InDependent Diabetes Trust Newsletter

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Amidst all the chaos around Brexit in January, the government issued its 10 year plan for the NHS. There's a lot of pages to read but clearly, what it says about diabetes is of particular interest to all of us. Considering that we are frequently told that diabetes costs the NHS more than 10% of the NHS budget, it is surprising to see the 10 year plan contains two pages on obesity and how it relates to Type 2 diabetes and only 3 relatively short paragraphs entitled 'Diabetes'. Looking at these 3 paragraphs, the thing that is striking is that, with the exception of CGM for pregnant women, there are no target dates for achieving the aims, unlike Stroke Care which has milestone dates by which the points in the plan will be delivered. For diabetes it is all in 'the future', so when can we expect diabetes care and treatment to improve?

Obesity and Type 2 diabetes – the NHS plan promises:

- To halve childhood obesity and significantly reduce the gap between children from the most and least deprived areas by 2030. By 2022/23 an expectation of treating up to a further 1,000 children a year for severe complications related to their obesity, including diabetes.
- To provide targeted support and access to weight management services in primary care for people with Type 2 diabetes or hypertension with a BMI of 30+.
- To fund a doubling of the NHS Diabetes Prevention Programme over the next 5 years, including a new digital option.
- To continue to support local health systems to address inequality of access to multidisciplinary foot care teams and specialist nursing support for people who have diabetes.
- To test an NHS programme supporting very low-calorie diets for obese people with Type 2 diabetes.
- To continue to take action on hospital food standards on NHS premises - the next version to be published in 2019 for staff and patients.
- To ensure that nutrition has a greater place in professional training so that frontline NHS staff feel equipped to talk to patients about nutrition and achieving and maintaining a healthy weight.

'Diabetes' – the NHS plan promises:

- For people living with Type 1 or Type 2 diabetes, the NHS will enhance its support offer. The NHS will support those newly diagnosed by expanding provision of structured education and digital self-management support tools.
- People with Type 1 diabetes will benefit from flash glucose monitors from April 2019 in line with clinical guidelines to end the variation of availability across the country. By 2020/2021, all pregnant women with Type 1 diabetes will be offered continuous glucose monitoring (CGM) to help to improve neonatal outcomes.
- Continuing investment in primary care the NHS so more people achieve the recommended diabetes treatment targets to minimise the risk of future complications. In addition, for people who periodically need in-patient hospital care, the NHS will ensure that in future all hospitals provide access to multidisciplinary footcare teams and in-patient specialist nursing teams to improve recovery and reduce lengths of stay and re-admission rates.

IDDT comments

- The statement about the FreeStyle Libre being available on the NHS in April 2019, was announced on November 2014, so not news.
- IDDT welcomes all pregnant women with Type 1 diabetes being offered continuous glucose monitoring (CGM) by 2020/2021.
- We welcome that all hospitals will have multidisciplinary footcare teams "in the future" – but when? However, it completely fails to address the need for improved NHS podiatry services in primary care for everyone to prevent the early problems and reduce the need for emergency treatment by hospital multidisciplinary footcare teams!
- A doubling of the NHS Diabetes Prevention Programme over the next 5 years – this is only 200,000 people which is a drop in the ocean of over 4 million people who have Type 2 diabetes!
- The plan does not cover the necessary increase in numbers of health professionals and the training they need to treat and care for the increasing number of people with both types of diabetes. (Later announced that 20,000 people will be employed to help GP practices and they will be pharmacists, physiotherapists and paramedics.)
- The promised bringing together the NHS and social care as a single plan has been missed.

We need to see some sort of implementation plan, in other words, how the Government intends putting the 10 Year Plan into practice.

If you want to read more of the NHS Long-term Plan, it is available online at

www.nhslongtermplan.nhs.uk

INSULIN SUPPLIES IN THE EVENT OF A 'NO DEAL BREXIT'

In the event of a 'no deal Brexit', people in the UK are understandably concerned about the availability of their medications and especially insulin. The vast majority of people on insulin in the UK are taking GM human or analogue insulins none of which are manufactured in the UK – only pork insulin is manufactured in the UK.

Parliamentary Questions

Several Parliamentary Questions have been asked in the House of Commons about supplies of insulin and other drugs under this possible scenario with the following answers:

- patients, GPs, hospitals and pharmacies should not stockpile insulin,
- pharmaceutical companies have been asked to have a minimum of 6 weeks' supply of stockpiled insulin over and above their normal operational stocks.

Latest information from the pharmaceutical companies

- Novo Nordisk is stockpiling 18 weeks of insulin.
- Sanofi is stockpiling 14 weeks of insulin.
- Lilly is holding several months' supply.

Novo Nordisk and Sanofi are joining other companies in testing alternative shipping routes in the event of delays at the UK's main port, Dover.

Obviously, IDDT considers that insulin should be classed as a priority in the government's plans, so we will be taking action to stress this and we will let you have any further news.

HYPURIN® PORCINE INSULIN COMMITMENT FROM WOCKHARDT UK

People in the US have been informed they will no longer be able to import pork insulin from Wockhardt UK. This is due to stringent Regulatory Controls, leaving Wockhardt UK with no choice but to discontinue supply of Hypurin Porcine & Bovine insulin which has been directly supplied to the patients in US on "Named Patient basis".

On November 30th 2018, Wockhardt issued the following statement which offers reassurance to people in the UK who use Hypurin® porcine insulin.

Wockhardt UK Ltd – Supporting Diabetic Patient Choice

Wockhardt UK has been committed to the provision of Hypurin® Porcine Insulin for many years, recognising the medical needs and preferences of patients with diabetes. At Wockhardt UK, we firmly believe that maintaining freedom of choice for diabetic patients is important and we are committed to continue the supply of our Hypurin® Porcine Insulin range to the UK and Canada for the foreseeable future.

Hypurin® Porcine Insulin is available in 10ml vials and 3ml cartridges and is an alternative to human or analogue insulins.

Here is the link on Wockhardt's website:

http://www.wockhardt.co.uk/about-wockhardt/wockhardt-news/hypurin%C2%AE-porcine-insulin-uk-canada-commitment-301118.aspx

NHS England considering **CUTTING COSTS** on diabetes items

A consultation has been launched entitled **"Items which should not routinely be prescribed in primary care: an update and a consultation on further guidance for CCGs"**, to encourage commissioners and prescribers to consider **"cost effective options".**

NHS England is considering new guidance calling for GPs to prescribe cheaper alternatives of blood glucose test strips for people with Type 2 diabetes. Needles for pre-filled and reusable insulin pens are also on the list of items highlighted as having cheaper alternatives.

The document says:

- The proposed recommendations on glucose testing strips and needles are focused on substitution for cheaper, but equally effective products, not a reduction in prescribing of these items.
- There are many different types of insulin pen needles available at a varying cost from £3.95 to £30.08 for 100 and test strips range in price from £5.45 to £16.53 for 50.

Response

We can immediately see problems with this.

- If the cheaper test strips are "equally effective", why are all people with diabetes not included and not just those with Type 2 diabetes?
- Are people going to be refused the needles they are used to? Some of our members have already had experiences of cheaper needles that are more painful than the ones they regularly use.
- What about quality? Will the NHS decisions on cheaper test strips and needles be based on research comparing the various strips and needles, in other words will the decisions be evidence-based?

