



# Welcome

Welcome to the thirty-ninth issue of Type 2 and You. In this issue we have a look at the muscular and skeletal disorders that can affect people with diabetes and the treatment options available. We also have a look into social media, such as Facebook and Twitter and how you can use them for support if you wish. As usual, we tell you about the latest round of lucky lottery winners and say thank you to those who continue to support us. There will also be the odd bits and bobs to let you know what is going on in the diabetes world, such as new treatments and some warnings as well.

# 'INDEPENDENT AND EMPOWERED'

## IDDT's Annual Event

We are pleased to announce that this year we are holding an event for all to attend at the Kettering Park Hotel. You will see from the event booking form accompanying this newsletter that it will be an interesting day with speakers and group discussions.

The title is 'InDependent and Empowered' to reflect some of the issues that affect people living with diabetes. As restrictions are put on treatment choices, appointments with doctors and health professionals take longer and there are limited improvements in the numbers of people having all their annual checks. Now more than ever do we, as patients and family carers, need to be able to take care of our own health and, if we can, be more assertive to ensure that our health needs are met.

We hope that you and your family - the spouses, the partners and the parents of those with diabetes will also be able to come to the event. To reflect this, we have a discussion group specifically for 'Carers'.

We hope that many of you will be able to join us, so just complete the form and return it to IDDT. Remember, the date for your diary is October 26th 2019!

# Whinges and Moans...

## The Freestyle Libre

We are sure that the recent publicity/controversy about the availability of the new flash blood glucose monitoring system has not gone unnoticed. There is no doubt that this innovative system has changed the lives of many for the good and debate still continues about the restrictive prescribing regulations currently in place for people with Type 1 diabetes. What seems to have been forgotten in the mix, is that there are a large number of people with Type 2 diabetes who also take blood glucose altering medication, including insulin. For these people blood glucose monitoring is beneficial, if not essential. At IDDT we think that people with Type 2 should also be considered in the regulations and have access to the Freestyle Libre in the prescribing regulations.

Let us know what you think.

## Victim Blaming

We were disappointed to read a Government press release from the 3rd March this year, regarding the number of amputations suffered by people with Type 2 diabetes and the cost incurred by the NHS. The release states "Type 2 diabetes is a preventable condition and even those living with the disease can make simple lifestyle changes that will help them stay well and even potentially reverse the disease."

We feel that this implies that amputations are, effectively, a self-inflicted injury through lifestyle choices. The article serves to promote the education programmes put in place by the Government to help prevent lower limb amputations as well as other complications. The failure of the authorities to provide the appropriate lifestyle education to those in need at the point of diagnosis, is significantly to blame for this situation. In this regard, we see this type of statement as political self-promotion, at the expense of people living with diabetes.



# The 14 Mile Challenge for IDDT – 2019 Date Set!

Runners, cyclists and walkers will once again take to a disused railway track in the heart of the Northamptonshire countryside to raise money for IDDT. Oliver Jelley, an associate of the charity, organises the annual awareness and fund raiser event, which is in its sixth year and takes place along the Brampton Valley Way.

They start in Northampton and finish in Market Harborough, Leicestershire.

This year it will be held on Saturday, September 21, with starting times ranging



from 7am to 10am depending on whether participants will be walking, running or cycling.

It's a fun and friendly family event. If you want to find out more with a view to taking part, supporting or sponsoring, call Oliver on 01604 882342 or email [oliver.jelley@ojpr.co.uk](mailto:oliver.jelley@ojpr.co.uk).

## Holiday Tips

Holidays are approaching and whether staying in this country or going abroad, for families with diabetes, this means more planning and a bit more care when you are away. IDDT has a Holiday Pack which contains information and useful tips for holidays.

If you would like one of our packs of Holiday Tips, just call IDDT on 01604 622837, email [enquiries@iddtinternational.org](mailto:enquiries@iddtinternational.org) or write to IDDT, PO Box 294, Northampton NN1 4XS. The Holiday Tips are also on our website: [www.iddtinternational.org](http://www.iddtinternational.org)



# Diabetes

## Joint, Muscle and Bone Problems

In this article we look at some of the more common joint and skeletal disorders that are recognised as a complication of diabetes. These disorders are also known as connective tissue disorders. They are not life-threatening but they can be distressing, painful and can alter lifestyles for people.

### Myopathy

Myopathy is a general term used to describe any disease of the muscles. It can be caused by endocrine disorders, including diabetes, metabolic diseases, infection, inflammation and by certain drugs.

General symptoms include weakness in the limbs during exercise but sometimes the symptoms can decrease as levels of exercise

increase. Sometimes only one particular group of muscles can be affected.

