



## About Us

The Living Evidence for Diabetes Consortium is a collaboration between the Australian Diabetes Society (ADS), Diabetes Australia (DA), the Australian Diabetes Educators Association (ADEA) and the Australasian Paediatric Endocrine Group (APEG), with representation from the Royal Australian College of General Practitioners (RACGP), the Australian Government Department of Health and Cochrane Australia.

**The Consortium has developed evidence based clinical guidelines for diabetes containing selected recommendations regarding:**

- **Medical device technology for the management of Type 1 Diabetes; and-**
- **Medications for blood glucose management in adults with Type 2 Diabetes.**

The clinical guidelines for diabetes were approved by the National Health and Medical Research Council (NHMRC) in November 2020. These guidelines are living and as such, the LED team are regularly monitoring research to update recommendations as required or as new evidence accumulates.



**The guidelines are accessible through MAGICapp here:**

<https://app.magicapp.org/#/guideline/E5AbPE>

## New Recommendations

### Medical device technology for the management of type 1 diabetes

#### **Continuous glucose monitoring devices (CGM)**

- We suggest continuous glucose monitoring rather than self-monitoring of blood glucose alone for all adults with type 1 diabetes treated with multiple daily injections.

#### **Continuous subcutaneous insulin infusion pump devices (CSII)**

- We suggest CSII or MDI treatment for children and adolescents with type 1 diabetes based on the preference of the person with diabetes (and carer).
- We suggest CSII rather than MDI treatment for adults with type 1 diabetes based on the preference of the person with diabetes.

#### **Automated continuous subcutaneous insulin infusion (AutoCSII)**

- We suggest automated continuous subcutaneous insulin infusion (AutoCSII) treatment rather than non-automated CSII treatment to optimise glycaemia for children, adolescents and adults with type 1 diabetes.

### Medications for blood glucose management in adults with type 2 diabetes

#### **Optimal initial medication**

- We suggest the use of metformin as first-line monotherapy in adults with type 2 diabetes.

#### **Optimal add-on medication**

- We recommend the addition of an SGLT-2 inhibitor to other glucose lowering medication(s) in adults with type 2 diabetes who also have cardiovascular disease, multiple cardiovascular risk factors and/or kidney disease.

- We recommend the addition of a GLP-1 receptor agonist to other glucose lowering medication(s) in adults with type 2 diabetes who have cardiovascular disease, multiple cardiovascular risk factors and/or kidney disease, and are unable to be prescribed an SGLT-2 inhibitor due to either intolerance or contraindication.
- We suggest the addition of a DPP-4 inhibitor to other glucose lowering medication(s) in adults with type 2 diabetes who have cardiovascular disease, multiple cardiovascular risk factors and/or kidney disease, and are unable to be prescribed an SGLT-2 inhibitor or a GLP-1 receptor agonist due to either intolerance or contraindication.
- We suggest the addition of either an SGLT-2 inhibitor, GLP-1 receptor agonist or a DPP-4 inhibitor to metformin in adults with type 2 diabetes who do not have cardiovascular disease, multiple cardiovascular risk factors or kidney disease, and are unable to achieve optimal blood glucose levels.
- We suggest that a sulphonylurea should not be the first choice medication to add to metformin as dual therapy in adults with type 2 diabetes as it may increase the risk of severe hypoglycaemia.
- We suggest that a thiazolidinedione should not be the first choice medication to add to metformin as dual therapy in adults with type 2 diabetes as it may increase the risk of hospitalisation for heart failure.

## How to Read Guide

The guidelines are published on a platform called [MAGICapp](#) which enables transparent display of GRADE processes and access to additional practical information useful for clinical guideline recommendation implementation.

### The guidelines are made up of two layers:

- (1) The recommendations and
- (2) The basis of the recommendations.

**A detailed reading guide is published within [MAGICapp](#), Chapter 1.**

## New Topics

The next topic to be considered by the consortium is peri-hospital care of people living with diabetes.

## What's Next?

This is the first version of the living guidelines. The consortium is currently working to update these guidelines integrating any new, relevant evidence.

For any further enquiries regarding the Diabetes Living Guidelines please contact:

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