

To: Swindon GPs, Practice Nurses,
Practice Managers

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Dear Colleagues,

Re: Swindon Weight Management in Adults with Type 2 Diabetes Guidance and Local Weight Management Resources for People with Type 2 Diabetes

The rising prevalence of obesity in adults has led, and will continue to lead, to a rise in the prevalence of Type 2 diabetes. Model projections indicate that NHS and wider costs to society associated with overweight, obesity and Type2 diabetes will rise dramatically in the next few decades.

There is known to be a close association between obesity and Type2 diabetes theories of why obesity may lead to Type2 diabetes include insulin resistance, which is caused by fat cells secreting inflammatory chemicals making the body less sensitive to the insulin by disrupting the function of Insulin-responsive cells and their ability to respond to Insulin. Obesity may also trigger changes to the body's metabolism that can cause adipose tissue to release increased amounts of fatty acids, glycerol, hormones, proinflammatory cytokines and other factors that are involved in the development of Insulin resistance. When Insulin resistance is accompanied by the dysfunction of the pancreatic islets beta cells, it leads to failure to control blood glucose levels.

Both obesity and Type 2 diabetes are strongly associated with an unhealthy diet and physical inactivity. It is a well-known fact that modifying life styles can improve diabetes control markedly with no need for additional prescriptions. In 2012 / 2013, the total prescriptions for all types of diabetes accounted for 9.3% of the total cost of prescriptions in England. We spend over £3.5 million annually in Swindon on diabetes prescribing; however, the outcomes regarding main diabetes indicators are still poor.

Alongside Fiona Dickens, Public Health Programme Manager, we have created "Swindon Weight Management in Adults with Type 2 Diabetes and Obesity" guidance giving you an idea of obesity classification on a BMI basis, assessment of the health risks associated with excessive weight in adults, based on BMI and waist circumference, recommended intervention according to risk classification for developing long-term complications, recommendations on weight management, diet, and physical activity and medication. We

have also attached the Swindon bariatric surgery policy and useful resources on weight management and physical activity in Swindon. This guidance is already available via: <http://www.swindondiabetes.co.uk/guidance/swindon-diabetes-guidelines/>.

We have also developed patient information sheets on weight management courses for patients with diabetes in Swindon, which you can easily print out in your diabetes clinics to be passed to everyone who needs to be engaged with relevant services regarding weight management. You can access these sheets via <http://www.swindondiabetes.co.uk/guidance/publications-reports-resources/>.

I would encourage you to make the diagnosis of obesity with the relevant grade and to inform the patient with type 2 DM about the obesity diagnosis, discuss associated risks such as heart, liver disease and cancer, set up weight loss targets and offer referral to weight management projects available in Swindon prior to considering additional anti-diabetes prescribing for all those with Type 2 diabetes and obesity.

If you are not keen on using the current medical terminology in terms of obesity you can replace it by a new diagnostic term suggested recently by AACE/ACE such **Adiposity-Based Chronic Disease or ABCD** – to replace the disease name of obesity. The change is intended to shift the focus away from excess weight to the related comorbid conditions, including type 2 diabetes with the goal of improving patient care and reducing stigma.

I hope that this Weight Management in Adults with Type 2 Diabetes and Obesity guidance, along with patient information sheets, may help you in your clinical practice.

I would really appreciate your feedback.

With kind regards

Dr Vladimir Vaks, MBBS (with Hons) PhD DSc