Diabetes (Type 1) PSP completed 2011

Indicative Uncertainty	Record type 1	Why is there uncertainty?	Rank in PSP	What is person's age?	Which types of treatments? 1	Which types of treatments? 2	Which types of treatments? 3	Which types of treatments? 4	Which types of treatments? 5	Which types of treatments? 6	Which types of treatments? 7	Which types of treatments? 8	Which types of treatments? 9	Which types of treatments? 10	Original uncertainty	References to reliable up-to-date systematic reviews	Systematic reviews in preparation	Systematic reviews that need updating or extending	Ongoing controlled trials	Which outcomes?
Can telemedicine be used to raise the use of blood glucose monitoring in adolescent and young people with diabetes, in particular?	Uncertainties identified from patients' questions	No relevant systematic reviews identified		Child / Adolescent	Devices	Diagnostic									Can telemedicine be used to raise the use of blood glucose monitoring in adolescent and young people, in particular?					Blood glucose monitoring in adolescent and young people
Are Insulin Pens accurate at delivering insulin, even in small doses?	Uncertainties identified from patients' questions	No relevant systematic reviews identified		Any age	Devices										What is the accuracy of pens when delivering small doses?					Accuracy of insulin dose received; adverse effects; acceptability; cost; and use
Continuous subcutaneous insulin infusion compared with intensive insulin injections	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects		Any age	Drug	Devices									Insulin pumps - who most needs one? (Is their wide use preventing those most in need of getting one?) Who are the best patients to have pumps? (They require motivation/understanding from patients, to get the best benefit from the pump)	Pickup J, Mattock M, Kerry S. Glycaemic control with continuous subcutaneous insulin infusion compared with intensive insulin injections in patients with type 1 diabetes: meta-analysis of randomised controlled trials. BMJ. 2002; 324: 705-708 Fatourachi MM, Kudva YC, Murad MH, Elamin MB, Tabini CC, Montori VM. Clinical review: Hypoglycemia with intensive insulin therapy: a systematic review and meta-analyses of randomized trials of continuous subcutaneous insulin infusion versus multiple daily injections. J Clin Endocrinol Metab 2009 Mar; 94(3):729-40. Epub 2008 Dec 16. Colquitt J L, Green C, Sidhu M K, Hartwell D, Waugh N. Clinical and cost-effectiveness of continuous subcutaneous insulin infusion for diabetes. Health Technology Assessment. 2004; 8(43): 1-186 Pankowska E, Blazik M, Dziechciarz P, Szypowska A, Szajewska H. Continuous subcutaneous insulin infusion vs. multiple daily injections in children with type 1 diabetes: a systematic review and meta-analysis of randomized control trials. Pediatric Diabetes, 2009; 10(1): 52-58 Jeitler K., Horvath K., Berghold A., Gratzer T.W., Neeser K., Pieber T.R., and Siebenhofer A. Continuous subcutaneous insulin infusion versus multiple daily insulin injections in patients with diabetes mellitus: Systematic review and meta-analysis. Diabetologia 51(6), 941-951. 2008. Mukhopadhyay, A, Farrell, T, Fraser, RB, and Ola, B. Continuous subcutaneous insulin infusion vs intensive conventional insulin therapy in pregnant	Missо ML, O'Connor D, Egberts KJ, Shaw J. Continuous subcutaneous insulin infusion (CSII) versus multiple insulin injections for type 1 diabetes mellitus (Protocol). Cochrane Database of Systematic Reviews 2005, Issue 1. Art. No.: CD005103. DOI: 10.1002/14651858.CD005103.			NCT00942318	quality of life, HbA1c, hypoglycaemia, adverse effects, increased risk of complications, complications for pregnant women, foetal outcomes, cost-effectiveness
Do different insulin delivery systems allow me to make different lifestyle choices about diet and exercise	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects		Any age	Exercise	Drug	Diet									Pickup J, Mattock M, Kerry S. Glycaemic control with continuous subcutaneous insulin infusion compared with intensive insulin injections in patients with type 1 diabetes: meta-analysis of randomised controlled trials. BMJ. 2002; 324: 705-708 Fatourachi MM, Kudva YC, Murad MH, Elamin MB, Tabini CC, Montori VM. Clinical review: Hypoglycemia with intensive insulin therapy: a systematic review and meta-analyses of randomized trials of continuous subcutaneous insulin infusion versus multiple daily injections. J Clin Endocrinol Metab 2009 Mar; 94(3):729-40. Epub 2008 Dec 16. Colquitt J L, Green C, Sidhu M K, Hartwell D, Waugh N. Clinical and cost-effectiveness of continuous subcutaneous insulin infusion for diabetes. Health Technology Assessment. 2004; 8(43): 1-186 Pankowska E, Blazik M, Dziechciarz P, Szypowska A, Szajewska H. Continuous subcutaneous insulin infusion vs. multiple daily injections in children with type 1 diabetes: a systematic review and meta-analysis of randomized control trials. Pediatric Diabetes, 2009; 10(1): 52-58 Jeitler K., Horvath K., Berghold A., Gratzer T.W., Neeser K., Pieber T.R., and Siebenhofer A. Continuous subcutaneous insulin infusion versus multiple daily insulin injections in patients with diabetes mellitus: Systematic review and meta-analysis. Diabetologia 51(6), 941-951. 2008. Mukhopadhyay, A, Farrell, T, Fraser, RB, and Ola, B. Continuous subcutaneous insulin infusion vs intensive conventional insulin therapy in pregnant	Missо ML, O'Connor D, Egberts KJ, Shaw J. Continuous subcutaneous insulin infusion (CSII) versus multiple insulin injections for type 1 diabetes mellitus (Protocol). Cochrane Database of Systematic Reviews 2005, Issue 1. Art. No.: CD005103. DOI: 10.1002/14651858.CD005103.				quality of life, HbA1c, hypoglycaemia, adverse effects, increased risk of complications, complications for pregnant women, foetal outcomes, cost-effectiveness
Do interventions such as educating school staff help children with diabetes live a less restricted life during school time?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects		Any age	Education and training										How do we counter the view that 'children are considered a health and safety risk in educational settings'? Does this matter?	Nichols P J, Norris S L. A systematic literature review of the effectiveness of diabetes education of school personnel. Diabetes Educator 2002; 28(3): 405-414				participation in activities, quality of life, HbA1c, treatment concordance, satisfaction with quality and provision of care, self-management of diabetes, psychosocial health.
Does continuous glucose monitoring in diabetes yield better self-management?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects		Any age	Diagnostic	Devices									Does continuous glucose monitoring yield better self-management?	McAndrew L, Schneider S H, Burns E, Leventhal H. Does patient blood glucose monitoring improve diabetes control: a systematic review of the literature. Diabetes Educator 2007; 33(6): 991-1011 PMID 18057267			A randomised controlled trial to determine whether family centred structured education improves blood glucose control in adolescents with type 1 diabetes FACTS 2 - Family's and Adolescent's Communication and Teamwork Study ISRCTN89756583 A randomized clinical trial of a secure website shared between patients and providers for blood glucose monitoring in Type-2 Diabetes NCT00812526	Glycaemic control; adverse effects; mortality; long term diabetes-related complications; and quality of life
Does incresing patient education awareness of new technological developments improve outcomes for patients with diabetes?	Uncertainties identified from patients' questions	Relevant reliable up-to-date systematic reviews do not address continuing uncertainties about treatment effects		Any age	Education and training	Devices									How do we ensure that people who have had type 1 diabetes for a long time are aware of new delivery systems, and offered the choices of using them?	Duke SAS, Colagiuri S, Colagiuri R. Individual patient education for people with type 2 diabetes mellitus. Cochrane Database of Systematic Reviews 2009, Issue 1. Art. No.: CD005268. DOI: 10.1002/14651858.CD005268.pub2. Vermeire EIJJ, Wens J, Van Royen P, Biot Y, Hearnshaw H, Lindenmeyer A. Interventions for improving adherence to treatment recommendations in people with type 2 diabetes mellitus. Cochrane Database of Systematic Reviews 2005, Issue 2. Art. No.: CD003638. DOI: 10.1002/14651858.CD003638.pub2. Foster G, Taylor SJC, Eldridge S, Ramsay J, Griffiths CJ. Self-management education programmes by lay leaders for people with chronic conditions. Cochrane Database of Systematic Reviews 2007, Issue 4. Art. No.: CD005108. DOI: 10.1002/14651858.CD005108.pub2. Steed L, Cooke D, Newman S. A systematic review of psychosocial outcomes following education, self-management and psychological interventions in diabetes mellitus. Patient Education and Counselling, 2003; 51(1): 5-15 Ellis S E, Speroff T, Dittus R S, Brown A, Pichert J W, Elasy T A. Diabetes patient education: a meta-analysis and meta-regression. Patient Education and Counseling, 2004; 52(1): 97-105 van Dam H A, van der Horst F, van den Borne B, Ryckman R, Crebolder H. Provider-patient interaction in diabetes care: effects on patient self-care and outcomes. A systematic review. Patient Education and Counseling 2003; 51(1): 17-28 Loveman E				choosing the right delivery mechanism, quality of life, HbA1c, cost-effectiveness, pyschological effects, treatment concordance, satisfaction with quality and provision of care

Does involvement of parents in the care plan improve the care of children with diabetes?	Uncertainties identified from patients' questions	Relevant reliable up-to-date systematic reviews do not address continuing uncertainties about treatment effects		Child / Adolescent	Mixed or complex										How do we identify parents' needs?	Couch R, Jetha M, Dryden D M, Hooton N, Liang Y, Durec T, Sumarno E, Spooner C, Milne A, O'Gorman K, Klassen T P. Diabetes education for children with type 1 diabetes mellitus and their families. Rockville, MD, USA: Agency for Healthcare Research and Quality. Evidence Report/Technology Assessment; 166. 2008 Martire L M. The "relative" efficacy of involving family in psychosocial interventions for chronic illness: are there added benefits to patients and family members? Families Systems and Health 2005; 23(3): 312-328 van Dam H A, van der Horst F G, Knoops L, Ryckman R M, Crebolder H F, van den Borne B H. Social support in diabetes: a systematic review of controlled intervention studies. Patient Education and Counseling 2005; 59(1): 1-12 Armour T A, Norris S L, Jack L, Zhang X, Fisher L. The effectiveness of family interventions in people with diabetes mellitus: a systematic review. Diabetic Medicine 2005; 22(10): 1295-1305	Keogh, K., White, P., Hevey, D., McGilloway, S. and Smith, S. (2007) Family-based interventions to improve outcomes in Type 2 diabetes mellitus (Protocol). Cochrane Database of Systematic Reviews, 2007, Issue 1. Art No. CD006382; DOI: 10.1002/14651858.				effective care plan, includes education, care planning, quality of life, HbA1c, cost-effectiveness, psychosocial health, treatment concordance, satisfaction with quality and provision of care, decision making by patients, decision making by clinicians, self-management of diabetes
Does setting national targets for blood glucose levels discourage health professionals setting targets according to individual needs/situations?	Uncertainties identified from patients' questions	No relevant systematic reviews identified		Any age	Service delivery										Is there any evidence that target culture in beneficial in treating Type 1 diabetes?					over-medication or under-medication of patients, care for patients, service delivery, quality of life, hypoglycaemia, adverse effects, increased risk of complications
Does the method of insulin delivery (injection vs. pump) have any impact on rates of complications?	Uncertainties identified from patients' questions	Relevant reliable up-to-date systematic reviews do not address continuing uncertainties about treatment effects		Any age	Drug	Devices														rates of complications
Does the pain of blood glucose testing affect the willingness of patients, especially children, to monitor their blood glucose levels?	Uncertainties identified from patients' questions	No relevant systematic reviews identified		Child / Adolescent	Devices										What is the role of pain [threshold] in relation to blood glucose testing in children					Changes in monitoring of blood glucose; change in diabetes stability; quality of life; adverse effects
How best to prepare people with diabetes for use of an insulin pump	Uncertainties identified from patients' questions	No relevant systematic reviews identified		Any age	Drug	Devices									Who are the best patients to have pumps? (They require motivation/understanding from patients, to get the best benefit from the pump)					change in glycaemic control, quality of life
How can insulin delivery devices, such as pens, be improved to display unambiguously that insulin has been delivered?	Uncertainties identified from patients' questions	No relevant systematic reviews identified		Any age	Devices										How can pens be improved to display unambiguously that insulin has been delivered?					Unambiguous delivery of insulin; adverse effects; aceptability; cost.
