

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.

4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

Several equality issues were raised during consultation:

1. With reference to the patient decision aid (PDA), the stakeholder thought this would not be accessible for certain patient groups such as those individuals for whom English is not their first language or where literacy levels are low. The committee agreed that no changes to the PDA were required because the PDA is intended to be used as part of a discussion between the individual with type 2 diabetes and their healthcare professional. If the person with type 2 diabetes has a low level of literacy then this should not prevent the use of the PDA as their healthcare professional can explain it to them during the discussion. If they don't speak English, or have a low level of understanding of English, then their healthcare professional could involve translation services to support this discussion in the same way they would for other health related discussions.
2. The GLP-1 mimetic recommendation that refers to using adjusted BMI thresholds for people from black, Asian and other minority ethnic groups does not specify what these adjusted BMIs should be. This recommendation was not updated as part of the current work because the evidence the committee looked at was judged only to be generalisable to people who were at high risk of developing cardiovascular disease or who had established cardiovascular disease and this recommendation is not specific for those populations.
3. The BMI threshold of 35kg/m² for consideration of GLP-1 mimetics could potentially disadvantage people who could benefit with early use of GLP-1

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mimetics for their non-glycaemic benefits, such as promoting weight loss. This recommendation was not updated as part of the current work because the evidence the committee looked at was judged only to be generalisable to people who were at high risk of developing cardiovascular disease or who had established cardiovascular disease and this recommendation is not specific for those populations. However, the direct quality of life gains associated with reductions in weight due to the different drug treatments were included in the economic modelling. .

4. A stakeholder raised the point that the guideline contained a section on erectile dysfunction but there was nothing with regards to female sexual dysfunction. This topic was not within the scope of the update and so the committee did not look at any evidence and were unable to address this equality issue.

4.2 If the recommendations have changed after consultation, are there any recommendations that 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?

Based on stakeholder feedback the committee deleted the recommendation on renal monitoring that was relevant to people in the following categories: age (aged 60 and above) and disability (those with renal impairment). They also removed the reference to checking for pregnancy, whether the woman was planning a pregnancy or breastfeeding or could have an unplanned pregnancy because this was not specific to SGLT2s and there is already a cross reference to [NICE guideline on diabetes in pregnancy](#) in the choosing drug treatment recommendation at the top of this section. These revisions should not make it more difficult for these people to access services compared to other groups.

4.3 If the recommendations have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

The changes to the recommendations should not have this effect.

4.4 If the recommendations have changed after consultation, 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 question 4.2, or otherwise fulfil NICE's obligations to advance equality?

Not relevant as no barriers identified in 4.2.

4.5 Have the Committee's considerations of equality issues been described in the final guideline, and, if so, where?

The Committee's considerations of equality issues are described in the evidence review discussion section, in particular in balancing the benefits and harms to make recommendations section of the discussion.

Updated by Developer: Caroline Mulvihill

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Approved by NICE quality assurance lead: Christine Carson

Date: 15/02/22