



Latest on the FreeStyle Libre

What have the CCGs told IDDT?

As we reported in our June Newsletter, IDDT sent 3 Freedom of Information Questions (FOIs) to all Clinical Commissioning Groups (about 200).

As a result of the answers, IDDT sent out a press release entitled **'Low numbers prescribed "game-changing" diabetes technology'**.

The points we highlighted were:

- just 30 out of the 144 CCGs who responded have prescribed the system to a maximum of 174 people.
- On the question of what criteria are used to make decisions about prescribing the FreeStyle Libre system, 23 CCGs failed to provide any data.
- In terms of the decision-making process, a total of 27 CCGs adhered to either local or regional guidelines or both. A further 14 followed advice from the Regional Medicines Optimisation Committee (RMOC) and only one CCG based their decision on NICE guidelines.

In the press release, Martin Hirst, IDDT Chief Executive, said: **"The results show a postcode lottery clearly exists in the prescribing of the FreeStyle Libre system. What is disappointing is the number of trusts who fail to even**



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recommend this pioneering technology which has the ability to fundamentally change the management of diabetes and improve the immediate and long-term healthcare of those who require its use."

Press coverage!

On July 26th IDDT issued a press release about the unfairness or postcode lottery of the NHS prescribing of the FreeStyle Libre by Clinical Commissioning Groups (CCGs) in some areas and not others. This was covered on the front page of the Daily Express with the headline, **"NHS DIABETES SCANDAL: 490,000 sufferers denied life-saving glucose monitor PM uses"**. <https://www.express.co.uk/news/uk/994343/nhs-postcode-lottery-denies-diabetes-patch-theresa-may-flash-glucose-monitor>

- The figures quoted were at odds with the answers given by CCGs to IDDT!
- In Wales and Northern Ireland everyone with Type 1 diabetes can have it prescribed on the NHS.
- In Scotland, 43% of NHS areas are supplying it on the NHS.
- In England, 44% of NHS areas are supplying it on the NHS.
- NHS data for May 2018 shows just 9,690 people with Type 1 across Britain have been prescribed the FreeStyle Libre since it was approved for use on the NHS by NICE.

While this might sound a reasonable number, it is actually about 2% of all the people in the UK with Type 1 diabetes!!!

And the BBC...

The same morning BBC Breakfast had an excellent piece about the device not only demonstrating how easy it is to use compared to test strips but how unfair it was that some people receive it free while others don't. They interviewed the parents of a one-year old little boy with Type 1 diabetes who were having to pay about £100 a month and they pointed out, the FreeStyle Libre is obviously a lot less painful and upsetting than finger prick testing for their son's little fingers but his CCG area refuse to pay on the grounds that there is not enough evidence!

The BBC also interviewed Dr Graham Jackson from the NHS Commissioners who stubbornly refused to accept that this amounted to a postcode lottery saying that "it was a reflection of local need". Type 1 diabetes is a national issue and affects people in all parts of the country! Unbelievable - there aren't specific areas where there is an epidemic of Type 1 diabetes and if 44% of the CCGs see the device as a need, then surely the remaining 56% should?

As IDDT has said many times before, splitting the NHS into CCGs and prescribing according to local need simply does not work for a long-term condition like Type 1 diabetes.

So what is the advice of the RMOC?

The FreeStyle Libre should only be used in people with Type 1 diabetes using multiple daily injections or pump therapy aged 4 and above, if they meet the following conditions:

1. Those who undertake intensive monitoring of 8 or more times a day.
2. People who meet the NICE pump criteria of an HbA1c greater than 8.5% (69.4mmol/mol) or disabling hypoglycaemia, where a successful trial with the Libre may prevent the need for a pump.
3. Those who have recently developed impaired hypo unawareness.
4. More than 2 hospital admissions per year with DKA or hypoglycaemia.
5. People who require third parties to carry out monitoring and where conventional blood testing is not possible.

So, if you fit into any of these categories, this may help you to argue your case to be prescribed the FreeStyle Libre on the NHS.

Studies show FreeStyle Libre increases testing adherence, reduces hypos and saves money!

Two 6-month US studies have shown that when the FreeStyle Libre is used, compared to self-monitoring of blood glucose by finger pricking in people using multi-dose injections (MDI), it:

- increases people's adherence to testing (people carrying out the tests the recommended number of tests),
- it lowers the cost of treatment,
- there is a substantial reduction in hypoglycaemia episodes in people with Type 1 and Type 2 diabetes.

In both studies, the researchers worked out the costs based on testing of 6 to 10 times a day which is the number of finger prick tests recommended by the American Diabetes Association for people on MDI.

- For people testing 6 times a day there was a significant saving of \$120 (£90) per person per month with the FreeStyle Libre compared to self-monitoring.
- For people testing 10 times a day, the saving was over \$290 (£220) per person per month with the FreeStyle Libre compared to self-monitoring.

The costs in the US may well be different from the UK, but in our March 2018 Newsletter, we demonstrated that even with the more expensive test strips, using the FreeStyle Libre sensors costs less for people who test 6 or more times a day. (IMPACT is the Type 1 study and REPLACE is the Type 2 study, Diabetes Care, July 2018)

Cost is important, but for people living with diabetes the other benefits are far more important:

- the benefits of improved glucose control by testing more,
- knowing if levels are going up or down and keeping better track of glucose levels,
- a substantial reduction in hypoglycaemia,
- the benefits of not having to finger-prick test and the effects on quality of life,
- the long-term health benefits of all the above.

It is hard to understand that even if CCGs do not

see improving the quality of life of people with diabetes as important, surely they can see that all the above will lead to short and long-term financial savings.

The above two clinical trials and evidence from more than 50,000 users worldwide show that people who use the FreeStyle Libre system scan their glucose levels an average of at least 15 times per day.

Personal experience

Philip Ramsden, a member of IDDT has Type 1 diabetes, was informed about the Freestyle Libre system by a friend whose 15-year-old granddaughter was trialing it. Phillip funded it privately after his attempts to have it prescribed by Buckinghamshire CCG failed. However, the mounting cost of using the equipment resulted in him having to partially give it up.

He told IDDT: "My quality of life improved, the ease of using the system was remarkable. My

wife could simply scan my arm when necessary and being able to easily anticipate the rise and fall of blood sugar levels regularly enabled me to do something about it straight away rather than waiting until dangerous levels were reached."

"Initially I was spending £100 per month on sensors, which are used instead of test strips, but had to cut down to £35 per month – I don't want to be spending all this money.

"Now I shall be increasing my use of blood testing strips from 5/6 to 10/12 per 24 hours for close control, so this will probably cost the NHS more than supplying Libre sensors!

