



Welcome

Welcome to the thirty-fifth issue of Type 2 and You. In this issue we have a look at the different types of diabetes, tips for staying safe and well on holiday, managing diabetes during Ramadan as well as the usual updates on the latest pieces of research and the latest round of lottery winners.



DIABETES Not Just One Condition

It is very common for people to say that they have diabetes but what is less common is for them to say what type of diabetes they have. In fact, there are several different types of diabetes, so in this article we aim to give a brief outline of the different types of diabetes, their causes and treatment.

TYPE 1 DIABETES – Is an auto-immune condition and usually affects children and adults up to the age of forty. It is nearly always diagnosed as an acute condition requiring hospitalisation. It is treated with injections of insulin and a carbohydrate-controlled diet. The condition

is life-long.

TYPE 2 DIABETES – Is typically (but not always) a progressive condition where the pancreas still produces some insulin but either not enough or the body is not able to use it properly. Sometimes it can be treated with diet and exercise alone, sometimes with oral and/or injectable medication and sometimes with insulin. It is important to remember that if you start to use insulin, you do not become Type 1 – you are Type 2 using insulin. It typically affects people over 40, tends to run in families but is also associated with obesity.

The following forms of diabetes are less common but exist nonetheless:

TYPE 3 DIABETES – This occurs when the brain becomes resistant to insulin causing memory problems and impaired cognitive function. It has been linked to the development of Alzheimer's Disease.

TYPE 3C DIABETES – This occurs in people who have previously had acute or



chronic pancreatic disease, causing the pancreas to stop producing insulin. It is often mis-diagnosed, and thus mis-treated, as Type 2 diabetes, when in fact, the only effective treatment is with insulin injections.

LADA – This stands for Latent Auto-immune Disease in Adulthood and is effectively slow-onset Type 1. It usually

occurs in people over the age of 25 and initial treatment is with diet and/or tablets but eventually treatment with insulin will become necessary.

MODY – This stands for Maturity Onset Diabetes of the Young and is caused by a genetic mutation and as such is not affected by diet, lifestyle etc. It occurs in people under 25. There are several different

forms of MODY and according to which form is diagnosed will depend on how it is treated – diet, tablets or insulin.

GESTATIONAL DIABETES – As the name suggests is a form of diabetes that occurs during pregnancy and disappears after the birth. Diagnosis and treatment are important to ensure the health of both mother and baby.

FreeStyle Libre update

FreeStyle Libre not available to new customers

Abbott, the manufacturer of the FreeStyle Libre Flash Glucose Monitoring system has announced that due to unexpected demand, they are not taking online orders from new customers until July 2018. Therefore, people wishing to purchase the FreeStyle Libre for the first time will have to wait until July.

Abbott has also said that existing customers will be limited to ordering two sensors every 25 days. One sensor lasts 2 weeks. However, limiting the number of sensors does not apply to people who are obtaining the FreeStyle Libre free on an NHS prescription.

Perhaps a realistic view of the FreeStyle Libre

An IDDT member who has been using the FreeStyle Libre for some time by paying for it privately, has



told IDDT that this is very much a step in the right direction but it is not without its problems.

- He has had to send a significant number of sensors back to the manufacturers because they are faulty and this creates a problem when it takes 3 to 4 weeks to obtain replacements.
- He still feels the need to do finger-prick blood tests twice daily to check the accuracy of the sensors.
- It is very sensitive to temperatures, such as

very cold weather and it doesn't work in a steam room.

The FreeStyle Libre and Driving

It has been decided in Parliament that while the FreeStyle Libre represents a significant move forward, it does not warrant any changes to the existing driving regulations, so you will need to continue testing as normal if driving. However, they will continue to keep the situation under review.

THE NHS IS 70 YEARS OLD!

On July 5th this year, the NHS will be 70 years old and it seems right that this Newsletter marks 70 years of the UK health system.

The principles of the NHS were based on the 1942 Beveridge Report and when the NHS formed in 1948 it replaced a mixture of voluntary and private hospitals and independent practitioners with a universal health system funded by general taxation. There were 3 core principles.

- It should meet the needs of everyone.
- It should be free at the point of delivery.
- Care should be provided according to clinical need, not the ability to pay.

