Insulin Dependent Diabetes Trust

December 2011 Newsletter

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Happy Christmas!

The Trustees and staff of IDDT would like to send our best wishes to you all for Christmas and the New Year. We would also like to thank you for the help and support you have given to IDDT throughout 2011, all of which makes it possible for us to continue with the work we do. Your calls, emails and letters let us know what the important issues are for you, the people who live with diabetes.

This provides IDDT with direction and purpose and we try to develop ways of helping to answer these needs. This may be through lobbying government departments, providing new information leaflets and booklets or providing a very important listening ear to you.

As Co-Chair of IDDT, the promise I can make to you is that we are, and will continue to be, an organisation which listens to the needs of people with diabetes and their families and tries to help to answer those needs. We have no other agenda – this is the only reason for our existence! We do not accept pharmaceutical industry funding, so remain uninfluenced by our sources of funding – all our donations are voluntary.

Before 2012 arrives it is important to remember just a few of the things that IDDT has achieved this year.

- Our membership has increased in 2011 more than in any other year since we formed in 1994.
- We have sent out more IDDT leaflets and booklets in 2011 than in any other year.
- More health professionals have requested out publications than in any other year.

- We have developed a very important telephone listening service in a professional way, which I know is appreciated by many.
- We have lobbied government on key issues – the disgraceful discontinuation of human Mixtard 30, our concerns about the proposed changes in the NHS and the change in the driving regulations.
- Never far from our minds, is the need to publicise that animal insulin must continue to be available for the people who are unable to tolerate synthetic human and analogue insulins.
- We have expanded our Lesson Plan for teachers to help to educate children in schools to be aware of diabetes and needs of their classmates with diabetes.

We have done all of this and much more and at the same time, we have tried to trim our expenditure. It is clear that 2012 is going to be another difficult year financially and we will be carefully managing our funds, hopefully without cutting our services to you and without compromising our belief that our information leaflets, booklets and publications should be free so that no one is denied access to the information they need to help them to live with diabetes.

In case you are not aware, IDDT has only 5 members of staff and I would like to take this opportunity to thank the staff at IDDT for the amount of work they manage to get through and for their huge commitment to IDDT, and above all to you – the people who live with diabetes.

IDDT News

Diabetes – Everyday Eating

One man saying on the phone, 'I want to be told what I can eat, not what I can't', was how 'Diabetes – Everyday Eating' came about. The 20 page booklet, which includes 28 days of menus for breakfast, lunch and dinner, was launched in mid October 2011. Within 4 weeks, over 10,000 copies were requested by people with diabetes and by health professionals ordering copies to give to their patients, and it hasn't stopped yet!

The letters and emails of praise we received are too numerous to publish, so here are just a few of the comments.

- Brilliant! Just what I need.
- Thank you for sending Diabetes – Everyday Eating to my friend. She has now brightened up a lot and is showing an interest in food again.
- Thank you so much. I didn't know I could eat such a variety - I can start to enjoy food again.
- My Mother is a recently diagnosed diabetic and her nurse has suggested the above booklet as a good day by day guide of what to eat during a week for breakfast, lunch and dinner.
- What a wonderful and much-needed booklet. The only negative comment that I can make is what a shame it is being funded by a charity [IDDT] and not by the NHS. IDDT is paying for something that should by right be provided to everyone with diabetes.

And from health professionals...

- Someone has recently shared with me your fabulous Everyday Eating resource and I wonder whether you could send me a couple of glossy copies please so that we can show people with diabetes that we see in clinic? I have downloaded and printed one but its not quite the same as a professionally produced one! [Diabetes Lead Dietician]
- I received your booklet yesterday about everyday eating. Please can I order copies for my patients, as I found it very useful and easy to follow. I have found it is very easy to tell patients what they can't eat, but we never tell them what they actually can eat. [Practice Nurse]
- This is just what patients want! And just what we have been looking for! I lead on an education course for people with diabetes and this would be an excellent book to add to their pack. [Diabetes Specialist Nurse]

- Thank you so much for the copy of the excellent book, Diabetes – Everyday Eating. I can honestly say it has been many, many years since I have seen such a well rounded DM info dietary book. Congratulations! [Diabetes Specialist Nurse]

Thanks and credit must go to Dr Mabel Blades, Consultant Dietician, and Martin Hirst, PR and Fundraising Manager at IDDT, for all their hard work in putting together what is obviously, this much needed booklet.

And thank you to you!
We would like to thank everyone who has bought IDDT Christmas cards this year. We have sold more this year than in any other year and we very much appreciate your help in this way.

IDDT Annual Conference – a date for your diary

After the success of the 2011 conference at the Kettering Park Hotel, we have booked the same venue again for 2012. The date for your diary is Saturday, October 2012.

Cost Of Insulin Analogues

The NHS has wasted £625 million on analogue insulin in the past 10 years

Research published online in BMJ Open has shown that the NHS has spent an extra £625 million over the past 10 years on analogue insulins when the recommended human insulin alternatives would probably have been just as effective and are considerably cheaper. During this period, insulin analogues were 47% more expensive than human insulin.

The authors base their findings on an analysis from the four UK prescription pricing agencies for the years 2000 to 2009. [Costs were adjusted for inflation and reported at 2010 prices.]

Over the 10 years:

- **The NHS spent a total of £2,732 million on insulin with the annual cost rising by 130%, from £156 million to £359 million.**
- **Prescriptions for analogue insulin accounted for £1,629m [59% of the total]. Human insulin accounted for £1,056m [39% of the total] and animal insulin accounted for £47.2m [2% of the total].**
- **The annual cost of analogue insulin rose from £18.2 million [12% of the total] to £305 million [85% of the total].**
- **The cost of human insulin fell from £131 million [84% of the total] to £51 million [14% of the total].**

The paper can be viewed at:
http://press.psprings.co.uk/Open/september/bmjopen000258.pdf

The authors of this study point out:
If prescribing guidelines recommending human insulin as first choice treatment for Type 2 diabetes had been followed, the savings would have been considerable.

- If all patients prescribed insulin analogues had been prescribed human insulin instead, the NHS could have saved itself £625 million [tax payers' money].
- If even half of these patients had been changed to human insulin, there would still have been a saving of £300 million.
- Insulin analogues were developed to mimic the action of insulin made by the body but according to the authors, it is not clear if the benefits are sufficient to justify the additional costs as there has been no observable clinical benefit.

Study author, Professor Craig Currie from Cardiff University told Pulse [22.09.22]:
"...The cost effectiveness of analogue insulin depended on the type of diabetes, the individual patient and the type of synthetic insulin used. For example, rapid-acting insulin analogues in patients with type 1 diabetes are likely to be a cost-effective use of finite healthcare resources."

He went on to say: *"The guidelines are quite specific, but they are not being paid attention to. The amount spent each year on insulin drugs is rising year-on-year, and reached its peak at 2009 (the last year examined in the study). If more people looked at the NICE guideline, a notable proportion of the total spend in the NHS would have been saved. Doctors are prescribing more insulin analogues because they are susceptible to pharmaceutical companies. The manufacturers are doing very well at their job of marketing their products."*

What do NICE Guidelines say?

NICE guidelines for treatment of Type 1 diabetes recommend that the experiences and preferences of the insulin user should be taken into account and the type of insulin prescribed should be the one that allows people optimal wellbeing.

NICE guidelines for Type 2 diabetes recommend that human NPH insulin [intermediate-acting] is prescribed as first line treatment. Alternative insulin analogue treatments (Levemir or Lantus) should only be given in certain, specific circumstances which are:

- if they reduce the number of injections required in a person who needs assistance from a healthcare professional to inject insulin,
- if episodes of symptomatic hypoglycaemia restrict the person's lifestyle and the person would otherwise need twice-daily NPH insulin injections in combination with oral glucose-lowering drugs,
- or if the person cannot use the device to inject NPH insulin.

The advice from GPs to GPs [Pulse, Sept 22nd 2011]
Dr Brian Karet said the benefits of analogue insulin were 'marginal' and so GPs should consider switching patients to human insulin in light of these findings: 'I think it is essential that we do this. It will certainly save a significant amount. Commissioning groups are already considering costs and benefits, and this is a very obvious one.'

IDDT Comments
Our first reaction is that at last there has been a dawning of the true facts about insulin analogues! All too often it is marketing rather than evidence of benefit which accounts for the increasing use of new insulins. IDDT has written many times about the pharmaceutical industry's marketing techniques when they introduce their latest insulin products.

- In 1982 there was the introduction of human insulin. For the majority of people, there was a lack of evidence of benefit of human insulin over animal insulin. [Cochrane Systematic Review, 2005] Nevertheless, sales of human insulin rapidly increased, as did the cost to the NHS.
- In 2008, a similar trend occurred with insulin analogues – the marketing kicked in. We reported the findings of two reviews carried out in Germany by the Institute for Quality and Efficiency in Healthcare [IQWiG] which not only questioned the use of insulin analogues but recommended that they should not be funded in Germany unless the price was the same as human insulin.
- In 2010, as a result of the Channel 4 programme, we again highlighted all these points and questioned why prescribers and PCTs ignore the NICE Guidelines on insulin.

This is now in the public domain and has received considerable publicity. IDDT suggests there are other points to consider.

Novo Nordisk has already announced their intention to globally discontinue human insulins. Indeed, they have already started with the withdrawal of Mixtard 30 last year. If prescribing habits change, will Novo Nordisk revise these plans or will they simply reduce the price of analogues to that of human insulin?

Perhaps most important of all, the long-term safety of analogue insulins has not been established and research continues. So analogues have been shown not to be beneficial for the majority and considerably more expensive but their long-term safety is not yet proven.

Facts to remember

- There are nearly 3 million people with diabetes in the UK and 90% have Type 2 diabetes, some of whom take insulin and 10% have Type 1 diabetes.
- Both human and analogue insulins are synthetic and made in a laboratory.
- Pork and beef insulins are natural insulins derived from the pancreases of pigs and cattle. They were the only available insulins until human insulin was marketed in 1982.

World Diabetes Day – New Figures Released

November 14th was World Diabetes Day and the International Diabetes Federation [IDF] issued new figures about the prevalence of diabetes.

- European healthcare expenditure on diabetes and preventing its complications will total $130 billion in 2011 and global healthcare expenditure will be $465 billion. This will rise to $595 billion by 2030.
- Europe accounts for about a sixth of the cases of diabetes worldwide, 6.7% of the adult European population - 63 million people.
- Poland has the highest incidence at 9.23% of the population, but Poland also had the highest rate of blood test screening for diabetes. Spain followed with 6.53% and other countries including Germany, Italy, France, the Netherlands and the UK have an incidence of 5% of the population.
- Only 36% of people with diabetes in the eight countries studied received education on better diabetes management.
- The number of people with diabetes who were previously informed that they were at high risk is low, with particularly marked information gaps in Italy, Denmark, the UK, the Netherlands and Spain.
- There are wide discrepancies from country to country in blood testing to assess diabetes or high blood sugar, with the UK, Germany and the Netherlands scoring particularly badly.

The UK does not come out of this very well!

Charter for the world!

The IDF has published a Charter setting out the basic rights of the nearly 300 million people living with diabetes. The Charter, entitled 'The International Charter of Rights and Responsibilities of People with Diabetes', is designed to be used to campaign against the stigma and discrimination that affects many people with diabetes across the world, largely due to ignorance and misunderstanding. The Charter can be viewed by visiting
www.idf.org/idf-charter-promotes-rights-people-diabetes

Elderly People Taking Thyroid Treatment Must Be Monitored

Thyroid problems are fairly common in people with diabetes so a good reason to be interested in recent research in the British Medical Journal [2011;342:d2238]. It has shown that elderly people being treated with thyroxine for underactive thyroid [hypothyroid] may be at increased risk of fractures if doses are not monitored and adjusted.

The research, in people over 70, showed that high and medium cumulative doses were associated with a high risk of fractures compared with low dose cumulative doses. It appears that older people often require smaller doses of thyroid treatment to achieve normal function and so may have been over-treated and this could be the cause of the increased fracture risk. The researchers are recommending that monitoring the dose of thyroxine is essential and remains essential into older age. So if you fit into this category, make sure that your thyroid treatment is monitored and adjusted if necessary.

Updates – DVLA, NHS Bill and Mixtard 30

There are several issues on which IDDT has been campaigning and here are updates at the time of writing.

Update on Driving Regulations for people with diabetes

In the October 2011 Newsletter we reported details of the new driving regulations that were about to come into effect for people with diabetes. We welcomed the relaxation in the regulations enabling drivers of buses and lorries [Group 2 licences] to be eligible to apply to drive. However, we have serious concerns that the new regulations for people with Type 1 diabetes driving cars are open to misunderstanding and misinterpretation.

Like many other diabetes organisations, we wrote to the Minister of Transport, Mike Penning and on October 4th his response was:

- Drivers who suffer from recurrent episodes of severe hypoglycaemia cannot be issued with a Group 1 driving licence [cars and motorcycles]. Recurrent severe hypoglycaemia is defined as two or more such episodes in a period of 12 months. Severe hypoglycaemia is defined as requiring the assistance of another third person, including family members.
- Drivers with one episode of severe hypoglycaemia in the preceding 12 months cannot be issued with a Group 2 licence [bus/lorry].
- The Directive does not distinguish between episodes of hypoglycaemia that occur while awake or asleep and the DVLA is not aware of any evidence about the effect on driving ability of hypoglycaemia while asleep.
- Drivers who suffer from hypoglycaemia not requiring the assistance of others will still be considered on an individual basis.

In November, it was agreed that a working group would be set up to review the definitions of severe hypoglycaemia, to examine the statistics of people with diabetes having their licences revoked and to offer improved guidance on the driving licence application and renewal process.

The DVLA website is http://www.dft.gov.uk/dvla/ *and their phone number is 0300 790 6807.*

Mixtard 30 Update

Yes, it is almost a year since Novo Nordisk discontinued human Mixtard 30 for commercial reasons. This resulted in 90,000 people having to change from the insulin that suited them. From the calls we receive, there are still people who have not been able to manage their diabetes as well since this change. Most frustrating of all is that Novo Nordisk's Actraphane, a pre-mix human insulin, is licensed and available in some European countries but it can't be accessed in the UK because the rules only allow personal importation from countries outside the EU!

We continued to argue our case in the UK but basically received no help or support, so we moved to Members of the European Parliament who certainly understood our concerns. Lady Sarah Ludford MEP and Dr Simon Busuttil MEP [Maltese delegation] followed up our concerns. Dr Busuttil's correspondence made the following points:

- I have had multiple meetings with Novo Nordisk and on each occasion I have taken the opportunity to bring up your case. Unfortunately to date I have not received a reply that would adequately address the problems you have raised and received no indications from industry that a solution is in sight.
- Novo Nordisk has confirmed that Actraphane is identical to Mixtard 30.

I would recommend that you take up the matter with the UK Health authorities, as the only solution as I see it would be to revise the UK's system on personal importation of such medical products.

IDDT's Trustees believe that we should follow Dr Busuttil's recommendation and take up the personal importation issues with the UK authorities. This we will be doing in 2012. We realise that we have no way of changing minds on Actraphane but no doubt Novo Nordisk will discontinue other insulins and we need to try to prevent a similar situation arising in the future.

NHS Bill Update

The 'pause' in the Bill in the summer brought about many changes to the Bill in the Commons in an attempt to allay public fears and fears held by some of the medical profession. Shortly afterwards the Government accepted all the core changes proposed by the 'NHS Future Forum' but some of the original concerns re-merged, as did new ones.

The online pressure organisation '38 degrees' commissioned legal opinion about the changes to the power of the Secretary of State to promote a comprehensive health service in England.

On October 4th a letter written by leading scientists and experts in public health was published in the Daily Telegraph. They stated,

"…The Bill will do irreparable harm to the NHS, to individual patients and to society as a whole. It ushers in a degree of marketisation and commercialism that will fragment patient care; aggravate risks to individual patient safety; erode medical ethics and trust within the health system; waste much more money on attempts to regulate and manage competition..."

The Lancet supported this view with a simple statement
"It is, indeed time to kill this Bill." [Lancet Vol 378 Oct 8, 2011]

- An editorial in Practice Nursing expressed similar concerns, *"The new clinical Commissioning groups, many of which will be advised by financial services firms that have been active in the City of London's boom and bust, will have incentives to achieve financial efficiencies. They may improve financial accountability, but they may also make radical decisions about how to reduce the cost of providing care in certain areas."*
- On October 11th the Bill went before the House of Lords. There was the largest turn out of peers since the vote on the Maastricht Treaty in 1993. Lord David Owen put forward a proposal for parts of the Bill to be scrutinised by a special select committee before it continued on the way to become law but it was rejected by 330 votes to 262.
- Secret report - in November, 38 degrees revealed that Andrew Lansley has been refusing to publish a civil service report on the risks he is taking with the NHS. The Information Commissioner has now ordered him to publish it but he could still keep it hidden for another month – until more key votes have taken place.

Supporters and opponents of the Bill will be arguing about various aspects of the Bill for months to come. The Queen's Speech next legislative session will begin in May 2012 and this provides the only deadline for both Houses of Parliament to come to an agreement on this Bill.

Details are available at www.dh.gov/healthandcare

Where does this leave us?
Whatever happens to the NHS Bill changes to the NHS are already taking place and there will be more. We have to ensure that we receive the treatment and care we need. This may mean politely standing up for ourselves, so remember our free leaflet, 'Know Your Rights'.

For your copy contact IDDT by phone on 01604 622837, email enquiries@iddtinternational.org or write to IDDT, PO Box 294, Northampton NN1 4XS.

Research News

A first - artificial pancreas used outside hospital

For the first time in the world, the artificial pancreas was tested outside the hospital situation by a team of specialists in Israel. This is a significant landmark in research as it showed that the artificial pancreas does have the potential of a 'normal' life for children, adolescents and others with Type 1 diabetes.

The “MD-Logic Artificial Pancreas” consists of an insulin pump and a subcutaneous glucose sensor that monitors the glucose level. These are connected to a computer that programmes the information and works out the amount of insulin that should be released into the body to maintain blood glucose balance.

The trial was carried out as part of the 3-day DREAM Camp for children with diabetes at an hotel near Jerusalem involving 18 young people between the ages of 12 to 15 years. Nine children were connected to the artificial pancreas on the first night of the camp and eight children were connected on the second night. Monitoring the night-time glucose levels is extremely important since most cases of severe hypoglycemia occur during the night and blood glucose levels are not within the desired range in many of the patients while they are asleep. The team of engineers and medical staff were in the control room at the hotel, from where they were able to supervise and monitor the glucose levels by remote. [October 2011]

Intensive diabetes care cuts the risk of kidney complications

A study which followed 1,400 people with Type 1 diabetes from 1983 has shown that early, aggressive treatment cuts the risk of kidney disease by half. Twenty two years later, the study showed that those who were treated with 3 injections a day or used an insulin pump were only half as likely to develop kidney disease decades later as those who received standard treatment. This confirms that newly diagnosed people should aim for near normal blood glucose levels to reduce kidney disease and other complications of diabetes, sometimes many years later. [New England Journal of Medicine, Nov 2011]

Concern over Intensive treatment for Type 2 diabetes

An article in the British Medical Journal [BMJ 27.07.11] warns that doctors should be cautious about prescribing intensive glucose lowering treatment for patients with Type 2 diabetes as a way of reducing heart complications.

Generally intensive treatment means aggressively lowering levels to near normal and although it is widely used in people with Type 2 diabetes, French researchers have shown that there was no benefit on all-cause or cardiovascular mortality.

The researchers analysed 13 studies involving 34,533 patients of whom 18,315 were given intensive glucose lowering treatment and 16,218 given standard treatment. They found that intensive glucose lowering treatment did not significantly affect all-cause mortality or cardiovascular death. However, they did find:

- the risk of non-fatal heart attacks dropped by 15% after intensive treatment,
- the risk of microalbuminurea, an indication of kidney damage and heart disease, fell by 10%
- but there was a 100% increase in the risk of severe hypoglycaemia [dangerously low blood glucose levels].

The researchers concluded that intensive glucose lowering treatment of Type 2 diabetes should be considered with caution and increasing treatment should be limited. UK experts stated that doctors should consider the risks and benefits of more intensive treatment carefully because treatments will vary significantly from patient to patient.

This research received a lot of publicity and if you are concerned about your treatment or have severe hypos, then discuss this with your doctor.

Anaemia and Type 1 diabetes

Type 1 diabetes is an autoimmune disease. It is fairly common for other autoimmune conditions to also occur in people with Type 1 diabetes, such as thyroid disease and coeliac disease. Researchers have also found another type of autoimmunity, which they describe as ‘anti-stomach antibodies’ because they are associated with a risk of anaemia and gastric complications.

In the study, people who had these antibodies tended to be the older participants [average age 44 compared to 38] and they also tended to have anti-thyroid antibodies. However, anaemia was present in 27% of those with the antibodies but only in 4% of those without the

antibodies as well as some having gastric problems. The researchers are going to carry out a larger study to find out more. [Conference in Geneva, March 2011]

C-Peptide Research Update

In a previous Newsletter and as a result of increased interest from our members, we wrote an article about C-peptide. C-peptide is produced when insulin is produced by the pancreas. So in people with Type 1 diabetes, c-peptide is not present which makes a C-peptide test useful when it is not clear whether or not people are producing their own insulin. People with Type 2 diabetes may be resistant to its actions. These problems are thought to contribute to the development of diabetes complications.

For many years it has been assumed that C-peptide had no other function but recently it has been shown that C-peptide binds to the surface of certain cells and activates their signalling mechanisms in different ways. For instance, there are studies that show that C-peptide could protect against kidney disease caused by diabetes.

We welcome new research that is being funded by Diabetes UK and carried out at Leicester University. It will look more closely at the functions of C-peptide and to see if this produces any new approaches to protect against diabetes complications which could lead to adding C-peptide to insulin treatments.

As we commented previously, human and analogue insulins contain no C-peptide because they are made by genetic modification in a lab. However, the manufacturers of animal insulins, Wockhardt UK, offer no guarantees that all the C-peptide has been removed from their natural animal insulins as they are derived by extraction of insulin from the pancreases of pigs and cattle after slaughter for meat.

Shortage Of Apidra

Sanofi, the makers of Apidra (insulin glulisine), have had a production problem at their factory. As a result of this some people may have a problem obtaining supplies of Apidra in cartridges and pens. Sanofi have solved the problem, but it is likely to be the end of March before normal supply is resumed, not the end of December 2011 as first said.

What should you do?
Sanofi request that to help make sure that as many patients as possible can obtain the medicines they need, please don't ask for a new prescription of Apidra until you are reaching the end of your own supply. When you have a prescription, take this to the pharmacy which will do everything they can to fulfil your prescription.

If this is not be possible, your pharmacist will inform your doctor that your usual insulin is not available. Your doctor or nurse will then look at what other insulin may be suitable for you as a temporary measure until Apidra is available again. Your pharmacist might be able to supply this after speaking with the doctor, or you may have to go back to see your doctor before a choice is made.

Where can you obtain more information?
Sanofi has a 24 hour-a-day Patient Support Line: 08000 35 25 25. Your doctor, nurse or pharmacist will be able to help you if you still have questions.

Note: Sanofi are keeping some supplies back for 'vulnerable patients' and those who could be considered on case by case basis.

Criteria for automatic 'vulnerable patient supply':
- children and adolescents under 18 years,
- those over 70 years,
- pregnant women.

Criteria for case by case discussion:
- people in whom a transfer to a different insulin could cause an

adverse outcome, such as those with brittle diabetes,
- people with significant disability,
- people who have previously not tolerated other types of insulin.

Pharmaceutical News

Type 2 diabetes - once a week drug approved in Europe

Byetta [exenatide] is a twice daily injectable drug for the treatment of Type 2 diabetes and in June 2011 the European Medicines Agency approved a once-a-week version called Bydureon. Bydureon not only controls blood glucose levels but reduces weight, unlike insulin and many of the other drugs for Type 2 diabetes which cause weight gain. The breakthrough with Bydureon is the convenience of only having to inject once week. It is expected to reach the UK market in 2012. In the US, the FDA have requested further studies before approval.

GSK to pay 3 billion dollars settlement

GlaxoSmithKline has agreed to pay 3 billion US dollars settlement to the US authorities after criminal and civil investigations into the company's selling and marketing of some drugs, including Actos [rosiglitazone] for Type 2 diabetes. GSK was accused of illegal off-label marketing, failing to disclose risks to patients and defrauding the Medicaid programme.

Australia's drug regulatory body should be more transparent

A panel set up to examine the Australian drug regulators, the Therapeutic Goods Administration [TGA], has recommended that it should be more transparent about its market authorisation decisions, monitoring and compliance practices and its adverse event reporting database. The report states: "Consumers and health practitioners have as much interest in therapeutic goods as the industry that produces and markets those goods."

Bayer Healthcare adverts breached Code of practice

Bayer Healthcare breached the Association of the British Pharmaceutical Industries Code of Practice by using Twitter to announce the launch of two prescription-only medicines. Drug companies are not allowed to advertise prescription-only drugs directly to the public, so Bayer was found guilty. Where there is a will, there is a way and once again social networking is being used in a way that it was not designed for!

Internet search-engine Google pays out

According to most of the leading Newspapers, Google has agreed to a half a billion dollar settlement with the US government for allowing online pharmacies in Canada to place adverts targeting Americans. This led to unlawful importation of prescription drugs - Viagra was one of the drugs on offer. According to the Financial Times, Google has been aware of this happening since 2003 but continued to allow it.

Novo Nordisk profits doing well

London, Oct 27th 2011 - Novo Nordisk reported that third quarter sales advanced 6% to 2.2 billion euros, with Type 2 diabetes drug Victoza having a growth of 121%. The company raised the lower end of its full-year profit forecast after third-quarter profits rose 17% to 564 million euros. Sales of 'modern insulins' [analogues] grew 6% to 967 million euros, while its older human insulins fell 9% to 362 million euros. Sales jumped 11% in North America but by just 1% in Europe. In China, sales fell 3%.

Novo Nordisk to build a new corporate centre in Bagsværd, Denmark

According to a statement from Novo Nordisk, they are to build new offices in Denmark at a cost of some 134 million euros. The design is "inspired by an insulin molecule". A month earlier, they announced renovation of their US headquarters at a cost of $215 million.

New Meter With Cheaper Strips, And It Talks...

SuperCheck 2 is a new blood glucose meter with the additional option to provide the user with audible spoken instructions and blood glucose test results which will be of great help to people who are visually impaired or elderly and so the RNIB has tested and adopted it.

The SuperCheck 2 which has the look of an mp3 player, includes alternative site testing, 500 test memory, PC download option, alarm reminders. A small blood sample is required and a quick time for results.

The SuperCheck meter and starter pack is being supplied **FREE** to GPs and diabetes specialist nurses and the strips can then be prescribed on the NHS. The cost of the strips to the NHS is only £8.49 for 50 – a great saving for the GP budget when compared to many other strips. More information is available by visiting:
www.supercheck2.co.uk

Christmas Tips

Christmas is a mixture of many things – presents, excitement for children [and adults] and a busy time for everyone. But if you or a member of your family has diabetes, Christmas can be a worrying and stressful time too, especially if this is your first Christmas with diabetes.

Celebrating Christmas is not just a time for presents but also about food! We all eat a lot more than we should and we tend to eat much more of the sort of food that is not exactly ideal for children or adults with diabetes. We know that you can't take a day off from diabetes, but it is important to remember that it is a time to be enjoyed with family and friends.

Christmas dinner - cutting calories and carbs but not the enjoyment

By Dr Mabel Blades, Consultant Dietician

Traditional dinner

Portion of roast turkey, chipolata wrapped in bacon, stuffing, roast potatoes, brussel sprouts and gravy
Christmas pudding and brandy butter
Mince pie
3 small glasses of wine

123g carbohydrate, 83g fat, 33.6g saturated fat and 4g salt, 1736kcal

Traditional dinner with a few reductions - saves over 300 calories

Portion of roast turkey, chipolata wrapped in bacon, stuffing, roast potatoes, brussel sprouts and gravy
Christmas pudding and custard made with skimmed milk
Mince pie
2 small glasses of wine but drunk as 3 glasses as a spritzer

145g carbohydrate, 51g fat, 13.0g saturated fat and 3.7g salt, 1450kcal
(Note the carbohydrate increases as the milk in the custard has more carbohydrate than the brandy butter but less calories and fat.)

Traditional dinner with no mince pie or wine saves a further 400 calories and halves the amount of fat

Portion of roast turkey, chipolata wrapped in bacon, stuffing, roast potatoes, brussel sprouts and gravy
Christmas pudding and custard made with skimmed milk

114g carbohydrate, 39g fat, 13.0g saturated fat and 3.2g salt, 1040kcal

Further reductions can be made by:

- Cutting down on the potatoes and dry roasting them.
- The chipolata wrapped in bacon can be omitted.
- The plate can be filled up with extra vegetables, such as carrots or brussels.
- The Christmas pudding can be home made to a lower calorie recipe.
- Fruit salad can be substituted for the Christmas pudding.

Christmas swaps

Food	Calorie Content (kcal)	Carbohydrate Value (g)
Starters		
Bowl of soup	30-70	10-15
150g Melon	40-50	10
Mains		
Chipolata in bacon	102	1
80g vegetables like sprouts	20	0-5
50g stuffing	135	10-15
100g Roast potatoes	536	20
100g Dry roast potatoes	140	30
110 g Turkey roast	186	0
Afters		
80-100g fresh fruit salad or 2 satsumas	40-70	10-15
100g Christmas pudding	329	50-55
50 g Brandy butter	320	0
150g Custard with skimmed milk	120	20
25g Cheese	104	0
2 digestive biscuits	140	20
2 plain crackers	95	10
2 oat cakes	80	10
1 scoop of ice cream	70	10
Mince pie	239	30
Alcohol		
Small glass wine (125)	85	-
Spirits tot	55	

Christmas pudding

By Dr Mabel Blades, Consultant Dietician

Having looked at most luxury style Christmas puddings as well as recipes for homemade ones using traditional ingredients like suet, I found that most provided around 600kcals and 80g carbohydrate per portion. I was given the challenge of developing a lower calorie and carbohydrate pudding.

This is what I made and it makes 8 small portions and each portion provides 204kcal 43g carbohydrate, 1.4 g fat, 0.3g saturated fat and 0.3g salt. It was quick to make and also cheap.

Ingredients

200g dried mixed fruit
100ml water
10 ml red wine
1 tbsp oat bran
1 tbsp black treacle
200g self raising flour
1 tsp mixed spices
1 420g can of prunes drained
1 egg

- Mix the wine and water together.
- Pour the dried fruit into a dish then pour on the wine and water mixture.
- Leave overnight in the fridge. This soaking step is important as it plumps up the fruit.
- To this mix add the oat bran and return the dish to the fridge
- Take the stones out of the prunes and puree - if you have not got a liquidizer, a potato masher works well.
- Add to the mix, then add the treacle and mix through.
- Sift together the flour and spices and add to the mix.
- Finally beat in the egg.
- If the mix seems a bit dry add a little skimmed milk.
- Pour into a one and a half pint basin and smooth down or alternatively pour into 8 small basins.

Cooking times

Put in the microwave and cook for 7 minutes on high.
Take out of the microwave and let stand for 5 minutes.
Cook again for 7 minutes on high and again let stand.
Test the inside is cooked with a knife or skewer – if not cooked, then cook again for 5 minutes and allow to stand then check it.
The smaller puddings will cook more quickly and so will a pudding in a shallower basin.
If you do not want to cook in a microwave, it can be baked for an hour in a medium oven in a covered basin standing in a bowl of water.
Serve with custard or ice cream or as it is very low in fat a little brandy butter

NOTE: The pudding will not keep for long so freeze it or cook a day or so before required.

Variations

- You can use all wine, port or brandy to soak the fruit if you wish but this will boost the calories. If you do not want to use alcohol soak the fruit in apple juice
- Extra fruit can be added to the mixed dried fruit – dried cranberries are nice.
- If you want to have a cold pudding, the mixed dried fruit with added cranberries soaked in alcohol or fruit juice goes well with vanilla ice cream. You can even layer this up in a pudding basin and freeze it.
- If you want to use pureed apples instead of the prunes it will give a paler colour.

If you do not want to cook a pudding then many of the supermarkets economy puddings seem to be lower in calories than the luxury ones.

Remember!

- Excitement tends to lower blood glucose levels, this especially applies to children with Type 1 diabetes.
- Stress tends to raise blood sugars.
- Eating more than usual can raise blood sugars.
- Exercise lowers blood sugars, so a walk after a big Christmas dinner will help to lower them.
- Try to keep meal times as near as possible to your usual times but if meals are later, then remember to have a snack.
- Avoid keeping extra food around as this will tempt you to eat what you want, when you want.
- Maintain your blood glucose testing routine as far as possible and test more often if you're eating frequently or at irregular times.
- Stay active - exercise reduces stress, burns excess calories and helps control blood sugars.
- Pamper yourself – whether this is taking a relaxing bath or curling up with a book, make time for yourself as this can help to prevent holiday stress from building up. Get plenty of rest to prevent holiday tiredness.
- Planning – make sure that you have enough insulin and other medications to cover the Christmas and New Year holidays.

Food Tips

How to decrease sugar in your favourite recipes

Use less sugar, use sugar-free gelatins for desserts, substitute sweeteners for sugar and/or substitute sugar-free drinks in punches or other drinks.

Christmas Dinner – in terms of carbohydrate content, it is similar to Sunday lunch with some extras, such as cranberry sauce and stuffing. You aren't obliged to eat everything, so choose what you like best and pass on the rest. If you want to eat everything, just have smaller portions. Take a family walk after lunch to walk off the extras – it's good for everyone and a convenient way of lowering blood sugars without anyone else thinking about it!

Mince Pies – make your own so that they have thinner pastry and are smaller than bought ones! Adding finely chopped apples to bought mincemeat will reduce the sugar content.

Nibbles – as well as the usual carbohydrate-containing nibbles, have plates of raw vegetables and low calorie dips around. Nuts and dried fruit are a good idea too – two tablespoons of nuts are only 10 grams of carbohydrate and half to one tablespoon of dried fruit is the same.

Fruit is always good too – there are 10 grams of carbohydrate in a medium sized banana, apple, orange, two plums, two tangerines and a handful of grapes or cherries.

A useful little book - 'Carb Counter' is a very useful little book which gives the carbohydrate values of over 2000 foods – plus calories, protein, fat and fibre. It can be ordered from IDDT at the reduced price of £2.99, telephone 01604 622837.

Treating a Christmas hypo

The standard treatment for a hypo [hypoglycaemia, low blood glucose] is a glass of orange juice but if it is a mild hypo and you are able to eat and drink, then have chocolate as a treat. Chocolate contains more fat which slows down the action of its sugar content, but it is Christmas after all! [See IDDT Leaflet 'Hypoglycaemia' for general advice on hypoglycaemia.]

Then there's alcohol!

When you drink, your liver decreases its ability to release glucose so that it can clean the alcohol from your blood. Because glucose production is shut down, hypoglycaemia [low blood sugar] becomes a risk for people with diabetes, particularly if you drink on an empty stomach or shortly after taking insulin or glucose-lowering tablets. It takes two hours for just one ounce of alcohol to metabolise and leave your system so the risk continues long after your glass is empty.

Facts about alcohol and diabetes:

- Alcohol lowers blood glucose levels so increasing the risk of hypoglycaemia [low blood sugars] not just while drinking but also over the next 24 hours or longer.
- Alcohol impairs judgement, so you may not realise that you are

hypo and will not treat it with sugary food. You may also be mistaken for being drunk by others around you and so they will not offer help. Both of these situations could lead to severe hypoglycaemia.

- The alcohol that we drink may contain carbohydrates but these do not offset the blood sugar lowering effect of the alcohol, so they should not be counted as part of your overall carbohydrate consumption. [Remember that while Pils is a low sugar lager, it has a higher alcohol content, so it is not a good drink for people with diabetes.]

Having diabetes does not mean that you cannot drink but there are some golden rules that people with diabetes should follow:

- Only drink in moderation – sensible advice whether or not you have diabetes.
- Learn by experience how alcohol affects you – everyone is different.
- Take the appropriate steps to prevent a hypo and if necessary lower your insulin dose at the meal prior to going out for a drink.
- The best time to drink alcohol is with a meal. If you are not having a meal with your alcohol then it is a good idea to nibble carbohydrate [eg crisps] throughout the evening.
- Never drink alcohol before a meal.
- Have an extra bedtime snack before going to bed. Remember that alcohol could lower your blood glucose during the night while you are asleep, resulting in a night hypo. The alcohol may also make you sleep more soundly so that the hypo warnings may not wake you.

Don't let diabetes spoil your day!

New Medicine Service Implemented In October 2011

The Pharmaceutical Services Negotiating Committee and NHS Employers announced details of the New Medicine Service which should be fully implemented by October 1st this year. The new service will initially be targeted at people with newly prescribed medicines for:

- Asthma or chronic obstructive pulmonary disease
- Type 2 diabetes
- Anticoagulation
- Hypertension [blood pressure].

Pharmacists offering the service are expected to recruit these patients when a new prescription is issued or patients can be referred by those prescribing the medicine.

What does the service offer?