And just a final comment from one of our members...

There is something of a nonsense about people not being able to obtain the FreeStyle Libre on the NHS: *"You can get a medal for having diabetes for 60 years, but not a piece of equipment to help take care of yourself!"*

IDDT CONFERENCE 2018

COME AND JOIN US!

We are pleased to say that this year we are holding a conference at the Kettering Park Hotel and Spa on Saturday, 6th October 2018 entitled 'Living with Diabetes'. Many of you will have already received a programme and an application form.

It will be an interesting day with speakers and group discussions. You will be able to attend two of these group sessions as there is one on diet, one on blood glucose control and a group just for carers of people with diabetes. Carers are family members who live with someone with diabetes and the important role they play is often underestimated. This is an opportunity for them to express their concerns and learn how other carers manage what can be difficult situations, such as low blood sugars.

The title of 'Living with Diabetes' recognises some of these day to day difficulties of living with

diabetes. In addition to the group sessions, our speakers will be Dr Laurence Gerlis and Dr Gary Adams and there will also be an open forum for discussion of hot topics in today's diabetes, so a chance to air your concerns, perhaps about the care or treatment you receive or any other issues.

It is also your opportunity to meet other people with diabetes as well as the Trustees and staff of IDDT. We hope that many of you come along.

The Kettering Park Hotel and Spa is easy to access from north, south, east and west by road from the M1 and M6 as it is just off junction 9 of the A14 in Northamptonshire. In addition, Kettering is only an hour from London by train.

If you would like another application form or more information, call IDDT on 01604 622837 or email enquiries@iddtinternational.org

WE HOPE THAT MANY OF YOU WILL BE ABLE TO JOIN US ON 6TH OCTOBER 2018.

WE LOOK FORWARD TO SEEING YOU!

Meter for the visually impaired removed from the market

The SuperCheck2 blood glucose meter for visually impaired people has been withdrawn from the market by the manufacturer, Apollo Medical Technologies Ltd. This meter provided blood glucose readings through a voice system.

There is another glucose meter on the market to help visually impaired people with diabetes, the GlucoRx Nexus Voice Meter. This meter uses GlucoRx Nexus test strips and GlucoRx Nexus Lancets.

Semglee – another new biosimilar insulin

The EU has given marketing approval to a new biosimilar insulin called Semlee, made by French company,

Mylan S.A.S. The active ingredient in Semlee is insulin glargine, so it is a copy of Lantus. It can be prescribed for Type 1 and Type 2 diabetes and for adults, adolescents and children from the age of 2 years.

Mobile apps for diabetes patients need careful review

In our December 2017 Newsletter we warned people to be aware that not all apps used on smartphones are reliable and there is little control over what is being published on apps by any health organisations or agencies. US researchers found 120 free patient apps for Android and Apple devices and evaluated 89 that were in English for diabetes management and found that overall the apps scored high on aesthetics and engagement but poorly on information and quality. (Diabetes

Care. August 2017)

On July 30th, 2018, the Medical Journal of Australia published an article warning patients about the potential for insulin dosing errors with glycaemic control smartphone apps. There are now 1500 diabetes apps available online, a number growing faster than any other health sector. The authors wrote: "Although apps increasingly advise on insulin doses, there is minimal published information on safety and efficacy, despite these apps effectively providing drug treatment recommendations without health care professional oversight."

Their research cited the largest review of insulin dose calculation apps which found that of 46 apps only one was without a safety concern. So caution is advised.

Roche announces urgent recall on certain Accu-Chek Aviva and Performa test strips, May 11th 2018

Roche Diabetes Care have asked for a recall on certain batches of its Accu-Chek Aviva and Performa test strips. The affected batches could result in readings that are either too high or too low which in turn, can lead to treatment errors.

According to the company, some strips in these batches may be giving error messages when inserted into the meter while other strips may not give error messages but may still give the wrong readings.

If you are using Accu-Chek Aviva or Accu-Chek Performa test strips, please check whether you have any test strips in the affected batches.

Affected lot numbers for Accu-Chek Aviva test strips

The lot numbers can be found on the top of the boxes of test strips and on the side of the test strip tubs.

50 test strip pots:

- 497392
- 497391
- 496915
- 496809
- 496802
- 496807

10 test strip pots:

- 497344
- 497392

Affected lot numbers for Accu-Chek Performa test strips

10 test strip pots:

- 476597
- 476646

Test strips in the Accu-Chek Performa Nano blood glucose kit:

- 10153116
- 10153114
- 10153115
- 10153112
- 10153111



What to do if your test strips are affected

If your test strips are affected, it is important that you stop using them. If you have some unaffected test strips, use those instead. Take any affected lots back to the pharmacy they came from where they may be able to give a replacement pack or otherwise advise you what to do.

If you have questions about the recall, please call Accu-Chek on 0800 701 000.

Hypurin® Bovine Insulin predicted depletion date

Predicted depletion dates are based on current stock and average sales. Below are the discontinuation dates for bovine insulin issued in July 2018.

Description	Form	Predicted depletion date
Hypurin®	3ml Cartridges	Depleted (Dec 17)
Bovine Isophane		
Hypurin® Bovine Isophane	10ml Vial	July 2018
Hypurin® Bovine Neutral	3ml Cartridges	May 2019

Description	Form	Predicted depletion date
Hypurin® Bovine Neutral	10ml Vial	June 2019
Hypurin® Bovine Lente (I2S)	10ml Vial	May 2019
Hypurin® Bovine PZI	10ml Vial	October 2019

NOTE: IDDT still receives calls from people who are being 'threatened' with the discontinuation with pork insulin. Despite what you may be told by health professionals or diabetic clinics, pork insulin is NOT being discontinued, so you can continue to obtain it on an NHS prescription.

'BITS AND PIECES'

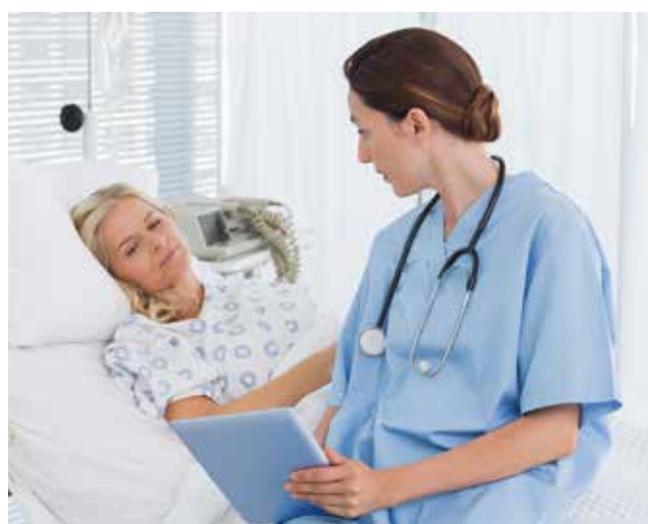
Be warned!

