



# Insulin Dependent Diabetes Trust

Type 2 and You

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Welcome to the twelfth issue of Type 2 and You. In this issue we look at various aspects of blood glucose monitoring – who, why and how. We also have further details of our conference and some of the guests we have speaking. We have our seasonal article about going on holiday as well as pieces on looking after your feet and the passing by Parliament of the Health and Social Care Act.

## Holiday Tips

If you are going on holiday this summer, it may be the first time you have travelled since your diabetes was diagnosed. We hope that this article will give you a few practical tips whether going on holiday abroad or in this country.

### Precautions when travelling by air

- Carry two lots of medication, testing equipment and syringes/pens and distribute them between two different lots of hand luggage. Luggage does get lost.
- You should always carry a card to say that you have diabetes. If you use insulin, you will need a letter from your GP to explain that you have to carry insulin and other diabetes equipment on board with you.

- Always take more medication than you need in case of loss or breakages. It is also a good idea to take an extra prescription with you, just in case.

### Beating jetlag

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

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

### Holiday Insurance

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

### The Golden Rules - with or without diabetes

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

### Coping with diabetes and the heat of summer

- Drink plenty of water as dehydration can raise blood glucose

levels.

- Sunburn can raise blood glucose levels, so avoid spending long hours in the sun and wear sunscreen of at least 30 SPF.
- Shield your meter from the sun and test strips should be kept in a cool, dry place.
- Hot weather may affect blood glucose levels and can lead to low blood sugars.

IDDT has produced a **FREE Holiday Information Pack**. If you would like one, then please contact us using the details at the end of this newsletter.

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## Blood Glucose Monitoring

This article looks at some of the issues around blood glucose monitoring for people with Type 2, who should do it, how to do it, advantages and disadvantages of testing and the controversy over the prescribing and supply of the necessary equipment and support.

### Who should test?

The National Institute for Clinical Excellence (NICE) makes several recommendations as to who should be offered the opportunity to self-monitor blood glucose levels (SMBG). The recommendations state: Self-monitoring of plasma glucose should be available:

- To those on insulin treatment.
- To those on oral glucose lowering medications to provide information on hypoglycaemia.
- To assess changes in glucose control resulting from medications and lifestyle changes.
- To monitor changes during intercurrent illness.
- To ensure safety during activities, including driving.

NICE guidelines are also very clear that SMBG should only be offered as part of a structured self-management education programme and

that subsequently this should be reviewed annually. This review should cover:

- Self-monitoring skills.
- The quality and appropriate frequency of testing.
- The use made of the results obtained.
- The impact on quality of life.
- The continued benefit.
- The equipment used.

As with most things, there are up-sides and down-sides to blood glucose monitoring. There are clinical advantages, such as improved blood glucose control and possibly better HbA1c results. There are also more pragmatic advantages to consider. It can be used to inform the patient and doctor about how well a medication regime is working and consequently reduce the patient's reliance on health services. It can help patients understand the effects that different foods have on blood glucose levels and which are best for good control. In turn this can help reduce anxiety about and increase understanding of hypoglycaemia. It is also important in identifying whether or not it is safe to undertake potentially dangerous activities, such as driving or operating heavy machinery. Research has shown that these benefits are most pronounced when people have a willingness and commitment to testing and that they are provided with sufficient education as to when to test, how to interpret the results and what action to take if needed.

Not surprisingly, the disadvantages of testing are most commonly seen when these factors are not present. People that are not motivated to test and/or lack the education to interpret the results may feel like they are simply testing for the sake of testing without seeing or feeling any benefit. In addition to this, lack of education about testing can lead to anxiety about control and general health. People may find finger-pricking painful and question the value of this for no apparent benefit. Finally there is a significant financial cost to the National Health Service in providing the necessary equipment and this is difficult to justify if there is no demonstrable benefit in testing.

### **How to test your blood glucose**

The basic process of how to test, outlined below, is similar for all devices. However not all brands are exactly the same so the process below may need some slight modification and you should always read the instructions carefully before using a meter for the first time.

- Get your kit ready for testing. This should include: your meter, a test strip to hand (it may be advisable to have a spare strip to hand too), the lancing device/finger pricker, cotton wool (optional) and somewhere to record the results.
- Ensure that the finger pricking device has been loaded with a new lancet.
- Wash and dry your hands - to ensure that the result is not influenced by anything that may be present on your fingers.
- A fuller drop of blood will be obtained if your fingers are warm, so it's worth warming your hands up if you can.
- Put a test strip into your meter.
- Prick your finger with the lancet device at the side of the end of a finger. There are less nerve endings here than at the tips or the 'pads' so it will hurt less. Use a different finger for each test to avoid calluses or painful areas developing.
- You may need to squeeze your finger a little until blood appears.
- When blood appears, check the meter is ready and then transfer the blood onto the test strip and wait a few seconds – most meters these days provide a result within 10 seconds.
- If the test is unsuccessful, repeat from the fourth step.
- If the test is successful, clean any blood off your finger and record the result in a monitoring diary or in the meter's memory if it has this function.
- Dispose of the test strip and ensure that the lancet used is put into a sharps bin.

### **Getting your testing equipment**

Unfortunately one of the stories that we at IDDT hear all too often is where people with Type 2 diabetes have been refused test strips or the availability of test strips has been restricted. Usually there are

one of two reasons given by health professionals for this decision.



Firstly, they may say that testing has not had any impact on your level of control. In this case you can ask for additional education to support your self-monitoring. A second reason often given is that they need to cut costs. In this case you can ask for a copy of the policy document that lays out the cost cutting guidelines. You could also point out that there may be cheaper test strips available than the ones your health professional intends to prescribe.

