National Institute for Health and Care Excellence

[Type 2 diabetes: prevention in people at high risk (2017) NICE guideline PH38](https://www.nice.org.uk/guidance/ph38) – consultation on research recommendations

Stakeholder consultation comments form

Please email your completed form to [diabetesprevSCupdate@nice.org.uk](mailto:diabetesprevSCupdate@nice.org.uk)

The consultation period closes at **5 pm on 23 June 2017**.

[Developing NICE guidelines: the manual](https://www.nice.org.uk/process/pmg20/chapter/1-introduction-and-overview) gives an overview of the processes used in reviewing NICE guidelines.

If you wish to draw our attention to published studies, please supply the full reference.

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| --- | --- |
| Stakeholder details | |
| NICE is unable to accept comments from non-registered organisations.  If you wish your comments to be considered please register via the [NICE website](http://www.nice.org.uk/get-involved/stakeholder-registration) or contact the [registered stakeholder organisation](https://www.nice.org.uk/guidance/gid-ng10024/documents/stakeholder-list-2) that most closely represents your interests and pass your comments to them. | |
| Stakeholder organisation |  |
| Name of commentator |  |
| Should this research recommendation stand?  Which combination of risk-assessment tools and blood tests (HbA1c or fasting plasma glucose [FPG]) are most cost effective and effective at identifying and assessing the risk of type 2 diabetes among populations at high risk? In addition, how frequently should testing take place to be efficient? How does effectiveness and cost effectiveness vary for different black and minority ethnic groups, for example, African-Caribbean and black African; people aged 18–40, people aged 75 and over, and for high-risk vulnerable adults? | |
| Overall response | Comments |
| Yes / No | Please add comments |
|  | Please use a separate row for each major point you wish us to address. |
|  | Please add more rows to the table if necessary. |
|  |  |
| Should this research recommendation stand?  What are the demographic characteristics and rates of progression to type 2 diabetes among people with a high risk score but normal blood glucose levels (fasting plasma glucose of less than 5.5 mmol/l or HbA1c of less than 42 mmol/mol)? How does this compare with people who have both a high risk score and blood glucose levels that indicate impaired glucose regulation (fasting plasma glucose 5.5–6.9 mmol/l or HbA1c 42–47 mmol/mol (6.0–6.4%)? | |
| Overall response | Comments |
| Yes / No | Please add comments |
|  | Please use a separate row for each major point you wish us to address. |
|  | Please add more rows to the table if necessary. |
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| Should this research recommendation stand?  What are the most effective and cost-effective methods of increasing uptake of type 2 diabetes risk assessments and monitoring among those at greatest risk? Those at greatest risk include people from lower socioeconomic and black and minority ethnic groups, and those aged 75 or over. | |
| Overall response | Comments |
| Yes / No | Please add comments |
|  | Please use a separate row for each major point you wish us to address. |
|  | Please add more rows to the table if necessary. |
|  |  |
| Should this research recommendation stand?  Which components of an intensive lifestyle-change programme contribute most to the effectiveness and cost effectiveness of interventions to prevent or delay type 2 diabetes in those at high risk? How does this vary for different black and minority ethnic groups, for people of different ages for example, aged 18–24, 25–39 and 75 and over, and for vulnerable adults? | |
| Overall response | Comments |
| Yes / No | Please add comments |
|  | Please use a separate row for each major point you wish us to address. |
|  | Please add more rows to the table if necessary. |
|  |  |
| Should this research recommendation stand?  How effective and cost effective are different types of dietary regime in reducing short- and long-term blood glucose levels and preventing or delaying type 2 diabetes? How does this vary for different subgroups, for example, African-Caribbean and black African and other minority ethnic groups and for people of different ages, for example, aged 18–24, 25–39 and 75 and over? | |
| Overall response | Comments |
| Yes / No | Please add comments |
|  | Please use a separate row for each major point you wish us to address. |
|  | Please add more rows to the table if necessary. |
|  |  |
| Should this research recommendation stand?  How effective and cost effective are different types (and levels and frequency) of physical activity in reducing short- and long-term blood glucose levels and preventing or delaying type 2 diabetes? How does this vary for different subgroups, for example, different black and minority ethnic groups and people of different ages, for example, aged 18–24, 25–39 and 75 and over? | |
| Overall response | Comments |
| Yes / No | Please add comments |
|  | Please use a separate row for each major point you wish us to address. |
|  | Please add more rows to the table if necessary. |
| Should this research recommendation stand?  What are the most effective and cost-effective methods for identifying, assessing and managing the risk of type 2 diabetes among high-risk, vulnerable adults? This group includes: frail older adults, homeless people, those with severe mental illness, learning or physical disabilities, prisoners, refugees, recent migrants and travellers. | |
| Overall response | Comments |
| Yes / No | Please add comments |
|  | Please use a separate row for each major point you wish us to address. |
|  | Please add more rows to the table if necessary. |
|  |  |

NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, if NICE’s reasonable opinion is that the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.