



Welcome

Welcome to the twentieth issue of Type 2 and You. It seems fitting that this twentieth edition comes in the same year as IDDT celebrates the twentieth anniversary of its formation. Along with this issue you will find details of how to attend our this year's conference and the dates for our annual general meeting. We also have a look at the effects of stress and anxiety on diabetes as well as updates on some of the recently published research.



Stress, Anxiety and Diabetes Management

It is widely recognised that living with long-term conditions such as diabetes can be a source of stress and anxiety. Stress and anxiety have a physical and psychological impact on the individual and in turn their diabetes management and control. In this article we look at the effects of stress and anxiety and how these effects can be minimised.

Stress and Diabetes

Stress is a very frequently used word and tends to cover many things but while it may seem an over-used word, stress can be a very real problem and one that needs recognising. There are many sources of stress, death of someone close, moving house and divorce to name but a few and nearly all of us will experience some of them at some point in our

lives. In addition, diabetes, its diagnosis or the diagnosis of complications are stressful events for many people. We have to remember that these events may also be stressful for close relatives – spouses, partners, parents and siblings.

How the body handles stress

The body handles stress in much the same way as it

handles danger and there are three stages to this:

Fight or flight stage

Any danger or stress triggers the release of adrenaline and other hormones into the blood stream and it is these hormones that enable the body to defend itself. Breathing, the heart rate and blood pressure rise pumping more blood to the muscles so that they are ready for action. This is when the blood sugars rise. If the stress is eliminated at this stage, then the body relaxes and goes back to normal.



Resistance stage

Some stressful situations cannot be eliminated at the fight and flight stage, for example a job you hate but can't leave or deteriorating health. At this stage the stress becomes chronic. The body continues to fight the stress by releasing high levels of the stress hormones even though the fight and flight responses have worn off and breathing and the heart rate may be normal. This is when symptoms appear such as anxiety attacks and/or mood swings – the feeling of being 'stressed out'.

Exhaustion stage

This stage occurs when the effects of chronic stress affects health. The immune system does not work as efficiently, so that people are vulnerable to infections. The continuous long-term fight against stress reduces the body's energy stores so that there is fatigue that may be followed by depression, sleeplessness and poor appetite. This is when blood sugars, blood pressure and cholesterol levels may become more difficult to control. There is also a risk of heart attack.

For people with diabetes, stress can affect blood sugars and although much of the medical literature says that stress makes the blood glucose levels rise, in some people stress appears to make blood sugars fall and cause more hypos. It may be that stress affects people in different ways or may be blood sugars just fluctuate more, whatever is the case, the message has to be to learn to know how stress affects you and your blood glucose levels.

Ten general tips for coping with stress

- 1 Avoid self-medication with nicotine, too much coffee, alcohol or tranquillisers.
- 2 Work off stress – physical activity is a terrific outlet.
- 3 Don't put off relaxing.
- 4 Get enough sleep to recharge your batteries.
- 5 If you become sick, don't try to carry on as if you are not.
- 6 Agree with somebody – life should not be a constant battle ground.
- 7 Learn to accept what you cannot change.
- 8 Manage your time better and learn to delegate.
- 9 Know when you are tired and do something about it.
- 10 Plan ahead by saying 'no' now. You may prevent too much pressure piling up in the future.

Maintaining a sense of humour is worth remembering too!

Anxiety & Diabetes

Anxiety is 'being afraid' and occurs as a result of perceived danger. This in turn activates a self-protection mechanism to alert us to and protect us from this perceived danger. Hence the body reacts and produces the symptoms of stress, as described above.

Anxiety turns into a disorder when a person becomes physically, psychologically or emotionally symptomatic, fearful or distraught because of it. If it does become a disorder, it can be reversed.

Anxiety conditions can generally be divided into two main categories:

Firstly, circumstantial anxiety – this is when symptoms appear because of acute stressful events, circumstances or emotions. Examples include a relationship difficulty, job loss or job promotion, illness or death of a loved one, or heavy workload. A build up of stress often comes before an anxiety condition, most early stress conditions fall within this category. Once the event, circumstance, or emotion has passed, with sufficient self-help materials, rest, and time, most anxiety conditions in this category resolve on their own.

Secondly, chronic anxiety – this is when the symptoms come and go over an extended period of time, months to a year or more. Examples include, where the symptoms come and go at different stages of life or remain as a background throughout someone's life. Chronic anxiety also has a deep-seated fear component. Many feel that they live in fear whenever their "episodes of illness" appear. Others may have it as a constant companion as they journey through life. Episodes can last a few weeks to many years. Some can remain constant throughout their life.

