

## Preventing type 2 diabetes overview

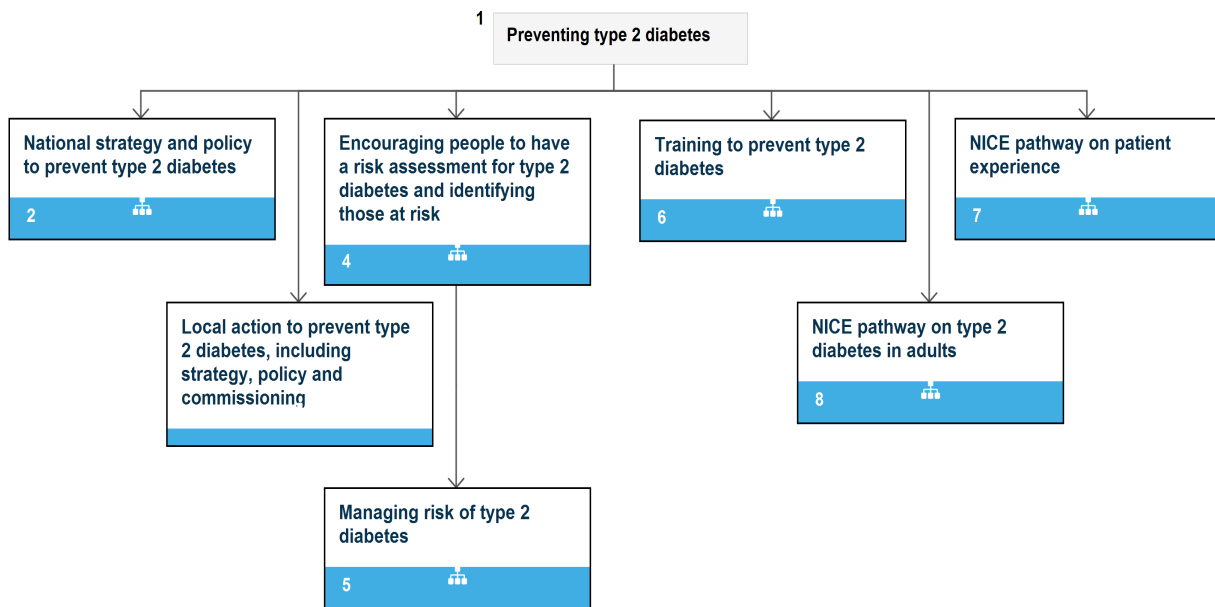
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<http://pathways.nice.org.uk/pathways/preventing-type-2-diabetes>

Pathway last updated: 11 November 2016

This document contains a single pathway diagram and uses numbering to link the boxes to the associated recommendations.



**1 Preventing type 2 diabetes**

No additional information

**2 National strategy and policy to prevent type 2 diabetes**

[See Preventing type 2 diabetes / National strategy and policy to prevent type 2 diabetes](#)

**3 Local action to prevent type 2 diabetes, including strategy, policy and commissioning**

[See Preventing type 2 diabetes / Local action to prevent type 2 diabetes, including strategy, policy and commissioning](#)

**4 Encouraging people to have a risk assessment for type 2 diabetes and identifying those at risk**

[See Preventing type 2 diabetes / Encouraging people to have a risk assessment for type 2 diabetes and identifying those at risk](#)

**5 Managing risk of type 2 diabetes**

[See Preventing type 2 diabetes / Managing risk of type 2 diabetes](#)

**6 Training to prevent type 2 diabetes**

[See Preventing type 2 diabetes / Training to prevent type 2 diabetes](#)

**7 NICE pathway on patient experience**

[See Patient experience in adult NHS services](#)

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**8 NICE pathway on type 2 diabetes in adults**

[See Type 2 diabetes in adults](#)

## Brief advice

Typically, for diabetes prevention, brief advice might consist of a 5–15 minute consultation. The aim is to help someone make an informed choice about whether to make lifestyle changes to reduce their risk of diabetes. The discussion covers what that might involve and why it would be beneficial. Practitioners may provide written information in a range of formats and languages about the benefits and, if the person is interested in making changes, may discuss how these can be achieved and sustained in the long term.

