



Welcome

Welcome to the nineteenth issue of Type 2 and You. With summer upon us, many of us will be looking forward to our summer holidays, so in this issue we look at some sensible precautions to take when going on holiday and coping with the summer heat. We also look at nutrition and older people with diabetes and tell you about the launch of our new book 'Diabetes – Food, Meds and More'.



Holiday Tips

If you are going on holiday this summer, it may be the first time you have travelled since your diabetes was diagnosed. We hope that this article will give you a few practical tips whether going on holiday abroad or in this country.

Precautions when travelling by air

- Carry two lots of medication, testing equipment and syringes/pens and distribute them between two different lots of hand luggage. Luggage does get lost.
- You should always carry a card to say that you have diabetes. If you use insulin, you will need a letter from your GP to explain that you have to carry insulin and other diabetes equipment on board with you.
- Always take more medication than you need in case of loss or breakages. It is also a good idea to take an extra prescription with you, just in case.

Beating jetlag

Travelling across several time zones will probably cause some degree of jet lag. Symptoms include daytime sleepiness, fatigue, disorientation, poor concentration, headache and irritability. There are a number of ways to relieve jetlag:

- Avoid caffeine and alcohol on the plane - drink plenty of water or fruit juice.

- Eat modestly at times that correspond to the usual mealtimes as this will help your body to readjust to the new time zone.
- After a westward flight, stay awake while there is daylight and try to sleep when it is dark.
- After an eastward flight, get up in the morning but avoid bright light and go outdoors in the afternoon.
- Take moderate exercise, perhaps by sightseeing.

Holiday Insurance

If you have diabetes, travel agents are not the best people to provide holiday insurance. Shop around, but always declare your diabetes and any other medical conditions, otherwise you may not be covered if you need to use the insurance. If you are going on holiday in Europe, remember to take your European Health Insurance card (EHIC) and proof of being a UK resident e.g. driving licence. The EHIC is available at the Post Office.

Coping with diabetes and the heat of summer

- Drink plenty of water as dehydration can raise blood glucose levels.
- Sunburn can raise blood glucose levels, so avoid spending long hours in the sun and wear sunscreen of at least 30 SPF.
- Shield your meter from the sun and test strips should be kept in a cool, dry place.
- Hot weather may affect blood glucose levels and can lead to low blood sugars.

Two of our members contacted us with their own experiences and tips and we thought we should pass them on to you.

One of our members and her husband regularly fly abroad to Italy and France and although she is not required to carry any medical equipment relating to her diabetes, her husband has a medical condition that does require him to carry equipment that includes a small pair of scissors. As advised he carries a letter from his GP, as should anybody carrying insulin pens, syringes blood testing equipment etc. This had proved to be fine when flying into major airports. However, recently they flew into a more provincial airport where the customs officers did not understand the letter as they could not read English, resulting in an unpleasant and unnecessary search both his body and luggage. On their return home, they were talking to their son about the experience and he advised that they use Google Translator (<http://translate.google.co.uk/?hl=en&tab=wT>) to get French and Italian versions of the letter. Since then they have flown to several provincial airports and have had no further problems. So, if you are travelling abroad and taking diabetes supplies with you, then get the letter you have from your GP translated into the relevant language to avoid any potential problems.

Another of our members regularly flies to Thailand and he advises notifying airports in advance that he will be carrying medication and sharps. His second piece of advice applies to anyone travelling to hot countries, which is to purchase a digital thermometer that not only tells you the current temperature but also records the highest and lowest temperature. This can then be placed in the fridge alongside supplies of insulin and used to adjust the temperature of the fridge to ensure it is running at the optimum temperature for storing insulin.

IDDT has produced a FREE Holiday Information Pack. If you would like one, then please contact us using the details at the end of this newsletter.

The Golden Rules - with or without diabetes

- Obtain comprehensive travel insurance, and read the small print.
- Research your destination – know the local laws and customs.
- Tell someone where you are going and leave them emergency contact details.
- Take enough money and have access to emergency supplies.

