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A close-up photograph of a doctor's hands holding a white rectangular sign. The doctor is wearing a white lab coat and a stethoscope is visible around their neck. The sign has the text 'Type 2 Diabetes' written on it in a bold, blue, sans-serif font. The background of the entire image is a solid blue color.

Type 2 Diabetes

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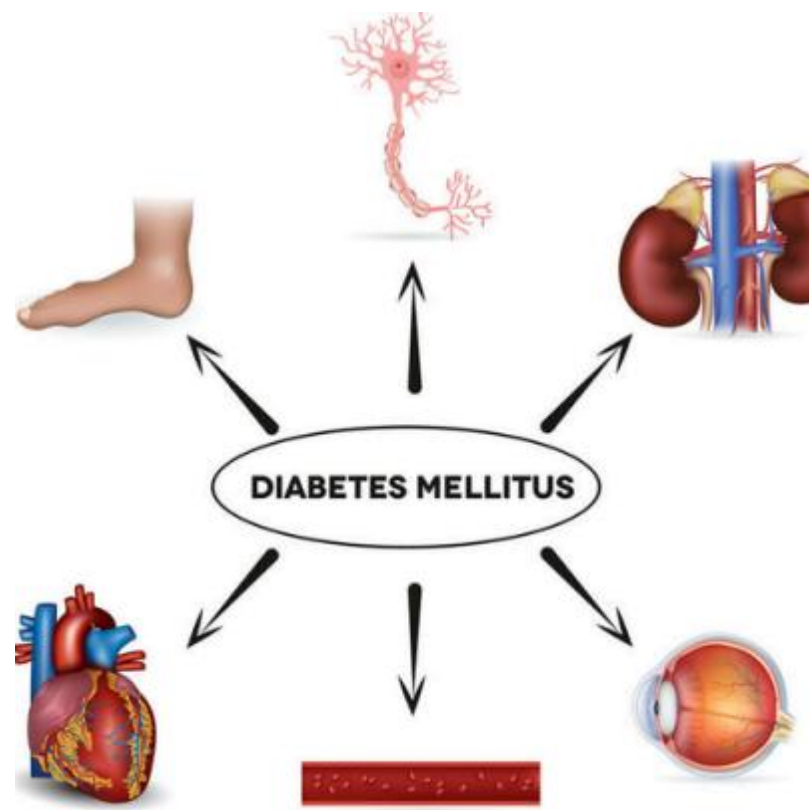
Introduction

Long-term health conditions (LTCs), or chronic diseases, are health issues that persist for a long period of time and cannot be completely treated. Yet, they can be treated and controlled with continuous care, lifestyle adjustments, and frequent follow-up visits. According to the World Health Organisation (2024), these types of conditions typically deteriorate as time passes, persist for a long time, and often involve factors such as smoking, lack of exercise, and poor diet. Long-term conditions in the UK affect the healthcare system as well as the social care system immensely. These comprise nearly 70% of all health and care, as well as around half of all visits to the doctor for General Practitioner care, or GP visits (NHS England, 2021).

Type 2 Diabetes Mellitus (T2DM) is especially important because it is becoming more common and has a big effect on people and public health services. T2DM is a metabolic disorder marked by insulin resistance and a relative deficiency in insulin production, leading to elevated blood glucose levels. Unlike Type 1 diabetes, which is autoimmune in origin, T2DM is strongly linked to modifiable lifestyle factors such as obesity, poor nutrition, and physical inactivity (NICE, 2021). The growing rates of T2DM reflect complex interactions between biological, behavioural, and socio-economic influences, making it a challenging issue for global public health systems.

