

INDEPENDENT DIABETES TRUST Newsletter



December 2017 Newsletter, Issue 95

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Greetings for Christmas and the New Year

This is our last Newsletter of 2017, so the Trustees and staff want to send all our readers best wishes for Christmas and the New Year. If it is your first Christmas with diabetes, you may be anxious as food is a major part of the seasonal celebrations, so as usual, we have some Christmas Tips to help you.

We would also like to thank you for your support throughout this year and to say that it is very much appreciated by us all.

IN THIS ISSUE...

- Different Diets
- Beef insulin dates
- FreeStyle Libre on NHS
- Warnings
- Xmas food news

Freestyle Libre available on the NHS!

On September 13th it was announced that the Freestyle Libre by Abbott will be available on the NHS from November 1st 2017 for people with Type 1 diabetes. This is a device which checks blood glucose levels by scanning a sensor worn on the back of the arm without having to prick the fingers, so non-invasively. Globally there are over 300,000 users and it is available in more than 35 countries. It is referred to as a flash glucose sensing device and is currently the only one in existence. At the end of September, it was also approved by the FDA for use in the US.



It will be available for reimbursement via the NHS in England and Wales, NHS Scotland and Health and Social Care in Northern Ireland for people with Type 1 and 2 diabetes who are treating their diabetes intensively with insulin.

The sensor is about the size of a £2 coin worn on the back of the arm for up to 14 days with a probe that goes just under the skin. The sensor is 'flashed' with a scanning device which gives the glucose readings as a graph of the levels for the previous 8 hours and an arrow showing if the glucose levels are going up or down.

How to obtain the Freestyle Libre from November 1st, 2017

- In the first instance, you should go and speak to the health care professional who normally treats your diabetes to discuss suitability for you and availability in your area.
- If you are given a prescription for the FreeStyle Libre sensor, you will fulfil it in the same way as your other medications and supplies via a pharmacy.
- The FreeStyle Libre reader is not available via prescription and will be provided free of charge via a health care professional based on suitability and availability in your area.

The FreeStyle Libre system will still be available to purchase via FreeStylelibre.co.uk

It seems like the answer to a prayer and people in the UK who are already using it by paying for the sensors, are full of praise for it. Theresa May is wearing one in a picture in the Daily Mail on October 31st!

However, while national approval for the device has been given, it is subject to local health authority approval. So once again we run the risk of having a postcode lottery of availability, despite evidence that flash glucose monitoring can improve blood glucose levels, reduce time spent in hypo- and hyperglycaemia and enable people to reduce HbA1cs and potentially reduce complications, not to mention improving the quality of life.

Even before November 1st www.diabetes.co.uk reported the case of Andrew Mills who has been paying £57 out of his own pocket for each sensor which last for 2 weeks but he has been denied NHS funding by Northumberland CCG because they will only be funding certain groups of people – pregnant women, those at risk of severe hypos and people with Type 1 diabetes who have dangerously erratic blood sugars.

Naturally, IDDT believes that everyone with Type 1 and Type 2 diabetes using insulin who wants to use this device, should be allowed to

do so, but will this happen? How will local health authorities decide who can or cannot have it or will some areas simply have a blanket ban? Will they understand and think about all the benefits that it could have on daily living and quality of life?

Here are just a few thoughts but there are many other examples:

In a family, the person sets off to work early in the morning while their partner with diabetes is still asleep, just a quick flash on the sensor, will let them know that their sleeping partner is just that – asleep and not hypo!

In schools, the designated teacher/carer would not have to do a finger-prick test. In addition, the parents would know what has been happening during the school day.

In residential care the staff are not allowed to finger-prick test because it is invasive, but with the Libre they could easily check the residents with diabetes to better manage their diabetes.

Availability around the country – please help!

If you apply for a Freestyle Libre, please let us know if it was made available to you or not and if not, why not. You can call IDDT on 01604 622837, email jenny@iddtinternational.org or write to IDDT, PO Box 294, Northampton NN1 4XS.

Latest on beef insulin discontinuation

IDDT tried to ensure that as many of our members as possible were made aware of the announcement that beef insulin is being discontinued. This is due to the fact that the raw materials, beef insulin crystals are no longer being made and are not available anywhere in the world.

We have also tried to reassure people that pork insulin will remain available, so this is the nearest available option. We are aware that this change is upsetting for people who are using beef insulin, and perhaps have used it for many years. However, this is unavoidable because so few people in the world are using beef insulin.

Hypurin® Bovine Insulin predicted depletion dates

Predicted depletion dates are based on current stock and average sales. The latest updates for the withdrawals of beef insulin are below provided by Wockhardt on September 5th 2017.

Description	Form	Predicted depletion date
Hypurin® Bovine Isophane	3ml Cartridges	November 2017
Hypurin® Bovine Neutral	3ml Cartridges	August 2018
Hypurin® Bovine Isophane	10ml Vial	September 2018

Description	Form	Predicted depletion date
Hypurin® Bovine Neutral	10ml Vial	December 2018
Hypurin® Bovine Lente (IZS)	10ml Vial	April 2019
Hypurin® Bovine PZI	10ml Vial	August 2018

Encouragement from one IDDT member

We know that many people are worried about the change to pork insulin but below is a letter from Ralph Speight who has had Type 1 diabetes for 53 years and has always used beef insulin. Here is what Ralph has to say...

"I have always had animal insulins, except that I briefly was made to take Humulin when we all had to change in the 1980's. The effects were devastating, collapsing, fits, not waking in a morning etc, I went to my local hospital to seek help but they said it was my fault and I would get used to it, one doctor even told me to never exercise again as long as I lived as that caused the problems. I finally saw Professor John Ward at the Hallamshire hospital in Sheffield and he immediately changed me to beef and it was 100% better.

I was devastated to read recently that beef insulin was to be discontinued. I had to research everything myself as no doctor has given me any information or help. However, one of the nurses at my GP's was very helpful and helped to change my prescription to pork insulin. I also came across your organisation and spoke to a lady. For probably the first time in my life, it was good to speak to someone who understood living with diabetes and also my fear of change.

I wanted to let you know that all is fine, and after nearly 4 weeks now, I would say pork is as good, possibly lows are not as bad and I don't get confused on the rare occasion in the night when I am low and I have woken in plenty of time for a drink of lucozade and back to sleep. So fingers crossed, it will continue. Just to register my thanks to the lady I spoke to for her time and understanding. I do feel our illness is massively misunderstood, pathetically represented and not regarded with the respect the illness claims."

A FEW REMINDERS

Adjusting your insulin dose

This is important and people need to learn how to adjust their insulin by working with their healthcare professional but there is some general advice:

Be patient – change one insulin dose by a small amount and keep this dosage for 2 to 3 days so that you can see the effect on overall patterns.

If your blood sugars are erratic, start by adjusting the basal dose (Isophane, Lantus, Levemir) by 2 units every 3 days until the morning levels are on target but if you have a night hypo, lower the dose by 2 units and discuss with your healthcare professional.