Fortunately, an organisation called the Insights for Diabetes Excellence, Access and Learning Group (iDEAL) has responded in a way that covers IDDT's concerns and looks to the best interests of people with diabetes, not simply what is the most cost effective for the NHS. iDEAL emphasised the need to focus on the performance, quality, safety, accuracy and choice of blood glucose monitoring systems, together with education and support to meet each individual's needs when using self-monitoring in people with Type 2 diabetes.

We hope that iDEAL's views are listened to but the basic principles of the NHS that patients have a right to choice have not changed, so it may be that in the future, we have to standard up for this right.

And something else to think about...

Insulin analogues vs short-acting regular human insulin for Type 2 diabetes

A recently published Cochrane Review, found that there are no clear benefits or harms to choosing short-acting insulin analogues over regular human insulin for non-pregnant people with Type 2 diabetes.

Ten trials, involving 2751 people with Type 2 diabetes monitored over 24 -104 weeks, were included. The analogues, Apidra, Humalog and NovoRapid, were compared with short-acting human insulin. There was a low incidence of severe hypoglycaemia with no clear differences between the different insulins and the same applied to HbA1cs.

They found no clear effect of insulin analogues on health-related quality of life and there was no information on diabetes complications or on socioeconomic effects, such as costs or absence from work.

The reviewers concluded that they are uncertain whether short-acting insulin analogues are better than short-acting human insulin for long-term blood glucose control or for reducing the number of times blood sugar levels drop below normal. (Published January 2019)

IDDT comments

While this review does state that there is a degree of uncertainty about the evidence, it also shows that there is no clear evidence that analogue insulins have any significant advantages for people with Type 2 diabetes. Previous studies have also shown that for the majority of people with Type 1 and Type 2 diabetes, analogues have not shown benefits over human insulins.

The importance of this is that analogue insulins are significantly more expensive than human insulin, so when cheaper needles and test strips are being considered, why is NHS England not consulting on the use of cheaper forms of insulin? The evidence is there and the cost saving would be about £10.00 for a pack of 5 pre-filled pens – a far greater saving than nit-picking about the cost of needles!

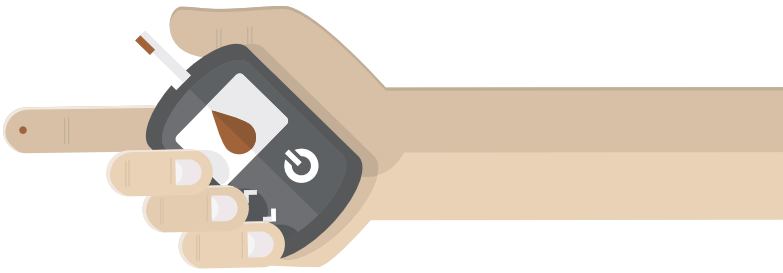
Understanding blood glucose levels

Understanding blood glucose levels is a key part of diabetes self-management for people who have a meter and test strips. The National Institute for Heath and Clinical Excellence (NICE) has recommended targets for adults and children with Type 1 diabetes and adults with Type 2 diabetes but each person's individual targets should be set in discussion and agreement with their doctor and/or health team. For example, targets may be increased for people who live alone or people who have reduced or loss of warnings of hypos and they may be decreased for women with diabetes who are pregnant.

General guidance - recommended target blood glucose ranges

To put these in context, the recommended blood glucose levels for people without diabetes are 4.0 to 5.9 mmol/L before meals and under 7.8 mmols/L 2 hours after a meal.

The table below provides general guidance but don't forget, the individual target set by your healthcare team is the one you should aim for.



Target Levels by Type of diabetes	Waking	Before meals (pre-prandial)	At least 90 minutes after meals (post-prandial)
Type 2 diabetes	-	4 to 7 mmol/L	under 8.5 mmol/L
Type 1 diabetes	5 to 7 mmol/L	4 to 7 mmol/L	5 to 9 mmol/L
Children with Type 1 diabetes	4 to 7 mmol/L	4 to 7 mmol/L	5 to 9 mmol/L

IDDT receives quite a lot of queries about levels for diagnosis, particularly from people who have been told they have pre-diabetes with an HbA1 test, which gives an indication of blood glucose levels over the previous 8 weeks or so.

Indications of diabetes or pre-diabetes are:

- Normal: Below 42 mmol/mol (6.0%)
- Prediabetes: 42 to 47 mmol/mol (6.0 to 6.4%)
- Diabetes: 48 mmol/mol (6.5% or over)

FreeStyle Libre available on the NHS from April 2019 but…

To coincide with World Diabetes Day, Simon Stevens, Chief Executive of NHS England, announced action to end the postcode lottery for access to the FreeStyle Libre flash glucose monitoring system and this was then included in the NHS 10 year plan. The press release stated:

"From April 2019, the device will be available on prescription for all patients who qualify for it in line with NHS clinical guidelines. These patients will be able to receive it on prescription from their local GP or diabetes team helping them to better manage their blood sugar levels.

The device should ultimately help people with Type 1 diabetes to achieve better health outcomes and benefits including:

- *Easily noticing when their sugar levels are starting to rise or drop, so action can be taken earlier,*
- *Giving patients more confidence in managing their own condition, Not having to do as many finger-prick checks.*

The funding for this will come from next year's funding growth for local health groups which will allow flash monitoring throughout the country."

IDDT actions:

The news was very much welcomed by people with Type 1 diabetes across the country and it was good to know that apparently people with diabetes have been listened to. It appears to end the unfairness whereby there has been a postcode lottery of availability of the Libre but there are various points that are still unclear and some unanswered questions.

On November 21st 2018, IDDT wrote to Simon Stevens with copies to Dr Partha Kar, Associate National Clinical Director for Diabetes, Mr Matt Hancock, Secretary of State for Health and Social Security and Mr Keith Vaz MP. The points we have made are:

- The announcement only mentions people with Type 1 diabetes and not people with Type 2 diabetes who are injecting insulin yet the NICE guidance states that *"it is an alternative to routine blood glucose monitoring in people with Type 1 and Type 2 diabetes who use insulin injections".* Why have people with Type 2 diabetes been excluded from the benefits of the FreeStyle Libre? This seems grossly unfair and is a divisive decision.
- The refusals of access to the FreeStyle Libre have been by their local CCGs and they have the power to make decisions according to local need. This device will be funded from next year's funding growth for local groups, but how can CCGs effectively be forced to fund the FreeStyle Libre when the NHS system specifically gives them control over local spending? Are people with diabetes going to have to go through the process of refusal again?
- The press release states that the FreeStyle Libre will be available *"for all patients who qualify for it in line with NHS Clinical guidelines".* The Guidelines that have been used have varied geographically, so could we be told what these guidelines are, especially now that there is a second version of the FreeStyle Libre with an alarm system?

We have still not received any responses from any of them but Parliamentary Questions are being asked along similar lines and about availability of sensors by April 2019.

Latest News!