Most mHealth apps for diabetes care aren't supported by evidence

Only 11 of 280 commercially available mobile health apps for diabetes management were found to be supported by research and only 5 have been shown to be effective in reducing HbA1c levels. This report highlighted that relatively few apps available through app stores have evidence of efficacy and called for more research on such apps. (Journal of General Internal Medicine)

Study links salt intake to increased diabetes risk

Research has shown that people who consumed 1.25 teaspoons or more of salt per day had a 72% higher risk of developing Type 2 diabetes than those who had the lowest intake level. Higher salt intake also was linked to a higher risk of latent autoimmune diabetes in adults (LADA). (European Association for the Study of Diabetes annual meeting 2017)



Nursing applications down again

Nursing undergraduate applications in England have fallen by another 5,000. Up to the June 2018 application deadline, there were 35,260 applications to nursing courses in England, down from the 40,060 in June 2017. There has also been a fall in applications in Northern Ireland and from the EU but there have been increases in Scotland and Wales.

The steepest falls for applicants in England were in mature students - from June 2016, the last year where students could receive an NHS undergraduate bursary, mature student applications have fallen by 40%. The Royal College of Nursing has claimed that the figures demonstrate that the bursary removal has been a 'disaster'. (Figures from the Universities and Colleges Admissions Service)

NICE TO KNOW THERE ARE GOOD SAMARITANS AROUND!

All too often IDDT hears stories about people with diabetes not being offered help when they need it and their needs not being 'understood' by people without diabetes, so it is good to hear a positive story.

Rupert, who has had Type 1 from childhood and is now in his late forties, is training for 100 mile bike ride and as part of his training, he recently did a 50 mile bike ride with a group of friends. He started the day with a blood glucose of 3.7 mmols/l, had 85gms of carbs for breakfast and just 5 units of NovoRapid. Initially all went well but when he tested at 10.30am his glucose level was 21mmols/l. Although the DAFNE Course he attended had advised him not to exercise with high sugars, he didn't have any insulin with him and he was halfway round the course, so he drank LOTS of water and at 11.30 his sugars had dropped to 13.7.

Towards the end of the ride he suddenly discovered he had lost his bum-bag containing his testing kit and car keys. He also realised his sugars were very high but, his insulin was in the car!

In one of the villages people gave him water and comfort; in two other villages someone called David put up notices that he had found a bum-bag: a friend coincidentally saw one of the notices and Rupert was able to rescue his bum-bag. He got to his car and injected 20 units of NovoRapid and his sugars came down.

Rupert sent his thanks to everyone who helped him, including his fellow cyclists for their patience! However, the moral of the story really is that there are a lot of very kind people out there who offered their help and understanding to Rupert.

A NEW THOUGHT EATING DINNER FOR BREAKFAST?

Researchers at Tel Aviv University have reported that after 3 months on a big breakfast and 2 smaller meals people with diabetes lost 11 pounds and used 20.5 fewer units of insulin a day compared to what they were using at the beginning of the trial. People with diabetes who followed the more traditional way of eating gained 3 pounds and used 2.2 more units of insulin.

People in the study were about 69 years old with an average BMI of 32.2. Continuous glucose monitoring was used and the insulin dose adjusted bi-weekly. The participants were divided into 2 groups and were randomly assigned to eat diets of about 1,600 calories a day, but the big (high-energy) breakfast group had about 800 calories in the morning meal, then about 550 calories at lunch and about 250 calories as the dinner meal. In addition to the weight loss and lower insulin dose, the HbA1c dropped by 1.2 from 8.2% to 7%.

The other group ate their food in a way that reflected their normal eating pattern – a light breakfast (320 calories), medium lunch and dinner (400 calories each) and 3 snacks a day (about 169 calories each). In those that were overweight and less controlled diabetes, this led to higher insulin use to deal with the high blood sugars. In turn, the higher insulin use led to higher food intake, weight gain and worsening of diabetes control, hence more insulin and the vicious circle. In this group the HbA1c dropped by only 0.2% from 7.9% to 7.7%.

(ENDO 2018, Abstract OR05-2. June 2018)



HARD TO BELIEVE BUT *winter is coming...*

This makes it the time to think about the seasonal flu jab

It is offered first to people in 'at risk' groups and this includes people with diabetes, pregnant women and the elderly. It gives good protection [70-80% reliability] against all strains of flu and lasts for a year. Flu viruses are spread rapidly by coughs and sneezes from infected people.

The pneumo jab

What has become called the pneumo jab is a vaccination which protects against pneumonia [inflammation of the lungs]. Pneumococcal infections are caused by a bacterium with many different strains and can lead to serious health conditions. They can affect anyone but some groups of people have a higher risk of the infection developing into a serious health condition. These include:

- children who are under two years of age – they are vaccinated as part of the childhood vaccination programme.

- adults who are 65 years of age or over.
- children and adults with certain chronic [long-term] health conditions.

How pneumococcal infections spread

They are easily spread from person to person by close or prolonged contact with someone who has the infection. The bacteria are present in tiny droplets that are expelled when someone who is infected breathes, coughs or sneezes. You will also be infected if you breathe in these droplets or if you touch any droplets that might have landed on a surface and then transfer them to your face.

Once the bacteria have entered your body, usually through your nose or throat, they can either lie dormant or they can multiply and cause health problems such as pneumonia.

When you see your GP for a seasonal flu jab, ask whether you also need the 'pneumo jab' to protect you. It's available to everyone aged 65 or over, and for younger people with some serious medical conditions, including diabetes.

While talking about winter...

It seems early but Christmas is not that far away so included with this Newsletter is an order form for Christmas cards. Please support us if you can by buying IDDT cards, it helps us to help people with diabetes and their families.

Jeremy Hunt Watch



This will be the last 'Jeremy Hunt Watch' as we all must be aware that he has been appointed foreign secretary following the resignation of Boris Johnson. Mr Hunt had recently become the longest serving health secretary, taking the role in September 2012. He had previously said that health secretary would be his last major role in politics. So, what a surprise, he got this wrong!

At the reshuffle a few months ago, there were rumours of his demotion to the business department, yet at the height of one of the worst NHS winter

crises in years, not only did he stay in post but with an increased responsibility of also covering social care.

We wish him well in his new job.