How can people identify which is the correct needle length for them when injecting insulin for diabetes?	Uncertainties identified from patients' questions	No relevant systematic reviews identified		Any age	Devices										How can people identify which is the correct needle length for them?					Effective delivery of injected insulin; adverse effects; acceptability; and cost
How do I choose which insulin pen is best for me?	Uncertainties identified from patients' questions	No relevant systematic reviews identified		Any age	Devices										Is the choice of pen and appropriateness for individuals important – if so why?					Glycaemic control; adverse effects; mortality; long term diabetes-related complications; and quality of life
How do we get to the real story from people with type 1 diabetes presenting in clinic and how can we tell when they are wanting to or needing to present as compliant?	Uncertainties identified from clinicians' questions	Relevant reliable up-to-date systematic reviews do not address continuing uncertainties about treatment effects		Any age	Mixed or complex										How do we get to the real story from people with type 1 diabetes presenting in clinic and when they are wanting to/needing to present as compliant? • Will HbA1C reflect this? • Change the treatment? • Explore the compliance? • Self management – self medicate?	Griffin S J, Kinmonth A L, Veltman M W, Gillard S, Grant J, Stewart M. Effect on health-related outcomes of interventions to alter the interaction between patients and practitioners: a systematic review of trials. Annals of Family Medicine 2004; 2(6): 595-608 Post D M, Cegala D J, Miser W F. The other half of the whole: teaching patients to communicate with physicians. Family Medicine 2002; 34(5): 344-352 Wilson A, Childs S. The relationship between consultation length, process and outcomes in general practice: a systematic review. British Journal of General Practice 2002; 52: 1012-1020 Kinnersley P, Edwards AGK, Hood K, Cadbury N, Ryan R, Prout H, Owen D, MacBeth F, Butow P, Butler C. Interventions before consultations for helping patients address their information needs. Cochrane Database of Systematic Reviews 2007, Issue 3. Art. No.: CD004565. DOI: 10.1002/14651858.CD004565.pub2.					honesty, patient-clinician relationship, effective patient self-management, satisfaction with quality and provision of care, treatment concordance, effective treatment care plan, psychosocial health, quality of life, HbA1c, in adults and children, decision making by patients, decision making by clinicians
How early is early to give statins for people with diabetes?	Uncertainties identified from patients' questions	No relevant systematic reviews identified		Any age	Drug										How early is early to give statins for people with diabetes?					Cardiac or vascular long term diabetes-related complications
How effective is psychosocial care for people with diabetes?	Uncertainties identified from patients' questions	No relevant systematic reviews identified		Any age	Environmental	Education and training	Psychological therapy	Social care												cost-effectiveness, in adults and children, decision making by patients, decision making by clinicians, self-management of diabetes, quality of life, treatment concordance, increased risk of complications, in all groups including children in school and people being bullied, psychosocial health, HbA1c, satisfaction with quality and provision of care
How effective is using 72 hour blood glucose monitoring and educating individuals in the management of type 1 diabetes?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects		Any age	Education and training	Devices										McAndrew L, Schneider S H, Burns E, Leventhal H. Does patient blood glucose monitoring improve diabetes control: a systematic review of the literature. Diabetes Educator 2007; 33(6): 991-1011 PMID 18057267			A randomised controlled trial to determine whether family centred structured education improves blood glucose control in adolescents with type 1 diabetes FACTS 2 - Family's and Adolescent's Communication and Teamwork Study ISRCTN89756583 A randomized clinical trial of a secure website shared between patients and providers for blood glucose monitoring in Type-2 Diabetes NCT00817539	Glycaemic control; adverse effects; mortality; long term diabetes-related complications; and quality of life
How many times can you use the same syringe to inject insulin?	Uncertainties identified from patients' questions	No relevant systematic reviews identified		Any age	Devices										How many times can you inject with a syringe?					Adverse effects
How should healthcare professionals balance the treatment needs of children with the involvement of parents?	Uncertainties identified from patients' questions	No relevant systematic reviews identified		Child / Adolescent	Mixed or complex										Children's choices v parent attitude - what helps clinicians strike the balance in good treatment and care?					effective communication between patient and healthcare professional, joint decision making, effective care plan, psychosocial health, quality of life, HbA1c, hypoglycaemia, risk of complications, treatment concordance, satisfaction with quality and provision of care, decision making by patients, decision making by clinicians, self-management of diabetes
If I can have my own choice of insulin, and how it is delivered, will my diabetes be better controlled?	Uncertainties identified from patients' questions	No relevant systematic reviews identified		Any age	Drug										How much would patient choice improve the progression of type 1 diabetes?			Vermeire EIJJ, Wens J, Van Royen P, Biot Y, Hearnshaw H, Lindemeyer A. Interventions for improving adherence to treatment recommendations in people with type 2 diabetes mellitus. Cochrane Database of Systematic Reviews 2005, Issue 2. Art. No.: CD003638. DOI: 10.1002/14651858.CD003638.pub2.		Glycaemic control; adverse effects; mortality; long term diabetes-related complications; and quality of life

Is DAFNE an effective patient education system for people with diabetes?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects		Any age	Education and training										Dose Adjustment for Normal Eating (DAFNE) system – does it work? Has there been significant penetration of training? Any analysis of results? Detailed group training may need more resource than available – are there other methods of achieving better self-managed blood glucose control?	Duke SAS, Colagiuri S, Colagiuri R. Individual patient education for people with type 2 diabetes mellitus. Cochrane Database of Systematic Reviews 2009, Issue 1. Art. No.: CD005268. DOI: 10.1002/14651858.CD005268.pub2. Loveman E, Frampton G K, Clegg A J. The clinical effectiveness of diabetes education models for type 2 diabetes: a systematic review. Health Technology Assessment 2008; 12(9): 1-136 Ellis S E, Speroff T, Dittus R S, Brown A, Pichert J W, Elasy T A. Diabetes patient education: a meta-analysis and meta-regression. Patient Education and Counseling 2004; 52(1): 97-105 NICE Technology Appraisal Guidance 60. Guidance on the use of Patient-education models for diabetes. April 2003. Loveman E, Cave C, Green C, Royle P, Dunn N, Waugh N. The clinical and cost-effectiveness of patient education models for diabetes: a systematic review and economic evaluation. Health Technology Assessment 2003; 7(22): 1-202 Norris S L, Lau J, Smith S J, Schmid C H, Engelgau M M. Self-management education for adults with type 2 diabetes: a meta-analysis of the effect on glycemic control. Diabetes Care 2002; 25(7): 1159-1171 Coraban P, Harstall C. Patient diabetes education in the management of adult type 2 diabetes. Edmonton, AB, Canada: Alberta Heritage Foundation for Medical Research, Health Technology Assessment; 23 Series A. 2001			ISRCTN79759174	quality of life, HbA1c, hypoglycaemia, risk of complications, cost-effectiveness, treatment concordance, satisfaction with quality and provision of care, in adults and children, decision making by patients, decision making by clinicians, self-management of diabetes, in all groups, psychosocial health
Is there any benefit for people with Type 1 diabetes from the addition of metformin to insulin treatment?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects		Adult	Drug										Should other medicines be introduced if people cannot regulate blood sugar?	Abdelghaffar S, Attia AM. Metformin added to insulin therapy for type 1 diabetes mellitus in adolescents. Cochrane Database of Systematic Reviews 2009, Issue 1. Art. No.: CD006691. DOI: 10.1002/14651858.CD006691.pub2			The effect of metformin in overweight patients with dysregulated Type 1 diabetes mellitus NCT00145379	HbA1c, insulin sensitivity, adverse effects, quality of life, all-cause and disease-specific mortality, morbidity, safety, costs, increased risk of complications.
Should injections sites be varied when injectino insulin for diabetes?	Uncertainties identified from patients' questions	No relevant systematic reviews identified		Any age	Devices																Adverse effects
Should we tailor synthetic insulin doses to match pancreatic secretion to gain better symptom control	Uncertainties identified from patients' questions	No relevant systematic reviews identified		Any age	Drug										Synthetic insulin, should we tailor insulin to match pancreatic secretion?						Glycaemic control; adverse effects; mortality; long term diabetes-related complications; and quality of life
There is a need for accurate, continuous, non-invasive blood glucose monitoring in diabetes– how can we achieve this?	Uncertainties identified from clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects		Any age	Diagnostic										There is a need for accurate, continuous, non-invasive monitoring – how can we achieve this?	McAndrew L, Schneider S H, Burns E, Leventhal H. Does patient blood glucose monitoring improve diabetes control: a systematic review of the literature. Diabetes Educator 2007; 33(6): 991-1011 PMID 18057267			A randomised controlled trial to determine whether family centred structured education improves blood glucose control in adolescents with type 1 diabetes FACTS 2 - Family's and Adolescent's Communication and Teamwork Study ISRCTN89756583 A randomized clinical trial of a secure website shared between patients and providers for blood glucose monitoring in Type-2 Diabetes NCT00812539	Accurate and effective continuous, non-invasive blood glucose monitoring
Trials are needed that address the difference between technical blood glucose control in the laboratory and real life experience of blood glucose strips for people with diabetes	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified		Any age	Devices										Trials are needed that address the difference between technical control in the laboratory and real life experience of blood glucose strips						Glycaemic control; adverse effects; mortality; long term diabetes-related complications; and quality of life
Use of a closed loop system to control diabetes	Uncertainties identified from patients' questions	No relevant systematic reviews identified		Any age	Drug	Devices									What are the benefits of the closed loop system (the pump 'talking to' a blood glucose monitor)?						quality of life, HbA1c, hypoglycaemia, adverse effects, increased risk of complications, cost-effectiveness.
