InDependent Diabetes Trust Vewsletter Type 2 and you June 2017 Newsletter, Issue 31 PO Box 294 Northampton NN1 4XS Telephone: 01604 622837



Welcome

Welcome to the thirty-first issue of Type 2 and You. In this issue we have a look at how to stay safe and well while on holiday, how to manage diabetes during Ramadan, the latest from the DVLA and the impact the sugar tax will have. We also have our usual features on newly available diabetes-related products, drug news and the latest round of lottery winners.



Extension of medically restricted driving licences

People with diabetes who use insulin have to have a medically restricted driving licence and until recently such licences have been granted for a maximum of 3 years. However, one of our members who has had Type 1 diabetes for many years, was surprised when she received a new driving licence for 4 years and she even rang the DVLA to find out if this was correct!



So we visited the DVLA website and found that there have been changes. It says that the DVLA will assess your medical condition and:

- "you can have a shorter licence – for 1, 2, 3 or 5 years" and
- "DVLA will send you a renewal letter 90 days before your 1, 2, 3 or 5-year licence is due to expire".

We were aware that this change was under consideration. However, we have never received or seen a press release from the DVLA to this effect but this is obviously the up-to-date situation.

Driving and hypoglycaemia

The DVLA have also sent out a consultation document about changing the rules about driving and hypoglycaemia. If this goes ahead, one of the changes will be that the two severe hypos which presently result in the loss a driving licence will be changed to 'waking hours' so nocturnal hypos would not count. There are other proposals included but these changes have NOT been made yet and if they are made, will not come into effect until 2018.

A charity supporting and listening to people who live with diabetes

Charity Number 1058284 Registered Number 3148360



On March 30th 2017, Public Health England announced the guidelines for the food industry to reduce the amount of sugar children consume through everyday foods that contribute the most to sugar intake. The aim is to reduce sugar content by 5% by August 2017 and overall by 20% by 2020.

The guidelines include the recommended sugar limits for 9 food groups which are:

- breakfast cereals
- ice creams, lollies and sorbets
- confectionery (chocolate and sweets)
- sweet spreads, which are sub-categorised into:
- chocolate spread
- dessert toppings and sauces
- fruit spreads

The 3 approaches the food industry can take to reduce sugar content are:

 reformulating products to lower the levels of sugar present,

- reducing the portion size, and/or the number of calories in single-serve products,
- shifting consumer purchasing towards lower or no added sugar products.

For example, the Brecks Company, the makers of Honey Monster Puffs have reformulated them to have 25% less sugar from March 2017.

People with diabetes need to be aware!

The reduction of the amount of sugar in sugary drinks and in the 9 categories of food where the government is advising the sugar reduction has implications for people with diabetes who use such drinks and food to treat hypoglycaemia. The changes in the reformulated food and drink mean that people may not be receiving as much

sugar as they have done in the past.

Many soft drinks are likely to be reformulated to contain less sugar which has implications for people who use such drinks to treat a hypo. IDDT has been contacted by the manufacturers of Lucozade to say that they are bringing out their newly formulated version with less sugar in April 2017. However, they also say that both the higher sugar version and the 10% lower version will be on sale at the same time - until stocks of the original are all sold.

This adds to the confusion and makes it even more important that you check the labels to know the sugar content. It is also likely to happen as other products are reformulated, so the golden rule is to ALWAYS check the label of drinks you use to treat hypoglycaemia.



Ramadan 2017 and fasting

Ramadan is based on the ninth month of the lunar calendar, so this year it is expected that the fast of Ramadan 2017 will start on Saturday, the 27th of May and will continue for 30 days until Sunday, the 25th of June. 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 so run increased risks of adverse health effects, such as hypoglycaemia, hyperglycaemia, diabetic ketoacidosis and dehydration. Most of these 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.

In addition, researchers have quoted an observational study which showed people with Type 2 who did not have education about fasting were 4 times more likely to have hypos. Therefore, they recommend that those who do not normally carry out self-monitoring of blood glucose should be provided with meters (Diabetes Medicine, February 2016).

Recommendations

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 1 to 2 months 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.



Holiday Tips

Whether going on holiday abroad or in this country, it may be the first time you have travelled since your diabetes was diagnosed. In this article we look at some practical tips to help you to plan ahead for your holiday and to stay safe and well while you are there. IDDT has produced a Holiday Pack which gives a lot more information, so if you would like a copy, please get in touch using the contact details at the end of this newsletter.