Worldwide, an estimated 530 million adults are currently living with diabetes, and this figure is expected to rise to 783 million by 2045 (Magliano & Boyko, 2021). In the UK, approximately 4.3 million people have been diagnosed with diabetes, with around 90% of these cases being Type 2 diabetes. In addition, nearly 850,000 individuals are believed to be living with the condition undiagnosed (Diabetes UK, 2023). The financial burden is substantial, with the NHS spending around £10 billion annually, equivalent to roughly 10% of its total budget, on diabetes care and related complications such as cardiovascular disease, kidney failure, and nerve damage (NHS England, 2021).

This information booklet examines Type 2 Diabetes Mellitus to examine its causes, prevalence, and associated risk factors. It will evaluate the physical, psychological, and social effects of the condition and critically discuss theoretical models and frameworks used in the management of long-term conditions. Furthermore, it will explore national and global health policies influencing diabetes care and offer recommendations to strengthen person-centred, holistic, and sustainable approaches to self-management and end-of-life support. The overarching aim is to enhance awareness and understanding among healthcare professionals, individuals living with the condition, and carers, contributing to improved outcomes and quality of life for those affected by T2DM.



Explanation and Evaluation of Type 2 Diabetes Mellitus (T2DM)

Definition

Type 2 Diabetes Mellitus (T2DM) is a chronic metabolic disorder characterised by elevated blood glucose levels resulting from a combination of insulin resistance and impaired insulin secretion by pancreatic β -cells (NICE, 2022). Insulin is a hormone produced by the pancreas that regulates glucose uptake into body tissues. In individuals with type 2 diabetes mellitus (T2DM), insulin action becomes less effective, leading to a gradual rise in blood sugar levels and subsequent metabolic complications. Over time, chronic hyperglycaemia contributes to long-term damage to organs such as the heart, kidneys, eyes, and nerves (World Health Organisation, 2025).

Global Prevalence and Burden

Type 2 diabetes mellitus (T2DM) is recognised as one of the most significant global health challenges of the 21st century. According to Magliano and Boyko (2021), approximately 537 million adults (aged 20–79 years) worldwide are living with diabetes, with 90% of these cases being Type 2. This number is projected to increase to 643 million by 2030 and 783 million by 2045, primarily driven by urbanisation, ageing populations, and lifestyle changes.

Globally, diabetes directly causes around 6.7 million deaths annually, equating to one death every five seconds (IDF, 2023). The economic cost is substantial; diabetes-related healthcare expenditure reached USD 966 billion in 2021, representing a 316% increase over the past 15 years. In addition to the direct financial costs, indirect costs such as lost productivity, absenteeism, and premature mortality add further strain to global economies (WHO, 2024).

Burden/prevalence of the long-term condition

In the United Kingdom, diabetes prevalence has risen dramatically over the past few decades. As of 2023, 4.3 million people are diagnosed with diabetes, with around 850,000 believed to be living with undiagnosed T2DM (Diabetes UK, 2023). This means that approximately 1 in 10 adults in the UK has diabetes. The NHS Digital National Diabetes Audit (2023) indicates that diabetes prevalence is higher among individuals from South Asian, African-Caribbean, and Black African backgrounds, who are 2–4 times more likely to develop T2DM compared to White British populations.

The financial implications for the NHS are immense. Diabetes care costs the NHS £10 billion annually, accounting for approximately 10% of the total NHS budget (NHS England, 2021). Around 80% of these costs are related to the management of complications such as cardiovascular disease, kidney failure, and neuropathy rather than direct treatment of the condition itself (NICE, 2022). This highlights the urgent need for preventive and early-intervention strategies.

