



East and West Midlands CYP Diabetes Networks

Midlands T2 Diabetes Pathway

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For Review: 19 March 2026

MIDLANDS PATHWAY FOR CYP WITH T2DM

The majority of children and young people presenting with newly diagnosed diabetes will have insulin dependent diabetes and historically, all have been started on insulin from diagnosis. However, the incidence of Type 2 diabetes in children and young people (CYP) has increased rapidly over the past few years, with some paediatric centres reporting a tripling in the numbers of new diagnoses per year since the COVID pandemic (Denvir, personal communication). Education on carbohydrate counting, hypoglycaemia management and insulin adjustment is not needed for CYP with type 2 diabetes (T2D) if they are not starting on insulin but dietary changes, weight loss and tight glucose targets are critical in reducing the risk of long-term complications and potentially also reversing the condition. Young people with T2D also frequently have other comorbidities such as metabolic dysfunction-associated steatotic liver disease (MASLD-Previously known as non-alcoholic fatty liver disease), hypertension, polycystic ovarian syndrome and their identification and careful management are also critical in improving health outcomes. Early identification of CYP with T2D is thus vital to ensure appropriate treatment, aggressive treatment targets, addressing comorbidities and optimising outcomes.

Many centres will have only a handful of CYP with T2D (and some currently have none at all) and so experience and confidence in managing T2D will be very variable. An e-learning package for health care professionals (HCP) will be available on T2D in CYP from spring 2024.

The expectation is that every paediatric diabetes unit (PDU) in the Midlands will have a core group of HCP from the MDT who have completed this module (at least one paediatric diabetes specialist nurse, paediatric diabetes dietitian and senior paediatric doctor from every unit). Each PDU will also be linked to a lead PDU who will provide expert support and information on T2D as required as experience grows.

In CYP with a new diagnosis of diabetes (ie fasting blood glucose (BG) ≥ 7 mmol/L or random BG >11 mmol/l) – consider T2DM if any of:

- BMI $>95^{\text{th}}$ percentile ($>91^{\text{st}}$ percentile if BAME background)
- Acanthosis nigricans
- Strong family history of T2DM
- Obesity-related comorbidities eg raised transaminases, hypertension
- HbA1C ≥ 48 mmol/mol but minimal symptoms (especially if no osmotic symptoms)

