



## Welcome

Welcome to the thirty-second issue of Type 2 and You. In this issue we have a look at artificial sweeteners, maintaining good gum health, details of our Annual General Meeting, the usual updates on the latest pieces of research and the latest round of lottery winners.



## IDDT's Annual General Meeting 2017

As members are aware, we are unable to afford a Conference every year but we do have to hold an Annual General Meeting to comply with charity law. So we are holding an afternoon meeting on Thursday, November 9th 2017 at the Kettering Park Hotel, Kettering Parkway, NN15 6XT (Junction 9 off the A14). We hope that as many of you as possible will be able to join us – it is your opportunity to meet the Trustees and staff and of course, each other.

### The programme for the afternoon will be as follows:

- 12.15 - 1.30** Arrival and free sandwich lunch
- 1.45** Annual General Meeting
- 3.00** Break for tea and biscuits
- 3.15** General discussion
- 4.30** Farewell

### The AGM

If you would like to nominate someone for election to the Board of Trustees, then please send nominations to IDDT by November 1st 2017 with a letter of agreement from the person you are nominating and seconded by another member of IDDT.

### Please let us know!

For catering purposes, please let us know if you are attending by November 1st by contacting IDDT, telephone 01604 622837, Rita by email [rita@iddtinternational.org](mailto:rita@iddtinternational.org) or write to IDDT, PO Box 294, Northampton NN1 4XS. Rita will then send you confirmation and a map to find the Kettering Park Hotel.

### And for 2018 a date for your diary!

We will be holding a Conference in 2018, so the date to remember is Saturday, October 6th 2018.

# Diabetes and Gum Disease

It is well known that poorly controlled diabetes can cause complications of the condition, such as damage to nerves, blood vessels, the kidneys, the heart, the eyes and the feet. The British Society of Periodontology (BSP) have recently highlighted that poorly controlled diabetes can put people at higher risk of developing gum disease (also known as periodontal disease).

Gum disease is usually pain free and so you may not realise you have it until your dentist or hygienist checks or it. However, there are some symptoms you may notice that should be a cause for concern:

- Bleeding gums when brushing (even eating)
- Red, swollen gums

- Bad breath
- Spaces appearing between teeth
- Loose teeth or teeth moving position in the mouth
- Receding gums
- Sensitivity to hot or cold food and drinks

Gum disease is completely treatable if diagnosed early enough. Treatment aims to reduce the bacteria around your teeth and aims to prevent the disease from getting worse. Treatment involves:

- Being taught how to brush your teeth properly to remove dental plaque. Treatment will only work if you clean your teeth properly twice a day
- Cleaning between your teeth on a daily basis using

- interdental brushes or floss
- Using a small headed toothbrush or a good quality electric brush
- Removal of the tartar above the gum line by your dentist/hygienist
- Removal of bacteria below the gum line by your dentist/hygienist performing a deep clean
- Mouthwashes may help with very mild gum disease but may mask more serious gum disease. Your dentist/hygienist will advise

In the weeks following treatment your gums are likely to bleed more. However, you should continue to brush as normal and it will improve. As your gums become healthier they may shrink, gaps may appear between your teeth and they may appear longer. Also, your teeth may feel more sensitive to hot and cold things. Usually, this gets better in a few weeks but in the meantime you could try using a sensitivity reducing toothpaste. While this does not sound particularly pleasant, the long-term benefits far outweigh these temporary inconveniences:

- Fresher breathe
- Gums not being sore or bleeding when you brush
- Teeth becoming less wobbly
- Less discomfort when you eat
- Ultimately you will keep your teeth for longer



## Reminder about flu jabs

More people who can get the flu jab for free should be vaccinated, says NICE.

New draft guidance from NICE highlights the need to educate people that having a flu jab each year is the single best protection against catching or spreading flu.

In the last flu season (October 2016 to March 2017), 953 people were

admitted to intensive care units with confirmed cases of the flu and 107 of them died.

To help reduce these deaths and hospital admissions, the new draft guidance recommends eligible people are made aware and offered the vaccine every winter. People should be offered the flu jab at every opportunity which could be during a GP

appointment, when picking up prescriptions or during a hospital stay or home visit.

Millions of people who are at highest risk are eligible for free vaccines on the NHS including older people, very young children, pregnant women and those who have an underlying long-term condition. This includes people with diabetes, so remember to ask about this at your GP surgery.

## Success of diabetic retinopathy screening in Wales

The number of people in Wales diagnosed as blind or living with sight loss caused by diabetes has nearly halved since the introduction of a new national diabetic retinopathy screening programme in 2003.

The researchers analysed new certifications in Wales for sight loss and blindness due to diabetes between 2007 and 2015 and the

results showed:

- There were 339 fewer new certifications for all levels of sight loss from any cause in 2014-15 compared to 2007-08.
- There were 22 fewer people with diagnosed diabetes with sight loss specifically cause by their diabetes.
- There was a 49% drop in new certifications for severe visual impairment,

from 31.3 to 15.8 per 100,000 people.

