

Type 2 Diabetes in Children and Young Adults (0-25yrs)

Presented by:
Joint Children and Young Adults Diabetes Workstream

Welcome

Candice Ward – CDEP Lead,
Cambridge Diabetes Education Programme

Housekeeping



Please do take the opportunity to say “Hi” via the chat box



If you wish to ask a question, please use the Q&A session.

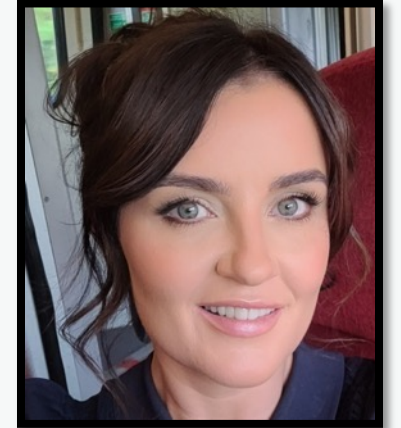


If you have any technical issues, please leave and join again.



This webinar will be recorded and shared widely

Webinar Speakers



Verity Hawkes – Senior Project Manager, National Diabetes Programme, NHS England

Dr Dita Aswani – Regional Clinical Lead for Children and Young Adults Diabetes, North East and Yorkshire

Dr Fulya Mehta – National Clinical Lead Diabetes in Children and Young Adults, NHS England

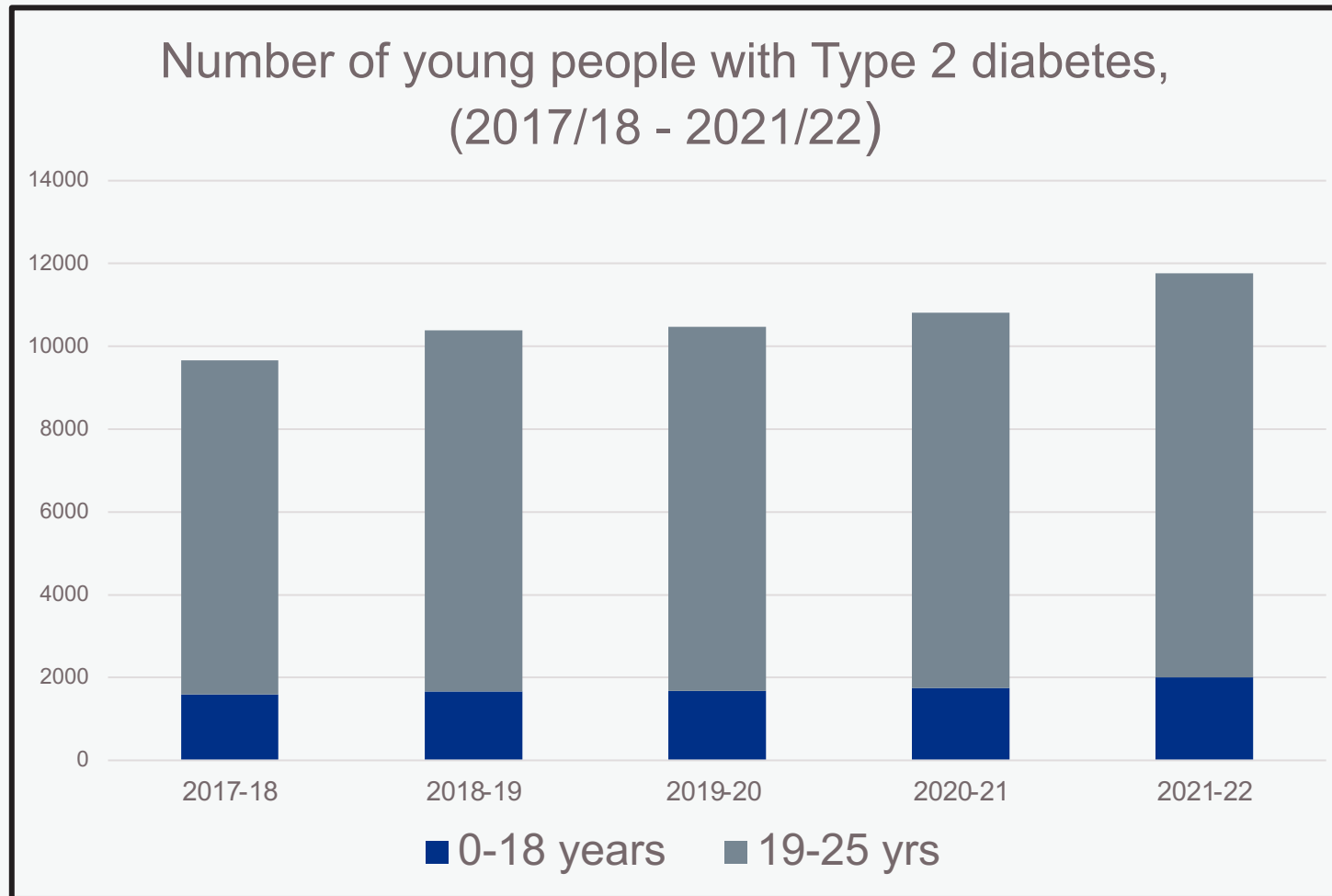
Dr Reza Zaidi – Young Adult Advisor, Consultant Diabetologist

Karen Kennedy – Assistant Director, National Diabetes Programme, NHS England

Latest Data: Type 2 Diabetes 0-25yrs

Verity Hawkes, NHS Diabetes Programme

Growing Prevalence of Type 2 Diabetes in Children and Young Adults



Demographics

Compared to older people with Type 2 diabetes, children and young adults are more likely to be:



Female

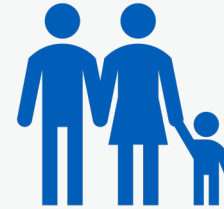


Living in the most deprived areas



Living with obesity

Additionally,

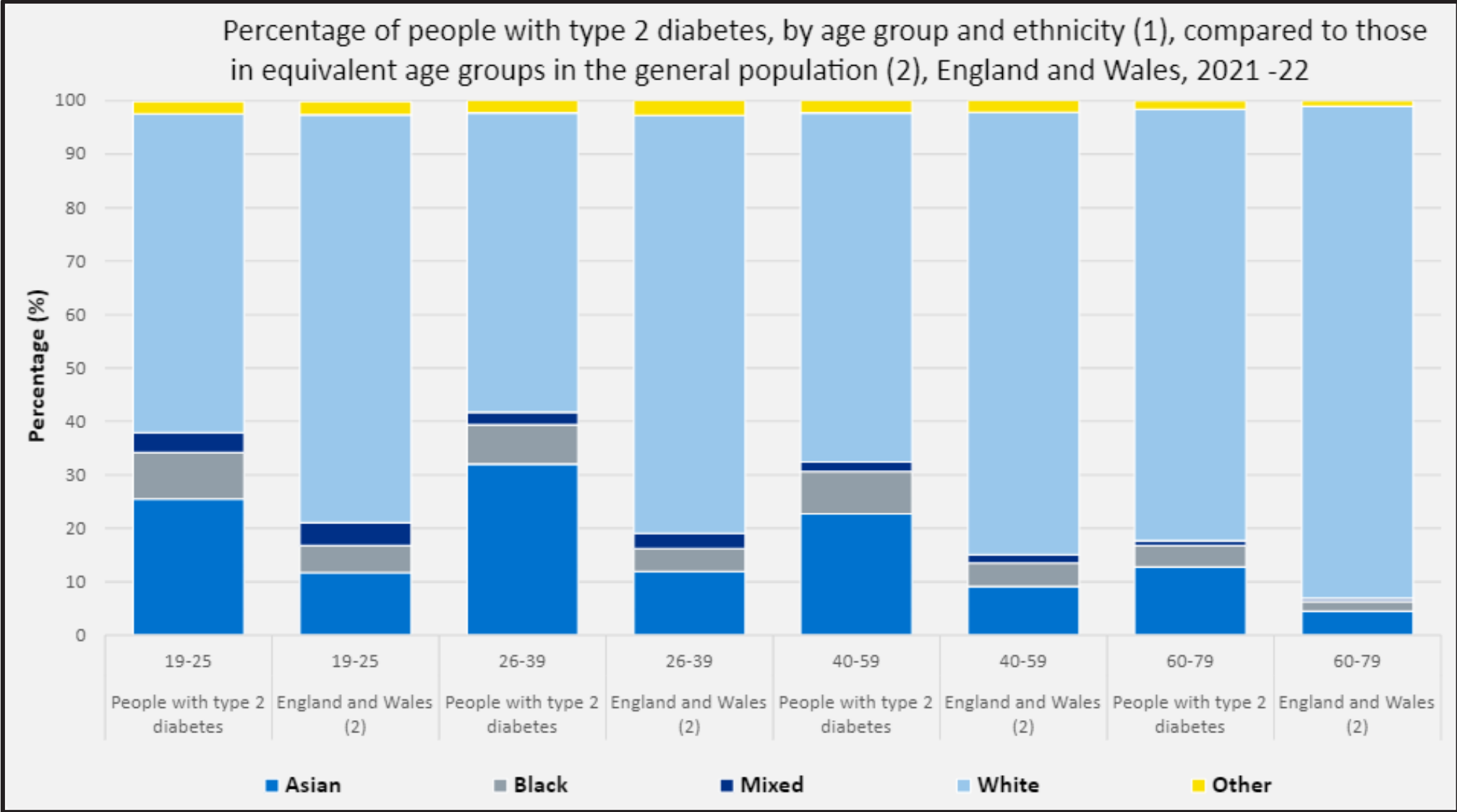


Children are likely to have a family history of Type 2 diabetes



In young people with a learning disability, the rate of Type 2 diabetes is approximately 16 times higher than for their peers without a learning disability.

Demographics – ethnicity



Key Sources of Data

Where to find local data:

Source	Data included	Geography	Dashboard links
National Paediatric Diabetes Audit (NPDA)	Data for those cared for by paediatric units up to age 24 years.	Region, ICB, Unit	NPDA Online (rcpch.ac.uk)
National Diabetes Audit (NDA)	Data on those registered with diabetes from both primary and secondary care settings	Region, ICB and Sub ICB	NDA Core Annual Dashboard & NDA Core Quaterly Dashboard
Young People with type 2 Dashboard	Combined NDA and NPDA data on people living with type 2 diabetes aged under 40yrs	Region and ICB	Young Type 2 Dashboard
Public Health Profiles	Public health data collection	National, region, ICB and LA	Public health profiles - OHID (phe.org.uk) within this Obesity Profile - OHID (phe.org.uk)

National Diabetes Audit dashboards

Welcome to the National Diabetes Audit dashboard hub. This page provides links to a number of interactive data visualisation tools containing data relating to provision of care and services for people with diabetes.



These visualisations are mainly produced in Microsoft Power BI at present and allow users to interact with the data available.

National Diabetes Audit Core Annual Dashboard

This dashboard presents local data on care process completion and treatment target achievement, as well as participation and registration information.



National Diabetes Audit Core Quarterly Dashboard

The core quarterly dashboard provides care process and treatment target information using primary care data for England. It is refreshed 4 times throughout the audit period. This dashboard also includes several post-COVID pandemic service recovery metrics.



Adolescent and Young Adult Type 1 Diabetes Dashboard

This dashboard presents data related to the audit of care provision during the period when young people with diabetes move from paediatric to adult based clinical care.



