



InDependent Diabetes Trust

Type 2 and You

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Season's Greetings To All Our Readers

All the Trustees and Staff at IDDT would like to wish all our members a Happy Christmas and healthy New Year. We would also like to thank you for your help and support throughout 2013.

At Christmas and New Year many of us take time to reflect over the previous year and here at IDDT, we do the same. We have had another successful year in many respects and this is shown in the continually growing numbers of people who are joining our membership. We now number in excess of 30,000 members and we have sent out more booklets and leaflets than ever before. We have been able to develop two new booklets "Passport for Diabetes in Care Settings" and "Type 1 Diabetes – Know the facts", which have proved to be very popular. We have been able to launch the first of a series of study days for our health professional members and have great hopes for these in the future. With our increasing presence we have been able to forge relationships with other bodies; we have been invited to and attended several Government think-tanks about the future health care in relation to people with diabetes, as well as

forming positive working relationships with the English Community Care Association (ECCA) and the Institute for Diabetes in Older People (IDOP). Our telephone helpline has been busier than ever with many calls from people who need help, support or who just need to talk to someone, so we are fulfilling one of our primary aims – we listen.



We are looking forward to 2014 with a great deal of excitement – IDDT will be celebrating its twentieth anniversary and we are hoping it will be a very special year.

In this issue we will be running our usual Christmas Tips article, as for many of our readers this may be the first Christmas they have had since diagnosis. For those of you have been diagnosed longer, you will know how difficult this time of year can be, and for you, we have included some new recipes for you to try. As well as the Christmas Tips we have articles on a new insulin, Tresiba, as well as the some of the various tests used to diagnose diabetes.

Victoza and Byetta – An Update

In the last issue of Type 2 and You we reported on the health concerns surrounding the use of Victoza and Byetta and that the medicines were being investigated by the European Medicines Agency (EMA). The EMA's Committee (CHMP) has now issued statements regarding the use of Victoza, Byetta and Bydureon (a class of medicines known as GLP-1) and we thought it only fair to publish them.

The Committee has concluded that presently available information does not confirm recent concerns over an increased risk of adverse pancreatic events – pancreatic cancer and pancreatitis, although a small but significant number of cases of pancreatitis have been reported. They go on to say that all these medicines already carry warnings.

This is not terribly re-assuring, as the link cannot be ruled out and more evidence is required. Several studies are planned or are ongoing, which are aimed at increasing the ability to understand and quantify risks associated with these medicines, including the occurrence of pancreatitis and pancreatic cancer.

The medicines included in the studies are: Byetta, Bydureon (exanatide), Victoza (liraglutide), Lyxumia, Effcib, Januvia, Janumet (sitagliptin), Onglyza (saxagliptin), Jentadueto, Trajenta (linagliptin), Eucreas, Galvus (vildagliptin). This list is not exhaustive.

Tests to Diagnose Type 2 Diabetes



The aim of this article is to clear up some of the confusion surrounding the various tests used to diagnose type 2 diabetes. Very often people do not understand the different types of tests used and the different circumstances under which each is used.

Fasting Glucose Test (FGT)

The Fasting Glucose Test (FGT) is a simple test performed after several hours of fasting. It is usually performed in the morning as this gives the body adequate time to fast. People having the test are advised not to have anything to eat or drink, except water, for 8-10 hours before the test. The test takes the form of a blood test with a sample taken by pricking the finger. The test results can be seen in the table at the end of this article. For the purposes of this article, impaired glucose tolerance is a form of pre-diabetes.

Oral Glucose Test (OGT)

This is a more substantial test for diabetes, pre-diabetes and/or insulin resistance. It is usually carried out when a fasting glucose test has given an indication of either diabetes or impaired glucose tolerance. People are asked to take a glucose drink and then their blood glucose levels are checked every half hour for the next two hours or just simply once after two hours. Because the test takes such a long time it is a good idea to take some reading material. If the results fall within the IGT range then it is likely that you will be advised to make some lifestyle changes and you may be given some medication to help lower your blood glucose levels. If the results fall within the diabetic range then it very likely that you will be given medication to lower your blood glucose levels.