Confusio

With the increased publicity that even 5 portions of fruit and vegetables is not enough, there has also been publicity about whether fruit juice counts as one of our five-a-day. Many of us remember that it did when the five-a-day message was first given out. However the message now appears to be:

From running 14 miles to cake sales and coffee mornings, the fundraising drive launched to commemorate IDDT's 20th anniversary is gathering pace. The £20 Challenge aims to generate much-needed funds by calling on every supporter and member to raise an 'attainable' amount to help guarantee another 20 years of IDDT.

Supporter David Hughes generated £300 by taking part in the Silverstone Half Marathon on 2nd March. He said: "It was the first organised run I have done and despite being tough, it was very

n around fruit juice

'Fruit juice should NOT count in our five-a-day because some versions 'contain as much sugar as fizzy drinks'.

This statement comes from researchers from Glasgow University who have asked the UK government to change its guidelines. They also recommend that labels on fruit juice containers should advise people not to drink more than 150ml (1/4pt) a day.

- A 250ml serving of orange juice contains 115 calories - and many people drink more than this. In many high street cafes, 500ml servings are the norm.
- Even pure fruit juice is said to contain a large amount of naturally-occurring sugar but people end up drinking too much of it because it is not seen as unhealthy.

The researchers believe that cutting fruit juice intake could have major health benefits such as reducing obesity and heart disease. An article in The Lancet Diabetes and Endocrinology identified a possible link between high fruit juice intake and an increased risk of Type 2 diabetes. The article also pointed out that although fruit juices do contain important vitamins and minerals, not contained in sugar-sweetened drinks, this may not be enough to offset the adverse consequences of excessive fruit juice consumption.



Here are some facts:

- 250ml of apple juice typically contains 110 calories and 26g of sugar.
- 250ml of cola typically contain 105 calories and 26.5 g of sugar.
- Fruit juice contains significantly more sugar than a piece of fruit and much of the goodness in fruit, such as fibre, is not found in fruit juice. For example, an apple contains only 50 calories and there is the benefit of fibre.

Just a note – orange juice has been one of the standard recommendations for treating a hypo for many years, so surely it should come as no surprise that it has high sugar content!

fundraisers get behind £20 challenge

rewarding. I finished it in 2 hours 11 minutes, which I was happy with considering it was my first run."

Brothers Oliver and Ben Jelley are going to run from Market Harborough to Northampton on Saturday, June 7, along a disused railway line, which is now the Brampton Valley Way and covers 14 miles. Oliver, who works with IDDT, said: "It started out with just me but my little brother was keen to get involved – so, as we're quite competitive, it has inevitably turned into a race. Since he decided to join me, my training has increased, but it's not just about who reaches the finishing line first, it's also now turning into who raises the most money as well."

IDDT Postroom Operative Caroline York will

be meeting the pair half way on her bike and joining them for the remainder of the challenge. She said:

"Having been here for 4 years, I have seen the valuable job carried out by IDDT, so I jumped at the chance to do a £20 Challenge. Caroline isn't the only IDDT team member embarking on a challenge, Co-Chair Jenny Hirst is staging a coffee morning and Database Manager Rita East will be completing a 10-mile sponsored walk. Tina Freeland, a supporter of IDDT, is also staging a cake sale.

Martin Hirst, acting IDDT Chief Executive, said: "We, like every charity, are reliant on donations but whereas other fundraising drives can be quite demanding, our £20 Challenge is attainable for both our challengers and sponsors."



David Hughes

Prescription charges rise

People with diabetes taking insulin or medication to control their diabetes are exempt from prescription charges. However, people in England who treat their diabetes with diet only are not exempt from prescription charges unless they meet other criteria. People in Wales, Scotland and Northern Ireland are entitled to free prescriptions regardless of how their diabetes is treated.

From April 1st 2014, for people not exempt, prescription charges rose by 20% from £7.85 to £8.05 for each drug or appliance. It is also intended that the single charge will increase by 20% to £8.25 in the following year. However, for the next 2 years the cost of a prescription prepayment certificate will remain at £29.10 for a 3 month certificate and the cost of the annual certificate will stay at £104.

In England around 90% of prescription items are dispensed free which includes:

- Those on specific benefits or through the NHS Low Income Scheme.
- Those who are age exempt.
- Those with certain medical conditions.