The risk factors/aetiology of the health condition

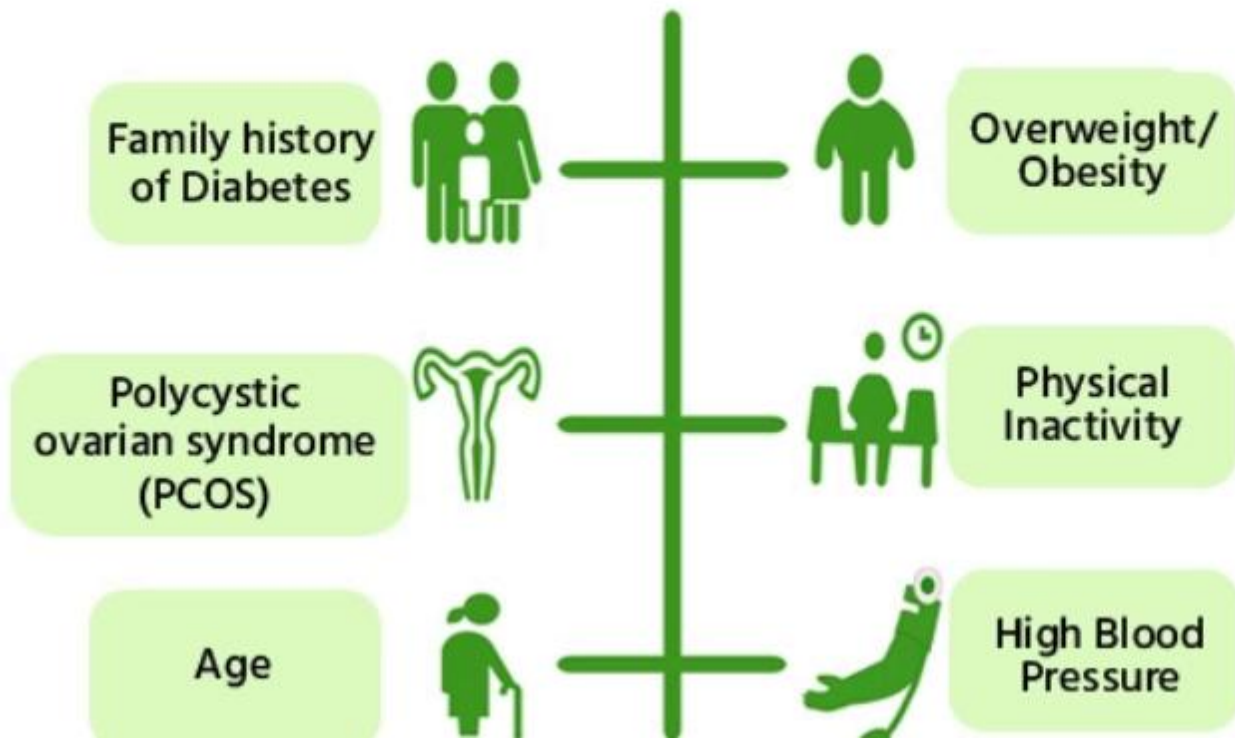
1. Non-Modifiable Risk Factors

- **Age:** The risk of developing T2DM increases with age, particularly after the age of 45, due to declining insulin sensitivity and β -cell function (NICE, 2022).
- **Genetic Predisposition:** Family history plays a significant role. Having a first-degree relative with diabetes increases the risk two to threefold (Diabetes UK, 2020).
- **Ethnicity:** Ethnic background significantly influences risk. People of South Asian, African-Caribbean, and Black African heritage are at higher risk and often develop diabetes at a younger age and lower body mass index (BMI) than White European populations (Public Health England, 2018).

The Global Diabetes Burden



Risk factors for Diabetes



. Modifiable Risk Factors

- Obesity: Obesity, particularly central (abdominal) obesity, is the strongest modifiable risk factor for T2DM. Approximately 90% of people with T2DM are overweight or obese (NHS England, 2021). Excess adipose tissue leads to insulin resistance through the release of inflammatory cytokines that impair glucose metabolism.

- Physical Inactivity: Sedentary lifestyles contribute significantly to the risk of insulin resistance. The WHO (2016) recommends at least 150 minutes of moderate-intensity physical activity per week to reduce the risk of diabetes.
- Unhealthy Diet: Diets high in refined carbohydrates, saturated fats, and sugary beverages increase the likelihood of developing T2DM, whereas diets rich in fibre, fruits, and whole grains are protective (NICE, 2021).