National Diabetes Audit Young People with Type 2 Diabetes Dashboard

This dashboard presents local data on the characteristics, care process completion and treatment target achievement of young people (aged under 40 years old) with type 2 diabetes.







National Diabetes Audit 2021-22, Young People with Type 2 Diabetes - Overview

Publication Date: 14 Dec 2023
Geographic Coverage: England, Wales
Date Range: 01 Jan 2021 to 31 Mar 2022

[Download this page as a PDF](#)

Sections of dashboard:

-  Go to the characteristics section
-  Go to the care processes section
-  Go to the treatment target section
-  Go to the organisation section



Region

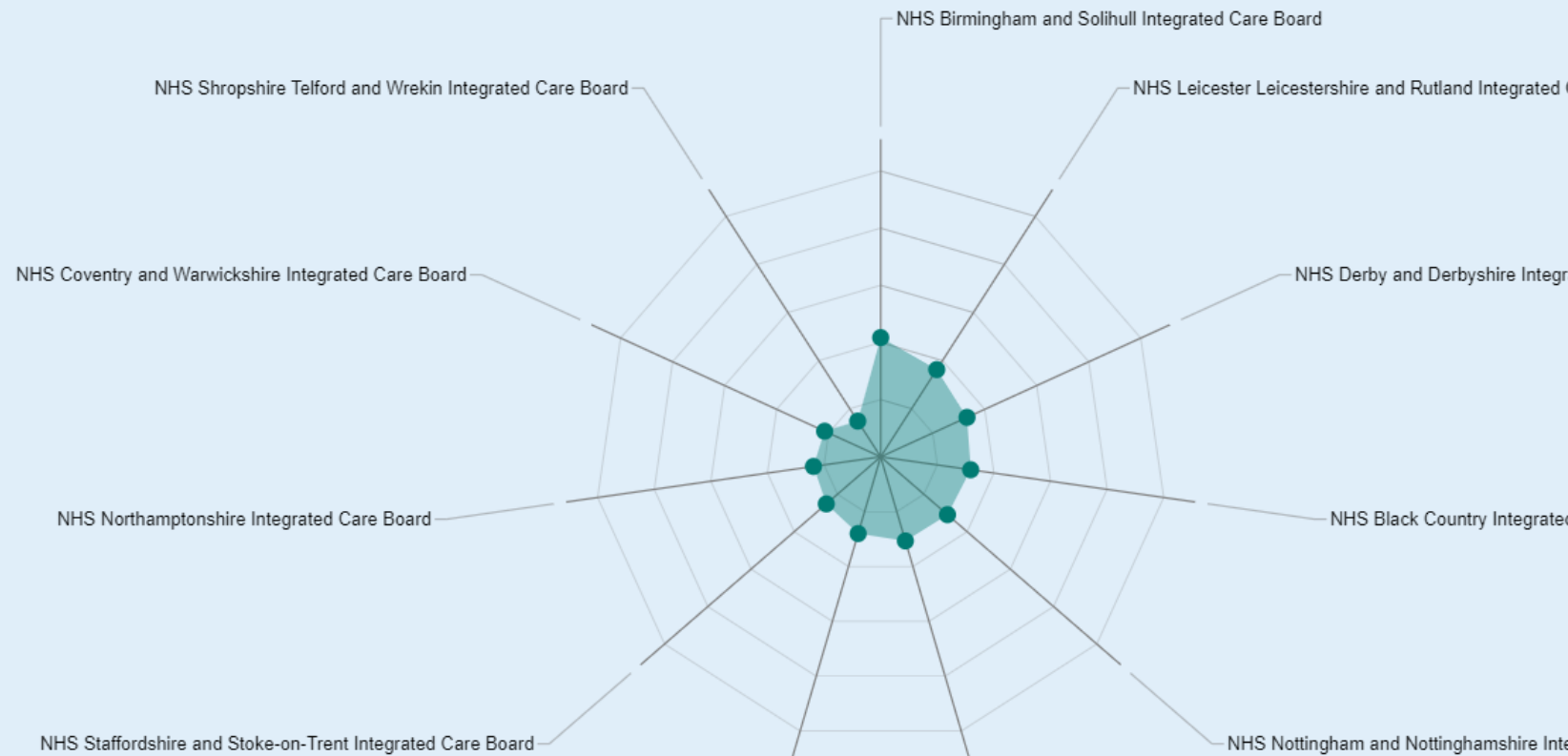
ICB

PCN

All 8 care processes (England) %

35.2%

All 8 care processes by ICB %



Patient Facing Resources

Dr Dita Aswani – Regional Clinical Lead
for Children and Young Adults Diabetes,
North East and Yorkshire

January 24

Proud to
Support



DigiBete



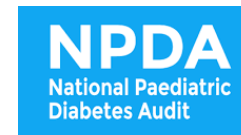
Proudly Supporting CYP and Young Adults Living with Type 1 and 2 Diabetes

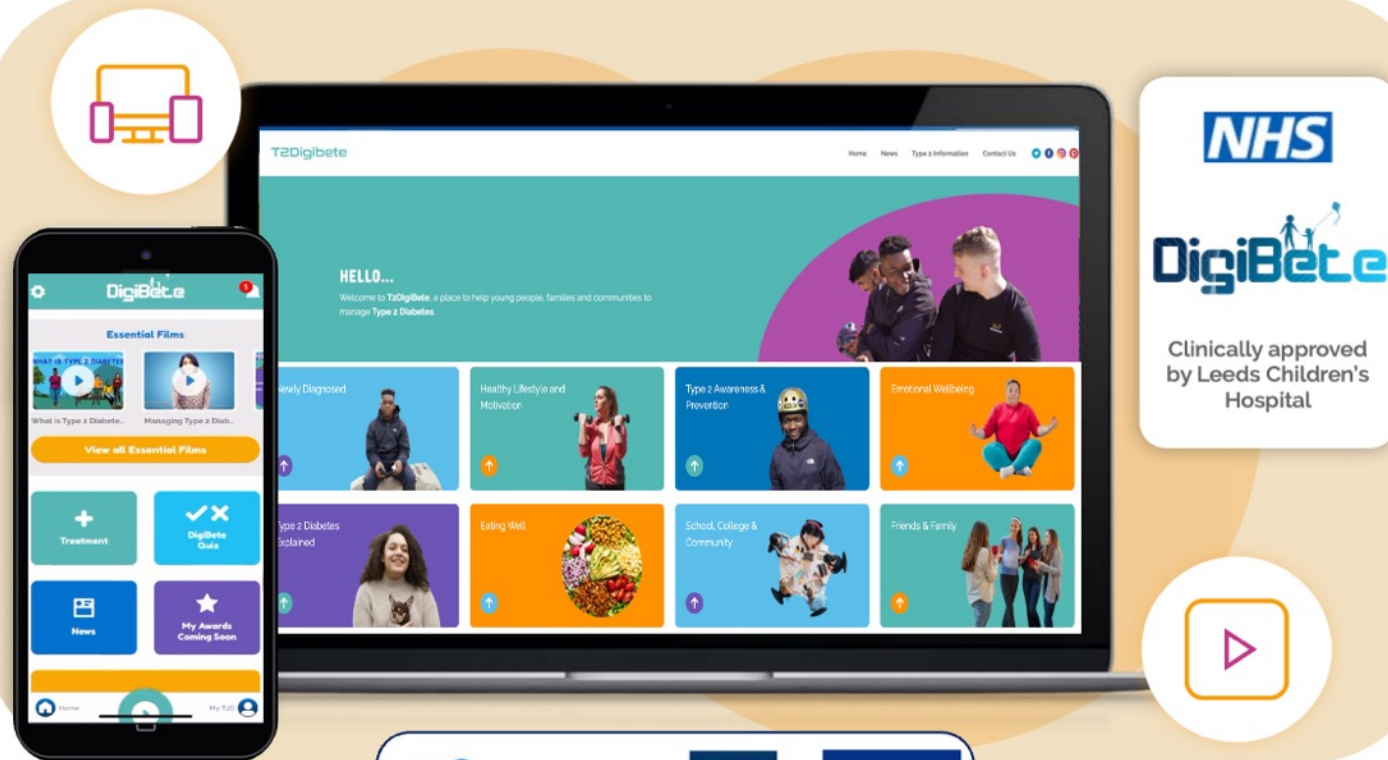
Now **83%** Patient Uptake in **England & Wales**

Based on revised NPDA numbers



NHS England and NHS Improvement





Comprehensive Type 2 Diabetes self-manage support

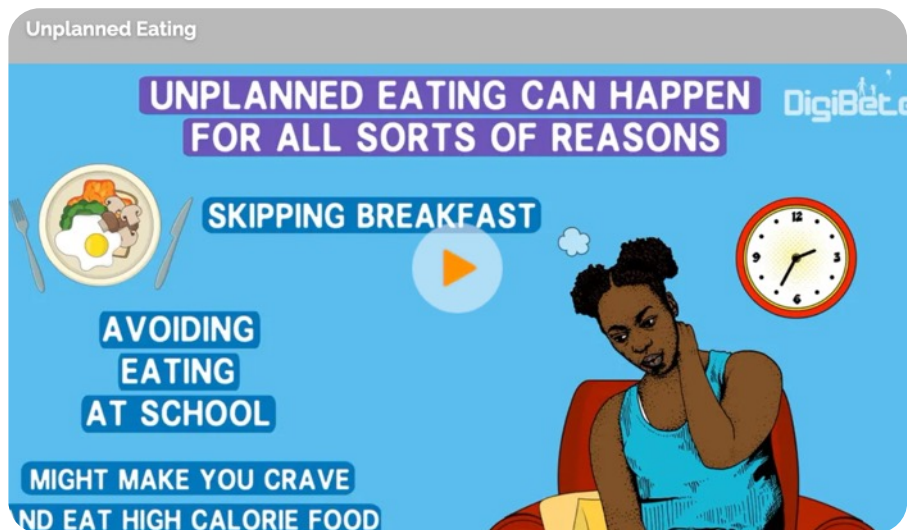
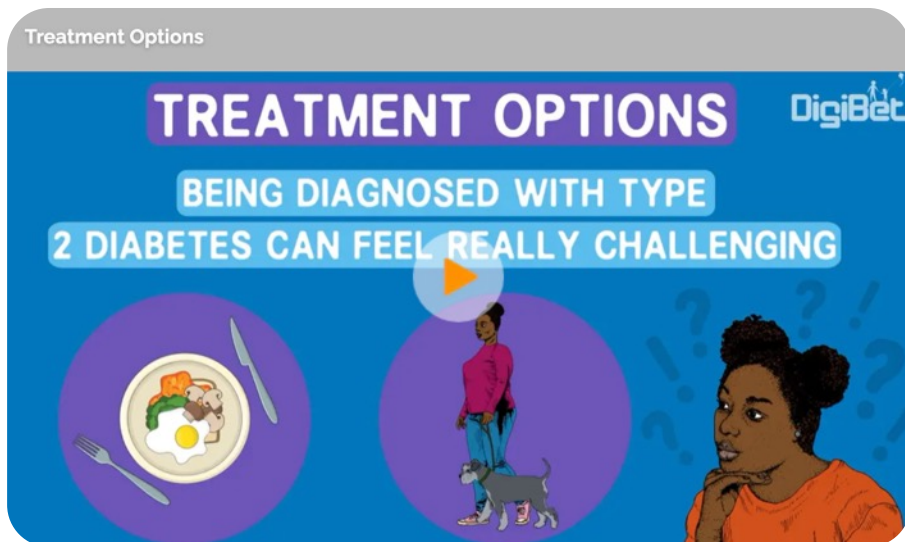
- ✓ Multi-lingual Films and Resources
- ✓ Created by the community & approved by specialist multidisciplinary team
- ✓ Reducing Health Inequalities
- ✓ Interactive food diary
- ✓ Food and Lifestyle advice
- ✓ Structured Education
- ✓ Clinic to Patients Communications
- ✓ 95% of CYP clinics in England & Wales using DigiBete

Powered by DigiBete CIC

* Modelled on DigiBete's existing award-winning type 1 resources for CYA

Using The DigiBete App

Animated Explainer and Story Videos to Support Self-Management



Brand new Type 2 Pregnancy Page

HELLO...