## Brief intervention

Brief interventions for diabetes prevention can be delivered by GPs, nurses, healthcare assistants and professionals in primary healthcare and the community. They may be delivered in groups or on a one-to-one basis. They aim to improve someone's diet and help them to be more physically active. A patient-centred or 'shared decision-making' communication style is adopted to encourage people to make choices and have a sense of 'ownership' of their lifestyle goals and individual action plans. Providers of brief interventions should be trained in the use of evidence-based behaviour-change techniques for supporting weight loss through lifestyle change.

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## Community

A group of people who have common characteristics. Communities can be defined by location, race, ethnicity, age, occupation, a shared interest (such as using the same service), a shared belief (such as religion or faith) or other common bonds. A community can also be defined as a group of individuals living within the same geographical location (such as a hostel, a street, a ward, town or region).

## Community champions

Community champions are inspirational figures, community entrepreneurs, mentors or leaders who 'champion' the priorities and needs of their communities and help them build on their existing skills. They drive forward community activities and pass on their expertise to others. They also provide support, for example, through mentoring, helping people to get appropriate training and by helping to manage small projects.

## Computer-based risk-assessment tool

These tools identify a set of risk characteristics in patient health records. They can be used to interrogate GP patient databases and provide a summary score to indicate someone's level of risk. Examples include the Cambridge diabetes risk score and the Leicester practice score.

## Diabetes prevention programme

Diabetes prevention programmes comprise two integrated components: first, risk identification services and second, intensive lifestyle-change programmes. Participants are acknowledged as the decision-makers throughout the process. Also see 'Intensive lifestyle-change programmes'.

## Diabetes

Diabetes is a group of disorders with a number of common features characterised by raised blood glucose. In England the four commonest types of diabetes are: type 1 diabetes, type 2 diabetes, secondary diabetes (from pancreatic damage, hepatic cirrhosis, endocrinological disease/therapy, or anti-viral/anti-psychotic therapy) and gestational diabetes (diabetes of pregnancy)<sup>1</sup>

Diabetes is caused when there is too much glucose in the blood and the body cannot use it as 'fuel' because the pancreas does not produce any or sufficient insulin to help it to enter the body's cells. Alternatively, the problems may be caused because the insulin produced may not work properly (insulin resistance).

## Glucose

Glucose comes from digesting carbohydrate and is also produced by the liver. Carbohydrate comes from many different kinds of food and drink, including starchy foods such as bread, potatoes and chapatis; fruit; some dairy products; sugar and other sweet foods<sup>2</sup>.

<sup>1</sup> This is an edited extract from [type 2 diabetes](#) (2006) NICE guideline CG66.

<sup>2</sup> [Diabetes UK \(2010\) Guide to diabetes: what is diabetes?](#)

## HbA<sub>1c</sub>

Glycated haemoglobin (HbA<sub>1c</sub>) forms when red cells are exposed to glucose in the plasma. The HbA<sub>1c</sub> test reflects average plasma glucose over the previous eight to 12 weeks. Unlike the oral glucose tolerance test, an HbA<sub>1c</sub> test can be performed at any time of the day and does not require any special preparation such as fasting. HbA<sub>1c</sub> is a continuous risk factor for type 2 diabetes. This means there is no fixed point when people are or are not at risk. The World Health Organization recommends a level of 48 mmol/mol (6.5%) for HbA<sub>1c</sub> as the cut-off point for diagnosing type 2 diabetes in non-pregnant adults.

## Insulin

Insulin is the hormone produced by the pancreas that allows glucose to enter the body's cells, where it is used as fuel for energy. It is vital for life<sup>1</sup>.

## Intensive lifestyle-change programme

A structured and coordinated range of interventions provided in different venues for people identified as being at high risk of developing type 2 diabetes (following a risk assessment and a blood test). The aim is to help people become more physically active and to improve their diet. If the person is overweight or obese, the programme should result in weight loss. Programmes may be delivered to individuals or groups (or involve a mix of both) depending on the resources available. They can be provided by primary care teams and public, private or community organisations with expertise in dietary advice, weight management and physical activity.

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<sup>1</sup> Diabetes UK (2010) [Guide to diabetes: what is diabetes?](#).



## Lay workers

People recruited from the local community or subgroup of the population to assist in the delivery of an intervention to a group of people who they identify with and are knowledgeable about. They might be peers or from the wider community but they are not professional health or public health workers.