- Advice about the new medicine and information about the service.
- Agreement about follow up either face to face or by telephone usually in 7 to 14 days. This will assess adherence to the medicine regime.
- If patients have problems with the medicine or regime that can be solved by the pharmacist, they will be offered a further follow up, usually within 14 to 21 days of the initial discussion. If problems cannot be solved by the pharmacy, patients will be referred to their GP.
- Records for each patient will be kept by the pharmacy.

Target driven

In the first year, 2011-2012, there will be an implementation payment to pharmacies as well as target payments. Target levels will depend on the volume of prescriptions of each pharmacy. This new service will be time limited to March 2013 and will only continue after this if it proves of value to the NHS.

IDDT talks to Pharmacists
For the first time, in October IDDT had a stand at the Pharmacy Show at the NEC in Birmingham so we had the opportunity to talk to many pharmacists over the two-day event. They were certainly very keen to have IDDT information about Type 2 diabetes to offer to their patients. As patients, many of us already talk to pharmacists and ask their advice about the medicines we are taking and from what we were told, about generally managing diabetes.

The New Medicines Service will offer time for people to have with their pharmacist, time that they quite often do not get anywhere else. So it is worth remembering the important role they play and the help they can offer you

Diabetes And Parkinson's

IDDT has been working with Parkinson's UK to help to raise awareness of both conditions, diabetes and Parkinson's. They can have a huge impact on the lives of people with both conditions and their family carers. Parkinson's UK runs support groups up and down the country and Angela Jeffery, the Parkinson's Support worker, has written to let us know more about Parkinson's and what goes on in the Northamptonshire Area.

Parkinson's UK is the UK's biggest Parkinson's support and research charity. We are committed to finding a cure and improving life for everyone affected by Parkinson's.

People with Parkinson's don't have enough of a chemical called dopamine because some nerve cells in their brain have died. Without dopamine people can find that their movements become slower and co ordination can be a problem.

One person in every 500 has Parkinson's. That's 120,000 people in the UK. Most people who get Parkinson's are aged over 50 but younger people can get it too.

Parkinson's UK Northampton, Daventry and Towcester Branch, bring together people with Parkinson's, their carers and families and provide support, information and regular activities.

The branch has a monthly support day for people with Parkinson's and their partners/carers. This day includes therapeutic activities, lunch and quizzes. They also organise monthly branch meetings which are both educational and social, with interesting speakers each month. For people who live in Daventry there is an informal drop-in meeting once a month where you can enjoy tea cake and a chat. Similar activities are also organised in the North of the county.

Northamptonshire have a younger persons group who meet monthly and again they organise activities, outings and peer support.

Parkinson's UK also provides confidential one-to-one support to anyone affected by Parkinson's. Local Information and Support Workers offer emotional support, help with benefit claims and ensure that individual's needs are correctly assessed.

If you are affected by Parkinson's, you can find your local branch by visiting:
www.parkinsons.org.uk

There is also a FREE Confidential Help Line: 0808 800 0303

If you live in the Northamptonshire area, your local contact is Angela Jeffery: 0844 225 3628

Looking After Your Insulin In Very Cold Climates

IDDT is usually asked how to look after insulin in very hot climates but from time to time we are asked about looking after in very cold climates – visiting the arctic or Chicago in winter when the temperature can go below – 6. The risk is that insulin will freeze and freezing damages it. In these circumstances the best way to find out about the insulin you are using is to telephone that insulin manufacturers and ask.

Searching for information about very cold temperatures came up with the following:

There is no product that can stop insulin from freezing in very cold environments. The safest thing is to keep the insulin close to your body to prevent it from freezing.

Blood glucose meters and test strips also become inaccurate in these very cold climates so similarly, your strips and meter can also be protected by your body temperature by keeping it close to you.
If you are sleeping in sleeping bags, take your insulin, meter and strips in the sleeping bag with you.

From Our Own Correspondents

A message for anyone 'battling' with their medical team to change to animal insulin

Dear Jenny
I have won my battle after months/years of challenging the medical profession.

Nine days ago, I was finally able to switch back from human insulin to animal insulin. It is very early days yet and I may well be in a 'honeymoon' period but already I feel so much better and my body no longer feels under such stress. My husband reports positive changes too – I'm not so irritable!

This of course could by psychological but I don't think so as even though I do not yet have my insulin dose at the right level, I have more energy and my joints ache less. I am carb counting and using exercise to control blood sugar levels before adjusting insulin doses as this used to work well for me. My blood sugar levels are, although a little higher than the recommended levels of 7ml, far more stable than previously with fewer highs and lows. Hypo symptoms are also more obvious than when on human insulin, so hopefully other health problems caused by the human insulin will improve as the weeks go by.

One message I would pass on to anyone who is battling with their medical team to go on to animal insulin is to work with the diabetes nurse and follow all of her suggestions on adjusting food intake, insulin doses etc and to keep detailed records as you work with the nurse. For several months I worked with my diabetes nurse doing everything she asked, except going on to multiple injection regimes or a pump, and only then did she believe from the evidence of my detailed records that maybe I was right and human insulin did not suit me. Do not give up the battle as it is your life the medical profession is playing with. According to Tony Huzzey, the odds of surviving Type 1 diabetes for 60 years are 188,000 to 1 against - I've had the condition for 39 years and am aiming to beat the odds and achieve at least 60 years.

So now it is onwards and upwards hopefully to a healthier and fitter life once I've settled into a new insulin and carb counting regime. It's too late to restore my lost sight but I can only hope that being more stable will stop any further deterioration in my sight.

Thank you for all your support and advice over recent months.

A.M.
By email

Feedback from previous Correspondents...

New FlexTouch pen administers up 80 units of insulin

Readers may remember the letter from Mr A.A. in the October Newsletter in which he was justifiably complaining about the fact that Novo Nordisk did not have an insulin pen that took any more than 60 units. When he complained directly to Novo Nordisk he was surprised to be told that their research showed that the body cannot take more than 60 units of insulin at one time at one site so he would need to inject in 2 places. This contradicted the advice from the Professor at his clinic who said he should take as much insulin as necessary to get the blood sugars down.

Well it seems that Novo Nordisk have changed their mind on this! On 11th October 2011, they announced that their new FlexTouch prefilled pen is to become available in the UK. And guess what, it allows insulin to be given at any dose from 1 to 80 units via a single button press.

Pump security update

In IDDT's October Newsletter we covered the discovery that Medtronic pumps could be vulnerable to hackers after one pump user managed to hack into his own pump and could have made adjustments so that the wrong dose of insulin was delivered. At the time the 'hacker' was not happy with the Medtronic response but on October 25th Medtronic announced that it was doing everything it could to address the security flaws, even though there are no known examples of such an attack on any medical devices.

They are working with McAfee who have stated that this vulnerability is present in one of the Medtronic Paradigm models and that they believe there could be similar risks in others. McAfee's research team has developed a code that allows it to gain complete control of the functions of one Medtronic insulin pump from as far away as 300 feet. They have not found similar problems in pumps from other manufacturers.

Far fetched it might sound but according to McAfee there is a theoretical risk that a hacker could launch a 'drive-by' attack on a high profile target, such as a politician, who uses this type of pump.

Skipping Insulin Injections

A survey by Novo Nordisk carried out in 8 countries states that on average more than 1 in 3 people skip insulin doses or fail to take their insulin as prescribed up to 3 times a month. The people surveyed were 1,250 health professionals and 1,530 people with diabetes who use insulin - 180 with Type 1 and 1,350 with Type 2 diabetes. The countries in which the survey was carried out were the UK, Germany, Spain, France, China, Japan, the USA and Turkey. The results were consistent across countries.

- 77% of health professionals estimate that the number of missed or incorrect doses could be as high as 6 per month. 88% of them reported that a significant number of patients still do not reach blood glucose targets.
- 4 out of 10 people with diabetes say that they struggle to control their blood glucose levels.

People with diabetes and health professionals gave the following main reasons for missing insulin doses - change in normal routine, being too busy and just forgetting to inject insulin. A third are dissatisfied with the difficulties of fitting present regimes into busy lifestyles and more than half of health professionals agreed that their patients find it hard to comply with their insulin regimes.

Are the findings surprising?

Probably not surprising to most of us but worrying. Nevertheless, it is not a time to beat ourselves up as there are many factors involved – practical and emotional ones.

- **The expectations are high.** To set targets of near-normal blood glucose levels for people who have diabetes, almost sets people up to fail. Stating the obvious, they do have diabetes, so to achieve

blood glucose levels of someone without diabetes is a difficult task. We all know that this is the best way to reduce the risk of complications, but it is still a difficult task.

- **Half of the people with diabetes say they struggle to control their blood glucose levels.** This is unsurprising because we still have not been given the tools to be able to manage blood glucose levels within the near-normal targets set. Yes, we have the development of new insulins and different delivery methods, but they still do not work in the same way as the insulin produced in response to food by someone without diabetes.
- **Then there are all the other things that affect blood sugars** – stress, excitement, worry, other illnesses and sometimes just life. This is without even thinking about the daily concerns about hypos. So it is an uphill battle to achieve the targets, especially when they keep getting lower!
- **There is also what the Americans call 'burn out'.** This is when people have just had enough of having diabetes. They are fed up of it and who can blame them after years and years of it.
- **That so many people struggle to comply with their insulin regimes is unsurprising too.** These have become more complex and more demanding with many people injecting 3, 4 or more times a day and similar numbers of blood glucose tests. So yes, it is hardly surprising that people struggle to do this every day of every year. Would more people actually do better if they were on less complex regimes that they could follow and understand more easily?

Where's the personal perspective?
It cannot or should not be assumed that everyone with insulin-requiring diabetes will be able to manage their diabetes on the same type of insulin or the same regime, which is increasingly common nowadays. One only has to look at the increasing use of insulin analogues to know that there is an assumption that they will work for everyone!

People are different, they have different lifestyles, they have different needs and different needs at various times in their lives. It is also worth remembering that yes, they do have diabetes, but they also have all the other things in life going on that apply to people without diabetes. It's hard...

People With Type 2 Diabetes Weigh More But Do Not Eat More Than Normal

A study carried out by French researchers has shown that people with Type 2 diabetes generally weigh more than the population average when they are diagnosed but their daily calorie intake is no higher. A previous national health and nutrition study [ENNS] had recorded a similar result.

A second study of 4600 people of all ages with Type 2 diabetes carried out by the same researchers, showed that calorie intake decreases with age. In women this led to reduced weight and in men weight remained stable. However, glycaemic control deteriorated the longer a patient had had diabetes. This shows that although patients have better weight control with age, it is not enough to improve their glycaemia control.

The researchers conclude that this greater weight gain in people with diabetes despite the fact that they do not necessarily eat more than the general population, could be due to a genetic tendency to store more calories. In order to lower weight effectively, the patients will have to restrict their calorie intake by more than the standard requirement which the researchers emphasise will be difficult.

These findings go against the general view and the researchers say, "In the collective unconscious, these patients 'eat too much' and are considered to be responsible for their disease." Perhaps many of us are too quick to judge and to blame.

NICE News

Draft guidance – GPs should try to identify everyone over 25 who may be at risk of diabetes and carry out widespread blood testing.

Draft Guidance from NICE issued in November recommends that GPs should use a risk assessment to identify all adults aged 25 and over who may be at high risk of Type 2 diabetes. GPs should then order or carry out blood tests for all those identified. They will also be asked to test all patients of South Asian or Chinese decent with a BMI over 23. The aim of this is to prevent Type 2 developing by making early lifestyle changes known to reduce these risks.

A consultation will run to January 9th and final guidance is expected in May 2012.

New Guideline - the management of hyperglycaemia [raised blood sugar] in people with acute coronary syndromes

Acute coronary syndromes encompass a range of conditions from unstable angina to heart attacks [myocardial infarction]. High blood sugars [hyperglycaemia] are common in people with these conditions whether they have known diabetes or not. Studies have shown that 65% of people who have acute heart attacks who were not known to have diabetes, had impaired glucose regulation.

This NICE Guideline covers the role of intensive insulin therapy in managing hyperglycaemia within the first 48 hours of people being admitted to hospital for acute coronary conditions. The recommendations include:

- Managing hyperglycaemia by keeping blood glucose levels below 11.0 mmols/litre while avoiding hypoglycaemia [low blood sugars]. Initially, this may mean dose adjusted insulin infusion [given intravenously] and close monitoring of blood glucose levels.
- Not routinely offering intensive insulin therapy (an intravenous infusion of insulin and glucose with or without potassium) to manage hyperglycaemia unless clinically indicated.

Identification of people with high blood sugars after acute coronary syndromes who are at high risk of developing Type 2 diabetes should be by:

- Offering all patients with hyperglycaemia and without known diabetes, tests for HbA1c levels before discharge and fasting blood glucose levels no earlier than four days after the onset of the acute coronary condition.
- People who have hyperglycaemia after one of the acute coronary syndromes should be advised that they are at risk of developing Type 2 diabetes and they should be offered tests for diabetes annually by their GP.
- Advice on lifestyle changes to reduce the risk of Type 2 diabetes and further coronary heart disease.

This Guideline is available on the NICE website
www.nice.org.uk/guidance/CG130

The Good And The Not So Good

Retinopathy seems to be on the decline

Retinopathy is damage to the back of the eye and is one of the most common complications of Type 1 diabetes. Early diagnosis and laser treatment are important to prevent it from progressing.

Researchers in Finland have studied the rate of severe retinopathy in 3,781people with Type 1 diagnosed between 1939 and 2005. They were grouped according to the year they were diagnosed; before 1975, 1975-1979, 1980-1985 and after and severe retinopathy was defined by how many laser treatments they had been given.

The results showed:

- A decreasing incidence of severe retinopathy after 20-30 years of Type 1 diabetes.
- People born in the 1980s were almost 50% less likely to have had

severe retinopathy after 20 years than people born in the 1970s or earlier.

The researchers suggest that much of the improvement is due to early detection and treatment of retinopathy. It also has to be remembered that the earlier groups were trying to control their diabetes without the aid of blood glucose meters, diabetes nurse specialists and much of today's knowledge and technology, so they would probably have had poorer glucose control for their earlier years with diabetes. [Diabetes Care, Sept 2011]

Survival rates fall

Another Finnish study has found that survival rates of people who develop Type 1 diabetes in their late teens and 20s has fallen since 1980 but the survival rates of those who develop it as a child have improved.

The researchers analysed the deaths, and causes of death, of over 17,000 people who were diagnosed before the age of 30 between 1970 and 1999. The results showed that there have been major advances in the care of people with Type 1 diabetes but:

- Type 1 diabetes is still linked with early death as a result of the complications that can arise, eg kidney disease [nephropathy] and heart problems. The researchers thought that this could be due to a fall in the complications of diabetes.
- Since the 1980s, the survival of people diagnosed at 14 or under had improved. However, the survival of those who developed Type 1 diabetes between the ages of 15 and 29 had deteriorated over the same time. In this group the researchers noted that this is due to an increase in complications and a rise in drug and alcohol use. Drug and alcohol use accounted for almost 4 in 10 deaths in the first 20 years of having Type 1 diabetes.

