

# Introduction to type 2 diabetes in general practice

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Diabetes is a national health priority. The *Australian National Diabetes Strategy 2016–2020* was released by the Australian Government in November 2015.<sup>1</sup>

The number of people with type 2 diabetes is growing, most likely the result of rising overweight and obesity rates, lifestyle and dietary changes, and an ageing population. Within 20 years, the number of people in Australia with type 2 diabetes may increase from an estimated 870,000 in 2014, to more than 2.5 million.<sup>2</sup> The most socially disadvantaged Australians are twice as likely to develop diabetes.

The early identification and optimal management of people with type 2 diabetes can significantly reduce the risk of coronary artery disease, stroke, kidney failure, limb amputations and vision loss that is associated with type 2 diabetes. General practice has the central healthcare provider role in managing type 2 diabetes, from identifying those at risk right through to caring for patients at the end of life. These guidelines give up-to-date, evidence-based information tailored for general practice to support general practitioners (GPs) and their teams in providing high-quality management.

In developing the 2020 edition of *Management of type 2 diabetes: A handbook for general practice*, The Royal Australian College of General Practitioners (RACGP) has focused on factors relevant to current Australian clinical practice. The RACGP has used the skills and knowledge of your general practice peers who have an interest in diabetes management and are members of the RACGP Specific Interests Diabetes Network.

This publication has been produced in accordance with the rules and processes outlined in the RACGP's [Conflict of Interest Policy](#).

This edition represents 21 years of a successful relationship between the RACGP and Diabetes Australia. We acknowledge the support of the RACGP Expert Committee – Quality Care, the Australian Diabetes Society, Australian Diabetes Educators Association, and RACGP staff in the development of these guidelines.

## How to use this handbook

This handbook has been designed to provide pragmatic, evidence-based recommendations for use in general practice, and adopts the most recent recommendations from organisations including the National Health and Medical Research Council (NHMRC), the Scottish Intercollegiate Guidelines Network (SIGN), Diabetes Canada, the American Diabetes Association (ADA) and other relevant sources.

The recommendations tables include the reference or source of each recommendation and the grade of recommendation. In cases where graded recommendations are not available or current, the writing group has considered the results of systematic reviews and primary research studies to formulate the overall recommendation. References to support these recommendations are included. A 'consensus-based recommendation' denotes a recommendation that was formulated in the absence of high-quality evidence; the RACGP Diabetes Handbook working groups reached a consensus expert opinion to include the point in the resource.

In each section, where possible, information is presented as:

- recommendations
- clinical context (or what you need to know)
- in practice (or what you can do).

## Person-centred care

Person-centred care is essential to good diabetes management. Management that follows this principle incorporates an individual's experience of care and treats them as partners in their own healthcare.<sup>3</sup>

In practice, this means providing care that is 'respectful of and responsive to individual patient preferences, needs and values, and ensures that patient values guide all clinical decisions'.<sup>4</sup> As a result, the person with diabetes is more likely to engage actively in self-management and achieve optimal health outcomes.<sup>5</sup>

Recommendations and further detail about using person-centred care in practice are provided in the section '[Person-centred care](#)'.

## Recommendations particular to Aboriginal and Torres Strait Islander people

Information specific to the Aboriginal and Torres Strait Islander population is highlighted throughout the text. GPs are also encouraged to refer to the RACGP's [National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people, Chapter 12: Type 2 diabetes prevention and early detection](#).

Recommendations in some areas of diabetes care are different for Aboriginal and Torres Strait Islander people. It is therefore important to identify, record and report the Aboriginal and Torres Strait Islander status of patients.

The RACGP has a [position paper](#) outlining the processes of identification.

## References

1. Department of Health. Australian National Diabetes Strategy 2016–2020. Canberra: DoH, 2015.
2. Shaw J, Tanamas S, editors. Diabetes: The silent pandemic and its impact on Australia. Melbourne: Baker IDI Heart and Diabetes Institute, 2012.
3. Johnson B, Abraham M, Conway J, et al. Partnering with patients and families to design a patient- and family-centered health care system: Recommendations and promising practices. Bethesda, MD: Institute for Patient- and Family-Centred Care, 2008.
4. Committee on Quality of Health Care in America: Institute of Medicine. Crossing the quality chasm: A new health system for the 21st century. Washington, DC: The National Academies Press, 2001.
5. Silverman J, Kurtz SM, Drapper J. Skills for communicating with patients. 2nd edn. Oxford: Radcliffe, 2005.

**Disclaimer**

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