Do not attempt to work out your insulin to carbohydrate ratio until your basal dose is fairly stable. This is the amount of carbohydrate that covers one unit of insulin for meals using short or rapid-acting insulin (Apidra, Humalog, NovoRapid, Neutral).

Thank you for ordering IDDT Christmas cards!



Many of you have already ordered IDDT Christmas cards we would like to say a big 'thank you' for helping to support IDDT in doing this. We would also like to remind those of you who have not yet bought all your cards, we still have cards available to buy. Give us a call or visit or order from our website: www.iddt.org/product-category/christmas-cards



You might also want to take advantage of the special Christmas discount we are offering on our book – Diabetes, Food, Meds and More.

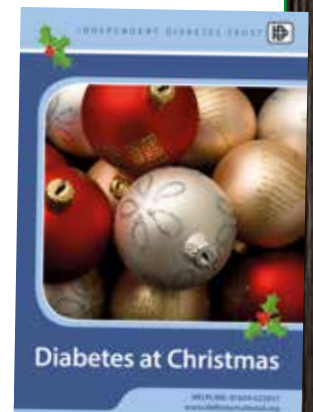
Christmas and Food News

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. You can't really take a day off from it but it is important to remember that it is a time to be enjoyed with family and friends.

New booklet to help with Christmas!

IDDT has introduced a new free booklet, 'Diabetes and Christmas', to provide recipes and tips to help people and families living with Type 1 and Type 2 diabetes at Christmas time. It can help to take some of the worry or uncertainty about what to eat, what to do when meal times are different from usual and drinking alcohol.

If you would like a free copy, just call IDDT on 01604 622837, visit our website www.iddtinternational.org email enquiries@iddtinternational.org or write to IDDT, PO Box 294, Northampton NN1 4XS





THE IDDT'S LOTTERY DRAW WINNERS

We are delighted to announce the winners of the draw of our monthly lottery for August 2017. They are as follows:

- 1st prize of £336.96**
goes to Colin from Swindon
- 2nd prize of £252.72**
goes to Anon. from Newcastle upon Tyne
- 3rd prize of £168.48**
goes to Peter from Bromsgrove
- 4th prize of £84.24** goes
to Anon. from Ross on Wye

Winners of the September 2017 draw are:

- 1st prize of £353.28**
goes to Martin from Hornchurch
- 2nd prize of £264.96**
goes to Anon. from Milton Keynes
- 3rd prize of £176.64**
goes to Anon. from Bingley
- 4th prize of £88.32**
goes to Geoffrey from Doncaster

Winners of the October 2017 draw are:

- 1st prize of £450.04**
goes to Denise from Birmingham
- 2nd prize of £337.52**
goes to Kenneth from Tonyrefail
- 3rd prize of £225.02**
goes to ANON from Bournemouth
- 4th prize of £112.55**
goes to Margaret from Southwold

Note: the winners of the draws for November, December and January will be announced in our March 2018 Newsletter and will be available on our website.

**THANK YOU TO EVERYONE WHO
JOINED IN IDDT'S LOTTERY.**

If you would like to join in for just £2.00 per month, then give us a call on 01604 622837 or email tim@iddtinternational.org

The rising cost of insulin



"Nearly 100 years after insulin was first used to save the life of a diabetic patient, people around the world still die because they cannot access this hormone." Ban Ki-moon, UN Secretary-General, World Diabetes Day 2013

New research has shown that the cost of insulin, one of the most important treatments for diabetes, rose by nearly 200% between 2002 and 2013. Other diabetes medications also increased in price but in 2013 the total spending on insulin was greater than the combined cost of all those other drugs.

The senior researcher from the University of Melbourne said that the large increase in costs can be largely explained by the much greater use of the newer analogue insulins. He adds that while analogue insulins may be better for some people, they are much more costly than the human insulins they replaced.

The researchers used information from the US medical spending from 27,878 people with diabetes between 2002 and 2013 and during this time:

- In people using insulin the average amount used each year went up from 171mls to 206mls.
- The average price increased from \$4.34 to \$12.92 per ml.
- Annual spending per patient on insulin increased from \$231.48 to \$736.09 but by 2013 the combined spending per patient on all other drugs was \$502.57.
- The cost per pill of metformin actually fell by 93% from 2002 to 2013.

Dr. Robert Gabbay, Chief Medical Officer at the Joslin Centre in Boston, said the rising cost of insulin affects the amount of money people with diabetes pay out of pocket and also impacts how they can manage their condition. "I can tell you from seeing patients myself that there are many who can't afford their insulin and don't take it or take less of it and they're worse off for it." (JAMA online April 5th 2016)

Comment: IDDT collects unwanted, in-date insulin to send to developing countries where people cannot afford the insulin they need but the United States is not a developing country, yet some people cannot afford the insulin they need to stay healthy.

Warnings!

All Accu-Chek® Insight insulin pumps – risk of alarm failure

From: Medicines and Healthcare products Regulatory Agency

20 September 2017

Manufactured by Roche Diabetes Care – the audible and/or vibration alarms might not function, which may lead to hyperglycaemia if the user doesn't see the notification message on the pump.

Due to an electrical issue there is a risk of a vibrator alarm failure and an intermittent audible alarm failure. The alarm failures will be detected during a pump's self-test, which is prompted by changing the battery or insulin cartridge. If the failures are detected, the E7 error shows on the pump's display.

Users should contact the customer care line if they cannot resolve an E7 error message at:

Roche Diabetes Care, Tel: 0800 731 2291 burgesshill.insulinpumps@roche.com

Medtronic recall specific lots of infusion sets with all models of Medtronic insulin pumps, September 11th 2017

Medtronic has started to inform patients worldwide of a voluntary recall of specific lots of infusion sets used with all models of Medtronic insulin pumps. The recall is related to a discontinued component, the vent membrane, in these infusion sets which may be susceptible to being blocked by fluid during the process of priming/fill-tubing. This can lead to potential over-delivery of insulin shortly after an infusion set change, which may cause hypoglycaemia.

Currently manufactured infusion sets, available from April 2017, include a design update of this component which the company believes reduces the above risk.

Instructions from Medtronic to prevent fluid getting on the infusion set membrane during the filling process

1. After filling the reservoir, make sure the vial of insulin is held upright when removing the reservoir from the blue transfer guard. This prevents insulin from accidentally getting on top of the reservoir which could be transferred on to the membrane'
2. If any liquid insulin, isopropyl alcohol or water, gets on top of the reservoir or inside the tubing connector, it can block the infusion set membrane. In turn, this may lead to increased pressure inside the reservoir chamber during the priming/fill-tubing process which could lead to the over-delivery of insulin shortly after the infusion set change. If liquid is visible on top of the reservoir or inside the tubing connector, , start again with a new reservoir and infusion set.
3. If you notice anything unusual after the priming/fill-tubing process, start over with a new reservoir and infusion set.
4. As an extra precaution, it is good practice to check your blood glucose an hour after your infusion set change.

