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Urgent need to update NICE guidance on the management of type 2 diabetes in adults (NG28).

Dear Professor Bengler,

We are writing to urge NICE to review the dietary advice section of guideline NG28, pertaining to the management of type 2 diabetes in adults. This has not been updated since 2009, despite significant advances in the understanding of the dietary management of type 2 diabetes. These important advances have been reflected in a range of other national and international guidelines, yet relevant NICE recommendations remain unchanged. It is our belief that there is a clear and present need to address this to remove inconsistencies between NICE NG28 and other guidelines, to support patient choice, and to increase patient hope. These points are expanded upon below, alongside additional justifications for our position.

NICE committed to consider new evidence during 2019 stakeholder consultation

In a 2019 stakeholder consultation related to NICE guideline NG28, multiple respondents queried the decision to decline to review the dietary advice section. Specific concerns included that existing guidelines do not support flexible approaches or the use of a range of different dietary options, and that they do not include remission of type 2 diabetes as a suitable treatment target.

As part of the response to these comments, a commitment was made by NICE to consider the results of the review on the use of low carbohydrate diets in people with type 2 diabetes being carried out by the joint working group of the Scientific Advisory Committee on Nutrition (SACN), NHS England and Diabetes UK (hereafter referred to as “the joint SACN report”). The joint SACN report was published in May 2021. To date however, there has been no indication from NICE that its conclusions have been considered, or that there are any plans to review the existing guidelines.

Discrepancy with other national and international guidelines

An additional rationale for updating NICE guideline NG28 is that existing advice is inconsistent with other key national and international guidelines. This can result in confusion amongst healthcare professionals as to what they should be recommending, which risks undermining patient care.

Key elements of other contemporary guidelines which we believe should be reflected in NICE guideline NG28 include that:

- Remission of type 2 diabetes is a feasible management goal.
- There is insufficient evidence that any individual dietary approach is superior to others, thus a range of approaches should be supported.
- There is a range of dietary approaches which are safe and can be effective, and so should be included amongst the options discussed with patients.
- There should be a focus on helping patients to make informed choices that fit their own needs and preferences, to help them adopt an approach that will work for them long-term.

Organisations that provide guidelines aligned with these messages include Diabetes UK, the British Dietetic Association, the Scottish Intercollegiate Guidelines Network, the American Diabetes Association, the European Association for the Study of Diabetes, and Diabetes Australia.

Clarification of, and consistency between, existing NICE guidelines

As well as potential confusion caused by discrepancies between NICE guidelines and those provided by other organisations, there is also potential for confusion as to the intention of existing NICE recommendations. For example, as part of the response to stakeholder comments on NICE guideline NG28 in 2019 NICE stated that the existing guidelines encompass “a range of interventions, which may include low carbohydrate and low-calorie diets”. This implies that supporting the adoption of such approaches is not precluded by the current guidelines. However, this interpretation is clearly not universally known or shared, with many practitioners, in our collective experience, expressing a reluctance to support these options as they are not listed in NICE guidelines.

Ultimately, many healthcare professionals are reluctant, or unwilling, to support their patients in adopting approaches which are not explicitly reflected in NICE guidance. Updating NG28 in line with the recommendations set out in this letter would remove this barrier to effective patient care.

Importantly, we also note that the recently published NICE Overweight and Obesity Management guidelines (NG246) support the use of “flexible and individualised approaches”, taking into account food preferences and personal circumstances (see recommendation 1.16.1), and the use of a range of dietary approaches, including low carbohydrate diets (see recommendation 1.16.3). This creates a discrepancy *between* NICE guidelines (i.e., NG246 now supports the use of a range of dietary approaches, whereas NG28 does not).

Time to act

The failure to update the dietary advice in NICE guideline NG28 risks giving the impression that NICE guidelines are outdated, and that the organisation is failing to act dynamically in relation to evolving research and changing practice. At the very least, it sends a message that pharmaceutical, surgical and technological advances are considered more important than lifestyle options, as recommendations related to these areas have been updated multiple times since the last meaningful review of the dietary advice section. It is concerning that the dietary element of what, in many cases, is predominantly a dietary condition has not been comprehensively reviewed in well over a decade.

