INDEPENDENT DIABETES TRUST
Newsletter
September 2016 Newsletter, Issue 90
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Please prevent the preventable

The recently published National Diabetes Inpatient Audit (NaDIA) for 2015 has shown that while there have been improvements in the number of inpatients with foot care lesions since 2010, many other aspects of the care of people with diabetes in hospital have either stayed the same or are worse.

In this issue…

- Ways to look after your feet
- Reducing salt
- TRUEyou test strips warning
- Lottery winners
- Insulin pump audit

There have been no improvements in the two main inpatient harms – episodes of hypoglycaemia and diabetic ketoacidosis (DKA). These are largely preventable events that should not happen to people while they are in hospital. It is particularly worrying that little effective action appears to have been taken since the last audit to prevent the preventable.

There are several obvious reasons why people with diabetes are not receiving the care they should while in hospital:

- The number of people with diabetes in hospital beds has increased from 14.6% in 2010 to 16.8% in 2015 but there has been no significant rise in staffing.
- Nearly a third of hospitals do not have a Diabetes Inpatient Specialist Nurse and this has not increased from 2010.
- Specialist diabetes teams are overstretched and need to be better supported.
- Trusts that have no inpatient diabetes services need to commission these services.
- Finally, medication errors have gone up, therefore DKA and hypoglycaemia are almost bound to happen but why are medication errors occurring at all?

It is important that if we have to go into hospital, then we are aware of the areas of inpatient care that may be less than adequate.

The audit took place on a nominated day in September in acute hospitals in 135 trusts in England and 6 Local Health Boards in Wales and 15,299 patients with diabetes were surveyed. Here are the key details from the 2015 audit:

Foot care

- 1.1% of patients with diabetes had foot lesions – a reduction from 2.2% in 2010.
- 67% of those surveyed did not undergo diabetic foot risk examinations.
- Of the 8.9% of inpatients admitted with active diabetic foot disease, only 59.5% were seen by a member of the multi-disciplinary foot care team within the target time of 24 hours after admission.
- 31% of the hospitals did not have a multi-disciplinary diabetic foot care team. This is despite this being recognised as necessary in previous audits, NICE Quality Standards and that the Health and Social Care Act (2012) places a duty on NHS England to have regard to these Standards. CCGs should also have regard to them in planning and delivering services but clearly in many cases this is not happening.

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Medication errors

- Patients experiencing medication errors increased from 37% to 38.8% from 2013 to 2015.
- Inpatient drug charts showed that 23.9% had at least one medication error during the previous 7 days – a significant increase from 22.3% in 2013.

Diabetic ketoacidosis (DKA)

In the week of the audit, 66 patients developed DKA after being admitted to hospital, equivalent to 3,500 patients annually. This has not improved since the last audit. DKA is due to patients not being given enough insulin or even no insulin at all, and in the hospital environment, this is preventable and should never happen.

Hypoglycaemia

- 21.8% of inpatients had one or more hypos during the previous 7 days, equivalent to 11,000 events annually.
- There were 213 severe hypos requiring injectable treatment during the previous 7 days.
- Inpatients whose charts showed one medication error were more than twice as likely to have one or more severe hypos (15.5%) compared with inpatients with no medication errors (7.5%).

Patient satisfaction with timing and content of meals

- 84.1% of inpatients were satisfied or very satisfied with the care of their diabetes while in hospital.
- 34.1% reported that the hospital did not always provide the right food to manage their diabetes – significantly higher than in 2013 when it was 24.3%.

The Audit is commissioned by the Healthcare Quality Improvement Partnership and carried out by the Health and Social Care Information Centre.

Modern te to manage

Health apps won't change behaviour

According to a report in the BMJ (Vol 58, March 10, 2015), new health applications (apps) for smartphones can be useful tools but their use and outcomes do not guarantee healthier behaviour. The report maintains that many apps have not been tested or approved by regulators.

Health apps aim to encourage people to adopt healthy behaviours such as weight loss, physical activity and to help manage conditions like diabetes and high blood pressure. They have been around for nearly 10 years and thousands are available.

There are opposing views on this. The editor of iMedicalApps.com argues that some have shown health benefits and have 'great potential to reduce morbidity and mortality'. However, he agrees that while health apps show no evidence of harm, many have not been tested and may not be effective or useful and there may still be drawbacks to using them.

Research has shown conflicting results, for example, while Fitbit and Jawbones accurately count user's steps and physical activity, the results did not find improved outcomes or exercise levels. So if you are using apps with your smartphone, just be aware of this.

At the same time, a study in the Journal of Medical Internet Research showed that people with Type 2 diabetes who received brief automated messages on their mobile devices had a roughly 0.53% decrease in their HbA1c levels. Researchers analysed 15 trials involving Type 2 diabetes patients worldwide and found that these messages generally were successful and accepted among those who self-manage their diabetes and were more successful in low- to moderate-income countries.

Cochrane Review shows electronic self-management interventions offer only short-lived benefits

A systematic review published by the Cochrane Library reviewed studies into the use of computers and mobile phones in the self-management of Type 2 diabetes. The researchers reviewed 16 trials involving a total of 3,578 people with Type 2 diabetes who used computers or mobile phones as part of diabetes self-management for between 1 and 12 months.

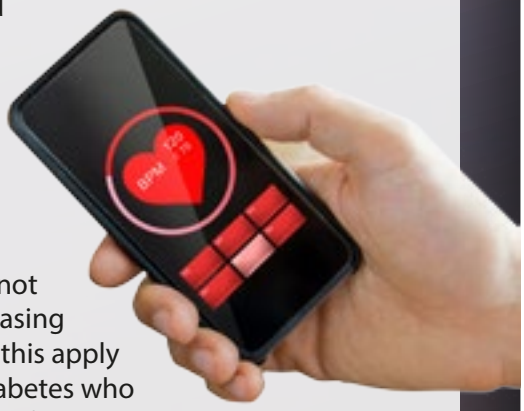
chnology diabetes

The results

The use of electronic methods appeared to be safe but had limited positive benefits.

- There were small improvements in blood glucose control but these were short-lived. There were slightly greater benefits with programmes delivered by mobile phones but these benefits waned after 6 months. There was no evidence that the use of computer or mobile phone programmes helped to improve depression, quality of life or weight in people with Type 2 diabetes.
- There was some evidence that computer based programmes improved knowledge and understanding of diabetes but this did not seem to result in changes in behaviour, such as changes in diet, exercise, taking medication regularly or obtaining emotional support, all of which could improve health.

The reviewers concluded that although they are popular, there is little evidence to support the use of electronic based programmes for self-management of Type 2 diabetes because any slight benefits were not sustained. With the increasing popularity of apps, does this apply to people with Type 1 diabetes who are generally younger and familiar with modern technology?



More on sugar tax

Research undertaken by Oxford Economics has revealed that 4,000 jobs would be put at risk by the sugar tax. (August 2016) The report finds that impact of the tax will be felt across the wider economy, particularly in the hospitality sector and amongst smaller retailers. Lower sales will reduce the industry's contribution to the economy by £132m. Worth noting that Oxford Economics is a key adviser to corporate, financial and government decision-makers and thought leaders. Their worldwide client base comprises over 1,000 international organisations, including leading multinational companies and financial institutions; key government bodies and trade associations; and top universities, consultancies, and think tanks.

The **winners** of IDDT's lottery draws!