Customer Instructions

Medtronic will work with patients to ensure recalled infusion sets are returned and replaced with new infusion sets containing the updated component at no cost.

Customers in Europe, Middle East and Africa (EMEA region) can find out if they have recalled infusion sets by visiting www.mmc.medtronic-diabetes.com/look.



Mobile apps for diabetes patients need careful review

Researchers in the US have shown that people who use smartphones to manage their diabetes should be aware that not all apps are reliable. There is little control over what is being published on apps by any health organisations or agencies.

The researchers found 120 free patient apps for Android and Apple devices and evaluated 89 that were in English for diabetes management. They looked at the number of diabetes-specific tasks the apps included, such as physical activity, diet, blood glucose testing, medication, insulin dose and education.

The results showed:

overall the apps scored high on aesthetics and engagement but poorly on information and quality,

Only 4 of the 89 apps integrated the 6 diabetes management tasks and less than half the apps integrated 4 tasks.

One advantage of apps, is that people sometimes forget to take their meters to clinics with results but they always have their phones with them. However, it has also been pointed out that people with diabetes also want to know about their mood, stress, sleep problems and wellbeing which are not often present in most diabetes apps.

The researchers recommend that people with diabetes and healthcare professionals should keep informed about the best apps. (Diabetes Care. August 2017)

More warnings about buying medication online

In March 2017, the Care Quality Commission issued warnings about buying medication online because there can be minimal security and safety checks. Buying online can seem convenient but there are risks:

- not having appropriate health checks before obtaining them,
- the supplier not having medical history to ensure the drugs are being safely used,
- when buying drugs online from an unverified website there is no way of knowing if they are what they should be but GPs and other prescribers are trained to take into account all the relevant factors and to ensure that the drugs work safely with other drugs.

The Royal College of GPs are particularly concerned about buying Viagra (sildenafil) online for erectile dysfunction partly because it may not be what people think it is and this can have serious consequences. In addition, if it is genuine, it is a powerful drug which can have serious side effects if taken inappropriately and there are medical reasons why some people should not be prescribed it, such as for people with a heart condition, liver problems or low blood pressure.

Prescriptions for Viagra have increased over the last ten years so, hopefully, this means that men are feeling more comfortable about discussing the problem with their doctors.

Note: If you would like a copy of IDDT's leaflet 'Sexual dysfunction in men and women', email enquiries@iddtinternational.org or call 01604 622837.



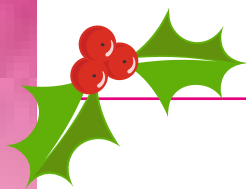
Warning about Push Doctor!

Perhaps you too have seen the adverts on TV for 'Push Doctor' which claim that by using this internet doctor service, 'You'll never go to your doctor's again.' They also claim to be a 'trustworthy alternative to the NHS'

Push Doctor charges patients £25 for a 10-minute video consultation manned by GPs working in their spare time. It carries out up to 100,000 consultations a month - a very profitable business!

However, an inspection by the Care Quality Commission found that Push Doctor was unsafe and ineffective and prescribing high-risk medications without proper checks and treating children without checking who they were [now suspended].

So if you are tempted to use Push Doctor, just be warned of the issues involved and remember that our GPs are a vital part of our lives.



Statins and kidney disease

NICE has recommended that healthcare professionals should offer statins to people with chronic kidney disease (CKD) to manage the increased risk of cardiovascular disease. The new NICE standard lists Astorvastatin as the preferred statin because it is both clinically and cost effective.

CKD is a long-term condition where the kidneys no longer work as well and can be one of the complications of diabetes.

Hypertension in adults

New guidance has been produced for the treatment of people with high blood pressure, including people with Type 2 diabetes. It can be found at: <https://www.nice.org.uk/guidance/gid-ng10054/documents/final-scope>

Common ear infections should not be treated with antibiotics

NICE have issued draft guidance advising health professionals on how to treat acute otitis media, a middle ear infection common in children and young people.

Estimates suggest that one in four children have a middle ear infection before they are 10 years old and 60% of these show improvements within 24 hours, even if they are not given antibiotics. Therefore the draft guidance is suggesting that children and young people should be treated with pain relief rather than antibiotics.

However, NICE do state that people who need antibiotics should be given them and people who have a more serious problem, such as a burst eardrum, may need antibiotics immediately.

Type 2 diabetes in adults: management (NG28)

This guideline covers the care and management of Type 2 diabetes in adults (aged 18 and over). It focuses on patient education, dietary advice, managing cardiovascular risk, managing blood glucose levels, and identifying and managing long-term complications. It was last updated in May 2017 when the effectiveness and impact of drugs used

to manage diabetes in people with a high risk of cardiovascular disease was looked at.

NICE has found that there is insufficient evidence to make any further definitive recommendations, as currently trials have only reported on some of the drugs in the SGLT-2 and GLP-1 classes, with trials of others still ongoing. As such, the existing recommendations will remain in place.

NICE: Type 2 diabetes: prevention in people at high risk

This guideline is an update of how to identify adults at high risk of Type 2 diabetes and reminds health professionals that age is no barrier to being at high risk of, or developing, the condition. It also aims to help them to provide people at high risk with an effective and appropriate intensive lifestyle-change programme to prevent or delay the onset of Type 2 diabetes.

NICE reviewed the evidence for intensive lifestyle-change programmes and metformin for people at risk of Type 2 diabetes, adding new recommendations on lifestyle-change programmes and changing the recommendation about offering metformin.

This guideline includes recommendations on:

- risk assessment and risk identification
- physical activity
- weight management and dietary advice
- vulnerable groups
- metformin and orlistat.

Brampton Valley Way challenge completed despite injury

Oliver Jelley, a determined fundraiser from Market Harborough who normally completes a 14-mile run every summer for the InDependent Diabetes Trust (IDDT) refused to be beaten by a serious knee injury. Instead he walked the distance between Market Harborough and Northampton on Saturday, September 2, to raise much-needed funds for IDDT.

It was the fourth consecutive year that the 35-year-old has organised the IDDT's 14-Mile Challenge, with participants normally either cycling or running along the Brampton Valley Way.

Oliver suffered a ruptured ligament playing football in April, so he is currently unable to run or play sport and said, "I was resigned to sitting out this year because I can't cycle either but then the week before I thought 'why don't I walk it?'"

Oliver and his brother-in-law set out at just before 7am and the runners and cyclists began at 10am. It took them four and a half hours, but apart from a few blisters he was absolutely fine. "Everyone did an amazing job in raising money and awareness for IDDT, it is a vital charity, not only for local people with diabetes but people up and down the country with the condition."

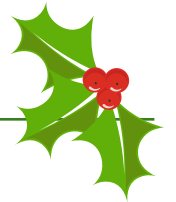
Lichfield 10K Run

Rob Coles, whose daughter has had Type 1 diabetes since she was a little girl, ran the Litchfield 10K run which his friends and family sponsored to raise funds for IDDT. Rob does not normally carry out such events but wanted to show his family's appreciation for the support that he and his wife have received over the years from IDDT. Rob raised £200.