Treatment varies according to the type of myopathy but may include:

- Drug therapy
- Physiotherapy
- Bracing
- Surgery

### Frozen Shoulder

The early sign of frozen shoulder (adhesive capsulitis) is when lifting the arm above the head, reaching across the body or behind the back becomes difficult and increasingly painful as time goes on. The pain then reduces but movement becomes more limited and may last for 4 – 12 months. In the final stages the condition begins to resolve but surgery may be required to restore movement.

The exact cause is not known but it is thought to involve an underlying inflammatory problem. It tends to affect more women than men. A variety of treatment options may be used and can include:

- Drugs to reduce inflammation and pain
- Muscle relaxants
- Physiotherapy/exercise
- Heat or ice therapies
- Corticosteroid injections
- Surgery
- Some people have found that acupuncture helps





## Dupuytren's Contracture

You probably will not have heard of this condition but it is actually a fairly common condition. It affects the palm of the hand and causes the fingers to contract towards the palm of the hand. The first sign is a nodule across the base of a finger, usually the ring finger first. This is usually followed by the little finger, the long finger and then the index finger but for people with diabetes different fingers may be affected in different orders.

It is caused by the restriction of the connective tissue in the palm of the hand and the main problem is not pain but the restriction of movement. Again, the specific cause is not known but there is a genetic link to it affecting people of northern European descent and it is seven times more common in men than women.

As for treatment, the only treatment is surgery and this is only if the contracture has developed into a deformity. That said, the outcome is usually good.



## Carpel Tunnel Syndrome

The carpal tunnel is a narrow, rigid passage of ligaments, tendons and bones at the base of the hand, containing the median nerve, which runs from the forearm to the hand. It is thought that a combination of factors can cause the tissue around the nerve to put pressure on the nerve, causing symptoms that can include itching, tingling or burning in the palm of the hand and fingers. This often starts at night but can progress to daytime symptoms.

Carpel tunnel problems typically affect three times more women than men and people with diabetes are more likely to develop the condition than the general population.

Treatment usually involves:

- Investigating the possibility of underlying conditions such as diabetes or arthritis, followed by
- Resting the affected hand for two weeks, immobilising the wrist if necessary
- In more severe cases physiotherapy and / or surgery may be needed

By no means does this cover all the conditions in this area or in the depth you would like. If you would like more information, please contact us and ask for our free booklet "Joint, Muscle and Bone Problems associated with Diabetes" using the contact details at the end of the newsletter.

# Quick Bits & Bobs...

## Two new drugs to treat Type 2 diabetes

**Semaglutide (Ozempic)** belongs to the group of drugs called GLP-1 agonists, such as Byetta and Bydureon, and is a once weekly injectable treatment, available as a disposable pen. It works by stimulating insulin production. It also reduces feelings of hunger and as such can help with weight loss. It can be prescribed when metformin cannot and can be prescribed on its own (monotherapy) or along with other blood glucose lowering drugs (hypoglycaemics). It is generally well-tolerated but as with other drugs in the group, side-effects can occur, the commonest being hypoglycaemia and stomach upsets.

**Ertugliflozin (Steglatro)** belongs to the group of drugs called SGLT-2 inhibitors, also known as gliflozins, such as Invokana and Jardiance. It is presented as either a pink or red triangular tablet, depending on strength, and is taken on a daily basis. It works by preventing the kidneys from re-using blood glucose, thus lowering blood glucose levels. It can be used either on its own, with metformin or other blood glucose lowering medication, including insulin. Side effects can include increased thirst and hypoglycaemia and is not recommended for people with renal impairment. It is anticipated that combination medications will become available and some have already been licensed in the U.S. and Europe.

## The Latest on Aspirin

Cardiovascular disease is the most common cause of premature mortality in people with diabetes but the benefits of aspirin have been debated for many years because of the potential adverse effects of intestinal bleeding.

The benefits of aspirin for secondary prevention, which is used with people who have already had a serious cardiovascular event, is well established. However, the role of aspirin in primary prevention (giving aspirin to people at risk of cardiovascular disease), has been uncertain but three large studies in the last year have clarified the evidence for doctors.

- The use of aspirin for primary prevention, although effective in reducing cardiovascular events, is outweighed by the significantly increased risk of bleeding
- Aspirin should not be routinely prescribed for primary prevention in people with or without diabetes
- The priority to reduce cardiovascular risk should include optimal blood glucose control, blood pressure management, smoking cessation and lipid lowering treatment. (Practical Diabetes, Vol 36 No. 1)



# SOCIAL MEDIA

## An opportunity to share, interact and get support

### More than half of the UK use social media, but why and what are the benefits for people with diabetes?

According to recent statistics, social media users in the UK had reached over 39 million at the beginning of 2017, from a population of 66 million, with estimates going up to 42 million users.

