



Welcome

Welcome to the twenty seventh issue of Type 2 and You. In this issue we have our regular set of tips to stay well on holiday and the latest round of the IDDT Lottery winners. We also have a look at the impact the new Sugar Tax will have on people with diabetes, advice on fasting during Ramadan and some of the latest news on drugs used to treat Type 2 diabetes.

Holiday Tips...

Whether going on holiday abroad or in this country, it may be the first time you have travelled since your diabetes was diagnosed. IDDT produce a holiday pack that provides a whole range of information and tips. If you would like a pack then get in touch using the contact details at the end of the newsletter. In the meantime, here is a sample of some of the information provided in the pack.

General Tips

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





Precautions when travelling by air

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

- Carry two lots of insulin, testing equipment and syringes/pens and distribute them between two different lots of hand luggage. Luggage does get lost and it could prove difficult to replace your diabetes equipment.
- You should always carry a card to say that you or your child has diabetes. You will need a letter from your GP to explain that you have to carry insulin and other diabetes equipment on board with you. Once you have this letter, it can be used again for future trips. It is a good idea to make several copies of this letter.
- Always take more insulin than you need in case of breakages. The country that you are travelling to may not have the type of insulin you need. It is also a good idea to take an extra prescription with you, just in case.
- When you come home it is sensible to throw away the insulin you took on holiday as heat, bright light and vibration can all damage it and make it less effective.
- It is worth remembering that ordering a 'diabetic' meal on flights often means that they are low in carbohydrates, so it is probably not a good idea. On long journeys it is a good idea to have snacks to hand in case there are long periods without meals.

Beating jetlag

Travelling across several time zones will probably cause some degree of jet lag. Symptoms include daytime sleepiness, fatigue, disorientation, poor concentration, headache and irritability. There are a number of ways to relieve jetlag:

- Avoid caffeine and alcohol on the plane - drink plenty of water or fruit juice.
- Eat modestly at times that correspond to the usual mealtimes as this will help your body to readjust to the new time zone.
- After a westward flight, stay awake while there is daylight and try to sleep when it is dark.
- After an eastward flight, get up in the morning but avoid bright light and go outdoors in the afternoon.
- Take moderate exercise, perhaps by sightseeing.



Holiday Insurance

If you have diabetes, travel agents are not the best people to provide holiday insurance. Shop around but always declare your diabetes and any other medical conditions, otherwise you may not be covered if anything goes wrong and you need to use the insurance. If you are going on holiday in Europe, remember to take your European Health Insurance card (EHIC) and proof of being a UK resident eg driving licence. The EHIC is available at the Post Office or online at <http://www.applyehic.org/applynow.html>

Holiday Tips from our readers

We collect tips from our members to pass on.

Here's a tip from a couple who regularly fly abroad to Italy and France and although the lady carries medical equipment relating to her diabetes, her husband has a medical condition that requires him to carry equipment that includes a small pair of scissors. As advised he carries a letter from his GP, as should anybody carrying insulin pens, syringes blood testing equipment and any sharps. This had proved to be fine when flying into major airports. However, when they flew into a more provincial airport where the customs officers did not understand the letter as they could not read English, this resulted in an unpleasant and unnecessary search both of his body and luggage. On their return home, they were talking to their son about the experience and he advised that they use Google Translator (<http://translate.google.co.uk/?hl=en&tab=wT>) to get French and Italian versions of the letter. Since then they have flown to several provincial airports and have had no further problems. So, if you are travelling abroad and taking diabetes supplies with you, then get the letter you have from your GP translated into the relevant language to avoid any potential problems.

Another of our members regularly flies to Thailand and he advises notifying airports in advance that you will be carrying medication and sharps. His second piece of advice applies to anyone travelling to hot countries to purchase a digital thermometer that not only tells you the current temperature but also records the highest and lowest temperatures. This can then be placed in the fridge alongside supplies of insulin and used to adjust the temperature of the fridge to ensure it is running at the optimum temperature for storing insulin.