General Tips

- Excitement can affect blood glucose levels, so it is important to test regularly and be prepared for some low blood glucose levels.
- Hypos may be unexpected due to changes in routine, in temperatures or in the amount of exercise taken, such as swimming or sightseeing, so always be prepared. It is a good idea to take plenty of glucose tablets with you because they won't melt, leak or become sticky in high temperatures.
- When travelling always wear identification that states you have diabetes, especially if you take insulin, and if possible, gives an emergency telephone number.

Precautions when travelling by air

Insulin should not be packed in your suitcase. This will be placed in the hold where the temperature can be below freezing and this is likely to damage your insulin. Your blood glucose meter should also not be packed in the hold.

- Carry two lots of medication, testing equipment and syringes/ pens and distribute them between two different lots of hand luggage. Luggage does get lost and it could prove difficult to replace your diabetes equipment.
- You should always carry a card to say that you have diabetes. You will need a letter from your GP to explain that you have to carry insulin and other diabetes equipment on board with you. Once you have this letter, it can be used again for future trips. It is a good idea to make several copies of this letter and also have it translated into the language of the country to which you are travelling.
- Always take more medication than you need in case of loss or breakages.

 It is worth remembering that ordering a 'diabetic' meal on flights often means that they are low in carbohydrates, so it is probably not a good idea. On long journeys it is a good idea to have snacks to hand in case there are long periods without meals.

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 anything goes wrong and 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 eg driving licence. The EHIC is available at the Post Office or online at http://www. applyehic.org/applynow.

The Golden Rules - with or without diabetes

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

Useful Resources

The Foreign and Commonwealth

Office: www.fco.gov.uk Tel 020 7088 1500. This office can help Britons abroad through its embassies, high commissions and consulates. Consular assistance is available in various circumstances such as hospitalisation or when some serious crimes against British people have been committed.

European Health Insurance Card [EHIC]: www.ehic.org.uk Tel 0845 605 0707



Diabetic holiday foot syndrome

Research has shown that there is a greater risk of foot ulceration that can lead to serious complications during holidays, especially those taken in hot countries, hence the name 'Diabetic holiday foot syndrome'. Among 435 people studied, 17 experienced foot lesions during foreign holidays, 10 of whom reported a foot lesion for the first time. The people with holiday foot damage were a younger

age, mainly male and their diabetes was of shorter duration.

The causes of diabetic holiday foot syndrome were:

- direct injury
- unaccustomed exercise
- walking barefoot on the beach or in the sea
- burns from walking barefoot on hot pavements
- wearing inappropriate inflexible bathing shoes.

Finally - 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 and people with pale skin should use 50 SPF.
- In very hot weather insulin is absorbed more quickly, so test regularly to avoid hypos.

Perhaps worth remembering... It is a holiday, so enjoy it!

Research and Medicine News

Some Quick Picks...

- A new study shows that treatment with the diabetes drug metformin could improve the mortality of older, healthy men with type 2 diabetes. The drug, a first-line treatment for Type 2, could also lower the risk of several diseases such as cancer, according to US scientists. Metformin could also prevent depression, dementia and cardiovascular disease but the effects were shown to vary according to individual level of risk.
- Pioglitazone has been shown to have a protective factor against dementia in people with diabetes. The risk of dementia is lower in long-term and high-dose

- users compared to people who do not take the drug.
- The European Medicines Agency (EMA) has issued a warning about a potential increased risk of lower limb amputation (mostly affecting the toes) in people taking the SGLT-2 inhibitors canagliflozin (Invokana), dapagliflozin (Forxiga) and empagliflozin (Jardiance). People taking these medicines are reminded to check their feet regularly and follow their health professionals' advice on routine, preventative foot care. You could also ask IDDT for a copy of their booklet "Diabetes-Looking after Your Feet". People are also advised to seek medical support as a matter of urgency if
- they notice any wounds, discoloration or if their feet are tender or painful.
- Ironically, in another study, canaglifozin (Invokana) has also been shown to reduce blood pressure and to improve some other cardiovascular conditions.
- Finally, a study has compared GLP-1A medicines, such as Byetta and Victoza among others, to DPP-41 medicines, such as Trajenta and Januvia. It found that the GLP-1A medicines decreased risks of cardiovascular disease and severe hypoglycaemia, whereas DPP-4I medicines showed no such impact on cardiovascular disease but did show increased risks of acute pancreatitis and hypoglycemia.