An update to NICE guideline NG28 to explicitly acknowledge remission as a feasible management goal and to support the use of individualised and flexible dietary approaches would address a range of existing issues and inconsistencies. It would bring NICE guidelines in line with other prominent national and international guidelines, and it would help healthcare professionals to feel comfortable and confident in supporting their patients to explore different lifestyle options. Most importantly, it would support shared decision making, helping to ensure patients feel empowered to make informed and individualised choices that fit their needs and preferences, which help them to achieve their own health goals, and that can give them realistic hope for the future.

Yours faithfully,

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Additional Information

Pertaining to the “NICE committed to consider new evidence during 2019 stakeholder consultation” section:

- Respondents who questioned NICE’s decision to decline to review the dietary guidelines in NG28 included Diabetes UK, The British Dietetic Association, and X-PERT Health.
- It was repeatedly stated within the NICE responses to the consultation document that the joint SACN report would be tracked by the NICE surveillance team and the results would be considered when available.
- The publication of the joint SACN report provides clear justification for the dietary advice section of NICE guideline NG28 to be reviewed, independent of the other reasons outlined within the letter.
- The conclusions of the joint SACN report provide clear evidence that lower carbohydrate dietary approaches are safe and can be effective for many patients.

Pertaining to the “Discrepancy with other national and international guidelines” section:

- Dietary approaches which are safe and can be effective, and thus should be included in the options discussed with patients, include low carbohydrate diets, Mediterranean-style diets, and energy restricted diets (including diets using meal replacement products).
- With regards to low carbohydrate diets specifically, the conclusions reached by the joint SACN report were aligned with those of the other bodies referred to in this section, in relation to the safety and efficacy of this approach. We do not consider the use of the terminology “lower” rather than “low” carbohydrate in the final report to preclude this assertion. All outcomes in the joint SACN report either favoured the lower carbohydrate arm or found no difference between groups. It would therefore be justified to include this eating pattern in NG28, and to bring these guidelines in line with those of other relevant national and international organisations, without the need for additional evidence appraisal.
- With regards to type 2 diabetes remission, longer-term results from the Diabetes Remission Clinical Trial (DiRECT) and significant research on the impact of carbohydrate restriction on remission have been published since the 2019 NG28 stakeholder consultation. Formal definitions of what constitutes remission have also been agreed between influential groups, and NHS programs focused on helping people with type 2 diabetes to try and achieve remission are ongoing. These developments strengthen the argument for including remission of type 2 diabetes as a realistic treatment target in NICE guidance, in line with the position of other important national and international organisations.

Pertaining to the “Clarification of, and consistency between, existing NICE guidelines” section:

- In 2020 NICE revoked their endorsement of a range of sugar infographics, lest this be taken to imply support of low carbohydrate approaches. When considered alongside responses made to stakeholder comments as part of the 2019 consultation on NG28 (see the body of the letter), this suggests a degree of inconsistency within the organisation itself. This emphasises the need for guidance to be reviewed.
- We believe that the wording used in the recently updated NICE Overweight and Obesity Management guidelines (NG246) provides a clear, current and practical example of how NG28 can be updated to support the use of flexible and individualised approaches.
- In relation to low carbohydrate diets specifically, as evidence in people with type 2 diabetes was considered in the development of NG246, and the evidence supporting the use of low carbohydrate approaches is stronger for people with type 2 diabetes than for the general population, these recommendations are of direct relevance to NICE guideline NG28 and can justifiably be used to inform an update of them.

Reviewers

This letter has been reviewed by Dr Pamela Dyson, BSc (Hons), PhD, RD (Research Dietitian, University of Oxford) and Dr David Cavan, MD, FRCP (Consultant Endocrinologist, University Hospitals Dorset). We are grateful for their insightful feedback and suggestions.

Endorsements

The content of this letter has been endorsed by the following organisations:



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Signatories

We, the undersigned, support the content of the above letter, and believe NICE guidance for the management of type 2 diabetes (NG28) urgently requires updating:

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