



# Insulin Dependent Diabetes Trust

Type 2 and You

Issue 9 - October 2011

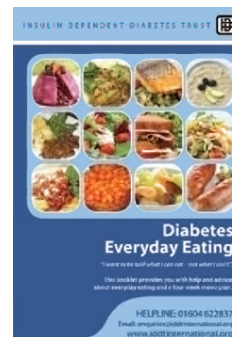
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Welcome to the ninth issue of Type 2 and You. In this issue we introduce you to our newest publication 'Diabetes – Everyday Eating' and you will find your copy along with this newsletter. We also have some information about medication, the winter flu jab and the latest update on the new driving regulations.

## Diabetes Everyday Eating

“I want to be told what I can eat – not what I can't.”



IDDT is frequently contacted by people who want advice about their diet. Very often, particularly just after diagnosis, people feel confused about the advice they are given on healthy eating. They feel insecure about what they are eating and how this may affect their diabetes or they simply do not have enough information about diet. These feelings may hold equally true for family members who will also have a role in the changes to diet that the household may have to make.

Very often, people are told that they need to eat healthily, lose weight

and to stay away from sugary and fatty foods. This particularly applies to people with Type 2 diabetes and while this advice is not bad advice, it can leave people without the information they need during a stressful time. As one gentleman said “I want to be told what I can eat – not what I can’t”.

It is for these reasons IDDT has produced a 4-week Menu Plan prepared by Consultant Dietitian, Dr Mabel Blades. The Menu Plan is not intended to be a substitute for an individual diet plan prepared by a dietitian or other health professional. It is intended to give people ideas about what they can eat – everyday, affordable meals in an easy to look at way. It will be especially useful to anyone who has been newly diagnosed or who has had a member of the family diagnosed. It is based on the principles of healthy eating and could help with weight loss. It provides an introduction to counting carbohydrates and is a stepping stone to learning more about diet and diabetes.

**‘Diabetes Everyday Eating’** is available free of charge from IDDT to people who live with diabetes and to health professionals to give to their patients. Copies can be obtained by contacting IDDT: Tel 01604 622837, email [martin@iddtinternational.org](mailto:martin@iddtinternational.org) ordering on our website [www.iddtinternational.org](http://www.iddtinternational.org) or writing to IDDT, PO Box 294, Northampton NN1 4XS

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## Winter Is Coming...

**Which makes it the time for the seasonal flu jab.**

The flu jab is offered first to people in ‘at risk’ groups and this includes people with diabetes, pregnant women and the elderly. It gives good protection [70-80% reliability] against all strains of flu and lasts for a year. Flu viruses are spread rapidly by infected people coughing and sneezing.

The flu jab for 2011/12 protects against 3 strains of flu virus including

H1N1, the strain behind the swine flu epidemic in 2009. However the NHS has stated that its inclusion ‘poses no additional risk’.

## The pneumo jab

What has become called the pneumo jab is a vaccination which protects against pneumonia [inflammation of the lungs]. Pneumonia can affect anyone but some groups of people have a higher risk of the infection developing into a serious health condition. These include:

- Children who are under two years of age – they are vaccinated as part of the childhood vaccination programme.
- Adults who are 65 years of age or over.
- Children and adults with certain chronic [long-term] health conditions.

Pneumococcal infections are easily spread from person to person by close or prolonged contact with someone who has the infection. The bacteria are present in tiny droplets that are expelled when someone who is infected breathes, coughs or sneezes. You can be infected if you breathe in the droplets or touch them then touch your face without first washing your hands. Once you have picked up the bacteria they can either lie dormant or multiply and cause health problems, such as pneumonia,

**When you see your GP for a seasonal flu jab, ask whether you also need the ‘pneumo jab’ to protect you. It’s available to everyone aged 65 or over, and for younger people with some serious medical conditions, including diabetes.**

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## Techy Tips

Here are a couple of tips that might help you if you are browsing the internet or reading certain types of documents.

If you are browsing the internet some web pages can be difficult to read because of the font size or layout. It is very easy to increase the size of the page; simply press the control (Ctrl) button on your keypad and the plus (+) button at the same time and it will increase the size of the page you are viewing. This can be done several times. Similarly, pressing the control and minus (-) buttons at the same time will return the page to its normal size.

Sometimes documents are presented as PDF files. One of the functions of this type of file allows the computer to read it out loud. To use this function you need to do the following steps:

- Open the document.
- Click on “View”.
- At the bottom of the drop down box that will appear, click on “Read Out Loud”.
- Select “Activate Read Out Loud”
- Finally, to start reading out loud, click on the document at the point you want to start reading from.

