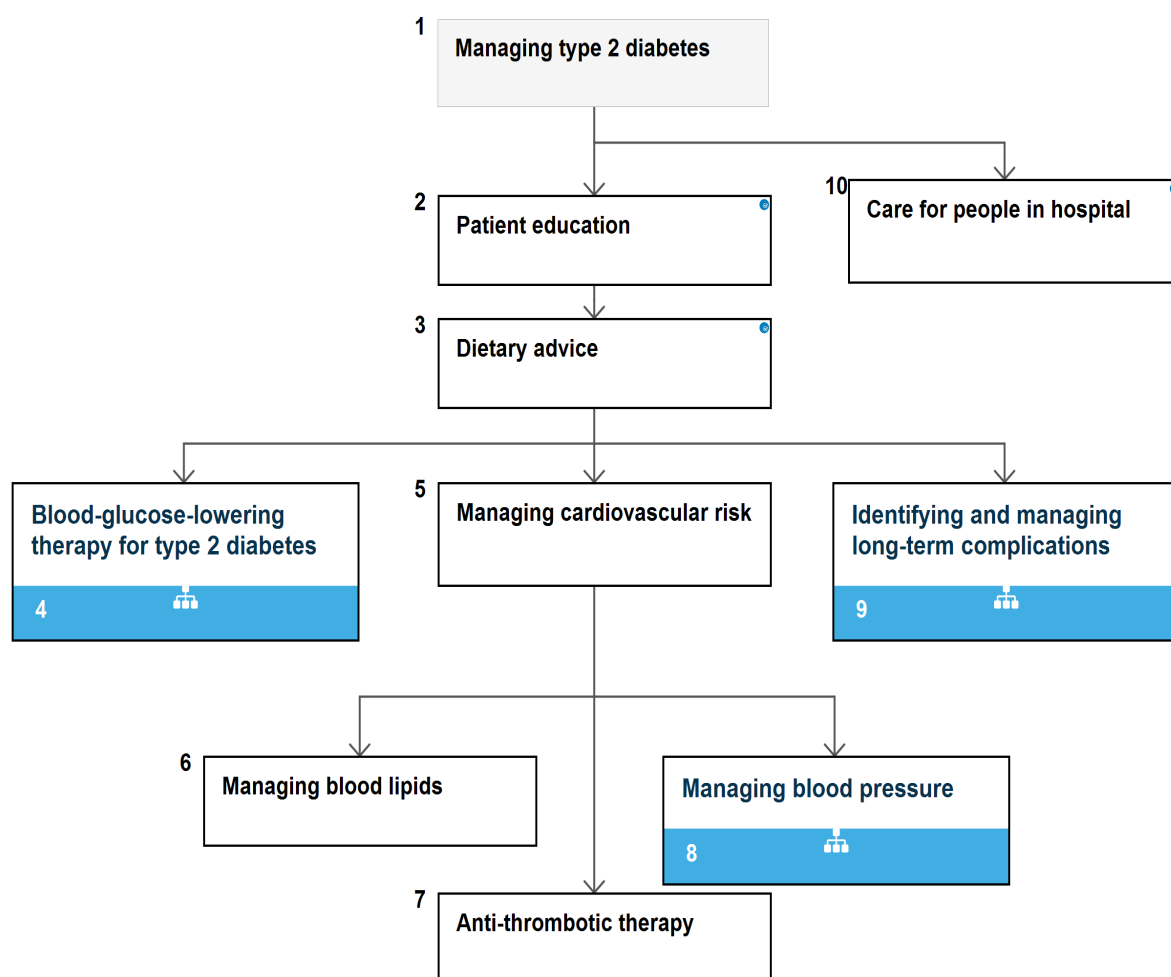
## Managing type 2 diabetes

A NICE pathway brings together all NICE guidance, quality standards and materials to support implementation on a specific topic area. The pathways are interactive and designed to be used online. This pdf version gives you a single pathway diagram and uses numbering to link the boxes in the diagram to the associated recommendations.

To view the online version of this pathway visit:

<http://pathways.nice.org.uk/pathways/diabetes>

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## 1 Managing type 2 diabetes

No additional information

## 2 Patient education

Structured education is an integral part of diabetes care, and patients and carers should be informed of this. Offer it, preferably through a group education programme, to every person and/or their carer at and around the time of diagnosis, with annual reinforcement and review. Offer an alternative of equal standard to people unable or unwilling to participate in group education sessions.