Pathophysiology

T2DM is not only a clinical condition but a biopsychosocial phenomenon that affects every dimension of an individual's life. Its consequences extend to physical, psychological, social, and familial domains, making comprehensive care essential for effective management.

A. Physical Impacts

The physical burden of type 2 diabetes mellitus (T2DM) is significant and progressive. Uncontrolled hyperglycaemia leads to microvascular and macrovascular complications, including retinopathy, nephropathy, neuropathy, and cardiovascular disease (CVD) (NICE, 2022). NHS Digital (2023) says that people with diabetes are three times more likely to have a heart attack or stroke than people who do not have the disease.

Some of the long-term problems that can happen are blindness, kidney failure, peripheral neuropathy, and having to have your lower limbs amputated. The National Diabetes Audit (2022) says that diabetes is the main cause of vision loss that could have been avoided in people of working age and that it causes more than 7,000 amputations in England each year. Also, fatigue, frequent infections, and slow wound healing make it harder to do things and lower quality of life (Diabetes UK, 2023).

Side effects from medications, especially insulin or oral hypoglycaemic agents, can also make life harder. For instance, having low blood sugar can make you dizzy, confused, or even pass out. This can make it hard to do things on your own and be social (NICE, 2022). These physical problems often need complicated medication schedules, regular blood sugar checks, and strict diet control, all of which take a lot of self-control and learning.

B. Psychological Impacts

The psychological impacts of residing with Type 2 Diabetes Mellitus (T2DM) are significant and often undervalued in clinical settings. The chronic nature of diabetes, coupled with the incessant requirements for self-monitoring, dietary regulation, and medication compliance, can result in diabetes distress—a distinct type of emotional fatigue marked by frustration, anxiety, and a sense of being overwhelmed by disease management (Lin et al., 2017).

Impacts of Type 2 Diabetes Mellitus

The underlying mechanism of T2DM involves insulin resistance, a reduced responsiveness of peripheral tissues (such as muscle, liver, and adipose tissue) to insulin and progressive β -cell dysfunction in the pancreas. This leads to impaired glucose uptake and increased hepatic glucose production, resulting in hyperglycemia. Over time, chronic high glucose levels induce vascular and neural damage, predisposing individuals to complications such as coronary artery disease, nephropathy, neuropathy, and retinopathy (WHO, 2024).

Evaluation of the Burden

Type 2 Diabetes Mellitus (T2DM) is a significant issue for individuals afflicted and for society at large. The condition hurts your physical health, emotional strength, and quality of life in general. People with T2DM often feel tired, get sick a lot, and cannot see well. Checking your blood sugar levels and keeping track of what you eat every day can be very stressful for your mind. This can cause anxiety, depression, and what is often called “diabetes distress,” which is a state of emotional exhaustion caused by fear of complications and long-term effects (Diabetes UK, 2023).

From a societal perspective, T2DM exerts considerable pressure on healthcare systems due to frequent hospitalisations, the high cost of medications, and the management of associated complications such as cardiovascular disease and renal dysfunction. The NHS Long Term Plan (2019) acknowledges these obstacles and prioritises T2DM for prevention and integrated care. It stresses how important it is to find and treat diabetes as soon as possible. One way to do this is to join programs like the NHS Diabetes Prevention Programme (NDPP), which helps people who are very likely to get the disease. The effects on the economy are more than just the cost of health care. They also include people who miss work because they are sick, people who retire early, and people who lose productivity. The Office for National Statistics (ONS, 2023) says that people with diabetes are more likely to need to take longer breaks from work and leave the workforce early than people who don't have a chronic illness.