On February 5th 2019, Minister of Health Steve Brine made the following statement:

'In November 2018, NHS England announced action to end the current variation in accessing flash glucose monitors. From April 2019 there will be a more consistent national approach to availability of this

device. NHS England is currently working up detailed clinical criteria for who would be able to access the device. NHS England estimates that current guidelines on the use of flash glucose monitoring suggest that it could be beneficial for around 20% of those with type 1 diabetes (20% or approximately 45,000 people).'

'NHS England is committed to making funding available in 2019/20 and 2020/21 which will be used to reimburse clinical commissioning groups based on the number of prescriptions made for flash glucose monitor sensors. Details of the funding arrangements have not yet been confirmed.'

Jenny Hirst comments

- Whoever prepared this statement has got the numbers wrong and is misleading everyone. There are around 400,000 people with Type 1 diabetes, so 20% is 80,000 people NOT 45,000 as stated, so how many people are going to be able to access the Freestyle Libre?
- Simon Stevens obviously made his statement on November 14th 2018 without any plans in place for who can access the Libre, what the criteria are and the funding arrangements.
- So people with diabetes are still going to have to struggle to obtain the device on an NHS prescription, in other words very little has changed!
- Is comfort, convenience and quality of life going to be considered?

Sensor protection

For people who have problems with the FreeStyle Libre sensors falling off or requiring protection, there are fixtures and covers available on the internet. Just google 'FreeStyle protection and covers' and there is a wide choice available.

Drivers with diabetes

Drivers with diabetes on insulin will soon be able to use the FreeStyle Libre and continuous glucose monitoring (CGM) devices

The DVLA's Medical Advisory Panel approved use of these devices in July 2018 and objections were raised from other organisations for its use by drivers, but in early January 2019, it overruled the concerns. Both the Libre and CGM devices have been approved for driving, but it cannot be used until the decision formalised and an announcement is made. According to the answer to a Parliamentary Question, this is expected to be in February 2019 but drivers of goods vehicles and buses will have to continue to test blood glucose levels with finger prick tests.

Enter the IDDT Lottery now!

THE IDDT'S LOTTERY DRAW WINNERS

We are delighted to announce the winners of the draw of our monthly lottery for November 2018. They are as follows:

1st prize of £543.84
goes to Andrew from Bath

2nd prize of £407.88
goes to Mavis from Doncaster

3rd prize of £271.92
goes to Susan from Hereford

4th prize of £135.86
goes to Mascha from Worthing

Winners of the December 2018 draw are:

1st prize of £543.84
goes to Patricia from Dover

2nd prize of £405.36
goes to George from Haddington

3rd prize of £270.20
goes to Victoria from Bedford

4th prize of £135.10
goes to Derek from Poole

Winners of the January 2019 draw are:

1st prize of £546.72
goes to Ann from Newton Abbott

2nd prize of £410.04
goes to Neil from Thetford

3rd prize of £273.36
goes to Clive from London

4th prize of £136.68
goes to Anon. from Birmingham

Note: the winners of the draws for February, March and April 2019 will be announced in our June 2019 Newsletter and will be available on our website.

A huge 'Thank You' to everyone who supports IDDT through the lottery.

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

Apologies for an error in the September Newsletter: The first prize for June should have read £504.00 not £304 but the winner did receive the correct amount.

Thank you to you

Christmas Cards

We would like to say a big thank you to all of you who bought our Christmas cards last year. We sold over 700 packs and every pack sold raises funds that help us continue our work. We will be selling cards again later this year and hope you will buy your cards from us again.

Helping Developing Countries

As you may be aware IDDT acts as the UK arm of an organisation called Insulin for Life, collecting unwanted insulin and diabetes supplies and sending them out to developing countries. In 2018 we sent out over 4400 pens, vials cartridges etc. of insulin worth over £31,000, along with over 90,000 items of various diabetes supplies (not including over 200,000 pen needles!) – so a big thank you to all of you who donated items.

We would also like to say thank you to all of you who continue to sponsor a child looked after by the Dream Trust in India – last year you raised over £5,865!

Here is Aditi from Dream Trust and is sponsored by IDDT members. She is doing well with 4 injections of insulin.

Recycling

IDDT has been partnering with the Recycle4Charity scheme for nearly 10 years. The scheme recycles used print cartridges and for every cartridge recycled it makes a donation to IDDT. By the end of 2018 the scheme has raised a land mark £10,000 for IDDT, so we would like to say a big thank you to all of you who take part in in the scheme. It does not cost anything to recycle print cartridges as Recycle4Charity provide freepost envelopes. For more information visit: https://www.iddt.org/here-to-help/recycle-empty-ink-cartridges.

IDDT's Annual Event!

Since last year's gathering of IDDT members and their families, the Trustees have decided that this should once again become an annual event. The title of the day will be 'InDependent and Empowered'. The date for your diary is Saturday, October 26th 2019 and it will be at the Kettering Park Hotel and Spa, so please do make a note of it now.

The programme for the day will be sent out with the June and September Newsletters,

and we hope as many people as possible will be able to attend.

Britvic – it's not IDDT!

Diabetes UK released news last year that it had signed a three-year partnership deal worth £500,000 with Britvic, the soft drinks company. A series of health campaigners have been highly critical of the decision covered in The Sunday Times:

- Radio presenter Jon Gaunt said: "This is a company that still pushes sugary products. Diabetes UK has lost all credibility by doing this."
- Dr Simon Tobin, who is a GP from Merseyside, said: 'I've been diabetic lead at my practice for 25 years. I cannot recommend my patients are supported by Diabetes UK. How can they trust a charity that has partnered with Britvic?"
- One person who overturned his Type 2 diabetes after giving up sugar completely, called it "blood money".

It does seem to be a contradiction to the advice Diabetes UK gives out about prevention and treatment but Diabetes UK has said it stands by its decision, saying the deal was well thought out and the money will make a significant impact on young people with Type 1 diabetes.

People have contacted IDDT about this with some thinking the news referred to IDDT! So just a confirmation – IDDT does not accept sponsorship so that we are independent, unbiased and do not have any conflicts of interest.

Artificial sweeteners and confusion about fructose

Towards the end of last year, the Daily Mirror produced confusing reports about sweeteners. The first article warned that artificial sweeteners increase the risk of developing Type 2 diabetes. It stated that added fructose was 'nutrient poor' and can damage blood sugar levels but this was not the case with natural fructose found in fruit and vegetables.

This was then followed by an article in which the British Dietetic Association said that this was a myth and that regulating blood sugars is important to prevent the risk of complications. "Since artificial sweeteners are metabolised more slowly, replacing sugar with an artificial sweetener may help to stabilise blood glucose levels over a longer period." Not surprising that people are confused!

Facts

- The European Food Standards Agency has approved the health claim that sweeteners may help in the regulation of blood sugars after eating.
- The British Dietetic Association says that intense sweeteners may help with weight loss or weight maintenance which consequently result in better diabetes control.

Confusion over fructose

Most of us tend to think of fructose as a natural fruit sugar, not unreasonably because it is one of the main sugars in fruits. In fact, the amount of fructose in most fruits is relatively small but of course, fruit also contains a lot of other valuable nutrients, including fibre which slows down the absorption of sugars.