We are delighted to announce the winners of the draw of our monthly lottery for May 2016. They are as follows:

Winners of the May 2016 draw are:

1st prize of **£319.20** goes to Pat & Daphne from Guildford

2nd prize of **£239.40** goes to Denise from Birmingham

3rd prize of **£159.60** goes to Diane from Much Wenlock

4th prize of **£79.80** goes to Marian from Ipswich

Winners of the June 2016 draw are:

1st prize of **£647.04** goes to Thelma from Liskeard

2nd prize of **£485.28** goes to Ann from Birmingham

3rd prize of **£323.52** goes to Fraser from Bournemouth

4th prize of **£161.76** goes to Anon from Halifax

Winners of the July 2016 draw are:

1st prize of **£334.56** goes to Anne from Bromyard

2nd prize of **£250.92** goes to Anon from Rugeley

3rd prize of **£167.28** goes to Marjorie from Chorley

4th prize of **£83.64** goes to Alan From Lancing

Note: the winners of the draws for August, September and October will be announced in our December Newsletter or will be available on our website.

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

If you would like a chance to win for just £2.00 per month, then complete the form with this Newsletter, give us a call on 01604 622837 or email tim@iddtinternational.org

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 a couple of practical ways to help you.

Liqua Care Diabetic Flowgel Orthotics

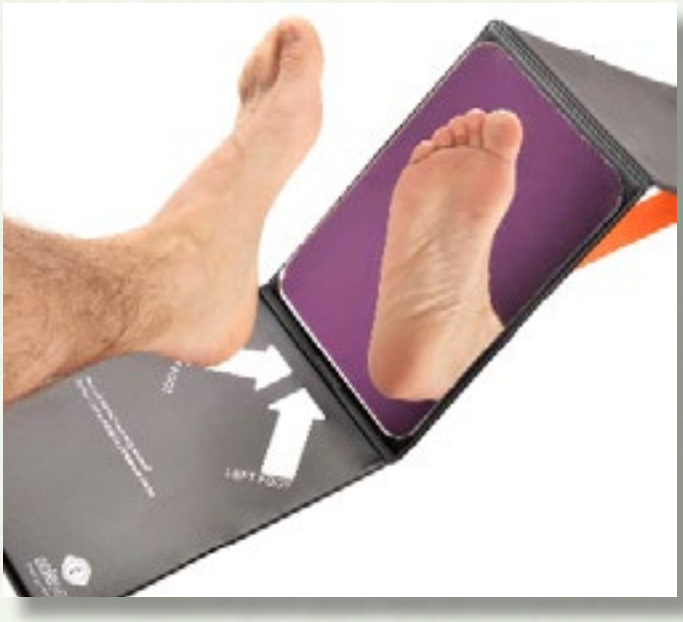
The is the only insole in existence with published, clinical evidence showing a huge offloading of peak pressures combined with a significant increase in circulation to the feet, thereby countering the two main causes of diabetic foot ulcers.

Now available on NHS prescription or to purchase direct online www.liquacare.co.uk or you can telephone 0870 041 0150. The retail price £24.85 + £3 P&P

Give your feet a constant, gentle massage – the liquid gel filling helps eliminate cold feet, pain on walking any distance with many reporting an improvement in the symptoms of diabetic neuropathy.

Post clinical trial checks by the National Diabetes Foot Coordinator on the test user group after two years revealed a "remarkable" record that despite all being "at risk" of developing an ulcer, not one was presented.

Not just designed for those with diabetes, Liqua Care were invented to reduce the aches and pains in feet and lower legs caused by prolonged standing, so treat your feet to what quite possibly, could also save them!



Help with inspecting your feet

It is essential that people with diabetes look after their feet properly to avoid ulcers as these can lead to amputations. As an estimated 80% of amputations are avoidable, prevention of foot problems is very important, therefore your feet should be inspected every day, in addition to daily washing and moisturising. It is not always easy to inspect the soles of your feet but nevertheless, it is important especially for people who have neuropathy with loss of sensation, so they don't feel pain if an injury occurs.

This mirror, called Solesee, is ideal to enable you to see the soles of your feet and it can be purchased from our website shop www.iddt.org/shop for £24.95 or you can phone IDDT on 01604 622837.

"undefeeted"

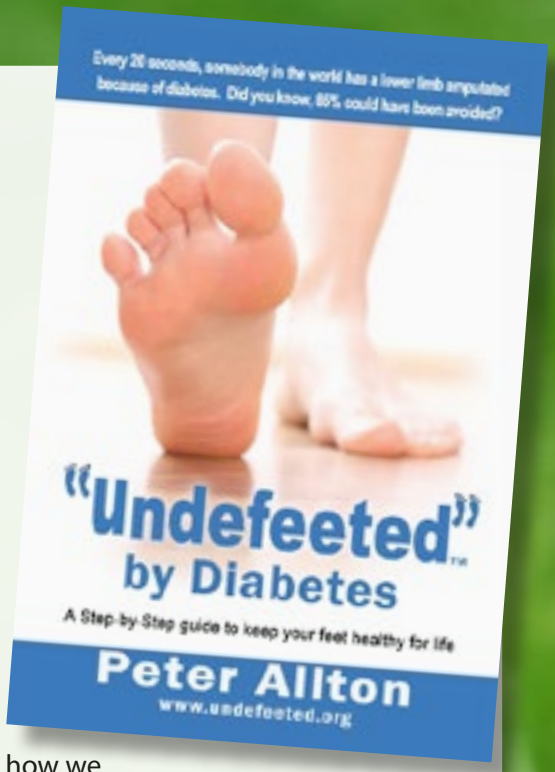
Undefeeted is an award winning global not for profit organisation that helps people living with diabetes to avoid lower limb amputations. Currently every 20 seconds someone has a lower limb amputation as a direct result of diabetes of which 85% could be avoided.

Did you know you need the following 3 things to stay safe in what we call the diabetic sweet spot?

- Knowledge
- Awareness
- Taking action

3 key reasons why you should work with Undefeeted.

1. Undefeeted provides you with professional Knowledge of how your diabetes can affect your feet
2. Personal confidence to live life with greater awareness of your own personal risks
3. A well thought out action plan and personalised support to help you prevent developing the complications associated with your diabetes thereby giving you a total peace of mind.



Contact us today contact@undefeeted.org if you need mentoring and support or even just a conversation to see how we might be able to help you on your journey with diabetes.

www.undefeeted.org **@beundefeeted**
facebook.com/undefeetedforum

Going into hospital with diabetes - the Hospital Passport

Don't forget that IDDT has a 'Hospital Passport' to help people when they go into hospital. This was produced as a result of people with diabetes having avoidable problems when they go into hospital, especially for a planned operation.

You fill in all your details and give the completed Passport to the hospital staff so they know about you and your diabetes. It is designed to avoid some of the errors that we know occur.

You can obtain a Hospital Passport from IDDT, PO Box 294, Northampton NN1 4XS, by calling 01604 622837 or email enquiries@iddtinternational.org

Reducing **salt** is beneficial for **everyone**

A new study has shown that a modest reduction in salt intake could reduce the risk of strokes, heart attacks and kidney disease in people with early onset Type 2 diabetes. A reduction in salt intake led to a significant fall in blood pressure and urinary albumin excretion, which is a marker of cardiovascular disease. The reduction in urinary albumin excretion may have additional benefits in reducing cardiovascular disease above those on blood pressure.

People with Type 2 diabetes and raised blood pressure have at least a twofold increased risk of developing cardiovascular disease compared to those who do not have Type 2 diabetes or glucose intolerance.

This study is the first time that has conclusively shown that salt reduction is effective at lowering blood pressure in people with Type 2 diabetes or glucose intolerance, so it is now important that everyone with these two conditions are given advice about how to reduce their daily salt intake. (Hypertension, May 11th 2016)

How to lower salt intake

Reducing salt intake is good for everyone. Salt intake should be at least less than 6g per day. Any food containing more than 1.5g of salt is considered to be high in salt (equivalent to 0.6g of sodium).

