

Information for people seeking guidance to help lose weight and achieve Remission of Type 2 Diabetes

Type 2 diabetes is a hateful disease, gradually, silently, damaging vital organs and bodily functions. It is especially serious and shortens life significantly in younger people (under age 70-75). It is almost always in people who are overweight.

We have shown, in research funded by Diabetes UK, that type 2 diabetes is not necessarily permanent. It can often be reversed into remission (non-diabetic again, taking no anti-diabetes medications) by sustained substantial weight loss.

- With substantial weight loss (over 15 kg) almost 9 out of 10 can achieve a remission (no longer diabetic, non-diabetic HbA1c, taking no drugs for diabetes treatment).
- With weight loss 10-15 kg, still over half can achieve a remission.
- These figures apply to people with type 2 diabetes for up to 6 years. With longer duration, remission is still possible but less likely.
- For smaller people (e.g. body weight under 70kg), lesser weight losses may be successful
- We do not yet know how long a remission of type 2 diabetes will last, but the key is maintaining the weight loss, and possibly losing more weight at a later stage.
- Achieving a remission is the best bet to prevent, or at least delay, the complications of diabetes, but we cannot guarantee that they will be avoided for all patients as other factors may apply (e.g. high blood pressure)

If you are overweight, diagnosed with type 2 diabetes, and would like to try to achieve a remission, here are some steps you can take:

1. Inform your doctor.

He/she may be unfamiliar with the recent research on remission of diabetes, so direct them to the published paper [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)33102-1/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)33102-1/fulltext) and/or to the Podcast on The Lancet website <http://www.thelancet.com/lancet/audio>

There are some people for whom this treatment may not be advised. If you are on medications for diabetes, or for blood pressure, your doctor or nurse will need to monitor and supervise dose changes.

Aim to lose 15kg (just over 2 stones). How you achieve this is not important, and nor is how long it takes. However, our experience is that using a stricter diet to lose the weight more quickly (over 2-3 months) is likely to be most effective long-term: Counterweight-Plus, the programme used in the DiRECT study has proof of effectiveness.

2. Counterweight-Plus

You can now access the complete 2-year Counterweight-Plus weight-management programme. This is the only programme with solid evidence for success, at present. It is available through the NHS in a small number of test sites, but you can also access the full programme privately, supervised by Counterweight-trained dietitians who are practicing across the UK. The programme provides guidance about linking with your GP, for monitoring and adjusting medications.

You can check if the programme would be suitable for you by checking the information in the Counterweight-Plus screening leaflet [\(see PDF *Counterweight-Plus Screening Dec 2017*\)](#)

Contact hazel.ross@counterweight.org OR anna.bell-higgs@counterweight.org for further details

3. **Alternative methods.**

If you are not in a position to access Counterweight-Plus, other options, as yet not fully tested for effectiveness, are listed below. Please note that each of the three phases (weight loss, food reintroduction and weight loss maintenance) are equally important and must lead to a change in your lifestyle. Returning to old habits following a period of weight loss (dieting) will result in a return to your starting weight and importantly not maintaining remission of diabetes.

For safety reasons, we recommend STOPPING all anti-diabetes medications when people start a strict weight loss diet. If blood glucose or blood pressure remain high or rise, your doctor will reintroduce medications under normal clinical guidelines. If you are taking insulin, the dose needs to be reduced, usually halved when you start weight loss, and then further reduced as blood glucose falls. Your doctor/nurse will need to supervise the dose reductions, possibly stopping insulin altogether.

Please discuss this fully with your GP/ Practice Nurse/ Nurse Practitioner. This may also be a good time to consider withdrawing antidepressant drugs, as some can cause weight gain or make it more difficult to lose weight.

Weight loss phase (usually initial 8-12 weeks)

- EITHER buy a formula diet product (soups and shakes) separately and follow the instructions for a total intake of up to 800-900 kcal/day **(see PDF *PRO800 Weight Loss PlanIndividuals*)**. Other suitable products include Optifast, Cambridge Weight Plan or Lighterlife.
- OR follow the options in the food-based 800-900 kcal/day diet plan **(*Food Based Plan* to be uploaded 15 12 17)**. A local dietitian may help with this, if available through your GP.

Your doctor/nurse will need to monitor your blood glucose and blood pressure as you lose weight, usually after one week and then 2-4 weekly. A common side effect of formula diet programmes is constipation, but this can be offset by taking a fibre supplement twice per day (such as Fybogel or other products used to treat constipation: ask your pharmacist), maintaining a fluid intake of 2-3 litres (from no calorie beverages) and regular physical activity.

Weight Loss Maintenance: This is often the hardest part. Once you have reached your target weight you can then gradually increase your food intake while continuing to check your weight. The key aim being to ensure the weight you have lost stays off. As well as what you are eating you need to consider behaviours around eating and physical activity. For further tips see ***Weight Loss Maintenance* to be uploaded 15 12 17**. Again support from a local dietitian, if available, may help.

Everyone has periods when weight is liable to rise, and that can be very demoralising. You must work out strategies for events like holidays, and social occasions to avoid regaining the weight. If you do start to regain weight, it is essential to spot this quickly and act to minimise regain. So, **weigh yourself at least weekly** If your weight rises by 2kg or more, have a range of strategies to put in place, to bring it down again.

Please help us to help others by sharing your experience.

Please let us know, by an email, how you get on.

Information for patients

Keep a record of your weight, your HbA1c and your fasting blood glucose **(*weight tracker* to be uploaded 15 12 17)**. People in Scotland have access to MyDiabetesMyWay <http://www.mydiabetesmyway.scot.nhs.uk/> to see their weight and HBA1c results.

We wish success to everyone who wants to achieve a remission of type 2 diabetes. A few people do lose a lot of weight but do not achieve remission. If that occurs, we expect that your efforts will still bring many other long-term health benefits from sustained weight loss.

If you would like to see more information, we will be keeping the DiRECT website updated, at the University of Glasgow. The paper about DiRECT accepted by The Lancet, and the presentation at the International Diabetes Federation, are available on this site.

<http://www.directclinicaltrial.org.uk/Publications.html>

You can also find guidance on the website of Diabetes UK, and we recommend that all people with diabetes should join Diabetes UK: <https://www.diabetes.org.uk/home> (WARNING: Do NOT confuse this with a commercial website (...diabetes.co.uk) whose content may appear attractive, but which is often incorrect or misleading).

Some people are asking exactly what we mean by 'remission' of type 2 diabetes, and what that means for people who currently have diabetes. We have published a short article to explain this, in the British Medical Journal:

<http://www.directclinicaltrial.org.uk/Pubfiles/Beating%20Diabetes%20McCombie%202017%20bmj.j4030.full.pdf>

and by podcast

<https://soundcloud.com/bmjpodcasts/diabetes-remission-treating-blood-glucose-when-the-disease-process-is-to-do-with-body-fat>

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