

Type 2 Diabetes: Beyond Metformin

Introduction

Therapeutic management of Type 2 Diabetes is a fast-changing field, with new drugs and new indications for existing therapies emerging regularly. Many practices have team members who have upskilled in diabetes management but with 18,500 new cases of Type 2 diabetes every year in Scotland¹ all clinicians need a good knowledge base in this area.

The traditional focus of diabetes care has been glycaemic control. The well-recognised benefits of this are relief of osmotic symptoms in the short term, and prevention of microvascular and macrovascular complications in the long term. Elevated cholesterol and high blood pressure are also associated with diabetes and managing these is equally important in preventing macrovascular complications such as ischaemic heart disease, cerebrovascular accident and peripheral arterial disease². In fact, mortality and morbidity from cardiovascular disease is 2-5 times higher in people with diabetes than without².

However, target-setting needs to take into account the general health, personal circumstances, and priorities of the person with diabetes, and the balance of benefit versus harms of treatment. This is especially relevant in people with limited life expectancy or multi-morbidity³. Type 2 diabetes is more common in older people, with peak prevalence of 15% in the 70–74-year-old age group¹. Chronological age is less important than frailty in deciding goals of treatment. Good practice in frail patients differs from that in those with high performance status⁴.

Many people with diabetes do not reach their treatment targets. The most recent figures available for Scotland (2019) show only 52% of Type 2 diabetics had both a cholesterol level less than 5 mmol and systolic BP less than 140. The HbA1C was less than 58mmol/l in just 55%, with 16% having HbA1C greater than 75mmol/l¹. There are a number of reasons why this happens. Lack of patient engagement in the management of their diabetes is one contributing factor. This may manifest as missed appointments and non-adherence with medication.

Other factors include healthcare services which are inaccessible to some groups or a poor match for patients' needs. An ongoing (2022) Scottish Government review of diabetes care identified key healthcare delivery issues to address including the need for more personalised care, equality of access to services and avoidance of digital exclusion and recognising and addressing the emotional impact of diabetes⁵.