

Type 2 Diabetes: Lifestyle Factors, Management, and Prevention in Long-Term Condition Care

Student Name:
Bilonda Bijoux Konzo

Student ID:
2518836

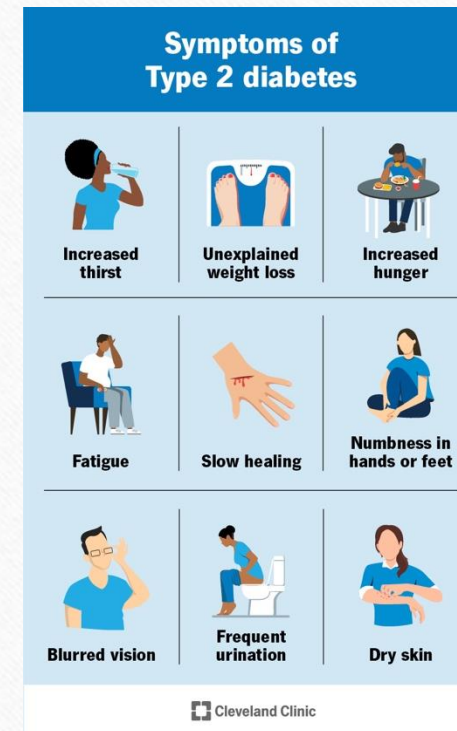
Title, purpose, audience (UK context)

- **Topic:** Type 2 diabetes as a lifestyle-linked chronic disease affecting long-term outcomes. (Ahmad,2022)
- **Aim:** Improve awareness of diagnosis, management, treatment, and prevention in UK community settings. (NICE,2026)
- **Audience:** **Community/primary care nurses** delivering long-term condition reviews and self-management support. (Holman,2021)
- **Why it matters:** Rising prevalence and complications demand proactive, person-centred care pathways. (IDF,2025)



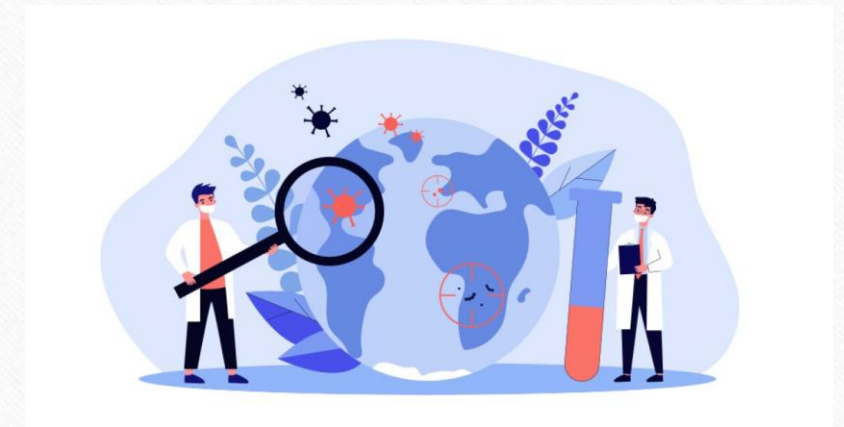
Overview: definition, symptoms, aetiology

- **Definition:** Chronic hyperglycaemia due to insulin resistance with progressive β -cell dysfunction. (Ahmad,2022)
- **Common symptoms:** Polyuria, polydipsia, fatigue, recurrent infections; often asymptomatic early. (ADA,2025)
- **Lifestyle drivers:** Excess adiposity, inactivity, poor diet quality and sleep disruption increase risk. (Szczerba,2023)
- **Other causes:** Genetics, ethnicity, deprivation, gestational diabetes history and some medicines. (Davies,2022)



Epidemiology: UK and worldwide

- **England trend:** National audit data show increasing diagnosed diabetes populations over time. (Holman,2021)
- **Global burden:** Diabetes affects ~1 in 9 adults worldwide, dominated by type 2 diabetes. (IDF,2025)
- **Inequalities:** Most people with diabetes live in LMICs; growth is fastest in these regions. (Hossain,2024)
- **Earlier onset:** Younger-onset T2D is linked to faster complications and higher lifetime risk. (Lin,2024)



Economic and social burden

- **UK costs:** Large direct NHS costs plus major indirect costs from productivity loss and disability. (Hex,2024)
- **Complications drive spend:** Preventable micro/macrovacular complications dominate long-term costs. (Hex,2024)
- **Quality of life:** Depression, distress, stigma and treatment burden reduce wellbeing and adherence. (Ruissen,2023)
- **Family impact:** Carer strain and household financial stress worsen social outcomes and engagement. (Conquer,2024)