However, the confusion arises because food companies manufactured high fructose corn syrup which is added to a wide variety of processed foods. This is very different from natural fructose found in fruits and it will affect blood glucose levels. The best way to avoid it is to not buy processed foods sweetened by high fructose corn syrup and of course, avoid drinks with added sugars.

Associated with this...

One of our members contacted us about Frank's Dialicious Ice Cream. He has been buying Frank's Diabetic Ice Cream for many years and recently discovered the name has changed to Dialicious. The online write up says 'Made with fructose'.

Our member believes that the title is misleading and asked us to make other members aware of the carbohydrate content. It is 19.7g of carbohydrate of which sugars are 13.8g and the sugars are fructose and it adds 'which leads to a lower blood glucose rise compared to foods containing sucrose or glucose.'

Research

Diabetic ketoacidosis at diagnosis of Type 1 diabetes and glycaemic control over time

Diabetic ketoacidosis (DKA) often occurs at the diagnosis of Type 1 diabetes in young people. This research aimed to investigate if the presence of DKA at diagnosis is associated with poorer HbA1cs over time.

1396 young people under the age of 20 with newly diagnosed Type 1 diabetes were followed for 13 years. Of these, 397 had DKA at diagnosis or mention of DKA on their medical record and their HbA1cs were checked at each follow up visit. The researchers adjusted for various factors, such as age at diagnosis, income and C-peptide level at the start of the study.

- At the start of the study the HbA1c levels were significantly higher in the young people who were diagnosed in DKA compared to those who were not.
- After the first year with diabetes, there was a significant difference in the rate of change in HbA1c levels by the DKA situation – 0.16% higher each year in those diagnosed with DKA compared to those who were not.

The researchers concluded that diabetic ketoacidosis at the diagnosis of Type 1 diabetes is associated with worsening glycaemic control over time independent of all the other factors. (Pediatric Diabetes, 17th December 2018)

Urological issues in Type 1 diabetes are more frequent than once thought

The main complications of Type 1 diabetes are retinopathy, nephropathy, neuropathy, and cardiovascular disease but some other complications are less studied. This includes urological conditions which can be severe for people who have Type 1 diabetes and include sexual dysfunction, urinary tract infections, lower urinary tract symptoms, and urinary incontinence. In addition, quality of life is a major concern for people with urological conditions and this can adversely affect health. All these issues are associated with higher HbA1c levels.

A recently published study, the UroEDIC trial, used questionnaires completed by men and women with Type 1 diabetes and assessed urinary and sexual dysfunction. Primary outcome measures included male and female sexual dysfunction, female urinary incontinence, male and female lower urinary tract symptoms and urinary tract infection frequency.

The results were as follows:

- In men, age was linked with lower urinary tract symptoms and HbA1c was associated with persistent erectile dysfunction. Erectile dysfunction was the most commonly reported complication along with low sexual desire. 25% of men reported lower urinary tract symptoms as moderate to severe.
- Most of the complications found were still persistent after 7 years.
- There were 65% of women and 68% of men who reported at least one urological complication.
- The highest reported urological complication in women was sexual dysfunction but this was linked to age and not glycaemic control. The second most reported complication in females was urinary incontinence with 31% of women reporting this complication compared to 17% of women without Type 1 diabetes.
- Women with highest HbA1c (over 8.54%) were twice as likely to report lower urinary tract symptoms compared to those with a HbA1c less than 7.38%.
- Women with BMI over 30 had higher rates of urinary incontinence but in men higher BMI did not lead to greater risk of urological complications.
- Men and women with any diabetes-related microvascular complication, like nephropathy or peripheral neuropathy, had higher odds of reporting a urological complication.

The researchers recommend that keeping HbA1c levels lower should help with urological complications, but more research is needed to assess remission of these complications in people who have Type 1 diabetes. If this is something that affects you, then you should discuss such complications with your doctor. (Diabetes Care, Oct 2018)

Pancreatic cell breakthrough for future treatment possibilities for Type 1 diabetes

German scientists have discovered the signals that influence whether immature pancreatic cells can become insulin-producing cells or not. These cells are called progenitor cells and they can differentiate into specific types of cells. They are constantly moving around and causing frequent environmental changes and are similar to stem cells.

The researchers looked at them in great detail with the aim that they could be used to produce the insulin-producing beta cells. They used a three-dimensional network to observe the progenitor cells and found they reacted to a variety of signals which determine what type of cells they become. Then they found the signalling pathways that resulted in these reactions.

Manufacturing insulin-producing islet cells from stem cells can be costly and the researchers believe that these new findings could lead to this being more cost effective, greater production and engineering of cells that are damaged or lost in various diseases, including Type 1 diabetes. (Nature, December 2018, December 2018)

Disordered eating behaviours in teenagers with Type 1 diabetes

Researchers have found that teenagers with Type 1 diabetes who had obesity and depressive symptoms, who seldom checked their blood glucose levels and who had poorer quality of life were more likely to have moderate and high levels of disordered eating behaviours.

34% and 20% of girls had moderate and high disordered eating behaviour levels, respectively, compared with 19% and 10% of boys. The study involved 178 young people with an average age of 14.9 and concluded that there was an association between increased levels of disordered eating behaviours and worsening blood glucose monitoring, depressive symptoms, treatment adherence and quality of life. (Diabetic Medicine, January 2019)

Helping people with diabetes living in Uganda

Diabetes Consultation Association (DCA) has been in operation for 16 months. DCA is a non-profit organisation that cares for, treats and educates children and teenagers living with Type 1 diabetes. DCA was founded by Masereka Robert who got diabetes at age of 5 years and has thrived with it up to the age of 32 years. Currently DCA receives 100 patients per month at its education centre in Kasese district. 55% of Type 1 patients now know how to treat themselves.

DCA receives insulin from Insulin for Life USA for Type1 patients. There are quite a number of people in the hard to reach villages who are suffering from Type 1 diabetes and find it hard to reach our centre. DCA has started an initiative to carry out outreaches to these poor resource settings so that we can help more people survive from this deadly condition. As the director for this organisation, Robert is fundraising to purchase a vehicle to help DCA fulfil this obligation.

From our own correspondents

A contract for the Libre!

Dear Jenny,

I have been doing battle to obtain a FreeStyle Libre on the NHS and attended a group session where its use was explained. I have now been told that I have to sign an open-ended contract. This includes that I agree to my personal data being made available to the ABCD (Association of British Clinical Diabetologists), that I will finger prick test before driving (I always do) and that I will contact Abbott with any product related issues.

In addition, I have to collect the sensors every month from my hospital.

I have had Type 1 diabetes for over 50 years, leukaemia and COPD. In addition, I am the sole carer for my wife, who is seriously ill, and we already have all our medicines delivered. Yet to obtain the Libre on the NHS, I have to take a trip to the hospital every month to pick up 2 sensors.

I object to having to sign an open-ended contract and that I have to agree to sharing my personal data. Insulin is a dangerous hormone, yet I don't have to sign a contract to obtain this!

This happened even after the announcement was made that the FreeStyle Libre will be available on the NHS from April 2019, so are we all going to have to sign contracts or is it just in my area?