During the period of the research, 52,229 (40%) more people in Wales were diagnosed with diabetes. These improvements show that the retinopathy screening programme is effective and enables treatment at an early stage to prevent people with diabetes from losing their sight. (BMJ, July 2017)

## Amendment!

### Heel Balm

In our last Newsletter, we informed you about Flexitol Heel Balm to treat cracked heels but other products are available. Dermatronics Once Heel Balm is available can be prescribed by

GPs in almost 100 NHS CCGs/ Trusts. It also helps rough, dry callused heels and feet. As there are strong links between ulceration and callus, it reduces the ulceration risk dramatically. More details are available at [www.dermatronics.co.uk](http://www.dermatronics.co.uk)



## Artificial Sweeteners

In this article we will take a look at artificial sweeteners, what they are, how they can be used and the effects that they may have on people with diabetes.

Artificial sweeteners are chemicals or natural compounds that offer the sweetness of sugar without as many calories. Because the substitutes are much sweeter than sugar, it takes a much smaller quantity to create the same sweetness. Products made with artificial sweeteners have a much lower calorie count than do those made with sugar.

People with diabetes may

use artificial sweeteners because they make food taste sweet without raising blood sugar levels. But keep in mind that if you do have diabetes, some foods containing artificial sweeteners, such as sugar-free yogurt, can still affect your blood sugar level due to other carbohydrates or proteins in the food.

There are four commonly used types of artificial sweeteners:

**Saccharin** (brand name: Sweet 'N' Low, Sweetex) – this sweetener can be used in both hot and cold food and can also be used as a sugar substitute in

cooking and baking. It is generally regarded as the safest artificial sweetener. However, it should not be used by women who are pregnant or breastfeeding and there is a possibility of allergic reactions including headaches, breathing difficulties, skin problems and stomach upsets.

**Aspartame** (brand name: Nutrasweet) – this sweetener can be used in cold and warm foods. It is not suitable for cooking or baking as it breaks down under high temperatures. It should not be used by people who have a rare genetic condition called

phenylketonuria (PKU) and there have been reports of increased numbers and severity of allergic reactions, migraines and mood disorders, such as depression, especially among people who already have these conditions.

**Sucralose** (brand name: Splenda) - this sweetener can be used in both hot and cold food and can also be used as a sugar substitute in cooking and baking. It can also be found in processed foods.

**Acesulfame K** (brand name: Sweet One, Sunett) - this sweetener can be used in both hot and cold food and can also be used as a sugar substitute in cooking and baking. It is commonly found in processed foods and canned drinks.

A cautionary note needs to be made about sugar alcohol sweeteners, such

as sorbitol, mannitol and xylitol. These types of sweeteners contain carbohydrates so they do affect blood sugar levels. They are often found in reduced calorie sweets and chewing gum. So if you are in doubt check the nutritional information label. Under the Carbohydrate section, you can see how many carbohydrates the product contains. You can also see how much of these carbohydrates are in the form of sugar or sugar alcohol.

The use of artificial sweeteners is incredibly popular and their consumption is rising. However, a report published by the University of Manitoba, in Canada, casts some doubt over the beneficial effects of sweeteners. The

report comprised of a comprehensive review of 37 studies in order to gain a better understanding of whether the consumption of sweeteners is tied to negative effects on health. The review found no consistent effect regarding weight loss and in some studies sweeteners were actually associated with weight gain and higher rates of obesity, hypertension and Type 2 diabetes. While the report clearly stresses the need for further research it also recommends that people should consume sweeteners with caution. Given that people with diabetes may well use sweeteners more than members of the general population, it may well be worth heeding this advice. IDDT will, of course, keep you updated with any news in this area.

## Lizzie's Tea Party for Dream Trust

Once again Lizzie and her mum, Cat, have held their annual tea party to raise funds for the Dream Trust in India. This year they managed to raise an impressive £886.17, which will go towards purchasing insulin and supplies for the families of children with diabetes who cannot afford to do so themselves. Here are some pictures of the event – looks like everyone had a good time!



# Discontinuation of beef insulin but pork insulin WILL be available

The raw materials from which beef insulin is made are no longer available anywhere in the world. The number of people using beef insulin is now very small so, while we may not like it, the reality is that the beef insulin crystals are not being made for this very small market. This is not the fault of Wockhardt UK - they simply cannot obtain the necessary beef insulin crystals.

Many of the people using beef insulin have used it all their lives, some for fifty or sixty years, but hopefully many of them will be able to change to pork insulin. We know that there are a small number of people who have been unable to use pork insulin and we hope that they will find alternatives that work for them. To Wockhardt's credit, they have given plenty of notice of the anticipated end of supply dates, so people have time to

try various options.