Diabetes distress



Type 2 diabetes mellitus



Studies indicate that individuals with diabetes are approximately twice as prone to depression compared to those without the condition (Diabetes UK, 2018). People also often say they feel anxious, scared of having low blood sugar, or guilty or not good enough when their blood sugar levels change. According to NHS England (2021), these kinds of mental health problems can make it much harder to stick to treatment, hurt glycaemic control, and lower quality of life in general. Cultural beliefs and stigma may exacerbate emotional challenges, particularly within minority ethnic populations. In some South Asian communities, diabetes might be associated with shame or perceived as a personal failing, which could discourage individuals from disclosing their diagnosis or seeking appropriate support (Public Health England, 2018). These problems show that culturally sensitive education, complete care, and access to mental health support are all important parts of good diabetes management.

C. Social Effect

People with T2DM might not be able to work, go to school, or do things in their community as much as they used to. Fatigue, dietary restrictions, and the requirement for frequent medical appointments can impede social interactions and autonomy (Marmot, 2020). Stigma and discrimination can happen at work, especially if the boss does not know about the condition or how to deal with it (Diabetes UK, 2018).

Diabetes can also affect how stable your finances are. People who live in low-income homes may find it hard to pay for healthy food, medicines, glucose monitoring devices, and getting to appointments (NHS England, 2021). If you feel like a burden or cannot fully participate in everyday activities, you may become socially isolated and have low self-esteem.

D. Family and Carer Impacts

Families are very important for people with type 2 diabetes mellitus (T2DM), especially when complications make it hard for them to be independent. Family members may help with managing diet, taking medications, and making appointments. But this can also make caregivers stressed, emotionally drained, and financially strained (Funnell & Anderson, 2020). Involvement of family members can help people stick to their treatment and get better results. Studies indicate that family-oriented interventions, including collaborative educational sessions and collective goal-setting, improve motivation and self-care practices (Tang et al., 2023). But not understanding or being too protective can also cause stress or limit a patient's freedom, which shows how important it is to teach diabetes in a way that involves the whole family.

Theoretical Models and Frameworks for Improved Outcomes

Effective management of type 2 diabetes mellitus (T2DM) requires evidence-based frameworks that promote holistic, coordinated, and person-centred care. Two key models are explored below: one from the UK context and one internationally recognised.

A. UK Model: The Chronic Care Model (CCM)

The Chronic Care Model (CCM), initially developed by Wagner et al. (1996) and subsequently adapted by the NHS, underpins much of the UK's approach to managing long-term conditions. The model emphasises proactive, patient-centred care designed to improve clinical outcomes and self-management.

The CCM includes six interconnected components:

- Self-management support – empowering individuals with education and skills to manage their condition.
- Delivery system design – ensuring coordinated and multidisciplinary care.
- Decision support – embedding evidence-based guidelines (e.g., NICE NG28) into everyday practice.
- Clinical information systems – using data and technology to track outcomes.
- Healthcare organisation – promoting quality improvement culture.
- Community resources – linking patients to external supports such as exercise programmes or diabetes education.

B. International Model: WHO Innovative Care for Chronic Conditions (ICCC) Framework

The WHO Innovative Care for Chronic Conditions (ICCC)

Framework builds upon the CCM and offers a comprehensive, multi-level approach to managing chronic diseases globally. It focuses on three levels of care:

- Micro-level: Patient and family involvement in self-management and decision-making.
- Meso-level: Health-care organisations building supportive environments, teamwork, and information systems.
- Macro-level: Policy and community engagement to create supportive public health environments (WHO, 2002).

The ICCC encourages care to continue, cooperation between governments, NGOs, and healthcare providers, and the merging of healthcare and social care systems. This model has had an impact on many international programs, such as diabetes strategies in Canada, Australia, and parts of Europe (WHO, 2025). Its strength comes from how flexible it is and how much it focuses on prevention, fairness, and long-term success. The ICCC focuses on designing healthcare systems and integrating them into the community and policy more broadly than the CCM does. Putting them together makes a full framework that works for the UK's integrated care agenda.

