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MEDIA RELEASE

“LIVING” GUIDELINES ON THE WAY FOR DIABETES CARE

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THERE are no up-to-date Australian guidelines for clinicians caring for people with diabetes, potentially resulting in suboptimal management and significant variation in care, but help is on the way according to the authors of a Perspective published online today by the *Medical Journal of Australia*.

“In Australia, guidelines approved by the National Health and Medical Research Council (NHMRC) are valid for 5 years from publication before they are considered outdated, following which they must be either updated or developed anew,” wrote the authors, led by Heath White, Senior Research Officer with Cochrane Australia.

“Currently, all but one of the NHMRC-approved diabetes clinical guidelines are outdated and have been rescinded.”

White and colleagues are part of the Living Evidence for Diabetes Consortium, consisting of the Australian Diabetes Society, Diabetes Australia, the Australasian Paediatric Endocrine Group, the Australian Diabetes Educators Association and Cochrane Australia, with representation from the Royal Australian College of General Practitioners and the Australian Government Department of Health.

“Living guidelines represent an approach to guideline development in which individual recommendations are continually updated as new, relevant evidence becomes available,” White and colleagues wrote.

“This is achieved through monthly searches of key databases to identify recently published research. Following analysis of the new data, an impact assessment is conducted to determine whether the evidence is of sufficient relevance, reliability and importance to justify revising recommendations.

“Updated recommendations are then published within a real-time digital dissemination platform, providing stakeholders with access to the most up-to-date version of the guideline.”

Two systematic reviews are currently under development to underpin these guidelines, the authors wrote. The reviews are focused on the comparative safety and effectiveness of therapeutics for blood glucose control in adults with type 2 diabetes and the use of technologies (such as insulin pumps and continuous glucose monitors) for the management of type 1 diabetes in adult and paediatric populations.

“Access to this resource should improve the likelihood that patients will consistently receive the best evidence-based care available, and also provide an avenue through which guideline developers can respond to changes in policy and practice, resulting in guidelines that evolve to keep up with the current practice,” White and colleagues concluded.

Please remember to credit *The MJA*.

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