# DPC Toolkits

## Prevention Pearls

Presented by Dr Kevin Fernando, GP Partner & Medical Education & Scottish Lead, North Berwick Health Centre, GPwSI Diabetes, Primary Care Diabetes Society

in association with

**GP** notebook **Education**

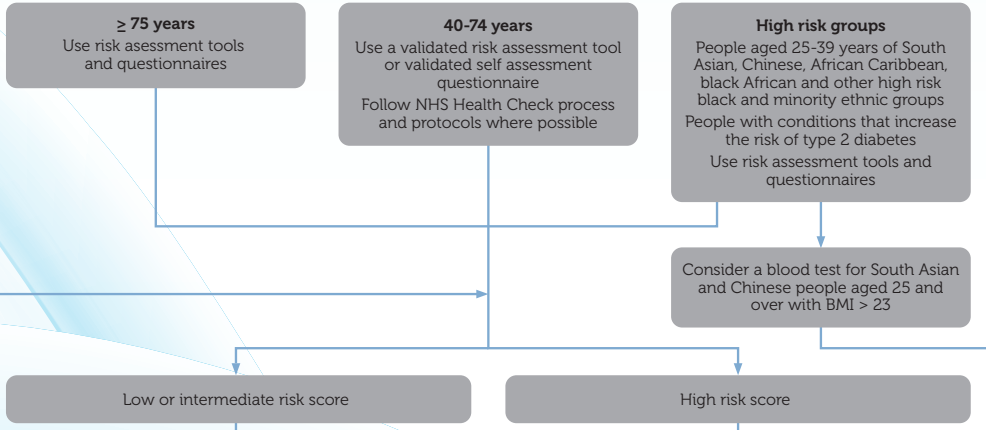**NICE PH38 2017 Type 2 Diabetes: Prevention in People at High Risk**

✓ 2-stage strategy to identify those at highest risk of T2D and gives guidance on on interventions & follow-up

✓ Consider using a validated computer-based risk assessment tool to identify those at high risk of type 2 diabtetes:

- QDiabetes-2018 https://qdiabetes.org/2018/
- Diabetes UK https://riskscore.diabetes.org.uk/start
- Leicester Diabetes Risk Score http://leicesterdiabetescentre.org.uk/The-Leicester-Diabetes-Risk-Score

**Useful resources:**

✓ Diabetes UK information prescriptions for health care professionals

- https://www.diabetes.org.uk/professionals/resources/resources-to-improve-your-clinical-practice/information-prescriptions-qa

✓ WAKEUP toolkit

- http://medicine.exeter.ac.uk/research/healthresearch/primarycare/projects/recentlycompletedstudies/wakeup/

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## Prevention Pearls BMJ 2012;345:bmj.e4624

### Stage 1

**≥ 75 years**
Use risk asessment tools
and questionnaires

**40-74 years**
Use a validated risk assessment tool
or validated self assessment
questionnaire
Follow NHS Health Check process
and protocols where possible

**High risk groups**
People aged 25-39 years of South
Asian, Chinese, African Caribbean,
black African and other high risk
black and minority ethnic groups
People with conditions that increase
the risk of type 2 diabetes
Use risk assessment tools and
questionnaires

Consider a blood test for South Asian
and Chinese people aged 25 and
over with BMI > 23

Low or intermediate risk score

High risk score

### Stage 2

Offer brief advice on:
The risks of developing diabetes
The benefits of a healthy lifestyle
Modifying risk factors

Offer a blood test
Chose either FPG or $HbA_{1c}$ - use as appropriate and
according to national quality specifications

Reassess risk at least every 5 years

**Moderate risk**
FPG <5.5 mmol/L or $HbA_{1c}$ <42
mmol/mol (6.0%)
Offer a brief intervention to:
Discuss the risks of developing
diabetes
Help modify individual risk factors
Offer tailored support services

**High risk**
FPG 5.5-6.9 mmol/L or $HbA_{1c}$ 42-47
mmol/mol (6.0-6.4%)
Offer an intensive lifestyle change
programme to:
Increase physial activity
Achieve and maintain weight loss
Increase dietary fibre, reduce fat
intake, particularly saturated fat

**Possible type 2 diabetes**
FPG ≥7.0 mmol/L or $HbA_{1c}$ ≥7.0
mmol/mol (6.5%)
Carry out a further blood test if
asymptomatic, according to national
quality specifications, to confirm or
reject the presence of diabetes

Reassess risk at least
every 3 years

Reassess weight and BMI
and offer a blood test at
least once a year

**No Diabetes**
Offer an intensive lifestyle
change programme

**Diabetes**
Enter diabetes
management pathway