Matt Hancock MP takes over Mr Hunt's job at the Department of Health – brave man! He was elected as an MP in 2010 and appointed digital, culture, media and sport secretary in January 2018, having been a junior minister in this department from 2016. Before entering parliament, he worked as an economist at the Bank of England and as chief of staff to the shadow chancellor.

Final comments on Mr Hunt - more money for the NHS

In an interview with the Guardian, Jeremy Hunt, Health Secretary announced on June 7th that Theresa May is set to announce a "significant" increase in NHS funding on the 70th anniversary of its creation. He said that the Prime Minister was "unbelievably

committed" to the health service and had agreed to a cash boost above the 1% annual rises it has been receiving over recent years. So she is absolutely 100% behind getting this right."

He also said: "Now the economy is back on its feet and growing much more healthily we're able to have a discussion for the first time about a significant increase in resources, and that presents enormous opportunity for the country in terms of the type of NHS that our children and grandchildren will experience."

However, Mr Hunt also admitted that some key NHS targets he had set would be missed, conceding that a 2015 pledge to increase the number of GPs in England by 5,000 by 2020 would not be met. He also said: "This is not a pledge that we're abandoning because it's a very, very important pledge for the NHS and with general practice. It's just taking a bit longer than I had hoped."

THE LATE JOHN HILL

It is with sadness that I have report the death of John Hill. He was one of IDDT's first Trustees and worked very hard to help set up IDDT. He was a big part of fighting the battle to maintain animal insulins and in our early days, he took many of the phone calls from people wanting to know how they could obtain animal insulins. He was IDDT's first treasurer and managed our money extremely well, especially as we had very little of it at the time and sometimes he had to decide which letters we would post because we didn't have enough money for stamps!

We express our thanks for all John did to help people with diabetes and we send our condolences to his wife, Cynthia, who has also been a great support to IDDT.



THE IDDT'S LOTTERY DRAW **WINNERS**

We are delighted to announce the winners of the draw of our monthly lottery for May 2018. They are as follows:

1st prize of £491.04

goes to Joan from Stockton on Tees

2nd prize of £368.28

goes to Janet from Yarmouth

3rd prize of £245.52

goes to ANON. from Solihull

4th prize of £122.76

goes to ANON. from Ipswich

Winners of the June 2018 draw are:

1st prize of £304.00

goes to Colin. from Swindon

2nd prize of £378.00

goes to ANON from Ross on Wye

3rd prize of £252.00

goes to ANON. from Tamworth

4th prize of £126.00

goes to Anna from Preston

Winners of the July 2018 draw are:

1st prize of £520.80

goes to Anon. from Eardsley

2nd prize of £390.60

goes to Ian from Gravesend

3rd prize of £260.40

goes to Trevor from Hawkhurst

4th prize of £130.10

goes to Anon. from Middle Rason

Note: the winners of the draws for August, September and October will be announced in our December 2018 Newsletter and will be available on our website.

A huge 'Thank You' to everyone who supports 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

DIABETES CARE IN UK CARE HOMES NOT GOOD ENOUGH!

A review of multiple studies carried out over 25 years involving nursing home residents with diabetes has resulted in leading experts highlighting that diabetes care in nursing homes still remains "fragmented" and that urgent steps need to be taken to restore the "health and dignity" of older people. The comments went even further by saying that care homes "often do not meet national standards" of diabetes care and staff training is "patchy".

The review also suggested that care homes often lack HbA1c monitoring, diabetes self-management programmes, regular exercise activities and most staff have very little knowledge of hypoglycaemia treatment.

The lead author, Professor Alan Sinclair of the Foundation for Diabetes Research in Older People and University of Aston said:

"Our findings show the level of diabetes care remains fragmented which is quite worrying because figures suggest up to a third of care home residents are believed to have the condition. Without proper management, it can lead to frailty, dependency, disability and reduced life expectancy. There is also the added strain on the NHS as frequent hospital admissions to treat diabetes-related complications are costly, not to mention unsettling for the patient."

Call to Action

To help to counteract these problems, the researchers have made a series of recommendations for care home staff to undertake making it a 'Call for Action'. This will include more training for staff, introducing better interventions and encouraging a change in attitude to help to improve the outcomes for residents with diabetes.

(The review was recently published in Diabetic Medicine)

NOTE: To help residents and staff, IDDT has available a 'Passport for Diabetes in Care Settings' which can be obtained from IDDT by email enquiries@iddtinternational.org or call 01604 622837.

Spotlight on Diabetes

A diabetes online micro-site has been launched as part of the celebrations for the 70year anniversary of the NHS. It is called Spotlight on Diabetes and provides users with an overview of what is currently being done by the health service in terms of diabetes prevention, treatment and care.

There is a blog video by the national clinical director for diabetes and obesity, Professor Jonathan Valabhji in which he discusses how diabetes care has changed since 1948. He highlights three main changes:

- The changes in the population of people with diabetes.
- The technologies that have evolved over the last 70 years.
- The improvements and the outcomes for people with diabetes.

The micro-site also outlines some of the diabetes complications that can occur.

NHS Health Check programme not cost-effective

Research by the University of Liverpool and Liverpool City Council has shown that the NHS Health Check programme does not reduce health inequalities and is not cost-effective.

Liverpool was chosen for the study because it is a city with high levels of deprivation and cardiovascular disease. The researchers made the following points.

- The current implementation of the NHS Health Check is unlikely to become cost effective before 2040.
- As health checks are aimed at high-risk individuals, they should theoretically be more effective in an area with concentrated deprivation and CVD risk, like Liverpool.
- They 'expect the effectiveness and cost-effectiveness of NHS Health Check—even considering optimal implementation—to be worse elsewhere'
- A more targeted approach towards the most deprived would be more likely to reduce health inequalities by 2039, which would be cost-effective by 2040.

Local GP Dr Rob Barnett explained: 'A lot of GPs and practices have felt that health checks are generally a waste of time, and they've not been seen as a high priority for practices. I know that in some places where practices have really worked hard to encourage people to attend, they have attended, but it's the amount of time and effort for picking up very little. I think it would be a lot better if people within particular areas or people with particular problems were targeted, rather than a blanket invitation approach.' (PLOS Medicine May 2018)

Just a comment: shouldn't this research have been done as a pilot study before the NHS introduced it nationally and spent a lot of time and money on something that doesn't really work?

And a study in Norway comes to similar conclusions

Among Norwegian 2,380 adults at high risk for developing Type 2 diabetes, twice-yearly group sessions designed to teach lifestyle modifications did not decrease the risk over 2 years, according to study results.

Study participants underwent a physical examination at the beginning of the study and then attended four 2.5-hour group education sessions 2, 6, 12 and 24 months later. HbA1c and fasting and 2-hour oral glucose tolerance tests were recorded at each session.