What are the benefits of disposable insulin pens vs. non disposable insulin pens?	Uncertainties identified from patients' questions	No relevant systematic reviews identified		Any age	Devices										What are the benefits of disposable pens vs. non disposable?						Glycaemic control; adverse effects; mortality; long term diabetes-related complications; and quality of life
What are the benefits/harm of running higher glycaemic control to reduce long term adverse events?	Uncertainties identified from patients' questions	No relevant systematic reviews identified		Any age	Drug										Are there any studies into the benefits/harm of running higher glycaemic control to reduce events?						Short and long term benefits or adverse events of higher glycaemic control
What are the best forms of insulin for treating type 1 diabetes?	Uncertainties identified in research recommendations	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects		Any age	Drug											Horvath K, Jeitler K, Berghold A, Ebrahim SH, Vardi M, Jacobson E, Nini A, Bitterman H. Intermediate acting versus long acting insulin for type 1 diabetes mellitus. Cochrane Database of Systematic Reviews 2008, Issue 3. Art. No.: CD006297. DOI: 10.1002/14651858.CD006297.pub2. Richter B, Neises G. 'Human' insulin versus animal insulin in people with diabetes mellitus. Cochrane Database of Systematic Reviews 2005, Issue 1. Art. No.: CD003816. DOI: 10.1002/14651858.CD003816.pub2. Siebenhofer A, Plank J, Berghold A, Jeitler K, Horvath K, Narath M, Gfrerer R, Pieber TR. Short acting insulin analogues versus regular human insulin in patients with diabetes mellitus. Cochrane Database of Systematic Reviews 2006, Issue 2. Art. No.: CD003287. DOI: 10.1002/14651858.CD003287.pub4			Glycemic stability of insulin aspart versus insulin lispro in Insulin Pump Therapy NCT00428207 The effect of insulin analogues and human insulin on the incidence of severe hypoglycaemia in hypoglycaemia pone Type 1 diabetic prients NCT00346996 Effects of rNsulin dEtemiR and Neutral protamiriE Hagedorn (NPH) Insulin on BRain glucOse Metabolism: a study in persons with Type 1 diabetes NCT00626080 A phase itrandomized, open label, 2-way crossover, safety study of subcutaneously injected prandial INSULIN-PH20 NP compared to insulin analog injection in patients with type 1 diabetes NCT00883558	Glycaemic control; adverse effects; mortality; long term diabetes-related complications; and quality of life
What are the best injection sites for delivering insulin for diabetes?	Uncertainties identified from patients' questions	No relevant systematic reviews identified		Any age	Devices																Glycaemic control; adverse effects; mortality; long term diabetes-related complications; and quality of life
What are the long-term complication rates associated with the various forms of insulin used to treat diabetes?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects		Any age	Drug											Horvath K, Jeitler K, Berghold A, Ebrahim SH, Gratzer TW, Plank J, Pieber TR, Siebenhofer A. Long-acting insulin analogues versus NPH insulin (human isophane insulin) for type 2 diabetes mellitus. Cochrane Database of Systematic Reviews 2007, Issue 2. Art. No.: CD005613. DOI: 10.1002/14651858.CD005613.pub3. Siebenhofer A, Plank J, Berghold A, Jeitler K, Horvath K, Narath M, Gfrerer R, Pieber TR. Short acting insulin analogues versus regular human insulin in patients with diabetes mellitus. Cochrane Database of Systematic Reviews 2006, Issue 2. Art. No.: CD003287. DOI: 10.1002/14651858.CD003287.pub4. Vardi M, Jacobson E, Nini A, Bitterman H. Intermediate acting versus long acting insulin for type 1 diabetes mellitus. Cochrane Database of Systematic Reviews 2008, Issue 3. Art. No.: CD006297. DOI: 10.1002/14651858.CD006297.pub2. Richter B, Neises G. 'Human' insulin versus animal insulin in people with diabetes mellitus. Cochrane Database of Systematic Reviews 2005, Issue 1. Art. No.: CD003816. DOI: 10.1002/14651858.CD003816.pub2. Ray K K, Kondapally Seshasai S R, Wijesuriya S, Sivakumaran R, Nethercott S, Preiss D, Erqou S, Sattar N. Effect of intensive control of glucose on cardiovascular outcomes and death in patients with diabetes mellitus: a meta-analysis of randomised controlled trials. Lancet 2009; 373: 1765-72	Swinnen S, Holleman F, Hoekstra J, De Vries H. Long-acting insulin analogue versus another long-acting insulin analogue for type 2 diabetes mellitus (Protocol). Cochrane Database of Systematic Reviews 2007, Issue 1. Art. No.: CD006383. DOI: 10.1002/14651858.CD006383.	Lawson M L, Gerstein H C, Tsui E, Zinman B. Effect of intensive therapy on early macrovascular disease in young individuals with type 1 diabetes: a systematic review and meta-analysis. Diabetes Care.1999;22(Supplement 2):B35-B39		Long-term complication rates (greater than 52 weeks)
What is the correct needle length for injecting insulin for diabetes?	Uncertainties identified from patients' questions	No relevant systematic reviews identified		Any age	Devices										What lengths of needles are available?						Effective delivery of injected insulin; adverse effects; acceptability; and cost
What is the optimal level of blood glucose monitoring for the individual with diabetes?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects		Any age	Diagnostic										What is the optimal level of blood glucose monitoring for the individual?	McAndrew L, Schneider S H, Burns E, Leventhal H. Does patient blood glucose monitoring improve diabetes control: a systematic review of the literature. Diabetes Educator 2007; 33(6): 991-1011 PMID 18057267			A randomised controlled trial to determine whether family centred structured education improves blood glucose control in adolescents with type 1 diabetes FACTS 2 - Family's and Adolescent's Communication and Teamwork Study ISRCTN89756583 A randomized clinical trial of a secure website shared between patients and providers for blood glucose monitoring in Type-2 Diabetes NCT00812539	Glycaemic control; adverse effects; mortality; long term diabetes-related complications; and quality of life

What treatments are helpful for diabetic hand complications?	Uncertainties identified from patients' questions	No relevant systematic reviews identified		Adult	Exercise	Drug	Complementary therapies	Devices												Change in diabetic hand complications
What will be the potential benefits to people with diabetes of Smart insulin?	Uncertainties identified from patients' questions	No relevant systematic reviews identified		Any age	Drug										What will be the potential benefits of Smart insulin?					Glycaemic control; adverse effects; mortality; long term diabetes-related complications; and quality of life
Which types of psychosocial interventions are effective for people with diabetes?	Uncertainties identified from patients' questions	No relevant systematic reviews identified		Any age	Environmental	Education and training	Psychological therapy	Social care							How do psychosocial interventions help people with type 1 diabetes cope with life events and challenges to the diabetes lifestyle? (For example meetings/trips/events where children can interact with each other as well as more traditional 1:1 or group therapy)					quality of life, HbA1c, adverse effects, increased risk of complications, cost-effectiveness, treatment concordance, satisfaction with quality and provision of care, in adults and children, decision making by patients, decision making by clinicians, self-management of diabetes, in all groups including, psychosocial health
Who should be offered psychosocial care: people with diabetes of all ages or just those of a certain age?	Uncertainties identified from patients' questions	No relevant systematic reviews identified		Any age	Education and training	Environmental	Social care	Psychological therapy							Do psychosocial treatments focus on risk of harm in children too much? Do children receive more psychosocial treatments than adult populations and if so why?					quality of life, HbA1c, increased risk of complications, cost-effectiveness, treatment concordance, satisfaction with quality and provision of care, in adults and children, decision making by patients, decision making by clinicians, self-management of diabetes, in all groups, psychosocial health
Who should be offered psychosocial care: those who have poor diabetes management or all people with diabetes?	Uncertainties identified from patients' questions	No relevant systematic reviews identified		Any age	Environmental	Education and training	Psychological therapy	Social care							Is "poor" management a trigger for exploration in psychosocial care?					quality of life, HbA1c, increased risk of complications, cost-effectiveness, treatment concordance, satisfaction with quality and provision of care, in adults and children, decision making by patients, decision making by clinicians, self-management of diabetes, in all groups, psychosocial health
Do educational programmes/training packages, for people with diabetes and their carers, help control the condition, reduce anxiety and provide greater awareness of the complications of the condition?	Uncertainties identified from patients' questions	Existing relevant systematic reviews are not up-to-date		Any age	Education and training										This is an indicative uncertainty. This or a similar submission has been made by: Patient=3, Carer=2, Professional=2	Dale J, Caramlau IO, Lindenmeyer A, Williams SM. Peer support telephone calls for improving health. Cochrane Database of Systematic Reviews 2008, Issue 4. Art. No.: CD006903. DOI: 10.1002/14651858.CD006903.pub2	Doull M, O'Connor AM, Welch V, Tugwell P, Wells GA. Peer support strategies for improving the health and well-being of individuals with chronic diseases (Protocol). Cochrane Database of Systematic Reviews 2005, Issue 3. Art. No.: CD005352. DOI: 10.1002/14651858.CD005352 Citation: Nokhoy S, Chamnan P, Anothaisintawee T. Theory-based behavioural interventions for prediabetic state and people with diabetes mellitus (Protocol). Cochrane Database of Systematic Reviews 2009, Issue 4. Art. No.: CD008082. DOI: 10.1002/14651858.CD008082.	Murray E, Burns J, See Tai S, Lai R, Nazareth I. Interactive Health Communication Applications for people with chronic disease. Cochrane Database of Systematic Reviews 2005, Issue 4. Art. No.: CD004274. DOI: 10.1002/14651858.CD004274.pub4 Loveman E, Cave C, Green C, Royle P, Dunn N, Waugh N. The clinical and cost-effectiveness of patient education models for diabetes: a systematic review and economic evaluation. Health Technology Assessment 2003 7(22):1-202 Bosch-Capblanch X, Abba K, Prictor M, Garner P. Contracts between patients and healthcare practitioners for improving patients' adherence to treatment, prevention and health promotion activities. Cochrane Database of Systematic Reviews 2007, Issue 2. Art. No.: CD004808. DOI: 10.1002/14651858.CD004808.pub3		Knowledge; social support; self-efficacy; emotional outcomes; behavioural outcomes; clinical outcomes; and to determine the effects of IHCAs on economic outcomes, in terms of resource utilisation.
Does Benfotiamine (form of vitamin B1) prevent diabetes complications?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects		Any age	Drug										This is an indicative uncertainty. This or a similar submission has been made by: Patient=5	Ang CD, Alviar MJM, Dans AL, Bautista-Velez GGP, Villaruz-Sulit MVC, Tan JJ, Co HU, Bautista MRM, Roxas AA. Vitamin B for treating peripheral neuropathy. Cochrane Database of Systematic Reviews 2008, Issue 3. Art. No.: CD004573. DOI: 10.1002/14651858.CD004573.pub3.				Incidence of complications: change in symptoms: adverse effects or complications; acceptability to patient or carer; and costs Secondary outcomes: Long-term (after more than three months) change in pain intensity or impairment measured as for the primary outcome. Short-term and long-term (defined as above) change in neuropathic symptoms measured by a validated scale. Short-term and long-term (defined as above) change in nerve conduction study (NCS) parameters: peak latency of sensory nerve action potential (SNAP) of the median and sural nerves, SNAP amplitude of the median and sural nerves,sensory nerve conduction velocity (NCV) of the median and sural nerves, distal latency of compound motor action potential (CMAP) of the median and common peroneal nerves, CMAP amplitude of themedian and common peroneal nerves, motor NCV of the median and common peroneal nerves. If the data on the common peroneal nerve were not available, the data on another lower extremity motor nerve were used. Serious adverse events as a result of treatment within three months and after three months. Serious adverse events are those which are life threatening
Does communication training (for example motivational interviewing techniques) for diabetes specialists improve type 1 diabetes control?	Uncertainties identified from patients' questions	Existing relevant systematic reviews are not up-to-date		Any age	Education and training	Psychological therapy									This is an indicative uncertainty. This or a similar submission has been made by: Patient=3, Professional=2	Forsetlund L, Bj?rndal A, Rashidian A, Jamtvedt G, O'Brien MA, Wolf F, Davis D, Odgaard-Jensen J, Oxman AD. Continuing education meetings and workshops: effects on professional practice and health care outcomes. Cochrane Database of Systematic Reviews 2009, Issue 2. Art. No.: CD003030. DOI: 10.1002/14651858.CD003030.pub2 Verheul W, Mistiaen P, Di Blasi Z, Kok L, van Dulmen S, Bensing J. The effect of varying practitioner communication on patients' health status and treatment outcomes (Protocol). Cochrane Database of Systematic Reviews 2010, Issue 10. Art. No.: CD006791. DOI: 10.1002/14651858.CD006791 Reeves S, Zwarenstein M, Goldman J, Barr H, Freeth D, Hammick M, Koppel I. Interprofessional education: effects on professional practice and health care outcomes. Cochrane Database of Systematic Reviews 2008, Issue 1. Art. No.: CD002213. DOI: 10.1002/14651858.CD002213.pub2.		Lewin S, Skea Z, Entwistle VA, Zwarenstein M, Dick J. Interventions for providers to promote a patient-centred approach in clinical consultations. Cochrane Database of Systematic Reviews 2001, Issue 4. Art. No.: CD003267. DOI: 10.1002/14651858.CD003267 Bibliographic details: Leyva-Moral J M. [Motivational interviewing as an instrument to promote physical activity and dietary adherence among people with diabetes: literature review]. Nure Investigacion 2007 (29):6 O'Brien M.A, Rogers S, Jamtvedt G, Oxman AD, Odgaard-Jensen J, Kristoffersen DT, Forsetlund L, Bainbridge D, Freemantle N, Davis D, Haynes RB, Harvey E. Educational outreach visits: effects on professional practice and health care outcomes. Cochrane Database of Systematic Reviews 2007, Issue 4. Art. No.: CD000409. DOI: 10.1002/14651858.CD000409.pub2		Future trials should also specifically assess the effects of interventions other than healthcare provider training, such as changes in the organisation of care, in promoting patient-centred care in the clinical consultation. More attention needs to be paid to the methodological quality of studies, particularly where cluster randomisation is used. A widely acceptable definition of patient-centred care that can be operationalised in effectiveness studies needs to be developed. There is currently no gold standard measure for patient centredness, and this area needs further work in order to develop valid, reliable and appropriate tools to assess the effects of interventions to promote patient-centred care on consultation processes (Mead 2000). Ways of involving healthcare consumers in the design, planning and delivery of interventions to promote patient-centred care need to be explored. In particular, the outcomes assessed in evaluations of interventions to promote patient-centred care should include measures of issues seen as important by consumers for quality of care. Outcomes: A number of processes and outcomes might be affected by interventions that aim to promote patient-centred care in
