



Beating the side effects of medication

Watford Observer

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A Bricket Wood resident who has been living with diabetes for 27 years is raising awareness of the disease. JOANNE DAVIS reports.

A DIABETIC who blames his medication for the breakdown of his first marriage is using his experience to educate others. Derek Beatty, of Garnett Drive, Bricket Wood, set up www.dri-ft.co.uk in 2004 to educate patients and the public, as well as medical professionals, about Type 1 or insulin dependent diabetes.

Mr Beatty, 53, was diagnosed with his condition in 1978, two years

after he witnessed a fatal car crash in Bricket Wood. He believes it was triggered by the trauma of the accident.

About 1.8 million people in the UK are known to have diabetes. Diabetics do not produce enough insulin – a vital hormone that controls the level of sugar in the blood – and hundreds of thousands of British diabetics have to inject insulin each day to survive. Until the 1980's this insulin came from pigs or cattle.

Mr Beatty was prescribed two animal insulin injections a day until 1985, when he was switched to so-called human insulin, a synthetic form of insulin. He was told the new treatment would minimise long-term complications and “was the best thing since sliced bread”.

He said: “To begin with, it seemed to be ok, but my condition deteriorated dramatically”.

During his nine years on human insulin, Mr Beatty suffered severe side effects, including acute irritability, acute perspiration and violent tendencies.

In 1991, his doctor switched him to another type of human insulin, but his condition worsened. He developed large skin boils, rashes, muscular cramps and blurred vision, as well as trigger thumb.

The medication, he claims, led to the breakdown of his marriage, culminating in the removal of his daughter, his only child, from the marital home.

He said: "If these doctors had known what's known now, I'm not saying my marriage wouldn't have failed, but I am certain I would still be with my daughter. I would certainly have been able to manage the disorder".

Mr Beatty believes he is one of a significant minority of diabetics on human insulin who do not get any warning when their blood sugar level has fallen. Consequently, these people are more likely to go into comas, known as hypoglycaemic episodes, or "hypos". Cases of hypoglycaemic diabetics becoming violent or passing out while driving have made national headlines. In 1999, Alistair Padmore, a diabetic civil servant, was cleared of murder after stabbing his friend through the heart during a "hypo". He told police he had no recollection of the incident.

Mr Beatty believes he was having a hypoglycaemic episode when he returned home one night in 1994 to learn his wife had petitioned for divorce. His wife accused Mr Beatty of assaulting her and their 11-year old daughter and she left him, taking their daughter with her.

Mr Beatty continues to deny the assaults, although he admits he did "act out" on his family. However, as a consequence of that night, he never saw his daughter again.

It was only when Mr Beatty joined a local diabetes group that he was

told his behaviour might be the result of his medication. The group advised him to change his treatment and in 1994, he switched back to animal insulin.

He said he has not suffered any side effects since, apart from retinopathy (a complication of diabetes that causes the capillaries in the retina to become blocked and bleed, filling the eye with blood – a phenomenon called vitreous haemorrhage).

Retinopathy is the leading cause of blindness in people under the age of 65 in the UK. Mr Beatty's condition is being managed with laser treatment.

Mr Beatty claims he was not warned about the side effects of human insulin and suffered a "complete personality change" while administering the injections.

He tried to sue Watford General Hospital and his local GP for compensation, but the case was successfully struck out by the respondent due to lack of scientific evidence.

In August last year Mr Beatty set up www.dri-ft.co.uk

The website which features the British Diabetic Association's report on the 3,000 complaints it received relating to human insulin has had 22,000 hits so far.

It will become commercial this week, selling Omron blood pressure monitors and HbA1c monitors, enabling patients to measure their blood pressure and blood glucose levels at home.

Visitors to the site have increased since Mr Beatty's involvement with Diabetes Dialogue, a parliamentary report into the experiences of diabetics.

Mr Beatty was one of more than 350 diabetics who took part in the online consultation.

He submitted the story of his adverse reaction to human insulin and was invited to the House of Commons for the launch of the report, on Wednesday, March 16, by Health Minister Rosie Winterton.