Welcome to youngtype2.org, a place to help young people up to the age of 25, families and communities learn about and live well with type 2 diabetes. This site has been brought to you by DigiBete, a multi award winning diabetes self management platform.



Newly Diagnosed & Type 2 Explained



Healthy Lifestyle and Emotional Wellbeing



Type 2 Awareness & Prevention



Relationships & Pregnancy



Type 2 Diabetes Stories



Eating Well



School, College & Community



Friends & Family



OUR PARTNERSHIPS



Pregnancy DigiBete



Folic Acid
Speak to your GP about a prescription



Some tablets and injections for your diabetes are not safe for your baby when you are pregnant.




Sexual Health DigiBete

Sexually Transmitted Infections (STIs)

Not worse for people with diabetes

May cause high glucose levels

Glucose levels in range will help reduce your risk of complications or sexual dysfunction in the future.

Unplanned Pregnancy:

1. Getting Early Support
2. Measuring & Monitoring Blood Glucose Levels
3. Safe Medications for Pregnancy



Planning for Pregnancy:

1. Getting Ready for Pregnancy
2. Measuring & Monitoring Blood Glucose Levels
3. Safe Medications for Pregnancy
4. Weight Management
5. The Importance of Contraception

Pregnant with Diabetes:

1. Getting Early Support
2. Measuring & Monitoring Blood Glucose Levels
3. Safe Medications for Pregnancy
4. The Best Foods for Pregnancy
5. Scans During Pregnancy
6. Blood Glucose Levels and Early Delivery
7. Treatment and Care After Pregnancy

DigiBete Clinic Portals in Supporting 256 Clinics with The DigiBete in UK

DIGIBETE TYPE 2 LAUNCH 2/5/23 Our new Type 2 website (youngtype2.org) and app are now live [Click here](#) [Dismiss and don't show again](#)



News Manage Clinic My Clinic Area Custom Groups Usage Data Manage Care Plans Training & FAQs Maddie Julian

Test NHS Clinic

[Edit My Clinic Area](#)

[Save Changes](#)

Type 1 Diabetes Clinic Code:

BA4PP

Type 2 Diabetes Clinic Code:

MD4FC

Name:

Test NHS Clinic

Telephone:

0113 12345678

NHS Region:

Select an NHS region...

Network Region:

Select a Network region...

Clinic Application Users by Profile Type

Profile Type	Count
PATIENT	55
PARENT_CARER	52
	2

Clinic Application Users

[Search](#)

Name	Email	Profile Type	
Foo 199	foo1.99@hma.co.uk	Patient	View

If you manage groups of young people or young adults with Type 2 Email app@digibete.org today to set up your **unique DigiBete app code and clinic portal** to personalise your youngtype2.org app

QR Code



The screenshot displays a web browser interface with a multi-lingual translation facility. A red circle highlights the translation icon in the top toolbar. A 'Translate' dropdown menu is open, listing various languages. The background shows a website header with navigation links and a QR code for 'Accessibility Instructions'.

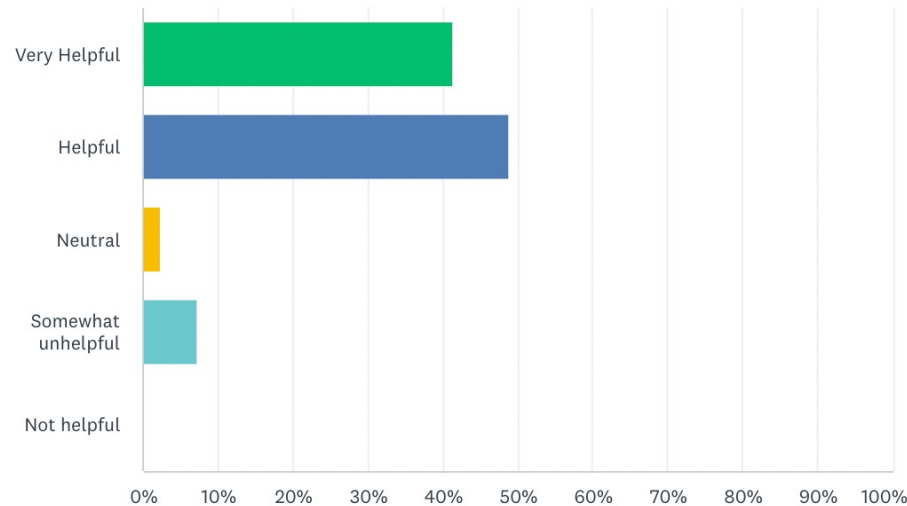
Language	Audio Icon
English - UK - English	
Lietuvių Kalba - Lithuanian	Speaker icon
Limba Română - Romanian	Speaker icon
Magyar - Hungarian	Speaker icon
Malagasy - Malagasy	
Malti - Maltese	
Māori - Maori	
Nederlands - Dutch	Speaker icon
Norsk - Norwegian	Speaker icon
O'zbek - Uzbek	
Polski - Polish	Speaker icon
Português - Portuguese	Speaker icon
Português - BR - Portuguese	Speaker icon
Samoa - Samoan	
Sesotho - Southern Sotho	

Accessibility Instructions

Type 2 testing Results

What is your first reaction to the new Type 2 Website & App?

Answered: 41 Skipped: 0



ANSWER CHOICES	RESPONSES
Very Helpful	41.46% 17
Helpful	48.78% 20
Neutral	2.44% 1
Somewhat unhelpful	7.32% 3
Not helpful	0.00% 0
TOTAL	41

"It looks like it would be good for motivation. Informative because it helps me understand more about it and my family can help me too"

"Great resources to help with an confusion and very helpful on educating what diabetes is"

"It's useful and effective very easy to understand and navigate."

"The display is simple and easy"

"I love the idea of the app and think many people will find it helpful."

"Very clear and friendly page"

"I don't know anything about type 2 diabetes and now i feel more informed"

"I believe this will help a lot of younger and older people with type 2 as it offers allot of helpful resources for any age group."

"Colour, visual/diversity clearly visible"


"Very easy to navigate and use. clear and simple icons and language used"

"It helps me manage my intake of foods and talk to my clinic"

- The video and how colourful and inviting it is
- Like the simple easy to use layout
- Its very informative as it discusses the many aspects of living with type 2 diabetes including how to check your glucose levels etc.
- It's very informative for other young people who have only just been diagnosed with diabetes type two
- I liked that it had real life stories and was easy to use
- The app is good for those who struggle with looking after their diabetes. with me, I can Watch others that have type 2 diabetes
- I like the videos and it was easy to look around
- videos didn't play but I like the idea of films to hear from others
- It's bright and attractive
- I like how you have easy access to the website
- Need better illustration, neutral, not 'south-Asian', also the people/ images are overweight, need to be better illustrated
- colourful.
- I like the videos because it breaks it down easier i like the layout too
- I like that it gives you resources to help manage your diabetes and I liked that it helped record meals and medical information
- It's not complicated to navigate and the resources are simple to read and understand
- I like how you can access it easily and what not.

Management of Type 2 Diabetes in Children and Young Adults

Dr Fulya Mehta - National Clinical
Lead for Children and Young Adults

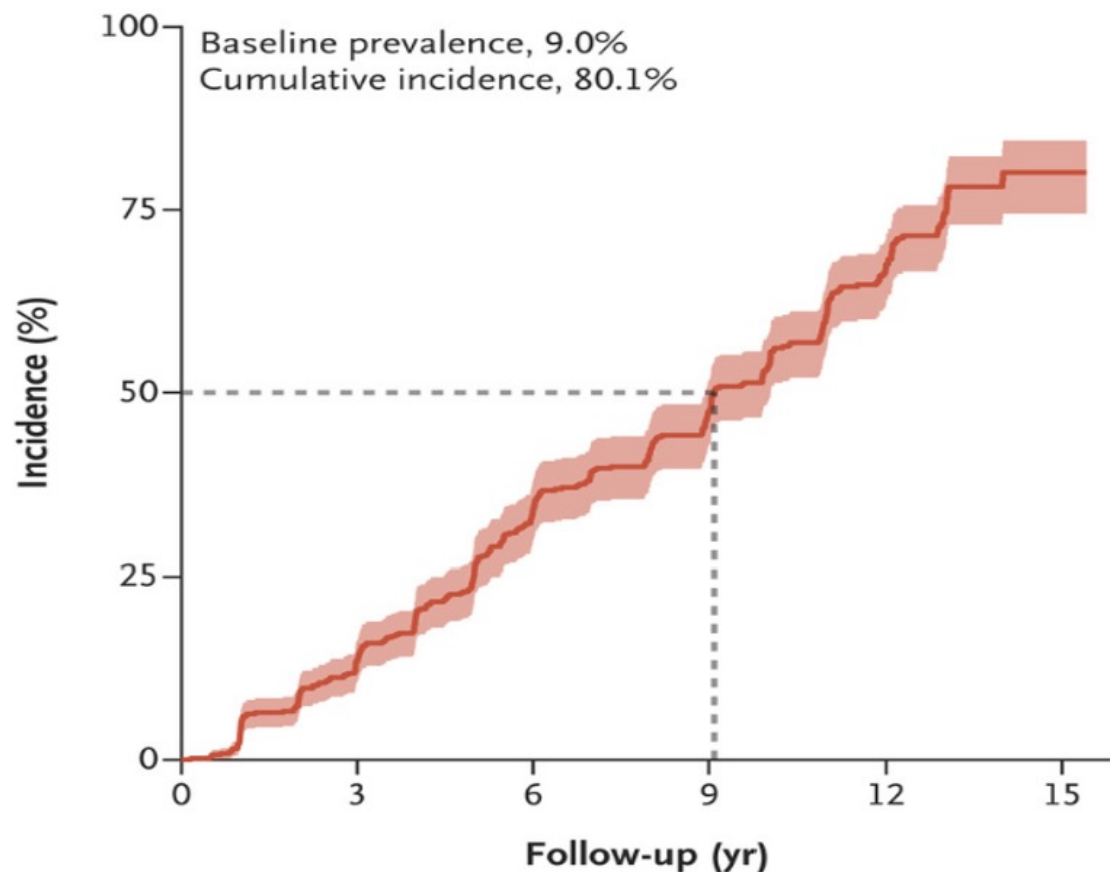


Type 2 diabetes in children and young adults is associated with an increased risk of complications