### Patient education programmes

Programmes should:

- meet the quality criteria laid down by the Department of Health and Diabetes UK Patient Education Working Group see 'Structured patient education in diabetes: report from the Patient Education Working Group'
- meet the local cultural, linguistic, cognitive and literacy needs
- provide appropriate resources to support the educators, who should be properly trained and allowed time to develop and maintain their skills.

Ensure:

- all members of the diabetes healthcare team are familiar with local programmes
- programmes are integrated with the care pathway
- people with type 2 diabetes and their carers have the opportunity to contribute to the design and provision of local programmes.

### Quality standards

The following quality statement is relevant to this part of the pathway.

1. Structured education

### Resources

The following implementation tool is relevant to this part of the pathway.

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Patient education programme for people with type 2 diabetes: commissioning guide**3 Dietary advice**

Provide in a form that is sensitive to the person's needs, culture and beliefs, being sensitive to their willingness to change, and effects on their quality of life.

Integrate with diabetes management plan, including other aspects of lifestyle modification, such as increasing physical activity.

**General advice for healthy eating**

Include high-fibre, low-glycaemic-index sources of carbohydrate.

Include low-fat dairy products and oily fish.

Control the intake of foods containing saturated fats and trans fatty acids.

Limited substitution of sucrose-containing foods for other carbohydrate is allowable, but care should be taken to avoid excess energy intake.

Discourage use of foods marketed specifically for people with diabetes.

**Specific advice**

Provide individualised and ongoing nutritional advice from a healthcare professional with specific expertise and competencies in nutrition.

Individualise recommendations for carbohydrate and alcohol intake, and meal patterns – aim to reduce risk of hypoglycaemia, particularly if using insulin or insulin secretagogues.

Initial body weight loss target = 5–10% in an overweight person:

- lesser amounts are still beneficial
- losing more weight in the longer term has metabolic benefits.

**Special circumstances**

A meal-planning system providing consistency in the carbohydrate content of meals should be implemented for inpatients with type 2 diabetes.

## Quality standards

The following quality statement is relevant to this part of the pathway.

### 2. Nutrition and physical activity advice

## 4 Blood-glucose-lowering therapy for type 2 diabetes

[See Diabetes / Blood-glucose-lowering therapy for type 2 diabetes](#)

## 5 Managing cardiovascular risk

Review cardiovascular risk status annually by assessment of cardiovascular risk factors, including features of the metabolic syndrome and waist circumference, and change in personal or family cardiovascular history.

## 6 Managing blood lipids

If a person has been started on cholesterol-lowering therapy, assess his or her lipid profile (together with other modifiable risk factors and any new diagnosis of cardiovascular disease) 1–3 months after starting treatment, and annually thereafter. In those not on cholesterol-lowering therapy, reassess cardiovascular risk annually and consider initiating a statin (for information on lipid modification therapy see the NICE pathway on [cardiovascular disease prevention](#)).

## 7 Anti-thrombotic therapy

Offer low-dose (75 mg) daily aspirin or, if clear aspirin intolerance, clopidogrel to:

- people of 50 or older with BP < 145/90 mmHg
- people of less than 50 with significant other cardiovascular risk factors.

For more information see the [stroke pathway](#).

## MHRA advice on aspirin

The Medicines and Healthcare products Regulatory Authority (MHRA) [Drug safety update \(Volume 3, Issue 3, October 2009\)](#) gives the following advice on using aspirin for the primary prevention of vascular events, which is relevant to the recommendations in this pathway:

Aspirin is not licensed for the primary prevention of vascular events. If aspirin is used in primary prevention, the balance of benefits and risks should be considered for each individual, particularly the presence of risk factors for vascular disease (including conditions such as diabetes) and the risk of gastrointestinal bleeding.

## 8 Managing blood pressure

[See Diabetes / Managing blood pressure in type 2 diabetes](#)

## 9 Identifying and managing long-term complications

[See Diabetes / Identifying and managing long-term complications](#)

## 10 Care for people in hospital

For recommendations on managing hyperglycaemia in the first 48 hours for patients admitted to hospital with acute coronary syndrome see the [hyperglycaemia in acute coronary syndromes pathway](#)

## Quality standards

The following quality statement is relevant to this part of the pathway.

10. Inpatient care

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## Sources

Type 2 diabetes - newer agents (partial update of CG66). NICE clinical guideline 87 (2009)

## Your responsibility

The guidance in this pathway represents the view of NICE, which was arrived at after careful consideration of the evidence available. Those working in the NHS, local authorities, the wider public, voluntary and community sectors and the private sector should take it into account when carrying out their professional, managerial or voluntary duties. Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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