Around 75% of the salt we eat is already in everyday foods such as bread, breakfast cereal and ready meals. Wherever you are eating, at home or out, don't add salt to your food automatically – taste it first. Many people add salt out of habit, but it's often unnecessary and your food will still taste good without it.

Salt is an acquired taste that can be unlearned. It takes about 6-8 weeks to get used to eating food with much lower quantities of salt, but once done, you notice that foods like potato chips taste too salty.

- Use fresh, rather than packaged meats. Fresh cuts of beef, chicken and pork contain natural sodium but in much less amounts than in bacon or ham where extra sodium is added during processing. Choose reduced-salt unsmoked back bacon. Cured meats and fish can be high in salt, so try to eat these less often. If a food item keeps well in the fridge for days or weeks, that's an indication that the sodium content is too high.
- Choose fresh fruit and vegetables, as they are very low in sodium. Tinned fruit and frozen fruits are also low in sodium. If you are going to buy tinned vegetables or pulses, choose the ones with low salt. When buying frozen vegetables, choose those labelled "fresh frozen" that do not contain added seasoning or sauces.
- Compare nutrition labels on food packaging as the sodium content is always listed. This can cut your salt intake because you can choose the pizza, ketchup, crisps or breakfast cereals that are lower in salt.
- Select spices or seasonings that do not list sodium on their labels, for instance choose garlic powder over garlic salt. Beware of the salt content in ready-made pasta sauces - tomato-based sauces are often lower in salt than cheesy sauces or those containing olives, bacon or ham. Soy sauce, mustard, pickles, mayonnaise and other table sauces can all be high in salt.
- Beware of products that don't taste especially salty but still have high sodium content, such as cottage cheese.

Tips for cooking with less salt

There are lots of ways of adding flavour to your cooking without adding salt:

- Use black pepper as seasoning instead of salt – it's good on pasta, scrambles eggs fish and soup.
- Add herbs and spices to pasta, vegetables and meat.
- Bake or roast vegetables to bring out the flavour.
- Make your own stock using cubes or granules or choose reduced salt products.
- Make sauces using tomatoes and garlic.

Fruit, Sugar and Carbs

This article was published in December's issue of Type 2 & You. We thought it could also be useful for the readers of this Newsletter in view of the long-running debate about whether or not people with diabetes should eat fruit and, if so, how much?

In short the answer is yes, but in moderation. Fruit contains vitamins and minerals that are essential for everybody, whether they have diabetes or not. However, they can also contain a significant amount of sugar, so eating too much can make it difficult to control blood glucose levels. In this article we look at the different types of fruit we commonly eat and the sugar and carbohydrate content of each. The values given are for the sugar content and then total carbohydrate content contained in 100 grams of each type of fruit. So which types of fruit have the highest and lowest sugar content? We'll start with the highest first.

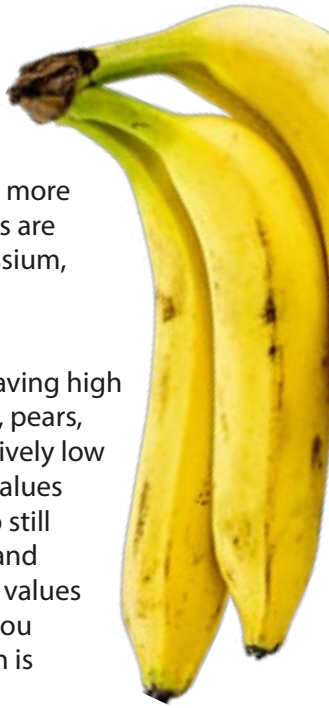
Dates (63g sugar per 100g/75g total carbohydrate). Despite their health benefits dates are loaded with sugar, so people with diabetes should only eat a few at a time and some people may want avoid them altogether.

Grapes (16g sugar per 100g/18g total carbohydrate). 10 red grapes weighs about 100g, so while high in sugar, there are other significant health benefits. Red grapes contain anthocyanins which have been linked to lower levels of "bad" (LDL) cholesterol, higher levels of "good" (HDL) cholesterol and a lower risk of insulin resistance.

Mangos (14g sugar per 100g/17g total carbohydrate). The same advice applies to mangos as to pomegranates. The average mango weighs about 200g, so 28g sugar but also the total amount of vitamin C you need in a day.

Pomegranates (14g sugar per 100g/17.1g total carbohydrate). Again, pretty high in sugar so don't eat too much. However, 100g of pomegranate will provide 30% of the recommended daily amount of vitamin C.

Bananas (12g sugar per 100g/22.8g total carbohydrate). Pretty high in sugar content, the average banana weighs about 120g, so people with diabetes should probably not eat more than one a day. That said, bananas are a good source of vitamin C, potassium, protein, magnesium and fibre.



These are the worst culprits for having high sugar content. Citrus fruit, apples, pears, plums, berries and so on are relatively low in their sugar and carbohydrate values by comparison. However, they do still contain sugar and carbohydrate and there will be variation in these values according to which variety you choose to eat – moderation is the key.

A Word of Warning:

There is a known interaction between grapefruit and statins that can result in serious side effects, such as muscle disorders and liver damage.

If you are taking statins then it is best to avoid grapefruit altogether, however, if you really want to eat grapefruit then you could talk to your doctor about alternative medicines. There are statins that do not produce these potential side effects and these include rosuvastatin, fluvastatin and pravastatin.

MORE WARNINGS!

Pharmaceutical industry news

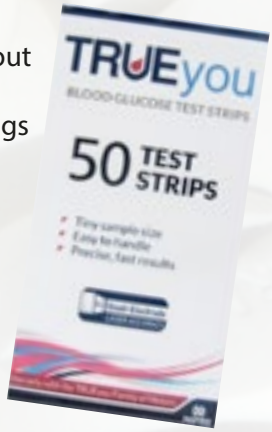
WARNING! TRUEyou home blood glucose test strips

Certain lots of TRUEyou blood glucose test strips may give incorrect low blood glucose results that could lead to undetected hyperglycaemia. This is due to an issue with the packaging process.

The number of affected products is thought to be low, however, the Medicines and Healthcare products Regulatory Agency (MHRA) is asking people currently using affected batches of TRUEyou blood glucose test strips to stop using them and return them to the manufacturers.

The affected batch numbers can be found at https://www.gov.uk/drug-device-alerts/nipro-diagnostics-trueyou-blood-glucose-test-strips-risk-of-false-low-blood-glucose-results-in-some-batches

If people are concerned about their blood glucose readings when using this meter and don't have access to the internet, they are advised to contact their healthcare professional.



Warning follow up for SGLT2 inhibitors

In the last Newsletter we warned of possible increased amputations affecting the toes with the SGLT2 inhibitor, canagliflozin, a relatively new treatment for Type 2 diabetes. The European Medicines Agency (EMA) has started a review of this medicine but has widened it to cover other drugs in the same class - dapagliflozin and empagliflozin.

The possibility that canagliflozin increases lower limb amputations is currently not confirmed but the EMA has requested more information from the company to assess it and whether any changes are needed in the way this medicine is used.

While this review is ongoing health professionals will receive a letter reminding them of:

- the importance of routine foot care to check for cuts or sores of the feet and to treat them promptly should they occur to prevent infection and ulceration.
- Patients at increased risk of amputation should be carefully monitored.
- As a precautionary measure, doctors may consider stopping treatment with canagliflozin in patients who develop significant foot complications.

If you have any questions you should speak to your doctor or pharmacist but should not stop taking the treatment without first consulting a healthcare professional.