AND

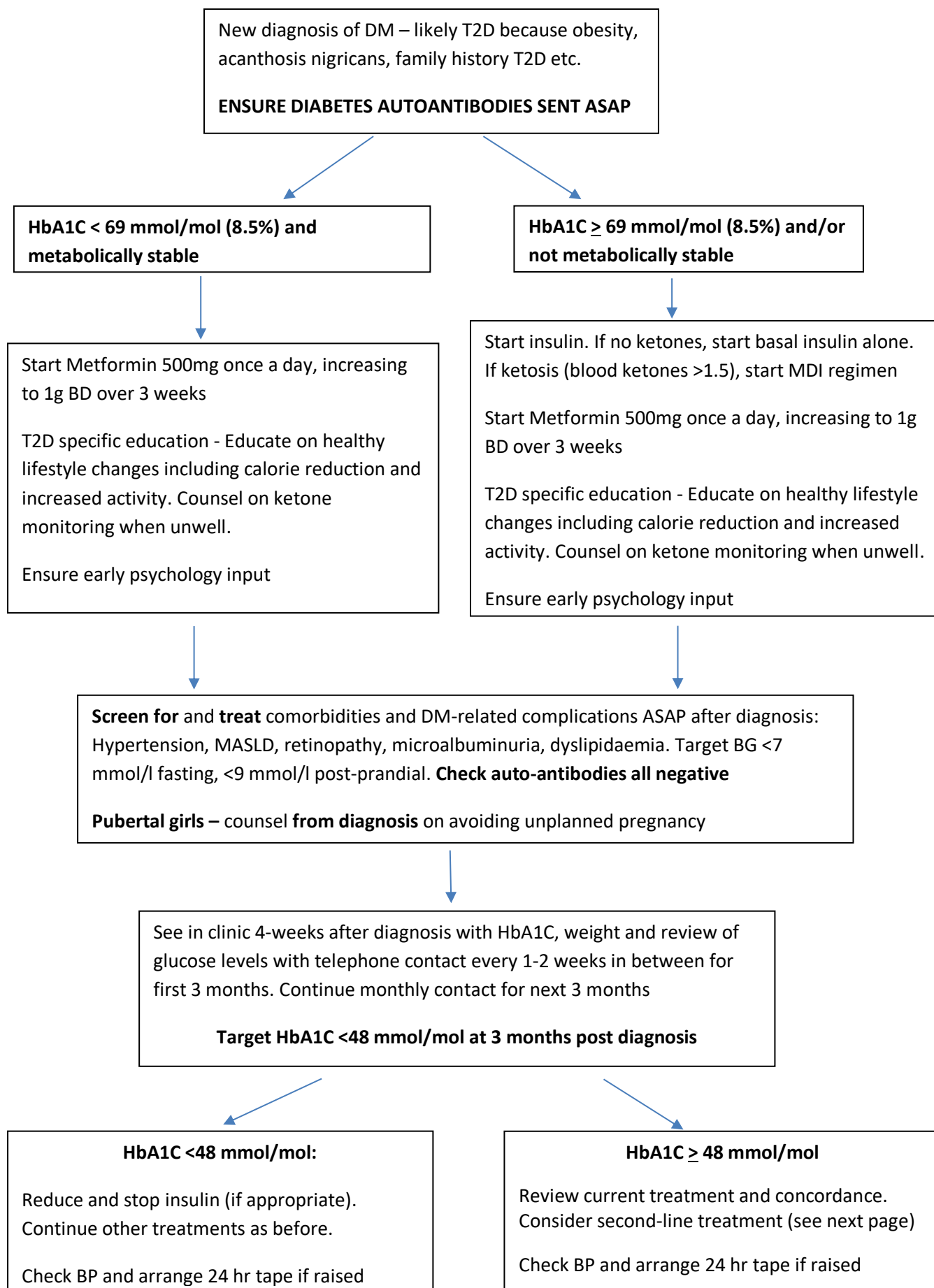
- Negative diabetes antibodies (GAD, IA2 & ZnT8 antibodies)