There are several other things that you can do to make a claim against the restriction of testing supplies:

- Explain that you experience hypoglycaemia.
- Explain that testing allows you to have good control of your diabetes and, as a result, your quality of life.
- Explain that you drive regularly (or undertake another potentially dangerous activity) and need to test to do this safely.

If you are still unhappy then it may be necessary for you to make a formal complaint. A formal complaint may be sent to the following organisations:

- England: Patient Advice and Liaison Service (PALS)
- Scotland: Your Local health Board
- Wales: Your Community Health Council
- Northern Ireland: The Patient and Client Council

It is generally advised to make the complaint in writing, either by letter or email or both.

Should your complaint not be resolved to your liking, you can take your case to the Public Service Ombudsman. Further information can be found in our leaflet "Your Diabetes – Know Your Rights". Contact us today for your **FREE** copy.

## The Health and Social Care Bill becomes law

After over a year going through Parliament and 374 amendments generated by the House of Lords, on March 20th MPs cast their final vote and the Health and Social Care Bill was approved by a government majority of 88. On March 27th, it received Royal Assent and will now be known as the Health and Social Care Act (2012).

Different terminology is being used to describe the changes in the NHS that will have to take place – the more positive amongst are calling it restructuring of the NHS while the more negative amongst us are calling it the destruction of the NHS. Whichever side of the fence one sits on, it is clear that there are going to be major changes in the NHS with GPs taking control of most of the NHS annual budget of £106 billion, cuts in the number of health bodies and the introduction of more competition into services. All this has to take place at a time of financial cut backs.

Somehow the staff working in the NHS have to be brought together to work in a system to which they all raised serious objections on the basis that patient care will suffer. Those of us who have had to work in systems that go against our beliefs, know this is not going to be an easy task and it will not be surprising if the morale of NHS staff sinks to an all time low.

Possibly the most frightening aspect of the new system is that it is not based on evidence that it will actually work. It seems an odd society that has a great deal of regulation and bureaucracy to ensure that there is evidence of safety and efficacy of prescribed drugs and to ensure that research is safely and ethically carried out, but will allow a change to the whole structure of the NHS to be brought in without any real evidence. We are not even being given a reason for the structural changes, certainly not a reason that stands up.

Like it or not, Members of Parliament, our representatives, have made

the decisions about our future services. David Cameron and Andrew Lansley may well go down in history but it will not be for the same reasons as Beveridge and Bevan.

Yes, it leaves many of us, as patients, feeling insecure. Since July 5th 1948 we have had universal healthcare provided free according to need. Is the Health and Social Care Act setting in place a return to an insurance-based system with personal health budgets, year of care funding for long-term conditions and Foundation Trust Hospitals being able to raise nearly half their funding from private patients? Could we return to the days our parents and grandparents remember, when you didn't call the doctor because you couldn't afford the fees? When services can be provided by 'any qualified provider', will we even know who is providing the services? Let us hope that this negative approach is ill-founded. Only time will tell...

As patients, we will need to be vigil to ensure that we receive the care and services which will enable us to receive timely, essential treatment to maintain our health. The rights and responsibilities to these service are laid down in the NHS Constitution.

If you have access to the internet, you can read the NHS Constitution for England, March 2012 by clicking on: [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_113613](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113613)

Hard copies of the Constitution can be obtained from the Department of Health, telephone 0800 123 1002.

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## What The Papers Say

### Looking after your feet

Over the last few months many of the newspapers have covered frightening statistics about diabetes and amputations. While it is

essential that we know the risks, it is even more important that people with diabetes are made aware of the need for regular, proper foot checks. In this way, early diagnosis of any problems can lead to early treatment so that many amputations can be prevented. It is estimated that 80% of amputations are potentially preventable.

Unfortunately some people are never told about the importance of foot care but the laid down standards of care state that you are entitled to:

1. A structured education programme, annual review and ongoing education.
2. People with, or at risk of, foot ulceration should receive regular reviews by a foot protection team. Those with a foot problem requiring urgent attention should be referred to a foot care team within 24 hours.

Remember, this is what you are entitled to and in order to ensure that you and your feet are looked after properly, you must try to ensure that this is the care you receive.

**Note:** If you would like IDDT's information leaflet 'Neuropathy' which contains information about foot care, then call IDDT using the details at the end of this newsletter.

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## IDDT'S Annual Conference 2012



Our Annual Conference will take place on Saturday, October 13th 2012. It will be at the same Hotel as last year – the Kettering Park Hotel, Kettering. It is a central location for many people with a good road access and by rail it takes an hour from St Pancras.

The programme and booking form is included with this mailing for you. As you will see, we have some very interesting speakers and I am sure you will find their talks useful and informative. 'Insulin – How does it behave in your Body' by Dr Laurence Gerlis, IDDT's Medical Adviser, is something that will interest us all and I am sure Dr Mabel Blades' talk on 'Nutrition Nuggets' will have something for everyone.

The middle of the day is broken down to discussion groups of your choice. As we know, this is a great way to learn from others and also to learn that maybe we are not alone with our concerns.

To complete the day, we are delighted to welcome Professor Geoffrey Arden to our conference for the first time to talk about retinopathy and Professor Gary Adams, one of IDDT's Trustees, will round the day off, no doubt showing his usual enthusiasm commitment to people with diabetes.

We do hope you will be able to join us to learn more about diabetes from our speakers and from other people who live with diabetes in the discussion groups in relaxed and friendly atmosphere. It was very popular last year and so we are taking bookings on a first come, first served basis.

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