Transparency on payment from the pharma industry to health professionals

In July 2016, for the first time the Association of the British Pharmaceutical Industry (ABPI) published details of payments or benefits in kind made to health professionals and healthcare organisations. This new database lists payments from 109 pharmaceutical companies in the UK and is publicly accessible at www.disclosureuk.org.uk

In 2015, industry spent a total of £340.3million on working with health professionals and organisations. £229.3m was for activities related to the research and development of new medicines and the remaining £111m was to health professionals and healthcare organisations for the following:

- £46m on fees for service and consultancy.
- £14.8m on event registration fees and accommodation.
- £3.3m on joint working.
- £31.4m on contribution to the cost of events.
- £30.3m on donations and grants.

An estimated 70% of individual healthcare professionals are giving their consent to this information being disclosed but one wonders about the 30% who have not given consent!

New fast-acting NovoRapid may be on the way

As reported in our March 2016 Newsletter, Novo Nordisk have developed a fast-acting version of NovoRapid and trials in people with Type 1 and Type 2 diabetes compared the new, faster-acting insulin with standard NovoRapid. The Type1 trial showed:

- a reduction in HbA1c levels by 1.7 mmol/mol,
- a reduction in blood glucose levels of 1.2mmol/l two hours after eating and 0.7mmol/l one hour after eating.
- Comparing the two insulins in the trial in people with Type 2 diabetes, the results showed:
- a reduction in blood glucose levels of 0.6mmol/l one hour after eating but no reduction 2 hours after eating (probably because people with Type 2 still produce some of their own insulin),
- no reduction in HbA1c levels.

There was no difference in the rates of hypoglycaemia or severe hypoglycaemia between the new, fast-acting NovoRapid and standard NovoRapid in both trials. (Presented at the 76th Annual Scientific Sessions of the American Diabetes Association)

Lizzie's tea party for Dream Trust

Lizzie and her Mum have once again raised a fantastic £1,179 for Dream Trust on one of the lovely Saturdays in May. They were supported by their family and friends in Ballatar who all had a ball on the village green - the "soak a solicitor" stocks were very popular!

Here is a picture of Lizzie and her friend Ciaran enjoying the bungee run.

Good Quote!

In June, addressing the BMA's annual representative meeting in Belfast, Dr Mark Porter, the council chair, highlighted the fact the UK spends less of a share of its wealth on healthcare than the EU average.

He also pointed out that there are more health ministers in England than there are major emergency departments that recently met the government's four-hour waiting time target!

The 14 Mile Challenge

Thank You!!!

We would like to say a big thank-you to everyone who undertook the 14 Mile Challenge back in June. They ran and biked along the Brampton Valley Way between Northampton and Market Harborough, raising over £650 for IDDT.

Organiser Oliver Jelley, who ran the route said "We were all proud to once again do our bit by taking part in the 14 Mile Challenge. It was tough going but the scenery helped as the Brampton Valley Way is stunning."

Fellow participants included father and son Adam and Peter Davies from Corby, Una Loughran from Northampton, father and daughter John and Emily Mayhew from Market Harborough, Adam Jelley from Desborough and Tim Newman from Grantham, who all cycled.

DON'T FORGET YOUR IDDT CHRISTMAS CARDS!

Christmas may seem a long way off but it always comes faster than we think. Enclosed with this Newsletter is an order form for IDDT Christmas cards so please help to raise funds by buying our cards and asking your friends to buy them too!

If all our members ordered just one pack, it would make a big difference to our funds, so please help if you can.

National Pre

The National Pregnancy Audit for England and Wales has published its first annual report for 2014/15. Prior to this in 2002/03 there was the Confidential Enquiry into Maternal and Child Health in (CEMACH) which showed 'severe deficiencies' in the quality of care before and during pregnancy. Sadly, there have not been significant improvements over the last decade.

NICE updated its guidance in 2015 making it possible to audit the quality of care and 137 of 157 consultant led units were involved.

- The type of diabetes was known for 90% of the 2,537 women involved – 52% had Type 1 and 47% had Type 2 diabetes.
- Women with Type 2 diabetes were older, had higher BMI, were more likely to be of Asian or black ethnic origin and were more likely to live in deprived areas.

Preparation for pregnancy

NICE recommends that women with diabetes should take 5mg/day folic acid when planning a pregnancy and for the first 12 weeks of the pregnancy.

- 41% of women with Type 1 and 24% with Type 2 diabetes met this standard.
- 8% and 10% respectively were taking the 400µg dose recommended for women without diabetes.

HbA1c measurements

- Only 75% of women had their HbA1c recorded during their first trimester.
- In 2014/15 the HbA1c target for women planning pregnancy was 43mmol/mol (6.1%) but only 8% of women with Type 1 and 22% of those with Type 2 diabetes achieved this.
- NICE increased this target to 48mmol/mol (6.5%) and this small difference resulted in 15% and 36% of women respectively meeting the target.
- If the HbA1c is greater than 86mmol/mol (10%), pregnancy should be avoided but 12% of women with Type 1 and 8% of women with Type 2 diabetes were at this level.

gnancy in Diabetes Audit

Drugs and pregnancy

Tablets for Type 2 diabetes, other than metformin, should be discontinued before pregnancy and replaced with insulin. Among women with Type 2 diabetes at the time of their last menstrual period:

- 51% were taking only metformin.
- 10% were taking insulin and 14% were taking insulin and metformin with 70% of all women using a basal-bolus regime.

Statins, ACE inhibitors and angiotensin receptor blockers (ARBs) should all be discontinued before pregnancy due to risk to the unborn child but:

- 1.3% of women with Type 1 and 57% of women with Type 2 diabetes were taking ACE inhibitors or ARBs when they became pregnant and 2.1% and 7.1% respectively were taking statins.

Hypoglycaemia

There is a lack of information about the incidence of hypoglycaemia during pregnancy, so hospital admissions for hypos had to be used.

- 9.3% of women with Type 1 and 2.7% of women with Type 2 diabetes had at least one hospital admission for hypoglycaemia. This was much higher than for non-pregnant women with diabetes (2.1% and 0.4% respectively).

Deliveries

- Just over half of deliveries after 37 weeks were induced.
- 67% of women with Type 1 and 52% of those with Type 2 diabetes had caesarean sections, 30% of which were emergencies.

Adverse pregnancy outcomes

The number of pregnancies with adverse outcomes was low (stillbirths, neonatal deaths and congenital abnormalities) although collecting this information was difficult.

- Adverse pregnancy outcomes were associated with poor glycaemic control and deprivation but these were not the only causes.
- Large babies (macrosomia) were born to 18% of women with Type 1 and to 11% of those with Type 2 diabetes. Women with HbA1cs of 48mmol/mol (6.5%) or over after the 24th week were more likely to have large babies.
- 81% of women with diabetes received normal postnatal care compared with only 55% in 2002/03 – a significant improvement over 10 years.

Conclusions of the audit

- Overall outcomes have not significantly improved over the last 10 years.
- Women with diabetes are not well prepared for pregnancy.
- Some women are not accessing appropriate care and a small number are taking drugs that could be harmful.
- The quality of care for the most deprived communities and for women of Asian and lack origin continues to fall behind that of other groups.

Clearly, this is not a good situation for women with both Type 1 and Type 2 diabetes and an area which needs more attention from the NHS. IDDT has a leaflet about pregnancy and gestational diabetes, so if you would like a copy, contact IDDT by phone on 01604 622837, email: enquiries@iddinternational.org or write to IDDT, PO Box 294, Northampton NN1 4XS

IDDT News

IDDT Conference 2016 – 'Best Foot Forward'

There are still places available at our Conference on Saturday, October 15th at the Kettering Park Hotel, Kettering Parkway NN15 6XT (Junction 9 off the A14). The title is 'Best Foot Forward' to reflect our concerns about the standards of foot care for people with diabetes and there will be a talk by diabetes specialist podiatrist, Lynne Paterson.