Now happily married to Heather, who he married in 1999, Mr Beatty said his work on diabetes was “a triumph from tragedy”. He still experiences the occasional hypoglycaemic episode, although he is now able to recognise it and take appropriate action.



Diabetes conflict of interest row engulfs Hirst

Sunday Herald

Paul Hutcheon, Scottish Political Editor

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The chairman of Britain’s leading diabetes charity faced criticism last night after it was revealed he also provides services for a drugs company trying to withdraw a vital insulin product.

Diabetes UK, a health group which opposes the removal of Actrapid by Denmark-based Novo Nordisk, uses former Scottish Conservative Party chairman Sir Michael Hirst to chair its board of trustees.

However, Hirst also fronts Pagoda PR, an Edinburgh-based firm paid by Novo to provide political updates and set up meetings with MSPs. Campaigners and politicians expressed deep “concern” at his dual role and called on him to resign from advising Novo.

The apparent conflict of interest follows the announcement in May that the pharmaceutical giant was going to stop providing Actrapid products within five months.

The company, which is the world’s largest producer of diabetes

medication, said it would cease supplying disposable injection pens and insulin cartridges in order to focus on more modern treatments. People with diabetes would then be forced to stop their medication or revert to using other, more antiquated, forms of insulin. Actrapid, which has been proven clinically for more than 20 years, tends to be used by elderly patients and pregnant women.

Novo’s chief executive Viggo Birch explained the decision by saying that his company wanted to concentrate on more effective products. “We wish to move towards newer insulins that are better supported by hard evidence and we wish to rationalise our portfolio,” he said.

Simon O’Neill, the director of care and policy at Diabetes UK, said at the time that the sudden announcement was unacceptable. “We are very disappointed,” he said. “This reduces patient choice and could cause some problems with managing their diabetes. Changing insulin to a newer version is not like trading in a car.”

But the Sunday Herald can reveal that Hirst, Diabetes UK’s chairman, has a day job with Pagoda that involves helping Novo Nordisk.

A spokesman for the Danish company, Dr Eric Teo, said Hirst’s role had been “crucial” in negotiations between both parties: “He has been advising us throughout the process.”

Asked about Hirst’s role during the controversy, he said: “We are fortunate enough to get help from Sir Michael Hirst, who advises our managing director. He has been intimately involved from the start.”

Pagoda has worked with Novo since 2003 to provide monitoring of Scottish parliament-related issues of interest to the pharmaceutical firm.

The public affairs company’s website quotes Novo’s medical director as commending Pagoda for the “skilful way” it has “facilitated meetings with MSPs”, while at the same time praising the firm’s “ability to deliver on time”.

Hirst, former MP for Strathkelvin and Bearsden, denied that his role chairing Pagoda and Diabetes UK was improper. "I don't think there is a conflict of interest. Both sides are aware of my interests. I support the position of the charity which is to work to maximise patient choice," he said. Asked if Novo was wrong to withdraw Actrapid, he added: "In this particular case, the charity and I acknowledge that product rationalisation is a common fact of life." He also said that the drugs company was a "trailblazer" in its field and also refused to say how much Pagoda was paid to provide its services.

Jenny Hirst, the co-chairman of the Insulin Dependent Diabetes Trust, criticised the apparent conflict of interest. "I have long been concerned about the relationship between medical charities and the pharmaceutical industry. On Hirst, I am deeply concerned that the chairman of the largest charity for people with diabetes has such a close relationship with Novo Nordisk."

She also said that Diabetes UK had not been vocal enough on the withdrawal of Actrapid.

"They should be standing up waving flags about this issue, saying that this should not happen. They are there, supposedly, for the patient's best interests."

SNP health spokeswoman Shona Robison said she could not understand why Hirst chaired Diabetes UK while at the same time advising Novo. "This certainly appears to be a conflict of interest. Given the strong feelings expressed by Diabetes UK, it is difficult to see how Michael Hirst can marry these two roles. He cannot commit to both jobs without questions being asked and he should extricate himself from the Novo side of things."