50.9% attended at least three of the sessions, with attendance similar between men and women and the figures for diagnosis were:

- 3.5% of participants received a new diagnosis of Type 2 diabetes, with 3.1% diagnosed at 12 months and 4% at 24 months.
- 2 years after the start, the incidence of Type 2 diabetes was 10.3%.

The researchers reported that their prevention strategy of informing people at high diabetes risk and providing them with basic lifestyle advice is similar to the preventive measures often offered to high-risk people in primary care but, they concluded their strategy appeared ineffective! They state that improved population strategies or more intensive, individual-level interventions seem necessary to prevent Type 2 diabetes."

Research

BCG vaccine research improves HbA1c in Type 1 diabetes

This was a small study carried out in people with Type 1 diabetes. The BCG vaccine was found to strongly improve HbA1c in Type 1 diabetes. The bacillus Calmette-Guerin, known as the BCG vaccine is one of the oldest vaccines in the world and was developed to protect against tuberculosis.

However, it has been found to lower HbA1c in adults with Type 1 diabetes and to keep the levels stable for years afterwards. Previously the vaccine has been found to restore the immune system response in mice with Type 1 diabetes and these positive trials resulted in trials taking place in human beings at Massachusetts General Hospital. In this new 8-year study, nine people with Type 1 diabetes were given two injections of the BCG vaccine.

The results showed that all the participants had a statistically significant change in HbA1c levels which fell from an average of 7.36% to 6.18% after 5 years. This reduction remained low at 6.65% after 8 years. In the control group who received a placebo, there was no significant improvements after 5 or 8 years.

In this new eight-year trial, nine people with Type 1 diabetes were given two shots of the BCG vaccine.

All the participants had a statistically significant change in HbA1c levels, which fell from an average of 7.36% before the first dose to 6.18% after five years. This reduction remained low at 6.65% at the eight-year mark. The people in the trial who received the vaccine are still taking insulin but significantly less.

Among control participants who received placebo, no significant HbA1c improvements were observed at either the five- or eight-year marks.

The lead author is Dr Denise Faustman is reported as saying "This cheap, old vaccine is lowering blood sugar to levels never achieved before." A larger trial is currently being undertaken involving 150 people with Type 1 diabetes and the BCG vaccine. It is a study that offers hope and is so simple! (NPJ Vaccines Journal, June 2018)

Involving patients in decisions 'makes no difference to health outcomes'

NICE currently recommends that people with 3 or more long-term, chronic conditions receive an individualised management plan. It also says that treatment should focus on the person's individual needs, preferences for treatments, health priorities, lifestyle and goals'.

However, a recent study of 1,500 GP-based patients found that this increased patients' satisfaction but did not improve health outcomes.

The patients were divided into 2 groups with one group receiving standard care and the other group having a comprehensive review of their conditions with a practice nurse, doctor and pharmacist with the patient fully involved and informed about their care. After 15 months there was no difference in quality of life between the two groups but the patients in the review group did report better joined up care and overall satisfaction with the care.

The researchers said that the intervention may improve the patients' perception of the quality of their care but not the quality of their lives. (The Lancet, 28th June 2018)



Improving insulin production

Clinical trials at King's College Hospital, known as REVITA, are investigating a new procedure to improve the body's ability to produce insulin. The procedure targets cells in the small intestine and aims to restore the ability to control blood sugar in the body. A tube is passed the throat into the intestines where a heated balloon is inflated. It is believed the heat helps the body produce insulin. The procedure is almost entirely non-invasive, does not leave an implant in the body and unlike other procedures, there is no overnight stay in hospital overnight. Although anaesthetic is needed to stop the body's gag reflex, participants are only in hospital for about an hour.

Closer to an insulin pill?

Whether injecting several times a day or using an insulin pump, most people would prefer to take insulin in a pill if this was possible. The problem is that the gastric juices cause the insulin to deteriorate when they come together. Until now researchers have struggled to find a pill coating that would allow the insulin to travel through the digestive system and into the blood stream without being broken down but researchers at the School of Engineering and Applied Sciences, Cambridge, Massachusetts, USA have developed a pill whereby insulin is inserted in ionic liquid containing choline and geranic acid and is encompassed by an enteric coating.

This pill has been tested in rats was found to be effective. Despite the complex coating, the pill was reported to be easy and cost-effective to manufacture and it can be safely stored for up to 2 months at room temperature and at least 4 months when refrigerated. The next stage will be to carry out further studies using animal models to confirm that this pill is fully safe. (Reported in the European Medical Journal, July 2018)

Long work hours linked to diabetes in women

Recent research carried out in Canada has shown that there is an increased risk of Type 2 diabetes in women who work 45 hours or more a week. There is no such increased risk among women who work 30 to 40 hours a week and this caused the researchers to suggest that curbing working hours to this level may be advisable. Most previous studies looking at a link between Type 2 diabetes and working hours have been carried out in men.



This study tracked the health of over 7,000 Canadian workers between the ages of 35 and 74 from 2003 to 2015 using national health survey information and medical records. During this time one in ten people developed Type 2 diabetes with the diagnoses being more common in men, older age groups and those who were obese. The increased risk of Type 2 diabetes did not appear in men but the risk in women who worked 45 hours or more a week was significantly higher (63%) than it was in women who worked between 35 and 40 hours. This effect was only slightly reduced when other possible influential factors, such as smoking, drinking alcohol, exercise levels and BMI, were taken into account.

The authors conclude that as there is a substantial global increase in Type 2 diabetes and a risk factor, such as long working hours, should be taken into account to improve the prevention of Type 2 diabetes and diabetes-related chronic conditions. (BMJ Diabetes Research & Care online, 2nd July 2018)

Continuous glucose monitoring improves birth outcomes

A study published in The Lancet found pregnant women with Type 1 diabetes had improved birth outcomes when using continuous glucose monitoring (CGM), compared with traditional finger-prick tests. The research included 215 pregnant women and 110 women planning pregnancy and found that 15% of babies born to women in the CGM group 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 control group, respectively. (European Association for the Study of Diabetes' annual meeting 2017)

Hypo unawareness in Type 1 diabetes appears to stop the brain from noticing low blood sugar

The brain reacts differently to low blood sugar levels in people with Type 1 diabetes that have hypo unawareness, also referred to as loss of hypo warnings. Hypo unawareness is when blood glucose levels drop low but people have reduced or no warning symptoms, which can lead to severe hypos, loss of consciousness and/or seizures.