It will be an interesting day with small group discussions led by the diabetes nurses from Kings Lynn, larger group discussions with Dr Laurence Gerlis and Dr Gary Adams and our keynote speaker, Dr Charles Fox. There will be plenty of time to chat with other people who live with diabetes.

If you wonder where Kettering is, it's easily accessible from north, south, east and west via the motorway system and the Hotel is just off the A14 Junction 9.

We hope that many of you will be able to join us on October 15th 2016!

Note: if you need another application form, just give us a call on 01604 622837 or download it from our website: http://www.iddt.org/wp-content/uploads/2016/06/IDDT-2016-Conference-Programme.pdf

IDDT Annual General Meeting

As members are aware, we do have to hold an Annual General Meeting to comply with charity law. So we are holding an afternoon meeting on Thursday, November 10th 2016, again at the Kettering Park Hotel, Kettering Parkway NN15 6XT. We hope that as many of you as possible will be able to join us.

The programme for the afternoon will be as follows:

12.30	Arrival and free sandwich lunch	**3.30**	Open discussion – Your diabetes care and the NHS
1.45	Annual General Meeting	**4.30**	Farewell
3.00	Tea and biscuits		

The AGM

If you would like to nominate someone for election to the Board of Trustees, then please send nominations to IDDT by October 28th with a letter of agreement from the person you are nominating and seconded by another member of IDDT.

Please let us know!

For catering purposes, please let us know if you are attending and if you have any special dietary needs by October 28th by contacting IDDT, telephone 01604 622837, Rita by email rita@iddtinternational.org or write to IDDT, PO Box 294, Northampton NN1 4XS. Rita will then send you confirmation and a map to find the Kettering Park Hotel.

NHS News •

Fewer people taking up NHS Health Checks

A new study has found that the programme of NHS Health Checks for people between 40 and 74 years has "fallen well short" of international targets with only 21% of people taking up the Checks between 2009 and 2013.

The scheme is funded by the Department of Health and costs an estimated £165 million a year. GPs are paid to deliver the checks, which look at people's cardiovascular risk based on blood pressure, body mass index and cholesterol.

The study looked at 138,788 eligible patients registered at 462 practices in England and found:

- NHS Health Checks delivered "clinically modest" impacts and "very modest benefits."
- The programme cut the 10-year risk of cardiovascular disease by 0.21% – the equivalent of preventing one stroke or heart attack each year for every 4,762 people having the Check.
- Statins were prescribed for 39% of people who attended Health Check.
- There were significantly more diagnoses of vascular diseases among attendees - the largest increases were for hypertension and Type 2 diabetes.

So why didn't people attend?

- A third of people did not get an invitation.
- Some people said they did not have enough information about the programme.
- Others said the appointments were inflexible.
- Poor initial planning and inadequate communications with healthcare professionals and the public about potential benefits.

(Canadian Medical Association Journal, May 2016)

Comment – weren't there pilot schemes to find out the best way to run the programme and the most convenient arrangements for people? Was no research done to find out the most effective was to 'sell prevention' to the public?

Prescriptions for antidepressants rose more than any other drug in 2015

In 2015, 61million antidepressant items were prescribed - 31.6 million more than in 2005 and 3.9 million more than in 2014 according to a new report by the Health and Social Care Information Centre (HSCIC). This is a doubling in the last 10 years and last year cost the NHS £780,000 per day.

The charity, SANE stated that they have seen an increase in people contacting them due to more frequent and acute periods of depression and anxiety. Their assessment is that this is due to social and political changes, the impact of social media and fragmentation of relationships with family, friends and the wider community.

The Royal College of General Practitioners responded by saying that patients can be assured that their family doctor will prescribe medication only when necessary, taking into account other medications being taken and when other alternatives, such as talking or mindfulness therapies, have been explored. Whenever GPs do prescribe antidepressants it will have been after a full and frank discussion with the patient and in the best interests of their health.

Note: IDDT has a leaflet, 'Diabetes, Stress, Anxiety and Depression' and if you would like a copy, contact us on 01604 622837 or email, enquiries@iddtinternational.org

NHS Improvement Board Report

A report to the NHS Improvement Board on the performance of the NHS provider sector for the year ending 31 March, 2016, shows:

- 157 (65%) of 240 NHS providers reported a deficit, the majority were acute trusts - overall a deficit of £2.45 billion - £461 million worse than planned,
- delayed transfers of care cost £145 million and 1.7 million bed days to be lost,
- providers paid £751 million in fines and readmission penalties to commissioners - £253 million was re-invested in improving patients services,
- £3.64 billion was spent on agency and contract staff - £1.4bn more than planned,
- providers made £2.9 billion of savings - £316 million less than planned,
- A&E waiting time target of being seen within 4 hours were missed for 95% of patients between January and March 2016,
- the size of the waiting list for routine operations reached 3.34m as providers failed the referral to treatment healthcare standard in the last three months of 2015/16.

The Chief Executive of NHS Improvement said, "The key now is for us all to work together to make the necessary improvements in 2016/17, to reduce any variations in the quality of care for patients, and to bring the NHS provider sector back into financial balance."

NHS Wales allows easier access to emergency prescriptions

New software developed by the NHS Wales Informatics Service will make it easier for patients to gain an emergency supply of their regular medication. The software will be used to record the medicines dispensed and to share this information with the patient's GP. Information about the emergency medication dispensed will also be available to other pharmacies to ensure patient safety and avoid duplication of supplies.

Patients will be able to obtain emergency repeat medicines directly from a participating community pharmacy which should reduce demands on the out of hours services. It will also allow electronic hospital discharge information to be viewed by a patient's nominated community pharmacist and with the patient's consent, for the pharmacist to undertake an electronic discharge medicines review. This service will be rolled out across Wales during this year.

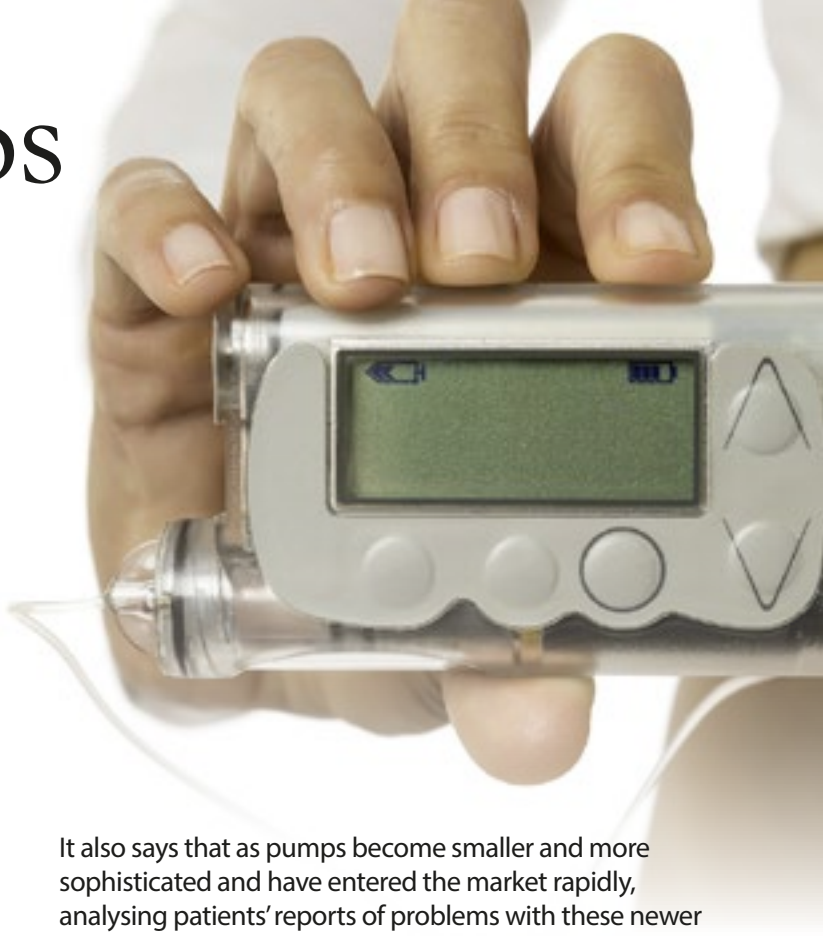
Inspections of CCGs

Clinical Commissioning Groups (CCGs) in England will be assessed during 2016 on six clinical areas with diabetes being one area. The assessment will look at two measures: (i) performance on the proportion of CCGs that meet the NICE treatment targets and (ii) the number of people newly diagnosed with diabetes attending structured education programmes. The aim of this assessment is to help areas improve by showing where support is needed.

