Counterweight

NHS SCOTLAND

National Digital Type 2 Diabetes Remission Programme

Medication Adjustments and Guidance for the National Digital Diabetes Programme (NDDP)

Blood glucose-lowering medication adjustments:

- It is essential that sulfonylureas, meglitinides, and SGLT2 inhibitors are stopped on the first day of TDR as these medications are contraindicated on a low-calorie diet.
- People on 1-2 glucose-lowering medications should stop both of these medications on the first day of TDR.
- People on ≥3 glucose-lowering medications should stay on Metformin only.
  If not taking Metformin specifically, then stay on an oral glucose-lowering medication that is safe with TDR (DPP4 inhibitor or pioglitazone) and stop the remaining glucose-lowering medications on the first day of TDR.
- GPL1s are safe to continue during TDR
- Counsel the Service User about the osmotic effects of diabetes and advise them of when and how to seek appropriate support.

Blood pressure-lowering medication adjustments:

- Note that BP-lowering medications include those used for other indications aside from hypertension.
- If blood pressure is considered uncontrolled at the time of referral (systolic ≥140mmHg and diastolic ≥90mmHg) make no changes to BP-lowering medications.
- If blood pressure is considered controlled at the time of referral (systolic <140mmHg and diastolic <90mmHg) one BP-lowering medication should be adjusted on the first day of TDR.
- If reviewing the Service User remotely, it is reasonable to use self-reported blood pressure. If not available, the last clinic-recorded blood pressure may be used, provided there is no concern of white coat hypertension or that blood pressure may have changed significantly since last measured.
- Medications being used specifically and solely for managing blood pressure, in a particular Service User, are the priority for adjustment. The suggested process is:
  - Identify the medication used by the Service User solely for managing blood pressure (not also being used for nephropathy, angina, heart failure, BPH, migraines etc).
  - Stop the medication which would have been added last according to the current NICE guidance - unless other factors affect decision making.
  - If not being used for other indications, this would be (in order of stopping first):
    1. Spironolactone or alpha-blocker or beta-blocker
    2. Thiazide diuretic (or calcium-channel blocker)
    3. Calcium-channel blocker (or thiazide diuretic)
    4. ACE-inhibitor or Angiotensin receptor blocker
- If the Service User is taking medication which affect blood pressure but all are being used for other indications (none being solely used to manage blood pressure):
  - Use clinical judgement and shared decision making, taking into account the blood pressure reading
  - cautiously reduce the dose of this medication rather than stopping it
  - consider arranging early review, in relation to the specific indication for the medication
  - in some circumstances, it may be reasonable not to adjust these medications initially but to carefully monitor and respond accordingly
- Counsel the Service User about symptoms of postural hypotension including when and how to seek support.

Blood Glucose Lowering Medications to Commence TDR

Number of Diabetes Medications	Change Required		GP Action
1 or 2 glucose lowering medications	Stop all on day 1 of TDR		Ensure action is clearly indicated on the referral form and ensure patient is aware of these changes to be made from day 1 of TDR
≥ 3 glucose lowering medications	Continue Metformin Stop all other	If not taking Metformin continue with a diabetes medication that is safe during TDR	

Blood Pressure Lowering Medications to Commence TDR

Blood Pressure Medication *(used ONLY for purpose of controlling blood pressure)*	**Stopping order**
Spironolactone or alpha-blocker or beta-blocker	1st
Thiazide diuretic or calcium-channel blocker	2nd
Calcium-channel blocker or thiazide diuretic	3rd
ACE-inhibitor or Angiotensin receptor blocker	4th

If anti-hypertensive is prescribed for a reason other than for blood pressure then continue on current prescription / no change required / or cautiously reduce the dose using clinical judgement

Blood Glucose Thresholds for Action

Thresholds for Action	
Under 15 mmol/l	No additional action required, continue intervention
Between 15.0 - 19.9 mmol/l over 2 Sessions	Counterweight must contact the Service User's GP practice
20.0 mmol/l or higher	There must be same-day contact with the Service User's GP practice team (Counterweight must contact the GP practice directly and the Service User must also be advised to contact their GP practice same-day).

