

HELP REWIND TYPE 2 DIABETES



**A GUIDE TO REFERRING TO
THE REWIND PROGRAMME
FOR GP PRACTICE STAFF**

INTRODUCTION

THE REWIND PROGRAMME (Reducing Weight with Intensive Dietary Support)

The DiRECT trial showed that non-insulin treated patients with T2DM can achieve remission through intensive weight management. Mean weight loss was 10kg at 12 months and 7.6kg at 2 years. 86% of patients who achieved ≥ 15 kg weight loss were in remission at 12 months, 70% at 2 years.

Overview

- Follows the same programme outline as the DIRECT trial
- 12-month intensive weight loss programme where patient can choose the 12 weeks of total diet replacement (TDR – the most effective option) or low carbohydrate pathway (LC)
- Aims to reduce diabetes and blood pressure medication
- Aims to achieve Type 2 Diabetes Remission (Hb1c < 48mmol/mol, without medication for 6 months)
- Inclusion criteria: [view here](#)

What our role is as a practice

1. Refer

- Run the search in [SystmOne](#) or [EMIS](#) and send the template [SMS message](#)
- Does the patient meet the referral [criteria](#)?
- Have you explained the REWIND [programme](#) / given the link to the REWIND [website](#)?
- Has the £2.25 daily **cost** of TDR been explained? (**patient will not need to buy food for 12 weeks** other than some greens, then will reintroduce food slowly over another 12 weeks)

2. De-prescribe

Once you receive **confirmation** of the patient's agreed start date and which pathway they will follow, please book a de-prescribing meeting with the patient. Details on how to de-prescribe can be found in pages 5 and 6 of the [REWIND protocol](#).

3. Monitor

Please book monitoring appointments at the same time as the de-prescribing meeting above. Ensure that patient is contacted by the intervals outlined in the [REWIND programme protocol](#) (1, 2, 4 & 8 weeks and 3, 6 & 12 months).

PATIENT JOURNEY



Consultation 1 - checklist

- Check patient fits the [inclusion criteria](#).
- Check suitability and patient interest in **TDR** or **LC**. If the patient would like more info, ask them to register on the Know Diabetes [website](#).
- For TDR, ensure patient is aware of the cost of £2.25 per day.
- Get consent for UK ICS to leave a voicemail and call the patient (using an 0333 number).
- Check willing to comply with the monitoring process.

Once confirmed they are suitable for the programme:

- Check whether patient has **HBPM** and **glucometer**.
- If no HBPM then encourage to purchase one. The British Hypertension Society have a list of validated [BP Monitors for Home Use](#). Examples of these are the *A&D UA-657* (£21.76 at Amazon or £20.99 at Diabetic supply) and the *Boots BPM 56-90-420* (£19.99 at Boots). Please note that upper arm monitors are more accurate than wrist monitors in general.
- If no glucometer or unsure how to use book appointment with PN (issued for free).
- Check patient has required baseline parameters (BP, HbA1c, BMI) for referral, if lacking any then book appropriate appointment e.g. BP/BMI, HbA1c with REWIND lead.
 - Booking these appointments during the conversation helps to streamline the referral process.
- Coding - **Referred to Healthy lifestyle programme**
- Please also code the self-reported BP, BMs, weight and calculate their BMI.

Further questions?

Please use the following links for more information or if you have questions about REWIND:

- REWIND web-page for referrers on the KD website [here](#).
- REWIND frequently asked questions (FAQs) document [here](#).
- REWIND FAQs MS teams drop in webinars [here](#) - these are held every Wednesday from 12-1pm for referrers to directly ask questions about REWIND to our team.

Consultation 2 - checklist

- Practice should book de-prescribing and monitoring appointments before patient starts.
- **De-prescribing appointment** - Before this consultation, text patients to ensure they have up-to-date BP and BMs readings, preferably within the past few days.
- De-prescribe as per guidelines.
- Check whether has HBPM and glucometer.
 - Issue 50 strips, lancets and sharps box as **acute**.
- **Monitoring appointments**
- Counsel patients on how to monitor and when to seek advice.
 - **BP minimum once a week for weeks 1, 2, 4, 8**
 - If Systolic BP > 165mmHg in weeks 1-2 or > 130-140mmHg thereafter, restart antihypertensive.
 - **BM minimum twice a week pre-meal for weeks 1, 2, 4, 8**
 - Also check BM if
 - symptoms of hypoglycaemia (feeling faint, dizzy, sweaty, hungry).
 - symptoms of hyperglycaemia (e.g. thirst, increased urination).
 - If remaining on gliclazide (starting HbA1c ≥ 70) on LC, test BM DAILY and BEFORE DRIVING.
 - If BM < 5, stop gliclazide.
 - If BM over 15mmol/L for 5 consecutive days, restart one diabetes medication.
- If the patient has no HBPM - again, encourage them to purchase one, or book appointments with clinician for BP monitoring. Some pharmacies allow patients to check their BP.
- Inform and generate blood form for HbA1c at 3 months for patient.
- Coding
 - **Very low energy diet OR Carbohydrate restricted diet AND Healthy lifestyle programme commenced**
- **Send patients the 'REWIND start' (AccuRx/MJOG) template**, there are separate ones for TDR & LC.