Diagnosis and initial assessment

- **Diagnosis:** HbA1c $\geq 6.5\%$ (48 mmol/mol) or glucose criteria confirmed with repeat testing if needed. (ADA,2025)
- **Baseline assessment:** Weight/BMI, BP, smoking, renal function, lipids, and cardiovascular risk review. (NICE,2026)
- **Complications screening:** Eyes, feet, neuropathy symptoms, urine albumin, eGFR at diagnosis and review. (NICE,2026)
- **Holistic assessment:** Mental health, health literacy, culture, finances, and readiness to change. (Montori,2023)



Management using UK guidance + frameworks

- **Guideline basis:** Individualised targets; reduce CV/renal risk alongside glycaemic management. (NICE,2026)
- **Behaviour change core:** Structured education, weight strategy, activity plan and relapse prevention. (Szczerba,2023)
- **Frameworks in practice:** Use “whole-person” long-term condition review plus shared decision-making steps. (Montori,2023)
- **Remission pathway:** Intensive weight-loss programmes can achieve remission in selected patients. (Valabhji,2024)



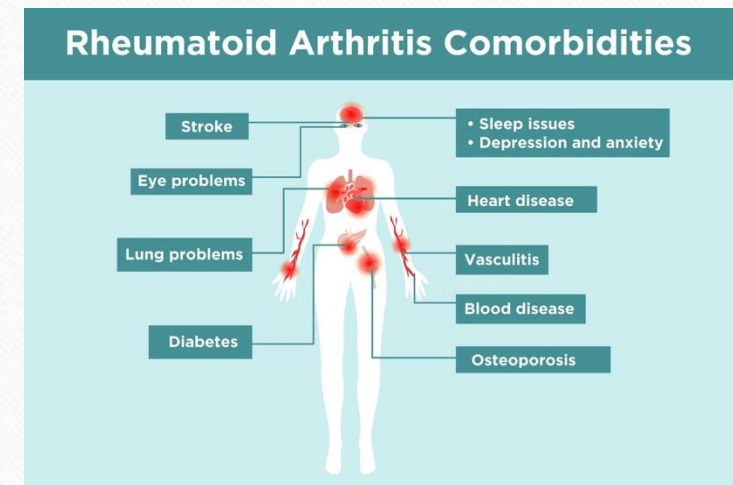
Treatment options available in the UK

- **First line:** Metformin where tolerated; consider early cardiorenal-protective agents when indicated. (NICE,2026)
- **SGLT2 inhibitors:** Reduce heart failure and kidney outcomes across broad risk groups. (Herrington,2025)
- **GLP-1 RAs:** Improve glycaemia/weight and reduce CV events; kidney benefits supported in analyses. (Badve,2025)
- **Escalation:** Add insulin when needed with education on titration, hypoglycaemia, and monitoring. (Davies,2022)



Comorbidities and complications

- **Cardiovascular disease:** T2D strongly increases MI, stroke and heart failure risk. (Scheen,2023)
- **Chronic kidney disease:** Albuminuria/eGFR decline are common; early protective therapy is crucial. (Herrington,2025)
- **Eye/foot disease:** Retinopathy and neuropathy drive preventable disability if screening is delayed. (Haider,2021)
- **Mental health comorbidity:** Depression/anxiety and diabetes distress reduce adherence and outcomes. (Ruissen,2023)



Prevention (primary and secondary)

- **Weight loss effect:** Sustained weight reduction is a dominant driver of remission and risk reduction. (Lean,2024)
- **Diet strategy:** Energy restriction and higher-quality dietary patterns improve glycaemia and cardiometabolic risk. (Szczerba,2023)
- **Physical activity:** Combined diet+exercise interventions help regression from prediabetes and lower incidence. (Jayedi,2024)
- **Targeted prevention:** High-risk groups benefit from structured programmes and follow-up for maintenance. (Davies,2022)



Co-productive care + personalised care model (6 components)

- **Co-production skills:** Partnership, power-sharing, cultural humility, and trauma-informed communication. (Conquer,2024)
- **Shared decision-making:** Match therapy to goals, risks, preferences, and life context at each step. (Montori,2023)
- **Supported self-management:** Digital tools, coaching, and structured education improve HbA1c and engagement. (Kerr,2024)
- **Community support:** Social prescribing can improve outcomes for some LTC groups when well-targeted. (O'Sullivan,2024)



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