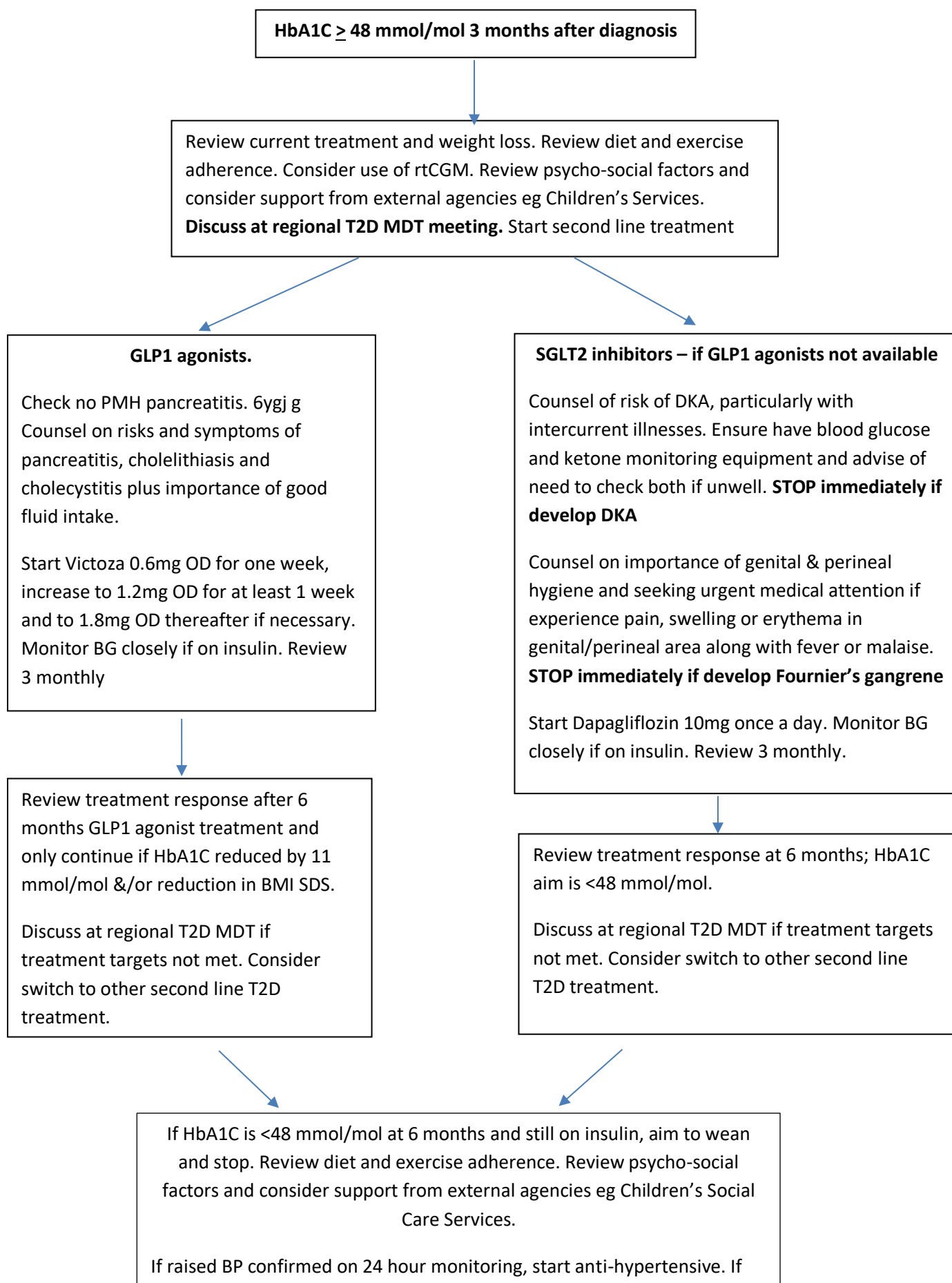
See below for flow charts for initial management of CYP with T2D and escalation of treatment for CYP with T2D.

Many CYP with T2D will have other significant challenges in their lives and engagement with the diabetes team can be difficult. Early referral for help and support from Children's Services should be considered and psychological support from diagnosis is critical. Engagement with local, culturally appropriate services supporting adults with T2D may also be useful.

At any stage in the management and treatment of a child or young person with Type 2 Diabetes, discuss with the hub T2D centre or at the regional T2D MDT meeting if there are any queries or concerns.

This pathway is designed to provide a quick reference guide on managing T2D in the first year after diagnosis. For more detailed explanations and rationale, please refer to the NICE guidance NG18 ([Overview | Diabetes \(type 1 and type 2\) in children and young people: diagnosis and management | Guidance | NICE](#), published 2023) &/or ACDC guidelines on managing T2D in young people ([Endorsed Guidelines | Association of Children's Diabetes Clinicians \(a-c-d-c.org\)](#)).





Annual review

Checklist to support Annual Reviews:

- ☐ Measure and record weight, height, BMI SDS, blood pressure (including age-adjusted SDS). Set weight target and trajectory.
- ☐ Check HbA1C – target is <48 mmol/mol.
- ☐ Review all medications including anti-hypertensives and need for statins if applicable.
- ☐ Counsel all pubertal and post-pubertal girls/young women about pregnancy.
- ☐ Dietetic review and education update (including DKA risk and management).

Blood tests:

- ☐ LFT
- ☐ Lipids (non-fasting OK for screening), including HDL & LDL
- ☐ TSH & FT4
- ☐ Vitamin D
- ☐ FBC and iron studies
- ☐ Renal function

- ☐ Urine for microalbuminuria screening.
- ☐ Retinopathy screening.
- ☐ Assess psychological wellbeing.
- ☐ Foot examination including Ipswich touch test and ensure well-fitting footwear.
- ☐ Ensure registered with dentist and having regular dental check ups.
- ☐ Smoking and alcohol review.
- ☐ Vaccination status.
- ☐ Liver ultrasound at diagnosis and then every 3 years if normal.