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## Update on Driving Regulations for Diabetes

As readers will probably know, following changes in EU law, the DVLA has been considering changes to the driving regulations for people with diabetes. These changes were published on the DVLA website in August and will come into effect in October 2011.

The changes affect anyone taking insulin or taking medications that may cause hypoglycaemia. There are changes to all types of road vehicle licences and they have the potential to affect over one million people.

### **Changes to the standards for driving cars and motorcycles - Group 1 vehicles [DVLA website, 17th August 2011]**

- There must not have been more than one episode of severe

hypoglycaemia within the preceding 12 months. Severe hypoglycaemia is defined by the DVLA Driving Panel for Group 1 as one requiring the assistance of others.

- There must not be impaired awareness of hypoglycaemia. Impaired hypoglycaemia awareness has been defined as an inability to detect the onset of hypoglycaemia because of a total absence of warning symptoms.

### **Changes to the standards for driving buses and lorries - Group 2 licences, HGV and PSV licences [DVLA website, 17th August 2011]**

The changes will remove the blanket ban for people being treated with insulin and medications which carry the risk of hypoglycaemia, and allow them to apply for a Group 2 licence. The following criteria have to be met.

- There has not been any severe hypoglycaemia event in the previous 12 months.
- The driver has full hypoglycaemic awareness.
- The driver must show adequate control of the condition by regular blood glucose monitoring, at least twice daily and at times relevant to driving. It is recommended that applicants with insulin treated diabetes will need to have used blood glucose meters with a memory function to measure and record blood glucose levels for at least 3 months prior to submitting their application.
- The driver must demonstrate an understanding of the risks of hypoglycaemia.
- There are no other debarring complications of diabetes.

For more information, visit the DVLA website:

[www.direct.gov.uk/driverhealth](http://www.direct.gov.uk/driverhealth)

Or telephone the DVLA Drivers Medical Enquiries Helpline:

**0300 790 6806** (For holders of car or motorcycle licences)

**0300 790 6807** (For holders of bus, coach or lorry licences)

# Update on Driving Regulations for Diabetes

## Bydureon

Bydureon is a new, slow-release form of Byetta (exenatide) used for the treatment of Type 2 diabetes. It works in a similar way to Byetta but has been shown to give better blood glucose control and improved weight loss. The main advantage of Bydureon over Byetta is that it only needs to be injected once a week, as opposed to twice a day. However, it is worth noting that the Food and Drug Administration (FDA) in the USA has requested that further studies be carried out before licensing the drug because of concerns about a possible increase in heart problems. The European Medicines Agency (EMA) approved Bydureon in June 2011 and it is expected to reach the UK market in the first half of 2012.

## Actos

Earlier this year we reported on the health risks associated with Actos (pioglitazone) and Competact (pioglitazone and metformin). A review of the drug was completed by the European Medicines Agency (EMA) in June 2011. The review found that there is a small increased risk of bladder cancer associated with pioglitazone use. It is not clear if the risk increases early in treatment or only after prolonged administration. However, with careful patient selection, the benefits of pioglitazone continue to outweigh the risks. The EMA made the recommendations below.

In brief, the following applies to people already using Actos or Competact or where their use is being considered as treatment for Type 2 diabetes:

- Actos should not be used if there is a history of bladder cancer or blood in the urine that has not been investigated with tests.
- If you are already using or before starting treatment with Actos or Competact, your doctor should assess you for the risk factors stated below.
- In elderly patients, the use of Actos or Competact should be carefully considered because the risk of bladder cancer increases

with age.

- Treatment with Actos or Competact should only be continued after 3 to 6 months if there is a benefit. Treatment should be stopped in patients who do not respond adequately to treatment with either of these drugs.
- Similar monitoring should also take place in people already taking Actos.

As ever, if you are taking Actos or Competact and are worried then you should not stop taking your medication but you should speak to your doctor about your concerns.

Further information can be found on our website:

<http://www.iddt.org/news/news-releases/actos-and-the-risk-of-bladder-cancer-new-safety-warnings/>

## Insulin Pens

In June Lilly announced suspension of the HumaPen Memoir insulin pen to make improvements. Replacements will not be available until 2012. There is no need to stop using the Memoir but before you need a replacement you should contact your doctor or you can call Lilly's device helpline on 0800 783 6764.

## IDDT Quarterly Publications

IDDT produce a wide range of **free** information leaflets, including information on Carbohydrates, Hypoglycaemia, Diet and Exercise and Exercise and your Heart. These can be sent by post or downloaded from our new website.

For more information contact us!

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