Local and National political health and social care agendas

National and local policies significantly influence how type 2 diabetes mellitus (T2DM) is managed and prevented in the UK. These initiatives aim to reduce incidence, improve quality of life, and minimise health inequalities.

A. The NHS Long Term Plan (2019)

The NHS Long Term Plan puts much emphasis on stopping and treating Type 2 diabetes mellitus (T2DM) through lifestyle changes and finding it early. It promises to grow the NHS Diabetes Prevention Program, which helps people who are at high risk by giving them advice on how to lose weight and get more exercise. The plan also encourages digital health tools like online education and continuous glucose monitoring to help people take better care of themselves (Department of Health and Social Care, 2019).

B. NICE Guidelines (NG28)

The NICE (2022) guidelines for managing T2DM stress the importance of putting the patient first, making decisions together, and making treatment plans that are unique to each person. They suggest a mix of lifestyle changes, medicine, and regular checks of blood sugar, lipid levels, and kidney function. NICE also supports structured education programs like DESMOND (Diabetes Education and Self-Management for Ongoing and Newly Diagnosed) to help people feel more in control of their diabetes.

C. Local Health Policies and Public Health England

As part of its Health Matters program, Public Health England (2018) has made fighting obesity and lack of physical activity a top priority. Local councils run health checks and community-based weight management programs for groups at risk, such as ethnic minorities and low-income communities.

Integrated Care Systems (ICSs) also want to connect hospital, community, and social care services so that people with complicated conditions can move between them more easily (DHSC, 2022).

D. Plans for Europe and the World

The WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases (2023–2030) promotes strategies to lower the number of people with diabetes around the world. These strategies include policy changes like sugar taxes, health education, and better access to primary care. The European Diabetes Forum (EUDF, 2023) also supports working together across sectors to make early diagnosis and patient empowerment better.

Recommendations for Improvement

Effective management of type 2 diabetes mellitus (T2DM) requires comprehensive, person-centred, and evidence-based strategies. The following recommendations align with best practice and current policy priorities.

A. Strengthening Person-Centred Care

Person-centred care involves recognising patients as partners in their own care, respecting their values, preferences, and cultural backgrounds (NICE, 2022). Healthcare professionals should co-create care plans with patients, addressing not only clinical goals but also psychosocial needs. Training for healthcare workers in motivational interviewing and health coaching can enhance communication and adherence (Diabetes UK, 2023).

B. Enhancing Self-Management Support

Self-management is fundamental to diabetes care.

Programmes such as DESMOND and X-PERT Diabetes have shown effectiveness in improving knowledge, self-efficacy, and glycaemic control (Davies et al., 2008).

These programmes should be expanded, with adaptations for cultural diversity and digital accessibility.

Digital tools such as mobile health apps, telemonitoring, and online peer support groups can empower patients to take ownership of their condition, particularly for those with mobility or geographic barriers (NHS England, 2021).

