I’ve been reflecting on how much has changed in diabetes care over the past decade and what changes we may see over the next 10 years. The changes in the 2010s were nothing short of seismic, with fundamental shifts of treatment and approach towards tackling diabetes, irrespective of type.

Healthcare professionals have struggled to cope with some of the fast paced changes and the shifting evidence base, but the NHS itself has largely stayed ahead of the curve, although the National Institute for Health and Care Excellence has been criticised for not doing so. And people with diabetes have been even more nimble and aware, innovating themselves when necessary, such as with the DIY artificial pancreas system (APS).

Prevention of type 2 diabetes came to the fore when the NHS launched an ambitious national type 2 diabetes programme. There was also the roll-out of a national dataset (the National Diabetes Audit), which has proved to be crucial in driving further investment in diabetes services. Diabetes medicine also had a new lease of life, as trials demonstrated previously unseen cardiovascular impact, as well as improvement in renal and heart failure outcomes.

Over the past decade the whole ethos of treating type 2 diabetes has shifted from seeing it as a progressive condition to one that can, in some cases, be reversed or put into remission. Whether that reversal or remission came about through low calorie diets or through the low carbohydrate movement, a pathology long seen as irreversible was no longer quite so.

Debate continued as to the perfect diet for people with diabetes, and this too often ignored the triad of principles on which any diet sits: tolerability, sustainability, and—perhaps most important—affordability.

The world of type 1 diabetes saw an explosion of new technology. There was a move towards non-invasive testing of glucose levels, automated systems, and a movement led by patients who were fed up with a system not moving at the pace they wanted. The development of DIY APS certainly jolted the industry into action, although hurdles remain, such as legality, liability, access, and general acceptance. All of the technology hinged on the simple principle of enhancing self-management while—slowly but surely and encouraged by social media—peer support grew.

The Language Matters movement has also been important. This initiative tried to escape the clutches of “political correctness”: as with any such attempts, the invariable question of policing others’ language arises. The aim, however, has been more about understanding the nuances and challenges of coping with diabetes and being appreciative and understanding of that as a healthcare professional. As it has gradually established itself, healthcare professionals have begun to understand that joint working with patients may indeed be the way ahead. There’s still some way to go towards developing joint working, but one thing is clear: a new generation of patients and healthcare professionals are now showing a willingness to work together to break down barriers.

I think that the 2020s will see an even greater focus on the importance of outcomes, access, and technology in diabetes care. Yet perhaps the biggest challenge for the NHS lies in the care of deprived populations, as datasets confirm this to be a decisive factor in access and outcomes. The best drugs and diets will always be those that the person is able to take or use: it’s never easy or feasible to consider having an avocado for breakfast, or indeed turning up for a clinic appointment, when you’re working three zero hour contracts to fund your family.

The challenge of the coming decade will hopefully see all who are involved in diabetes care working to ensure that advances in medicine are available—and evenly for all, not just for the fortunate few.

Partha Kar: What will the 2020s hold for diabetes care?

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Competing interests: www.bmj.com/about-bmj/freelance-contributors.
Provenance and peer review: Commissioned; not externally peer reviewed.


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Partha Kar consultant in diabetes and endocrinology
Portsmouth Hospitals NHS Trust

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