

National strategy and policy to prevent type 2 diabetes

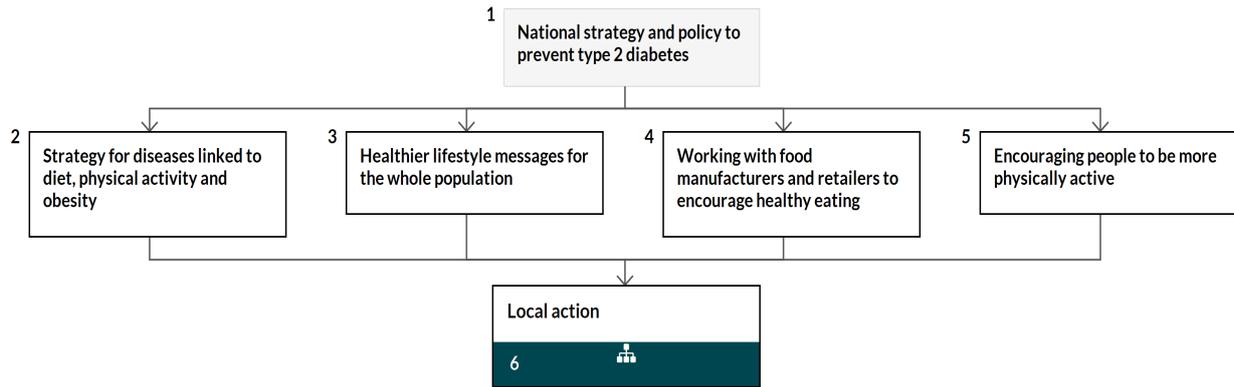
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

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

NICE Pathway last updated: 09 December 2020

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



1 National strategy and policy to prevent type 2 diabetes

No additional information

2 Strategy for diseases linked to diet, physical activity and obesity

When developing national strategy to target non-communicable diseases with a major link to diet, physical activity and obesity (for example, type 2 diabetes, cardiovascular disease, certain cancers), consider:

- integrating the strategy with other relevant national actions to prevent related non-communicable diseases
- addressing the key risk factors (for example, being overweight or obese [See page 7], a sedentary lifestyle and an unhealthy diet)
- highlighting the contribution that partners in national and local government, industry, healthcare and the voluntary sector can make by working together to reduce the risk of non-communicable diseases for the population as a whole
- taking account of variations in different population subgroups (for example, by ethnicity, age or gender)
- linking to targets and outcomes for reducing the key risk factors for type 2 diabetes and other non-communicable diseases.

Encourage local, regional and national monitoring of the risk factors for diabetes and other non-communicable diseases. Also encourage monitoring of age-specific incidence rates for type 2 diabetes and other non-communicable diseases.

Encourage local and national decision makers to assess the potential health impact of all new policies on the key risk factors for type 2 diabetes and other non-communicable diseases. Ensure they support any national prevention strategy.

Clearly signpost national and regional resources, including toolkits and evaluation guides, that will help local services reduce the incidence of type 2 diabetes and other non-communicable diseases.

Work with national and local commercial partners to encourage and support joint working with local public health teams to meet the national targets.

See [national policy in the NICE Pathway on diet](#).

3 Healthier lifestyle messages for the whole population

Ensure healthier lifestyle messages to prevent non-communicable diseases (including type 2 diabetes, cardiovascular disease and some cancers) are consistent, clear and culturally appropriate. Ensure they are integrated within other health promotion campaigns or interventions.

Address any misconceptions about the risk of diabetes and other non-communicable diseases that can act as barriers to change. This includes the belief that illness is inevitable (fatalism) and misconceptions about what constitutes a healthy weight. Also address any stigma surrounding the conditions.

Ensure any national media (for example, television and online social media) used to convey messages or information is culturally appropriate for the target audience.

Identify and make use of existing campaign materials, messages and resources, including those from other countries, where appropriate. Messages and materials should:

- highlight the need to reduce the amount of time spent being sedentary
- highlight the importance of being physically active, adopting a healthy diet and being a healthy weight
- increase awareness of healthier food choices, and the calorie content and nutritional value of standard-portion size meals and drinks.

Also see [the NICE Pathway on behaviour change](#).

4 Working with food manufacturers and retailers to encourage healthy eating

Identify and work with a range of commercial partners to promote the provision of healthier food choices. For example:

- Work with food manufacturers to improve the composition of prepared foods, where needed, to decrease calories, saturated fat and salt content. Encourage manufacturers to achieve any nationally agreed reformulation targets.
- Work with caterers across the industry to help them reduce the amount of calories, saturated fat and salt in recipes and to use healthier cooking methods. They should also ensure healthier options are an integral part of all menus.
- Work with food retailers to develop pricing structures that favour healthier food and drink

- choices.
- Work with food retailers to ensure a range of portion sizes are available and that they are priced accordingly. This is particularly important for energy-dense foods and drinks.
- Work with food manufacturers, caterers and retailers to provide clear, non-ambiguous and consistent nutrition information. This includes prominent displays of calorie content on the front of packaging and the use of clear signage for unpackaged food and drink. If calorie content is not known, consider indicating healthier options, such as food prepared using healthier ingredients or cooking methods.
- Support the development of home-cooking resources that give information on nutritional content (for example, web-based recipe sites). Offer practical advice on preparing healthier meals, including the ingredients and cooking methods to use.

Monitor the population's diet to determine the success of national-level interventions.

Assess the health impact of all initiatives and interventions aimed at encouraging people to have a healthier diet.

5 Encouraging people to be more physically active

For national recommendations for physical activity in adults aged 19 to 64 and older adults (over 65) see the [UK Chief Medical Officers' physical activity guidelines](#). For recommendations on physical activity in people who have obesity see [the NICE Pathway on obesity](#).

Ensure the benefits of physical activity – and the national recommendations for physical activity – are made clear to encourage people to be more physically active.

Support a shift in the population towards being more physically active by encouraging even small changes.

Use planning regulations to maximise the opportunities available to be physically active.

Encourage the use of national and local planning guidance to ensure physical activity is a primary objective of transport policy, and when designing new buildings and the wider built environment.

Monitor the population's overall physical activity levels to determine the success of national interventions. Assess the health impact of all initiatives and interventions to encourage physical activity.

6 Local action

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

Overweight and obesity

The following table defines a healthy weight in relation to height using the BMI.

BMI is calculated from the weight in kg divided by the height in metres squared. The table also defines what it means to be overweight and different degrees of obesity (also see [the NICE Pathway on obesity](#)).

Classification	BMI (kg/m ²)
Healthy weight	18.5 to 24.9
Overweight	25 to 29.9
Obesity I	30-34.9
Obesity II	35-39.9
Obesity III	40 or more

Being overweight or obese is the main contributing factor for type 2 diabetes. In addition, having a large waist circumference increases the risk of developing type 2 diabetes:

- Men are at high risk if they have a waist circumference of 94 to 102 cm (37 to 40 inches). They are at very high risk if it is more than 102 cm.
- Women are at high risk if they have a waist circumference of 80 to 88 cm (31.5 to 35 inches). They are at very high risk if it is more than 88 cm.

The above classification may not apply to some population groups, as noted in [the NICE Pathway on obesity](#). For example, although some South Asian adults or older people may have a BMI lower than the overweight classification, they may still be at greater risk of developing conditions and diseases associated with being overweight or obese.

Glossary

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)

Type 2 diabetes

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

Sources

Type 2 diabetes prevention: population and community-level interventions (2011) NICE guideline PH35

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in

their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.