Does reducing glucose variability reduce long term complications of type 1 diabetes even when average levels are not reduced?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified		Any age	Diet	Drug									This is an indicative uncertainty. This or a similar submission has been made by: Patient=5, Professional=5 Ranked 24 in Diabetes PSP		Henderson WR, FitzGerald JM. Intensive insulin therapy and strict glucose control for critically ill patients (Protocol). Cochrane Database of Systematic Reviews 2005, Issue 3. Art. No.: CD005366. DOI: 10.1002/14651858.CD005366.			Incidence of long term complications

How can awareness of and prevention of hypoglycaemia in type 1 diabetes be improved?	Uncertainties identified from patients' questions	Existing relevant systematic reviews are not up-to-date	6	Any age	Education and training										Diabetes Ranking 6	Thomas D, Elliott EJ. Low glycaemic index, or low glycaemic load, diets for diabetes mellitus. Cochrane Database of Systematic Reviews 2009, Issue 1. Art. No.: CD006296. DOI: 10.1002/14651858.CD006296.pub2 Fatourechi MM, Kudva YC, Murad MH, Elamin MB, Tabini CC, Montori VM. Hypoglycemia with intensive insulin therapy: a systematic review and meta-analyses of randomized trials of continuous subcutaneous insulin infusion versus multiple daily injections. Journal of Clinical Endocrinology and Metabolism 2009 94(3):729-40 PMID: 19088167				Glycaemic control as measured by glycated haemoglobin, fructosamine, glycated serum albumin or other test measuring glycated proteins; adverse effects. Secondary outcomes: Insulin action (fasting plasma insulin, insulin sensitivity, insulin area under the curve, total insulin released per day, insulin-to-glucose ratio); morbidity (for example diabetes and cardiovascular related morbidity, like angina pectoris, myocardial infarction, stroke, peripheral vascular disease, neuropathy, retinopathy, nephropathy, erectile dysfunction, amputation); quality of life (using a validated instrument)
How can insulin dosage best be adjusted around exercise and/or stress?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects		Any age	Service delivery										This is an indicative uncertainty. This or a similar submission has been made by: Patient=6, Carer=1	Komatsu WR, Andriolo RB, Atallah ?N, Oliveira MM, Dib SA. Physical exercise for type 1 diabetes mellitus (Protocol). Cochrane Database of Systematic Reviews 2010, Issue 2. Art. No.: CD008384. DOI: 10.1002/14651858.CD008384				Management of symptoms; change in symptoms: adverse effects or complications; acceptability to patient or carer; and costs
How can non-invasive real-time Continuous Glucose Monitoring for diabetes be achieved?	Uncertainties identified from patients' questions	No relevant systematic reviews identified		Any age	Diagnostic										This is an indicative uncertainty. This or a similar submission has been made by: Patient=12, Carer=3, Professional=2		Langendam MW, Hooft L, De Vries H, Wentholt IM, Mudde AH, Burt AL, Scholten RJPM. Continuous glucose monitoring systems for type 1 diabetes mellitus (Protocol). Cochrane Database of Systematic Reviews 2009, Issue 4. Art. No.: CD008101. DOI: 10.1002/14651858.CD008101			Monitoring of blood glucose; incidence of complications; change in symptoms: adverse effects or complications; acceptability to patient or carer; and costs
How do we achieve social and geographical equality of care in type 1 diabetes?	Uncertainties identified from patients' questions	Existing relevant systematic reviews are not up-to-date		Any age	Service delivery										This is an indicative uncertainty. This or a similar submission has been made by: Patient=4, Professional=1			Gruen RL, Weeramanthri TS, Knight SS, Bailie RS. Specialist outreach clinics in primary care and rural hospital settings.. Cochrane Database of Systematic Reviews 2003, Issue 4. Art. No.: CD003798. DOI: 10.1002/14651858.CD003798.pub2 Murray E, Burns J, See Tai S, Lai R, Nazareth I. Interactive Health Communication Applications for people with chronic disease. Cochrane Database of Systematic Reviews 2005, Issue 4. Art. No.: CD004274. DOI: 10.1002/14651858.CD004274.pub4.		1. Access (perceived by patients; measured access determinans; realised access (total attendance and attendance rates)); 2. Quality of care (guideline-consistent referral and treatment; adherence to treatment); 3. Health outcomes; 4. Patient and provider satisfaction; 5. Use of hospital and primary care services (investigations; consultations; inpatient and outpatient treatment); and 6. Costs (per patient costs, cost-effectiveness, opportunity costs and harms). Measures of health outcomes, and in their absence, measures of access to care and quality of care, are regarded as primary outcomes for the purpose of this review. Patient satisfaction is very important but will, at least in part, be determined by access, quality and clinical outcome factors, and is often measured using non standardised scales. Independent of clinical outcomes, the use of health services and costs vary considerably with local factors and are of relatively little assistance to policy-makers. Cost-effectiveness, however, is regarded as an important outcome.
How effective is Dose Adjustment For Normal Eating (DAFNE) in diabetes?	Uncertainties identified from carers' questions	No relevant systematic reviews identified		Any age	Diet	Service delivery									This is an indicative uncertainty. This or a similar submission has been made by: Patient=3, Carer=4, Professional=1, Not stated=1, Other=1					Management of symptoms; change in symptoms: adverse effects or complications; acceptability to patient or carer; and costs
How tightly controlled do fluctuations in blood glucose levels need to be to reduce the risk of developing complications in people with type 1 diabetes?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	7	Any age	Drug	Devices									Diabetes Ranking 7	Misso ML, Egberts KJ, Page M, O'Connor D, Shaw J. Continuous subcutaneous insulin infusion (CSII) versus multiple insulin injections for type 1 diabetes mellitus. Cochrane Database of Systematic Reviews 2010, Issue 1. Art. No.: CD005103. DOI: 10.1002/14651858.CD005103.pub2	Adams GG, Grainge M, Langley J. Glucose-insulin-potassium (GIK) and tight-glycaemic-control (TGC) versus standard therapy insulin for critically ill patients (Protocol). Cochrane Database of Systematic Reviews 2008, Issue 1. Art. No.: CD006879. DOI: 10.1002/14651858.CD006879			Change in complications;
Is a closed loop system effective?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects		Any age	Devices										This is an indicative uncertainty. This or a similar submission has been made by: Patient=16, Carer=4,	Langendam MW, Hooft L, De Vries H, Wentholt IM, Mudde AH, Burt AL, Scholten RJPM. Continuous glucose monitoring systems for type 1 diabetes mellitus (Protocol). Cochrane Database of Systematic Reviews 2009, Issue 4. Art. No.: CD008101. DOI: 10.1002/14651858.CD008101				Management of symptoms; change in symptoms: adverse effects or complications; acceptability to patient or carer; and costs
Is a pancreas transplant effective?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects		Any age	Surgery										This is an indicative uncertainty. This or a similar submission has been made by: Patient=3, Carer=3, Professional=1	Gurusamy KS, Koti R, Fusai G, Davidson BR. Somatostatin analogues for pancreatic surgery. Cochrane Database of Systematic Reviews 2010, Issue 2. Art. No.: CD008370. DOI: 10.1002/14651858.CD008370.	Citation: Pascual J, Galeano C, Quereda C, Royuela A, Zamora J. Steroid avoidance or withdrawal for pancreas and kidney transplant recipients (Protocol). Cochrane Database of Systematic Reviews 2009, Issue 1. Art. No.: CD007669. DOI: 10.1002/14651858.CD007669 Kable K, Barclay P, Webster AC, Chapman JR, Craig JC. Antibody immunosuppression for pancreas and kidney/pancreas transplant recipients (Protocol). Cochrane Database of Systematic Reviews 2004, Issue 1. Art. No.: CD004681. DOI: 10.1002/14651858.CD004681 Huang SS, Zhao N, Li S, Long D, Duan X, Li Y. Tacrolimus for simultaneous kidney-pancreas transplant recipients (Protocol). Cochrane Database of Systematic Reviews 2006, Issue 3. Art. No.: CD006125. DOI: 10.1002/14651858.CD006125	Guo B, Corabian P, Harstall C. Islet transplantation for the treatment of type 1 diabetes: an update. Edmonton, AB, Canada: Institute of Health Economics. IHE Report 2008		Postoperative mortality; re-operation;
Is an artificial pancreas for type 1 diabetes (closed loop system) effective?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	3	Any age	Devices										Diabetes Ranking 3	Ellery B, Mundy L, Hiller JE. Closed-loop insulin delivery system ('artificial pancreas') for management of hypoglycaemia in type 1 diabetics. Adelaide: Adelaide Health Technology Assessment (AHTA). Horizon Scanning Prioritising Summary Volume 282010				Symptoms; adverse effects; quality of life; cost
Is it safe to continue insulin analogues in pre conception and pregnancy in type 1 diabetes?	Uncertainties identified from patients' questions	Existing relevant systematic reviews are not up-to-date		Adult	Drug										This is an indicative uncertainty. This or a similar submission has been made by: Patient=1, Research recommendation=1			Siebenhofer A, Plank J, Berghold A, Jeitler K, Horvath K, Narath M, Gfrerer R, Pieber TR. Short acting insulin analogues versus regular human insulin in patients with diabetes mellitus. Cochrane Database of Systematic Reviews 2006, Issue 2. Art. No.: CD003287. DOI: 10.1002/14651858.CD003287.pub4.		Glycaemic control (for example glycated haemoglobin, fasting plasma glucose, 24 hour glucose profile); number of overall, severe (for example requiring third party help) and non-severe hypoglycaemic episodes (subdivided by time of day of occurence);? quality of life assessment, ideally using a validated instrument like the Diabetes Treatment Satisfaction Questionnaire. Secondary outcomes: number and severity of adverse events (for example local reactions, ketoacidosis, carcinogenicity), diabetic complications (nephropathy, retinopathy, neuropathy, other diabetes related complications);diabetes related mortality (death from myocardial infarction, stroke, peripheral vascular disease, renal disease, hyperglycaemia, hypoglycaemia, sudden death); total mortality; costs.

Is metformin, when added to insulin to reduce insulin resistance, effective for the treatment of type 1 diabetes?	Uncertainties identified in research recommendations	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects		Any age	Drug										This is an indicative uncertainty. This or a similar submission has been made by: Patient=1, Carer=, Professional=1, Research recommendation=3	Abdelghaffar S, Attia AM. Metformin added to insulin therapy for type 1 diabetes mellitus in adolescents. Cochrane Database of Systematic Reviews 2009, Issue 1. Art. No.: CD006691. DOI: 10.1002/14651858.CD006691.pub2.	Chen HS, Liu J, Wang W. Insulin-sensitising therapies for preventing the progression of diabetic kidney disease (Protocol). Cochrane Database of Systematic Reviews 2007, Issue 3. Art. No.: CD006741. DOI: 10.1002/14651858.CD006741.			Glycaemic control measured by glycosylated haemoglobin A1c (HbA1c) and postprandial glucose; adverse effects of metformin (for example nausea, diarrhoea); health-related quality of life if measured by a validated instrument. Secondary outcomes: change in insulin dose;change of body mass index (BMI) or body weight or both; change of serum lipids; change in peripheral insulin sensitivity (assessed by a euglycaemic hyperinsulinaemic clamp); costs of metformin therapy; mortality and morbidity - (all-cause and diabetes related).
Is stem cell therapy effective in the treatment of diabetes?	Uncertainties identified from patients' questions	No relevant systematic reviews identified		Any age	Vaccines and biologicals										This is an indicative uncertainty. This or a similar submission has been made by: Patient=22, Carer=6, Professional=3, Not stated=1, Research recommendation=1, Other=1.						Management of symptoms; change in symptoms: adverse effects or complications; acceptability to patient or carer; and costs
What are the benefits and adverse effects of statins in diabetes?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects		Adult	Drug										This is an indicative uncertainty. This or a similar submission has been made by: Patient=11	Taylor F, Ward K, Moore THM, Burke M, Davey Smith G, Casas JP, Ebrahim S. Statins for the primary prevention of cardiovascular disease. Cochrane Database of Systematic Reviews 2011, Issue 1. Art. No.: CD004816. DOI: 10.1002/14651858.CD004816.pub4.					Death from all causes; fatal and non-fatal CHD, CVD and stroke events; combined endpoint (fatal and non-fatal CHD, CHD and stroke events); change in blood total cholesterol concentration; revascularisation; adverse events; quality of life; costs.