Martin Hirst, IDDT chief executive, said: "We, like every charity, are reliant on donations such as those from Rob and Oliver, so we are extremely grateful for these vital funds. The money will go towards enabling us to continue to support people with diabetes who live with this lifelong health condition."



NHS NEWS



New information from NHS Digital – school nurses shortage

In August, NHS Digital announced that 500 school nurses have left the profession since last year, leaving only 2,433 full time school nurses. Over 100 school nurses have left in 2017 alone suggesting that this trend is rising.

The Royal College of Nursing (RCN) has warned that this loss leaves teachers without vital training and pupils without support. They also warn that if this situation continues to deteriorate pupils with health conditions such as asthma, allergies, diabetes or epilepsy may be unable to attend mainstream school. The RCN points out that it would be 'completely unjust' if a child couldn't participate in school life because of their health condition and is calling on the government to provide local authorities with funds for fully-staffed school nursing services.

NHS 'spends £21m on management consultancy advice'

The plans to make £22 billion of efficiency savings to health services by 2020/21 were first announced in December 2015. Recently, 'Pulse' carried out an investigation of all 44 'Sustainability and Transformation Partnership' regions and found that some areas have spent millions of pounds on management consultants to help them draw up plans to save money, in some cases by cutting frontline

services. Health and Social care services in England have paid £21 million.

Is this expenditure acceptable in the light potential cuts?

No more super-sized Chocolate bars in the NHS

Hospitals have been ordered by Simon Stevens, the Chief Executive of NHS England, to remove super-sized chocolate bars and 'grab bags' of sugary snacks off the shelves in the latest NHS step to combat obesity, diabetes and tooth decay. There will be a 250 calorie limit on confectionery sold in hospital canteens, stores and vending machines. Unhealthy sandwiches and drinks are also being targeted.

Hospital chiefs will have to ensure that four out of five items purchased on their premises do not bust the limit, which is an eighth of a woman's and a tenth of a man's recommended daily intake, or lose out on funding ring-fenced for improving the health of staff, patients and their visitors.

In 2018/19 health services will get financial incentives if they make further efforts, currently including:

- 80% of confectionery and sweets stocked do not exceed 250 kcal.
- 75% of pre-packed sandwiches and other savoury pre-packed meals to contain 400 kcal or less per serving and do not exceed five grams of saturated fat per 100g.
- 80% of drinks line stocked must have less than 5g of added sugar per 100ml.



Different Diets

By Dr. Mabel Blades, Consultant Dietitian

These days there seems to be a plethora of different diets promoted. Many are advocated by various food bloggers as well as other personalities. Indeed, I turned on the radio in the car to hear someone advising “do not eat beige food”. This left me wondering about shades of beige and how different foods like chickpeas, porridge, granary bread and pasta fit in!

Many of the diets are all about helping people to lose weight or eat more healthily but many are based on a lack of scientific evidence. While hospital catering colleagues do try to accommodate various diets for therapeutic reasons, it is difficult for them to provide for many of the more unusual diets which are followed as a lifestyle choice, other than by picking and choosing from the main menu.

In general people find some “rules” about what to eat and what not to eat helpful as it gives a context within which to make choices.

However, there are some well-known and validated diets which will be described briefly alongside the others. An important point is that you should check with your health professional before embarking on any diet that may affect your diabetes.

A range of diets

The Paleo diet is said to be reflective of what our hunter gatherer ancestors ate, so is based on meat and fish as well as eggs, fruit and vegetables. It obviously contains no processed or refined foods nor does it include milk or dairy foods, potatoes or grains, such as wheat or oats. Thus it is a high protein diet.

Dukan diet This is another high protein, low carbohydrate diet which is usually aimed at promoting weight loss. It has been criticised as it can lead to side effects, such as constipation.

Ketogenic diets are high in fat and low in carbohydrate and cause the body to produce ketones and thus are not suitable for people with diabetes. Interestingly, sometimes ketogenic diets are used to manage epilepsy and sometimes seizures particularly in children. However, in such situations, the diet is managed by a dietitian and special food products are prescribed.

DASH diet stands for Dietary Approaches to Stop Hypertension and originated in America. Research has found it to be extremely helpful in lowering blood pressure as well as preventing coronary heart disease, stroke and Type 2 diabetes. It is based on reducing saturated fat, sugars and salt and promoting fruit, vegetables and whole grains. There is clear guidance and it is easy to implement.

The Low FODMAP diet is low in Fermentable Oligo, Di and Monosaccharides and Polyols which are all different types of carbohydrate. For some people these can be poorly absorbed and ferment in the digestive tract causing gas to be produced and symptoms of bloating and irritable bowel syndrome (IBS) to occur. This diet originated in Australia and was then well researched at Kings College in London. It is not the easiest diet to follow but is often implemented in stages. It can be extremely helpful to some people who have had agonising problems with IBS with reports that after following the regime, they said they no longer have IBS the regimen!

Note: the 5/2 diet is based on 2 days of fasting followed by 5 days of normal eating. It is advised that the 2 days are separate in the week and the 5 days of normal eating should be a normal healthy diet and not gorging on fatty and sugary foods! However, logic suggests that this is not suitable for people with diabetes but can be helpful for weight loss.

Remember!

Always check with your health professional before starting a different diet

From our own correspondents

Correction from September 2017 Newsletter

In this edition of the Newsletter we reported on research which showed that insulin production still occurs in about half the people with Type 1 diabetes after living with the condition for 10 years. At the end, I suggested that this may make achieving 'good' control more difficult. However, I have been corrected by a professor far better qualified than me. He says:

Endogenous insulin production (insulin produced by the body) by beta cells is regulated by blood

glucose levels reaching the pancreas and it increases, when blood glucose rises, and decreases, when it goes down. It shuts off completely (to be seen by reduction of c-peptide) when hypoglycaemia is produced by exogenous insulin administration. Hypoglycaemia by endogenous insulin is only possible, when insulin secretion is unregulated, such as insulinoma (insulin producing beta cell tumour).

Jenny Hirst, Editor

Podiatry

Dear Jenny,

With respect to the letter from one of your readers regarding toe nail cutting, I had exactly the same problems. The NHS had cut out the service and I rang all the numbers I could find, including some that had been posted on hospital notice boards. All refused to take me, as I was diabetic! After a couple of years I got in touch with Age Concern who referred me to a service that has been very good: £20 on the first visit and £10 for each subsequent appointment.

I hope this helps.

By email



And another...

Dear Jenny,

Having read the letter in the September issue of your newsletter about the gentleman whose local hospital has closed their Diabetic Podiatry Clinic and who cannot afford between £45 and £50 per visit from a podiatrist every six weeks, I have a suggestion which might help.