NICE updates guidelines

Just before going to print, NICE updated parts of its guidelines for Type 1 and Type 2 diabetes and published the Quality Standards for children with Type 1 and Type 2 diabetes, so we will report on these in the next Newsletter.

Insulin pumps



Insulin Pump Audit

Insulin pumps combine an external device which can be attached to clothes with a catheter place under the skin. Insulin can be delivered continuously and programmed to deliver extra doses for meals or snacks.

The first National Diabetes Insulin Pump Audit Report shows that the use of insulin pumps by people with Type 1 diabetes in the UK has increased. Only 42 of the 183 NHS centres offering pump services completed the Audit but even so, it does look as if there has been an increase in pump users.

- 12.2% of all children and adults with diabetes with Type 1 diabetes are using insulin pumps – an increase from 7% in 2013.
- The percentage of people with Type 1 diabetes receiving access to pumps from these 42 service centres ranges from 1.87%t to 34.8%.
- The number of people on pumps is lower in deprived areas.
- Those on an insulin pump are less likely to complete all eight care processes than those not using one.
- Although more males than females have diabetes, pump use is greater in women.

The Audit points out that pump usage in the UK remains lower than in other countries in Europe and North America. An estimated 15% of people in Norway and Germany use a pump and in the US, it is around 40%. However, pump usage is influenced by the health/payment systems in the various countries. For example, when insulin injection pens were introduced, people in the US had difficulty getting pens paid for by their insurance but pumps were covered so the shift from syringes to pumps was much earlier.

Experts call for transparency on insulin pump problems

In a joint statement, experts from the American Diabetes Association and the European Association for the Study of Diabetes say regulatory agencies should work together to create standards that apply to all pump manufacturers. They state that people who use pumps should not be alarmed because overall they are pretty safe as long as the instructions are followed, but anyone who wears a pump should know that sometimes they fail.

When people with diabetes report problems with their insulin pumps, each pump manufacturer uses its own system to determine whether a pattern of problems exists. However, this information is difficult to find by others, so for example, it is difficult for doctors to know how often a particular pump fails and when it needs to be replaced.

It also says that as pumps become smaller and more sophisticated and have entered the market rapidly, analysing patients' reports of problems with these newer models could help to ensure quality and improve safety. One review showed that serious and fatal pump reports increased by about 17% per year between 2001 and 2009, which may have been due to more widespread use, but without easier access to the information, the true cause is uncertain.

Co-author of the statement, John Petrie of Glasgow University, said "People with diabetes should know that the professional societies in Europe and the US are working together to lobby the industry and the regulators to set higher standards around the approval of pumps in the marketplace and transparency of data on adverse events. One in every four people using a pump for a year may experience pump failure, which is too high."

It is important that those using an insulin pump know how to handle a pump failure and they should be taught how to troubleshoot and reminded of this periodically. (Diabetes Care, March 16, 2015)

NHS eligibility for insulin pumps

Pumps cost between £2,000 and £3,000 and the consumables an additional £1,000 to £2,000, so most people are funded by the NHS. NICE guidelines for eligibility are:

- Children under 12 are entitled to a pump if they have tried multi-daily injections (MDI) but can't get on with them for any reason.
- For adults, eligibility depends on how well they are managing with MDI, such as frequent hypos or because their HbA1cs are 8.5% (70mmol/mol) or higher despite all best efforts.

Should insulin pump therapy be started at diagnosis in children with Type 1 diabetes?

Although insulin pump therapy is increasingly used in children and young people with Type 1 diabetes, there are only a limited number of studies evaluating the best time to start pump therapy. This study investigated whether early initiation of pump therapy in children with Type 1 diabetes would lead to improved glycaemic control and quality of life. Information on HbA1c, rate of severe hypos, and diabetic ketoacidosis (DKA) were collected over the previous 2 years which showed that starting pump therapy at diagnosis of Type 1 diabetes in children resulted in consistently lower HbA1cs but there were no apparent changes in hypoglycaemia, DKA, or quality of life.

http://onlinelibrary.wiley.com/doi/10.1111/pedi.12357/abstract

Public Trust and Confidence in Charities

A few words from Jenny, Co-Chair…

I would like to thank all our members who make donations to IDDT. However large or small the donation, we really do appreciate the help and support that you give us in this way. It is only with your help, that we are able to carry on our work.

The work of charities and how they fundraise is being considered by a parliamentary committee with the expectation of new rules to come. A recent public survey has shown that the trust and confidence in charities has gone down to its lowest since 2005. When asked about their trust and confidence in charities over the last 2 years, 33% of people said that their trust and confidence in charities had gone over the last 2 years, the reasons being:

- 33% due to general media stories,
- 32% due to media coverage of how charities spend donations,
- 21% don't trust / don't know where the money goes,
- 18% because they use pressuring techniques.

For those of you who are unaware of the way we spend your donations, I would like to assure you that every penny goes towards the work we do for people with diabetes. There are four members of staff and me, so no excessive salary bills! We write and produce all the Newsletters, Type 2 and You, leaflets and booklets in house and of course, we manage our confidential database so that you receive your publications.

Again, I would like to thank you for all your support.

Update on the NHS Diabetes Prevention Programme

June 2016

Since the launch of the programme in April 2016, the NHS (Type 2) Diabetes Prevention Programme has identified providers to deliver the service in 10 of the 27 first wave areas. Contracts between these areas and their selected providers have been signed. The providers and first wave areas are working together to mobilise the service and at risk people will begin to receive support to reduce their risk over the summer.

The first 10 areas are: Leeds, Cumbria, Lincs, Birmingham, East Midlands, Herefordshire, Berkshire, South London and East London.

The remaining 17 areas are evaluating bids and will identify their providers so that the Diabetes Prevention Programme will be available in about half the country in this first year. The aim is to support at least 10,000 people at risk of Type 2 diabetes on to the programme by the end of the 2016/2017 financial year.

Evaluation

The clinical effectiveness of the programme will be fully evaluated as it is implemented. The National Institute for Health Research will fund the evaluation and the successful bidder which will be announced in October 2016.

RESEAR

Growing islets could be the way forward…

In the UK, only between 30 and 50 people with Type 1 diabetes currently receive an islet transplant because of the lack of donors and the difficulty of extracting islets from pancreatic tissue.

Cell and Gene Therapy Catapult (a not-for-profit organisation) and Aberdeen University are working together to develop lab-grown islets which will produce insulin. If clinical trials are successful, this could significantly increase the number of people who can receive islet transplants and therefore reduce their number of insulin injections. It will take several years before the treatment will become available.