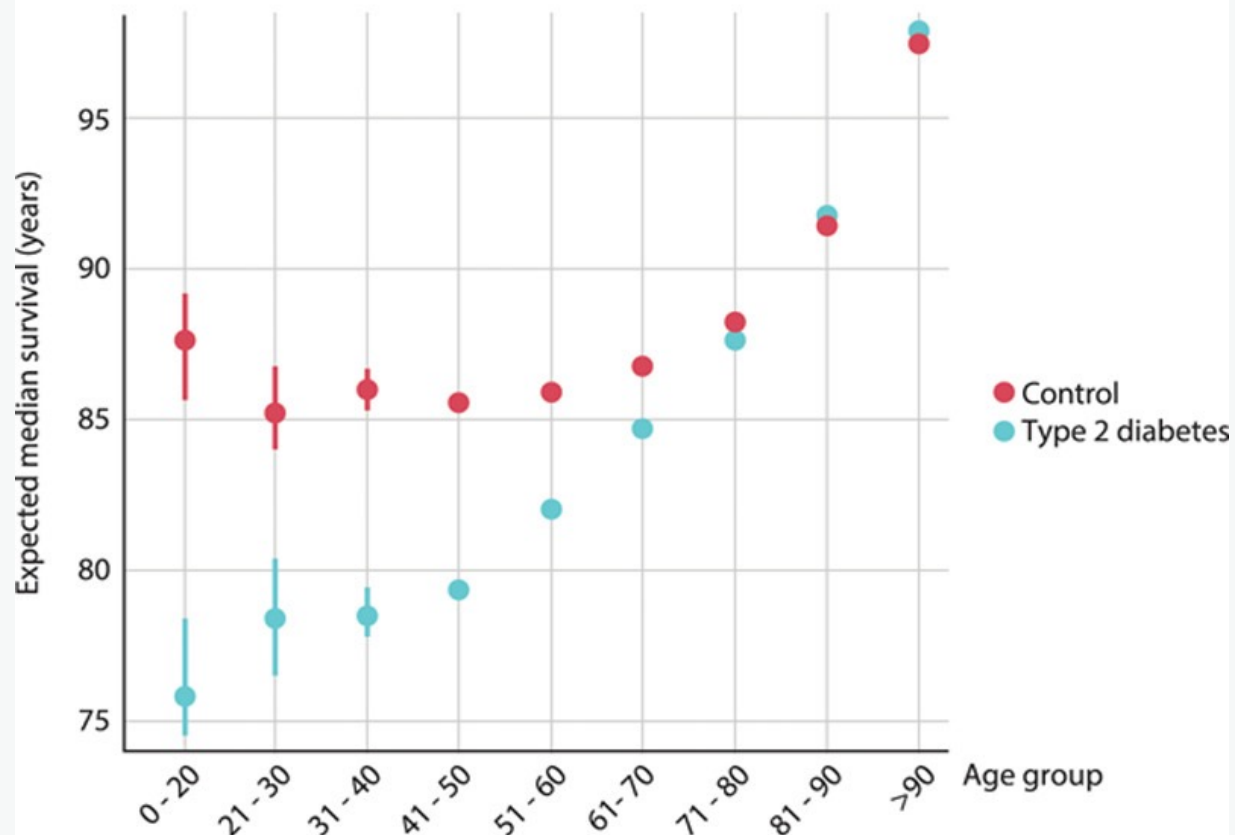
- A diagnosis of Type 2 diabetes under the age of 40 is associated with **more rapid disease progression, early development of complications** and a **significant reduction in life expectancy** compared to later-onset Type 2 diabetes.
- **Co-morbidities** related to excess weight and complications of diabetes are often already **present at diagnosis**.
- When co-morbidities and complications are identified, **treatment rates are low**.
- Important to identify these young people for **early aggressive management and support**.

Complication rates and expected median survival

Any Microvascular Disease



Expected median survival by age at diagnosis group



TODAY Study Group, 2021. Long-term complications in youth-onset type 2 diabetes. *New England Journal of Medicine*, 385(5), pp.416-426.

Sattar, N., Rawshani, A., Franzén, S., Rawshani, A., Svensson, A.M., Rosengren, A., McGuire, D.K., Eliasson, B. and Gudbjörnsdottir, S., 2019. Age at diagnosis of type 2 diabetes mellitus and associations with cardiovascular and mortality risks: findings from the Swedish National Diabetes Registry. *Circulation*, 139(19), pp.2228-2237.

Proportion of CYP at risk of macrovascular and/or microvascular complications, 2021/22



46.1%

Had a diastolic or systolic **blood pressure** in the hypertensive range



27.9%

had a total blood **cholesterol** of 5mmol/l or higher



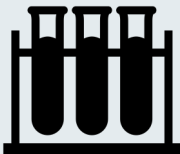
92.8%

Were **overweight or obese**



8.4%

(aged 12 and above) had an abnormal **retinopathy** screen



20.6%

(added 12 and above) had micro- or macro **albuminuria**

Completion of annual health checks

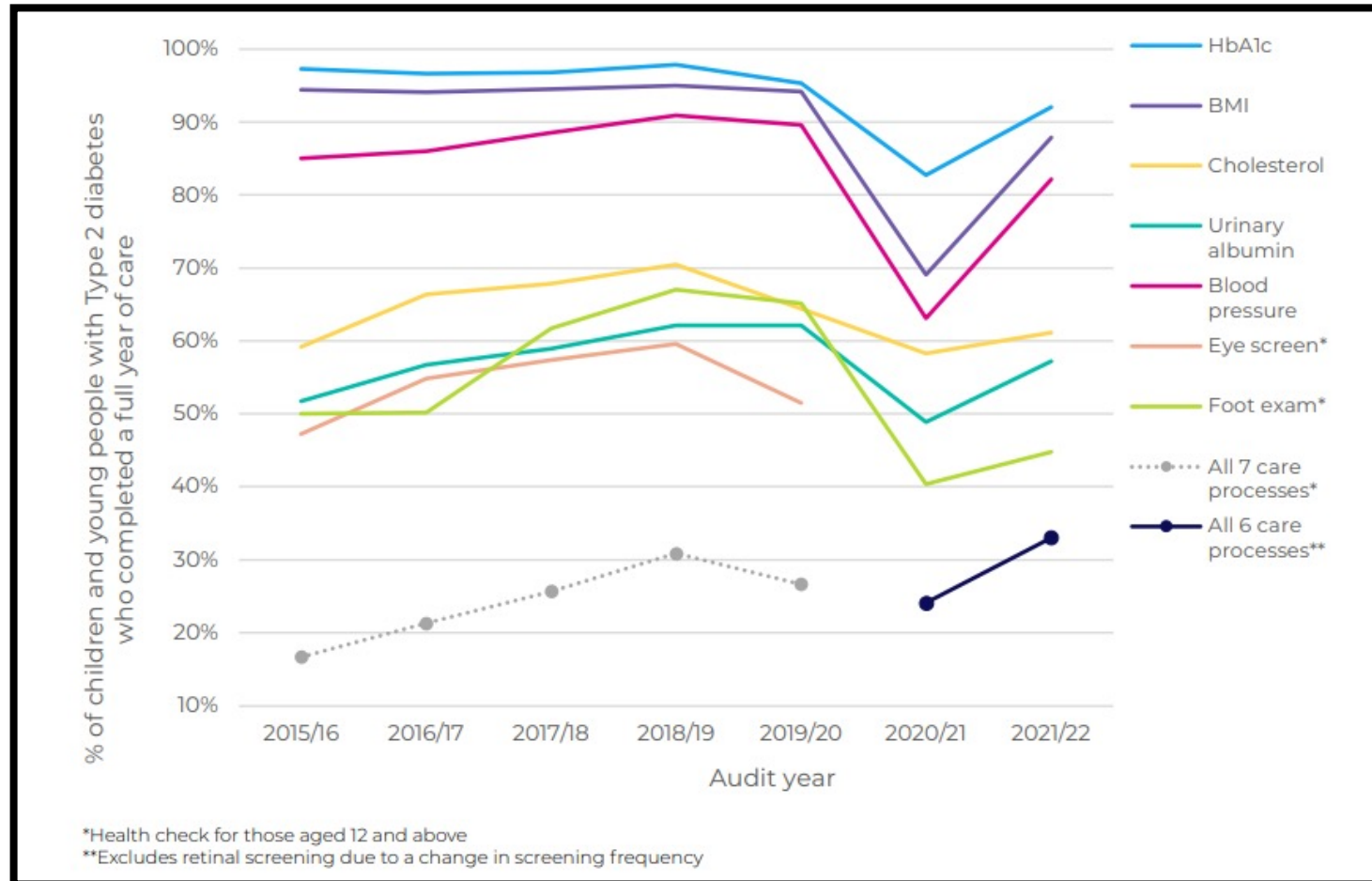
Key health checks recommended for people with Type 2 diabetes at various ages

Type 2		
Under 12 years	12 to 18 years	19 years and over
<ul style="list-style-type: none">• HbA1c• Blood pressure• Albuminuria• BMI• Cholesterol	<ul style="list-style-type: none">• HbA1c• Blood pressure• Albuminuria• BMI• Cholesterol• Foot check• Eye check	<ul style="list-style-type: none">• HbA1c• Blood pressure• Albuminuria• BMI• Cholesterol• Foot check• Eye check• Smoking status• Creatinine

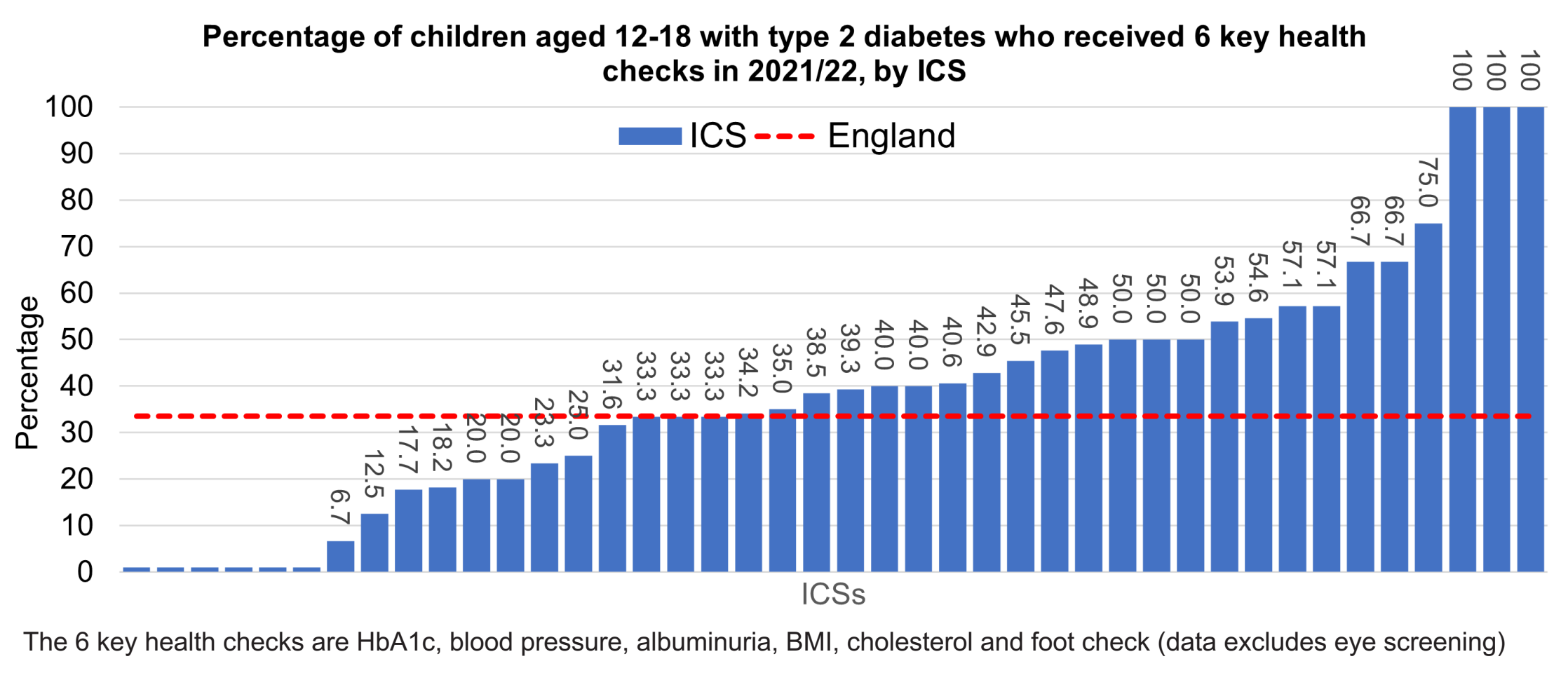
- **33.0% of CYP with Type 2 diabetes** (aged 12 and above) received all 6 key health checks in 2021/22 (this excludes eye screening)
- This is lower than the **59.7% of CYP with type 1 diabetes** (aged 12 and above) that received all 6 key health checks in 2021/22.

