

Improving Access to, and Understanding of, Support for People with Type 2 Diabetes trying to Achieve or Maintain Remission

This highlight notice invites researchers to apply for funding for research into the next steps for type 2 diabetes remission, helping to offer better support for all groups of people and understand how to better support them in their journey.

Type 2 diabetes is a complex condition influenced by various factors, including genetics, age, weight, and physical activity practices. [The DiRECT study](#), has demonstrated that low-energy, diet-based weight management programs can put people's type 2 diabetes into remission, improving blood sugar control without the need for medication.

These programmes can reduce fat stored in critical organs like the liver and pancreas, improving blood sugar control, with nearly half of the participants achieving remission at 12 months. The [NewDawn project](#), stimulated by work from the [Diabetes Research Steering Groups \(DRSGs\)](#) builds upon this foundation by exploring how remission programmes can be more personalised and allow more flexibility for individuals.

However, there are still significant gaps in access to these treatments, and understanding of the long-term physical and mental health support that people need. We're encouraging researchers to address these knowledge gaps, with a particular focus on the following areas:

- Enhancing access to existing treatments for remission and ensuring services meet the needs of underserved populations.
- Improving support for individuals aiming to achieve and sustain remission, including long-term healthcare and psychological support.
- Exploring new or alternative methods for achieving and maintaining remission to broaden options for more people.
- Understanding and addressing the stigma associated with type 2 diabetes, which may affect access to support for remission efforts.

Carolyn Newbert, who put her diabetes into remission, and has been a long-time member of the DRSGs said:

"I have personal experience of achieving remission from type 2 diabetes by making lifestyle changes. I know how hard it is to sustain those changes over time and the huge gap that exists in clinical and emotional support for people attempting to achieve and then maintain remission. Existing, proven, pathways are not for everyone and are not always offered to or accessible to people from underserved communities: nor are they necessarily suitable for everyone. Barriers to attempting remission, including diabetes stigma, are unexplored. This highlight notice covers all of the areas I have raised as being important to people with diabetes. I am delighted and excited to see what research results from it."