Following the announcement, the Prescription Charges Coalition carried out a survey of over 5,000 people with long-term conditions and found that:

Prescription charges stop 37% of people who responded from taking their medicines they need.

75% of these people said their ability to work was affected, with 70% taking sick leave.

Over half also reported that their performance at work had suffered as a result of not taking their medicines.

How to obtain free prescriptions

You need a valid Medical Exemption Certificate. For people with diabetes, these last for 5 years and it is important to remember to re-apply before your current Certificate expires. You can ask your healthcare team for an application form or obtain one from your local post office.

It is important to carry this Certificate with you whenever you need a prescription.

Diabetes

The prevalence of major depression in the UK population at any one time is about 5%, although the prevalence of depression in people with diabetes is significantly higher, affecting up to as many as 18% of people with diabetes.

How do you know if you are depressed?

The signs of depression include the following:

- No longer enjoying or being interested in most activities.
- Feeling tired or lacking energy.
- Being agitated or lethargic.
- Feeling sad or low much of the time.
- Weight gain or weight loss.
- Sleeping too little or too much.
- Difficulty paying attention or making decisions.
- Thinking about death or suicide.

If you have some or all of these symptoms over two weeks or more, then you should see your doctor.

How does depression affect people with diabetes?

An international report has shown that having diabetes and depression has the greatest negative effect on quality of life compared to diabetes or depression alone, or other chronic conditions. [Lancet 2007;370:851-8]

Research using questionnaires has shown that depression in people with both Type 1 and Type 2 diabetes may have the following effects:

- They are less likely to eat the types and amounts of food recommended.
- Less likely to take all their medications.

and Depression

- Less likely to function well, both physically and mentally.
- Greater absenteeism from work.

[Archives of Internal Medicine, Nov 27, 2000]

The need for diagnosis

Recent estimates suggest that up to three quarters of cases of depression in people with diabetes may go undiagnosed. This may be because of poor detection rates but it could also be that some people with diabetes don't report their symptoms of depression because they see them as 'just part of having diabetes'.

Screening for depression [not specifically for people with diabetes] has been recommended by national and international bodies and in the UK, the Department of Health recommends that all GPs use two simple questions to screen for symptoms of depression:

During the last month, have you been bothered by feeling down, depressed or hopeless?

During the last month, have you often been bothered by having little interest or pleasure in doing things?

If people answer 'yes' to either of these questions, they are given a questionnaire to answer to measure the extent and nature of the symptoms. So if you answer 'yes' to the two questions above or you have more mild symptoms, you are not alone and the clear message from research is to seek help from your doctor because there is a good chance that your life will improve.

Treatment

Treatment for depression in people with diabetes has been shown to be effective and has the additional benefits

of improving blood sugar control. The evidence suggests that cognitive behaviour therapy and anti-depressant medicines are as effective in people with diabetes as in those without diabetes. One study found that not only did treatment improve blood sugar control but during treatment there was an improvement in mood and weight. As the treatment of depression can improve blood sugar control, it is also likely to reduce the risk of complications but importantly, it can also improve quality of life.

It is also well recognised that exercise helps to reduce depression, so although it may be the last thing that people feel like doing, it is worth increasing the amount of exercise being taken.

If you would like to know more about Diabetes and Depression, IDDT has produced a booklet 'Diabetes – Stress, Anxiety and Depression'. To receive your FREE copy, please contact IDDT using the contact details at the end of this newsletter.





Ramadan Fasting & Diabetes

Ramadan is based on the ninth month of the lunar calendar, so this year it is expected that the fast of Ramadan will commence on Saturday June 28th or Sunday June 29th 2014 and last for 29 or 30 days.

During this month it is expected that Muslims who participate will abstain from food, water, beverages, smoking, oral drugs and sexual intercourse from sunrise to sunset. Ramadan moves forward each year by about 11 days which means the length of fasting is greater at certain times of year than others. The length of fasting has special consequences for people with diabetes, especially those taking insulin and the risk of complications increases with longer periods of fasting.

People with diabetes may be exempted from fasting but the majority of people with diabetes do fast. Those who fast during Ramadan can have acute complications, such as hypoglycaemia, hyperglycaemia, diabetic ketoacidosis and dehydration, most of which are as a result of a reduction of food and fluid intake and the timing of meals.