Action Required by GP Practice

Please arrange an urgent review to consider the need to initiate or intensify medications to reduce blood glucose.

For ease of reference, the relevant guidance from the NDDP is:

Use clinical judgement in initiating or intensifying medications affecting blood glucose

Metformin is 1st line (based on NICE NG28 (2022) Type 2 diabetes in adults: management):and is considered safe in Total Diet Replacement (TDR; check other contraindications /cautions)

Pioglitazone or DPP4 inhibitors are also considered safe in TDR (check other contraindications / cautions) and may be started if clinically appropriate

GLP-1 analogues are considered safe in TDR but high cost. These may be restarted if clinically appropriate, in line with NICE guidance

Sulfonylureas, meglitinides or SGLT2 inhibitors MUST NOT be used during TDR for safety reasons

If the patient is on TDR and there is a clinical need to reduce glycaemia and only these medications are clinically appropriate, the patient MUST be told to stop TDR with immediate effect and the provider MUST be informed straight away if sulfonylureas, meglitinides or SGLT2 inhibitors are restarted

If the patient has stopped TDR and there is a clinical need to reduce glycaemia and only these medications are clinically appropriate, the provider MUST still be informed if sulfonylureas, meglitinides or SGLT2 inhibitors are restarted

Restarting these medications while the patient is on the NDDP will also preclude 'rescue TDR' initiation. Therefore consider alternatives while the patient is on the programme if possible

If insulin initiation is deemed clinically necessary at any stage, the patient MUST be told to stop the NDDP with immediate effect and the Provider MUST be informed straight away

Blood Pressure Thresholds for Action

Thresholds for Action	
89/59 mmHg or lower (systolic and/or diastolic) or postural symptoms	There must be same-day contact with the Service User's GP practice team *If symptoms are interfering with daily activities, same-day contact with the GP practice must be made (Counterweight must contact the GP practice directly and the Service User must also be advised to contact their GP practice same-day).
Between 90/60 and 159/99 mmHg	No additional action required, continue intervention.
Between 160/100 and 179/119 mmHg (systolic and/or diastolic) over two episodes of engagement)	There must be same-day contact with the Service User's GP practice team (Counterweight must contact the GP practice directly and the Service User must also be advised to contact their GP practice same-day).
180/120 mmHg or higher (systolic and/or diastolic)	There must be same-day contact with the Service User's GP practice team (Counterweight must contact the GP practice directly and the Service User must also be advised to contact their GP practice same-day).
For avoidance of doubt, if a blood pressure reading could fit into two of the categories described above (such as 181/118 mmHg), action should be taken in line with the category prompting the most rapid response (in this case, same-day contact with the GP practice).	

Action Required by GP Practice

Please arrange an urgent review to consider the need to initiate or intensify medications to reduce blood pressure.

For ease of reference, the relevant guidance from the NDDP is:

Use clinical judgement in initiating or intensifying medications affecting blood pressure

Assess whether any previously-adjusted medications which affect blood pressure but were used for other indications (rather than solely for managing blood pressure) should be restarted / up-titrated first

If needing to initiate additional antihypertensive therapy, then follow NICE guidance. If no other factors affecting decision making, this would be (based on NICE NG136 (2019) Hypertension in adults: diagnosis and management):

Step 1 - ACE-inhibitor or angiotensin receptor blocker
Step 2 - Calcium-channel blocker or thiazide-like diuretic
Step 3 - Thiazide-like diuretic or calcium-channel blocker (whichever was not used in the previous step)
Step 4 - Spironolactone or alpha-blocker or beta-blocker

If you would like to discuss this with us further, our Medical Director may be contacted on [insert contact details for Medical Director].