Completion rates of annual health checks (in paediatrics)

Percentage of children and young people with Type 2 diabetes who completed a full year of care recorded as receiving key health checks, 2015/16 to 2021/22



There is unwarranted variation across health systems in the completion of key annual health checks



REDUCING HEALTHCARE INEQUALITIES FOR CHILDREN AND YOUNG PEOPLE

CORE20

The most deprived 20% of the national population as identified by the Index of Multiple Deprivation



The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

PLUS

ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



Target population

CORE20 PLUS 5

Key clinical areas of health inequalities

1



ASTHMA

Address over reliance on reliever medications and decrease the number of asthma attacks

2



DIABETES

Increase access to Real-time Continuous Glucose Monitors and Insulin pumps in the most deprived quintiles and from ethnic minority backgrounds & increase proportion of children and young people with Type 2 diabetes receiving annual health checks

3



EPILEPSY

Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism

4



ORAL HEALTH

Address the backlog for tooth extractions in hospital for under 10s

5



MENTAL HEALTH

Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation

REDUCING HEALTHCARE INEQUALITIES FOR CHILDREN AND YOUNG PEOPLE

CORE20

The most deprived 20% of the national population as identified by the Index of Multiple Deprivation



The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

PLUS

ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



Target population

CORE20 PLUS 5

Key clinical areas of health inequalities

Diabetes:
Increase the proportion of CYP with Type 2 diabetes receiving annual health checks

3



EPILEPSY

Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism

4



ORAL HEALTH

Address the backlog for tooth extractions in hospital for under 10s

5

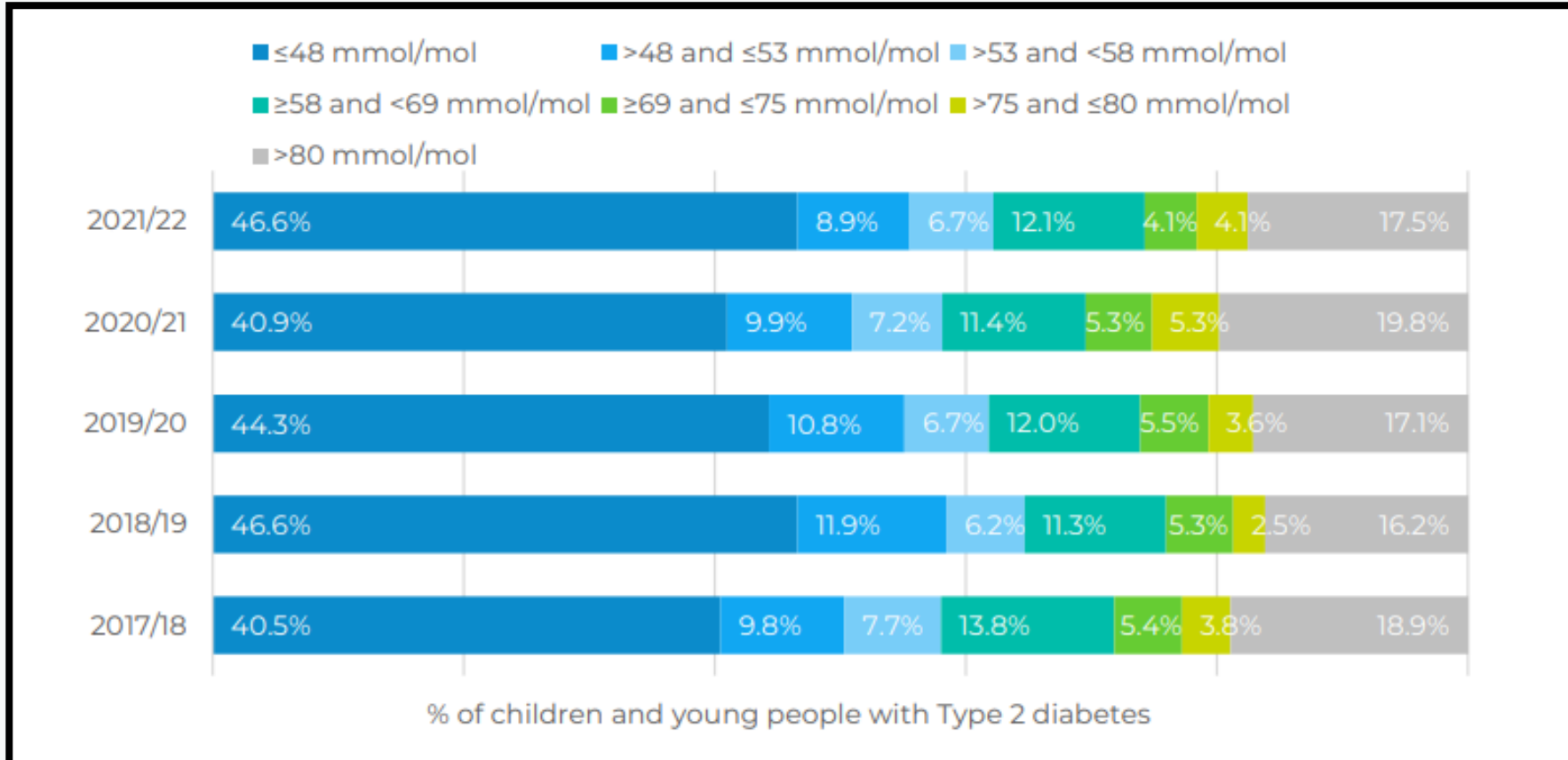


MENTAL HEALTH

Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation

Glycaemic management

Percentage of children and young people with Type 2 diabetes with a HbA1c result within current and previous target ranges, 2017/18 - 2021/2



NPDA, 2021/22

Continuous glucose monitoring (2023):

- **Offer real-time continuous glucose monitoring (rtCGM)** to CYP (<18yrs) with type 2 diabetes if any of the following apply.
 - They have a need, condition or disability (including a mental health need, learning disability or cognitive impairment) that means they cannot engage in monitoring their glucose levels by capillary blood glucose monitoring
 - They would otherwise be advised to self-monitor at least 8 times a day
 - They have recurrent or severe hypoglycaemia.
- **Consider rtCGM** for CYP with type 2 diabetes who are on insulin therapy.
- **Consider intermittently scanned continuous glucose monitoring (isCGM)** for CYP aged 4 years and over who are on insulin therapy if rtCGM is contraindicated for them or they express a clear preference for isCGM.
- **When offering CGM to CYP with type 2 diabetes**, choose the appropriate device with them, based on their individual preferences, needs, characteristics, and the functionality of the devices available. If multiple devices meet the person's needs and preferences, offer the device with the lowest cost.



Medication - adding liraglutide, dulaglutide, or empagliflozin (2023):

People on metformin only:

Offer liraglutide or dulaglutide, depending on the person's preference, in addition to metformin, to CYP aged 10 or over with type 2 diabetes if they have:

- an HbA1c level of more than 48 mmol/mol (6.5%) or
- a plasma glucose level of more than 7 mmol/litre, on 4 or more days a week, when fasting or before meals or
- a plasma glucose level of more than 9 mmol/litre, on 4 or more days a week, 2 hours after meals.

Maintain the lowest dose that enables them to achieve the target ranges specified

Consider empagliflozin, for CYP who meet any of the criteria listed above, are not able to tolerate liraglutide or dulaglutide or have a clear preference for empagliflozin

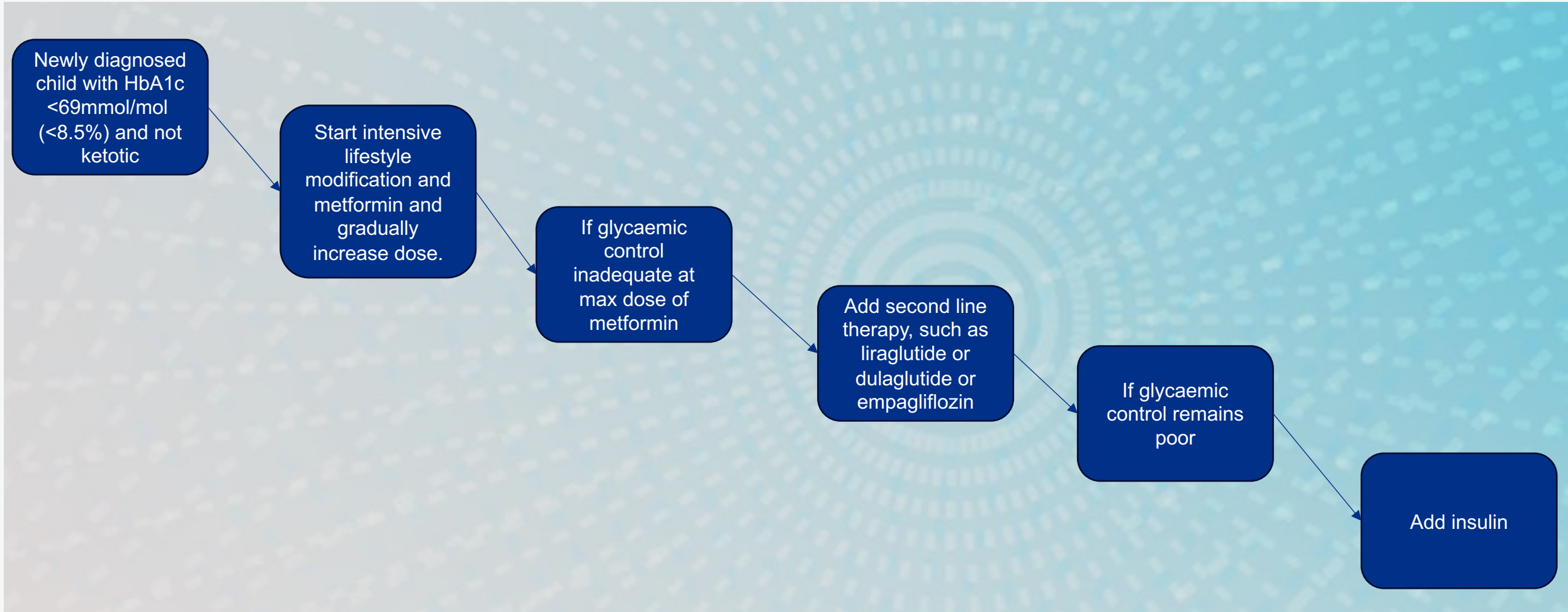
When to add insulin:

Offer insulin to CYP with type 2 diabetes in whom an HbA1c level of 48 mmol/mol (6.5%) or less cannot be achieved using metformin along with one medicine among liraglutide, dulaglutide or empagliflozin.

