

Consultation on draft guideline – deadline for comments 5pm on 14/10/2021 email: T2DiabetesAdults@nice.org.uk

Checklist for submitting comments

- Use this comments form and submit it as a **Word document (not a PDF)**.
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include **document name, page number and line number** of the text each comment is about.
- Combine all comments from your organisation into 1 response form. **We cannot accept more than 1 response from each organisation.**
- **Do not** paste other tables into this table – type directly into the table.
- Ensure each comment stands alone; **do not** cross-refer within one comment to another comment.
- **Clearly mark any confidential information or other material that you do not wish to be made public. Also, ensure you state in your email to NICE that your submission includes confidential comments.**
- **Do not name or identify any person or include medical information about yourself or another person** from which you or the person could be identified as all such data will be deleted or redacted.
- Spell out any abbreviations you use.
- For copyright reasons, **do not include attachments** such as research articles, letters, or leaflets. We return comments forms that have attachments without reading them. You may resubmit the form without attachments, but it must be received by the deadline.
- **We have not reviewed the evidence for the recommendations shaded in grey. Therefore, please do not submit comments relating to these recommendations as we cannot accept comments on them.**
- **We do not accept comments submitted after the deadline stated for close of consultation.**

You can see any guidance that we have produced on topics related to this guideline by checking [NICE Pathways](#).

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.

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	<p>Please read the checklist above before submitting comments. We cannot accept forms that are not filled in correctly.</p> <p>We would like to hear your views on the draft recommendations presented in the guideline, and any comments you may have on the rationale and impact sections in the guideline and the evidence presented in the evidence reviews documents. We would also welcome views on the Equality Impact Assessment.</p> <p>In addition to your comments below on our guideline documents, we would like to hear your views on these questions. Please include your answers to these questions with your comments in the table below.</p> <ol style="list-style-type: none"> 1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why. 2. Would implementation of any of the draft recommendations have significant cost implications? 3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.) 4. Should the recommendation for treatment options for people with type 2 diabetes in whom metformin is contraindicated / not tolerated after treatment initiation be retained or stood down? We propose retaining the recommendations for treatment initiation for these people but standing down recommendation 1.7.20 covering later treatment options. Do you agree or disagree and why? 5. What do you think about the positioning of the visuals alongside the recommendations they summarise? Please explain your response. 6. Would the visual summaries in general help in your day-to-day practice? Please explain in your response how they would or would not help. 7. We have also included a pdf version of all the visuals within a single document. Is this pdf needed as well as the visuals included in the guideline document? Please explain your response. 8. Do you think the visual summaries could be improved or made more useful? Please explain your response. <p>See Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.</p>
<p>Organisation name (if you are responding as an individual rather than a registered stakeholder please specify).</p>	<p>British Association for Nutrition and Lifestyle Medicine (BANT)</p>
<p>Disclosure (please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry).</p>	<p>No links past or present to the tobacco industry.</p>

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Type 2 diabetes in adults: management (update)

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Name of person completing form	Dr Susan McGinty, BANT Policy Director
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Comment number	Document [e.g., guideline, evidence review A, B, C etc., methods, EIA]	Page number 'General' for comments on whole document	Line number 'General' for comments on whole document	Comments <ul style="list-style-type: none"> • Insert each comment in a new row. • Do not paste other tables into this table, because your comments could get lost – type directly into this table. • Include section or recommendation number in this column. • Include answers to the above questions.
1	Patient Decision Aid	General	General	<p>This document refers to patients having options to change their diet and lifestyle. Following the May 2021 report of the Scientific Advisory Committee on Nutrition on Lower Carbohydrate diets for overweight/obese adults with type 2 diabetes, which looked at evidence with Hba1C and weight as primary outcomes, the recommendations are:</p> <ol style="list-style-type: none"> 1) <i>that a lower carbohydrate diet can be recommended by clinicians as an effective short-term option (up to 6 months) for improving glycaemic control and serum triacylglycerol concentrations.</i> 2) <i>Since the majority of individuals living with T2D have overweight or obesity, weight management remains the primary goal for improving glycaemic control and reducing CVD risk. Health professionals should support any evidence-based dietary approach that helps individuals with T2D to achieve long-term weight reduction.</i> <p>A section on Diet should be in the Guideline which sets out both strategies so that patients can make an informed decision. Additionally reference ought to be made to the NHS adoption of the DiRECT trial 'evidence-based' protocol using very low calories soups/shakes followed by the Counterweight lower starch dietary guidelines.</p>
2	Guideline	6	Lines 14-15	<p>Ref 1.3.3 In light of the May 2021 Scientific Advisory Committee on Nutrition report on Lower Carbohydrates diets for overweight/obese adults living with T2D suggest that this should now read: <i>“Encourage adults with type 2 diabetes to follow general healthy eating principles, which includes;”</i></p>
3	Guideline	6	Lines 16-17	<p>Amend to: “eating high-fibre, low glycaemic sources of carbohydrate such as whole fruit, whole vegetables, pulses and minimally processed whole grains [two words, not ‘wholegrain’]”.</p>

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4	Guideline	6	Line 18	<p>Amend to: “choosing full-fat dairy products in moderation. When choosing low-fat alternatives ensure that product does not contain high GI calorific maltodextrins or artificial sweeteners.”</p> <p>Refs:</p> <ol style="list-style-type: none"> 1) Cara B Ebbeling, Amy Knapp, Ann Johnson, Julia M W Wong, Kimberly F Greco, Clement Ma, Samia Mora, David S Ludwig, Effects of a low-carbohydrate diet on insulin-resistant dyslipoproteinemia—a randomized controlled feeding trial, <i>The American Journal of Clinical Nutrition</i>, 2021;, nqab287, https://doi.org/10.1093/ajcn/nqab287 2) Mitri J, Tomah S, Furtado J, Tasabehji MW, Hamdy O. Plasma Free Fatty Acids and Metabolic Effect in Type 2 Diabetes, an Ancillary Study from a Randomized Clinical Trial. <i>Nutrients</i>. 2021;13(4):1145. Published 2021 Mar 31. doi:10.3390/nu13041145 3) Maltodextrin - an overview ScienceDirect Topics
5	Guideline	6	New insert line 20	<p>New bullet point: “- avoiding extruded breakfast cereals and other ultra-processed foods, sugar sweetened beverages and low calorie drinks with artificial sweeteners.”</p> <p>Refs:</p> <ol style="list-style-type: none"> 1) Mathur K, Agrawal RK, Nagpure S, Deshpande D. Effect of artificial sweeteners on insulin resistance among type-2 diabetes mellitus patients. <i>J Family Med Prim Care</i>. 2020;9(1):69-71. Published 2020 Jan 28. doi:10.4103/jfmpc.jfmpc_329_19 2) Vinoy S, Normand S, Meynier A, et al. Cereal processing influences postprandial glucose metabolism as well as the GI effect. <i>J Am Coll Nutr</i>. 2013;32(2):79-91. doi:10.1080/07315724.2013.789336
6	Guideline	7	Lines 1-4	<p>1.3.6 Amend to read: “Individualise recommendations for carbohydrate and alcohol intake, and meal patterns. Advise patients on lower carbohydrate diets or very low energy diets according to their preferences. Make reducing the risk of hypoglycaemia a particular aim for people using insulin or an insulin secretagogue.”</p>
7	Guideline	7	Lines 5-8	<p>1.3.7 Delete this item – sucrose is a high-glycaemic carbohydrate and this item is inconsistent with advice to eat low glycaemic sources of carbohydrate.</p>
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Insert extra rows as needed

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