Almost from the outset of the NHS, there have been questions about whether the NHS could be maintained from taxation. This has never been more emphasised than during the last 7 years of the worst budget restrictions in the history of the NHS. This has not been helped by the 2012 Health and Social Care Act which has produced greater complexity without associated benefits. (Kings Fund, February 6th 2015)

The challenges facing the NHS today are complicated and wide ranging. However, 70 years of the NHS is still a time to celebrate and be thankful. People with

long-term conditions, such as diabetes, have good reasons to be grateful to the NHS.

Over the years since my daughter was diagnosed with Type 1 diabetes in 1975, I have come to realise just how grateful we have to be for the “free at the point of delivery” treatment. We have always received emergency treatment if we need it; we have never had to restrict the use of insulin because we can’t afford it and while hospitals in the UK may vary, we don’t have poor hospitals for poor people, as some people, even in the US, have to do.

The challenges facing the NHS today may be different but challenges have been present over the years and different for people with diabetes.

- In 1975, my daughter had to use glass syringes with long, thick needles that had to be reused until they were blunt, and some of our readers will remember sharpening their own needles! Friday night was boil up night in our house when the syringe and needles were boiled in a pan for cleanliness. The challenge – campaigning for disposable syringes and needles to be available on the NHS, and later we campaigned for pen devices.

- An even greater challenge

was the change from urine testing to blood glucose testing. Urine testing involved dropping a Clinitest tablet into a test tube of urine and watching it change colour. Then came blood testing strips but they were not available on the NHS, so we used to cut them in half to make them last longer – yet another challenge!

- And there were other challenges along the way – the campaign for diabetes specialist nurses to help treat people with diabetes and for insulin pumps to be available on the NHS.

Innovations have challenged the NHS over the years and in diabetes, there have been many challenges. Today, we may criticise the NHS, or more accurately the system, but we have received free treatment on the basis of need and not on the ability to pay. While recognising that there are competing interests within the NHS, when I look at the improvements in treatment and care of children and adults with diabetes, I for one, am very grateful it has been there..... So many thanks for the NHS and to the many staff working within it and long may it continue.

Jenny Hirst

IDDT Co-Chair

Holiday Tips



Whether going on holiday abroad or in this country, it may be the first time you have travelled since your diabetes was diagnosed. In this article we look at some practical tips to help you to plan ahead for your holiday and to stay safe and well while you are there. IDDT has produced a Holiday Pack containing a new booklet which gives a lot more information, so if you would like a pack, please get in touch using the contact details at the end of this newsletter.

General Tips

- Excitement can affect blood glucose levels, so it is important to test regularly and be prepared for some low blood glucose levels.
- Hypos may be unexpected due to changes in routine, in high temperatures or in the amount of exercise taken, such as swimming or sightseeing, so always be prepared. It is a good idea to take plenty of glucose tablets with you because they won't melt, leak or become sticky in high temperatures.

- When travelling always wear identification that states you have diabetes, especially if you take insulin, and if possible, gives an emergency telephone number.
- If you use an insulin pump remember to take insulin syringes and vials of insulin so that you can still take your insulin in the event of pump failure.

Precautions when travelling by air

Insulin should not be packed in your suitcase. This will be placed in the hold where the temperature can be below freezing and this is likely to damage your insulin. Your blood glucose meter should also not be packed in the hold.

- Carry two lots of medication, testing

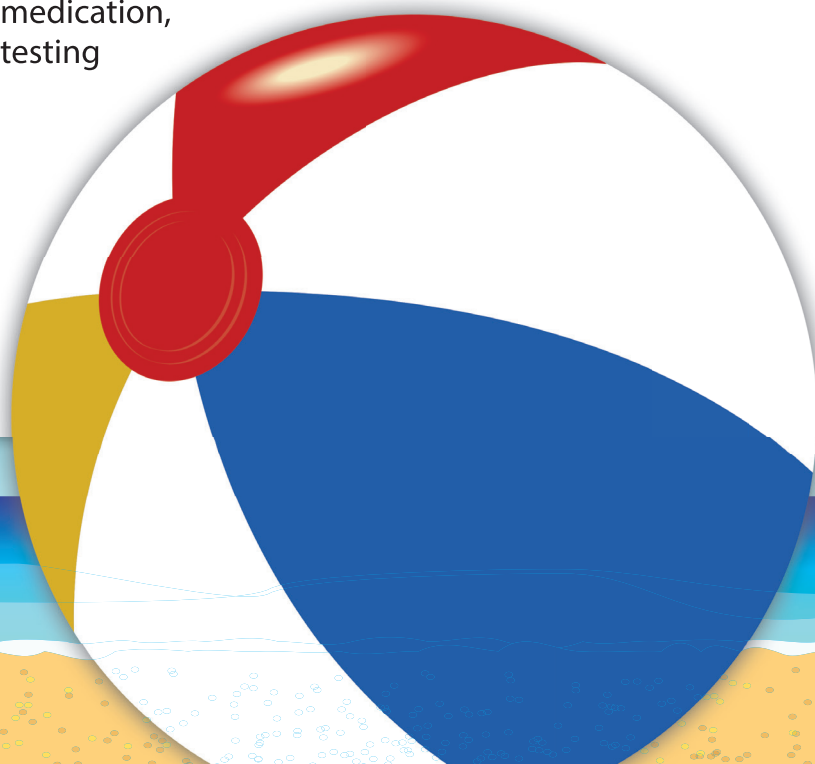
equipment and syringes/pens and distribute them between two different lots of hand luggage. Luggage does get lost and it could prove difficult to replace your diabetes equipment.

- Always take more medication than you need in case of loss or breakages.

Holiday Insurance

If you have diabetes, travel agents are not the best people to provide holiday insurance. Shop around but always declare your diabetes.

If you are going on holiday in Europe, remember to take your European Health Insurance card (EHIC) and proof of being a UK resident e.g. driving licence. The EHIC is available at the Post Office or online at <http://www.applyehic.org/applynow.html>



Diabetic holiday foot syndrome

Research has shown that there is a greater risk of foot ulceration that can lead to serious complications during holidays, especially those taken in hot countries, hence the name 'Diabetic holiday foot syndrome'.

The causes of diabetic holiday foot syndrome were:

1. direct injury
2. unaccustomed exercise
3. walking barefoot on the beach or in the sea
4. burns from walking barefoot on hot pavements
5. wearing inappropriate inflexible bathing shoes.

Finally - coping with diabetes and the heat of summer

- Drink plenty of water as dehydration can raise blood glucose levels.
- Sunburn can raise blood glucose levels, so avoid spending long hours in the sun and wear sunscreen of at least 30 SPF and people with pale skin should use 50 SPF.
- In very hot weather insulin is absorbed more quickly so test regularly to avoid hypos.

Perhaps worth remembering... It is a holiday, so enjoy it!

Young people supporting IDDT!

It is good to see young people helping to publicise IDDT by using our FREE, new reusable, cotton shopping bags and showing people that we are here to help. If you would like to help in this way, just give IDDT a call on 01604 622837 or send an email to: matt@iddtinternational.org and we will send you a bag.



Colour change for insulin Fiasp to avoid mix ups with Tresiba

European Medicines Agency, 23/03/2018

The colour of cartridges, pre-filled pens and vials of the rapid-acting insulin Fiasp is changing from yellow to red and yellow following cases where patients have mistakenly injected Fiasp instead of the long-acting insulin Tresiba (available in the EU as light green cartridges and pens) or the other way around. Such mix-ups, due to the similar colour of the products, especially in poor

lighting, can cause hypo- or hyperglycaemia (low or high blood glucose levels), which can lead to serious health problems.

Patients who have been prescribed both these medicines should be careful to avoid mixing them up and healthcare professionals should make patients aware of the risk, particularly during the time while yellow Fiasp products are still available.

Pharmacists will receive a letter with this information and local timelines for when red and yellow Fiasp products will be introduced.

Fiasp is a rapid-acting insulin (insulin aspart) intended to be injected at mealtimes, whereas Tresiba (insulin degludec) has a long duration of action and is injected once a day. By using the two medicines, patients can control their blood glucose throughout the day.

