

# Prevention, Targets and Therapies for Type 2 diabetes Clinical Studies Group

**Annual progress report** 

**April 2017-April 2018** 

### In brief

This Clinical Studies Group (CSG) aims to improve our understanding of how to prevent and treat Type 2 diabetes. It covers lifestyle and behaviour change (including how social or economic factors and the environment play a role), in people individually and the population as a whole, and new or existing treatment strategies for people with Type 2 diabetes.

So far, the group has held three face to face meetings and a number of teleconferences.

The group has reviewed and ranked 114 research priorities for Type 2 diabetes, according to people living with Type 2 diabetes, carers and healthcare professionals. They also carried out a review of published research in each of the top 10 priorities, to focus in on three areas.

"The mixture of professional and lay members have gelled well which has enabled the group to consider and prioritise many topics relevant to Type 2 Diabetes, its Prevention, Targets and Therapies and to select 3 to take forward." **Terry Boreham, High Wycombe** 

# Progress so far

### Finding research priorities

CSG3 reviewed research priorities for Type 2 diabetes, identified by people with Type 2 diabetes, carers and healthcare professionals, in an exercise known as a Priority Setting Partnership. More information about these priorities and the organisation that runs them, the James Lind Alliance, at:

www.diabetes.org.uk/research/our-approach-to-research/have-your-say

When reviewing each priority, they took a number of factors into account:

- How much existing research in this area is underway?
- What could the impact be on people with Type 2 diabetes?
- How much money would be needed to answer the research question?

CSG3 reviewed published research in each of the top 10 priority areas, to understand how much research is underway and find any gaps.

Through this process, the group found their top three research areas they felt would most benefit from more research:

- Preventing Type 2 diabetes through the NHS Diabetes Prevention Programme
- Improving mental health in people with Type 2 diabetes
- Helping healthcare professional to pick the best drug option if metformin doesn't work

These three priorities were presented to and endorsed by the Lay and Healthcare Professional Forum (lay and healthcare professional members of all CSGs together).

## Preventing Type 2 diabetes through the NHS Diabetes Prevention programme

The NHS Diabetes Prevention Programme (NHS DPP) was set up in 2016 to prevent people from developing Type 2 diabetes. By 2020, it hopes to help 100,000 people every year.

CSG3 believe that if research could be incorporated into the NHS DPP programme then this would help to answer some important research questions such as:

- How different diets affect progress to diabetes?
- Whether online education is as effective as face to face education in preventing diabetes?
- What component of the programme provides the most benefit for people of differing ethnic background?
- Whether family members or friends of participants should be involved in the programme.

### Improving mental health in people with Type 2 diabetes

Guidelines recommend that all people with diabetes should have access to mental health assessments and support. But this doesn't appear to be happening; a 2015 Diabetes UK survey found that 76 per cent of people with diabetes had not been offered emotional or psychological support when they needed it.

CSG3 believes that research is needed to identify people with mental health conditions and make sure they receive the best treatments. In particular, they have suggested the following questions:

- What is the best way to identify people who have mental health conditions in medical centres?
- New models/therapies for treating patients with psychological disorders.
- Research to improve current models of delivery of care in this area.

This research could be funded in partnership with other organisations who have an interest in mental health.

### How to choose the right drug treatment if metformin doesn't work

Despite the number of people living with Type 2 diabetes across the world, there is little evidence to help healthcare professionals choose the next drug to start on after metformin.

There are a small number of clinical trials directly comparing newer drugs to existing ones, and they're relatively short-term. As a result, guidelines for Type 2 diabetes medications include a wide range of options without clear advice on how to make a decision on the best option. The same situation applies if a third drug is needed.

CSG3 believes that research is needed to help improve choices for second or third option drug treatments. For example, a large long-term study to compare the most common Type 2 diabetes drugs other than metformin, such as DPP4 inhibitors and SGLT2 inhibitors. Other research to look at data from real world records or analyse clinical trials that have already taken place would also be beneficial.

# **Engaging with communities**

The lay members of CSG3 have presented the three research priorities to their local diabetes groups, who all felt that these areas were important and needed further research.

CSG3 also presented their emerging ideas at the Diabetes UK Professional Conference and at the Lay and Healthcare Professional Forum held earlier this year.

### Links and collaborations

Mental and psychological health has emerged as an important theme across other CSGs. CSG3 has teamed up with the other CSGs to organise a Diabetes UK symposium on mental health and diabetes.

The Chair of CSG3, Professor Rob Andrews, is supporting the Public Health England and Sport England 'Moving Professional's' initiative. This will be a set of resources to help healthcare professionals to talk to their patients about the benefits of physical activity, and includes advice for people with Type 2 diabetes.

# **Next steps**

Now that CSG3 has identified several priorities, they plan to:

- Continue to work with the NHS Diabetes Prevention Programme to see if research could be integrated into the programme.
- Support the 'Moving Professionals' initiative, with a website coming soon.
- Support the setup of a Diabetes UK mental health and diabetes symposium.

### Find out more

To find out more about the work of the CSG, please contact <a href="mailto:csgs@diabetes.org.uk">csgs@diabetes.org.uk</a> to be put in contact with the group.

### **CSG** members

Current CSG membership, including affiliations.

| Name                    | Affiliation                    | Role on group |
|-------------------------|--------------------------------|---------------|
| Professor Rob Andrews   | University of Exeter           | Chair         |
| James Harris            | Lay representative             | Deputy-Chair  |
| Professor Laura Gray    | University of Leicester        | Member        |
| Dr Angus Jones          | University of Exeter           | Member        |
| Dr Sarah Finer          | Barts and the London School of | Member        |
|                         | Medicine and Dentistry         |               |
| Professor Jason Gill    | University of Glasgow          | Member        |
| Professor Colin Grieves | University of Birmingham       | Member        |
| Professor Thomas Yates  | University of Leicester        | Member        |
| Dr Nicola Guess         | King's College London          | Member        |
| Dr Nigel Irwin          | Ulster University              | Member        |
| Dr Naresh Kanumilli     | The Northenden Group Practice, | Member        |
|                         | Manchester                     |               |
| June McDonald           | Musgrove Park Hospital         | Member        |

|                 | (recently retired) |        |
|-----------------|--------------------|--------|
| Carolyn Newbert | Lay representative | Member |
| Terry Boreham   | Lay representative | Member |