**A PSAD Group response to the Consensus report on the definition and interpretation of remission in type 2 diabetes: a psychosocial perspective is needed**

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**Duality of interest**

We have no competing interests.

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We note that the ADA / EASD consensus report on the definition of ‘remission’ of type 2 diabetes is limited largely to a medical interpretation, focused on physiological considerations and monitoring of biomedical indices (1). As psychologists and behavioural scientists, we believe this consensus report would have benefited from inclusion of a section highlighting that ‘remission’ requires ongoing education, behavioural and psychosocial support: to manage expectations, to enhance self-efficacy, to minimise the potential for emotional distress or stigma, and to ensure sensitive and appropriate communication.

We recognise that the evidence for ‘remission’ enables greater choice, self-efficacy and pro-active self-management from diabetes diagnosis, with the possibility of a life free from diabetes-related complications. From a psychological perspective, this is important as it offers hope – notably, the antithesis of depression, which is more common among people with type 2 diabetes than the general population and increases risk for diabetes-related complications.

However, several position statements around the world highlight that language matters in diabetes care (2). So, we need to consider the broader implications of the language of ‘remission’, beyond the medical interpretation. The consensus report proposes that ‘remission’ describes ‘a sustained metabolic improvement in type 2 diabetes to nearly normal levels’ (1). While definitions of ‘remission’ vary, all share the central notion of ‘release’. ‘Remission’ is the correct language if it means that an individual has glycaemic levels in the range determined to mean a ‘release’ from diabetes, *without* ongoing need for medication or maintenance of new health behaviours (e.g. diet, activity, sleep, stress management). However, this is not the case. In the context of type 2 diabetes, achieving and sustaining ‘remission’ requires multiple and complex long-term changes in health behaviours, thinking patterns and social behaviours (3,4).

So, let us consider what it may mean to a person with type 2 diabetes. They have been through a period of intensive treatment: a ‘change of lifestyle, other medical or surgical interventions’ (1), and their doctor declares their diabetes is now ‘in remission’. Are they now cured? Is their diabetes gone forever? Do they now fear the recurrence of diabetes? Are they more or less distressed? What are the implications for their identity; or for the majority who cannot achieve or sustain ‘remission’? Attitudes about identity following cancer remission play a complex role affecting the individual’s longer-term outcomes (5). This will be even more relevant in type 2 diabetes, where ‘remission’ is reliant entirely on the individual’s behaviours.

‘Remission’ will not be a reality for most people for most of the time; and certainly not without considerable behavioural change and psychosocial support (3,4). In the absence of evidence regarding the suitability of the term ‘remission’ in the context of type 2 diabetes, we do not propose an alternate term. However, we do encourage full consideration of the behavioural and psychosocial perspective, and cautious messaging about ‘remission’ in clinical practice and public health communications, to increase self-efficacy without creating false hope, feelings of failure or stigma for those who cannot achieve or sustain ‘remission’.

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**Appendix 1: Members of the PsychoSocial Aspects of Diabetes (PSAD) Study Group of the European Association for the Study of Diabetes (EASD) at October 2021**

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