

National Institute for Health and Care Excellence

Type 2 diabetes

Stakeholder Comments – Draft Guideline

NOTE:

NICE is unable to accept comments from non-registered organisations or individuals. If you wish your comments to be considered but are not a registered stakeholder, please register via the [NICE website](#) or contact the [registered stakeholder organisation](#) that most closely represents your interests and pass your comments to them.

Please fill in both the ‘stakeholder organisation’ and ‘name of commentator’ fields below in order for your comments to be considered.

Stakeholder Organisation:		Faculty of Pharmaceutical Medicine		
Name of commentator:		n/a		
Order number <i>(For internal use only)</i>	Document Indicate if you are referring to the Full version NICE version or the Appendices	Page Number Indicate number or ‘general’ if your comment relates to the whole document	Line Number Indicate number or ‘general’ if your comment relates to the whole document	Comments Please insert each new comment in a new row. Please do not paste other tables into this table, as your comments could get lost – type directly into this table.
	NICE	General	General	Technical issues of fundoscopy e.g. venous reduplication are beyond the understanding of most doctors.
	NICE	General	General	There is only passing reference to lipid management: this is a big part of management of type 2 diabetes in clinical practice and surely would merit more space in the guideline.
	NICE	General	General	The guideline is too big (it would benefit from the briefest of executive summaries) and too reliant on network-meta-analysis (a technique that not all are comfortable with). It is not clear who the target audience is.
	NICE	general	general	Hypoglycaemia is well noted that is a limiting factor for intensive glycaemic control. However, no mention has been made or no research has been proposed to assess whether available treatments that provide hypoglycaemia benefits (GLP-1s, or free/fixed GLP-1 and insulin combinations) may overcome this issue.
	NICE	15	general	The intensification scheme favours complicated treatment combinations (3 oral drugs) that are known to be effective for a limited time due to disease progression. GLP-1s which provide added benefits on glycaemic control, weight and hypoglycaemia are not well covered. Combination of GLP-1 and insulin, (free combination or

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				fixed combination products) are not considered as a way to enhance glycaemic control, and limit hypoglycaemia risk, thus making insulin treatment more tolerated. SGLT2s are not integrated in the scheme either. In general, the recommendations do not take adequately into consideration the benefits that new treatments can offer (simpler treatment options, mitigation of insulin-related side effects, weight benefit)
	NICE	56	4	The sentence has been closed with two periods
	NICE	64	20	The Abbreviation has been mentioned as ACE1 instead of ACEI
	NICE	66	17, 20, 36	The Abbreviation has been mentioned as AR2B instead of A2RB
	NICE	70	25	The title included diuretic too but no data has been mentioned below with regard to BP reduction by diuretic
	NICE	70	30	The spelling of Verapamil has been mentioned as Verapamill

Please add extra rows as needed.

Please email this form to: T2DAdultsupdate@nice.nhs.uk

Closing date: 4 March 2015

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