What are the benefits of Angiotensin-converting enzyme inhibitors (ACEI) or Angiotensin-II Receptor Antagonists (AIIRA) (ARBs) in managing type 1 diabetes?	Uncertainties identified from patients' questions	Existing relevant systematic reviews are not up-to-date		Any age	Drug										This is an indicative uncertainty. This or a similar submission has been made by: Patient=6, Carer=1, Professional=2, Not stated=1, Research recommendation=1	Li J, Wu HM, Zhang L, Zhu B, Dong BR. Heparin and related substances for preventing diabetic kidney disease. Cochrane Database of Systematic Reviews 2010, Issue 9. Art. No.: CD005631. DOI: 10.1002/14651858.CD005631.pub2 Reid S, Cawthon PM, Craig JC, Samuels JA, Mohony DA, Strippoli GFM. Non-immunosuppressive treatment for IgA nephropathy. Cochrane Database of Systematic Reviews 2011, Issue 3. Art. No.: CD003962. DOI: 10.1002/14651858.CD003962.pub2 Navaneethan SD, Nigwekar SU, Sehgal AR, Strippoli GFM. Aldosterone antagonists for preventing the progression of chronic kidney disease. Cochrane Database of Systematic Reviews 2009, Issue 3. Art. No.: CD007004. DOI: 10.1002/14651858.CD007004.pub2	Xie XS, Man Y, Fan J, Wang Y, Wu T. Heparin and related substances for delaying the progression of diabetic kidney disease (Protocol). Cochrane Database of Systematic Reviews 2007, Issue 2. Art. No.: CD006451. DOI: 10.1002/14651858.CD006451 Strippoli GFM, Craig ME, Schena FP, Craig JC. Antihypertensive agents for preventing the progression of diabetic kidney disease (Protocol). Cochrane Database of Systematic Reviews 2003, Issue 2. Art. No.: CD004138. DOI: 10.1002/14651858.CD004138.	Strippoli GFM, Craig ME, Craig JC, Lv J, Perkovic V. Antihypertensive agents for preventing diabetic kidney disease. Cochrane Database of Systematic Reviews 2005, Issue 4. Art. No.: CD004136. DOI: 10.1002/14651858.CD004136.pub2 Stevens L. Antihypertensive therapy for preventing cardiovascular complications in people with diabetes mellitus. Cochrane Database of Systematic Reviews 1997, Issue 4. Art. No.: CD002188. DOI: 10.1002/14651858.CD002188 Strippoli GFM, Bonifati C, Craig ME, Navaneethan SD, Craig JC. Angiotensin converting enzyme inhibitors and angiotensin II receptor antagonists for preventing the progression of diabetic kidney disease. Cochrane Database of Systematic Reviews 2006, Issue 4. Art. No.: CD006257. DOI: 10.1002/14651858.CD006257 Lovell HG. Angiotensin converting enzyme inhibitors in normotensive diabetic patients with microalbuminuria. Cochrane Database of Systematic Reviews 2006, Issue 1. Art. No.: CD002183. DOI:			Death (any cause), Death (cardiovascular), ESRD, Doubling of creatinine, Number of patients who develop microalbuminuria (i.e. progression from normo- to microalbuminuria) Albuminuria (mg/24 h or ?g/min), macroalbuminuria (mg/24 h or ?g/min) or proteinuria (mg/24 h) at end of treatment or change between beginning and end of treatment, Urinary albumin/creatinine ratio (mg albumin/mmol creatinine), Blood pressure (mmHg) (systolic, diastolic, mean arterial pressure (MAP)) at end of treatment or change between the beginning and end of treatment, Lipid profile, Glycemic control (HbA1c %)
What are the best Insulin delivery methods, other than injection?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects		Any age	Devices										This is an indicative uncertainty. This or a similar submission has been made by: Patients=34 Carers=7 NS2 Professional=1 Other=1	Misso ML, Egberts KJ, Page M, O'Connor D, Shaw J. Continuous subcutaneous insulin infusion (CSII) versus multiple insulin injections for type 1 diabetes mellitus. Cochrane Database of Systematic Reviews 2010, Issue 1. Art. No.: CD005103. DOI: 10.1002/14651858.CD005103.pub2. Royle P, Waugh N, Deakin M, Philip S. Inhaled insulin in diabetes mellitus. Cochrane Database of Systematic Reviews 2009, Issue 1. Art. No.: CD003890. DOI: 10.1002/14651858.CD003890.pub3					Hypoglycaemia, mortality, diabetes late complications and other adverse effects, using validated scales; and cost effectiveness. Secondary outcomes: HbA1c, daily mean blood glucose, fasting blood glucose, post-prandial blood glucose, weight, daily insulin requirement.
What are the best treatments and prevention strategies for foot ulcers in people with type 1 diabetes?	Uncertainties identified in research recommendations	Existing relevant systematic reviews are not up-to-date		Adult	Exercise	Drug	Diet	Devices	Physical therapies	Surgery					This is an indicative uncertainty. This or a similar submission has been made by: Patient=1, Professional=1, Research recommendation=5	Edwards J, Stapley S. Debridement of diabetic foot ulcers. Cochrane Database of Systematic Reviews 2010, Issue 1. Art. No.: CD003556. DOI: 10.1002/14651858.CD003556.pub2 Cruciani M, Lipsky BA, Mengoli C, de Lalla F. Granulocyte-colony stimulating factors as adjunctive therapy for diabetic foot infections. Cochrane Database of Systematic Reviews 2009, Issue 3. Art. No.: CD006810. DOI: 10.1002/14651858.CD006810.pub2 Dorresteijn JAN, Kriegsman DMW, Assendelft WJJ, Valk GD. Patient education for preventing diabetic foot ulceration. Cochrane Database of Systematic Reviews 2010, Issue 5. Art. No.: CD001488. DOI: 10.1002/14651858.CD001488.pub3 Dorresteijn JAN, Kriegsman DMW, Valk GD. Complex interventions for preventing diabetic foot ulceration. Cochrane Database of Systematic Reviews 2010, Issue 1. Art. No.: CD007610. DOI: 10.1002/14651858.CD007610.pub2	Liu JP, Zhang J, Lu H, Bell-Syer SEM. Chinese herbal medicines for treating diabetic foot ulcers (Protocol). Cochrane Database of Systematic Reviews 2006, Issue 3. Art. No.: CD006098. DOI: 10.1002/14651858.CD006098 Zhang P, Yang K, Tian J, Ma B, Liu Y, Li J, Tian J. Ozone therapy for treating diabetic foot ulcers (Protocol). Cochrane Database of Systematic Reviews 2010, Issue 4. Art. No.: CD008474. DOI: 10.1002/14651858.CD008474.	Bergin S, Wraight P. Silver based wound dressings and topical agents for treating diabetic foot ulcers. Cochrane Database of Systematic Reviews 2006, Issue 1. Art. No.: CD005082. DOI: 10.1002/14651858.CD005082.pub2 Spencer SA. Pressure relieving interventions for preventing and treating diabetic foot ulcers. Cochrane Database of Systematic Reviews 2000, Issue 3. Art. No.: CD002302. DOI: 10.1002/14651858.CD002302			Proportion of ulcers completely healed; Change in total ulcer area (either absolute or percentage change); Time to complete healing or reduced size; Signs and symptoms of clinical infection. Secondary outcomes Ulcer re-occurrence rates; Adverse effects of treatment; Quality of life; Costs; Hospital admissions; Amputation; Death
What are the characteristics of the best type 1 diabetes patient education programmes (from diagnosis to long term care) and do they improve outcomes?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	4	Any age	Education and training										Diabetes Ranking 4						Content of patient education programme; symptoms; adverse effects; quality of life; adverse effects; cost
What are the cognitive and psychological effects of living with type 1 diabetes?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	5	Any age	Education and training	Psychological therapy									Diabetes Ranking 5						Cognitive and psychological symptoms; adverse events; acceptability; quality of life;cost
What are the long and short term effects of hypoglycaemia?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects		Any age	Diagnostic										This is an indicative uncertainty. This or a similar submission has been made by: Patient=6, Carer=1,	Barnard K, Thomas S, Royle P, Noyes K, Waugh N. Fear of hypoglycaemia in parents of young children with type 1 diabetes: a systematic review. BMC Pediatrics 2010 10:50					Long and short term effects; complications or adverse effects
What effect do carbohydrates have on blood glucose levels?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects		Any age	Diet	Diagnostic									This is an indicative uncertainty. This or a similar submission has been made by: Patient=17, Carer=4, Professional=5, Not stated=1, Research recommendation=1	Thomas D, Elliott EJ. Low glycaemic index, or low glycaemic load, diets for diabetes mellitus. Cochrane Database of Systematic Reviews 2009, Issue 1. Art. No.: CD006296. DOI: 10.1002/14651858.CD006296.pub2 Livesey G, Tagami H. Interventions to lower the glycemic response to carbohydrate foods with a low-viscosity fiber (resistant maltodextrin): Meta-analysis of randomized controlled trials. American Journal of Clinical Nutrition 2009 89(1):114-125		Bravata D M, Sanders L, Huang J, Krumholz H M, Olkin I, Gardner C D, Bravata D M. Efficacy and safety of low-carbohydrate diets: a systematic review. JAMA 2003 289(14):1837-1850			Glycaemic control as measured by glycated haemoglobin, fructosamine, glycated serum albumin or other test measuring glycated proteins; adverse effects. Secondary outcomes: Insulin action (fasting plasma insulin, insulin sensitivity, insulin area under the curve, total insulin released per day, insulin-to-glucose ratio); morbidity (for example diabetes and cardiovascular related morbidity, like angina pectoris, myocardial infarction, stroke, peripheral vascular disease, neuropathy, retinopathy, nephropathy, erectile dysfunction, amputation); quality of life (using a validated instrument); costs;

What impact do changing hormones, for example during menstruation, pregnancy and menopause, have on blood glucose levels in women with type1 diabetes?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects		Adult	Diagnostic										This is an indicative uncertainty. This or a similar submission has been made by: Patient=16	Middleton P, Crowther CA, Simmonds L, Muller P. Different intensities of glycaemic control for pregnant women with pre-existing diabetes. Cochrane Database of Systematic Reviews 2010, Issue 9. Art. No.: CD008540. DOI: 10.1002/14651858.CD008540.pub2 Tieu J, Middleton P, Crowther CA. Preconception care for diabetic women for improving maternal and infant health. Cochrane Database of Systematic Reviews 2010, Issue 12. Art. No.: CD007776. DOI: 10.1002/14651858.CD007776.pub2. Tieu J, Coat S, Hague W, Middleton P. Oral anti-diabetic agents for women with pre-existing diabetes mellitus/impaired glucose tolerance or previous gestational diabetes mellitus. Cochrane Database of Systematic Reviews 2010, Issue 10. Art. No.: CD007724. DOI: 10.1002/14651858.CD007724.pub2. Farquhar C, Marjoribanks J, Lethaby A, Suckling JA, Lamberts Q. Long term hormone therapy for perimenopausal and postmenopausal women. Cochrane Database of Systematic Reviews 2009, Issue 2. Art. No.: CD004143. DOI: 10.1002/14651858.CD004143.pub3.	Mackay L, Kilbride L, Hill GWJ, Charlton J, Adamson KA, Aitken G. Hormone replacement therapy for women with type 1 diabetes mellitus (Protocol). Cochrane Database of Systematic Reviews 2010, Issue 7. Art. No.: CD008613. DOI: 10.1002/14651858.CD008613.	Siebenhofer A, Plank J, Berghold A, Jeitler K, Horvath K, Narath M, Chnerer R, Pieber TR. Short acting insulin analogues versus regular human insulin in patients with diabetes mellitus. Cochrane Database of Systematic Reviews 2006, Issue 2. Art. No.: CD003287. DOI: 10.1002/14651858.CD003287.pub4 Farrar D, Tuffnell DJ, West J. Continuous subcutaneous insulin infusion versus multiple daily injections of insulin for pregnant women with diabetes. Cochrane Database of Systematic Reviews 2007, Issue 3. Art. No.: CD005542. DOI: 10.1002/14651858.CD005542.pub2 Boulvain M, Stan CM, Irion O. Elective delivery in diabetic pregnant women. Cochrane Database of Systematic Reviews 2001, Issue 2. Art. No.: CD001997. DOI: 10.1002/14651858.CD001997 Irion O, Boulvain M. Induction of labour for suspected fetal macrosomia. Cochrane Database of Systematic Reviews 1998, Issue 2. Art. No.: CD000938. DOI: 10.1002/14651858.CD000938 Ceysens G, Rouiller D, Boulvain M. Exercise for diabetic pregnant women. Cochrane Database of Systematic			Glucose self-monitoring in pregnant women with type 2 diabetes, and further trials on continuous glucose monitoring. Web-based diabetes management interventions have been trialled in general populations and need to be tested in pregnant women and women of reproductive age with diabetes. More knowledge is needed about the differential responses in type 1 and type 2 diabetes, differences between influences of different types of glycaemic control (preprandial, postprandial, HbA1c) timing (pre-pregnancy (designated as a priority in the UK (Murphy 2009)), early pregnancy, late pregnancy) as well as the combined effects of obesity and elevated glucose in pregnant women and women of reproductive age. It will be important to evaluate women?s views of interventions so that the benefits outweigh harms as well as overcoming or avoiding impracticalities and inconveniences such as frequent hospital and clinic attendance and intrusive monitoring.