Having spoken to my own ex NHS chiropodist, it might be worth enquiring whether they have a local Age UK Centre where I believe that toenails can be cut at a price which, throughout the UK, can vary between £9 and £14. It could be that the husband might have to pay an annual subscription to belong to a Age UK branch and in many cases they supply transport from people's homes to a local centre for a small charge. This might be worth investigating? I am delighted to see that IDDT are still going from strength to strength.

By email

Adverse effects on 'synthetic' insulin, again

Dear Jenny,

With reference to your article on animal insulin. My previous surgery took me off animal insulin and on to Humulin 3. For years I have been complaining about not feeling well, not getting hypo warnings like I used to, my weight has increased despite eating a lot less, no stamina, tired headaches etc. I also get sudden sweats and occasionally having tested myself before say breakfast and whilst eating, my blood sugars plummet to around to 2mmols.

I have mentioned this on every diabetic clinic but told that 'it is the nature of the beast'. I will this week bring your article to my current surgery and see if I could move to porcine insulin.

Anon

Your last Newsletter

Dear Jenny,

I just wanted to point out that I have been using the Freestyle Libre flash glucose testing for some time and paying for the strips but it is well worth it because I know what my glucose levels are doing and whether they are going up or down.

I noticed that in Type 2 & You there was an article about sweeteners and I think that it is worth pointing out that aspartame, which is present in so many foods and drinks, can cause adverse effects, it gives me dreadful headaches. So the adverse effects may be something your other readers need to be aware of.

Mr P.J.

Long-term use of long-acting insulin analogues and breast cancer incidence in women with Type 2 diabetes

The association between long-acting insulin analogues and the increased risk of breast cancer has been recognised for some time and discussed in past IDDT Newsletters. However, it has been uncertain, largely because of the short follow-up time in previous studies. This latest study assessed the long-term risk in women 40 years or older with Type 2 diabetes. They were all treated with long-acting glargine (Lantus), detemir (Levemir) or NPH (intermediate-acting human insulin) between 2002 and 2012 and were followed until February 2015.

The results showed that in the 22,395 women who received insulin treatment, 321 breast cancer events occurred during the 12 year follow-up. Compared with NPH, insulin glargine (Lantus) was associated with an increased risk of breast cancer, mainly increasing 5 years after treatment began and after more than 30 prescriptions.

The risk was particularly higher amongst prior insulin users but not for new users, which included fewer patients. The risk associated with insulin detemir was not significantly higher.

The researchers concluded that long-term use of insulin glargine is associated with an increased risk of breast cancer in women with Type 2 diabetes. The risk associated with insulin detemir remains uncertain because there are fewer users of this insulin. (Journal of Clinical Oncology, October 2017)

Certain genes can predict who develops Type 1 diabetes

This study found that certain genes could be used to predict who will develop Type 1 diabetes in later life. This is the first time that it has been suggested that there could be specific genes linked with late onset Type 1 diabetes.

Type 1 diabetes most commonly starts during childhood but it can develop at any age. In adults who are diagnosed after the age of 30, their condition is often confused with Type 2, which is much more common in this age group. Therefore, researchers investigated whether certain high-risk genes which are linked with Type 1 onset in childhood also increased the risk of developing Type 1 later in life.

Results

- They found that although the highest-risk genes were found in only 6.4% of the population, people who had these genes accounted for 61% of all cases of Type 1 diabetes.
- Three different combinations of these high-risk genes led to, on average, a diagnosis at 21, 26 and 31 years of age.

These findings indicate that certain gene combinations could be used to predict the likelihood of developing Type 1 diabetes later in life. The researchers concluded:

“Whilst all three major (gene combinations) greatly increase the risk of Type 1 diabetes throughout life, population analysis has shown for the first time that [a specific combination] specifically predisposes to Type 1 diabetes over 30 years of age and carriers of this gene combination have the highest risk for development of late-onset Type 1 diabetes.” (EASD Conference 2017)

Diabetic ketoacidosis at diagnosis predicts poor long-term glycaemic control

A study was carried out in over 3,000 people diagnosed with Type 1 diabetes before the age of 18 years. They were diagnosed between 1998 and 2012 and monitored for up to 15 years. The study investigated whether glycaemic control was affected by diabetic ketoacidosis (DKA) at diagnosis. 39% had DKA at diagnosis and this was further classified as mild/moderate or severe.

The results were independent of ethnicity and demographic factors.

- DKA at diagnosis predicted persistently higher HbA1cs compared to children who did not have DKA at diagnosis.
- HbA1cs were higher in those who had severe DKA than those with mild/moderate DKA.
- Insulin pump use or having a parent or sibling with Type 1 diabetes predicted lower long-term HbA1cs.

Perhaps this study provides evidence for why it is important to educate the general public, in particular parents, about the signs and symptoms of Type 1 diabetes.

(Diabetes Care, June 2017)

Electronic stimulation could accelerate wound healing

Slow healing of wounds is a complication of diabetes which can be caused by neuropathy. This is damage to the nerves resulting in poor circulation which slows the rate of healing of cuts and wounds and increases the risk of foot ulcers. This can be made worse by people with neuropathy not being aware of injuries because the nerve damage can cause a loss of feeling.

When wounds heal slowly, even minor cuts can become infected or ulcers may develop – the reason it is important that people with diabetes, especially those with neuropathy, check their feet regularly.

Research carried out at Manchester University investigated whether stimulation with electrical impulses could lead to improvements in the way diabetic wounds are treated to reduce the risk of foot ulcers and amputations. All the study volunteers received tiny, harmless wounds on the upper arms and were then divided into two groups. In the first group, the wound was left to heal on its own and in the second, electrical pulses were used to stimulate the healing process. The wounds in the second group healed much more

quickly by accelerating the process by which new blood vessels are formed. When new blood vessels form, blood flow improves so the healing process is faster. (PLOS ONE, May 2015)

The research team at Manchester University and BioElectronics Ltd are working on a 5 year project to develop new healing devices using this method.

Bone healing could be improved through human stem cells

Prolonged exposure to high blood glucose levels can slow down the healing process of broken bones in people with diabetes. Researchers at the University of Galway have found that the repair process could

be improved by adding stem cells from human bone marrow of non-diabetic donors.

In the study bone marrow stem cells were given to one group of people with diabetes bone fractures and the second group was not given the stem cells. The results showed that those given the stem cells healed much faster and the bones were significantly stronger and able to withstand stress.

The researchers reported that stem cells produce signals which encourage the person's own cells to heal the fracture more efficiently and this could lead to new treatments for broken bones in people with diabetes which cuts down the healing time and reduces pain.

A child penalised for attending appointment with diabetes consultant



A little girl aged 7 with Type 1 diabetes was informed by her junior school that she had not attended 100% of her lessons so far this year and therefore was not eligible for the treat of a cinema trip! The reason for lack of attendance was attending an appointment with her diabetes consultant but she had no other absences.

This was deemed this to be a violation of her attendance record, despite knowing that she has Type 1 diabetes. Apparently medical appointments are not exempt and the school only permits absences claimed to be 'absolutely necessary'!

