NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Type 2 diabetes: management of type 2 diabetes in adults (update)

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

3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?
Potential issues raised during scoping were added to review protocols where these were appropriate. The scoping process identified four specific patient subgroups for whom the management of type 2 diabetes may vary: - People aged 60 years and above - People with renal impairment - People in specific ethnic groups - People in specific cardiovascular groups During scoping, it was highlighted that it would be particularly important to remain aware of how the update would impact on those from different socio-economic backgrounds, disability groups, older people and ethnic backgrounds (such as the South Asian community) as it is these groups who are affected most by type 2 diabetes. The Guideline Committee has addressed these areas as follows: **People aged 60 years and above** The committee agreed to focus on people aged 65 and over rather than people aged

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?
60 years and over because the scope, which is more up to date, highlighted this group instead and the committee agreed that describing older people as 65 years and over was more in line with current thinking. They also agreed to use frailty instead of age in some recommendations because frailty, rather than biological age, is more likely to have an impact worsening the outcomes. The committee included a recommendation about the need for more frequent monitoring in people who are frail, aged 65 or over (or at risk of dehydration) and are taking SGLT2s to try to reduce the risk of then becoming dehydrated or experiencing other adverse events linked to the use of sodium–glucose cotransporter 2 (SGLT2) inhibitors. **People with renal impairment** The renal benefits of these drugs are being considered in another review for people with type 2 diabetes and chronic kidney disease (CKD) as part of an update of the CKD guideline. However, the committee noted that in practice they would expect around 40% of people with type 2 diabetes to have some kidney dysfunction during their lifetime although this may be increasing as more younger people develop the disease and that people with type 2 diabetes who had higher cardiovascular risk or established cardiovascular disease were more likely to have CKD. In addition, some drugs can be used in people with very reduced kidney function, while the use of other drugs should be avoided below a certain estimated glomerular filtration rate [eGFR]) level. Taking these points into account the committee included monitoring of renal function before the initiation of SGLT2 inhibitors and again at 3-6 months, then annually in people with high cardiovascular risk to try to ensure that any deterioration in renal function is detected relatively rapidly. The initial check on renal function would allow any dose adjustments to be made as listed in the drug's summary of product characteristics (SPCs). The recommendation on reviewing treatments also includes consideration of renal function as part of the clinical factors to take into account as part of the review before any changes in drugs are made. This should also help ensure that if a person develops renal impairment their treatment is revised and optimised accordingly. **People in specific ethnic groups** No recommendations were made for people in specific ethnic groups, however, the committee discussed the racial and ethnic populations in the included trials. All the trials were conducted in multiple countries and often across different continents. Caucasian participants made up the majority of the studied populations in all trials (approx. 67-99%, [99% in 1 RCT of thiazolidinedione]) with much smaller

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?
percentages of Black (approx. 3-7%) and Asian participants (ranging from approximately 6-22%). These percentages may be approximately representative of the ethnicities of the populations in the countries the participants were recruited from, but the committee noted that in the UK a higher proportion of people from the Asian and Black communities may have a predisposition to type 2 diabetes, and that as a result they are likely to be underrepresented in the trials. This was a consideration when the committee were making their recommendations, but they decided that this evidence was still generalisable to the UK. **People in specific cardiovascular groups** The focus of this piece of work was to look at the cardiovascular benefits of the drugs used to treat diabetes type 2, including SGLT2s, dipeptidyl peptidase 4 (DPP 4) inhibitors, glucagon like peptide 1 (GLP 1) mimetics and sulfonylureas. The studies that formed the basis of evidence for this review recruited people with established cardiovascular disease (CVD) (secondary prevention group) or who were at high risk of developing CVD due to being older age and/or having additional CVD risk factors or people from both groups. Based on this evidence and the economic model, the committee made separate recommendations for people with high cardiovascular risk (covering both the groups mentioned above) and amended the existing NG28 recommendations so that they only applied to people without high cardiovascular risk. The new recommendations detailed an entirely new treatment pathway for people at high cardiovascular risk and include monitoring and safety concerns that are relevant for these people and the specific treatments recommended. An existing NG28 (2015) recommendation on factors to consider as part of choosing an appropriate treatment option was also amended to include effectiveness in the form of cardiovascular protection as well as blood glucose management. In addition, a new recommendation on treatment optimisation was written that includes consideration of whether the person has developed congestive heart failure or established atherosclerotic cardiovascular disease, or their risk of cardiovascular disease has increased. These recommendations aim to ensure that cardiovascular risk is taken into account at treatment initiation to ensure that the person is placed on the treatment pathway that is most likely to be of benefit to them but also to ensure that people who subsequently develop cardiovascular issues can be moved into this pathway later on.

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?
The committee identified additional equality issues relating to: • People taking concurrent medications because people with type 2 diabetes often have other comorbidities, for example, there is high prevalence of people with severe mental health issues who have type 2 diabetes and are taking anti-psychotic medications. • People with reduced liver function because it can be adversely affected by the diabetes drugs and reduced function may affect the choice of treatment or dose adjustment may be required. • BMI because many people with type 2 diabetes are overweight and changes in weight could affect treatment choice. The groups of people are taken into account as part of the reviewing and optimising treatment recommendation as they come under the individual clinical factors listed in the recommendation. In addition, the committee agreed that people who are pregnant (or planning a pregnancy or breastfeeding or could have an unplanned pregnancy) are at particular risk of adverse events from taking SGLT2s and included checking their status before initiating treatment with these drugs.

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?
The Committee's considerations of equality issues are described in the evidence review, in particular in the benefits and harms section of the discussion.

3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?
The committee agreed that none of the recommendations should make it more

difficult for any of the groups identified above to access services.

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?
No, people with disabilities should be able to access all services for the treatment of type 2 diabetes in line with legal requirements about accessible services. When offering drug treatments to adults with type 2 diabetes, there should be a discussion about the benefits and risks of these treatments and the options available. These benefits and risks are included in the recommendation which takes into account the person's individual clinical circumstances, individual preferences and needs.

3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in box 3.4, or otherwise fulfil NICE's obligation to advance equality?
No.

Completed by Developer: Sue Spiers

Date: 18.06.2021

Approved by NICE quality assurance lead: Christine Carson

Date: 09.07.2021