For people on metformin and insulin, offer liraglutide or dulaglutide in addition to current treatment to achieve target ranges, rather than increasing insulin.

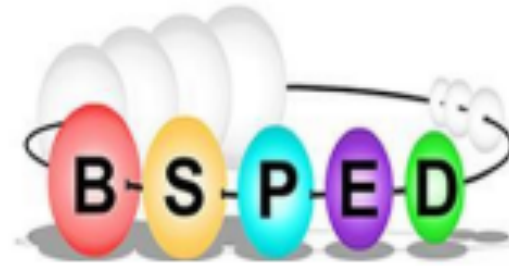
Scenario: Treatment escalation

Treatment escalation for patients with HbA1c <69mmol/mol at presentation





Association of Children's Diabetes Clinicians



Clinical Guideline

A Practical Approach to Management of Type 2 diabetes in Children and Young People (CYP) under 18 years

Multidisciplinary HCP peer support approach



- Health care professional (HCP) peer support groups are being established in all regions in England
- For staff across the multidisciplinary team (MDT) caring for CYP with Type 2 diabetes to virtually convene to share learning and discuss cases over a multi-provider footprint
- All paediatric diabetes service within a footprint should have the opportunity to attend
- Membership also includes clinicians with relevant expertise managing Type 2 patients
- Objective to help upskill and improve competence / confidence of MDT members in the management of CYP with Type 2 diabetes



New elearning module for paediatric diabetes teams



Aims

- To help improve staff awareness of how children and young people (CYP) living with diabetes should be best cared for and help them keep up to date with the latest guidance.
- To help improve the care children and young people with type 2 diabetes receive, which should in turn help improve their longer-term health.

Who is it for?

- **Those working in specialist paediatric and young adult diabetes services** including doctors/ consultants/ nurses/ dietitians/ psychology staff and youth workers.
- Secondary audiences: Staff prescribing diabetes medication and staff working in local GP practices that may see young people with type 2 diabetes.

For launch in April 2024


Six sessions developed with expert input

	Session Title	Author(s)
1	Diagnosis and initial management of Type 2 diabetes	<ul style="list-style-type: none">• Dr Evelien Gevers, Consultant Paediatric Endocrinologist, Royal London Hospital• Dr Dita Aswani, Consultant Paediatrician specialising in Diabetes and Weight Management, Sheffield Children's NHS Foundation Trust
2	Glycaemic targets, glucose monitoring and self-management education.	<ul style="list-style-type: none">• Dr Mars Skae, Consultant Paediatric Endocrinologist, Royal Manchester Children's Hospital
3	General lifestyle, weight management and psychological interventions	<ul style="list-style-type: none">• Kate Brennan, Children's Specialist Dietician in Complications of Excess Weight, St James' University Hospital• Claire Semple, Consultant Clinical Psychologist specialising in long term conditions, University Hospitals Bristol and Weston Foundation Trust
4	Pharmaceutical interventions	<ul style="list-style-type: none">• Dr Chizo Agwu, Consultant Paediatrician in Diabetes and Endocrinology, Sandwell and West Birmingham NHS Trust
5	Complications and co-morbidities	<ul style="list-style-type: none">• Prof Timothy Barrett, Honorary Consultant in Paediatric Endocrinology and Diabetes, Birmingham Women's and Children's Foundation Trust
6	Type 2 diabetes: Young Adult Care (18yrs +)	<ul style="list-style-type: none">• Dr Fainia Kavvoura, Consultant in Diabetes, Endocrinology and Bariatric Medicine, Royal Berkshire NHS Foundation Trust

Session 1

NHS England







Diagnosis and initial management



Welcome to this elearning session on diagnosing and initial management of type 2 diabetes in children and young people.

This session provides an overview of the increase in cases, why it is important to recognise potential cases and how to explain a diagnosis to the child or young person and their family.

The session is a resource for healthcare professionals, and those who work with children and young people.

 Introduction	 Presentation of the condition	 Explaining a diagnosis	 Management at diagnosis
 Comorbidities	 Summary and resources		



elfh

elearning for healthcare



Supported by

DIABETES UK
KNOW DIABETES. FIGHT DIABETES.

Upcoming virtual study day – 24th April

Register on the National CYP diabetes network webpage:

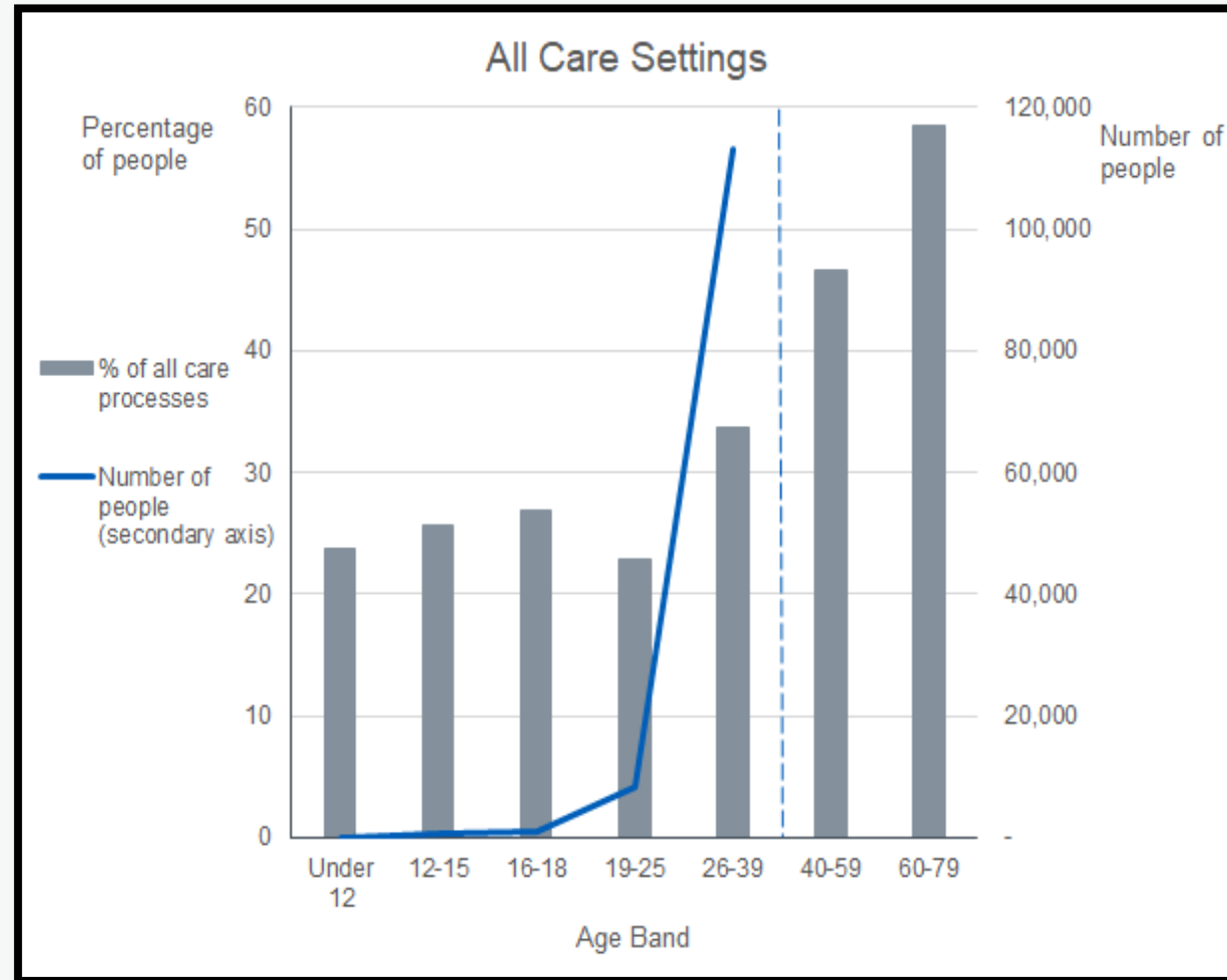
[T2 diabetes study day - National Network \(cypdiabetesnetwork.nhs.uk\)](https://cypdiabetesnetwork.nhs.uk)



Key Considerations for Transition and Young Adult Care

Dr Reza Zaidi, Young Adult Advisor,
Consultant Diabetologist

Annual completion of care processes is lowest in the 19-25 age group



The percentage of people with Type 2 diabetes in England who complete all their diabetes care processes, by age group, 2019-20¹

Transition and Young Adult Care (16-25yrs)

Pilot Programme

Appendix 2: Diabetes Transition and Young Adult Care Pilots Specification

Service Specification

This document should be read in conjunction with *Diabetes Transition and Young Adult Care Pilots: Guidance Document*. The below specification represents a clinically-led consensus and has been approved by the National Children, Young Adults and Diabetes Oversight Group. The vision for the Diabetes Transition and Young Adult Care Pilots is that this model specification will be implemented by all sites as a minimum standard. Bidders are encouraged to add elements of innovation over and above the specification to meet the specific needs of their population.

Paediatric Preparation		
Care in Paediatric services should continue to be delivered as per Best Practice Tariff service specification and should include:		
1.	Structured self-management education	Each young person is offered developmentally appropriate structured education to support self-management and increased autonomy.
2.	Transition Policy	Each provider unit must have a clear policy for transition to adult services.
Planned Transfer		
3.	Co-ordinated, supported transfer of Diabetes care	Each young person is offered a co-ordinated and supported transfer, planning in partnership with the young person and family, led by a named health professional.
4.	Process for transfer of Mental Health care	The planned transfer includes a clear process for transfer from Paediatric Diabetes Psychology/ CAMHS/ ED Service to Young Adult Team Diabetes Psychology/ Adult Mental Health Team/ Adult ED Service as required
5.	Joint Clinics	Prior to transfer, each Young Person is seen in a minimum of 2 joint Diabetes clinics with the original and future service.
Young Adult Specialist Care Services (up to age 25)		
6.	Specialist input at diagnosis	On diagnosis, a young person's diabetes is to be discussed with and further seen by a core member of the diabetes team within one working day of presentation.