The Golden Rules

- with or without diabetes

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

Finally - coping with diabetes and the heat of summer

- Drink plenty of water as dehydration can raise blood glucose levels.
- Sunburn can raise blood glucose levels, so avoid spending long hours in the sun and wear sunscreen of at least 30 SPF and children or people with pale skin should use 50 SPF.
- Shield your meter from the sun and test strips should be kept in a cool, dry place.
- People who use a pump may need to protect the adhesive patch from perspiration by using an antiperspirant at the contact site.
- In very hot weather insulin is absorbed more quickly, so test regularly to avoid hypos.

Perhaps worth remembering...

It is a holiday, so enjoy it!



DDT 14-mile challenge: Fundraising Pack

The third annual IDDDT 14-mile challenge takes place on Saturday, July 9, 2016, and will see fundraisers walk, run or cycle their way along the Brampton Valley Way from Market Harborough, in Leicestershire, to Northampton.

They will be meeting outside the Cinnamon Lounge, in Northampton Road, LE16 9HD, from 9.30am and leaving at 10am. Following the challenge, participants will gather at the Windhover pub, in Chapel Brampton, NN6 8AA, which is very close to the finishing line.

A limited number of lifts will be available back to Market Harborough. For more information and to join in, contact the organiser Oliver Jelley by emailing oliver.jelley@ojpr.co.uk or by calling 07803 003811. Registration form and tips on fundraising are available on the homepage of our website: www.iddtinternational.org



Why antibiotics are important for people with diabetes

There has been much written about the over use of antibiotics because of the spread of drug-resistant bacteria which reduces the ability to control infections. Antibiotic resistance means that current antibiotics may not work and very few new treatments are being developed. An organisation called 'Antibiotic Action' asked IDDDT to pass on information about the use of antibiotics in people with diabetes because diabetes can increase the risk of infection.

How can diabetes cause infection?

- High blood sugar can damage blood vessels and cause poor circulation. White blood cells and other aspects of the immune system, as well as nutrients that help the healing process, are less able to get where they are needed.
- Loss of sensation, particularly in the hands and feet, can make it difficult to notice small wounds that can get infected and it is less likely that people will notice signs of infection.
- Damage to blood vessels in the eyes can cause vision problems, making it more difficult to see signs of infection.

Antibiotics are crucial for people with diabetes

ANTIBIOTIC
ACTION



Antibiotics are crucial for controlling these infections, as well as improving health and most people with diabetes will need antibiotics at various times to stay well. However, it is vital that the functionality of antibiotics is preserved, the spread of bacteria is minimised and people with diabetes are protected against catching antibiotic resistant infections. With this in mind:

- Don't ask and don't expect antibiotics for colds, sore throats or flu as these are caused by viruses so antibiotics don't work.
- Only take antibiotics given to you by your doctor, exactly as written on the bottle and always complete the full course.
- Never give your antibiotics to other people.

In March 2016 we launched our new website – if you haven't visited it yet, take a look by visiting www.iddtinternational.org

Ramadan 2016 and fasting

Ramadan is based on the ninth month of the lunar calendar, so this year it is expected that the fast of Ramadan will commence at sunset on June 6th 2016 and will last until July 5th 2016.



During this month it is expected that Muslims who participate will abstain from food, water, beverages, smoking, oral drugs and sexual intercourse from sunrise to sunset.

People with diabetes may be exempted from fasting but the majority of people with diabetes do fast so run increased risks of adverse health effects, such as hypoglycaemia, hyperglycaemia, diabetic ketoacidosis and dehydration. Most of these are as a result of a reduction of food and fluid intake and the timing of meals.

There are no evidence-based guidelines for safe fasting, so people have to rely on expert advice from doctors and their personal experiences. However, a study in people with Type 1 and Type 2 diabetes carried out in Pakistan, has shown that with active glucose monitoring, alteration of drug dosage and timing, dietary counselling and patient education, the majority of patients did not have any serious acute complications during Ramadan.