Hirst's dual role has also put a spotlight on the financial relationship between the Danish firm and the medical charity. Novo has provided financial support for a Diabetes UK awareness campaign, as well as being lead sponsor for one of the group's conferences this year.

A spokesman for Diabetes UK denied that there was anything wrong with Hirst chairing the patients' group as well as helping Novo. "Our view is that we would not allow there to be a conflict of interest. He has used his relationship with them to try and help us put our case against withdrawal," he said.

He added that he did not accept "product rationalisation" as a reason for withdrawing Actrapid.

"The reality is that rationalisation has an impact on people. We don't think that is a good enough argument."

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Diabetes groups worry about looming lack of insulin options

CBC News

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Some Canadians with diabetes are calling on the federal government to guarantee supplies of animal-based insulin, saying they face potentially fatal consequences if they can't get it.

Earlier this month, the pharmaceutical company Eli Lilly announced it's pulling four types of insulin off the Canadian market, including the last animal-based form of the hormone.

The company said sales of the pork-based insulin were slow. As many as 700 people use animal insulin in Canada, said Colleen Fuller of the Society for Diabetic Rights.

"I nearly died I don't know how many times," said Fuller, describing her reaction to the synthetic form of the drug. "I couldn't control my blood sugars."

“I could be standing here, just like this, and the next second I would be on the floor and unconscious.”

Synthetic insulin works in the majority of diabetics, but some people, like Fuller, have reported having serious medical problems with the synthetics, including comas, seizures, convulsions and hypoglycaemia. The group is worried people may not be able to tolerate synthetic insulin and there may not be enough time to find a suitable replacement.

Fuller’s group and the Insulin Dependent Diabetes Trust are calling on Health Canada to guarantee current insulin supplies, including Eli Lilly’s animal-based form.

“Insulin is a very personal thing in each individual” said Dr John Hunt of Vancouver, who said he’s tested every kind of insulin in patients and supports the groups’ efforts.

“One insulin will suit one person. And another insulin will produce real problems in the next person.”

Health Canada said it cannot force a manufacturer to make a certain drug. The department is working with other drug companies to keep a steady supply of animal-based insulin. A British company has applied to Canadian regulators to sell its animal-based insulin, but there’s no guarantee approval will be granted or come in time to prevent a gap in supply.

Diabetes UK worried at loss of choice

Guardian

James Meikle, health correspondent

Monday August 15, 2005

Modern insulin treatments for people with diabetes are making the condition worse for some patients, it is claimed today.

Manufacturers are taking long-established products off the market and replacing them with more expensive alternatives.

Diabetes UK says long-term patients are finding their bodies do not always adjust to the substitutes. Its chief executive, Douglas Smallwood, says heavy promotion of the new drugs together with the withdrawal of old products is denying people a choice.

The charity says regulators of the safety and efficiency of new treatments should only approve them if existing treatments remain available.

The plea follows the withdrawal of insulin treatments used by more than 30,000 people with diabetes.

However, leading manufacturer Novo Nordisk has expressed surprise that Diabetes UK “should want to see the use of these products prolonged”.

About 500,000 Britons are thought to require insulin. Of those, 350,000 have type 1 diabetes, which means they are dependent on hormone treatment so that their bodies can convert sugar into energy and regulate blood sugar levels. Another 150,000 with type 2 diabetes use it to manage their condition more effectively.

Insulin treatments were first developed in the 1920s. Early treatments were cleaned-up animal alternatives - originally beef and later highly purified pork insulin. But in the early 1980s, genetically modified “human” insulin was introduced.

In the 1990s, insulin analogues appeared on the market, changing the chemical again. They often work faster and for shorter periods or have more prolonged action.

Animal insulin is still available on a diminishing scale, and now some of the older human insulins are being withdrawn or will no longer be available with the same delivery system.

The Department of Health said companies were free to change their product portfolio, but it had negotiated with Novo Nordisk to ensure there was a “smooth transition” over the withdrawal of one of its products later this year.

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