Page | 1

- Lack of a clear evidence base around what works to improve engagement and outcomes between the ages of 16 - 25.
- Specification developed with minimum requirements around;
 - Paediatric preparation
 - Planned Transfer
 - Young Adult Specialist Care Services
 - Whole population focus – integration with primary care
- Funding for 15 sites with a requirement to implement specification plus additional innovative approaches to improving engagement.
- Services expected to run until March 25, with evaluation report expected Spring 25.
- Evaluation expected to support sustainability of services established in the pilots, as well as inform broader learning and improvement across the country outside of funded sites

Pilot Evaluation Approach



Evaluation objectives

Theory of Change and Evaluation Framework

Data collection tools

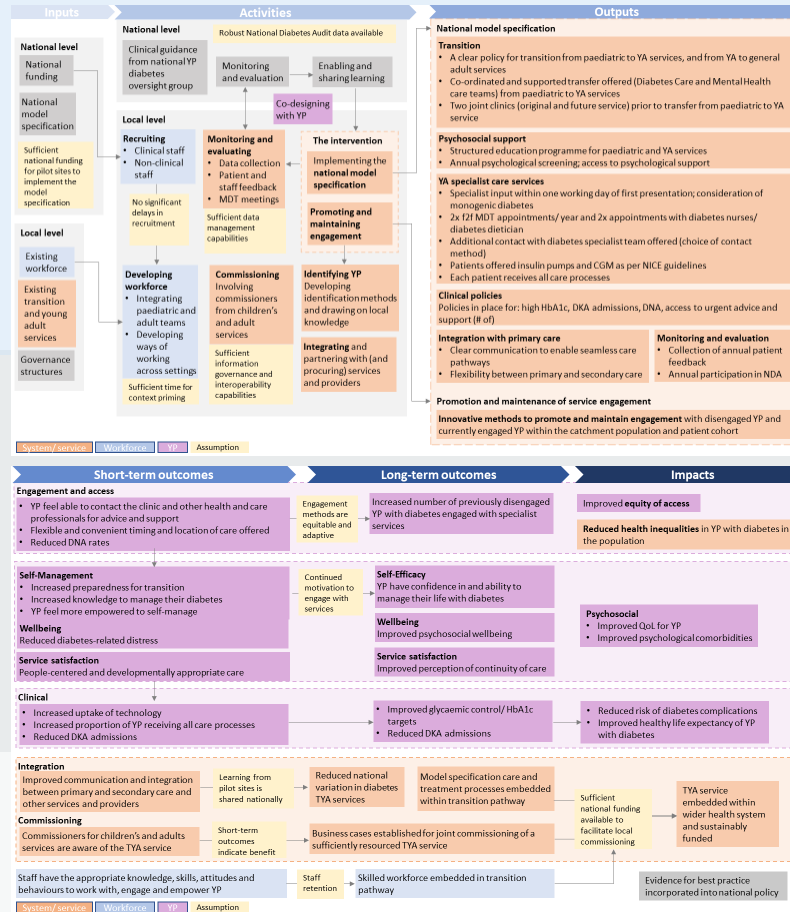
Evidence

1. Impact evaluation

- Engagement
- Clinical outcomes
- Wellbeing and experience

2. Process evaluation

- Feasibility
- Replicability
- Scalability



MDS

Patient survey

Staff fieldwork

YP fieldwork

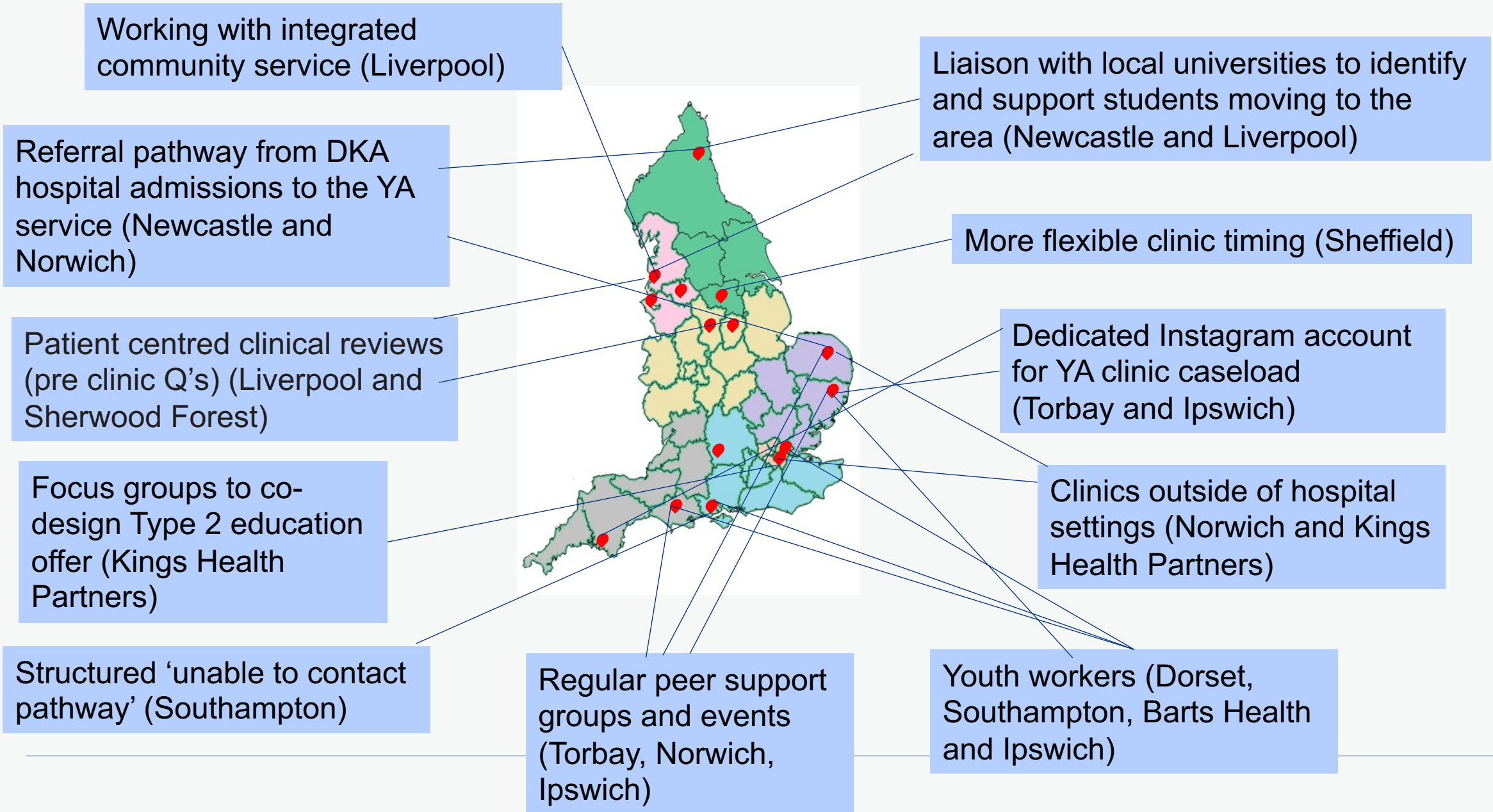
What works

Inform commissioning and investment decisions

Potential scaling-up

Formative learning via COP

Approaches to Improve Service Engagement

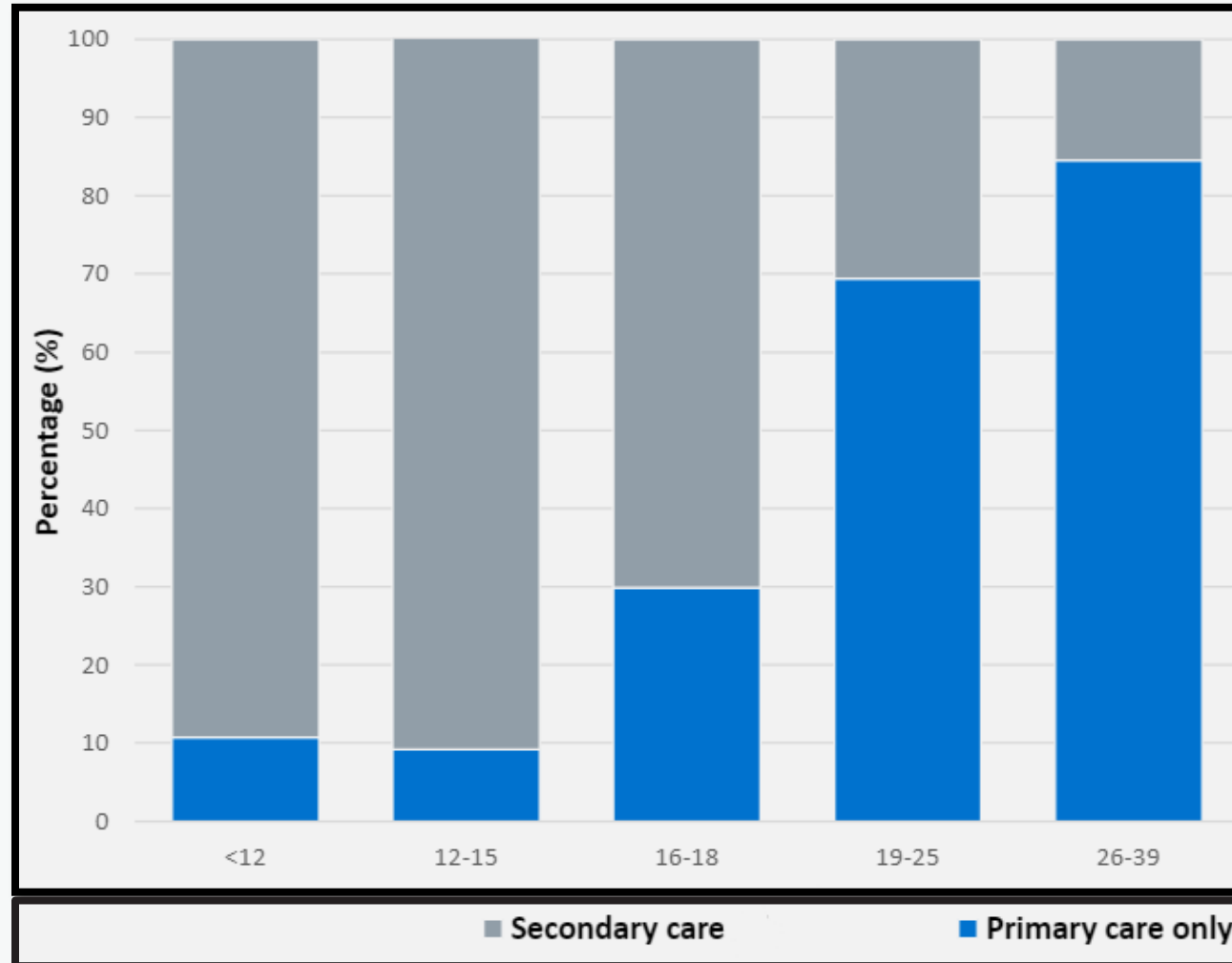


Primary and community care

Karen Kennedy, NHS Diabetes Programme

Locality of care

Percentage of people with Type 2 diabetes, by locality of care and age group, England 2021/22