Type 1 diabetes may be triggered by bacteria

Research at Cardiff University suggests that some forms of bacteria may play a role in the development of Type 1 diabetes.

The cause of Type 1 diabetes is unclear but past research has shown that it occurs when killer T cells destroy the insulin-producing beta cells. T-cells are white blood cells that attack healthy cells instead of protecting them. The research showed how bacteria can activate T cells to cause Type 1 diabetes by identifying a part of a bacterium that activates the T cells so they bind to the beta cells and kill them.

For the first time, this pinpoints an external factor that can trigger T cells to have the ability to destroy the insulin-producing beta cells. It is hoped that it will open up ways to diagnose, prevent and treat Type 1 diabetes. (The Journal of Clinical Investigation, May 2016)

The increase in Type 1 diabetes

Australian researchers have provided an explanation for the global increase in Type 1 diabetes – a combination of advances in medical care and natural selection. They used a measure called the Biological State Index to find that the increased worldwide rates were directly linked to life expectancy, especially in Western countries.

Until the early 20th century people with Type 1 diabetes often died in their teens or early twenties. This meant that the opportunity to pass on their genetic material to future generations is limited – this is natural selection.

As a result of improvements in modern medicine, people with Type 1 diabetes are now living much longer with an average life expectancy is now 69 years. Therefore, they are passing on their genetic material to future generations so leading to the development of Type 1 diabetes which may be accumulating at a rapid rate within the world's population.

The researchers also point out that the global prevalence of Type 1 diabetes varies in different parts of the world. Not every country has good healthcare or freely available insulin so in poor countries, such as Africa, the life expectancy for people with Type 1 diabetes is much lower than in Western countries. This means that they are less likely to produce children who will carry the genes that pass on Type 1 diabetes. (BMJ Open Diabetes Research and Care, May 2016)

Hypo alert dogs – what is the chemical they detect?

We have known for some years now that dogs can be taught to detect hypoglycaemia (low blood glucose level) in people with Type 1 diabetes and indeed, some people already have a 'hypo alert dog'. Through their sense of smell, dogs are taught to detect a chemical that is exhaled in the breath during a hypo which can prevent a potentially dangerous hypo. But what is the chemical?

Researchers at Cambridge University studied 8 women between the ages of 41 and 51 who had Type 1 diabetes for at least 16 years. They slowly lowered the women's blood sugar and used mass spectrometry to detect the presence of chemicals in their breath that may change with blood sugar levels. They found that a chemical, isoprene, rises significantly during hypoglycaemia, sometimes even doubling. The researchers believe that dogs can detect isoprene but humans cannot, so dogs can be trained to alert their owners when isoprene is present in their owner's breath, even during the night.

For the future, the researchers wonder if the 'scent' can be used to develop new tests for detecting hypos and also plan to develop a breath test that would be so much easier than finger prick tests. (Diabetes Care, June 2016)

CH

Hypo unawareness in Type 1 diabetes patients not linked to neuropathy or autonomic dysfunction

It has been thought that hypo unawareness (loss of hypo warnings) may be linked to neuropathy but a recent study in adults with Type 1 diabetes shows that it is not associated with peripheral neuropathy or autonomic dysfunction.

The study involved 66 adults with Type 1 diabetes in their mid-forties, half of them had normal hypo awareness and the others had impaired hypo awareness. Both groups had an average duration of diabetes of 30 years and those with hypo unawareness had HbA1cs of 7.8% (61.7mmol/mol) while those with normal hypo awareness had HbA1cs of 8.1% (65mmol/mol).

The participants underwent clinical and laboratory evaluations where their autonomic function and peripheral nerves were tested and there was no difference between those with impaired hypo awareness and those with normal awareness. (Diabetes Care, Nov 2015)

This study still leaves an important unanswered question - what does cause hypo unawareness and why are some people affected by it and not others? The impact of hypo unawareness can be devastating on people with diabetes and on their families, it is time we knew the answers.

Medical ID wristbands and keyrings

Leather Ice Medical ID is for people who don't want an ID that screams 'condition'. It is sometimes difficult to encourage children, teens and adults to wear some kind of Medical ID as they don't want to stand out from the crowd. The wristbands come in two sizes Small/Medium or Large/X-Large.

But the Leather Ice ID Wristbands and Keyrings are fun and subtle, yet display vital and potentially life-saving information. The wrist band is comfortable and lightweight, made of soft leather, embossed with two Medical Alert Symbols and wording of your selected medical condition.

The Emergency Medical Alert Symbol is universally recognised when worn by someone, to alert medical emergency personnel to medical conditions. For this reason all the Medical ID wristbands and keyrings have the Medical Alert Symbol embossed on the leather.

It can also be useful to have information such as name of the person and an emergency contact number. This can be written with a permanent pen (which Leather Ice also sell) on the inside of the wristband or on the card stored inside the keyring.

Leather Ice ID products are made in the UK and for each item purchased, they kindly make a donation to charities, including IDDT.

Introductory offer!

Leather Ice is giving a 10% discount as an introductory off to IDDT members until mid-October and after which it will be a 5% discount but please fill in the coupon when ordering using the code 'IDDT'.

For more information or to order visit **www.leatherice.co.uk**

Jeremy Hunt Watch

As editor, I rather hoped that I would not be writing another Jeremy Hunt Watch but he has kept his job as Health Secretary!

Childhood obesity strategy

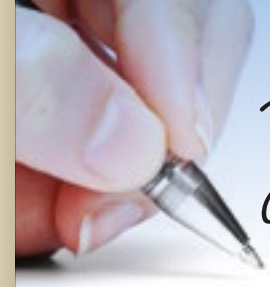
Action against child obesity was promised in the Conservative manifesto last year and Mr Hunt said that it would be "draconian". A clampdown on junk food advertising and forcing food companies to take sugar out of their products were singled out as priorities. At the time of writing, his promised strategy to tackle childhood obesity has still not been published despite promises of 'early summer', 'mid-summer' and 'later this year'! So on July 15th The Times published a leaked document which shows a watering down of ministers' promises after lobbying by industry.

The leaked document says:

- Manufacturers will not be forced to make products healthier.
- No concrete measures have been included to curb the marketing of unhealthy products.
- The ban on junk food at shop checkouts has been dropped.
- The ban on adverts for unhealthy foods before the 9pm watershed has not been included.

The documents show that promises of strict, tougher action were removed as a result of industry pressure and the distraction of the EU referendum. Companies will now simply be "challenged" and "consulted" over their pushing of unhealthy food. Health experts condemned the move as "business as usual" that would fail to stem the obesity epidemic. Senior doctors said that without a tougher strategy children would be condemned to a lifetime of illness ranging from heart disease to cancer.

Mr Hunt may have kept his job but The Times suggests that he faces a battle with his new cabinet colleagues to "put the teeth back" in the plan. Mr Hunt is used to battles but surely, even he cannot favour industry's wishes over the future health of children or can he?



From our own correspondents

Novopen needles too expensive

Dear Jenny,

I visited my diabetes nurse at my GP's last week and she informed me that I could no longer have Novopen needles for my Novopen due to costs. The silly thing is that I have three injections of NovoRapid a day and only use one needle a day. I have tried the new needles the nurse gave me and while they do the job, they are not so comfortable and I need to use a new three needles a day. Seems like false economy to me!

Is this a practice policy or a CCG policy? Has anyone else had this experience?

I have contacted Novo Nordisk about this but there answer was simply that Novopen needles are designed to be used with Novopens.

Mr G.H., East Midlands

I didn't have to change my meter!

Dear Jenny,

The 'Diabetic Nurse' at my GP surgery has been pushing me to change my glucose meter without any discussion and when I am perfectly happy with my tried and tested meter that is compliant with the new standards.