Information for patients

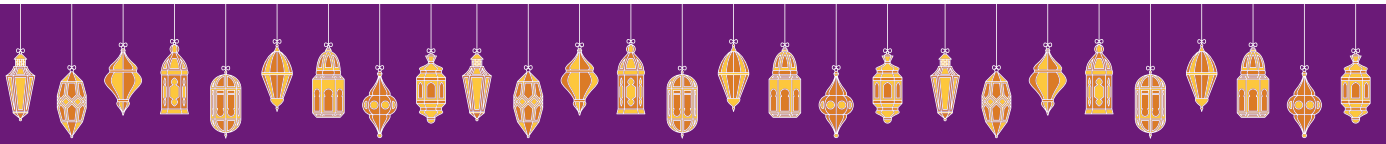
- The colour of cartridges, pre-filled pens and vials of Fiasp is changing from yellow to red and yellow.
- This follows cases of mix-ups between Fiasp, a rapid-acting insulin, and Tresiba, a long-acting insulin.
- Fiasp should be injected around mealtimes and Tresiba should be injected once a day, preferably at the same time every day, as advised by your doctor.
- Before each injection, check the name of the medicine. Take extra care if preparing injections in poor light to make sure you are using the correct medicine at the correct time.
- Contact your healthcare professional immediately if you have mixed up your injections. Your healthcare professional can also advise you if you have any questions about your treatment.

New red and yellow Fiasp pen and cartridge.



Current yellow Fiasp and light green Tresiba pen and cartridge.





Ramadan 2018 and Fasting

Ramadan is based on the ninth month of the lunar calendar, so this year that the fast of Ramadan 2018 will start on May 15th and will continue for 30 days until Sunday, the 14th of June. During this month it is expected that Muslims who participate will abstain from food, water, beverages, smoking, oral drugs and sexual intercourse from sunrise to sunset.

Fasting has special consequences for people with diabetes, especially those taking insulin and the risk of complications increases with longer periods of fasting.

People with diabetes may be exempted from fasting but the majority of people with diabetes do fast so run increased risks of adverse health effects, such as hypoglycaemia, hyperglycaemia, diabetic ketoacidosis and dehydration. Most of these are as a result of a reduction of food and fluid intake and the timing of meals.

People have to rely on expert advice from doctors and their personal experiences as there are no evidence-based guidelines for fasting. However, a study carried out in Pakistan in people with Type 1 and Type 2

diabetes has shown that with active glucose monitoring, alteration of drug dosage and timing, dietary counselling and patient education, the majority of patients did not have any serious acute complications during Ramadan.

In addition, the researchers have quoted an observational study which showed people with Type 2 who did not have education about fasting were 4 times more likely to have hypos. Therefore, they recommend that those who do not normally carry out self-monitoring of blood glucose should be provided with meters (Diab. Med. February 2016).

Recommendations

The findings of this and other studies suggest that people with Type 1 and Type 2 diabetes should have an assessment with their diabetes team 1 to 2 months before Ramadan about drug/insulin adjustments, exercise and awareness of the risks of hypo- and hyperglycaemia. If they are ill during the fasting, then they should seek advice from their diabetes team.

2018 Conference a date for your diary!

In 2018 we will be holding our biennial Conference at the Kettering Park Hotel and Spa. As usual it will consist of discussion groups, talks and an open forum to discuss 'Hot Topics' for people with diabetes and for IDDT.

The date is Saturday, October 6th 2018, so please put the date in your diary if you would like to come along. There is a programme and booking form along with this newsletter. We hope to see you there!



The winners of IDDT's lottery draws!

We are delighted to announce the winners of the draw of our monthly lottery for February 2018.

They are as follows:

- 1st prize of £470.40** goes to John from Nottingham
- 2nd prize of £352.80** goes to Andrew from Bath
- 3rd prize of £235.20** goes to Paul from Worthing
- 4th prize of £117.60** goes to Pauline from Doncaster

Winners of the March 2018 draw are:

- 1st prize of £470.88** goes to ANON. from Matlock
- 2nd prize of £353.16** goes to Margaret from Southwold
- 3rd prize of £235.44** goes to ANON. from Morpeth
- 4th prize of £117.72** goes to ANON. from Craven Arms

Winners of the April 2018 draw are:

- 1st prize of £492.96** goes to Lynne from Watton at Stone
- 2nd prize of £369.72** goes to Hugh from Hove
- 3rd prize of £246.48** goes to ANON. from York
- 4th prize of £123.24** goes to Vivienne from Leicester

Note: the winners of the draws for May, June and July will be announced in our September 2018 Newsletter and will be available on our website.

A huge 'Thank You' to everyone who has supported IDDT through the lottery.

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

If we can be of help in any way, please contact:

InDependent Diabetes Trust (IDDT), PO Box 294, Northampton NN1 4XS

Tel: 01604 622837 email: enquiries@iddtinternational.org Or visit our website: www.iddtinternational.org