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

The findings of this and other studies suggest that people with Type 1 and Type 2 diabetes should have an assessment with their diabetes team 1 to 2 months before Ramadan about drug/insulin adjustments, exercise and awareness of the risks of hypo- and hyperglycaemia. If they are ill during the fasting, then they should seek advice from their diabetes team.

Sugar Tax is a start...



On March 16th 2016, the government announced that highly sweetened drinks will be subject to a 'sugar tax' to come into effect in 2018. According to Jane Ellison, Minister responsible for diabetes, it's the first step towards the childhood obesity strategy which will be launched this summer.

The facts according to the Institute for Fiscal Studies:

- Pure fruit juices and milk-based drinks are excluded.
- The main levy rates will be (i) 18p/litre for drinks with 5-8g of sugar per 100mls and (ii) 24p/litre for drinks with more than 8g of sugar per 100mls.
- The revenue target is £500 million for the second year after the introduction of the sugar tax (2019-2020).

Who consumes drinks with added sugar?

Over 90% of households get more than the recommended share of calories from added sugar.

- Households with children consume about 21% from carbonated and non-carbonated soft drinks.
- Households without children consume significantly less - 14%.

BMJ Open published its report on sugar in fruit juices and smoothies and made five recommendations based on their findings:

- Fruit juices/juice drinks/smoothies with a high free sugar content should not count as one of the UK government's '5 a day' recommendations, as is currently the case.
- Fruit should preferably be eaten whole, not as juice.
- Parents should dilute fruit juice with water or opt for unsweetened juices, and only allow these drinks during meals.
- Portion sizes should be limited to 150ml a day.
- Manufacturers should stop adding unnecessary amounts of sugars, and therefore calories, to their fruit drink/juice/smoothie products—and if they can't do this voluntarily, the government should step in with statutory regulations. (<http://bmjopen.bmj.com/content/6/3/e010330>)

Without doubt the sugar tax is a start in the right direction...

Yes, undoubtedly the introduction of the sugar tax is a step in the right direction but we have to remember that a lot of other foods contain unnecessary added sugar and these should not be ignored by the government. In addition, sugar is only part of the problem causing overweight and obesity – we need to think about portion size but above all, we need to remember that so many of us live sedentary lives compared with years ago and this is an important part of today's problems.

There are two years before the introduction of the sugar tax, so hopefully some of the uncertainties about its effects will be ironed out, such as:

- How consumers and manufacturers change their behaviour.
- People who have a strong taste for sugar could switch to fruit juices, milkshakes, chocolate or confectionery and this would reduce the effects of the sugar tax.
- Prices need to increase for this to be effective but this will not happen if the taxes are absorbed by the manufacturers.

The effects for people with diabetes

Following the announcement of the sugar tax some people and organisations have expressed concerns that this will result in hypo treatments being more expensive. Perhaps we should get this in perspective, the additional cost of say 100ml of Lucozade to treat a hypo will be a few pence and even if you have a lot of hypos in a year, it is still only a couple of pounds a year.

Consumption of excess sugar is closely linked to the development of Type 2 diabetes, tooth decay, heart disease and some cancers. If the sugar tax helps to reduce these conditions and the costs to the NHS, then surely it is well worth people with Type 1 paying the extra few pence. It is also worth remembering that people with diabetes taking medication receive all prescriptions free of charge, even for conditions not connected to their diabetes but other people pay £8.40 for each prescription item.

Medicine News

As usual in Type 2 and You we try to bring you a summary of the latest news and research on medicines used to treat Type 2 diabetes and this issue is no exception.

SGLT2 Warning

In the March Type 2 & You we informed readers that the European Medicines Agency (EMA) has started a review of Invokana [canagliflozin], Forxiga [dapagliflozin] and Jardiance [empagliflozin], which are drugs to treat Type 2 diabetes, known as SGLT2 inhibitors.

Now the EMA has started a second review of canagliflozin after an increase in amputations, mostly affecting toes, was found in an ongoing clinical trial called CANVAS.