IDDT tweeted about this and one of our members with Type 1 diabetes responded as follows:

"I saw with great sadness your tweet showing that a child had been penalised for going to a diabetes appointment and so didn't get their 100% attendance treat. It brought to mind when the school my children attended introduced a certificate system at school two years ago. It has always been something I have been very much against and so opened up a lengthy discussion at home with my husband and our children of 7 and 10 at the time. In the end my children and husband decided that they also were against the system and with the agreement of the children they were taken out of the certificates altogether."

She ends her message about attendance certificates

with: "Shame on all involved, including Ofsted who encourage this attitude in the first place."

One of the points she made in her letter to the school was:

Good health is a gift and not something you can work at. As the children of a disabled parent our children are aware that sometimes people have an illness that requires ongoing care and that being healthy and keeping healthy is something that you can assist through healthy living choices, but that you cannot control. We have always encouraged our children to go to school when they are well enough and to stay at home when they need to get better. Encouraging an attitude where being sick creates worry in a child who wants to get a certificate is counterproductive to the wellbeing of the child and encourages children to attend school when they should not (such as sickness bugs). Should our children develop Type 1 diabetes as well, I would expect their care at the school to remain the same, not for them to be penalised through not getting an attendance certificate due to healthcare appointments or recovery time critical to their wellbeing. To suggest otherwise in an adult workplace would be classed as discrimination.

Jeremy Hunt Watch

Annual Assessment of NHS England, July 2017

In response to the Annual Assessment of NHS England for 2016-17, Jeremy Hunt commented that continued growth in demand has meant NHS is not meeting core patient access standards calling on NHS England to:

- Better manage demand and work with local government on patient transfers to care settings.
- Prioritise achieving parity of esteem for mental health. (Whatever this means!)
- Work with NHS Improvement and HEE to manage winter challenges.

Jeremy Hunt's speech at the Conservative Party Conference

- He pledged a 5,000 expansion of training places for nurses in the NHS.
- There will be new flexible arrangements for all NHS employees.
- Like others, NHS staff can also struggle to find homes near to their work that they can actually afford. From now onwards when NHS land is sold, first refusal on any affordable housing built will be given to NHS employees to benefit up to 3,000 families.
- He wants the NHS to "blaze a trail across the world" on tackling medical error with a campaign "to tackle e-Coli infections, reduce maternity harm, make sure we learn from every avoidable death and most of all keep patients safe."

Pay cap scrapped

In October, Jeremy Hunt announced that the public sector pay cap will be scrapped, which means that among others, NHS nurses will benefit but he failed to say how this will be funded. The Royal College of Nurses (RCN) Chief Executive has said that there must not be other NHS cuts to pay for it but services must be given extra funding to cover the cost.

What a shame that nurses have had to protest with demonstrations in Parliament Square and the threat of strike action before the scrapping of the pay cap took place.

Proposals to change the role of pharmacy technicians

Jeremy Hunt is reportedly looking at proposals to allow pharmacy technicians to conduct assessments and hand out prescribed drugs unsupervised. This would cut out the supervisory role of licensed pharmacies in all community pharmacies. He is also looking to abandon rules which state that a licensed pharmacist should be on site at all times to make clinical interventions if necessary.

Needless to say, pharmacists see this as a backward step and it is reasonable to think that patients will too. It is downgrading the service for patients when medicines have the power to cause harm and safety should be paramount.



Think the unthinkable!

Under proposals being explored, people could be sent home from A&E unless they call an NHS Helpline, see their GP or a health professional first.

Imagine having a child in a severe hypo in the middle of the night and dashing to A&E only to be sent away because you haven't got permission to go in! As the NHS is at breaking point, NHS bosses have been told to 'think the unthinkable' and this is unthinkable.

Just a personal note: Recently I had reason to call the NHS helpline 111 for someone (nothing to do with diabetes), I was advised that an ambulance would be with me asap. One and a half hours later, it had not arrived, so I rang 111 again and this time was told that an ambulance would not be coming and to ring 999 who were extremely helpful and told me to get the person directly to A&E because there were not enough ambulances. The staff at 111 have to sing from the same hymn sheet and there has to be enough ambulances and doctors available at all hours for the present system, let alone to operate this latest scheme!

Novo Nordisk settles US lawsuit over Victoza for \$58.65 million

Victoza® is an injected human glucagon-like peptide-1 (GLP-1) analogue to treat blood glucose control in adults with Type 2 diabetes who are insufficiently controlled by diet and exercise when metformin cannot be tolerated or there are contraindications to its use.

On September 5th 2017, a news release from the US announced that Novo Nordisk has agreed to paid \$58.7 million to settle a US Justice Department probe into the company's allegedly illegal marketing of its diabetes drugs, including Victoza. The investigations began in 2011 and now Novo Nordisk agreed to resolve 8 lawsuits. These accused the company of downplaying warnings of a potential cancer risk for Victoza and misleading doctors by disguising salespeople as medical educators and paying kickbacks (effectively bribes) to persuade doctors to prescribe its medicines. Internal whistle-blowers reported other allegations over the company's marketing.

The Justice Department said that Novo Nordisk sales reps gave information to physicians that created the false or misleading impression that the Victoza warnings about cancer risks were wrong or unimportant. A survey of primary care doctors in 2011 showed that half of them were unaware of the potential risk, so the FDA modified its procedures to increase awareness but Novo Nordisk's sales force failed to comply with them.

The acting head of the Justice Department said, "When a drug manufacturer fails to share accurate risk information with doctors and patients, it deprives physicians of information vital to medical decision-making."

Novo Nordisk responded with a statement that it takes seriously its responsibility to communicate safety and clinical benefits of its medicines but it does not agree with the US government's legal conclusion and deny wrongdoing.

Use of Victoza in the US

The US Food and Drug Administration (FDA) has approved a new use for Victoza® (liraglutide) to reduce the risk of major adverse cardiovascular events in adults with Type 2 diabetes and established cardiovascular disease.

The FDA's decision is based on the results from the LEADER trial, which showed that in people with Type 2 diabetes at high risk of major cardiovascular events, Victoza® significantly reduced the risk of cardiovascular death, non-fatal heart attack or non-fatal stroke by 13% compared to placebo, when added to standard of care,

with an absolute risk reduction of 1.9%.

According to Novo Nordisk, Victoza® now offers people with Type 2 diabetes and established cardiovascular disease an effective treatment option to both lower their blood glucose and reduce their cardiovascular risk.

News from the US in inhaled insulin

Readers may remember that in America Afrezza, the first inhaled rapid-acting mealtime insulin made by MannKind, has been approved for a few years to improve glycaemic control in adults with Type 1 and Type 2 diabetes. MannKind believe that Afrezza has the unique ability to control mealtime glucose spikes to help people achieve better glycaemic control.

In October, MannKind announced that the FDA recently approved updated prescribing information to include the following:

- Information describing the time-action profile by dosage strength,
- Clarity for starting and adjusting mealtime dose,
- Updated pregnancy and lactation section.

Afrezza has been available in the US since 2015 but is not licensed for use in the UK.

Reduced hypos with Tresiba

On October 2nd 2017, the committee for the European Medicines Agency endorsed an update of the EU label for Novo Nordisk's Tresiba (insulin degludec) to include results from the DEVOTE trial involving people with Type 2 diabetes in which there was a significant reduction in the risk of severe hypoglycaemia.

In the study, Tresiba was compared to Lantus U100 and 27% fewer patients in the Tresiba treated group had a severe hypo and 53% relative reduction in night hypos.

Once weekly exenatide tied to HbA1c reduction

Researchers found that adults with Type 2 diabetes who received once-weekly Bydureon (exenatide) for 28 weeks had reduced HbA1cs than those receiving twice-daily Byetta (exenatide). The findings also showed that those in the once-weekly exenatide group also had higher fasting insulin and glucagon concentrations and a lower incidence of adverse events, compared with the twice-daily group. (Diabetes, Obesity and Metabolism, September 2017)

Just a reminder... free prescriptions!

In July 2017, after a Freedom of Information inquiry the BBC announced that the NHS Business Services Authority had issued more than 979,210 fines in 2016/17 compared to 494,129 in 2015/16 which raised a total of £13.3 million.

Readers may remember that a couple of years ago, many people with diabetes complained that they had suddenly received fines for not updating their details to obtain their free prescriptions. More often

than not people are either unaware that they need to do this or simply forget! The exemption is valid for 5 years but if you move house during this time, then you need to inform NHS Business Services Authority or you too will receive a fine.

The system for exemption from prescription charges has been in place since 1968, perhaps it is time it was updated, meanwhile the NHS is coining in the money!

Understanding blood glucose levels

Understanding blood glucose levels is a key part of diabetes self-management for people who have a meter and test strips. The National Institute for Health and Clinical Excellence (NICE) has recommended targets for adults and children with Type 1 diabetes and adults with Type 2 diabetes but each person's individual targets should be set in discussion and agreement with their doctor and/or health team. For example, targets may be increased for people who live alone or people who have reduced or loss of warnings of hypos and they may be decreased for women with diabetes who are pregnant.



General guidance - recommended target blood glucose ranges

To put these in context, the recommended blood glucose levels for people without diabetes are 4.0 to 5.9 mmol/L before meals and under 7.8 mmols/L 2 hours after a meal.

Target Levels by Type of diabetes	Waking	Before meals (pre-prandial)	At least 90 minutes after meals (post-prandial)
Type 2 diabetes		4 to 7 mmol/L	under 8.5 mmol/L
Type 1 diabetes	5 to 7 mmol/L	4 to 7 mmol/L	5 to 9 mmol/L
Children with Type 1 diabetes	4 to 7 mmol/L	4 to 7 mmol/L	5 to 9 mmol/L

The table provides general guidance but don't forget, the individual target set by your healthcare team is the one you should follow.

IDDT receives quite a lot of queries about levels for diagnosis, particularly from people who have been told they have pre-diabetes with an HbA1 test. This test gives an indication of blood glucose levels over the

previous 8 weeks or so.

Indications of diabetes or pre-diabetes are:

- Normal: Below 42 mmol/mol (6.0%)
- Prediabetes: 42 to 47 mmol/mol (6.0 to 6.4%)
- Diabetes: 48 mmol/mol (6.5% or over)

THE YOUNG AND THE OLD

Increase in Type 2 diabetes in children

According to figures for 2015/16 from the Royal College of Paediatrics and Child Health, 621 children and young people under the age of 25 in England and Wales received treatment for Type 2 diabetes. 78.5% of these children and young people were also obese and 15 children with Type 2 diabetes were aged between 5 and 9 years.

Although not all cases of Type 2 diabetes are as a result of being overweight, it is the single biggest cause and therefore it is largely preventable.

Those at greater risk of developing Type 2 diabetes are:

- children from black and ethnic minorities,
- more girls than boys are diagnosed with Type 2 diabetes,
- those living in socially deprived areas.

As we know Type 2 diabetes has always been a condition affecting adults, usually over the age of 40 and they are at risk of diabetic complications. Children and young people with Type 2 diabetes are also at risk of complications but evidence suggests that the complications start at a much younger age. Therefore, it is vital that tackling obesity in children and young people is made a priority for local governments and the Department of Health.

Public Health England childhood obesity plan

On August 18th, the first anniversary of the launch of the Government's childhood obesity plan, Public Health England (PHE) issued a press release about the next stage. The first stage was all about the sugar tax being introduced next April asking companies to voluntarily reduce the sugar in their products. Now the focus is on reduction in calories with the PHE warning that the UK population is exceeding the recommended daily calorie intake by 200-300 calories per day.

Once again, we are promised that PHE will work closely with the food industry to seek calorie reductions in high energy foods that are popular with children, but again, these reductions are voluntary! In addition, industry is being allowed to continue advertising unhealthy foods to its key audiences and with nothing about promoting healthier foods or increased physical activity.

According to a BBC interview, it is the PHE's job to provide the government with evidence, not make policy. Well if this is so, it is time the Government made a policy and took firm actions, not just rely on the food industry to take voluntary action!

Diabetes Frail

Diabetes Frail is a not-for-profit organisation which was formed in 2014 by Professor Alan Sinclair and has been validated by the European Commission as a research organisation in the field of older people, diabetes and frailty. As we know, diabetes in older people is associated with disability, mortality and other adverse effects and has been shown to be a risk factor for the development of frailty.

What is frailty?

Frailty is a pre-disability state and has been shown to be a strong predictor of disability, mortality and other adverse effects. There are multiple contributing factors to the development of frailty with one of the most important being progressive loss of muscle mass with age (called sarcopaenia) which impairs strength and functioning.

Diabetes is known to speed up loss of muscle mass in older patients. The relationship between diabetes, frailty and sarcopaenia in older people is a key research focus for Diabetes Frail which is currently involved in 6 international studies in this field to increase the understanding of important areas affecting older people.

IDDT is supportive of the work of Diabetes Frail and recognises the importance of looking at ways of managing diabetes in the increasing numbers of older people with both Type 1 and Type 2 diabetes.

Glycaemic control in older adults with Type 2 diabetes

There is considerable uncertainty about what is the best glycaemic control for older adults (over 80 years) with Type 2 diabetes because most trials exclude adults older than 80 years. It is known that intensive control (tight control) for the majority of adults over 65 years increases the risk of hypoglycaemia by 1.5 to 3 times. Based on this and the findings of studies, for the majority of adults older than 65 years, the harms associated with HbA1c targets between 7.5% and 9% will maximise the benefits and minimise the harms.

However, a review also points out that the optimal HbA1c target depends on patient factors, the medications used, life expectancy and patient preferences about treatment. If patients strongly prefer to avoid injections or frequent finger prick blood glucose monitoring, a higher HbA1c target may be more appropriate to avoid the need for insulin. (JAMA.2016;315(10):1034-1045)

Ways you can look after your feet

While correct professional help at the right time is essential for the care of your feet, there are ways to take care of them at home to help you to prevent problems arising. Here are just some ways that can be useful.