The researchers concluded that this indicates the importance of long-lasting doctor-patient relationships, close supervision and guidance on both the short and long-term effects of alcohol in young people with Type 1 diabetes, especially in our alcohol permissive society. [BMJ, 09.09.11]

NHS Direct Launch New Mobile Phone App

NHS Direct now has a free mobile app for people with Android or iPhones so that people can download the new app to assess their own or someone else's symptoms by answering some simple questions.

After doing so, there may be instant on-screen self-care advice or instructions on the most appropriate course of action. The app is linked to NHS Direct's telephone service and, if a further assessment is recommended, users will be able to submit their contact details so that an NHS Direct nurse advisor can call them back.

The app includes access to 37 health and symptom checkers covering a wide range of problems including dental pain, diarrhoea and vomiting, abdominal pain, rashes, back pain and burns. There's also the opportunity to get more specialist advice on issues such as mental health, contraception, sexual health matters and pregnancy problems.

The free app is available to download for Android phone users from: https://market.android.com/ (search for nhsdirect) and for iPhone (including the iPod Touch and iPad applications) from the iTunes app store: http://itunes.apple.com/

The health and symptom checker is also available online at http://www.nhs.uk/nhsdirect

People who would prefer to speak to someone on the telephone can still call **NHS Direct** on **0845 46 47** any time of day or night.

Bits And Pieces

Remember personal health budgets?

Personal health budgets were the buzz words but then it all went very quiet. One of the problems from the early results from the pilot studies was that people who were more able could understand how to deal with them but those who were less able could not – something IDDT predicted from the early suggestion.

Well, Andrew Lansley has announced that personal health budgets are now due to be rolled out by April 2014 to people receiving '*continuous healthcare support*', defined as those who have complex health and care needs. The pilots are not due to end until October 2012 and then have to be evaluated. Will they still go ahead if the evaluation is negative?

The announcement follows the NHS Future Forum report which recommended promotion of personal budgets and implementation within five years to give patients access to tailored services. Within the pilot programme there is detailed work underway to explore many of the challenges already been identified and to develop best practice and other information that the NHS will need to deliver personal health budgets in the longer term.

According to Mr Lansley, personal health budgets: *"clearly fit with the future direction of a modern NHS - an NHS which focuses on quality and gives patients more control and choice. They allow people to work with the NHS so that they can receive more personal, more tailored care which fit with an individual's life and uses resources most effectively..."*

Prescriptions or diet pills rise by 65%

Diet pill prescriptions increased by 65% in the last year and sales of over-the-counter slimming products went up by 20%. According to the press, depression and stress account for 12.5% are the main triggers for people putting on weight who can start becoming obsessed with their body shape. Slimmers also feel extra pressure to be thin and many are falling victim to obesity discrimination. National Obesity Forum head Professor David Haslam said: *"Discriminating against the obese is deplorable, with the psychological aspects of obesity often overlooked."* The Department of Health stated *"Clinical Guidelines on obesity make it clear that drug treatments should be prescribed if diet and exercise have been tried and after discussions about risks and benefits."*

Prescribing costs for diabetes in England 2005/6 to 2010/11

- Diabetes prevalence in England increased from 3.6% to 4.3%.
- Drugs for diabetes had the highest cost and greatest increase in primary care over the last year. In 2010/11 there were 38.3 million items prescribed for diabetes at a cost of £725.1 million.
- Prescribing for diabetes accounted for 4.1% of items and 8.4% of the total cost of prescribing in 2010/11 compared with 3.7% and 6.6% in 2005/6.
- The use of metformin, the most commonly used drug for Type 2 diabetes rose from 8.6 million items in 2005/6 to 14.6 million items in 2010/11. This follows NICE recommendations that this should be the first choice treatment. It is also the cheapest. [Report from The NHS Information Centre, July 2011]

How does this compare with other drugs?

- The annual prescription bill has risen to almost £9 billion.
- More prescription drugs than ever are being prescribed – a jump of nearly 70% over the last decade.
- The highest number of drugs dispensed last year was for heart conditions, followed by painkillers and cholesterol lowering drugs, including statins. 7 million people use statins compared to 2 million 4 years ago. There were 41 million prescriptions for anti-depressants.

The Patients Association expressed concern that as consultation times are being cut so short, doctors may be prescribing more medicines rather than being able to tackle the problems patients have. Mike Holden, CEO of the National Pharmacy Association said that often drugs were not helping patients and there was a huge amount of waste.

Don't throw away your unwanted mobile phones and printer cartridges – we can recycle them for our funds. Just give IDDT a call on 01604 622837. Any unwanted CDs or videos, just send to IDDT at PO Box 294, Northampton NN1 4XS

Snippets

Medical Complaints

In 2010 the General Medical Council [GMC] received 7153 complaints about doctors. and struck 92 doctors off the register. The GMC say that this record number does not represent a decline in medical standards but greater confidence in whistleblowing among colleagues.

Chewing food more appears to curb appetite in study

A Japanese study presented at a meeting of the European Association for the Study of Diabetes [Sept 2011] showed that thorough chewing activates two intestinal peptides responsible for reducing appetite and food intake. Researchers said obese participants who chewed food 30 times had significantly higher levels of glucagon-like peptide-1 and peptide YY after meals, which could have a clinical impact on obesity.

Obesity epidemic affects children in U.K.

An information release under the Freedom of Information Act in the U.K. shows that about 5,500 British children younger than 16, including 40 infants less than a year old, were hospitalised because of obesity-related medical conditions in the past five years. According to experts, consumption of inappropriate food at such a young age is the culprit.

Drinking cold water may help to burn calories

A recent study suggests that overweight children who drank cold water while watching TV in a lying-down position appeared to have improvements in resting energy expenditure levels. Researchers said that drinking cold water may help to activate under-hydrated muscles and this may help to burn calories. [International Journal of Obesity, Oct/Nov 2011]

Using muffins to diagnose Type 2 diabetes!

A study has shown that 8 out of 73 women who ate a muffin, rather than drinking the standard sugary solution used in the oral glucose tolerance test to check for Type 2 diabetes or pre-diabetes, were found to have impaired glucose tolerance. Perhaps more significantly, more than half of the cases would have been missed by a regular blood glucose test after fasting. Researchers also found that the muffin test was able to diagnose two of 12 women with early signs of diabetes, compared with only one diagnosis in those who had the standard test.

The researchers said muffins are cheaper and less likely to cause stomach upset than the sugary drink, but other experts point out that muffins are not standard and vary from place to place and country to country whereas the glucose solution is standard and doctors know exactly what is in it. [Menopause, online September 19, 2011]

Charging a 'fat tax' to limit unhealthy foods

Denmark is to charge tax on foods high in saturated fat - dairy products, oil and processed food which contain more than 2.3% saturated fat will incur a surcharge. The government in Hungary has introduced a tax to be paid by food manufacturers for foods which contain fat, sugar and salt over a certain threshold. The tax will raise 70 million euros which the government say will offset the public health costs of treating the consequences of unhealthy diets. Needless to say, the pan-European food industry body, 'Food and Drink Europe' opposes such taxes as discriminatory.

Link between personality and body weight

A study has shown that people with impulsive or aggressive behaviours were likely to become overweight, while those who were highly neurotic and less conscientious may tend to experience weight fluctuations. Research showed that those who scored at the top 10% of impulsivity weighed 22 more pounds on average than those with

lower scores. [Journal of Personality and Social Psychology, July 2011]

People eat more when given smaller-packaged sweets

A study in the US has found that people tend to eat more sweets when they are in smaller packages rather than regular-sized varieties. People who were concerned about their weight ate more when the product was in clear packaging and had calorie information on the front of the package, and ate less when caloric information was missing. [Journal of Marketing 28.10.11]

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From Your Editor – Jenny Hirst

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