Mr J.P. - North West

More on test strips

Dear Jenny,

I am very interested in Larrane Ingram's disclosures in the December 2018 Newsletter as I have had similar problems with the test strips. Today, 3rd December at 5.47am my pre-breakfast reading was 9.8. I ran out of time inputting the necessary pre-breakfast carb amounts/ illness programmes etc. A new reading at 5.56am shot up to 19.4. Curious of this, I again took a reading which showed my blood glucose level to be 9.9. It was not the first time this had happened.

When I checked this with Accu-chek they confirmed that blood glucose readings were unlikely to change so much in a short period of time. I was advised by them to destroy the box of test strips I was using and they mailed me two more boxes. One of the strips from a new box gave a false reading today.

When I first started on these strips for a long time everything was fine. Why has everything changed?

I wonder if Accu-chek know they have a problem and are scared they face another product recall? I am firmly convinced it is the test strips that are faulty rather than the meter.

Brian Ray - By email

BITS & PIECES

Hospital parking charges

Figures obtained by the Press Association due to a Freedom of Information (FOI) request suggest that 4 in 10 of the 152 NHS trusts increased parking costs in the past year. The figures showed the millions of pounds hospitals made in 2017/18 from parking fees including £4.45m for Frimley Heath in Surrey and £4.4m for University Hospitals of Leicester.

Of the 124 NHS trusts that responded to the FOI, 43% said prices had increased for instance:

- Airedale NHS Foundation Trust increased the cost for a stay of up to 24 hours from £3.50 to £8 in 2017/18.
- Shrewsbury and Telford hospital now charges £8 to leave a car for between 5 and 24 hours, up from £3.50 in October 2017.
- Lancashire Teaching Hospitals doubled the cost of a 4 to 6 hour stay to £6.
- Alder Hey Children's Hospital scrapped its £2 flat rate for a day!

The Department of Health response was: "We have made it very clear that patients, their families and our hardworking staff should not be subjected to unfair parking charges. NHS trusts are responsible for these charges and ensuring revenue goes back into frontline services, and we want to see trusts coming up with options that put staff, patients and their families first."

Patients' medication changed without consultation

A report by the Patients Association has found that people with common conditions such as rheumatoid arthritis, psoriasis and ulcerative colitis are being switched to new medicines without receiving the support they need to understand any changes or to monitor and manage side effects or other adverse consequences.

The Patients Association's concerns were about patients' experiences of being switched to biosimilars (copies) from their existing biological medicines. Of those that were switched to biosimilars more than one in three reported that they had not been consulted by their doctor before the change, despite this being a requirement according to NHS England. In addition, some reported various adverse effects compared to their previous drugs and a lack of support from health staff, even when side effects occurred. However, some people had more positive experiences with the new medication.

In the light of the introduction of biosimilar insulins, it is important that we all are aware that NHS England say that any decision to move to a biosimilar medicine should be made firstly, on the basis of clinical judgement for individual patients, and secondly, on the basis of the overall value offered by individual medicines. The guidance also says that strong safeguards are required to ensure that patients who have responded well to existing medicine and who are then switched, are closely monitored to ensure safety.

We also need to be aware that the NHS Constitution sets out certain rights that patients using NHS services should expect. Patients have the right to be given clear information regarding their treatment including any risks, benefits, choices and alternatives. The Patients Association's report shows that this is simply not happening for too many patients and they want reassurance that when patients are put on new medicines, good practice guidelines are followed in terms of patient-centred care.

Prescription exemption form F10 and Universal Credit

As we are aware, people taking insulin and/or medication obtain the exemption form, F10, for free prescriptions but people with diabetes on diet only are not entitled to them. However, some Universal Credit claimants are entitled to free prescriptions but there is still no box to tick for this, so they should tick the 'K' for income-based Jobseeker's Allowance until a new exemption tick box is included on the form. Work is going on to update the F10 form according to the Department of Health and Social Care. (December 20th 2018)

NHS England calls for examples of low calorie diets

NHS England is looking for new and innovative methods to treat obesity and Type 2 diabetes that have achieved results and has called for examples to be submitted to them.

This is part of its Diabetes Treatment and Care Programme, which also includes the NHS Diabetes Prevention Programme.

Update on electronic prescribing

We reported on the Government's intention to change regulations so paper prescriptions are replaced with electronic prescriptions. It has now been announced that £78 million will be given to 13 hospital trusts to enable them to move away from handwritten prescriptions and improve patient safety. The 13 NHS trusts have been chosen because they provide a mixture of acute, mental health and community services and they will receive a share of £16 million funding for 2018 and 2019.

Diabetes in Parliament

Summary adjournment debate on the artificial pancreas

In December 2018, the Labour MP, George Howarth led an adjournment debate in the House of Commons to consider diabetes and the artificial pancreas. He said the artificial pancreas is in advanced stages of human trials and noted that young people who had built their own said it was "truly life-changing". He said he was encouraged by this but also concerned by people building their own artificial pancreas where the technology was not available, citing that 30% of Clinical Commissioning Groups (CCGs) did not fund technologies like the FreeStyle Libre.

Mr Howarth also spoke on the role of apps, virtual clinics, psychological support, eating disorders and the impact of services not being joined up. He wanted to see positive guidance from the National Institute for Health and Care Excellence as part of a technology appraisal and a progressive procurement policy which recognised the value of technologies like the artificial pancreas.

Concluding, he emphasised the importance of helping people with long-term conditions to self-manage and called on more to be done on access to technologies which would allow that to happen.

Steve Brine, Minister of Health answers to Parliamentary Questions

On October 29th 2018

Reducing amputations by improving access to Multi-Disciplinary Footcare Teams (MDFT) for people with diabetic foot disease is one of four areas that NHS England's diabetes management and care programme is focusing on. £9.6 million has been invested to reduce amputations in people with diabetes through new/expanded MDFTs in approximately 80 hospital sites, funding approximately 185 whole time equivalent additional staff.

On December 7th 2018

When asked what plans there are to classify diabetes as a clinical priority, he answered that preventing diabetes and promoting the best possible care for people with diabetes is a key priority for this Government. He also added that the Government's mandate to NHS England for 2018/19 includes an objective for NHS England "to lead a step change in the NHS in preventing ill health and supporting people to live healthier lives". This includes people with diabetes.