What is the best method to prevent hyperglycaemia and reduce incidence of ketoacidosis?	Uncertainties identified from clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects		Any age	Education and training	Diet	Drug								This is an indicative uncertainty. This or a similar submission has been made by: Patient=1, Professional=1,	Sinclair JC, Bottino M, Cowett RM. Interventions for prevention of neonatal hyperglycemia in very low birth weight infants. Cochrane Database of Systematic Reviews 2009, Issue 3. Art. No.: CD007615. DOI: 10.1002/14651858.CD007615.pub2.					1) All-cause mortality up to 36 weeks postmenstrual age (PMA) or as defined by authors 2) Neurodevelopmental impairment defined as presence of one or more of the following: cerebral palsy,MDI or PDI < 70, blindness or deafness assessed either between 18 and 24 months postmenstrual age or at the latest assessment up to 24 months corrected age. Growth assessed at 36 weeks PMA as measured by: a) Weight gain (g/kg/day) or as defined by authors b) Head circumference (cm/wk) or as defined by authors c) Length (cm/wk) or as defined by authors 4) Blood glucose concentrations a) Mean glucose concentration (mM/L) b) Proportion of infants developing hyperglycemia by day seven of life defined as whole blood or plasma glucose concentration > 8.3 mM/L (> 150 mg/dL) or as defined by authors.
What is the best support for family carers of people with type 1 diabetes?	Uncertainties identified from carers' questions	Existing relevant systematic reviews are not up-to-date		Any age	Psychological therapy										This is an indicative uncertainty. This or a similar submission has been made by: Patient=1, Carer=3, Professional=1			Murray E, Burns J, See Tai S, Lai R, Nazareth I. Interactive Health Communication Applications for people with chronic disease. Cochrane Database of Systematic Reviews 2005, Issue 4. Art. No.: CD004274. DOI: 10.1002/14651858.CD004274.pub4		Knowledge; social support; self-efficacy; emotional outcomes; behavioural outcomes; clinical outcomes; and to determine the effects of IHCAs on economic outcomes, in terms of resource utilisation.
What is the best way to prevent and treat lipoatrophy in diabetes?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified		Any age	Drug	Vaccines and biologicals									This is an indicative uncertainty. This or a similar submission has been made by: Professional=6,					Incidence of lipoatrophy; change in symptoms: adverse effects or complications; acceptability to patient or carer; and costs
What is the best way, for people with type 1 diabetes, to manage their weight?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects		Any age	Exercise	Drug	Diet	Surgery							This is an indicative uncertainty. This or a similar submission has been made by: Patient=5	Thomas D, Elliott EJ. Low glycaemic index, or low glycaemic load, diets for diabetes mellitus. Cochrane Database of Systematic Reviews 2009, Issue 1. Art. No.: CD006296. DOI: 10.1002/14651858.CD006296.pub2 Noknoy S, Chamnan P, Anothaisintawee T. Theory-based behavioural interventions for prediabetic state and people with diabetes mellitus (Protocol). Cochrane Database of Systematic Reviews 2009, Issue 4. Art. No.: CD008082. DOI: 10.1002/14651858.CD008082.	Citation: Komatsu WR, Andriolo RB, Atallah ?N, Oliveira MM, Dib SA. Physical exercise for type 1 diabetes mellitus (Protocol). Cochrane Database of Systematic Reviews 2010, Issue 2. Art. No.: CD008384. DOI: 10.1002/14651858.CD008384 Desroches S, Lapointe A, Ratt? S, Gravel K, L?gar? F, Npya MM, Payne A. Interventions to enhance adherence to dietary advice for preventing and managing chronic diseases in adults (Protocol). Cochrane Database of Systematic Reviews 2010, Issue 9. Art. No.: CD008722. DOI: 10.1002/14651858.CD008722.			Glycaemic control as measured by glycated haemoglobin, fructosamine, glycated serum albumin or other test measuring glycated proteins; adverse effects. Secondary outcomes: Insulin action (fasting plasma insulin, insulin sensitivity, insulin area under the curve, total insulin released per day, insulin-to-glucose ratio); morbidity (for example diabetes and cardiovascular related morbidity, like angina pectoris, myocardial infarction, stroke, peripheral vascular disease, neuropathy, retinopathy, nephropathy, erectile dysfunction, amputation); quality of life (using a validated instrument); costs; mortality
What is the effect of different types of exercise on blood sugar levels?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects		Any age	Exercise	Diagnostic									This is an indicative uncertainty. This or a similar submission has been made by: Patient=10, Carer=3, Professionals=3	Komatsu WR, Andriolo RB, Atallah ?N, Oliveira MM, Dib SA. Physical exercise for type 1 diabetes mellitus (Protocol). Cochrane Database of Systematic Reviews 2010, Issue 2. Art. No.: CD008384. DOI: 10.1002/14651858.CD008384. Noknoy S, Chamnan P, Anothaisintawee T. Theory-based behavioural interventions for prediabetic state and people with diabetes mellitus (Protocol). Cochrane Database of Systematic Reviews 2009, Issue 4. Art. No.: CD008082. DOI: 10.1002/14651858.CD008082.					Monitoring of blood glucose; incidence of complications: change in symptoms: adverse effects or complications; acceptability to patient or carer; and costs
What is the role of phosphodiesterase inhibitors in erectile dysfunction in type 1 diabetes?	Uncertainties identified in research recommendations	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects		Adult	Drug										This is an indicative uncertainty. This or a similar submission has been made by: Research recommendation=3	Vardi M, Nini A. Phosphodiesterase inhibitors for erectile dysfunction in patients with diabetes mellitus. Cochrane Database of Systematic Reviews 2007, Issue 1. Art. No.: CD002187. DOI: 10.1002/14651858.CD002187.pub3.					Cardiovascular system in diabetic patients who are prone to coronary arterial disease, and may suffer silent ischemia; direct comparisons between the three different available PDE-5 inhibitors; direct comparisons between PDE-5 inhibitors and other therapeutic options. Outcomes: The main outcome measure was the achievement of penile rigidity satisfactory for penetration and sufficiently prolonged to enable sexual intercourse to be completed.This was assessed through validated questionnaires and scales for erectile function, sexual function, quality of life, and a global efficacy questions.
What techniques could be developed to check blood sugar levels other than finger prick testing?	Uncertainties identified from patients' questions	No relevant systematic reviews identified		Any age	Diagnostic	Devices									This is an indicative uncertainty. This or a similar submission has been made by: Patient=10, Carer=3, Not stated=2		Langendam MW, Hooft L, De Vries H, Wentholt IM, Mudde AH, Burt AL, Scholten RJPM. Continuous glucose monitoring systems for type 1 diabetes mellitus (Protocol). Cochrane Database of Systematic Reviews 2009, Issue 4. Art. No.: CD008101. DOI: 10.1002/14651858.CD008101			Alternative to finger prick glucose monitoring

What treatments, including psychological support services, are effective to manage the psychological effects of type 1 diabetes?	Uncertainties identified from patients' questions	Existing relevant systematic reviews are not up-to-date		Any age	Psychological therapy										This is an indicative uncertainty. This or a similar submission has been made by: Patient=11, Professional=2	Harkness EF, Bower P.J. On-site mental health workers delivering psychological therapy and psychosocial interventions to patients in primary care: effects on the professional practice of primary care providers. Cochrane Database of Systematic Reviews 2009, Issue 1. Art. No.: CD000532. DOI: 10.1002/14651858.CD000532.pub2	Baumeister H, Hutter N, Bengel J. Psychological and pharmacological interventions for depression in patients with diabetes mellitus (Protocol). Cochrane Database of Systematic Reviews 2010, Issue 2. Art. No.: CD008381. DOI: 10.1002/14651858.CD008381.	Foster G, Taylor SJC, Eldridge S, Ramsay J, Griffiths CJ. Self-management education programmes by lay leaders for people with chronic conditions. Cochrane Database of Systematic Reviews 2007, Issue 4. Art. No.: CD005108. DOI: 10.1002/14651858.CD005108.pub2 Dale J, Caramlau IO, Lindenmeyer A, Williams SM. Peer support telephone calls for improving health. Cochrane Database of Systematic Reviews 2008, Issue 4. Art. No.: CD006903. DOI: 10.1002/14651858.CD006903.pub2		education programmes in a number of areas. We make the following recommendations for future research: Longer-term studies exploring outcomes beyond six months. Biological measures of disease control or biomarkers (such as cholesterol levels, glycaemic control). Clarification the importance and meaning of self-efficacy. Investigation of the under-representation of men. Studies in children and adolescents. Clarification of healthcare use outcomes. Cost-effectiveness studies. Exploration of disease-specific interventions. Variations in the components of interventions, for example including clinician-delivered elements. Qualitative studies to explore how participants experience the intervention, eg, what aspect of the courses do participants like/dislike, why do people drop out, why is attendance low? Ideally trials should be consistent in reporting relevant outcomes so that results of behavioural interventions for chronic diseases can be more easily combined and the body of research is more informative. In all cases, we recommend that researchers avoid using weak designs, in particular before-and-after studies, and utilise randomised studies. The latter, in addition to
Which insulin regime, 1, 2, 3 or 4 times daily is most effective?	Uncertainties identified from patients' questions	Existing relevant systematic reviews are not up-to-date		Any age	Service delivery										This is an indicative uncertainty. This or a similar submission has been made by: Patient=5, Carer=2, Professional=, Research Recommendation=2			Vardi M, Jacobson E, Nini A, Bitterman H. Intermediate acting versus long acting insulin for type 1 diabetes mellitus. Cochrane Database of Systematic Reviews 2008, Issue 3. Art. No.: CD006297. DOI: 10.1002/14651858.CD006297.pub2.		Glycaemic control (assessed primarily through measurements of glycosylated haemoglobin, as well as fasting plasma glucose or fasting blood glucose, and others); adverse effect profile (primarily hypoglycaemia - defined as low glucose measurements or hypoglycaemic related symptoms), as well as episodes of nocturnal and severe hypoglycaemia, weight gain, and others; treatment related mortality (hyperglycaemia or hypoglycaemia), diabetes related mortality (death from myocardial infarction, stroke, peripheral vascular disease, renal disease or sudden death) and all-cause mortality, were considered. Secondary outcomes: long term diabetes-related complications: non fatal myocardial infarction, angina pectoris, heart failure, stroke, peripheral vascular disease, renal failure, amputation (of at least one digit), vitreous haemorrhage, retinal photocoagulation, blindness in one eye or cataract extraction, or neuropathy; health-related quality of life (ideally measured using a validated instrument).
Which insulins (including Lantus) are safest and have the fewest adverse effects (for example weight gain)?	Uncertainties identified from patients' questions	Existing relevant systematic reviews are not up-to-date		Any age	Drug										This is an indicative uncertainty. This or a similar submission has been made by: Patient=38, Carer=6 Professional=3 Not stated=3 Research recommendation=1)			Vardi M, Jacobson E, Nini A, Bitterman H. Intermediate acting versus long acting insulin for type 1 diabetes mellitus. Cochrane Database of Systematic Reviews 2008, Issue 3. Art. No.: CD006297. DOI: 10.1002/14651858.CD006297.pub2. Siebenhofer A, Plank J, Berghold A, Jeitler K, Horvath K, Narath M, Gfrerer R, Fieber TR. Short acting insulin analogues versus regular human insulin in patients with diabetes mellitus. Cochrane Database of Systematic Reviews 2006, Issue 2. Art. No.: CD003287. DOI: 10.1002/14651858.CD003287.pub4. Citation: Richter B, Neises G. 'Human' insulin versus animal insulin in people with diabetes mellitus. Cochrane Database of Systematic Reviews 2005, Issue 1. Art. No.: CD003816. DOI: 10.1002/14651858.CD003816.pub2.		Glycaemic control (assessed primarily through measurements of glycosylated haemoglobin, as well as fasting plasma glucose or fasting blood glucose, and others); adverse effect profile (primarily hypoglycaemia - defined as low glucose measurements or hypoglycaemic related symptoms), as well as episodes of nocturnal and severe hypoglycaemia, weight gain, and others; treatment related mortality (hyperglycaemia or hypoglycaemia), diabetes related mortality (death from myocardial infarction, stroke, peripheral vascular disease, renal disease or sudden death) and all-cause mortality, were considered. Secondary outcomes: long term diabetes-related complications: non fatal myocardial infarction, angina pectoris, heart failure, stroke, peripheral vascular disease, renal failure, amputation (of at least one digit), vitreous haemorrhage, retinal photocoagulation, blindness in one eye or cataract extraction, or neuropathy, health-related quality of life (ideally measured using a validated instrument). COCHRANE SR: Short acting insulin analogues versus regular human insulin in patients with diabetes mellitus.