I thought I'd let you know that after a really productive appointment with one of my favourite GPs at my surgery, she agrees with me that to change my safe and well tested meter would be a bit unnecessary. So I am happily continuing with my usual meter!

It seems that the change was all about budget, budget, budget! I thought your other readers may like to know that I did not have to accept a change of meter but I had to fight my corner.

By email

Growing feet!

Dear Jenny,

I am 63 and have Type 2 diabetes which was treated with metformin for the first 2 years, then I was put on Lantus insulin as well 2 years ago. I know this sounds unbelievable but in the last 2 years my feet started growing. I used to be a size 12 shoe and now I am a size 14! This has been confirmed by my shoe shop and by the nurse at my clinic. My feet are not swollen and at my last review, I was told they were healthy.

What is even more strange, is that the toes next to my big toes are now longer than my big toes, which they never used to be, and my toe nails are growing faster.

I just wonder if anyone else has experienced anything similar?

Mr M. D , South East

If you have any information, just let Jenny know on jenny@iddtinternational.org or call her on 01604 622837

DLA changes for children and teenagers with Type 1 diabetes

In May, the Government made changes to the medical guidance on the Disability Living Allowance (DLA) to make it easier for children with Type 1 diabetes to meet assessment criteria, if parents choose to claim.

DLA is not means tested and is a tax free benefit that has been awarded to parents of children with Type 1 diabetes to help them cover the costs of looking after a child under the age of 16. The grounds for the benefit being awarded are that they 'need more looking after than a child of the same age who doesn't have a long-term condition'. However, in the last few years parents have found it increasingly difficult to claim DLA, especially for children over 12 years.

The medical guidance for DLA decision-makers has now been updated to show a better understanding of Type 1 diabetes and how hard it can be to manage in both young children and teenagers. The onset of puberty can affect both the way that Type 1 diabetes manifests itself and a young person's ability to manage their condition. It corrects the previous misunderstanding that just because children with Type 1 diabetes reach secondary school age, does not mean that they can manage their diabetes but they face a new set of challenges.

Hopefully, this revision of the guidelines will make it easier for families to obtain the help and support they need.

Teenagers and young adults and peer mentoring

New research suggests that teenagers who share their experiences of Type 1 diabetes have better control. This study involving 54 young people with Type 1 diabetes aged between 13 and 18 and between 19 and 25, investigated the effects of the young adults mentoring the 13-18 year olds.

Both groups claimed to have medium adherence to management tasks but the adolescent group received higher scores. Young adults reported a lower adherence for blood glucose testing, eating on time, taking insulin at the right time and checking for checking ketones.

- 87% of adolescents knew their most recent HbA1c as opposed to 80% of young adults. However, only 78% of adolescents met the age-related HbA1c targets but 89% of young adults did.
- Adolescents were more likely to have social issues relating to their diabetes and far more said they felt embarrassed about injecting in social situations.
- 87% of young adults were interested in a diabetes peer mentoring programme compared to just 57% of adolescents. Adolescents were more likely to be interested if they had supportive friends who were aware of their diabetes. Living in a big family also helped.

Twenty-three adults were not interested in peer mentoring, 60% felt they did not need help, 22% felt uncomfortable about sharing their experiences and 26% did not think they had time to be involved.

What the results mean

- Adolescents who lack positive experiences of communicating about their diabetes with friends may not understand how a peer mentoring programme could be beneficial, even though they may benefit as much or more from such a programme.
- Innovative incentives may be needed to reach adolescents who are less willing to share their experiences or it may be that interventions not involving direct social interactions may be more suitable to improve adherence in these youngsters.
- Doctors play a critical role in identifying adolescents with Type 1 diabetes who would benefit from peer support from young adults.

INDEPENDENT DIABETES TRUST SNIPPETS

'Suitable for diabetics' to disappear

From July 20th 2016, the labelling of foods as 'suitable for diabetics' will no longer be allowed.

Using a computer reduces the risk of dementia

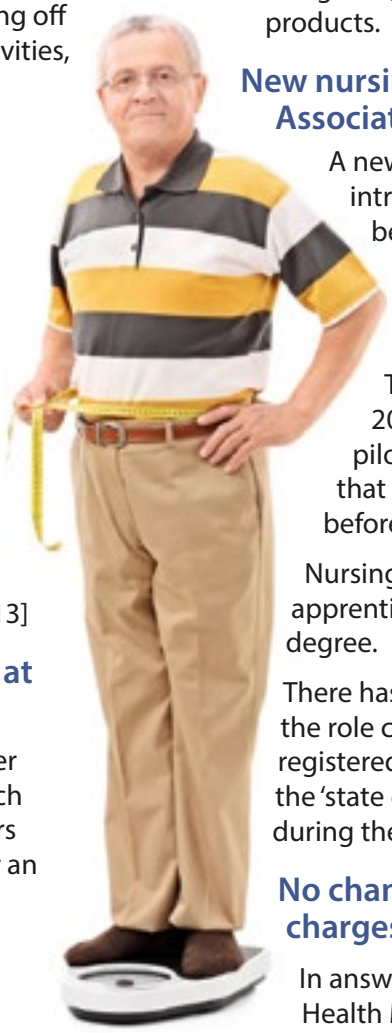
A four year study has shown that older people who use a computer once a week or more are 42% less likely to develop memory and thinking problems compared to those who hadn't. The study involved 2,000 people aged 70 or older who all had normal memory and thinking abilities at the beginning of the research. Computer use was more effective at staving off memory problems than weekly social activities, crafts or reading although these did help.

Maybe why dieters regain weight following weight loss

Australian researchers found that eating a high-fat diet for a long time desensitises the stomach nerves that send feelings of fullness signals [satiety] to the brain. This suggests that people who eat such foods for an extended period would have to eat more to attain similar feelings of fullness compared with healthy people. This could explain why dieters tend to regain weight following weight loss. [International Journal of Obesity, Sept 2013]

People with higher BMI are better at imagining smells

A study has shown that people with higher BMIs were better at imagining smells which could affect food cravings. The researchers suggest that this demonstrates a need for an individualised approach in determining what may increase the risk of weight gain. (Society for the Study of Ingestive Behavior's annual meeting, July 2015)



Prescribing trends in General Practice

The second annual report by Cogora showed the prescribing trends of drugs in England and Wales. The key findings were as follows:

- The total cost associated with prescriptions issued by general practices rose from £9.16 billion in 2014 to £9.58 billion in 2015.
- Of the branded products, NovoRapid® was one of the highest total costs in 2015.
- The drug categories with the highest total cost were diabetes drugs, respiratory corticosteroids, analgesics, antiepileptics and oral nutrition products.

New nursing support role of 'Nursing Associate'

A new role, nursing associate, is being introduced. It is designed to bridge the gap between registered nurses and healthcare assistants and provide an opportunity for care assistants to progress into more advanced caring and nursing roles.

The proposal was made by government in 2015 with the intention of introducing 30 pilot sites during 2016, however, it appears that the role is now established in some areas before the pilots begin or are completed!

Nursing associates will train through an apprenticeship that will lead to a foundation degree.

There has been some concern expressed that the role could undermine or be a substitute for registered nurses. It is somewhat reminiscent of the 'state enrolled nurses' which were phased out during the 1990s!

No change in prescription exemption charges

In answer to a parliamentary question, then Health Minister Alistair Burt stated that that the process for determining entitlement to a medical exemption is fit for purpose and there are no plans to make any amendments to the list of medical conditions, which of course includes diabetes. Considering the increasing number of people living longer and with multiple medical conditions, this is disappointing.

From your editor – Jenny Hirst

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