Cases of lower limb amputation occurred in both the canagliflozin and placebo groups in the trial and the possibility that canagliflozin increases lower limb amputations is currently not confirmed. However, the EMA's Pharmacovigilance Risk Assessment Committee (PRAC) has requested more information from the company to assess whether canagliflozin causes an increase in lower limb amputations and whether any changes are needed in the way this medicine is used in the EU. The EMA has asked that this information be disseminated to anyone else who might be interested in this document and who could be more interested than people with diabetes?

If you are concerned, discuss your options with your doctor.

Another Warning – Actos [pioglitazone]

A study published in the BMJ (31st March 2016) has found that a drug used to treat Type 2 diabetes, Actos [pioglitazone], may increase the risk of bladder cancer. The research found that the risk was higher for people taking larger doses and for those who take it for longer periods of time.

The problems first surfaced in 2005 when a trial unexpectedly showed higher numbers of

people with bladder cancer in those taking Actos compared to people taking a placebo.

These findings appeared in other but not all studies, so leaving some doubt about whether there actually was a link.

In 2011 the European Medicines Agency (EMA) carried out a safety review of Actos and concluded that it should continue to be prescribed but only for carefully selected patients and their response to the treatment should be monitored.

The uncertainty led Canadian-led researchers to investigate whether Actos increases the risk of bladder cancer in people with Type 2 diabetes compared to other Type 2 medications. They found:

- The use of Actos was associated with a 63% higher risk of bladder cancer compared to people who did not take any other drugs in this class of medication.
- This risk increased with higher doses and longer use.

The researchers stress that in absolute terms the risk of bladder cancer with Actos remains low. They recommend that prescribing doctors should be aware of these risks and patients should be made aware so they can choose whether to remain on the drug. As ever, it is important patients are given all the information so that they can make an informed decision about their treatment options. Again, if you are concerned, discuss your options with your doctor.

Finally some good news – Eperzan

In March, Glaxosmithkline launched its own once-weekly, injectable Type 2 drug, Eperzan [albiglutide]. Eperzan belongs to the group of drugs known as GLP-1 agonists. It can be prescribed when Type 2 diabetes cannot be adequately controlled by diet and exercise and when metformin is not appropriate. It can be prescribed with other blood glucose lowering drugs, including insulin. Combination use with insulin is not possible with all GLP-1 agonists, such as Bydureon [Exanatide].



IDDT Conference 2016 – 'Best Foot Forward'



We are pleased to announce that this year we are holding a conference again at the Kettering Park Hotel. You will see from the conference booking form accompanying this newsletter that it will be an interesting day with speakers and group discussions led by the diabetes nurses from Kings Lynn. 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 a podiatrist.

We hope that many of you will be able to attend, so the date for your diary is October 15th 2016!

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



We are delighted to announce the winners of the lottery draws for the last 3 months. They are as follows:

Winners of the February 2016 draw are::

- 1st** prize of **£277.44** goes to Jeffrey from St Albans
- 2nd** prize of **£208.08** goes to Anon from Lincoln
- 3rd** prize of **£138.72** goes to Anne from Doncaster
- 4th** prize of **£69.36** goes to Anon from Crewe

Winners of the March 2016 draw are:

- 1st** prize of **£287.04** goes to Anne from Doncaster
- 2nd** prize of **£215.28** goes to Rodney from Wigan
- 3rd** prize of **£143.52** goes to Edward from Norwich
- 4th** prize of **£71.76** goes to Julie from Gosport

Winners of the April 2016 draw are:

- 1st** prize of **£315.84** goes to George from Great Wakering
- 2nd** prize of **£236.88** goes to James from Caister
- 3rd** prize of **£157.92** goes to Arabella from Pwllheli
- 4th** prize of **£78.96** goes to Gethin from Swansea

Note: the winners of the draws for May, June and July 2016 will be announced in our September Newsletter and will be available on our website.

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

Special Prizes for June Lottery draw!
In recognition of Diabetes Week in June and for that month only, we are doubling the prize money for all 4 prizes, so the First Prize will be over £500!

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

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

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

Tel: 01604 622837 email: enquiries@iddtinternational.org Or visit our website: www.iddtinternational.org