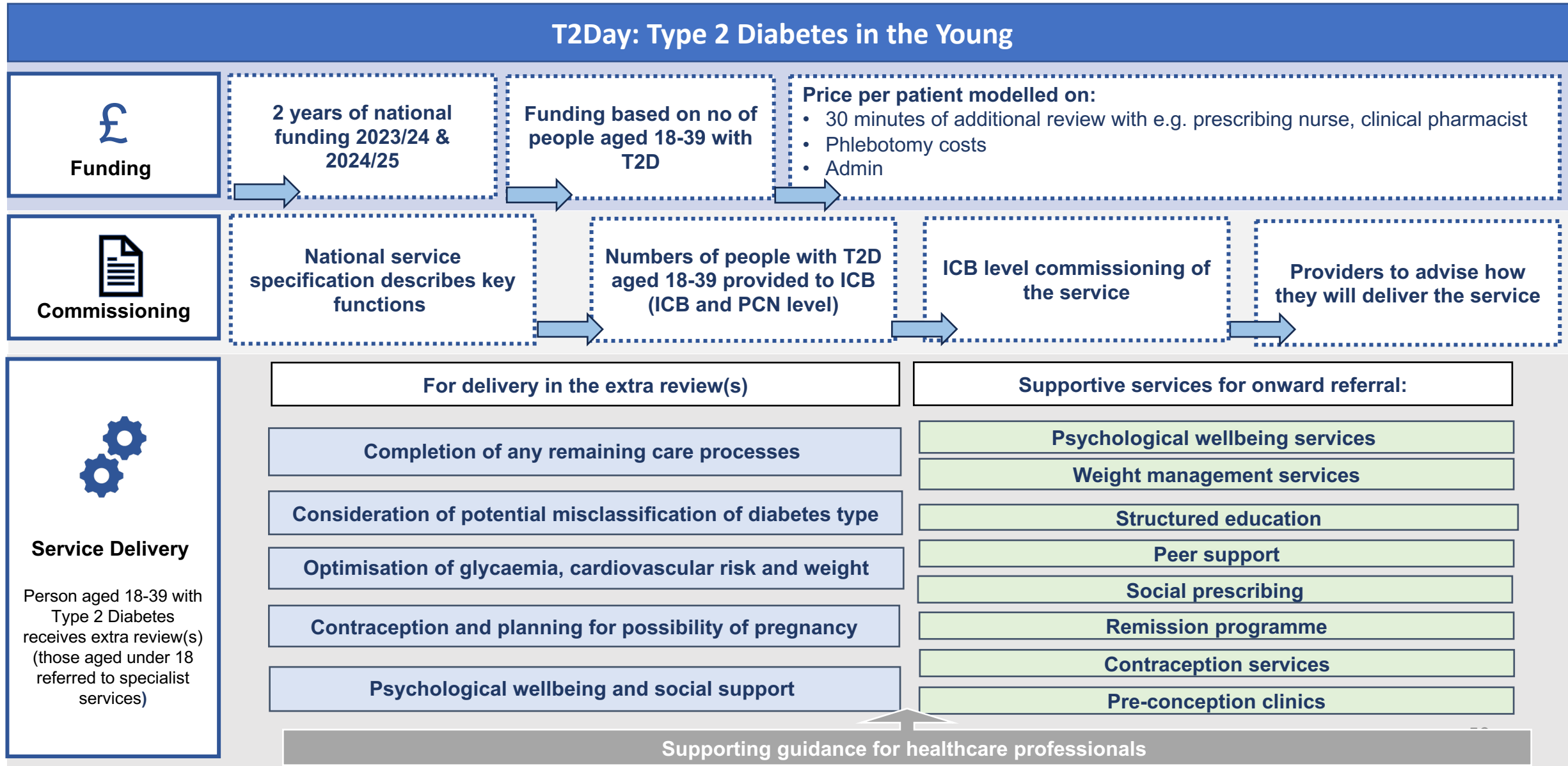
69.4% of the 19-25 year age group are under the care of general practice



Type 2 Diabetes in the Young (T2DAY) Programme

- The number of people with early onset type 2 diabetes (diagnosed under age 40) is increasing year-on-year
- Audit data has shown that there is clear scope to improve the care people aged 18-39 years with type 2 diabetes receive, with three key improvement opportunities:
 - care process completion;
 - achievement of cardiometabolic treatment targets; and
 - pregnancy preparedness.
- The T2DAY service model brings together a range of existing, evidence-based components of care delivered in a targeted way, supported by additional funded clinical and administrative time.
- Patients will benefit from additional reviews focused on completing diabetes care processes, managing blood sugar levels, weight management, preparation for pregnancy, and supporting any unmet psychological or social need.
- It aims to minimise the risk of people developing complications and will help support a reduction in health inequalities

Type 2 Diabetes in the Young - Overview



Early onset type 2 diabetes and pregnancy



In 2021/22 women with early-onset type 2 diabetes made up 56% of diabetes' pregnancies (compared to 47% in 2014)



63% live in the two most deprived quintiles. 53% are of minority ethnicity. They are older with a shorter duration of diabetes and higher BMI than mothers with type 1 diabetes.



Pregnancy preparation: in 2021/22 less than 10% of women with early-onset type 2 diabetes were well prepared for pregnancy. Only 36% achieved the NICE recommended early pregnancy target HbA1c of <48mmol/mol. Only a minority were treated with insulin (14.5%). The proportion taking potentially adverse medications was 12.3% and 20.8% received folic acid supplementation.



Outcomes: Women with early-onset type 2 diabetes experienced increasing rates of serious adverse pregnancy outcomes compared to previous years (2022 6.6%, 2021 4.9%, 2020 and previous years 5.5%) including more birth defects and more baby deaths (stillbirths and neonatal deaths).

Pregnancy preparation and adverse outcomes

Figure 3: Pregnancy preparation over time by type of diabetes

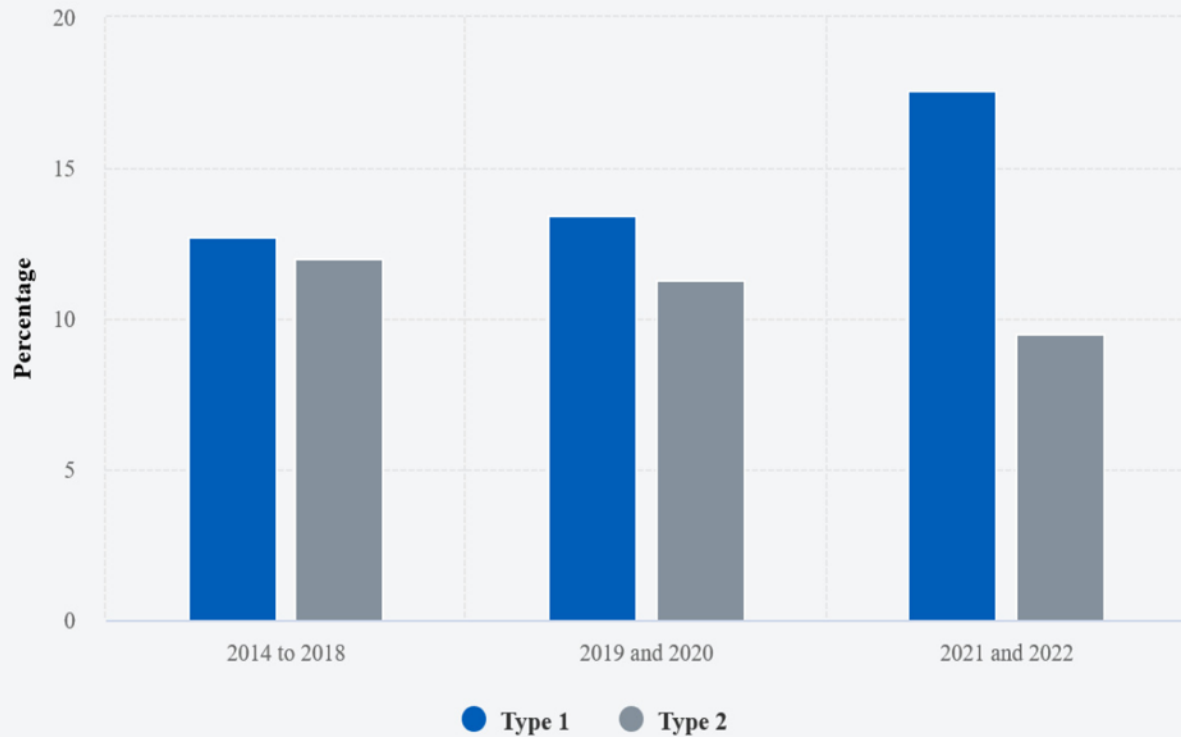
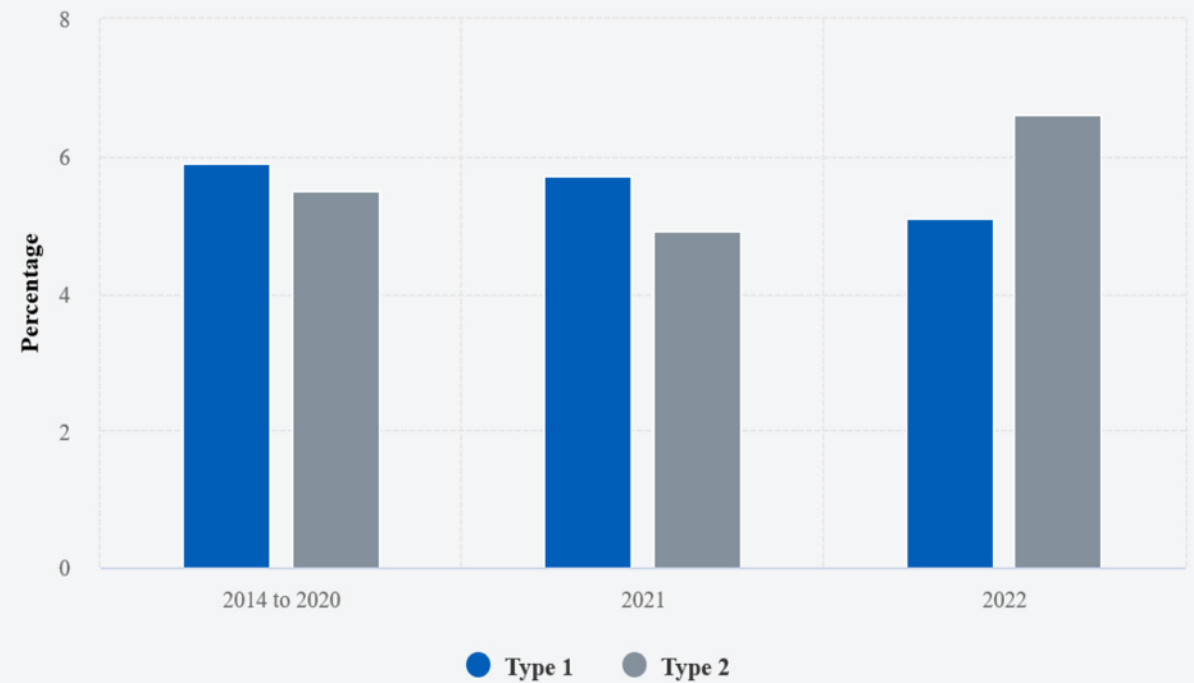


Figure 2: Serious adverse pregnancy outcomes (birth defects and baby deaths) in type 1 and early-onset type 2 diabetes



National Pregnancy in Diabetes Audit, 2021 and 2022 (01 January 2021 to 31 December 2022)

Q & A

Candice Ward – CDEP Lead,
Cambridge Diabetes Education Programme

Next steps ...

You will receive a certificate of attendance and a copy of the presentation via email in the next 1-2 weeks.

Please contact CDEP – info@cdep.org.uk – if you have any questions or need further support.

Thank You



[@nhsengland](https://twitter.com/nhsengland)



[company/nhsengland](https://www.linkedin.com/company/nhsengland)



[england.nhs.uk](https://www.england.nhs.uk)