**The good news is that there are no such problems with pork insulin and it will continue to be available for the foreseeable future.**

In July, we notified our members using insulin that beef insulin will be discontinued. We have already received reports from members that their health professional has said, *'The same will happen to pork insulin before long, so you need to change to human or analogue insulin'*. This is NOT the case, so if you want to stay on natural animal insulin, pork insulin will continue to be available.

## Discontinuation dates

The table below from Wockhardt UK gives an indication of the expected dates when the various beef insulins will no longer be available but to keep up to

date, Wockhardt will publish monthly updates on their website: [www.wockhardt.co.uk](http://www.wockhardt.co.uk)

Generally, beef insulins are slower and smoother than pork insulins. Hypurin Pork Isophane and Hypurin Pork Neutral are both available in cartridges and vials, so taking into account that pork insulin is a little faster than beef insulin, many people will be able to change to the pork equivalents with careful blood glucose monitoring and perhaps dose adjustments.

However, there are not equivalent pork insulins to Bovine Lente and PZI which are long-acting. Long-acting analogues (GM) are an alternative but for people who do not want to use a long-acting analogue, the best suggestion is to change to Hypurin Porcine Isophane twice a day.

Insulin Type	Form	Predicted depletion date
Hypurin Bovine Isophane	3ml cartridges	December 2017 (Product Expiry)
Hypurin Bovine Neutral	3ml cartridges	October 2018
Hypurin Bovine Isophane	10ml vial	November 2018
Hypurin Bovine Neutral	10ml vial	January 2019
Hypurin Bovine Lente	10ml vial	May 2019 (Product Expiry)
Hypurin Bovine PZI	10ml vial	August 2019

## Sleep Apnoea

Sleep apnoea increases the risk of Type 2 diabetes and hypertension. It has been shown that people with mild to moderate obstructive sleep apnoea had a threefold increased risk of developing Type 2 diabetes and a fourfold risk of having hypertension. The study involved 1,741 adults and found that young and middle aged

adults were at the greatest risk of developing both conditions. (Sleep, June 2017)

Also, people with Type 2 diabetes and sleep apnoea are at higher risk of diabetic retinopathy. Another study of 230 people with Type 2 diabetes carried out in the UK showed that the prevalence of sight-threatening diabetic retinopathy among people with Type 2 diabetes with obstructive

sleep apnoea was 42.9% compared with 24.1% among those without sleep apnoea. Those with sleep apnoea were also at a higher risk of developing pre-proliferative retinopathy after an average follow up of 43 months, but the risk was reduced for those who received continuous positive airway pressure treatment. (American Journal of Respiratory and Critical Care Medicine, June 8th 2017).



## Research Roundup

- A study published in Diabetes & Metabolism has shown a link between the level of seriousness of a hypo and an increased risk of cardiovascular disease among people who use sulphonylureas (Glibenclamide, Gliclazide, Glimepride, Glipizide, Tolbutamide).
- A recently published study has shown that over a three year period the use of once weekly

Exenatide improved glycaemic outcomes and was well tolerated by people with Type 2 diabetes (Journal of Diabetes and its Complications).

- People with diabetes who have had annual diabetes checks regularly in the preceding seven years have a mortality rate which is half the rate of those who have not, according to the latest

publication from the National Diabetes Audit 2015-16.

- A study published in Cardiovascular Diabetology has shown an improvement in the long term survival rate of people using DPP-4 inhibitors (Saxagliptin, Alogliptin, Linagliptin, Sitagliptin, Vidagliptin) over a three year period following their first cardiovascular event.



## The winners of IDDT's lottery draws!

We are delighted to announce the winners of the draw of our monthly lottery for May 2017.

### They are as follows:

- 1st prize of £420.00** goes to Anon. from Bournemouth
- 2nd prize of £315.00** goes to Fraser from Bournemouth
- 3rd prize of £210.00** goes to Geoffrey from Doncaster
- 4th prize of £105.00** goes to David from Doncaster

### Winners of the June 2017 draw are:

- 1st prize of £420.96** goes to Anon. from Rugeley
- 2nd prize of £315.72** goes to Anon. from Belfast
- 3rd prize of £210.48** goes to Andrew from Bath
- 4th prize of £105.24** goes to Leslie from Carlisle

### Winners of the July 2017 draw are:

- 1st prize of £421.20** goes to Anon. from Hereford
- 2nd prize of £315.90** goes to Anon. from Barnstaple
- 3rd prize of £210.60** goes to Christine from Doncaster
- 4th prize of £105.30** goes to John from Normanby

Note: the winners of the draws for August, September and October will be announced in our December 2017 Newsletter and will be available on our website.

### Thank you to everyone who joined in IDDT's lottery.

If you would like to join in for just £2.00 per month, then give us a call on 01604 622837 or email [tim@iddtinternational.org](mailto: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](mailto:enquiries@iddtinternational.org) Or visit our website: [www.iddtinternational.org](http://www.iddtinternational.org)