Diabetes - Friendly Socks

Our Comfort Socks have been developed for use by people with diabetes, vascular disorders and other circulatory problems. No elastic is used in the top of the sock, relying only on the gentle control of the rib for support. We also produce a Fuller Fitting Longer Sock for people who find it difficult to wear ordinary socks. These are made with a large circumference top and are suitable for people who may be suffering from oedema, for example.



Both socks come in a range of sizes

- The Comfort Sock comes in small [4-7], medium [6 1/2-8 1/2], large [9-11] and x-large [11-13].
- The Fuller Fitting Sock comes in small [4-7], medium [6 1/2-8 1/2], large [9-12].

Both are manufactured as a unisex sock from a high quality cotton blend. They both come in a range of colours - grey, navy, white, black and beige.

The Comfort Socks retail at £8, the Fuller Fitting at £12 per pair including p&p and can be purchased from our website shop, <http://www.iddt.org/shop> or by phoning IDDT on 01604 622837.

Flexitol



neuropad®



neuropad® can detect early complications of the feet which can lead to foot ulcers and even amputation. The test is completely painless and is an early warning system for your feet. Diabetes can result in the sweat glands not producing enough moisture, leading to dry and cracked feet.

solesee™
focusing on foot health

Helping you to check your feet everyday

YOU SHOULD CHECK YOUR FEET EVERY DAY!

Solesee has been specifically designed for people with diabetes to check the soles of their feet.

- Easy to use independently
- Large shatterproof mirror
- Set at the perfect angle to see the soles of the bottom of your feet
- Portable and lightweight

...also contains a handy guide on what you should be looking for on your feet

Solesee can be purchased online at www.solesee.com or on the IDDT online shop at www.iddt.org/product/solesee

Diabetes can damage the nerves in your feet

This common complication can sadly lead to blisters or wounds which go unnoticed, become infected and result in difficult-to-treat ulcers and potential amputations.

In England alone, there are more than 7,000 amputations every year related to 'diabetic foot'

VibraTip, a clever tool invented in NHS, quickly and easily helps to identify nerve damage in the feet. With the help of a friend or family regularly checking feet for lumps or changes in protective sensation is possible.

If you think there are any irregularities in the way your feet feel or appear, you should always consult your doctor.

VibraTip®

Available from IDDT website <http://www.iddt.org/shop> or by phoning 01604 622837
Ft/Cohen Medical Ltd - www.vibratip.com

A neuropad® is stuck to the sole of each foot like a small sticking plaster and left in place for 10 minutes. The pad is blue to start with and should turn pink in the presence of moisture from sweating. If the neuropad® patch stays blue, or if it turns a patchy blue/pink, this indicates that you may have some level of diabetic peripheral neuropathy and your sweat glands are not working properly.

Two test pads cost £14.99 and can be purchased from our website shop, <http://www.iddt.org/shop> or by phoning IDDT on 01604 622837.

BMA Conference - NHS 'running on fumes'

Dr Mark Porter, head of the British Medical Association (BMA) told this year's Conference that the NHS is at "breaking point" due to an "explicit political choice" from the Government. He accused ministers of "picking the pocket" of NHS staff by holding down wages since 2010 but a Department of Health spokesman rejected these claims.

Dr Porter said: "We have a government trying to keep the health service running on nothing but fumes - a health service at breaking point, run by ministers who wilfully ignore the pleas of the profession and the impact on patients. It doesn't have to be this way. It is the result of an explicit political choice."

Prior to this, a new BMA poll showed that 4 out of 5 respondents are worried about the future of the health service and 62% of respondents said they expect the NHS to get worse in the coming years, although more people were happy with the current service (43%) than were dissatisfied (33%).

Physically active middle-age men stay active as they age

In this study, UK men aged 40 to 59 who were physically active were almost three times more likely to be active 20 years later. Men who played sports were even more likely to be physically active as they aged and the number of men who had high levels of walking increased from 27% to 62% by the end of the study. (BMJ Open, September 2017)



Older men with diabetes may benefit from metformin

Researchers found that older men with Type 2 diabetes who were treated with metformin had a reduced risk of developing cancer, cardiovascular disease, dementia, depression and frailty-related diseases. The findings were based on 41,204 men aged at least 65 and also showed an association between metformin use and a reduced mortality rate. (Journal of Diabetes and Its Complications, February 2017)

Combination therapy of four drugs reverses Type 1 diabetes in mice

A combination of four drugs given for 24 hours caused remission of Type 1 diabetes in mice models in a study at the University of Florida. This drug combination reversed Type 1 diabetes in 83% of the mice with new-onset diabetes and 50% of the mice with established diabetes. It is thought that it is the drugs' effectiveness in established diabetes that has the potential to help human beings with Type 1 diabetes. All four drugs have been approved for use in humans for other purposes but there is still a long way to go before a trial can take place in humans.



Eating carbs last linked to lower post-meal blood glucose levels

Researchers involving a group of 16 people with Type 2 diabetes found that those who ate protein and vegetables before carbohydrate-heavy bread and orange juice had half the increase in blood glucose levels after the meal, compared with those who ate carbohydrates first. The findings also showed that eating carbohydrates last resulted in 40% lower post-meal blood glucose levels than those who ate all the meal components together. (BMJ Open Diabetes Research and Care, September 2017)

Diabetes risk in older men tied to wife's obesity

Danish researchers found that men in their late 50s and 60s with overweight or obese wives had an increased risk of Type 2 diabetes after an average follow-up of 11.5 years, compared with men who had slimmer wives. They evaluated almost 7,000 couples and found that after adjusting for age, ethnicity and socioeconomic status, men whose wives had a body mass index of 30 were at a 33% increased risk of developing Type 2 diabetes, compared with those whose wives had a BMI of 25. (EASD Annual Meeting, September 2017)

Risk of diabetes greater in women with family history of diabetes

French researchers found that women whose mothers had diabetes were at a higher risk for Type 2 diabetes compared with those whose fathers had the condition. In addition women with a first-degree relative with diabetes had a higher risk than men. These findings were based on 4,469 men and women who were followed for nine years and also showed that smoking was a risk factor for diabetes in men but not women. It remains to be seen whether these findings apply only to French people. (Diabetic Medicine, June 2017)

CGM improves birth outcomes for pregnant women with diabetes

A study found improved birth outcomes among pregnant women with Type 1 diabetes who had continuous glucose monitoring (CGM) when compared with traditional finger-prick tests. The study included 215 pregnant women and 110 women planning pregnancy and found that 15% of babies born to women using the CGM had neonatal hypoglycaemia that required intravenous treatment and 27% required neonatal intensive care of more than 24 hours, compared with 28% and 43% of those born to women in the usual care group, respectively. (The Lancet)