Researchers at Yale University have been investigating why people with hypo unawareness are unable to recognise their blood sugars are dropping. In the study, they divided people into 3 groups and carried out magnetic resonance imaging (MRI) brain scans:

- people without diabetes,
- people with Type 1 diabetes and good hypo warnings,
- people with Type 1 diabetes and no warnings.

The level of hypoglycaemia used was down from 5 mmol/l to 3.3 mmol/l.

Results

When taken into the hypoglycaemia range:

- People without diabetes registered changes in 4 areas of the brain – those linked to motivation, reward and decision-making.
- The people with Type 1 diabetes and good hypo awareness had an altered response – only the part of the brain associated with attention registered activity.
- In the people with Type 1 diabetes and no hypo awareness, there was not change in brain activity as a result of going hypo.

Conclusions

The study has shown that in people with hypo unawareness the brain lacks the ability

to automatically recognise low blood sugar levels, although it may be possible to spot signs of hypoglycaemia in other ways, such as making mistakes at work, slowness in thinking or dropping things. (Journal of Clinical Investigation, February 2018)

Do you remember?

In the 1980s, there became much awareness of hypoglycaemia unawareness with the change from animal insulin to human insulin because this was the most common adverse effects that people experienced when they were changed from animal to synthetic human insulin. The Bellagio Report, even in 1996, included evidence of the effects of hypoglycaemia in the brain and offered an explanation for the loss of hypo warnings, particularly in a subset of synthetic insulin users. It referenced logical neurophysiological and pharmacodynamic explanations for the new phenomenon of *“human insulin hypoglycaemia unawareness”*. The effects of different insulins on the brain was never really followed up, leaving some people still wondering whether different insulins have different effects in terms of loss of awareness?

It is a vicious circle!

Another recently published study stated that 20 -25% of adults with Type 1 diabetes have impaired hypo awareness and this increases to more than 50% after having the condition for 25 years. This in turn, increases the risk of severe hypos up to sixfold. In addition, we have to remember that tight control of blood glucose levels can result in a threefold increase in severe hypos.

The study suggests that there are some actions that can be taken to try to reduce loss of hypo warnings:

- Health professionals screening by questioning for hypo unawareness as routine.

- Totally avoiding all hypos for several weeks may help to reduce hypo unawareness.
- Insulin pumps and continuous glucose monitoring and now, of course, the FreeStyle Libre will help with this.
- Education programmes.

(Diabetes Care, August 2018)

Older insulins as effective as the newer ones!

Researchers have found that older versions of insulin are just as effective to treat Type 2 diabetes as the newer, more costly insulins. They studied the effects of human NPH insulin (the UK equivalent is isophane) and basal insulin analogues (such as Lantus) on blood sugars and hospital emergency visits for hypoglycaemia in over 4,000 people with Type 2 diabetes.

The researchers found no population-level evidence to suggest that the extra expenditure on the significantly more expensive basal analogue insulins is warranted for most people with Type 2 diabetes, particularly in countries such as the US, where the high cost could prevent some people from getting the treatment they need.

Human insulin was introduced in the 1980s and then long-acting analogues around the turn of the century but whether in the UK or the US, analogues were, and still are, very much more expensive. In the US, a vial of insulin analogue costs about \$200 to \$300 compared with a \$25 vial of NPH insulin. Of course, people in the US do not receive free insulin, as we do in the UK, and so the cost is extremely important. Thus, this research is very important to them because they can change to significantly less expensive human insulin without any adverse effects on their diabetes control. (Journal of the American Medical Association, June 2018)

But is this research important for the UK?

Yes, of course it is because insulin in the UK is only free to the patient - the NHS pays for it, or more accurately, our taxes pay for it! Equally importantly, is the fact that the NHS is short of money, so should the NHS be wasting money on more expensive insulin for which there is no evidence of benefit for the majority of people with Type 2 diabetes? Where does the responsibility for this unnecessary expenditure lie? The CCGs make decisions about funding, or not funding, so one wonders if they ever look at insulin costs?

Note to health professionals

The Hospital Podiatrists Panel is running a five-day course for healthcare professionals and podiatrists who are working or wish to work in specialist multidisciplinary diabetic clinics or as part of an extended team. The aim is to provide up to date information and treatments. The Diabetic Foot Module has been running for 30 years and is for podiatrists and allied health professionals with an interest in managing the diabetic foot.

The course takes place in London at the Wellcome Collection, Euston on November 5th – 9th November 2018 and is worth 30 CPD points. For further information or to book a place contact the Hospital Podiatrists Panel on 01254 56991 or email diabeticfootmodule@gmail.com

AGE AND DURATION OF DIABETES AFFECT THE COURSE OF THE CONDITION

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

Hypoglycaemia varies with age and duration of diabetes

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

In the study information was analysed from a register of 72,310 people with Type 2 diabetes aged 60 and over. They were followed for up to 7 years for:

- acute hyperglycaemia requiring hospitalisation,
- acute hypoglycaemia requiring emergency treatment or hospitalisation,
- microvascular complications, such as retinopathy, and other complications.

Results

Both patient age and duration of Type 2 diabetes had a significant and independent effect on which complications were likely to arise.

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

The range of rates of hypoglycaemia was lowest amongst younger people in the group with the

shortest duration of diabetes. It was highest among the oldest people with the longest duration of diabetes.

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

Anaemia is present among older people with diabetes

Researchers from Rotherham General Hospital conducted an audit in an outpatient diabetes clinic for older people, aged over 75 years. In 115 people they looked for the causes and for the numbers of people with anaemia over a follow-up of more than 2 years.

Most patients with anaemia don't have symptoms and it is often discovered as part of routine testing for conditions other than anaemia. Anaemia should be considered a sign, not a disease and it can be caused by a variety of systemic disorders and diseases.

The researchers found that the prevalence of anaemia was 59%, with 80% having anaemia normocytic, the most common form of anaemia. Compared to those without anaemia, patients with anaemia were found to:

- be significantly older (84.6 versus 82.1 years),
- have a longer duration of diabetes (17.7 versus 13.5 years),
- lower estimated glomerular filtration rate, which is a test used to assess how well the kidneys are working.

The authors concluded that older age and longer diabetes duration significantly predicted anaemia but chronic kidney disease had only a borderline effect and was not a direct cause. (Clinical Diabetes, October 2014).

From our own correspondents

Pump failure

Dear IDDT,

I want to draw attention to a situation I encountered recently in the hope that it helps some of your members to avoid a similar experience.

My wife and I were on a weekend break when sadly I had issues with my diabetic pump. I always carry glucose, testing kit, 3 spare buttons, applicator and insulin but have never had a pump failure in this manner. I was aware I was becoming high and despite all my efforts of new buttons and tubes my blood sugar levels kept rising. I increased drinking liquids but also decided that it was wise to obtain a syringe to manually apply insulin asap.

We drove to the nearest hospital but I was told that a syringe could not be supplied and that we should go to a chemist but none were open at 9.30pm on a Sunday. A&E said I could not be supplied with a syringe without seeing a doctor and for this there was a 5 hour wait. After waiting 80 minutes, we decided to return home, a 2 hour drive, and after injecting my levels returned to normal. It seems farcical that it was necessary to drive 2.5 hours home in the night to achieve a better outcome than being treated in an NHS hospital.

By email

55 years on animal insulin

Dear Jenny,

I received your IDDT June Newsletter. Many thanks for it to you and your team! The articles are all very interesting. The idea to have an IDDT bag is very good to tell people about IDDT.

On May 12th my Type 1 diabetes was diagnosed 55 years ago. In all these years I was, and still am, perfectly treated with natural animal insulins and no complications of Type 1 diabetes.

I remember the time when I was diagnosed exactly. At this time there was no child of my age with diabetes in my country and the treatment was not easy. My physicians were in contact to the University hospital in Düsseldorf.

The fight for animal insulins is my fight for life because of my allergy to synthetics insulins.

I thank you for your special engagement in natural animal insulins.

By email

IDDT member, Germany

Artificial pancreas is a safe and effective treatment for Type 1 diabetes, or is it?

A review in the BMJ suggests that the use of an artificial pancreas is associated with better control of blood sugar levels for people with Type 1 diabetes compared with standard treatment.

The artificial pancreas is a system which measures blood sugar levels using a continuous glucose monitor (CGM) and transmits this information to an insulin pump that calculates and releases the required amount of insulin into the body, just as the pancreas does in people without diabetes.

The findings show that artificial pancreas treatment provides almost two and a half extra hours of normal blood glucose levels, while reducing time in both high (hyperglycaemia) blood glucose levels by 2 hours and low (hypoglycaemia) blood glucose levels by 20 minutes, when used for 24 hours periods.

The review looked at 41 randomised controlled trials involving 1,000 people with Type 1 diabetes and

while the researchers feel the findings provide robust evidence, they did point out that most of the trials were at high or unclear risk of bias, had small sample sizes and short duration and therefore, the results should be treated with caution. They suggest that more research should be done to assess the cost-effectiveness and the effect on quality of life which could support the adoption of the artificial pancreas in clinical practice.

In a linked editorial, Professor Norman Waugh, from the University of Warwick, and colleagues, argue that closed loop systems have much to offer, "but we need better evidence to convince policymakers faced with increasing demands and scarce resources." (BMJ, 18.04.18)

An IDDT perspective: the reviewers admit to this review having a high chance of bias, so one has to wonder why the studies were not better designed to avoid the risk of bias?

YES, WE KNOW THE NHS IS SHORT OF MONEY BUT...

Do I have to change my blood glucose meter because my GP says so?

This is a frequent question asked of IDDT by people who have received a letter from their GP practice to say that their usual test strips will no longer be prescribed and their blood glucose meter will be changed.

People who are happy with the existing meter, often do not want to change so the question is, do I have to? The answer is NO.

We all know what this is about - CCGs agree to use a particular meter across their area so that everyone uses the same test strips. This way they can purchase them at a cheaper price, it's called bulk buying.

While the NHS has changed a lot, the basic NHS right to patients' choice has not and you have a choice of which meter you want to use, so if you want to stay with your existing meter you can do so, despite what the letter or the practice manager may say.

It may well mean that you have to be assertive but our members that have been have stayed with the meter of their choice. Just ask the practice this question: 'Are you refusing me my right to choice under the NHS?' The answer is very unlikely to be yes.

Just finally, we looked up the minutes of one CCG meeting where such a decision was taken and they quoted savings for 100% transfer of patients and for if only 50% of patients transferred to the cheaper machine and strips. So it is reasonable to assume that they knew that not everyone would change. Just be assertive!

Rumours, or not?

IDDT has heard from 3 different sources of people who have been told that their insulin pump funding maybe cut.

- From someone whose glucose levels were outside the target range.
- From someone whose glucose levels were classed as stable and therefore their pump funding may be cut.
- From someone who has heard that CCGs are discussing cutting pump funding.

While we know that the NHS is short of money, surely, this cannot be the case? If anyone has any information about this possibility, please get in touch with Jenny, on 01604 622837 or email jenny@iddtinternational.org

CCGs ask GPs to stop prescribing 'stop smoking aids'

The number of GP prescriptions for stop smoking aids in England has fallen by 75% between 2005 and 2017, in Scotland by 40% and in Wales by a third in the last 10 years. (The British Lung Foundation) There was a large regional variation in prescription numbers across England due to differences in the local NHS budgets set by CCGs.

The report also highlights instances of CCGs producing guidance for GPs asking them not to prescribe stop smoking aids to smokers.

Smokers who use Stop Smoking Services are three times more likely to quit than if they tried to quit alone. As smokers are high NHS users, cutting back on helping them to quit will only achieve short-term savings.

Can I have a rant?

The system of CCGs simply does not work for the population across the country. Whether we look at the FreeStyle Libre NHS availability, cheap test strips, insulin pump availability, stop smoking aids and no doubt many other health matters, there is more inequality in health services now than there has ever been. The CCG system is not in the spirit of the NHS and is simply wrong. It was not intended that our care and treatment should depend on where we live, not that is, until the government changes to the NHS in 2012/13. Will Mr Hunt's successor make a better fist of it?

Jenny Hirst



PARENTS PART

Possible methods of lowering HbA1cs in young people with Type 1 diabetes

Researchers from the US have reported young people with Type 1 diabetes tend to struggle to control their blood sugar levels and only less than 1 in 5 are able to achieve target HbA1c levels. However, their research suggests that this can be improved.

The study involved 635 young people with Type 1 diabetes, aged 7 to 24, over a 20-year period. The researchers collected insulin dose information and blood glucose levels over the 20 years and also the gender, insulin regime and weight. They found the following:

- HbA1cs tended to be higher in females during late adolescence and young adulthood compared to males.
- Insulin doses were increased in females between the ages of 8-13, but between the ages of 16-21 the doses were higher in males than females.
- Those using an insulin pump tended to have better HbA1c levels compared to those on

multiple daily injections (MDI) and required less insulin.

- Weight did not seem to impact HbA1c levels in children aged between 8 and 13 as no changes were noted among people who were obese and those of normal weight.

The researchers stated that the study confirms that it may be necessary to consider giving more insulin to females during the times that HbA1c levels are rising or looking into other aspects of diabetes care, such as diet and exercise, to try to improve HbA1cs. They also said that people using an insulin pump may have better glycaemic control or it may be that people using pumps may find it easier to manage their regime.

They concluded that “the insulin resistance, which generally occurs in association with pubertal growth and development, may develop at younger ages when young people are overweight or obese. Clinicians can be more proactive in adjusting insulin doses in order to prevent HbA1c deterioration for these youth.” (Diabetic Medicine, June 2018)

Global Type 1 diabetes study in adolescents

A 4-year study involving 4,000 young people with Type 1 diabetes and researchers across three continents has taken place to understand more about the development of long-term complications in young people.

Controlling blood glucose levels can help to reduce the risk of diabetic complications but this can be difficult to achieve, especially during adolescence. This study looked at whether ACE inhibitors and statins in teenagers with Type 1 diabetes could reduce the risks of kidney, eye and cardiovascular complications.

The treatments reduced the harmful lipid levels

and the risk of progression to microalbuminuria (albumin on the urine) both of which are thought to predict the future risks of renal, retinal and cardiovascular complications. However, the study showed that neither ACE inhibitors nor statins significantly reduce the levels of albumin in the urine.

The researchers suggested that the impact of ACE inhibitor or statin treatment may be felt later and they hope to follow participants for a further five to 10 years, to determine the long-term effects of the treatments. (New England Journal of Medicine, November 2017)

Nasal glucagon safe, effective for hypoglycaemia in children

Researchers analysed 14 children with Type 1 diabetes for at least one year and found that those who experienced moderate hypoglycaemic events returned to normal status within 30 minutes of receiving nasal glucagon from their caregivers.

The research also found that caregivers reported having “easy” or “very easy” administration of nasal glucagon in 93.9% of the hypoglycaemic events. (Pediatric Diabetes, April 2018)

IDDT gets about!

IDDT is happy to be involved in the UNISON/Suffolk Police Federation Member Service Day.

The ladies from Shurpody in Ipswich have a stand each year at this event to help people to care for their feet. IDDT helps by supplying our booklets and bits and pieces to help to attract people to their stand. We are happy to do this and their photo looks as if they are enjoying themselves too!



Lizzie's Tea Party

Each year Lizzie, who has Type 1 diabetes, and her mum have a tea Party in their village to raise money to help the children with diabetes at Dream Trust in India. This year they had a bouncy castle and a slip 'n slide created by Lizzie and her dad and here's a picture.

It was attended by people of all ages and raised £1100 for the children at Dream Trust and as ever, Dr Pendsey is very grateful for their help.



IDDT attends healthcare professional conferences

Many of our booklets and leaflets are given to people living with diabetes by their healthcare professionals. We are very grateful for this as one of our aims is to offer support and information to people. One of the ways that we reach out to healthcare professionals is to have stands at their conferences. We attend on average about 4 a year and they are always well supported. Here is one of our stands at the Foot Health Conference 2018.



IDDT Annual General Meeting

As members are aware, we do have to hold an Annual General Meeting to comply with charity law. So we are holding an afternoon meeting on Thursday, November 9th 2018, again at the Kettering Park Hotel, Kettering Parkway NN15 6XT. We hope that as many of you as possible will be able to join us.

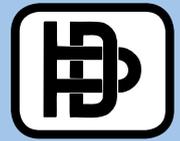
The programme for the afternoon will be as follows:

- 12.30** Arrival and free sandwich lunch
- 1.45** Annual General Meeting
- 3.00** Tea and biscuits
- 3.30** Open discussion –
Your diabetes care and the NHS
- 4.30** Farewell

The AGM

If you would like to nominate someone for election to the Board of Trustees, then please send nominations to IDDT by October 28th with a letter of agreement from the person you are nominating and seconded by another member of IDDT.

For catering purposes, please let us know if you are attending and if you have any special dietary needs by October 28th by contacting IDDT, telephone 01604 622837, Rita by email rita@iddtinternational.org or write to IDDT, PO Box 294, Northampton NN1 4XS. Rita will then send you confirmation and a map to find the Kettering Park Hotel.



SNIPPETS

Meeting the challenge of limiting sugary drinks in hospital premises

Nine out of ten trusts have now acted, and the proportion of drinks sold on NHS premises that contain added sugar has been dramatically cut from 15.6% to 8.7%.

Ten million teaspoons of sugar have been removed from NHS canteens, shops and vending machines – the equivalent of 1.1 million cans of fizzy drink, roughly 39,000 kilos of sugar and over 160,000,000 fewer calories, official analysis of the new figures show.

Sugar tax income

The sugar tax was designed to tackle childhood obesity by incentivising producers and importers to reduce the amount of added-sugar in the drinks they sell. So far, over half of all drinks that would have had to pay the sugar tax have reduced their sugar content. This means that the expected income has reduced from over £500m per year to £240m per year. The stated plans for the sugar tax in England are that the money will be invested “in giving school-aged children a brighter and healthier future, including programmes to encourage physical activity and balanced diets”. So does this reduced income from the sugar tax mean that the plans will be halved or will the extra money necessary to give children a brighter and healthier future be found from somewhere else?

Voluntary reduction of sugar content not really working!

In May 2018, Public Health England announced that there has only been mixed progress in food companies achieving voluntary sugar reduction targets. In two thirds of the top 20 companies there was no change, with some even increasing sugar content.

- Although there was some sugar reduction in 5 out of 8 food categories only 3 met the 5% target.
- There was no progress in sugar reduction in biscuits and confectionery and a slight increase in sugar in puddings.

The Children's Food Campaign has said that companies must step up their act on sugar reduction or face further government regulation.

Severe obesity in 10 to 11 year olds reaches record high

Levels of obesity in 10 to 11 year olds have reached the highest level since records began. The National Child Measurement Programme collects the height and weight of one million 4 to 5 year old and 10 to 11 year old children and the findings show large inequalities which are continuing to widen. Excess weight, obesity and severe obesity are higher in the most deprived areas compare to the least deprived areas and this is happening at a faster rate in the 10 to 11 year olds than the younger age group. The Department of Health and Social Care recently announced measures intended to halve childhood obesity by 2030. (Public Health England, July 2018)

Sugary drink consumption and the risk of Alzheimer's disease

Research presented at the Alzheimer's Association Conference has shown that people who ate the highest amounts of sugary drinks and food have the highest risk of developing Alzheimer's disease. Excess sugar of all types, whether in drinks, sweets or cakes, has the same effect. Previous research has shown that Type 2 diabetes is a risk factor for dementia and this latest study supports this evidence but perhaps this is just joining up the dots! (Alzheimer's Association, July 23rd 2018)

FROM YOUR EDITOR – JENNY HIRST

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