There are no evidence-based guidelines for safe fasting so people have to rely on expert advice from doctors and their personal experiences. However, a study in people with Type 1 and Type 2 diabetes carried out in Pakistan, has shown that with active glucose monitoring, alteration of drug dosage and timing, dietary counselling and patient education, the majority of patients did not have any serious acute complications during Ramadan.

Two educational sessions were given to patients, one about drug dosage and timing and one about dietary and lifestyle modifications. Patients were asked to test their blood glucose levels twice daily for at least 15 fasting days with one test being during the fasting period. Following these education sessions and the advice given, the researchers found that the majority of people did not have any serious acute complications – none developed diabetic ketoacidosis and the highest frequency of hypo- and hyperglycaemia occurred before dawn. [Diab. Med. 29, 709-715 (2012)]

The findings of this and other studies suggest that people with Type 1 and Type 2 diabetes should have an assessment with their diabetes team before Ramadan about drug/insulin adjustments, exercise and awareness of the risks of hypo- and hyperglycaemia. If they are ill during the fasting, then they should seek advice from their diabetes team.

2014: Our 20th Anniversary Conference and AGM

2014 is our 20th Anniversary, so we are holding a conference that hopefully is a little bit special to celebrate the formation of IDDT and some of our achievements. You will see from the conference booking form, accompanying this newsletter that it should be an interesting day and we hope that many of you will be able to attend. A date for your diary - October 18th 2014!

Because the conference is celebrating our 20th anniversary, we have decided to hold our Annual General Meeting on a separate day. The meeting will be held at the Kettering Park Hotel and all members are welcome to attend. The meeting will start at 2.00pm on Wednesday, October 29th 2014.



Nutrition and older people with diabetes

By Dr Mabel Blades, Independent Freelance Registered Dietitian and Nutritionist.
Mabel's Blog; mabelonamission.blogspot.co.uk

Introduction

All too often for those with diabetes the focus is on the condition and other aspects of health and diet can be overlooked. Adequate nutrition and hydration are important to maintain health and this is important for anyone but particularly as we age.

Background

The number of older people is increasing and it is estimated that by 2033 a third of the population will be over the age of 60 years. Among this group more than 3 million will be over the age of 85 years. It is known that more than 40% of this group of older people have a chronic condition, which obviously includes diabetes.

Fluid

Adequate fluid intake is vital as it is needed for various body functions. Two litres of fluid per day are recommended and this can be from various sources, except drinks containing strong caffeine and alcohol. Unfortunately, as people age the thirst sensation is reduced.

Dehydration is associated with confusion, headaches, irritability as well as constipation, urinary tract infections, joint problems and dry skin.

Dietary factors

People with diabetes are encouraged to follow a diet which is:

- Low in fat.
- Low in added sugars.
- Carbohydrate controlled.
- Contains over 400g of fruit and vegetables per day.
- Low in salt.

The aim of such a diet is to maintain an ideal body weight. It is associated with preventing cardiovascular risk, such as raised blood cholesterol levels, hypertension, obesity, and Alzheimer's disease.

Of particular consideration to the prevention of cardiovascular disease is the increasing interest in the Mediterranean diet. This diet is based on fruit, vegetables, grains, olive oil, pulses and nuts, herbs and spices. It also includes some fish and sea-foods. Poultry, eggs, cheese and yoghurt are included in smaller amounts, as is wine. Sweets and meats are advocated less often. Consequently, such diets are low in saturated fat which is rich in antioxidants beneficial in preventing oxidative damage, contain olive oil which provides monounsaturated fat to help to reduce cardiovascular risk, and include foods with a low glycaemic index (longer-acting carbohydrates).

Vitamins

Lack of vitamin D is associated with a fall in bone strength and the Department of Health recommends that people over 65 years who are not exposed to much sun, should also take a daily supplement containing 10 micrograms (0.01mg) of vitamin D.