## Level of risk

The terms 'high', 'intermediate' and 'low' risk are used to refer to the results from a risk assessment tool. These terms are used instead of specific numerical scores because the tools have different scoring systems. The term 'moderate risk' is used to denote a high risk assessment score where a blood test did not confirm that risk (FPG less than 5.5mmol/l or HbA<sub>1c</sub> less than 42mmol/mol [6.0%]). A fasting plasma glucose of 5.5–6.9 mmol/l or an HbA<sub>1c</sub> level of 42–47 mmol/mol [6.0–6.4%] indicates high risk.

## Moderate-intensity physical activity

Moderate-intensity physical activity requires an amount of effort and noticeably accelerates the heart rate. Examples include brisk walking, housework and domestic chores. On an absolute scale, moderate-intensity is defined as physical activity that is between 3 and 6 metabolic equivalents.

## OGTT

An oral glucose tolerance test involves measuring the blood glucose level after fasting, and then 2 hours after drinking a standard 75 g glucose drink. Fasting is defined as no calorie intake for at least 8 hours. More than one test on separate days is required for diagnosis in the absence of hyperglycaemic symptoms.

## Local authority departments

includes adult social care, education, environmental health, planning and public transport

## Overweight and obesity

A BMI of between 18.5–24.9 is classified as a healthy weight. A BMI of 25–29.9 is classified as overweight. A BMI of 30 or above is classified as obese. For further details, refer to NICE's guidance on [obesity prevention](#).

**Physical activity**

full range of human movement, from competitive sport and exercise to active hobbies, walking, cycling and the other physical activities involved in daily living

**Pre-diabetes**

Pre-diabetes refers to raised (but not in the diabetic range) blood glucose levels (also known as non-diabetic hyperglycaemia, impaired glucose regulation). It indicates the presence of impaired fasting glucose and/or impaired glucose tolerance. People with pre-diabetes are at increased risk of getting type 2 diabetes. They are also at increased risk of a range of other conditions including cardiovascular disease.

**Providers of intensive lifestyle-change programmes**

includes primary healthcare teams and specialists who provide advice and support on physical activity, weight management and diet in the NHS and other public, private, voluntary and community organisations

**Risk of type 2 diabetes**

Particular conditions can increase the risk of type 2 diabetes. These include: cardiovascular disease, hypertension, obesity, stroke, polycystic ovary syndrome, a history of gestational diabetes and mental health problems. In addition, people with learning disabilities and those attending accident and emergency, emergency medical admissions units, vascular and renal surgery units and ophthalmology departments may be at high risk.

**Socioeconomic groups**

A person's socioeconomic group is defined by a combination of their occupation, income level and education level. There is a strong relationship between socioeconomic group and health, with people from lower socioeconomic groups generally experiencing poorer health than those from higher socioeconomic groups.

**Type 2 diabetes**

previously termed non-insulin dependent diabetes, results from reduced tissue sensitivity to insulin (insulin resistance) and/or reduced insulin production

## Vigorous-intensity physical activity

Vigorous-intensity physical activity requires a large amount of effort, causes rapid breathing and a substantial increase in heart rate. Examples include running and climbing briskly up a hill. On an absolute scale, vigorous intensity is defined as physical activity that is above 6 metabolic equivalents.

## Vulnerable groups

This includes people with severe mental health problems, learning disabilities and/or physical or sensory disabilities, who live in hostels, nursing and residential homes, residential mental health and psychiatric care units, secure hospitals, prisons and remand centres, or who are part of a mobile population such as travellers, asylum seekers and refugees or who are homeless.

## Weight management

In this pathway, the term weight management includes: assessing and monitoring body weight; preventing someone from becoming overweight (BMI of 25–29.9 kg/m<sup>2</sup>, or 23–27.4 kg/m<sup>2</sup> if they are of South Asian or Chinese descent); preventing someone from becoming obese (BMI greater than or equal to 30 kg/m<sup>2</sup>, or 27.5 kg/m<sup>2</sup> or above if they are of South Asian or Chinese descent); helping someone who is overweight or obese to achieve and maintain a 5–10% weight loss and progress to a healthy weight (BMI of 18.5–24.9 kg/m<sup>2</sup>, or 18.5–22.9 kg/m<sup>2</sup> if they are of South Asian or Chinese descent) by adopting a healthy diet and being physically active.

## WHO

World Health Organization

## 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

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