NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

EQUALITY IMPACT ASSESSMENT
NICE guidelines

Type 2 diabetes in adults: management (Medicines Update)

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

1.0 Checking for updates and scope: before scope consultation (to be completed by the Developer and submitted with the draft scope for consultation)

1.1 Is the proposed primary focus of the guideline a population with a specific communication or engagement need, related to disability, age, or other equality consideration? N If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation.)
N/A

1.2 Have any potential equality issues been identified during the check for an update or during development of the draft scope, and, if so, what are they?
• Age – people with young onset diabetes (aged under 40 years) and those diagnosed for the first time when aged 80 or older were raised as specific groups to consider as treatments may have different risk / benefit profiles. • Disability – People with a learning disability are more likely to have diabetes, and at a younger age, than the general population. This is most likely due to the higher prevalence of obesity and physical inactivity in this cohort which are largely driven by social factors. People with severe mental illness were raised as a group where it is known that adherence to medicines is particularly low. This

was also thought to be true of people with learning disabilities. Furthermore some medicines used for severe mental illnesses (antipsychotics) can lead to weight gain and increase risk of diabetes. Depression was also noted to be prevalent in people with type 2 diabetes.

- Gender reassignment – No issues identified
- Pregnancy and maternity – Different considerations may be required for medicines for people who are pregnant or are planning pregnancy.
- Race – Black and Asian populations have higher prevalence of type 2 diabetes compared to White populations. However, recording of ethnicity is poor across the healthcare system, without which the true extent of variation by ethnicity is difficult to know. It has been suggested that more data is emerging suggesting people in different ethnic groups may respond to treatments differently. For example it was noted that young South Asian patients tend to have lower BMI, but tend to be more beta-cell deficient. Beta-cell deficiency or insulin resistance may be different between phenotypes.
- Religion or belief – No issues identified
- Sex – No issues identified
- Sexual orientation – No issues identified
- Socio-economic factors – Type 2 diabetes prevalence follows a strong socioeconomic gradient which suggests increasing need for early identification and targeted prevention in more deprived areas where the burden of diabetes is greatest.
- Other definable characteristics (these are examples):
    - refugees
    - asylum seekers
    - migrant workers
    - looked-after children
    - people who are homeless
    - prisoners and young offenders
    - any others identified

      Studies have shown very high rates of type 2 diabetes in Gypsy, Roma and Traveller communities although there is limited data available for this vulnerable population.

      People in contact with the criminal justice system are at high risk for diabetes and a key target group for prevention.

1.3 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee?
It is unclear whether people of different ages, or ethnicities would indicate a different response to medicines, and therefore this will be considered in the updated evidence review questions in the guideline to determine whether different recommendations are required for these groups. It is considered likely that different considerations may be required for use of medicines in people with severe mental illness, a learning disability or cognitive impairment (for example those with dementia) and therefore separate recommendations may be required depending on whether some medicines may be more appropriate or easier to take. These groups will therefore be considered in the updated evidence review questions. Issues relating to the higher prevalence of type 2 diabetes in those in lower socioeconomic groups, Gypsy, Roma and Traveller communities and those in the criminal justice system are not expected to relate to a different response to medicines and therefore will not be included as subgroups in the review questions. Children and pregnant women are excluded as there are separate NICE guidelines for these populations: Diabetes (type 1 and 2) in children and young people https://www.nice.org.uk/guidance/ng18 and Diabetes in pregnancy https://www.nice.org.uk/guidance/ng3

Completed by Developer: Serena Carville

Date: 21/09/22

Approved by NICE quality assurance lead:

Date: