INDEPENDENT DIABETES TRUST Newsletter

December 2014 Newsletter, Issue 83

PO Box 294 Northampton NN1 4XS Telephone: 01604 622837

In this issue…

The Trustees and staff of IDDT send best wishes to all our readers for Christmas and we hope you have a happy and healthy 2015. As ever, it is a time to look back over the last year and to look forward to the next.

2014 was a milestone for IDDT as it was the 20th anniversary of our formation. Twenty years may not seem very long when looking at larger charities with a much longer history but one of the main reasons we have celebrated is that for 20 years, IDDT has maintained the position of being one of the very few medical charities that is truly independent.

So what does independence mean and why is it important?

Independence means that we don't accept any funding from the pharmaceutical industry for any purpose whatsoever. So we are completely free from any strings that may be attached to funding from industry, whether these are explicit or hidden. There are rules that are supposed to make the relationship between charities and the pharmaceutical industry transparent but these rules have not prevented questions about transparency being asked. As recently as September 29th, an article in the BMJ suggested that the MS Trust and MS Society failed to be transparent in reporting pharmaceutical funding for their charitable activities. The charities have denied this but it highlights that IDDT can never face similar accusations.

However, perhaps more importantly, independence means that the information we provide to you through our newsletters, booklets and leaflets is uninfluenced by funding sources and as unbiased as we are able to provide. It gives us freedom to praise, criticise or question new insulins, drugs or research, especially that funded by industry. We hope that this helps you to be better informed and where necessary, to ask questions of your health team.

It is thanks to you…

IDDT has been able to publish and distribute many thousands of free booklets to people with diabetes and to healthcare professionals to give to their patients and all of this has been funded by voluntary donations and without industry funding. So we say a huge thank you to all of you for your help through your annual donations, for the donations we received in response to our '*20 Year Challenge*' and for buying our new book '*Diabetes – Food, Meds and More*' and of course, our Christmas cards.

Our continuation and independence has also been maintained by extremely careful management of the money you have given us and by our hard working but small, staff that sometimes have to turn their hands to any job that needs doing! So on behalf of all the Trustees, I would like to say a big thank you to everyone who has supported IDDT achieve 20 years of helping people who live with diabetes and enabling IDDT to maintain its integrity and independence.

What next?

We have exciting plans for 2015.

- There will be two new booklets – one for children with diabetes at school and one about exercise.
- We will be furthering our membership options with a new Healthcare Professional Membership.
- We have plans to run a small lottery, for those who wish to support IDDT and have a chance for a monthly prize!
- We are preparing to lobby government about the care of people with diabetes, something we considered pointless during 2014 with an election looming in May 2015.

In addition, we want to hear from you. What is important to you? Have the services in your area been good, bad or indifferent? Is there information that you feel you are not receiving? And many more – we will listen.

Knowing what matters to you, helps IDDT to be responsive to your needs and where we can, we will take action. So we look forward to hearing from you throughout 2015.

Christmas Time

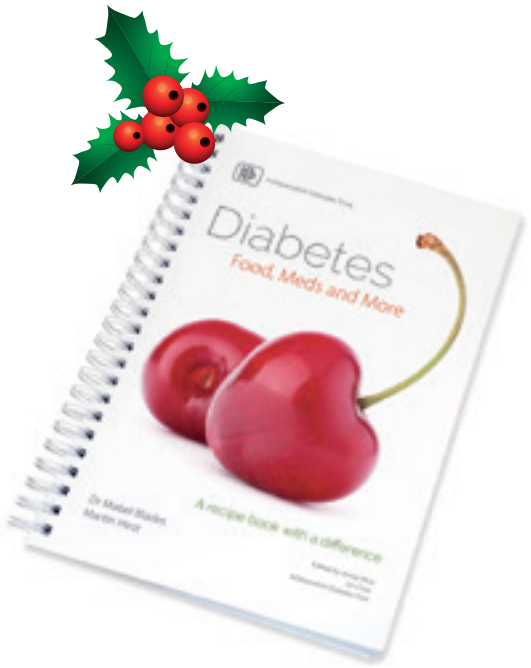
Christmas Tips

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.

Stocking filler

Just a reminder about our book, '*Diabetes – Food, Med and More*', which we describe as a recipe book with a difference for people with Type 1 and Type 2 diabetes. It not only includes everyday meals but also what to eat if you are ill, when you are taking exercise, if blood glucose levels are low, if you are travelling or if you are having a party, important for Christmas and the New Year!

The book will make a good stocking filler for families who live with diabetes.



'*Diabetes – Food, Meds and More*' costs £8.99 but is available to IDDT members for £7.99. It can be ordered by calling IDDT on 01604 622837, ordering online at www.iddt.org/iddt-shop or by writing to IDDT, PO Box 294, Northampton NN1 4XS.

Ideas for Christmas 'leftovers'

By Dr Mabel Blades, Consultant Dietitian

Christmas is a time when many people buy too much food, often then eat too much, and also end up throwing food away. For environmental considerations and to save money, here are some ideas for using up some of the Christmas fare. If you cannot face doing this straight after Christmas, then freeze the leftover items and use them later.

Note: I have not included the nutritional content, as it may vary quite a bit.

Christmas pudding leftovers

serves 4

This is delicious but Christmas puddings are high in calories so if you can limit everyone to single helpings you should have some left for this treat. It should give some ideas for using up the pudding.

50-100g of leftover Christmas pudding
1 teaspoon oil
4 pots plain yoghurt or 4 scoops plain ice cream
1 tbsp chopped nuts or cranberry sauce or dried fruit, such as chopped dates

Break up the pudding into crumbs. Put the oil in a heavy non-stick pan, add the crumbs and cook until crispy. You can omit this step if you want. Put the yoghurt or ice cream into dishes. Add the pudding to the yogurt and then top with chopped nuts, cranberry or dried fruit.

Turkey leftovers

serves 4

300g cold, cooked turkey meat, cubed
50g low fat mayonnaise
Half a teaspoon of curry paste (use less or more to taste)
2 sticks celery chopped
Half a small red and half a small green pepper de-seeded and chopped

Toss all of the ingredients together and serve on lettuce. If you do not have much turkey left add extra vegetables and even a little cooked rice or pasta.

IDDT has put together some tips for Christmas, including recipes for the festive season. If you would like a copy of our Christmas Tips, just give us a call on 01604 622837, email jenny@iddtinternational.org or write to IDDT, PO Box 294, Northampton NN1 4XS.

Congratulations

60 years with Type 1 diabetes!

Congratulations to Stuart Hood, from County Antrim, who 'celebrated' 60 years of having Type 1 diabetes. He received the Lawrence Medal from Consultant Physician, Professor Patrick Bell earlier this year when he celebrated with his family and friends.

We need your help!

Research being carried out at the University of Nottingham and led by Dr Gary Adams, is asking for volunteers who are: (1) currently using an insulin pump and have (2) experienced lack of hypoglycaemic warnings. If you would like to be part of this research project, please contact:

Dr Gary Adams
Insulin and Diabetes Experimental Research Group
Faculty of Medicine and Health Science
University of Nottingham
Clifton Boulevard
Nottingham
NG7 2RD

Or email Gary at Gary.Adams@nottingham.ac.uk

The term 'pre-diabetes' is misleading and unhelpful

August 2014 - IDDT issues Position Statement

The term 'pre-diabetes' has crept into our language and there is debate about its use. People who are at risk of developing Type 2 diabetes are now being classed as having 'pre-diabetes' or 'borderline diabetes'. This came about in 2010 when the American Diabetes Association expanded the categories of diabetes to include a definition of 'pre-diabetes'. Their definition of 'pre-diabetes' is when blood glucose levels are the high side of normal but not high enough to be classed as diabetes.

Pre-diabetes is being 'diagnosed' if the results are as follows:

• Fasting glucose levels of 5.5 mmol/l to 6.9 mmol/l
• HbA1c levels of 42 to 47 mmol/mol (between 6 and 6.5%).

Using this term is inappropriate and meaningless

There is no such medical condition as 'pre-diabetes', so using it is misleading people and also causing them anxiety and worry. It appears that the tests being used to determine this term could apply to a third of all adults in England – 8 million people could fit into this category!

This group have no symptoms of ill-health but are being labelled with a false medical condition. This can create a new set of problems by worrying them about their future health, yet many of them will never go on to develop Type 2 diabetes.

Writing in the British Medical Journal (15th July 2014), Professor John Yudkin of University College London, stated that for 'pre-diabetes', the risk of developing diabetes is probably 10%-20% over 10 years.

The National Institute for Health & Care Excellence (NICE) has stated that it does not believe that there should be a separate category of 'pre-diabetes' and the term is not recognised by the World Health Organisation.

It is also worth noting that there is no evidence that treating this newly widened group of people with diabetes drugs has any beneficial effects or will improve mortality and morbidity.

Being at risk of Type 2 diabetes

There have always been people who are at risk of developing Type 2 diabetes and those at risk have been advised to change their lifestyle - to a healthy diet with plenty of exercise, which can either slow down or prevent the development to Type 2 diabetes.

They have been diagnosed as having:

- **impaired fasting glucose**, when blood glucose levels are higher than normal after fasting
- **impaired glucose tolerance**, when blood sugars are higher than normal sugar levels after eating.

With the increase in overweight and obese people, and therefore the increased risk of Type 2 diabetes, IDDT hopes that health professionals will advise people if they are at risk of Type 2 diabetes but not use the term 'pre-diabetes'.

The full Position Statement is available on our website www.iddtinternational.org/news/position-pre-diabetes

Parents

Care worse for younger people with diabetes

Released in October, the National Diabetes Audit 2012-2013 shows that people with diabetes below the age of forty are receiving fewer essential checks and a lack of treatment compared with older age groups in England and Wales. From around 130,000 people under the age of 40, the Audit found:

- Only 29.1% with Type 1 diabetes and 46.3% with Type 2 diabetes received 8 of the 9 NICE recommended checks.
- By comparison, people aged 65 to 79 received the highest rate of 8 checks at 59.9% with Type 1 and 66.7% with Type 2 diabetes.

The audit also recorded three NICE recommended treatment targets that should be met for people with diabetes,, which included glucose control, BP and serum cholesterol. It found:

- Only 14.7% of people with Type 1 diabetes under the age of 40 received all three treatment targets.
- Just 24.3% of people with insulin-treated Type 2 diabetes received all three.
- People aged 80 and over had the highest treatment rates with 25.5% for T1DM and 45.1% for Type 2 diabetes.

There is only one conclusion to be drawn - that younger people with diabetes are receiving significantly worse care and treatment than older people. Yet younger people will live longer with diabetes which puts them at greater risk of developing complications that will affect their health and possibility their mortality.

Fairly obviously, the Audit recommends that commissioners, diabetes leads, GP and specialist providers of diabetes care review their results and consider improvements to their systems for delivering effective care to younger people with Type 1 and Type 2 diabetes.

You can view the full report at: http://www.hscic.gov.uk/pubs/natdiabetesaudit

Part

Teenagers and Tattoos

Like it or not, tattoos are very popular, especially with teenagers and teenagers with diabetes are probably no different. Sometimes people even have the fact that they have diabetes as a tattoo. However, the tattoo application process and aftercare can create some problems for those with diabetes.

Blood pressure and blood glucose levels can increase while the tattoo is being applied and high blood sugars can also complicate the healing process and increase the risk of infection. So before getting a tattoo, there are some points to consider, especially for those with diabetes.

- Find a tattoo studio with a good reputation for hygiene and safety practices.
- Tell the tattooist about your diabetes so that they can tailor both the procedure and the aftercare information accordingly.
- Some areas should be avoided including those with poor circulation – buttocks, shins, ankles, feet and common injection sites such as arms, abdomen and thighs. Tattoos in these places usually take longer to heal and increase the risk of infections.
- Other risks include allergic reactions to the substances in the inks and equipment, skin infections and blood born diseases if the equipment is not clean or proper aftercare is not given and scarring. If you feel unwell or see any sign of infection after the tattoo, then you should see a doctor.

Tattoos and diabetes in the future

Maybe in the not too distant future, tattoos could provide an easier, quicker and more accurate way of tracking and controlling blood glucose levels.

Scientists have been developing a skin-born continuous blood glucose monitor that consists of a 'tattoo' of tiny particles of nanotechnology ink that are sensitive to glucose concentrations. The ink is injected below the skin and fluoresces when it encounters glucose. A wristwatch-like device worn over the nano-tattoo would be used to detect and measure the amount of fluorescence, so monitoring blood glucose levels.

If successful in clinical trials, the researchers say that this could 'revolutionise' blood glucose monitoring.

Worth a note…

Investigation into the state of diabetes education in the UK

According to previous National Diabetes Audits, less that 14% of people with diabetes were recorded as receiving structured diabetes education so the All Party Parliamentary Group on diabetes (APPG) is investigating the state of diabetes education in the UK. This will be a year long investigation and will call for evidence from people living with diabetes, health professionals, academics and commissioners. The aim is:

- to understand the different types of education that are available,
- to identify the gaps in the service,
- to find out the reason there is low uptake where education programmes are available.

The investigation will conclude with a report and recommendations to be presented to the government. Of course, this will be after the next election when things could be different…

Gut bacteria in children with Type 1 diabetes show differences

A new study has found that germs in the guts of young children with Type 1 diabetes are different from those of other children. (Diabetologia, June 12th 2014)

Bacteria in the guts of children with Type 1 diabetes appear less balanced than bacteria in children without diabetes and in addition, the non-diabetic children had higher levels of a usually beneficial kind of germ.

Germs in the gut may be important because research has linked changes in their composition to the development of Type 1 diabetes, which is increasing worldwide, in children under age 5 in particular. Diabetic children younger than 3 years old had higher levels of certain bacteria, but lower levels of other types thought to be beneficial.

The findings suggest dietary changes might ultimately reduce the risk of developing Type 1 diabetes in children with genetic risk for the disease.

While more work needs to be done to find out what foods are best for ideal gut conditions, the researchers think that a diet high in fruits and vegetables is best as these are rich in fibre and complex carbohydrates but simple sugars and excessive protein and animal fat may be harmful.

Bits and pieces for

Tenth Annual National Paediatric Diabetes Audit 2012-13

This latest audit shows that there is better diabetes control amongst children with diabetes but there are still inconsistencies across the England and Wales. This is the first time in 10 years that there has been some improvement in the control of children's diabetes.

The audit found:

- A downward trend in average HbA1cs representing an improvement in overall diabetes control.
- A marked increase in the recording of HbA1cs in England (98.6% of children compared to 89% in 2011-12).
- An increase from 6.7% in 2011-12 to 12.1% in 2012-13 in children over 12 years having all care processes recorded, although is still well short of adults with Type 1 diabetes which is 42.4%.
- Children and young people from ethnic minorities perform less well than those from white ethnic backgrounds but the reason for this is still unknown.
- There are more boys than girls with diabetes (12,934 vs 12,046).
- Just over a quarter of children and young people have unacceptable HbA1c levels.
- Only 8% of the variability in HbA1cs across the country could be accounted for by ethnicity, social deprivation, gender, age and duration of diabetes, suggesting that 90% must be accounted for by other factors such as the way services are structured or delivered.

Approval for Animas Vibe insulin pump and CGM system

CE Mark approval has been given to the Animas Vibe insulin pump and Dexcom GA PLATINUM continuous monitoring (CGM) system for children with Type 1 diabetes between the ages of 2 and 17 years in the UK and Ireland.

The system delivers real time glucose results, alerts for high and low readings and provides glucose trends and the pump delivers precise insulin doses. The system is also waterproof to allow children more freedom for sports with uninterrupted insulin supply. The pump is waterproof up to 12ft (3.6m) for 24 hours and the Dexcom transmitter is waterproof at 8ft (2.4m) for 24 hours.

Tresiba insulin improves glycaemic control in children with Type 1 diabetes

According to the results of a 26 week trial, Novo Nordisk's latest long-acting insulin, Tresiba in combination with NovoRapid, has the potential to improve long-term glycaemic control in children and adolescents with Type 1 diabetes.

Tresiba was compared with once or twice daily Levemir and results showed:

- it was non-inferior to Levemir in terms of HbA1c,
- patients using Tresiba required a lower insulin dose and had a greater reduction in fasting plasma glucose compared to those using Levemir,
- those taking Tresiba also had lower rates of hyperglycaemia with ketosis,
- weight increased with Tresiba but remained unchanged with Levemir.

Tresiba is a once daily insulin that lasts 42 hours and has regulatory approval for use in adults in Europe, Argentina, Brazil, Hong Kong, Iceland, and several other countries but it has not been approved in the US.

Does your child have asthma?

The regulations have changed so that from 1st October 2014 schools are allowed to hold stocks of asthma inhalers containing salbutamol for use in emergency. Schools can now buy inhalers and spacers from a pharmaceutical supplier as long as it is done on an occasional basis and not for profit.

Teaching cooking in schools

From September this year schoolchildren up to the age of 14 are learning about healthy eating and nutrition as part of the curriculum.

Change4Life has produced a Cooking Guide that contains a range of healthy eating ideas which includes 12 Change4Life recipes and a teacher's manual to help them teach cooking for Key Stages 1-4. Parents can build on their child's enthusiasm for cooking by downloading simple healthy recipes suitable for KS1 and KS2 children at http://www.nhs.uk/change4life/Pages/schools-partners.aspx

Government promises to increase the number of health visitors

On August 19th 2014, the Prime Minister promised to increase the number of health visitors as part of a scheme to improve family life and the government has promised to increase the number of health visitors by 4,200 in England. Health visitors will also be educated to support not just mother and child but the whole family. (A bit like it used to be on the old days!)

Shared parental leave and pay

Employees may be entitled to Shared Parental Leave (SPL) and Statutory Shared Parental Pay (ShPP) if their baby is due on or after 5 April 2015 or they adopt a child on or after 5 April 2015.

parents

They can start Shared Parental Leave if they are eligible and they or their partner end their maternity or adoption leave or pay early. The remaining leave will be available as Shared Parental Leave. The remaining pay may be available as Shared Parental Pay.

Employees can take SPL in up to 3 separate blocks. They can also share the leave with their partner, if they are also eligible and can choose how much of the SPL each of them will take.

Confused? Here's an example: A mother could end her maternity leave after 12 weeks, leaving 40 weeks (of the total 52 week entitlement) available for SPL. If both the mother and her partner are eligible, they can share the 40 weeks. They can take the leave at the same time or separately but both SPL and ShPP must be taken before the baby's first birthday.

Restrictions on marketing food and drinks to children

Some of the world's leading food and non-alcoholic beverage companies and members of the International Food & Beverage Alliance (IFBA) have made global commitments in the marketing of these products to children.

The commitments will come into effect by the end of 2016 and have been sent to the director general of World Health Organisation (WHO). They are based on WHO recommendations and aim to improve global health by commitments to product reformulation and innovation and a common global approach to provide nutrition information on packs. They also include an expansion of IFBA's global marketing policy which specifies that members will only advertise products that meet 'better-for-you' criteria or will refrain from all product marketing to children under 12 years old. The policy will:

- cover virtually all media, including radio cinema, direct marketing, mobile and SMS marketing, interactive games, DVD/CD-ROM and product placement,
- will ensure that use of certain marketing techniques directed at children under 12, such as licensed characters, movie tie-ins and celebrities that appeal to children under 12, are only to be used for products that meet the 'better-for-you' criteria.

School can worsen behavioural problems

New research compared non-disabled children with children who had:

- a developmental delay at the age of 9 months,
- those with a longstanding illness, such as Type 1 diabetes or asthma,
- special educational needs at age 7 years.

The study carried out by the Institute of Education, University of London, found that the behavioural problems of many of the above group of children worsen between the ages of 3 and 7.

In terms of conduct, both groups of children followed the same developmental pattern, improving between 3 and 5 and then slightly worsening at about aged 6. However, the 'disabled' children showed more conduct problems than the non-disabled children. At age 3, children with longstanding illness and special educational needs were more likely than non-disabled children to show negative behaviours that were classed as: difficulties with peers, emotional problems and hyperactivity.

The researchers concluded the these children may have fewer behavioural issues in their early years if more schools introduced stringent snit-bullying policies and other support strategies. They also recommended that more supported is provided for mothers and fathers of children with an impairment or special educational need.

This research emphasises the importance of the new Children and Families Act that came into effect on September 1st 2014.

Note: apologies if the classification of children with Type 1 as being disabled offends but this is the researchers' classification and the legal classification because diabetes comes under the Disability Discrimination Act.

Sanofi release app for children with Type 1 diabetes

The pharmaceutical company, Sanofi, has released an app to encourage children with Type 1 diabetes, their parents and carers to learn more about how to live with diabetes.

The game is free and available on Apple, android and PC devices. It takes place in a school and features educational messages adapted for primary school children. There is a supporting educational pack, including game, videos and quiz. Players make their way through a number of levels by earning points with short, practical and illustrated messages on living with Type 1 diabetes at school. It is designed to allow children living with diabetes to share knowledge about Type 1 diabetes to try to dispel any myths and misconceptions about the condition in their school.

While it is essential that children, their parents and carers have the knowledge and skills to manage diabetes, the understanding of teachers, friends and others helps them to feel less isolated, happy and safe.

Research News

Breakthrough Type 1 research hits the headlines

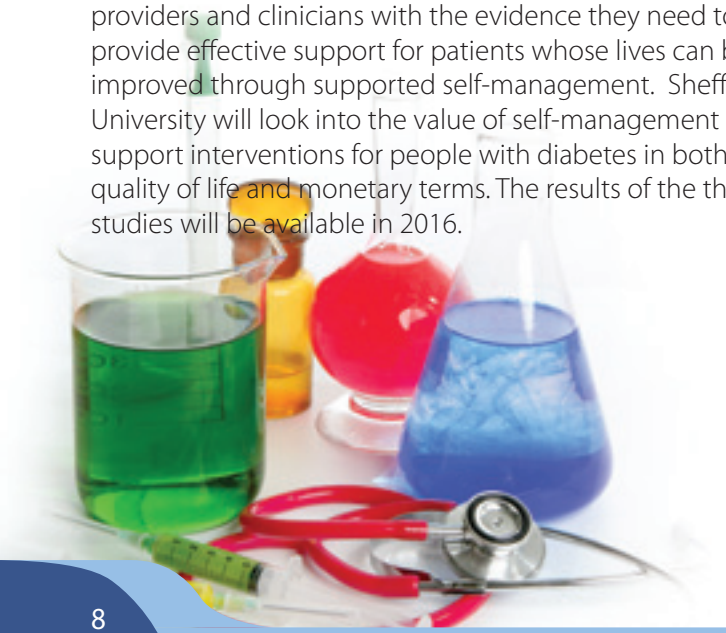
In early October, breakthrough research into Type 1 diabetes hit the headlines. Researchers at Havard announced that they had made a giant step forward in finding a truly effective treatment for Type 1 diabetes. For the first time ever, the researchers have been able to produce massive quantities of insulin producing beta cells required for transplantation.

The stem cell derived beta cells are undergoing trials in animal models, including non-human primates, and they are still producing insulin several months later. The research could mean the end of daily injections for people with Type 1 diabetes, about 400,000 in the UK alone.

This research is very welcome and gives us all hope but we must not be misled by some of the journalistic language which described the end of daily injections as imminent. The research is undoubtedly a breakthrough but there is still a long way to go before we can think about no more insulin injections.

Research to look at self-management of long-term conditions

Three UK universities have been awarded £480,000 by The Health Foundation, an independent charity. The aim is to find out patients' preferences for the type of self-management support they need for coping with long-term conditions, including diabetes. According to the press release, the results will provide NHS commissioners, providers and clinicians with the evidence they need to provide effective support for patients whose lives can be improved through supported self-management. Sheffield University will look into the value of self-management support interventions for people with diabetes in both quality of life and monetary terms. The results of the three studies will be available in 2016.



Development of a new drug to treat diabetic macular oedema

To date the only drug to be licensed for diabetic macular is Lucentis (ranizumab) but a new treatment is being tested in people at the Joslin Diabetes Centre in the US to assess its safety and tolerability. Treatment with Lucentis has helped many people with diabetic macular oedema but it doesn't work for everyone. This experimental drug, KVD001, works through a different biological pathway from Lucentis and it is hoped that it will work for those for whom Lucentis does not.

Steroids and raised blood glucose levels

Steroids in high doses have previously been found to raise blood sugar levels but a small study carried out at Flinders University, Australia, has found that low doses of steroids also had a similar effect.

While this is a small study, it has shown that even after a week of low dose steroids, there was an increased amount of glucose produced by the body when fasting. It also found that low dose steroids made the body less sensitive to insulin. The researchers advise that doctors should rethink prescribing steroids in conditions that require low doses over a prolonged period of time and that they should be more vigilant in screening patients who may be at risk of developing steroid induced diabetes. (Diabetes Care September 2013 36:2822-2829)

Steroids are used to treat many conditions including arthritis, asthma and autoimmune conditions. People with diabetes need to be careful while on steroids because steroids oppose the action of insulin and stimulate the liver to produce glucose. This raises blood glucose levels so people with diabetes may need to increase their insulin dose. It is important to remember that when the steroid dose is reduced, it is necessary to also reduce the insulin dose to avoid hypoglycaemia as the liver will reduce the amount of glucose it produces. Steroids can also cause diabetes - known as secondary diabetes.

NICE annual diabetes checks for Quality Outcomes Framework (QOF)

The Quality and Outcomes Framework is referred to as QOF and is the annual reward and incentive programme for GP practice achievement results. It is voluntary for all surgeries in England and is aimed at improving standards of care. QOF awards surgeries achievement points for:

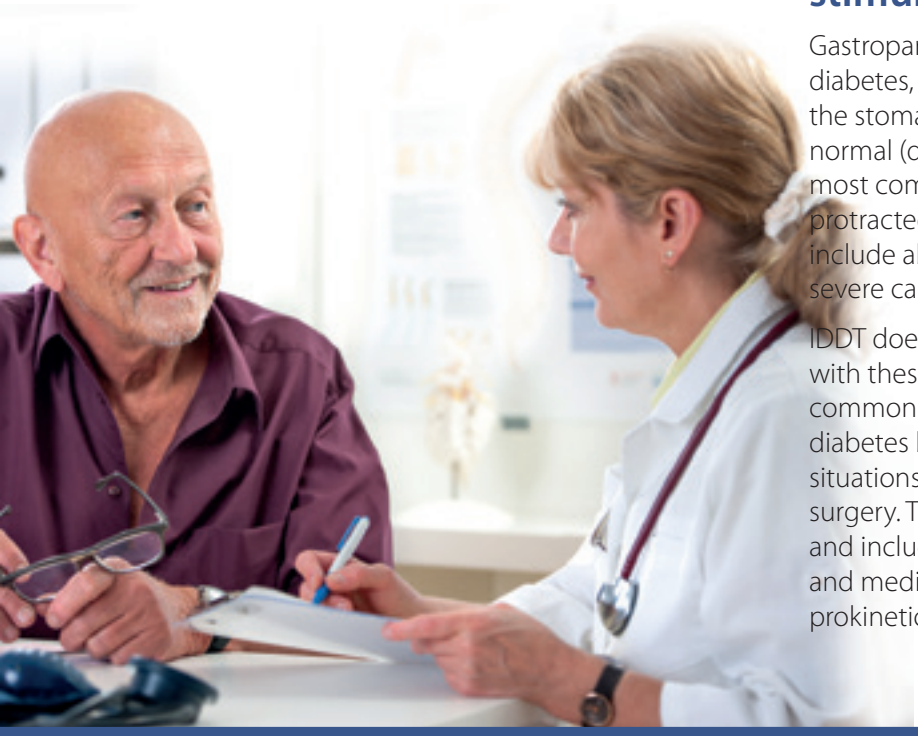
- managing the most common chronic diseases, such as asthma and diabetes,
- how well the practice is organised,
- patients views of the surgery,
- the amount of extra services offered, such as child health and maternity services.

The higher the number of QOF points a practice receives, the higher is the financial reward for the practice.

NICE has proposed updating the QOF for diabetes, so that in order to receive payment, GPs must carry out 8 out of the 9 QOF indicators. These are the same as the 9 key annual checks IDDT frequently refers to:

- BMI measurement
- BP measurement
- HbA1c measurement
- Cholesterol measurement
- Record of smoking status
- Foot examination
- Albumin: creatinine ratio
- Serum creatinine measurement.

NHS figures suggest less than 10% of people are being offered the full series of tests recommended by NICE in some areas of England. So the latest QOF menu proposed by NICE includes an indicator that measures the percentage of people with diabetes who have the care processes performed in the preceding 12 months.



NICE recommends wider use of statins to prevent heart disease

Despite some opposition, NICE has recommended that doctors should prescribe statins to more adults in order to treat and prevent cardiovascular disease.

NICE states that reducing the threshold for people who are eligible to use statins would be a safe, cheap and effective way of treating patients.

4.5 million more people could be eligible for treatment if this recommendation is put into practice which NICE suggests would save 8,000 lives every 3 years.

One third of deaths in the UK are caused by cardiovascular disease costing £8 billion.

Statins are very cheap and according to NICE, have been shown to be an extremely effective means of treatment and prevention of cardiovascular disease.

However Nice also recommends that the decision to start statin treatment should only be made once alternative methods of treatment are discussed, such as making changes to lifestyle.

NICE interventional procedures guidance [IPG489] on gastroelectrical stimulation, May 2014

Gastroparesis, a complication of diabetes, is a chronic disorder in which the stomach empties more slowly than normal (delayed gastric emptying). The most common symptoms are nausea and protracted vomiting. Other symptoms include abdominal bloating, and, in severe cases, malnutrition.

IDDT does receive calls from people with these symptoms. It occurs most commonly in people with Type 1 diabetes but it can also occur in other situations, such as after abdominal surgery. Treatment options are limited and include modification of dietary intake and medical therapy with antiemetics or prokinetics.

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Gastroelectrical stimulation

continued from page 9

Gastroelectrical stimulation is an option for treating chronic, intractable nausea and vomiting secondary to gastroparesis. It is delivered via an implanted system that consists of a neurostimulator and 2 leads. Implantation is done with the patient under general anaesthesia by an open or laparoscopic approach. When the neurostimulator is turned on, electrical impulses are delivered. The rate and amplitude of stimulation can be adjusted wirelessly with a hand-held external programmer. It may be necessary to return to hospital for adjustment or reprogramming of the device to optimise the effect on gastric emptying.

NICE recognises that gastroparesis can be a very debilitating condition with very few treatment options, and it notes patient commentaries describing substantial improvements in quality of life with gastroelectrical stimulation. Its key recommendations are:

- Current evidence on the efficacy and safety of gastric electrical stimulation for gastroparesis is adequate to support the use of this procedure.
- Patients should give consent and during this process, they should be told that some patients do not get any benefit from the procedure. They should also be given detailed written information about the risk of complications, including the need to remove the device.
- Patient selection and follow-up should be done in specialist gastroenterology units with expertise in gastrointestinal motility disorders, and the procedure should only be performed by surgeons working in these units.

Insoles to prevent foot ulcers in people with diabetes

Simple liquid gel shoe insoles are now available on an NHS prescription to help to prevent diabetic foot ulcers. The Liqua Care Flowgel insoles prevents foot ulcers by evenly spreading a patient's weight, reducing peak pressure and promoting better circulation. The simple, liquid gel inserts slide into person's own shoes.

It is expected that the insoles could save the NHS over £200 million a year by preventing diabetic related foot ulcer. An average of 300 new foot ulcers are diagnosed everyday and a single foot ulcer costs the NHS about £5,500 to treat and the cost of one pair of insoles is one third of 1% of that cost - £17.00 per pair to the NHS.

Liqua-care Diabetic FlowGel Orthotics can be requested with your GP or are available to purchase at www.autonomed.co.uk / www.liqua-care.co.uk.

Recycle 4 Charity

Along with this newsletter you will find a freepost envelope that you can use to recycle old mobile phones and used inkjet printer cartridges, so if you or someone you know gets a new mobile phone, please consider recycling it and raising money for IDDT. Each inkjet cartridge recycled raises £1 and each mobile phone can raise up to £30. So far, with your support, we have raised nearly £7,000!

For more details of the scheme you can visit their website at www.recycle4charity.co.uk/Register/C6505

or you can contact IDDT directly.

IDDT News

IDDT News – updated UYD

One of our most popular booklets '*Understanding Your Diabetes*' has been updated. If you would like a copy of the updated version, please give IDDT a call on 01604 622837, email enquiries@iddtinternational.org or write to IDDT, PO Box 294, Northampton NN1 4XS

Just a note about the postal service!

IDDT has always had a policy of answering requests for leaflets and booklets within 7 days. However, there have been changes in our local postal delivery services so that some days we don't receive post or it doesn't arrive until late afternoon. Needless to say, we have complained to Royal Mail and we hope this will improve but in the meantime please bear with us!

A thank you from Jenny

Could I just take a few lines to say thanks to everyone who sent me cards and emails of congratulations on the award of my MBE. Thank you for all your kind words, I very much appreciated them.

Jenny Hirst, Co-Chair

Hypoglycaemia

It is well recognised that hypoglycaemia is the biggest daily fear of people with Type 1 diabetes and those with Type 2 diabetes who are taking insulin or drugs that can cause hypoglycaemia. It is also a fear for family carers who have to deal with hypos in the people they care for. So, it is important that we revisit this topic from time to time.

A report in the US, 2013

A report, 'Hypoglycaemia and Diabetes' issued by the American Diabetes Association [ADA] and The Endocrine Society in 2013 reviews the impact of hypoglycaemia on people with diabetes and provides guidance for healthcare professionals. The report confirms the categories of hypoglycaemia in the ADA's 2005 guidance:

- severe hypoglycaemia
- documented symptomatic hypoglycaemia
- asymptomatic hypoglycaemia [no warnings]
- probable symptomatic hypoglycaemia, now renamed relative hypoglycaemia.

The report also highlights that certain populations are especially vulnerable to hypoglycaemia – children and teenagers with Type 1 diabetes, the elderly, hospital patients and pregnant women.

RECOMMENDATIONS

- For people with diabetes at risk of hypoglycaemia, a blood glucose level of 3.9mmol/l should be the alert for hypoglycaemia.
- Blood glucose level targets should be individualised based on the patient's age, life expectancy, other conditions present, patient preferences and how hypoglycaemia might affect the person's life.
- Doctors and health professionals should assess the risk of hypoglycaemia at every visit with people treated with insulin and other drugs that can cause hypoglycaemia. This should include discussions on strategies to prevent hypos and focusing on patient education, diet, exercise, medication adjustment and glucose monitoring.

The report also provides healthcare professionals with advice on how to help people to report their hypoglycaemia and also to advise people on ways of restoring hypo warnings. (Diabetes Care May 2013)

Quality of life worse for people with severe hypoglycaemia

Research has confirmed that severe hypoglycaemia is linked to significantly lower health-related quality of life among insulin-treated people with both Type 1 and Type 2 diabetes. Severe hypoglycaemia was defined as hypos that required the assistance of another.

What is perhaps news is that many people, including health professionals, have thought that severe hypoglycaemia was primarily a problem for people

with Type 1 diabetes and rarely, if ever, occurs in Type 2 diabetes. The study showed:

- During the time studied, 11.9% of people with Type 1 diabetes had a severe hypo compared with 1.7% of people with Type 2 diabetes,
- Quality of life was considerably worse in people who experienced severe hypos.
- Social functioning scores were lower in people with Type 1 and Type 2 who experienced severe hypoglycaemia compared with those who did not.
- Severe hypoglycaemia appeared to be linked to lower physical health problems in people with Type 1 diabetes. However, there was only borderline association in Type 2 diabetes but there were negative mental and general health problems in people with Type 2 diabetes.

The researchers concluded that their research highlights the need to minimise hypoglycaemia and particularly severe hypoglycaemia in both Type 1 and Type 2 diabetes. [The ACCE Congress, May 2013]

More people hospitalised for low blood sugars than high

A further report from the US has shown that over the past 10 years the management of diabetes has improved and compared with a decade ago, people with diabetes face lower rates of hyperglycaemia (high sugars), heart attack and stroke. Fewer people are being admitted to hospital with high sugars but hospitalisations for hypoglycaemia have risen. This suggests that the increasing efforts to prevent high blood sugars have come at a price – an increase in severe hypos.

- The rate of admissions for hyperglycaemia dropped by 38.6% over the 12 years studied.
- The rate of admissions for hypoglycaemia increased by 11.7%.
- In people aged 75 and over, the hospitalisation rate for hypoglycaemia was twice as great as for those aged 65 to 74.

No real surprises because as far back as 1992, the Diabetes Control and Complications Trial (DCCT), showed that in people with Type 1 diabetes, tight control of blood glucose levels increased the rates of severe hypos threefold. There is increasing evidence that a similar situation exists for people with Type 2 diabetes. (Diabetes, May 2014)

There are some messages here for our target-seeking culture!

Depression linked to time of first severe hypo

Research has shown that in adults with diabetes, there is a link between the timing of the first severe hypo, the number of hypos and depression.

It is well known that there is a link between depression and diabetes, however, in this study the researchers investigated whether there was a connection between depression and the risk of severe hypos. In over 4,000 people with diabetes aged at least 18 years, those with depression were more likely to be:

- younger, female and unmarried,
- treated with insulin,
- to have more non-diabetes related medical conditions,
- to have higher BMI and rates of smoking,
- to be less physically active.

Results

People with diabetes and depression showed a significantly higher risk of a severe hypos and a higher number of hypos than those without depression. Over 5 years:

- 10.7% of depressed people with diabetes experienced one or more severe hypos compared to 6.4% of those without depression.
- People with diabetes and depression had significantly shorter severe hypos but more episodes than those without depression.

(*Ann Fam Med*. 2013;11:245-250)

Self-monitoring helps to recover hypoglycaemia awareness in longstanding Type 1 diabetes

A UK study of people with Type 1 diabetes for an average duration of 29 years, has shown that multiple daily injections (MDI) and self-monitoring of blood glucose can improve hypo awareness and prevent ongoing severe hypos, without adversely affecting control.

The 96 study participants, between the ages of 18 and 74 years, received an education programme and were divided into 4 groups:

- MDI with self monitoring of blood glucose,
- MDI with self monitoring and real-time continuous glucose measurements,
- insulin delivery via a pump with self-monitoring,
- insulin delivery via a pump with self monitoring and real-time continuous glucose measurements.

The results over the 24 weeks of the study showed:

- there was a reduction in hypoglycaemia of 3.0mmol/l or less, among all groups with no reduction in HbA1cs,
- there was an improvement in hypo awareness and a decrease in the number of severe hypos in all groups,
- there was no significant difference in hypo awareness between the multi-dose and pump groups,
- There was a higher level of treatment satisfaction among those using pump therapy compared to those on MDI.

The researchers will continue to monitor the participants for 2 years to see if the benefits are maintained on their normal treatment but at this stage, they concluded that hypo awareness and reduction of severe hypoglycaemia can be achieved without a reduction in control with multi-daily injections and self monitoring in people who have had Type 1 diabetes for a long time. (Diabetes Care, July 2014)

Not only is this study encouraging but it demonstrates the need for regular testing and for the NHS to provide the required number of test strips rather than trying to cut back, which as we already know, is false economy!

Hypoglycaemia and seizures

Seizures can occur with severe hypoglycaemia. We first published this article when the problems with hypos without warnings first started occurring in greater numbers. It coincided with the change to human insulin and with the change to tight control of blood glucose levels. Tight control then was blood glucose levels of 4 to 7mmol/l which is now classed as the 'normal' target level.

However, as we know, these targets treble the risk of severe hypos, therefore discussing seizures is as appropriate now as when we first published it. If seizures occur as a result of a severe hypo, they are mainly in people with Type 1 diabetes, although they can occur in Type 2 diabetes but this is fairly rare.

Seizures **are frightening**

They are frightening for family carers, especially when they happen at night. Usually the person with diabetes doesn't remember anything about them, but they may well feel awful the next day. They may also have bruises from thrashing around and may suffer the after effects of whatever treatment has been used to bring them round from the hypo. However, they don't remember the seizure and it is sometimes reassuring for carers to know this, especially parents.

Here are some standard guidelines about seizures

What to do and not do:

DO…

- Protect the person from injury by moving any sharp or hard object. If they are having a partial seizure guide them away from danger.
- Cushion the head if they fall down.
- When the convulsion part of the seizure is over, place the person in the recovery position ie lying down on their side to help breathing.
- Be quietly reassuring.
- Stay with them until they are fully conscious again.

DO NOT…

- Try to restrain the person having the seizure.
- Put anything in their mouth or force anything between their teeth.
- Try to move them unless they are in danger.
- Give the person anything to eat or drink until they have fully regained consciousness.

Remember – in adults and children with diabetes, the seizure is most likely to be caused by hypoglycaemia and it is very important to follow the rules for treating a hypo.

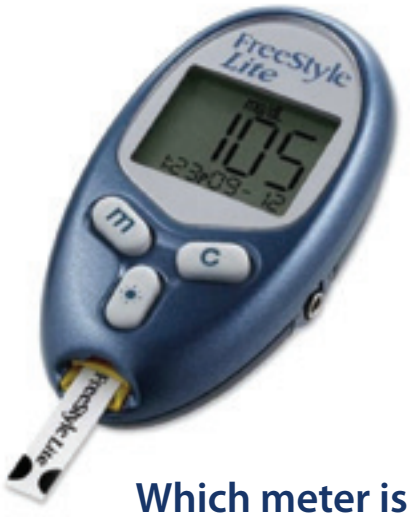
- Do not administer anything by mouth or use any of the sweetened gels because the person is unconscious and it could cause them to choke.
- If you have Glucogen or Glucagon in the house, try to administer this.

Call an ambulance

- If this is the first time a seizure has occurred.
- If the convulsive part of the seizure shows no sign of stopping or a second seizure occurs.
- If any injuries occur during the seizure eg cuts.
- If you do not have Glucogen or Glucagon available or you are unable to inject it.
- If you are worried or frightened.

Note from Jenny: from personal experience as a parent, I found seizures frightening and upsetting. I always had difficulty sleeping for nights afterwards for fear there was going to be another one. I was also guilty of running my daughter's blood sugars higher until I got my confidence back.

Choosing a blood glucose



There are two questions about blood glucose meters that IDDT frequently receives, the first is '*which meter is best*?' The second question is '*why many GPs are deciding that all patients who self-monitor their blood glucose have to use the same meter and why patients are told that test strips for their existing meter will no longer be prescribed*?'

Which meter is best?

There are so many meters on the market nowadays that it would be impossible for IDDT to say which one is the best. However, we do try to keep readers informed of new meters on the market and if certain meters or test strips have problems. In addition, people with diabetes get used to a particular meter, even if it is not the latest model, and they don't like change.

So why do GPs decide to change all their patients to a particular meter?

We now have Clinical Commissioning Groups (CCGs) which are groups made up largely of GPs who decide what can and can't be prescribed and, of course, what is the most cost effective. Using a business model, purchasing in bulk for a whole area means that a 'better deal' can be struck on the costs of test strips and it is our guess that this is the reason for changing everyone to a particular meter. Whatever the reason, these mass decisions deny people their right to choice and aren't we all labouring under the impression that patients are at the centre of care and have the right to be involved in decision making?

New standards for meters

A press release from the European Association of Diabetes (EASD) issued on March 14, 2013 stated that the current system of device approval is inadequate and this applies to blood glucose meters. Approval for a medical device in Europe is given by awarding a CE mark by so-called Notified Bodies (NB) which can be in any EU country. To register a new blood glucose meter, the manufacturer can choose any NB in any country to which it pays a fee. Once a device has been through this single process and received a CE mark, it can be marketed across Europe without any restriction or further scrutiny. This system is open to abuse because manufacturers can apply to a Notified Body that gives approval rapidly and/ or is less rigorous to secure the fees.

The European Association of Diabetes points out in its press release that it is vital that glucose meters, insulin pumps and other devices used in diabetes are subject to proper regulations so that people with diabetes can manage their diabetes safely.

As a result, in May 2013 the Organisation for Standardisation (ISO) updated the standard for blood glucose meters and companies have until May 2016 to upgrade their meters to meet the new quality standards.

The new international performance standard is ISO 15197:2013 but many people are currently using non-ISO 2013 compliant meters. People will need to change their meters before May 2016 because gradually the test strips will no longer be available as the non-compliant meters are removed by manufacturers.

What's the difference in standards?

The 2003 ISO guidelines specified that 95% of the test results must be within a 20% error margin on samples over 4.2mmol/l or within above or below 0.83mmol/l on samples below 4.2mmol/l.

The 2013 standard specifies a tighter 15% error margin for samples above 5.5mmol/l and above or below 0.83mmol/l for samples below 5.5mmol/l.

New blood glucose meters that meet 2013 standards

FreeStyle Libre Flash Glucose Monitoring System

This is a new blood glucose monitoring system that removes the need for routine finger prick tests. The system consists of a small round sensor that is worn on the back of the upper arm for up to 14 days and a reader. The glucose in interstitial fluid is measured every minute through a small filament (5mm long, 0.4mm wide) inserted just under the skin and held in place with a small adhesive pad. (Interstitial fluid is the fluid in cells, not in blood.)

A reader is scanned over the sensor and each scan displays a real-time glucose result, a historical trend and the direction the glucose is heading.

Key features of Abbott's FreeStyle Libre System include:

- No finger prick calibration is needed.
- The disposable, water-resistant sensor can be worn on the back of the upper arm for up to 14 days.
- Glucose readings can be taken as many times per day as needed or desired, with a painless one second scan.
- Each scan provides a current glucose reading, 8-hour history and the direction glucose is heading.

It is thought that the pain and inconvenience of finger prick tests have contributed to less frequent testing which in turn leads to poorer diabetes management.

The system will be available in seven European countries and is licensed for adults only. For more information, visit https://www.freestylelibre.co.uk

New OneTouch Verio Blood Glucose Monitoring System

LIfeScan has introduced this new blood glucose monitoring system which is designed to be easy to use and simple to understand the results, especially for people who are new to self-monitoring.

Key features of LifeScan's One Touch Verio

- Colour coded range indicator which shows whether a result is low, within range or high. The high and low ranges can be customised to individual patient needs.
- When the meter shows a low glucose result, it will prompt the user to treat the low and test again in 15 minutes.
- There are progress notes – an achievement message appears when the current result is in range after 3 consecutive above range results. A progress message also appears when 70% of the results in the previous 7 days are in range.
- Automatic 7, 14, 30 and 90 day averages are also available.
- There is a 500 test memory.

Further information is available at www.lifescan.co.uk

From our own correspondents

It's not all bad!

Dear Jenny,

I just wanted to let you and other readers know that I receive excellent care for my diabetes from my GP. If I need an appointment, I get one the next day and I receive all the checks I am supposed to receive. So the NHS is not all bad, although it does raise the question that if this can happen in my area, why can't it happen everywhere?

Mrs P.E.
Shropshire

Excellent information

Dear Jenny,

I received yesterday your information pack on diabetes. I have been diagnosed with Type 2 diabetes and currently work as a community staff nurse. The wealth of information your organisation provides is outstanding, I have found the information informative and excellent.

By email

Answers to the sore tongue question

Thank you to all the people who called IDDT in response to question from Mrs O.D. about having a permanently sore tongue. Tests for the obvious causes, such as thrush, proved negative so Mrs O.D. was left with no treatment. All the callers had had a similar experience and they all said that the problem in their case was due to Vitamin B12 deficiency. In some cases, tests were initiated by their dentist. This information has been passed to Mrs O.D. and again thanks to members for their help.

The other suggestion we received from a gentleman experiencing a sore tongue, the cause of which could not be found, is mouth washing with Tea Tree oil diluted in water. Tea Tree oil is a natural product with antiseptic, antifungal and antibacterial actions and it worked for this gentleman.

If you would like to write to IDDT on any topic, please contact Jenny by email: jenny@iddtinternational.org or write to her at IDDT, PO Box 294, Northampton NN1 4XS

Request for full HbA1c conversion table

Following the last Newsletter, we have received requests to publish the full HbA1c conversion table, so here it is. It can be found on the LHS tab on the homepage of our website www.iddtinternational.org

HbA1c (DCCT) Current measurement (%)	HbA1c (IFCC) Measurement from June 2011 (mmol/mol)	Average blood glucose level for this HbA1c, mmol/L
6	42	7.0 (range 5.5-8.5)
7	53	8.6 (range 6.8-10.3)
8	64	10.2 (range 8.1-12.1)
9	75	11.8 (range 9.4-13.9)
10	86	13.4 (range 10.7-15.7)
11	97	14.9 (range 12.0-17.5)
12	108	16.5 (range 13.3-19.3)
13	119	18.6 (range 14.6 – 21.1)

At last! Some sensible advice about diet!

Low-carb Diet Recommended for Type 1 and 2 Diabetes Patients

A group of 26 physicians and nutrition researchers reviewed dietary guidelines because current recommendations are not controlling the 'epidemic' of diabetes. They came to the following conclusions:

- ***Medical literature shows that low carbohydrate diets (also referred to as restricted carb diets) reliably reduce high blood and at the same time show general benefit for the risk of cardiovascular disease.***
- ***Low carbohydrate diets should be used as the first line of attack for treatment of Type 2 diabetes and should be used in conjunction with insulin in those with Type 1 diabetes.***

IDDT and others have been advocating this for many years and indeed, many people who have had diabetes since before the dietary guidelines changed to high carb/low fat diets in 1986, didn't change to a high carb diet. Why? Because it never did make sense! It seems the authors agree and they stated:

- Diabetes is a disease of carbohydrate intolerance and reducing carbohydrates is the obvious treatment.
- The resistance of government and private health agencies to low carb diets is very hard to understand.
- Diabetes is too serious a disease for us to try to save face by holding on to ideas that fail.

The researchers also point out that low fat diets have failed to improve obesity, cardiovascular risk or general health whereas low carbohydrate diets for the treatment of diabetes and metabolic syndrome are successful and without side effects.

- People with Type 2 diabetes on carbohydrate-restricted diets, reduce and frequently eliminate medication and people with Type 1 usually require less insulin.
- For many people with Type 2 diabetes, low carb diets are a real cure – they no longer need drugs, they no longer have symptoms, their blood glucose is normal and they generally lose weight.
- Generally, replacing carbs with protein is beneficial.
- Lowering carb intake is the most effective method for decreasing triglyceride levels and raising levels of 'good' HDL cholesterol.
- Increased total fat and saturated fat intake are not associated with increased heart disease risk.
- Intensive glucose-lowering by dietary carbohydrate restriction has negligible side effects compared to the use of medication or insulin for the same effects.

Caution!

The authors caution that people with diabetes who are already on drugs for Type 2 diabetes or anyone taking insulin, should only change to a low carb diet with the help of their doctor or health team because the diet may have a similar sugar-lowering effect so it is critical that drug and insulin doses are tapered off to avoid low blood sugars. (Nutrition, July 2014)

The researchers call upon governments and health agencies to hold hearings on the issues presented in the review, adding that vigorous scrutiny should be part of the process.

NHS News

Patients asked to leave GP practices

A survey 1,000 GPs carried out by the Royal College of GPs has reported that 7% of GP surgeries had asked patients to leave because of a shortage of GPs. It also showed a severe staffing crisis as doctors said they had closed patient lists and had been forced to turn patients away. There have also been reports of residents in care homes being removed from doctors' lists.

In terms of being 'struck off', an article in the Daily Mail (1st Sept 2014) states that at least 11,894, and could be as high as 35,000, people have been wrongly removed from their GP practice by managers from NHS England because people have failed to respond within 2 months to a letter asking them to confirm their name and address. The letter-writing initiative came about by NHS calculations showing that the NHS is wasting up to £200 million a year paying GPs for patients who do not exist – either people have died or moved away. Surgeries receive an average of £73 a year for every patient on their list.

GPs have no control over who is being struck off and say that as result some patients may miss reminders for essential screening appointments. In order to obtain a GP appointment, patients who have been struck off have no alternative but to go through the time consuming re-registration process – once they discover they no longer have a GP!

Complaints against GPs reach 50,000 a year

The Health and Social Care Information Centre has revealed that 50,000 written complaints were made against GPs in the last financial year, equivalent to 480 a day.

- 24,400 were complaints made against medical services offered at a GP practice which included GP appointments and nurse treatment.
- 22,600 complaints were about general practice administration.
- A third (36%) related to clinical issues and were the most common reason for complaints.
- A fifth (20%) of complaints related to the communications/attitude of practice staff.

New standards for hospital food

The Government is introducing new standards for hospital food for both patients and staff which will be enforced by legally binding NHS contracts. The new standards will focus on quality, choice and the promotion of a healthy diet. There is nothing in the new standards specifically for people with diabetes, so let us hope they include not only suitable food choices for the management of diabetes but also that the meals are provided at the right time.

Without sounding too cynical, how many times have we heard that hospital food is going to improve? We'll see what happens this time…

NHS staff told to slim down for patients' sake

In August this year, NHS chief executive, Simon Stevens, said that overweight doctors and nurses should be told to lose weight to set a good example to patients. He is quoted as saying that unhealthy foods, such as burgers and chips, should be removed from staff canteens. Other plans being considered by NHS England are staff taking part in weight loss competitions, the building of gyms and NHS sites to be made cycle friendly. According to one newspaper, 700,000 of the 1.3million NHS staff are either overweight or obese.