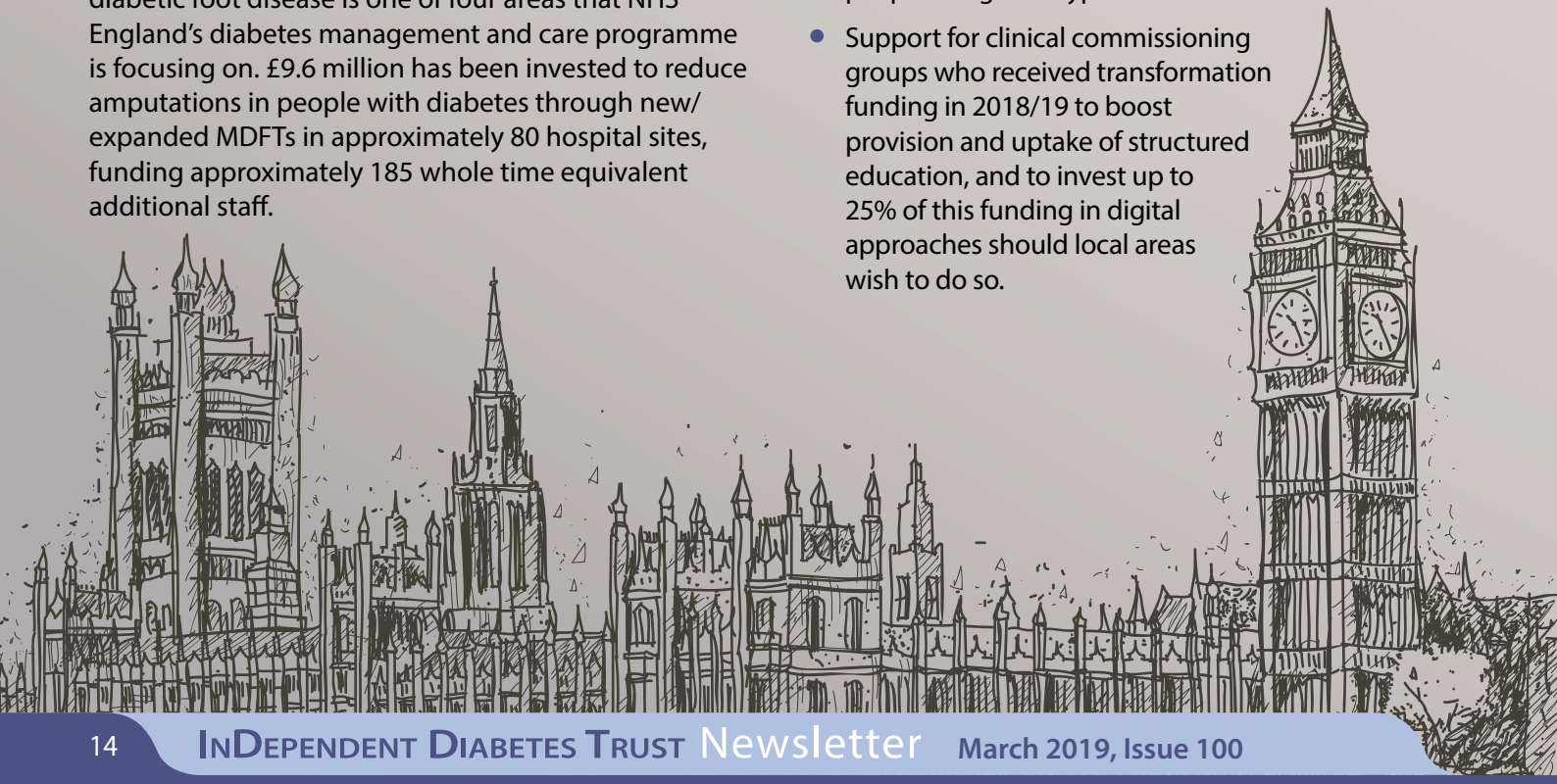
On December 7th 2018

Bearing in mind the importance and emphasis that is being placed on diabetes and obesity, Keith Vaz MP asked the Secretary of State for Health and Social Care when he last met the Clinical Directors for Obesity and Diabetes for NHS England but surprisingly the answer was that he has not had any meetings with the Clinical Directors for Obesity and Diabetes.

And finally, NHS Plans for future NHS spending on diabetes

Steve Brine, answered a Parliamentary Question about plans to improve the uptake of structured education by stating the following: NHS England is supporting a number of work streams to support widening access into structured education through digital delivery channels. They include:

- Healthy Living for People with Type 2 diabetes - an online, self-management support tool comprising of a structured education course.
- £2 million being made available through the NHS Test Bed Programme to implement and evaluate digital delivery models for self-management education for people living with Type 2 diabetes.
- Support for clinical commissioning groups who received transformation funding in 2018/19 to boost provision and uptake of structured education, and to invest up to 25% of this funding in digital approaches should local areas wish to do so.



Carpal tunnel syndrome

Many people's hands briefly "fall asleep" and they feel numb or tingly but this is usually over quickly. Carpal tunnel syndrome has similar symptoms but they keep coming back and are often painful. It is more common in people with diabetes.

The carpal tunnel is a passageway inside of the wrist surrounded by bones and connective tissue. It runs along the inner side of the wrist to the base of the hand and is covered by a strong, fibrous band made up of connective tissue, called the flexor retinaculum. It contains tendons and the median nerve.

The median nerve is responsible for sensation and movement in the ball of the thumb and some parts of the hand. Carpal tunnel syndrome occurs if the tissue inside the carpal tunnel swells up putting pressure on the median nerve. The symptoms often go away on their own, but they can sometimes last for quite a long time. There are a number of different treatments that can provide relief.

What are the symptoms of carpal tunnel syndrome?

- Abnormal sensations - parts of the hand feel numb or may tingle (pins and needles), usually it is the thumb and the middle three fingers that are affected. The hand getting pins and needles at night is a typical early sign of carpal tunnel syndrome.
- Painful fingers – the fingers are painful but sometimes the whole hand might also be painful and the pain could radiate into your arm.

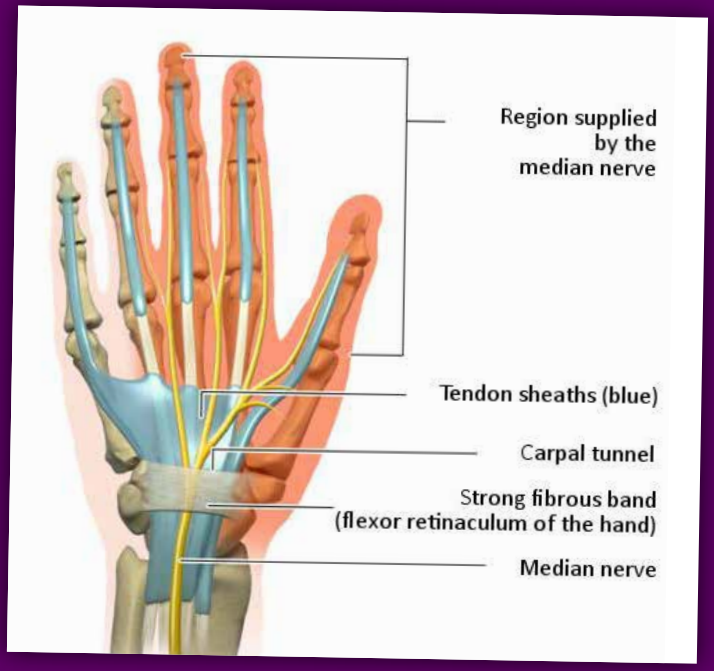
The symptoms occur most commonly at night or in the morning and can affect both hands but not necessarily at the same time. Shaking the hands often improves the symptoms.

Causes

It is often difficult to tell what causes the tissue to swell but possible causes are as follows.

- Over-extending or over-using the wrist joint.
- Repetitive activities, particularly those that are vibrating.
- It is frequently thought that working on a computer can cause the problem but the evidence for this is weak.