HbA1c Test

The HbA1c test measures the amount of 'glycated' heamoglobin in the blood. As the body metabolises sugar, small amounts of glucose 'stick' to the haemoglobin, forming a glycated heamoglobin molecule. By measuring the amount of glycated heamoglobin in the blood, it can be determined, on average, how much sugar there has been in the blood over the last 8

to 12 weeks. The test is carried out by taking a blood sample from the arm which is then used to produce a reading. If the results are above 42 mmol/mol then it is likely that you will be advised to make some lifestyle changes and/or prescribed medication. The HbA1c test is being used increasingly to diagnose

	FGT (mmol/l)	OGT (mmol/l)		HbA1c (mmol/mol)
		After fasting	After 2 hours	
People without diabetes	6.0 and below	6.0 and below	7.8 and below	42
People with IGT	Between 6.1 and 6.9	6.0 to 7.0	7.9 to 11.0	Between 42 and 47
People with diabetes	7.0 and above	7.0 and above	11.0 and above	48 and above

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New insulin on the market – Tresiba (Insulin Degludec) - NICE issues Evidence Summaries for Type 2 diabetes

NICE Evidence Summary

NICE Evidence summaries are not NICE Guidance but provide summaries of key evidence for selected new medicines that are considered to be of significance to the NHS to provide useful information for those working in the NHS when a new medicine becomes available.

NICE has now issued evidence summaries for the new insulin, Tresiba, for Type 2 diabetes in adults over 18 years. Tresiba is a long-acting insulin analogue available in 2 strengths: 100units/ml and 200 units/ml. It is a once daily injection with a minimum of 8 hours between injections. It is more expensive than all other long-acting insulins - 5x3 ml cartridges and

5x3 ml pre-filled pen [both 100 units/ml] are £72.00 and 3x3 ml pre-filled pen [200 units/ml] is £86.40. NICE recommends that the cost should be taken into account when prescribing decisions are made.

Type 2 diabetes: Tresiba

The NICE guidance on the treatment of Type 2 diabetes [Clinical guideline 87] recommends that the long-acting insulin analogues, Lantus and Levemir, can be considered in some limited circumstances, for example in people who need assistance from a carer or healthcare professional to inject their insulin, or in people whose lives are restricted by recurrent symptomatic hypoglycaemia. Tresiba will be included in the updated guidance. NICE also says that the high cost of Tresiba needs to be taken into account.

Key points from the Evidence Summary

- It is non-inferior to Lantus (insulin glargine) in terms of glycaemic control.
- It reduced HbA1cs by about 1.1% [12mmol/mol] over 12 months.
- There are statistically significant lower rates of some, but not all, measures of hypoglycaemia, particularly night hypos. [Between 0.02 and 2.5 episodes per patient per year]
- There are no published studies with a year's information comparing Tresiba with Humulin I, Insuman Basal, Insulatard, (NPH (isophane) insulin) and none that measure patient-oriented efficacy outcomes.

The full Evidence Summary can be found by visiting:

<http://publications.nice.org.uk/esnm25-type-2-diabetes-insulin-degludec-esnm25>

Safety for both Type 1 and Type 2 diabetes

The MHRA has issued advice to minimise the risk of medication errors associated with the higher strength, 200 units/ml formulation. The dose-counter window of the pen device shows the number of units, irrespective of strength, therefore, no dose conversion is needed.

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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 time 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. It doesn't matter whether you are taking insulin for Type 1 or Type 2 diabetes or tablets for Type 2, you can't take a day off from it 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 Dietitian



Christmas is a time for celebration and enjoying lovely food. Many people go out to several functions at this time of year when a Christmas dinner is offered.

Here are some ideas for how to cut calories and carbohydrate in an easy way. All calculations have been based on average portion sizes, so if you eat large ones then the calories and carbohydrate will add up even more.

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.

Buffet ideas to get the taste buds flowing!

These recipes are about inspiration, not ones to be followed slavishly but ideas to get the Christmas taste buds flowing. If you think they are too different from your normal recipes then adapt them a little but so that you are still moving towards a lower fat type of recipe.

So often buffets feature sausage rolls, sandwiches, mince pies and other such rich fat nibbles. Nothing wrong with them other than they are a bit higher in fat and salt and can be a bit boring. So here are a few low fat ideas. All are calculated out so they will give you some idea as to how to fit them into your diet.

Vegetable Kebabs (Portions – 12 kebabs)

4 large carrots
24 cherry tomatoes
1 large cucumber

Method

Slice the carrots into thin strips using a cheese slicer the type that cuts very thin slices or you may have a food processor that does this - watch your fingers!

Chop the cucumber into chunks. (You could also make the cucumber into very thin slices).

Thread the slices of carrots onto skewers, making loops of them interspersing with cherry tomatoes and cucumber.

Typical nutritional content per kebab:

26 kcal, 5g carbohydrate, 0g fat, 0g saturated fat, 0g salt

Variation - you can put other vegetables or a selection of fruits on skewers or slice up the vegetables and eat with a dipping sauce. Try experimenting.

Teriyaki kebabs (Portions - 12 kebabs)

450g/1lb lean sirloin or rump steak cut into long strips.

For the marinade:

60ml/4tbsp light soy sauce
15ml/1tbsp. sesame oil
15ml/1tbsp orange juice
1 x 2.5cm/1 inch piece fresh root ginger, peeled and grated
1 garlic clove peeled and crushed (optional)

For the dipping sauce:

100ml/ 3 ½flox prepared plum or sweet chilli sauce, plus 1tsp sesame seeds.

Method

Mix all the marinade ingredients together in a small bowl and set aside.

Thread the beef strips onto 12metal or wooden skewers (previously soaked in water if wooden ones).

Place in a shallow dish and pour over the marinade mixture. Cover and marinate in the refrigerator for up to 1 hour.

Cook the skewers under a preheated moderate grill according to your preference, turning occasionally. Normally 6 minutes per side for well done.

Make up the dipping sauce and drizzle over the cooked kebabs or put in a bowl for dipping.

Typical nutritional content per kebab:

These kebabs are mainly protein – really tasty and not high in fat. They are around the same calories as many chocolates but much more filling.

62 kcal, 1g carbohydrate, 2g fat, 0.7g saturated fat, 0.1g salt

Variation - intersperse the beef with vegetables or even use pieces of cooked chicken or the leftover turkey

Hot and tasty potatoes (Portions—12 depending on the size of the potatoes)

450g of salad potatoes or baby potatoes cut into wedges
Chopped thyme and parsley or any other herbs you fancy.

Typical nutritional content per kebab:

10ml light soya sauce
10ml sesame oil

Method

Put all the ingredients into a plastic bag, shake well.
Place potatoes on a baking tray, lightly oiled or onto grease proof paper and bake at the top of a hot oven.

Typical nutritional content per portion:

35 kcal, 6g carbohydrate, 1g fat, 0.2g saturated fat, 0g salt

Nutty Nibbles (Portions 20)

100g/4oz almonds
100g/4oz plain popped corn
1tsp sesame seeds
1tbsp honey
1tbsp sweet chilli
1tsp sesame oil

Method

Mix the seeds, honey and sweet chilli.
Put the oil in a non-stick pan, add the nuts and corn.
Add the seeds, honey and sweet chilli mixture.
Lightly cook – tossing so the corn and nuts are coated.
Place in a dish and serve warm.

Typical nutritional content per portion:

69 kcal, 4g carbohydrate, 5g fat, 0.5g saturated fat, 0g salt

Variation - pop corn is fabulous as a snack and it is so easy to make in a pan or popcorn maker, lovely warm and perhaps flavoured with a drop of vanilla essence or grated parmesan. It makes a good alternative to crisps and other savoury snacks.

Cucumber pockets (12 portions)

1 large cucumber – choose a straight one.
50g/2oz low fat Philadelphia or other low fat soft cheese.
Paprika about half a teaspoon

Method

Cut the cucumber into 12 pieces.
Hollow out a small piece on one side and fill with the cheese.
Sprinkle with paprika.

Typical nutritional content per pocket:

These look really pretty and are virtually carbohydrate free as well as less calories. I saw the idea in Philadelphia and adapted it.

11 kcal, 1g carbohydrate, 0g fat, 0g saturated fat, 0g salt

Variation - fillings like humous or pate can be used as an alternative.



Christmas Pudding

Having looked at most luxury style Christmas puddings as well as recipes for home-made ones using traditional ingredients like suet, I found that most provided around 600kcal 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

Method

- 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.

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 carbohydrates 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!

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