Provider-led early medication adjustments is a viable approach in a diabetes remission service and can reduce burden on primary care while achieving equitable weight loss to other service models

KH Miller, J Finnie, Y Mckeown, N Gupta, L Diamond, L Jones

Aim: To assess the impact of provider-led prescribing in a diabetes remission service. The NHS Type 2 Diabetes Path to Remission (T2DR) programme has shown promising results in weight loss and diabetes remission, but prescribing responsibility remains with primary care, where capacity is limited. At referral, 66% of participants were on diabetes medication, and many could have had more medications stopped. Continuing metformin was a barrier to full remission in 50% of a sample from T2DR[1].

Methods: Adults with type 2 diabetes attended a digitally-enabled remission programme consisting of 12 weeks of total diet replacement (TDR), 6 weeks of food reintroduction and 8 months of behaviour change support. A diabetes specialist nurse (DSN) reviewed and adjusted medications prior to commencement. Patients had access to an app for self-monitoring and coaching. Blood glucose and/or blood pressure monitoring was advised in the case of medication adjustments.

Results: Of the 37 participants; 30 (81%) required DSN review, and 97% (56/58) of reviewed prescriptions were stopped . In contrast to a sample from T2DR, where 83% remained on metformin, metformin was *stopped* in 98% of cases. Average weight loss at 6 months is 10% (T2DR mean 12 month weight loss was 8.3%)[1].Only 4 out-of-range readings (2 hyperglycaemia and 2 hypertension) have been reported so far.

Conclusion:

Provider-led prescribing in a digital remission service is a viable approach to reduce burden on primary care, generating medication reduction savings and equitable clinical outcomes to other delivery models. A proactive approach to discontinuing metformin, when clinically appropriate may maximise remission opportunities.

Reference:

 (1)Early findings from the NHS Type 2 Diabetes Path to Remission Programme: a prospective evaluation of real-world implementation Valabhji, Jonathan et al. The Lancet Diabetes & Endocrinology, Volume 12, Issue 9, 653 - 663

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