Some conditions make it more likely that carpal tunnel syndrome is more common including rheumatism, diabetes and wrist injuries. Pregnant women are more



at risk because more fluids build up in their body tissues. People who do manual work are also more likely to develop carpal tunnel syndrome. It more commonly occurs between the ages of 40 and 70, with women being more likely to be affected.

Treatment

It is estimated that in about 1 in 3 people the symptoms go away in about 6 months without treatment. Advice to avoid activities thought to cause the problem may be given. Many people take over-the-counter painkillers to relieve the pain.

- Mild to moderate carpal tunnel syndrome can be treated with a splint initially worn at night to prevent the wrist from bending too far.
- The alternative treatment is local injections of steroids into the carpal tunnel which can provide temporary relief, but these are not an effective long-term answer.
- Surgery can also be considered as a treatment when the fibrous band across the base of the hand is cut to reduce the pressure on the median nerve. This can make the symptoms go away for good, but it's not always necessary and other treatments are usually preferred, especially in early stages of the condition.

Research published in the Lancet (October 20-26. 2018) showed that in mild to moderate carpal tunnel syndrome, there is a benefit in favour of steroid injections as first line treatment and if this does not result in improvement or there is recurrence of the symptoms, then surgery should be considered.

Note: IDDT has a booklet about joint, muscle and bone problems, so if you would like a copy, just call 01604 822637. Email enquiries@iddtinternational.org or write to IDDT.PO Box 294. Northampton NN1 4XS

EXERCISING

Why people stop, or don't start!

An interesting article suggests that the most common reasons why people stop exercising are:

- A perceived lack of time.
- Exercise related injuries
- Exercise is not fun.

Whether lack of time is perceived or real, it is the biggest barrier to people starting a new exercise regime. This can be overcome if people stop thinking of exercise as a planned activity but instead try to move about more throughout the day. Any movements that people do increases the amount of energy that they use up during the day, they feel better and it doesn't require as much time.

For most people the majority of their calorie use during the day comes from unstructured activities rather than from a formal exercise plan. For example, if people just stand up for two hours a day more, they can use up more than 350 calories daily which may be the difference between remaining slim and gaining excess weight.

While the article quotes the situation in the US, it is probably similar in many countries - adults with Type 2 diabetes, or at risk of it, tend not to take regular physical activity and significantly less than the average. People with Type 1 diabetes also exercise less than others, perhaps due to issues relating to managing their diabetes and fears of hypoglycaemia.

The suggestions to motivate people to exercise are:

- Fit exercise in whenever you can, even if it's just for 10 minutes at a time.
- Schedule exercise time into your daily lives, and keep to that schedule.
- Start at an appropriate exercise level (not too long or too hard) and progress slowly to avoid worries about injuries.
- Include stretching to help prevent injuries and balance exercises to prevent falls.
- Pick activities that you actually enjoy doing (like dancing) as this will help to motivate you to be active.
- Keep your body in motion all day long in any way possible.

(Dr. Sheri Colberg, Ph.D., FACSM)

Study finds hypoglycaemia makes people with Type 1 diabetes fearful of exercise

According to another US study, hypoglycaemia makes people with Type 1 diabetes fearful of exercise. In the study, people found it hard to control their blood sugar levels during exercise and felt worried that exercising would lead to hypoglycaemia. This also applied to people using both insulin pump therapy and continuous glucose monitoring.

The researchers asked adults with Type 1 diabetes to complete an online survey about diabetes self-management and exercise and this showed:

- 79% of participants increased their carb intake before exercise,
- 69% increased their carb intake after exercise,
- 53% reduced their bolus insulin before exercise and 46% decreased it after exercise.

They explored making changes to carbohydrate

intake and insulin use but even after making changes to carb intake and insulin dosage, 70% of people reported having low blood glucose levels after exercise. The researchers recommend the need for management of exercise to be addressed and for each individual. (Canadian Journal of Diabetes, July 2016)

Bits and pieces about exercise

- The number of calories a person burns during a workout can hit a plateau even when the amount of exercise increases, according to research. The lead author said a well-balanced diet may be a better tool for weight loss because the body adjusts to exercise, so the energy used during a workout eventually stays the same when activity increases. (Current Biology, Jan 28th 2016)
- Research in 2,000 adults with an average age of 60 years has shown that the risk of Type 2 diabetes increased by 22% for every extra hour spent sitting daily. The people who spent more sedentary time had a 1.13 times higher risk of one to two metabolic syndrome criteria and 1.39 times higher odds for three to five criteria of the syndrome, regardless of whether they engaged in more high-intensity exercise activity. (Diabetologia, Feb 2016)
- Older adults who took part in high-intensity exercise had less mental decline over five years than those who exercised less or not at all. Researchers looked at almost 900 adults with an average age of 71 and found those who were less active and sedentary showed an additional 10 years of brain aging. (Neurology, March 2016)

Note: If you would like IDDT's booklet about exercise, just call on 01604 622837, email enquiries@iddtinternational.org or write to IDDT, PO Box 294, Northampton NN1 4XS

NHS NEWS

Gluten-free products on prescription

We have previously reported that gluten-free products available on an NHS prescription have been restricted to gluten-free bread and gluten-free mixes and simple flours will no longer be available on prescription. Mixes are intended to enable patients to make different foods to help increase dietary variety and support adherence. However, we should make it clear that these restrictions apply only to England and in Scotland, Wales and Northern Ireland the prescribing of gluten-free foods remains unchanged and these countries are working to ensure this continues in the future.

Talking therapies

The NHS offers a free and confidential service, referred to as 'talking therapies', in each area, for adults 18 and over. Talking therapies can offer help and support to help overcome anxiety, stress or depression. The service has a specific category to help people living with long-term conditions such as diabetes. Sometimes living with diabetes does get on top of any of us and we do need some help. You can be referred by your GP or other health professionals based in GP surgeries via nhs.net or email iapt.dhc@nhs.net Alternatively, you can self-refer by visiting the website www.dhctalkingtherapies.co.uk

If you don't have access to the internet, then you can ask your GP practice for details.

Treatment for diabulimia in Type 1 diabetes

In answer to a Parliamentary Question about the treatment and quality of care for people with Type 1 diabetes and the eating disorder, diabulimia, NHS England said it recognises the importance of establishing the most effective approaches to the treatment of diabulimia. Funds have been allocated for two pilots to test and trial integrated Type 1 diabetes and mental health pathways of treatment and support for diabulimia, together with an independent evaluation which are to take place in the coming months. The aim is to provide evidence for potential wider application around the country.

"Obesity is a complex chronic disease"

This is a statement from International experts writing in The Lancet who are calling for a "new narrative" around obesity. They hope that this will drive a different approach and different language to help people to recognise that obesity is not a simple disorder.

Up to now the approach has led to stigmatisation, political inaction and an absence of coherent strategies within food and health systems. Words such as "unhealthy weight" or "BMI" should be the preferred words instead of "extremely obese" or "fat" which could be seen as stigmatising and blaming.

