

Consultation summary for changes to the [type 1 diabetes in adults](#) guideline (NG17) for blood pressure targets

Background

An enquirer highlighted that the recent update of the [chronic kidney disease](#) (CKD) guideline (NG203) had removed a recommendation which provided a blood pressure target for people with diabetes and chronic kidney disease. As a result of this change, the CKD guideline now is inconsistent with the advice provided on blood pressure targets in the [type 1 diabetes in adults guideline](#) (NG17). This inconsistency was deemed to be unhelpful to clinical practice and thus requires resolving.

Methods

- Considered the comments received by the enquirer.
- Considered the evidence and committee rationale used to develop recommendations in the NICE guidelines on type 1 diabetes and CKD.
- Developed a summary report (see Appendix 1) to seek views from the existing NICE diabetes committee.
- Consultation with stakeholders (this document).

Approach for handling the inconsistency

It is proposed that an amendment to the [type 1 diabetes guideline](#) recommendations 1.13.8, 1.13.13 and 1.15.10 is needed as the evidence base for recommendations on blood pressure within this guideline date to 2004. In contrast, the evidence base included in the CKD guideline dates to the 2021 update (see Appendix 1 for further details).

Feedback from the existing NICE diabetes committee on an initial proposal to undertake a minor amendment highlighted that this would not be sufficient as blood pressure targets are now understood to be more influenced by urine albumin:creatinine ratio (ACR), and more in keeping with the CKD guideline. As such, the following amendment to recommendations within the [type 1 diabetes guideline](#) (NG17) is proposed in Table 1 below and this is being consulted on to ensure a wide range of stakeholders can give their views.

Table 1 Current recommendations within [type 1 diabetes in adults guideline](#) and proposed changes to recommendation

Current guideline recommendations	Proposed changes to recommendations
<p>1.13.8 Recommend blood pressure management at 135/85 mmHg for adults with type 1 diabetes. If they have albuminuria or 2 or more features of metabolic syndrome, recommend blood pressure management at 130/80 mmHg. See also the recommendations on diabetic kidney disease and NICE's guideline on hypertension in adults.</p>	<p>1.13.8 In adults with type 1 diabetes aim for blood pressure targets as follows:</p> <ul style="list-style-type: none"> • For adults with a urine albumin:creatinine ratio (ACR) under 70 mg/mmol, aim for a clinic systolic blood pressure under 140 mmHg (target range 120 to 139 mmHg) and a clinic diastolic blood pressure under 90 mmHg. • For adults with an ACR of 70 mg/mmol or over, aim for a clinic systolic blood pressure under 130 mmHg (target range 120 to 129 mmHg) and a clinic diastolic blood pressure under 80 mmHg. • In adults aged 80 and over, whatever the ACR, aim for a clinic systolic blood pressure under 150 mmHg (target range 140 to 149 mmHg) and a clinic diastolic blood pressure under 90 mmHg. <p>Use clinical judgement for adults with frailty, target organ damage or multimorbidity. See NICE's guidelines on chronic kidney disease, hypertension in adults, and multimorbidity.</p>
<p>1.13.13 For guidance on blood pressure management in adults with type 1 diabetes and evidence of renal involvement, see the section on blood pressure control in NICE's guideline on chronic kidney disease</p>	<p>Delete recommendation 1.13.13 as the chronic kidney disease guideline (NG203) no longer provides this information.</p>
<p>1.15.10 Maintain the person's blood pressure below 130/80 mmHg by adding other anti-hypertensive drugs if necessary.</p>	<p>1.15.10 Maintain the person's blood pressure (see recommendation 1.13.8 for blood pressure targets) by adding other anti-hypertensive drugs if necessary.</p>