IDDT 14-Mile Challenge Information

The fourth annual IDDT 14-Mile Challenge takes place on Saturday, Sept 7th, 2017, and will see fundraisers walk, run or cycle their way along the Brampton Valley Way from Northampton to Market Harborough, in Leicestershire.

The Brampton Valley Way is a linear park surrounded by rolling countryside, with two tunnels.

Participants will be meeting

outside the Windhover pub, in Chapel Brampton, NN6 8AA, which is very close to the starting line, from 9.30am and leaving at 10am.

The finishing line is close to the Cinnamon Lounge restaurant, in Northampton Road, Market Harborough, LE16 9HD.

To register, sponsor or for more information, contact organiser Oliver Jelley by emailing oliver.jelley@ojpr. co.uk or by calling 07803 003811.

Remember! Exercise is not just for the young. For more information, contact IDDT and ask for our booklet "Exercise and Diabetes".



Ways you can look after your feet

While correct professional help at the right time is essential for the care of your feet, there are ways to take care of them at home to help you to prevent problems arising. Here are just some ways that can be useful.

Diabetes - Friendly Socks

Our Comfort Socks have been developed for use by people with diabetes, vascular disorders and other circulatory problems. No elastic is used in the top of the sock, relying only on the gentle control of the rib for support. We also produce a Fuller Fitting Longer Sock for people who find it difficult to wear ordinary socks.

These are made with a large circumference top and are suitable for people who may be suffering from oedema, for example.

Both socks come in a range of sizes

- The Comfort Sock comes in small [4-7], medium [6 1/2-8 1/2], large [9-11] and x-large [11-13].
- The Fuller Fitting Sock comes in small [4-7], medium [61/2-81/2], large [9-12].

Both are manufactured as a unisex sock from a high quality cotton blend. They both come in a range of colours - grey, navy, white, black and beige.

The Comfort Socks retail at £8, the Fuller Fitting at £12 per pair including p&p and can be purchased from our website shop, http://www.iddt.org/shop or by phoning IDDT on 01604 622837.



neuropad®





neuropad® can detect early complications of the feet which can lead to foot ulcers and even amputation. The test is completely painless and is an early warning system for your feet. Diabetes can result in the sweat glands not producing enough moisture, leading to dry and cracked feet.





A neuropad® is stuck to the sole of each foot like a small sticking plaster and left in place for 10 minutes. The pad is blue to start with and should turn pink in the presence of moisture from sweating. If the neuropad® patch stays blue, or if it turns a patchy blue/pink, this indicates that you may have some level of diabetic peripheral neuropathy and your sweat glands are not working properly.

Two test pads cost £14.99 and can be purchased from our website shop, http://www.iddt. org/shop or by phoning IDDT on 01604 622837.

InDependent Diabetes Trust



The winners



of IDDT's lottery draws!

We are delighted to announce the winners of the draw of our monthly lottery for February 2017.

They are as follows:

1st prize of £402.24 goes to Jeffrey from St Albans
2nd prize of £301.68 goes to Anon. from Bath
3rd prize of £201.12 goes to John from Bournemouth
4th prize of £100.56 goes to William from Tonbridge

Winners of the March 2017 draw are:

1st prize of £402.24 goes to Anon. from Swansea **2nd prize of £301.68** goes to Keith goes from Chippenham

3rd prize of £201.12 goes to Anon. from Bournemouth **4th prize of £100.56** goes to John from Birmingham

Winners of the April 2017 draw are:

1st prize of £421.44 goes to Anon. from Sandbach 2nd prize of £316.08 goes to Derek from Poole 3rd prize of £210.72 goes to Anon. from Bath 4th prize of £105.36 goes to Anon. from Middlesbrough

Note: the winners of the draws for May, June and July will be announced in our September 2017 Newsletter and will be available on our website.

Thank you to everyone who joined in IDDT's lottery.

If you would like to join in for just £2.00 per month, then give us a call on 01604 622837 or email tim@iddtinternational.org

If we can be of help in any way, please contact:

InDependent Diabetes Trust (IDDT), PO Box 294, Northampton NN1 4XS Tel: 01604 622837 email: enquiries@iddtinternational.org Or visit our website: www.iddtinternational.org

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