- The National Diet and Nutrition Survey shows that for groups of older people, vitamins A, B2, B6, folic acid, iron, calcium, magnesium, zinc and iodine fall below recommended levels.
- Multivitamins may be recommended due to the potential benefits of folate and B vitamins in reducing cardiovascular risk. Multivitamin and mineral supplementation may be beneficial.
- Omega-3 fatty acids have also been shown to have a protective effect in preventing cardiovascular disease and cognitive decline. Again this may be a further reason for consideration of a Mediterranean diet.

Protein

The reduction of muscles and the muscle strength that occurs in older people is called "sarcopenia". A diet adequate in protein accompanied with exercise, particularly of the strength type, can be helpful. Therefore having protein at all 3 meals per day can be particularly beneficial.

Diabetes

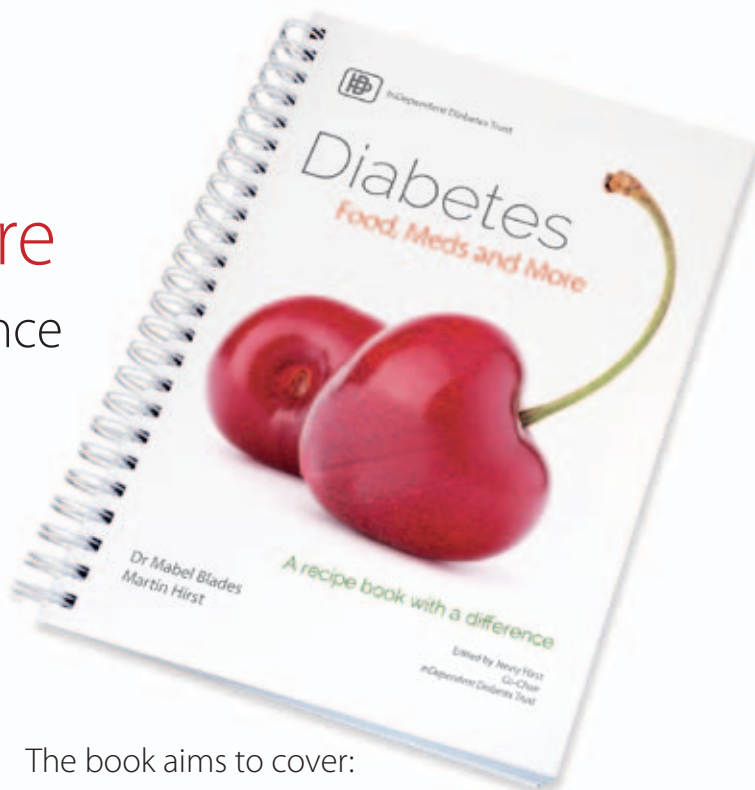
Food, Meds and More

The recipe book with a difference

For the first time and in recognition of our 20th Anniversary, IDDT has published a book entitled '*Diabetes – Food, Meds and More*'. It is a recipe book with a difference for people with Type 1 and Type 2 diabetes and for those at risk of diabetes.

The book was co-written by Martin Hirst and Mabel Blades, the authors of '*Diabetes – Everyday Eating*' - IDDT's most popular booklet, nearly 160,000 copies of which have been supplied in less than two years.

'*Diabetes – Food, Meds and More*' is not a typical recipe book, as it aims to cover real life, the day to day situations that happen. It not only includes everyday meals but also what to eat if you are ill, when you are taking exercise, if blood glucose levels are low, if you are travelling or if you are having a party. It also has sections for people with diabetes and coeliac disease, a lifestyle essential, and for vegetarians and vegans with diabetes, lifestyle choices.



The book aims to cover:

Management – the different types of diabetes and information on lifestyle issues.

Medication – the ways Type 1 and Type 2 diabetes are treated, including information on different types of meals and how these link with insulin, medication and physical activity.

Meals – recipes and ideas for meals and snacks, including those for special occasions.

Thanks go to the people living with diabetes who have asked our charity for more information about food, drink and meals that they can eat safely. They and their needs are the inspiration for this book.

'Diabetes – Food, Meds and More' costs £8.99 but is available to IDDT members for £7.99.

An order form is enclosed with this Newsletter so to order your copy, complete the form and return to IDDT at the address below. Alternatively you can order by telephone on 01604 622837 or online at www.iddt.org/iddt-shop

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