Generalised anxiety disorder can cause both physical and psychological symptoms. They often develop slowly and vary in severity from person to person.

Psychological symptoms may include

changes in behaviour and the way you think and feel about things, restlessness, a sense of dread, feeling constantly 'on edge', difficulty concentrating, irritability, impatience and being easily distracted.

There are over 100 physical symptoms which include, dizziness, drowsiness and tiredness, irregular heartbeat (palpitations), muscle aches and tension, dry mouth, excessive sweating, nausea, diarrhoea, headache, frequent urinating and difficulty falling or staying asleep (insomnia).

Treatment

Many people can achieve some form of anxiety and symptom reduction on their own, although the results may only be temporary.

There are two main forms of treatment for generalised anxiety disorder:

Firstly, psychological therapy – this is often prescribed before medication. The main form of psychological treatment is cognitive behavioural therapy [CBT]. Evidence suggests that about 50% of people who have CBT recover and many others obtain some benefit. CBT mainly focuses on the problems that you are experiencing in the present, rather than events from the past. It teaches you new skills and helps you to understand how to react more positively to situations that would usually cause you anxiety.

Secondly, medication, usually antidepressants. NICE [2011] says that you have the right to make informed decisions about your treatment and antidepressants are one option but decisions about their use need to be based on a shared problem assessment and a care plan that accounts for your preferences.

Depending on the circumstances, one of these treatments or a combination of both may be beneficial. No single treatment is best for everyone although there is evidence that psychological treatments last the longest.

Your GP should discuss all your treatment choices with you before you begin any form of treatment, giving you the advantages and disadvantages of all and, at the same

time, discuss any possible risks or side effects. You can then make a decision with your GP about which treatment is most suitable for you, taking into account your circumstances and preferences. For example, some people may prefer psychological treatment such as counselling, in preference to treatment with antidepressants.

Try to take some exercise – it is well worth remembering that physical activity helps to relieve anxiety.

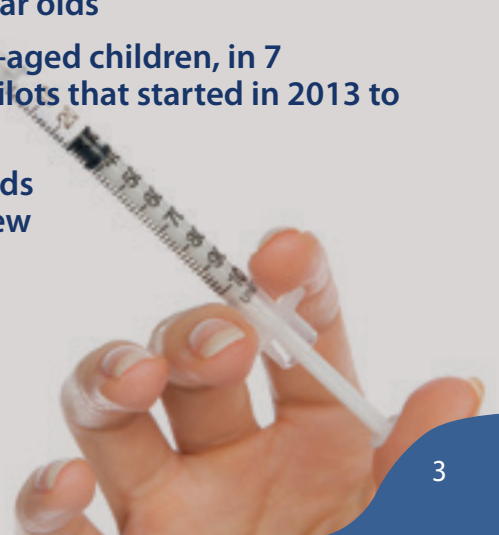
For more information contact us using the contact details at the end of this newsletter and ask for our leaflet 'Diabetes – Stress, Anxiety and Depression'

The flu vaccination programme starts from September 2014

People with diabetes and other long-term conditions are advised to have the annual flu jab. The national flu vaccination programme has now been expanded and the flu vaccine will be offered routinely to all children aged 2 to 4 years of age. It will also be offered to children in areas where the programme is being piloted.

The groups eligible for flu vaccination in 2014 to 2015 are:

- those aged 65 years and over
- those aged 6 months to under 65 in clinical risk groups, including diabetes
- people in long stay residential homes
- pregnant women
- all 2, 3 and 4 year olds
- primary school-aged children, in 7 geographical pilots that started in 2013 to 2014
- 11 to 12 year olds in around 12 new pilot schemes
- carers



Easy autumn harvest treats

By Dr Mabel Blades,
Freelance Dietitian and Nutritionist



This treat is very easy to make, is really tasty and not to mention pretty. Different fruits can be used, depending on your preferences. If it is cut into smaller pieces it makes an attractive alternative to teatime cakes.

Serves 2

One plain tortilla
80g light cream cheese
100g blackberries
100g apples
Low calorie sweetener to taste

Stew the apples and blackberries in a little water until soft. Add low calorie sweetener to taste. Allow to cool. Spread the tortilla with the low fat cream cheese. Spread with most of the fruit and roll up.

Cut into 4 pieces (2 pieces per serving) and top with the remainder of the fruit.

Typical Nutritional Content per serving:

Kcal 158, Carbohydrate 22g, Fat 5g, Saturated Fat 3.1g, Salt 0.5g

Research Roundup

Metformin could reduce the risk of dementia

Metformin is an insulin sensitiser and one of the oldest and most widely used drugs to treat Type 2 diabetes and still one of the most effective. It is first line treatment according to NICE guidance.

Recent research has shown that it could reduce the risk of people with Type 2 diabetes developing dementia by as much as 20%. [Alzheimer's Association International Conference, July 2013]. Researchers investigated several diabetes treatments for over 5 years in 14,891 people over 55 years old with Type 2 diabetes. The results showed that people treated with metformin were less likely to develop dementia than those who received other treatments including insulin, which showed no reduction. Clinical trials are underway to establish the use of metformin as a therapy for both dementia and mild cognitive impairment.

Insulin treatment in older people with Type 2 diabetes may do more harm than good

Several recently published studies have produced results that suggest we may need to re-think the management of diabetes in older people.

Firstly, a study by researchers from University College London has shown that for older people with Type 2 diabetes, the benefits of taking insulin are so small that they are outweighed by the harms.

Over a 20-year follow-up, they looked at how the treatments affected people's overall quality of life and whether they were effective in reducing their risk of diabetes complications. They then compared the reduced risk of complications with the burden of using diabetes medications and the side effects associated with them.

The researchers' conclusion

Using HbA1c levels alone to judge whether people with Type 2 diabetes will benefit from insulin therapy is a fundamentally flawed strategy.

Each treatment decision should be individualised, mostly on the basis of the patients' views of the burdens of treatment with age and initial level of glycaemic control important secondary considerations. (JAMA Internal Medicine June 2014)

Secondly, according to a report (JAMA Internal Medicine, Dec 2013), in a large study of people with Type 2 diabetes between the ages of 60 and 80 years, both age and the duration of their diabetes affect the course of the disease.

Cardiovascular complications of diabetes are considered to be the most common and the most serious complications in people of all ages. Prevention of them by blood glucose control has been the mainstay of managing diabetes. However, this large study showed that among older people and those who have had Type 2 diabetes of longer duration, hypoglycaemia rates approached those of coronary artery disease. (Diabetes and Aging Study, University of Chicago)

The study found that both patient age and duration of Type 2 diabetes had a significant and independent effect on which complications were likely to arise.

Importantly, the risk of hypoglycaemia rose markedly with age and duration of the condition so that it outpaced both coronary and cerebrovascular events as the most common serious complication in this group of people.

The range of rates of hypoglycaemia was lowest amongst younger people in the group with the shortest duration of diabetes. It was highest among the oldest people with the longest duration of diabetes.

The researchers suggest that intensive control of blood glucose levels may not be helpful treatment and may even be harmful in the older group. They also suggest that there should be a re-think of treatment in older people away from intensive glycaemic control because of the increase in hypoglycaemia.

Finally, researchers analysed the results of two studies in people without diabetes which looked at glucose tolerance and HbA1c levels to find out if they are affected by age. The results showed that both glucose intolerance and HbA1c levels increased with age in people without diabetes. Although different methods were used to measure HbA1c levels, they were consistently higher with age in people without diabetes. So the researchers recommend that age should be taken into account when using HbA1cs for diagnosis and management of diabetes. In other words, normal HbA1cs are higher in older people without diabetes, so they suggest that the target HbA1cs should be higher in older people with diabetes.

England's first care home audit

The audit was carried out by the Institute of Diabetes for Older People (IDOP), the organisation that worked with IDDT to publish the Passport for Diabetes in Care Settings. The audit shows that despite an estimated 37,625 people with diagnosed diabetes living in care homes, the care home sector is ill equipped to look after them. The audit showed that:

- homes have far too many unqualified carers due to a lack of training,
- the links with NHS services, such as foot care, are ineffective,
- 17% of homes had no systems in place to check whether or not people who administer their own medication had done so,
- over a third of homes reported that they do not assess whether their residents know about the signs and symptoms of hypoglycaemia,
- 36.7% of homes had no policy for screening for Type 2 diabetes, which means that people could be living on care homes with undiagnosed diabetes,
- 63.2% of homes had no designated staff member with responsibility for diabetes management.

The audit also notes that only 23% of care homes responded to the audit, so the situation is likely to be even worse than the above results. The health of people with diabetes in residential care is being put at risk, and they are at increased risk of unnecessary hospital admissions, by inadequate care and lack of training of care staff.

Audits are expensive to carry out and are only of value, if they result in action to improve the highlighted inadequacies. With the increasing numbers of people living longer and the increase in Type 2 diabetes, standards need to be set and they need to be monitored. This is the case with dementia care where there are mandatory requirements to provide care, including a minimum number of staff being trained and this should be the case with diabetes.



Olly's Market Harborough to Northampton £20 Challenge

Left to right; Una Loughran, Oliver and Ben Jelley, Tim Newman, John Mayhew and Caroline York

As you will recall, back in June we told you about Oliver Jelley's plans to fundraise for IDDDT by running from Market Harborough to Northampton along the Brampton Valley Way, a total of 14 miles. The run went ahead as planned on Saturday, 7th June. Olly was joined by his brother and fellow runner, Ben, and between them they raised an impressive £500!

They were supported by Oliver's father-in-law John Mayhew, from Market Harborough, and Tim Newman, from Grantham, who both cycled alongside the pair. The team was also joined by fellow fundraisers from the charity, Una Loughran and Caroline York who cycled to and from Northampton.

Oliver, 32, who runs Brixworth-based PR agency Orange Juice Communications and works with the charity, said: "We were OK until the last three miles which were gruelling but we stuck at it and gritted our teeth to get to finishing line."

"We would like to thank everyone who supported and sponsored us. IDDDT work tirelessly in the name of people with diabetes, helping to make their lives easier."

Caroline, 50, who works as a post-room operative, said: "It was wet, cold and muddy, but it was well worth it to raise funds for the charity. We all had a good day."

Martin Hirst, newly appointed IDDDT chief executive, said: "We would like to thank Olly and Benny for a tremendous effort. All of the money will be used to help support people with diabetes."

For more information about IDDDT's £20 Challenge and how you can get involved, visit: www.iddt.org/news/the-20-challenge.



MBE for IDDDT Co-Chair

Jenny Hirst, the Co-chair of IDDDT, was awarded an MBE in the Queen's Birthday Honours for her work for people with diabetes. Jenny's daughter was diagnosed with Type 1 diabetes nearly 40 years ago and she has worked

voluntarily for most of those years, first as a Trustee of the British Diabetic Association (now Diabetes UK) and then for IDDDT.

For many years, Jenny fought a David and Goliath battle against the pharmaceutical industry when she led the campaign for the continuation of animal insulin for the thousands of people who had adverse reactions to synthetic GE insulin. The sustained lobbying

led to government intervention and people with diabetes can still use animal insulin today.

Over the years, IDDDT has expanded the support it offers and developed booklets and leaflets covering many aspects of diabetes. Of course, this now includes help and support for the rising number of people with Type 2 diabetes. The publications are in much demand by people with diabetes and health professionals to give to their patients.

After the announcement of the award, Jenny said, *'I'm more thrilled about what this Award means to the charity than for me personally. Although the charity was my 'brain-child' along with my Co-Chair Dr Matthew Kiln, it is the dedication and commitment of the staff, the Trustees and members who have motivated and helped me over the past 20 years and I would like to recognise their support at this time of celebration.'*

Managing medication for long-term conditions

Many people find it difficult to keep using medication regularly for a long period of time. It can be especially hard if someone needs several different medications for more than one condition. A number of different aids and strategies can make it easier to use medication and help avoid side effects.

If you are having trouble taking medication every day, you are not alone. Simply remembering to take the medication regularly is not that easy. You might not notice right away if you have forgotten.

It can be difficult to remember to use some medications because you do not feel their effect right away. It can feel like the drug is not working at all. It can take days or even weeks for some medications to take full effect.

What can help me use my medication over a long period of time?

Researchers have tried to find out what can help people to keep using their long-term medications. They found that people are more likely to use their medication if they are well-informed about it. The following things also helped:

- regularly discussing using the medication with a doctor,
- keeping the dose schedule simple,
- using packaging or containers that make it easier to see if a dose has been missed,
- setting up automatic reminders, for instance using text messages or cell phone alarms.

Long-term use of medication apparently works best when several of these approaches are combined.

The way in which medication is used can also affect how well you follow your treatment plan. For example, if you are having difficulty swallowing certain tablets, try asking your doctor or pharmacist whether the medication is available in another form, such as a capsule or syrup. You could also ask whether the medication can be ground up and mixed with food so that it is easier to swallow. This is not possible with all medications, though.

Some medications already come in packaging that makes it clear what you need to take, and when. Your pharmacist might also be able to give you packaging

or containers that make it clear which tablets you need to take and at what time. These include things like daily or weekly medication containers (also called dispensers or dosettes) or special medication organizers.

Many people also find it important to have someone who encourages them to keep taking their medication. This is one of the reasons why regular appointments with your doctor can be helpful.

How can I keep track of the different medications?

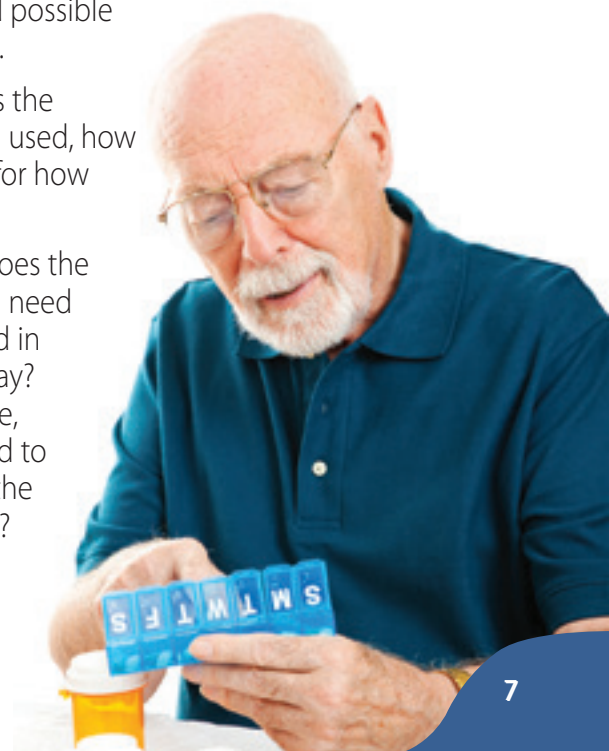
It is very important to keep track of things if you need several different medications. It might be best to write down which medications you take and when, along with the dose. You can use a form or just a notebook to list all of the medications.

Make sure you record both prescription-only medication as well as over-the-counter medication, including herbal products and dietary supplements as these products can also interact with medication. Remember to include medication that you do not swallow, but apply in a different way - like asthma inhalers or eye drops.

It might help to note these things for each medication:

- **Purpose and effect:** This includes both the desired benefit and possible side effects.
- **Use:** How is the medication used, how often, and for how long?
- **Storage:** Does the medication need to be stored in a special way? For example, does it need to be kept in the refrigerator?

cont over...





You can use a medication list to plan your medication schedule on your own. This could also make it easier for your doctor to see what medications you are taking and then give you better advice – for instance on how you might simplify your medication routine. It also makes it easier to see which medications you might not need, or which may even be harmful.

You can put together your medication list on your own or get some help from someone else. If a family member or nurse supports you on a daily basis, it is important for that person to know about your medication anyway.

To make it easier to keep things straight, you can also keep copies of the package inserts or other important papers in a folder or drawer. The original package insert should be kept together with the medication.

What do other people do to help remember to take their medication?

There is no one way that will work for everybody. Some people have very set daily routines. For them it

might be best to organise their medications to fit in exactly with those routines. Putting a reminder note or the medication package next to your toothbrush could help you remember to take your medication if you always have to take it around the time when you brush your teeth. But do not put the package of medication there if children live in your home. Medications should always be kept out of reach of children.

Putting notes on the refrigerator door or somewhere else that you frequently pass by is another good way of reminding yourself. Some people count on someone else reminding them to take their medication - for example a family member or a nurse who regularly comes to see them. Others use charts in which they make a note every time they use their medication.

Published by the Institute for Quality and Efficiency in Health Care (IQWiG, Germany)

<http://www.informedhealthonline.org/managing-medication-for-long-term-conditions.405.en.html>

IDDT's Annual General Meeting 2014

As members are aware we are obliged to hold an Annual General Meeting to comply with charity law. So, we are holding an afternoon meeting on Wednesday 29th October 2014 at the Kettering Park Hotel. We hope that as many of you as possible will be able to join us – it is your opportunity to meet the Trustees, Staff and of course, each other.

The programme for the afternoon will be as follows:

- 2.00 - Arrival
- 2.30 - Annual General Meeting
 - Presentation of Annual Report
 - Presentation of Annual Accounts
 - Nominations for Board of Trustees
- 3.15 - Tea and biscuits
- 3.30 - Open Discussion
- 4.30 - Closing Comments



The AGM

If you would like to nominate someone for election to the Board of Trustees, then please send nominations to IDDT by October 10th with a letter of agreement from the person you are nominating and seconded by another member of IDDT.

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