There is nothing to be fearful about when it comes to using social media - **you are in control**. What's more, a surge in older users means that people aged over 55 have become the second-biggest group of Facebook users. This busts the myth about older people not being "tech savvy". Just recently one of our readers contacted us to say his 85 year-old grandparents have just bought smartphones for each other.

The most popular platforms such as Facebook and Twitter have had an unprecedented growth representing a major change in the way people communicate with each other and organisations. Social media provide a platform to share news and interact quickly.

### But what does this all mean for people with diabetes?

In short, peer support, news and information and the ability to interact in a community. All you need to do is search for 'diabetes support' on Google you will find a wealth of information and support. Setting up a Facebook or Twitter account seems daunting at first but is easy, you can get instructions by searching on Google. All this being said it is perfectly possible to manage diabetes without using social media.

Healthcare professionals are also starting to see the positive aspects that social media can have on people with diabetes who are in need of peer support and engagement.



### Benefits of social media

- Forums like Facebook and Twitter are a means to seek advice, knowledge and support
- For those who are newly-diagnosed, seeking online help through social media can support and their loved ones to feel less isolated and lonely
- Online friends with the same condition can understand as much, if not more than friends and family, and can share experiences and offer emotional and practical support
- The online community is available day or night
- Other social media users will often give good advice and support, but check with your health professional team before you change your treatment regime

### IDDT on social media

As an important part of our role is to provide and share helpful information, we have active accounts on Twitter under the username of @UKdiabetes and on Facebook as @InDependentDiabetesTrust. As well as ensuring our followers are kept up-to-date with the latest news, we share links to useful information and also promote our new booklets, publications and details of our campaigns. Additionally, we respond to individual enquiries by email or telephone and you can use the contact details at the end of this newsletter.

**By Oliver Jelley, Public Relations Consultant**



## The winners of IDDT's lottery draws!



We are delighted to announce the winners of our latest monthly lottery draws. They are as follows:

### Winners of February 2019 draw are:

- 1st prize of £540.00** goes to Kenneth from Luton
- 2nd prize of £405.00** goes to John from Nottingham
- 3rd prize of £270.00** goes to Susie from Salisbury
- 4th prize of £135.00** goes to Geoffrey from Chepstow

### Winners of the March 2019 draw are:

- 1st prize of £546.24** goes to Patricia from Waltham Abbey
- 2nd prize of £409.68** goes to Colin from Swindon
- 3rd prize of £273.12** goes to ANON. from Bingley
- 4th prize of £136.56** goes to Pritam from Walsall

### Winners of the April 2019 draw are:

- 1st prize of £539.04** goes to Anon. from Chesterfield
- 2nd prize of £404.28** goes to Irene from Melton Mowbray
- 3rd prize of £269.52** goes to Sarah from South Shields
- 4th prize of £134.76** goes to Kenneth from Luton

Note: the winners of the draws for May, June and July will be announced in our September 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](mailto:jo@iddtinternational.org)

## Warning!

Internet users may have seen adverts for Diabex patches or similar patches and drinks which claim to cure Type 2 diabetes. These are patches/drinks containing various herbal ingredients, which of course, do not cure diabetes. However, they should not be confused with Diabex which is the brand name for metformin, which in some countries (e.g. Australia), is the first line treatment for Type 2 diabetes.

IDDT has picked up several adverts and been sent emails for similar patches/treatments, so it seems to be the latest scam.



## On a Lighter Note, Have You Heard the Latest Advice on Healthy Living?

Eat five small meals a day and run. Also, eat only breakfast and dinner, and walk. Also, eat lots of protein and lift, and don't even do any cardio, it's bad for your joints. Also, don't eat too much protein and make sure you're sleeping a lot but don't be sedentary. But don't be too active, it's bad for your blood pressure. Make sure you replace all your lost salt, but never eat too much sodium. It's easy, just eat vegetables. Don't eat potatoes though. Fruit is obviously good for you and also, it's all sugar and is bad for you. Sugar, I forgot to mention, is a vital source of quick-burning carbohydrate that your brain needs to function and you should avoid it at all costs. Protein is hurting your kidneys. Make sure you eat a lot of it. Drink water. Never starve yourself unless you're calling it "intermittent fasting" and then it's ok to starve yourself a little bit. Don't over hydrate. Being vegan is obviously the healthiest lifestyle and also no, it's not. Fish is obviously super good for you and it's full of mercury and is killing you. Get some sun for Vitamin D and skin cancer.

**Sound familiar? Thought it might.**

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

InDependent Diabetes Trust (IDDT), PO Box 294, Northampton NN1 4XS

Tel: 01604 622837 email: [enquiries@iddtinternational.org](mailto:enquiries@iddtinternational.org) Or visit our website: [www.iddtinternational.org](http://www.iddtinternational.org)