New mediation service

In the last Newsletter, we described the NHS complaints procedure. Well, things have moved on since then and a new mediation service is available to help support patients, their families and the NHS to resolve claims quickly and cost effectively, according to the NHS Litigation Authority.

Mediation is an independent, voluntary and confidential process - about 75% of mediations result in a satisfactory outcome, often within a single day.

The mediation service will provide an opportunity for face to face discussion between the healthcare provider, the patient and/or their family, supported by an independent and accredited mediator. During the mediation process legal rights remain intact and if either party is unhappy with the outcome, the case can still proceed to court.

The NHS Litigation Authority helps to resolve disputes arising from dentists, GPs, pharmacists and opticians about decisions made by commissioners of healthcare which affect their contracts with the NHS and helps to resolve concerns about the professional practice of doctors, dentists and pharmacists in the UK. More information is available at http://www.nhsla.com/CurrentActivity/Documents/Mediation%20Leaflet.pdf

Fruits, vegetables and weight loss

over simplifying messages is not effective

Eating lots of fruit and vegetables is often recommended as a way to lose weight but researchers have warned that if you don't reduce your calories intake, you won't lose weight. They reviewed seven studies that investigated how fruit and vegetable consumption affected weight loss. Nearly all studies showed a near zero effect on weight loss, although an increase in servings does not increase the risk of weight gain.

The simple message to 'eat more fruit and vegetables' is not sufficient because often people just add them on top of whatever they normally eat and this is not likely to cause weight loss. It must not be forgotten that fruit and vegetables have health benefits but they should replace less healthy foods. (American Journal of Clinical Nutrition, June 25th 2014)

Pharmaceutical News

Lilly's new long-acting insulin

In the last Newsletter we informed you that Eli Lilly, with its partner Boehringer Ingelheim, is developing a new long-acting insulin similar to insulin glargine (Lantus). The new insulin, Basaglar, has received positive recommendation for approval by the European Medicines Agency (EMA) as they consider it to be a biosimilar insulin. This means that they consider it to be a copy of Lantus made by Sanofi so it could be on the market in Europe before too long.

In the US, however, it is not considered be a biosimilar insulin by the FDA, even though it is one. Sanofi holds the patent until mid-2016 and they have filed a law suit against Lilly claiming patent infringement, so it faces an automatic 30 month delay before reaching the US market. Sanofi, meanwhile, has been using this extra time to promote its new and apparently improved version of Lantus, the U300 insulin called Toujeo. Oh, what a world!

European approval for new once weekly treatment for Type 2 diabetes

GlaxoSmithKline has received approval from Europe to market its once-weekly treatment for Type 2 diabetes called Eperzan (albiglutide). It is expected to be available in several European countries towards the end of 2014. Eperzan is injected once a week with a pen injection device with a 5mm needle and belongs to the same family of drugs as Bydureon.

In the trials involving 5,000 people, the most serious adverse effect was acute pancreatitis which has also been reported with other drugs in this class. The most frequently reported adverse effects were diarrhoea, nausea and injection site reactions.

EU recommendation for Novo Nordisk's two-in-one diabetes drug

In July, the EMA recommended for approval a Novo Nordisk drug combining its long-acting insulin degludec with its Type 2 diabetes treatment, Victoza. The drug, Xultophy, is for people with Type 2 diabetes and is expected to reach the market in Britain, Germany and Denmark in the first half of 2015.

According to Novo Nordisk, clinical trials have shown that this once daily injection of the combination of two drugs lowers blood sugars more than each drug on its own and trial participants also tended to lose weight.

Novo Nordisk receive $90,000 fine

Novo Nordisk received approval for their new insulins, Tresiba and Ryzodeg, in the EU and Japan but not in the US because the FDA required more studies to assess the drugs' cardiovascular risks. Novo Nordisk did not immediately inform their investors of this but waited 2 days before doing so. Danish law requires companies to disclose material information as soon as possible, so Novo Nordisk was fined $90,000.

Drug companies pay $9 billion damages for hiding cancer risks of Actos

Regular readers may remember the problems with Type 2 drug, Actos (pioglitazone) and the debate about cancer risks resulting in it only being prescribed in special situations. In May this year Reuters News reported that the manufacturers Takeda and Lilly were ordered to pay a combined $9 billion in punitive damages after a US jury found they had concealed the cancer risks of Actos.

Taking the stairs

A public health campaign in New York City encourages people to use the stairs whenever possible as a good way to burn calories. The city has put up 30,000 prompts in more than 1,000 buildings to get people to take the steps instead of an elevator.

Taking public transport linked to lower weight

People who walk or ride a bike to work tend to be thinner than those who drive in their own cars. A new study has shown that people who take public transport, such as buses and trains, also tend to be thinner, so if more people left their cars at home there could be significant health benefits.

People who reported walking to work typically only walked about a mile which is probably similar to people who walk this distance when taking public transport. Of the over 7,000 people in the survey, only 10% of men and 11% of women reported using public transport but after adjusting for other factors, they also had lower average BMIs and body fat percentages than the people who used their cars. (The BMJ, online August 19, 2014)

InDependent Diabetes Trust SNIPPETS

No benefits from more than 5 a day

Researchers studying 833,234 people wrote in BMJ (29th July 2014) that mortality risks dropped by 5% for each additional serving of fruits or vegetables consumed each day. However, the benefit cut off came at five servings. The study contradicts earlier research suggesting people should eat seven or more servings to have the lowest mortality risks. Of course, it also showed that not many of us achieve the recommended 5 a day anyway!

Doctors and driving

An analysis of insurance claims by MoneySuperMarket has shown that nine out of ten occupations most likely to cause car accidents are related to health care. Surgeons and GPs were the worst drivers with over a third of surgeons who drive cars making an at fault insurance claim in the past 5 years.

Plan to lift sugar quotas

The EU plans to lift sugar production quota in 2017 which has the potential to affect public health. There may be reductions in the cost of sugar which could result in manufacturers increasing the amount of sugar in food and drink. Campaigners are urging the EU to reconsider the decision due to the growing concerns of diseases linked to high sugar consumption, obesity and Type 2 diabetes being the obvious.

Miss Idaho wears an insulin pump attached to her bikini

According to the press, an American beauty queen has become a figurehead for people with diabetes after winning the Miss Idaho contest wearing her insulin pump. Miss Sierra Sandison, aged 20, made sure her pump was visible on stage and posted the picture on her facebook page.

Sweden the best for diabetes

In the Euro Diabetes Index, Sweden has been listed as having the best healthcare system in Europe for treating diabetes. Sweden was followed by the Netherlands, Denmark and the UK.

Vegan diet improves diabetic neuropathy pain

A small study of people with Type 2 diabetes and diabetic neuropathy showed that hose who ate a vegan diet plus vitamin B12 supplements had less neuropathy symptoms and better quality of life than those on B12 supplements alone. (American Association of Diabetes Educators meeting, 08.08.14)

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A public health campaign in New York City encourages people to use the stairs whenever possible as a good way to burn calories. The city has put up 30,000 prompts in more than 1,000 buildings to get people to take the steps instead of an elevator.

Mediterranean diet tied to better outcomes in Type 2 diabetes

An analysis has shown that people with Type 2 diabetes who followed a Mediterranean diet took up to eight years before requiring anti-diabetes medications, compared with six years in those who followed a low fat diet. Diabetes remission was also more prevalent in the Mediterranean diet group than those in the low fat diet group. (Diabetes Care, April 2014)

Taking public transport linked to lower weight

People who walk or ride a bike to work tend to be thinner than those who drive in their own cars. A new study has shown that people who take public transport, such as buses and trains, also tend to be thinner, so if more people left their cars at home there could be significant health benefits.

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From your editor – Jenny Hirst

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