Which treatments are beneficial in managing retinopathy in diabetes?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects		Adult	Drug	Devices									This is an indicative uncertainty. This or a similar submission has been made by: Patient=5, Professional=3	Lopes de Jesus CC, Atallah ?N, Valente O, Trevisani VFM. Pentoxifylline for diabetic retinopathy. Cochrane Database of Systematic Reviews 2008, Issue 2. Art. No.: CD006693. DOI: 10.1002/14651858.CD006693.pub2 Lopes de Jesus CC, Atallah ?N, Valente O, Fernandes Mo?a Trevisani V. Vitamin C and superoxide dismutase (SOD) for diabetic retinopathy. Cochrane Database of Systematic Reviews 2008, Issue 1. Art. No.: CD006695. DOI: 10.1002/14651858.CD006695.pub2 Grover DA, Li T, Chong CCW. Intravitreal steroids for macular edema in diabetes. Cochrane Database of Systematic Reviews 2008, Issue 1. Art. No.: CD005656. DOI: 10.1002/14651858.CD005656.pub2 Parravano M, Menchini F, Virgili G. Antiangiogenic therapy with anti-vascular endothelial growth factor modalities for diabetic macular oedema. Cochrane Database of Systematic Reviews 2009, Issue 4. Art. No.: CD007419. DOI: 10.1002/14651858.CD007419.pub2 Citation: Grover DA, Li T, Chong CCW. Intravitreal steroids for macular edema in diabetes. Cochrane Database of Systematic Reviews 2008, Issue 1. Art. No.: CD005656. DOI: 10.1002/14651858.CD005656.pub2	Dineen B, Waldron-Lynch F, Harney F, Dinneen SF, Murphy A. Laser photocoagulation for diabetic retinopathy (Protocol). Cochrane Database of Systematic Reviews 2008, Issue 1. Art. No.: CD006960. DOI: 10.1002/14651858.CD006960 Martinez-Zapata MJ, Mart?-Carvajal AJ, Sol? I, Pijo?n JI, Bul-Calvo JA. Anti-vascular endothelial growth factor for proliferative diabetic retinopathy (Protocol). Cochrane Database of Systematic Reviews 2010, Issue 9. Art. No.: CD008721. DOI: 10.1002/14651858.CD008721.			Development of any retinopathy where none previously existed. (2) the development or progression of macular oedema with clinical significance as defined by the Early Treatment Diabetic Retinopathy Study (ETDRS), and (3) the development of proliferative retinopathy from non-proliferative diabetic retinopathy or the recurrence of active proliferative diabetic retinopathy (Borrillo 1999), incidence of blindness. Secondary outcomes: mortality (all-cause mortality; diabetes related mortality (death from myocardial infarction, stroke, peripheral vascular disease, renal disease, hyper- or hypoglycaemia or sudden death)); morbidity (all-cause morbidity as well as diabetes and cardiovascular related morbidity, for example angina pectoris, myocardial infarction, stroke, peripheral vascular disease, neuropathy, retinopathy, nephropathy, erectile dysfunction, amputation); adverse effects; health-related quality of life; costs.

Which treatments are effective in managing neuropathy in diabetes?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects		Adult	Education and training	Drug	Complementary therapies	Surgery							This is an indicative uncertainty. This or a similar submission has been made by: Patient=5, Carer=1, Professional=1	Lunn MPT, Hughes RAC, Wiffen PJ. Duloxetine for treating painful neuropathy or chronic pain. Cochrane Database of Systematic Reviews 2009, Issue 4. Art. No.: CD007115. DOI: 10.1002/14651858.CD007115.pub2 Straube S, Derry S, Moore RA, McQuay HJ. Cervico-thoracic or lumbar sympathectomy for neuropathic pain and complex regional pain syndrome. Cochrane Database of Systematic Reviews 2010, Issue 7. Art. No.: CD002918. DOI: 10.1002/14651858.CD002918.pub2 Chan YC, Lo YL, Chan ESY. Immunotherapy for diabetic amyotrophy. Cochrane Database of Systematic Reviews 2009, Issue 3. Art. No.: CD006521. DOI: 10.1002/14651858.CD006521.pub2 Moore RA, Wiffen PJ, Derry S, McQuay HJ. Gabapentin for chronic neuropathic pain and fibromyalgia in adults. Cochrane Database of Systematic Reviews 2011, Issue 3. Art. No.: CD007938. DOI: 10.1002/14651858.CD007938.pub2 Moore RA, Straube S, Wiffen PJ, Derry S, McQuay HJ. Pregabalin for acute and chronic pain in adults. Cochrane Database of Systematic Reviews 2009, Issue 3. Art. No.: CD007076. DOI: 10.1002/14651858.CD007076.pub2 Arg CD, Alviar MJM, Dans AL, Bautista-Velez GGP, Villanuz-Sulit MVC, Tan JJ, Co HU, Bautista MRM, Roxas AA. Vitamin B for treating peripheral neuropathy. Cochrane Database of Systematic Reviews 2008, Issue 3. Art. No.: CD004573. DOI: 10.1002/14651858.CD004573.pub3 Derry S, Lloyd R, Moore RA, McQuay HJ. Topical	White CM, van Doorn PA, Garssen MP,J, Stockley RC. Interventions for fatigue in peripheral neuropathy (Protocol). Cochrane Database of Systematic Reviews 2009, Issue 4. Art. No.: CD008146. DOI: 10.1002/14651858.CD008146 Zhao T, Zhang R, Zhao H. Acupuncture for symptomatic treatment of diabetic peripheral neuropathy (Protocol). Cochrane Database of Systematic Reviews 2006, Issue 4. Art. No.: CD006280. DOI: 10.1002/14651858.CD006280 Mirza N, Cornblath DR, Hasan S, Hussain U. Alpha-lipoic acid for diabetic peripheral neuropathy (Protocol). Cochrane Database of Systematic Reviews 2005, Issue 4. Art. No.: CD005492. DOI: 10.1002/14651858.CD005492 Chen W, Li Z, Liu JP. Chinese herbal medicine for diabetic peripheral neuropathy (Protocol). Cochrane Database of Systematic Reviews 2009, Issue 2. Art. No.: CD007796. DOI: 10.1002/14651858.CD007796 Little A, Feldman E, Hughes RAC. Enhanced glycemic control for preventing and treating diabetic neuropathy (Protocol). Cochrane Database of Systematic Reviews 2009, Issue 1. Art. No.: CD007543. DOI: 10.1002/14651858.CD007543 Li Y, Fang D, Tian H, Wu T. Prostaglandin E1 for diabetic neuropathy (Protocol). Cochrane Database of Systematic Reviews 2006, Issue 2. Art. No.: CD006051. DOI: 10.1002/14651858.CD006051.	Saarto T, Wiffen PJ. Antidepressants for neuropathic pain. Cochrane Database of Systematic Reviews 2007, Issue 4. Art. No.: CD005454. DOI: 10.1002/14651858.CD005454.pub2 Chalk C, Benstead TJ, Moore F. Aldose reductase inhibitors for the treatment of diabetic polyneuropathy. Cochrane Database of Systematic Reviews 2007, Issue 4. Art. No.: CD004572. DOI: 10.1002/14651858.CD004572.pub2 Chaudhry V, Russell J, Belzberg A. Decompressive surgery of lower limbs for symmetrical diabetic peripheral neuropathy. Cochrane Database of Systematic Reviews 2008, Issue 3. Art. No.: CD006152. DOI: 10.1002/14651858.CD006152.pub2 White CM, Pritchard J, Turner-Stokes L. Exercise for people with peripheral neuropathy. Cochrane Database of Systematic Reviews 2004, Issue 4. Art. No.: CD003904. DOI: 10.1002/14651858.CD003904.pub2 Mehndiratta MM, Hughes RAC. Corticosteroids for chronic inflammatory demyelinating polyradiculoneuropathy. Cochrane Database of Systematic Reviews 2003, Issue 1. Art. No.: CD002062.			The primary outcome was short-term (up to 12 weeks) improvement of pain compared with baseline using validated scales of pain intensity or pain relief. Both visual analogue and categorical scales were accepted. Where pain relief was expressed as none, minor, moderate, major or complete, only moderate, major or complete were to be considered as improvement. Where pain was measured with a continuous scale, improvement was to be taken to be an improvement of 50% or more from baseline on that scale. If results were only reported as improvement on a continuous scale,we planned to try to obtain results from the authors to provide this dichotomous analysis.
Which type of insulin is most effective?	Uncertainties identified from patients' questions	Existing relevant systematic reviews are not up-to-date		Any age	Drug										This is an indicative uncertainty. This or a similar submission has been made by: Patient=20, Carer=2, Professional=2, Other=2			Vardi M, Jacobson E, Nini A, Bitterman H. Intermediate acting versus long acting insulin for type 1 diabetes mellitus. Cochrane Database of Systematic Reviews 2008, Issue 3. Art. No.: CD006297. DOI: 10.1002/14651858.CD006297.pub2. Richter B, Neises G. 'Human' insulin versus animal insulin in people with diabetes mellitus. Cochrane Database of Systematic Reviews 2005, Issue 1. Art. No.: CD003816. DOI: 10.1002/14651858.CD003816.pub2. Siebenhofer A, Plank J, Berghold A, Jeitler K, Horvath K, Narath M, Gfrerer R, Pieber TR. Short acting insulin analogues versus regular human insulin in patients with diabetes mellitus. Cochrane Database of Systematic Reviews 2006, Issue 2. Art. No.: CD003287. DOI: 10.1002/14651858.CD003287.pub4			Glycaemic control (assessed primarily through measurements of glycosylated haemoglobin, as well as fasting plasma glucose or fasting blood glucose, and others); adverse effect profile (primarily hypoglycaemia - defined as low glucose measurements or hypoglycaemic related symptoms), as well as episodes of nocturnal and severe hypoglycaemia, weight gain, and others; treatment related mortality (hyperglycaemia or hypoglycaemia), diabetes related mortality (death from myocardial infarction, stroke, peripheral vascular disease, renal disease or sudden death) and all-cause mortality, were considered. Secondary outcomes: long term diabetes-related complications: non fatal myocardial infarction, angina pectoris, heart failure, stroke, peripheral vascular disease, renal failure, amputation (of at least one digit), vitreous haemorrhage, retinal photocoagulation, blindness in one eye or cataract extraction, or neuropathy; health-related quality of life (ideally measured using a validated instrument).