C. Addressing Health Inequalities

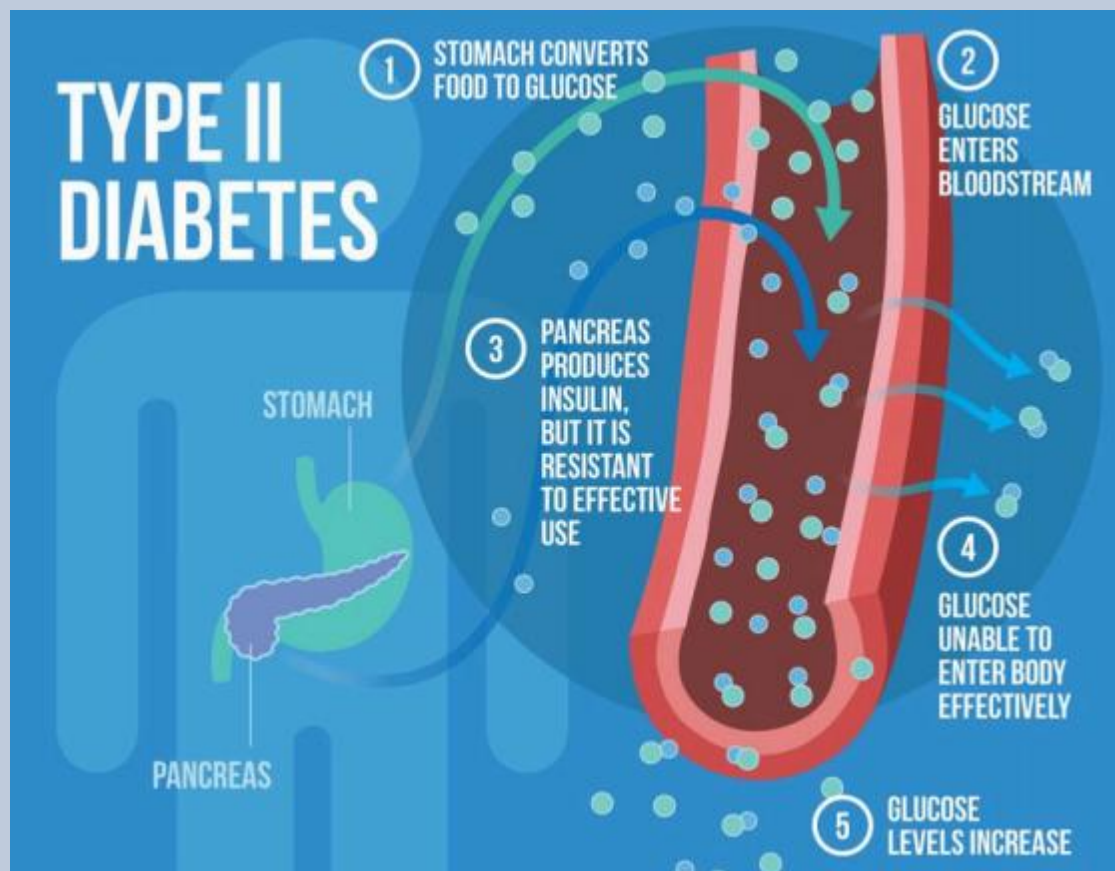
Efforts must focus on tackling the social determinants of health identified in the Marmot Review (2020), including poverty, education, and housing. Culturally tailored outreach programmes can engage minority communities who experience disproportionate risk. Partnerships between local authorities, voluntary organisations, and healthcare providers can enhance community engagement and collaboration.

D. Improving Integrated and Multidisciplinary Care

Integrated Care Systems (ICSs) should ensure seamless collaboration between primary care, community services, dietitians, mental health specialists, and social workers. Shared electronic health records and multidisciplinary case conferences can prevent fragmentation and duplication of care (NHS England, 2021).

Conclusion

Type 2 Diabetes Mellitus (T2DM) continues to remain a leading long-term health issue in the UK and globally. Rising prevalence, multicausal aetiology, and connection with substantial physical, mental, and social comorbidities highlight the need for integrated, personalised care strategies. This booklet illustrates that successful management of diabetes involves more than mere medical management. It also involves empowering patients and their families with the instruments, information, and moral encouragement they require. An effective foundation for coordinated, proactive, and sustained care can be established by integrating models such as the Chronic Care Model (CCM) and the WHO Innovative Care for Chronic Conditions (ICCC). The NHS Long Term Plan and NICE NG28 are some of the national initiatives that aim to prevent diabetes, encourage early doctor visits, and employ new technologies for supporting individuals with the disease. But we must correct inequalities, make it more accessible for individuals to access culturally appropriate education, and make interspecific collaboration more robust in order to achieve more. If they continue to invest in prevention, community engagement, and individual-focused self-management support, you can improve life for individuals with Type 2 Diabetes in the UK in the long term



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