The authors think that obesity should be approached in a different way, not just 'walk more and eat less', but by looking at the multiple factors involved, such as in a population, region and a person. In addition, it should be classed as a disease in the same way as other conditions which would then help health systems and governments to treat it in a similar way. They suggest that the new way of handling obesity should have 4 approaches:

- recognition that various health professionals and sectors need to work together,
- a change to the words and images used to describe people with obesity,
- prioritising childhood obesity and the growing levels of obesity in low income populations,
- policies to address inequalities and social and physical causes of obesity.

People with obesity fall into 6 different types

Research at Sheffield University suggests that people who have a body mass index (BMI) of 30 or over fall into 6 different groups and treatment to reduce weight should be tailored according to which group people fit into. At present people who are obese are all treated the same regardless of their health, environment or their behaviour.

The identified 6 groups are:

- Young males who were heavy drinkers,
- Middle aged people who were unhappy and anxious,
- Older people who were happy despite living with physical health conditions,
- Young healthy females,
- Older affluent healthy adults,
- People with poor health.

The researchers point out that people who are obese are likely to need very different services to encourage them to change to healthier lifestyles and they hope that GPs will keep this in mind when giving advice to their patients.

7,000 under-25s in England and Wales

In November 2018, the latest National Diabetes Audit for 2016-2017 contains information on cases of Type 2 diabetes from 95% of GP practices in England and Wales, as well as numbers treated in specialist paediatric units. The new figures from this latest audit show a total of 6,836 children and young people aged under 25 were being treated for Type 2 diabetes and this includes:

- 11 five to nine-year-olds
- 196 10 to 14-year-olds
- 1,246 15 to 19-year-olds
- 5,383 20 to 24-year-olds

This total number is nearly 10 times the number reported previously by the Royal College of Paediatrics and Child Health of 715. However, this only included those treated in specialist units whereas the majority are actually treated in GP practices, so the jump in numbers has not been as sudden as at first appears.

Type 2 diabetes is linked to obesity and in young people family history and ethnic background are also factors. Young people with Type 2 diabetes have a more aggressive form of the condition and they have a poorer response to glucose lowering medication and greater insulin resistance. In addition, the only glucose-lowering drug other than insulin approved for patients under 18 is metformin. The other drugs used to treat Type 2 diabetes in adults are not approved for children or adolescents.

The complications of diabetes, such as blindness, amputations, heart disease and kidney failure, can occur more quickly in young people with Type 2 diabetes than in adults with the condition. Children and young people with Type 2 diabetes need lifestyle advice and support and should have expert treatment from health professionals trained to manage the condition.

A Department of Health spokesperson said it is committed to halving childhood obesity by 2030 and the forthcoming NHS long-term plan will have prevention at its core.

Bits and pieces about obesity

- **Leicester Diabetes Centre and Leicester Hospitals** have launched a structured education programme called 'iCAN Live Well With Diabetes' to help children and teenagers and their families. They and their parents or carers are invited to attend four two-hour workshops designed to empower them to take control of their diabetes and make positive changes to their lifestyle. There is very little research information to support or understand the best treatment options for this group but there are some known risk factors, such as being overweight, having an unhealthy diet, sitting down a lot and low activity levels and these can be changed.
- **A study presented at the European Congress on Obesity** found obese people tempted with a pizza had greater salivation and heart rate increases than people who had been obese but lost weight and people who had never been overweight. Researchers suggest that this shows that food rewards, such as a pizza, have less value for people who successfully lose weight than they do for people who struggle with weight loss. (May 2018)
- **A Dutch study** has shown that adolescents with obesity and insulin resistance who received the Type 2 drug, metformin, had improvements in their insulin resistance and body mass index initially. However, these improvements were not maintained 3 years later. (Nutrition and Diabetes, September 2018)

DIABETES AND FEELING UNWELL

With the permission of her GP practice, one of our members sent us a short list of golden rules from her GP practice to help people with diabetes when they are unwell as she thought they may help other people. Here they are:

- When you are ill, have an infection or a virus such as a cold, your blood sugars may rise, even if you are not eating.
- This may make you feel thirsty and pass more urine, so to prevent dehydration try to drink 4 to 6 pints (2.5 to 3.5 litres) of water over 24 hours.
- Try to eat as normal but if you cannot eat your usual meals, replace these with light and easily digested foods such as soups and milky puddings.
- If you are taking metformin tablets and you are vomiting or have diarrhoea, you should stop taking metformin.
- If you are on insulin you will need to test your blood sugar levels more frequently. If your levels are higher than usual, you may need to increase your insulin doses.
- If you have Type 1 diabetes you should also test for ketones and give additional insulin as instructed by your diabetes specialist.
- Do not stop taking your insulin even if you are unable to eat.

If you are becoming more unwell, unable to keep fluids down or you are unable to control your glucose or ketone levels, you must seek urgent medical advice from your GP or by calling NHS 111.

InDependent Diabetes Trust

SNIPPETS

'Millions of people failing to take free test that could spot deadly diseases'

This was a headline in The Independent in December 2018 following a warning from the NHS that the free health check that could pick up diseases, has only been taken by less than half of 15 million people over forty who are eligible for it. The free screening tests pick up conditions such as heart problems, kidney disease and Type 2 diabetes.

Diabetes risk test shows promise for screening babies

A new genetic risk score known as T1DGRS2 appears twice as efficient in predicting risk of developing Type 1 diabetes compared with current methods and it could be used to predict risk in babies. Researchers analysed gene interactions and genetic variation in more than 6,500 people with Type 1 diabetes and found that the new test was more accurate and able to help distinguish between Type 1 and Type 2 diabetes. (Diabetes Care, January 2019)

Excess burden of mental illness and hospitalisation in young-onset Type 2 diabetes

Research has shown that adults with young onset Type 2 diabetes have excess hospitalisations across their lifespan compared with people with usual-onset Type 2 diabetes, including an unexpectedly large burden of mental illness in young adulthood. The researchers recommended that efforts to prevent young onset Type 2 diabetes and intensify cardiometabolic risk factor control, while focusing on mental health, are urgently needed. (Annals of Internal Medicine, January 2019)

Higher calorie intake at night can increase LDL levels

Low-density lipoprotein cholesterol levels (LDL or bad cholesterol) increased when people ate more calories from fat at night. Shifting night-time calorie intake to morning or noon and night-time fat calorie consumption to noon or evening lowered LDL levels. (Nutrition, Metabolism & Cardiovascular Diseases, January 2019)

Study links memory lapses to missed medication in diabetes

Australian researchers analysed information from 1,828 people with Type 1 and Type 2 diabetes and found a link between prospective memory slips and forgetting to take medication. The findings showed that lower medication adherence rates were linked to insulin pump use, higher HbA1c levels, fewer blood glucose checks, more prospective memory slips and younger age among people with Type 1 diabetes and insulin treatment and younger age among people with Type 2 diabetes. (Diabetic Medicine, December 2018)

Meditation may reduce cardiovascular risk

A scientific statement by the American Heart Association said meditation may be a cost-effective way to reduce the risk of cardiovascular disease. The statement said an analysis of scientific research found meditation may help reduce blood pressure and aid smoking cessation as well as providing secondary prevention benefits for people who have heart disease. (Journal of the American Heart Association, Sept 2017)

FROM YOUR EDITOR – JENNY HIRST

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A charity supporting and listening to people who live with diabetes