Why is the better (but more expensive) insulin pumps and continuous glucose monitoring systems not more available for the treatment of type1 diabetes, even though they would save the NHS money in the long term due to lower incidence of related conditions/complications?	Uncertainties identified from patients' questions	No relevant systematic reviews identified		Any age	Devices										This is an indicative uncertainty. This or a similar submission has been made by: Patient=12, Carer=3, Professional=2		Langendam MW, Hooft L, De Vries H, Wentholt IM, Mudde AH, Burt AL, Scholten RJPM. Continuous glucose monitoring systems for type 1 diabetes mellitus (Protocol). Cochrane Database of Systematic Reviews 2009, Issue 4. Art. No.: CD008101. DOI: 10.1002/14651858.CD008101.			Management of symptoms; change in symptoms: adverse effects or complications; acceptability to patient or carer; and costs
Does Benfotiamine (form of Vit B1) prevent diabetes complications?	Uncertainties identified from patients' questions	Existing relevant systematic reviews are not up-to-date		Any age	Drug											Arg CD, Alviar MJM, Dans AL, Bautista-Velez GGP, Villanuz-Sulit MVC, Tan JJ, Co HU, Bautista MRM, Roxas AA. Vitamin B for treating peripheral neuropathy. Cochrane Database of Systematic Reviews 2008, Issue 3. Art. No.: CD004573. DOI: 10.1002/14651858.CD004573.pub3				Short-term (three months or less) change in pain intensity; change in impairment; Long-term (after more than three months) change in pain intensity or impairment ; short-term and long-term (defined as above) change in neuropathic symptoms; short-term and long-term (defined as above) change in nerve conduction study (NCS) parameters; peak latency of sensory nerve action potential (SNAP) of the median and sural nerves, SNAP amplitude of the median and sural nerves,sensory nerve conduction velocity (NCV) of the median and sural nerves, distal latency of compound motor action potential (CMAP) of the median and common peroneal nerves, CMAP amplitude of the median and common peroneal nerves, motor NCV of the median and common peroneal nerves; serious adverse events
Does treatment of type 1 diabetics by specialists (e.g. doctors, nurses, dieticians, podiatrists, ophthalmologists and psychologists) trained in person-centred skills provide better blood glucose control, patient satisfaction and self-confidence in management of type 1 diabetes, compared to treatment by non specialists with standard skills?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	8	Any age	Service delivery										Diabetes Ranking 8						Glycosylated haemoglobin (HbA1c); sort term diabetic complications (hypoglycaemic episodes, ketoacidotic incidents), long term diabetic complications; diabetic retinopathy, neuropathy, nephropathy; mortality; emergency admissions; quality of life; body mass index (BMI); costs: adverse effects
How can insulin dosage for type 1 diabetes best be adjusted around exercise and/or stress?	Uncertainties identified from patients' questions	No relevant systematic reviews identified		Any age	Drug												Komatsu WR, Andriolo RB, Atallah ?N, Oliveira MM, Dib SA. Physical exercise for type 1 diabetes mellitus (Protocol). Cochrane Database of Systematic Reviews 2010, Issue 2. Art. No.: CD008384. DOI: 10.1002/14651858.CD008384			Management of diabetes, advere effects; quality of life, costs

How can non-invasive, accurate, real-time Continuous Glucose Monitoring be achieved?	Uncertainties identified from patients' questions	No relevant systematic reviews identified		Any age	Devices												Langendam MW, Hooft L, De Vries H, Wentholt IM, Mudde AH, Burt AL, Scholten RJPM. Continuous glucose monitoring systems for type 1 diabetes mellitus (Protocol). Cochrane Database of Systematic Reviews 2009, Issue 4. Art. No.: CD008101. DOI: 10.1002/14651858.CD008101				Glycaemic control*; quality of life ; complications and adverse effects; local adverse effects; specific diabetes complications; among pregnant women: birth weight, macrosomia and congenital malformations of the child, perinatal complications; CGM derived glycaemic control (with blinded CGM for the control group) nocturnal hypoglycaemic episodes; glucose levels less than 3.9 mmol/L (mean area under CGM curve, number of episodes or both); glucose levels equal or greater than 10 mmol/L (mean area above CGM curve, number of episodes or both); death (all causes); costs covariates, effect modifiers and confounders; potential effect modifiers: patients with hypoglycaemia unawareness (failure to recognize autonomic warning symptoms before the development of neuroglycopenia (Cryer 2004)); patients with poorly controlled diabetes (defined as HbA1c > 8.0%); Timing of outcome measurement Analyses will be performed for measurements performed at three months follow up (short-term effects); six months, 1, 2, 5 and 10 years follow up (long-term effects). *Primary outcomes
Insulin delivery methods, other than injection.	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects		Any age	Devices												Misso ML, Egberts KJ, Page M, O'Connor D, Shaw J. Continuous subcutaneous insulin infusion (CSII) versus multiple insulin injections for type 1 diabetes mellitus. Cochrane Database of Systematic Reviews 2010, Issue 1. Art. No.: CD005103. DOI: 10.1002/14651858.CD005103.pub2				Glycaemic control; adverse effect; treatment related mortality; diabetes related mortality; long term diabetes-related complications; non-fatal myocardial infarction; angina pectoris; heart failure; stroke; peripheral-vascular disease; renal failure; amputation of at least one digit); vitreous haemorrhage; retinal photocoagulation, blindness in one eye or cataract extraction, or neuropathy; health-related quality of life
Is insulin pump therapy effective? (immediate v deferred pump, and comparing outcomes with multiple injections)	Uncertainties identified from patients' questions	No relevant systematic reviews identified	2	Any age	Devices											Diabetes Ranking 2		Langendam MW, Hooft L, De Vries H, Wentholt IM, Mudde AH, Burt AL, Scholten RJPM. Continuous glucose monitoring systems for type 1 diabetes mellitus (Protocol). Cochrane Database of Systematic Reviews 2009, Issue 4. Art. No.: CD008101. DOI: 10.1002/14651858.CD008101				Hypoglycaemia, mortality, diabetes late complications and other adverse effects using validated scales; and cost effectiveness. Secondary outcomes: HbA1c, daily mean blood glucose, fasting blood glucose, post-prandial blood glucose, weight, daily insulin requirement
Is it possible to constantly and accurately monitor blood sugar levels, in people with type 1 diabetes, with a discrete device (microchip, implant for example) ?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	1	Any age	Devices											Diabetes Ranking 1		Langendam MW, Hooft L, De Vries H, Wentholt IM, Mudde AH, Burt AL, Scholten RJPM. Continuous glucose monitoring systems for type 1 diabetes mellitus (Protocol). Cochrane Database of Systematic Reviews 2009, Issue 4. Art. No.: CD008101. DOI: 10.1002/14651858.CD008101				Effects of continuous glucose monitoring systems compared with each other, and compared to conventional self-monitoring of blood glucose in patients with type 1 diabetes mellitus
What are the effects of stress on glucose levels in people with type 1 diabetes?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects		Any age	Drug												Toohill J, Soong B, Flenady V. Interventions for ketosis during labour. Cochrane Database of Systematic Reviews 2008, Issue 3. Art. No.: CD004230. DOI: 10.1002/14651858.CD004230.pub2				Management of diabetes; advere effects; quality of life, costs
What impact do changing hormones, for example during menstruation, pregnancy and menopause, have on blood glucose levels in women with type 1 diabetes?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects		Adult	Drug												Middleton P, Crowther CA, Simmonds L, Muller P. Different intensities of glycaemic control for pregnant women with pre-existing diabetes. Cochrane Database of Systematic Reviews 2010, Issue 9. Art. No.: CD008540. DOI: 10.1002/14651858.CD008540.pub2				Maternal* - Hyperglycaemia requiring changes in management during pregnancy, Pre-eclampsia, Mode of birth (normal vaginal birth, operative vaginal birth, caesarean section); Neonatal* - Perinatal (fetal and neonatal) and postneonatal mortality, Congenital fetal anomaly, Death or morbidity composite (variously defined by trials, e.g. infant death, shoulder dystocia, bone fracture or nerve palsy)*; Maternal - Maternal mortality, Hypoglycaemia requiring treatment during pregnancy, Cardiovascular events, Glycaemic control achieved (e.g. blood glucose or HbA1c concentrations), Induction of labour, Augmentation of labour, Perineal trauma, Pregnancy-induced hypertension, Weight gain during pregnancy, Postpartum haemorrhage, Postpartum infection, Placental abruption, Depression, Anxiety, Breastfeeding, Satisfaction with treatment/management, Adherence with treatment/management, Diabetic ketoacidosis, Neonatal - Large-for-gestational age (birthweight greater than 90th centile; or as defined by individual trial), Macrosomia (greater than 4000 g; or as defined by individual trial), Shoulder dystocia, Bone fracture, Nerve palsy; Gestational age at birth, Birth
What is the benefit of incretin therapy for the treatment of type 1 diabetes?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified		Any age	Drug											This is an indicative uncertainty. This or a similar submission has been made by: Patient=1, Professional=1 Ranked 21 in Diabetes PSP						Glycaemic control; adverse effect; treatment related mortality; diabetes related mortality; long term diabetes-related complications; non-fatal myocardial infarction; angina pectoris; heart failure; stroke; peripheral-vascular disease; renal failure; amputation of at least one digit); vitreous haemorrhage; retinal photocoagulation, blindness in one eye or cataract extraction, or neuropathy; health-related quality of life
What is the best way, for people with type 1 diabetes, to manage thier weight?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects		Any age	Education and training	Exercise	Physical therapies	Psychological therapy									Thomas D, Elliott EJ. Low glycaemic index, or low glycaemic load, diets for diabetes mellitus. Cochrane Database of Systematic Reviews 2009, Issue 1. Art. No.: CD006296. DOI: 10.1002/14651858.CD006296.pub2	Nolkroy S, Chamnan P, Anothaisintawee T. Theory-based behavioural interventions for prediabetic state and people with diabetes mellitus (Protocol). Cochrane Database of Systematic Reviews 2009, Issue 4. Art. No.: CD008082. DOI: 10.1002/14651858.CD008082 Komatsu WR, Andriolo RB, Atallah ?N, Oliveira MM, Dib SA. Physical exercise for type 1 diabetes mellitus (Protocol). Cochrane Database of Systematic Reviews 2010, Issue 2. Art. No.: CD008384. DOI: 10.1002/14651858.CD008384 Desroches S, Lapointe A, Ratt? S, Gravel K, L?gar? F, Njoya MM, Payne A. Interventions to enhance adherence to dietary advice for preventing and managing chronic diseases in adults (Protocol). Cochrane Database of Systematic Reviews 2010, Issue 9. Art. No.: CD008722. DOI: 10.1002/14651858.CD008722				Behaviour changes; changes in weight; change in glycosylated haemoglobin A1C (HbA1c) level; insulin action (fasting plasma insulin, insulin sensitivity, insulin area under the curve, total insulin released per day, insulin-to-glucose ratio); morbidity (for example diabetes and cardiovascular related morbidity, like angina pectoris, myocardial infarction, stroke, peripheral vascular disease, neuropathy, retinopathy, nephropathy, erectile dysfunction, amputation); quality of life (using a validated instrument); costs; mortality
What makes self management successful for some people with type 1 diabetes and not others?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	9	Any age	Education and training											Diabetes Ranking 9						Self management of symptoms; adverse effects; acceptability; quality of life; cost
What treatments are effective in managing neuropathy?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects		Adult	Drug												Lunn MPT, Hughes RAC, Wiffen PJ. Duloxetine for treating painful neuropathy or chronic pain. Cochrane Database of Systematic Reviews 2009, Issue 4. Art. No.: CD007115. DOI: 10.1002/14651858.CD007115.pub2				Change in pain;

Which insulins are safest and have the fewest adverse effects?	Uncertainties identified from patients' questions	Existing relevant systematic reviews are not up-to-date	10	Any age	Drug										Diabetes Ranking 10	Vardi M, Jacobson E, Nini A, Bitterman H. Intermediate acting versus long acting insulin for type 1 diabetes mellitus. Cochrane Database of Systematic Reviews 2008, Issue 3. Art. No.: CD006297. DOI: 10.1002/14651858.CD006297.pub2 Siebenhofer A, Plank J, Berghold A, Jeitler K, Horvath K, Narath M, Gfrerer R, Pieber TR. Short acting insulin analogues versus regular human insulin in patients with diabetes mellitus. Cochrane Database of Systematic Reviews 2006, Issue 2. Art. No.: CD003287. DOI: 10.1002/14651858.CD003287.pub4 Richter B, Neises G. 'Human' insulin versus animal insulin in people with diabetes mellitus. Cochrane Database of Systematic Reviews 2005, Issue 1. Art. No.: CD003816. DOI:				Safety; adverse effects (short and long term); weight gain
Why is the better (but more expensive) insulin pumps and continuous glucose monitoring systems not more available for the treatment of type 1 diabetes, even though they would save the NHS money in the long term due to lower incidence of related conditions/complications?	Uncertainties identified from patients' questions	No relevant systematic reviews identified		Any age	Devices												Langendam MW, Hooft L, De Vries H, Wentholt IM, Mudde AH, Burt AL, Scholten RJPM. Continuous glucose monitoring systems for type 1 diabetes mellitus (Protocol). Cochrane Database of Systematic Reviews 2009, Issue 4. Art. No.: CD008101. DOI: 10.1002/14651858.CD008101			Glycaemic control; adverse effect; treatment related mortality; diabetes related mortality; long term diabetes-related complications; non-fatal myocardial infarction; angina pectoris; heart failure; stroke; peripheral vascular disease; renal failure; amputation of at least one digit); vitreous haemorrhage; retinal photocoagulation, blindness in one eye or cataract extraction, or neuropathy; health-related quality of life