



Welcome

Welcome to the thirty-sixth issue of Type 2 & You. In this issue we have a look at booking your place at our Conference, upcoming issues, such as Seasonal Affective Disorder, Exemption and Pre-payment certificates as well as the latest round of lucky lottery winners. As usual there will also be the odd bits and bobs to let you know what is going on in the diabetes world.



Seasonal Affective Disorder

Seasonal Affective Disorder (SAD) is a mood disorder that causes people who have normal mental health throughout the year to exhibit depressive symptoms at the same time each year. These symptoms are most commonly associated with winter but can also occur in summer. Symptoms can include:

- Oversleeping or difficulty waking up
- Nausea
- Overeating often with a craving for carbohydrates

Obviously, this last symptom can have major implications for people with diabetes. Symptoms of the condition in summer can include heightened anxiety. While experts were initially skeptical about the existence of SAD, it is now recognised as a common disorder. Officially called SAD, it is also commonly called winter depression, winter blues, summer depression or seasonal depression.

So, what are the causes of SAD?

One theory is that it is an evolutionary response to the lack of food during the winter months. The theory postulates that many animals, including us, reduce their levels of physical activity during winter to preserve the energy reserves they have,

increased levels of sleep etc. The extreme of this is hibernation.

On a more biological level, one theory is that SAD is caused by reduced levels of the enzyme, serotonin. Serotonin is responsible for feelings of well-being and happiness. Lowered levels of serotonin have been shown to result in depressive behaviour and treatment with anti-depressants, such as fluoxetine, can prove to be effective.

A second theory is that SAD is caused by an excess production of another enzyme, melatonin. Melatonin is produced under dim light or dark conditions. If identified, treatment can be with artificial bright light therapy lamps (lightboxes) or by simple advice, such as spending more time outdoors, providing you use a UV sun cream blocker.

There are several other treatments that may be suitable and used in isolation or conjunction with other therapies. These include:

- Physical exercise
- Vitamin D supplements
- Treatment with Modafinil

As always, speak to your health professional if you think that SAD becomes an issue for you or someone you know with diabetes.

Reminder about flu jabs

More people who can get the flu jab for free should be vaccinated, says NICE

New draft guidance from NICE highlights the need to educate people that having a flu jab is the single best protection against catching or spreading flu.

In the last flu season (October 2016 to March 2017), 953 people were admitted to intensive care units with confirmed cases of the flu and 107 of them died.

To help reduce these deaths and hospital admissions, the new draft guidance recommends eligible people are made aware and offered the vaccine every winter. People should be offered the flu jab at every opportunity which could be during a GP appointment, when picking up prescriptions or during a hospital stay or home visit.

Millions of people who are at highest risk are eligible for free vaccines on the NHS including older people, very young children, pregnant women and those who have an underlying long-term condition. This includes people with diabetes, so remember to ask about this at your GP surgery.

The Pneumo Jab

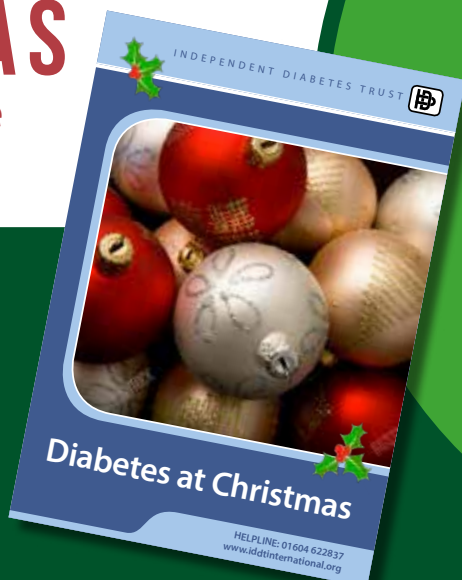
When you see your GP for a seasonal flu jab, ask whether you also need the 'pneumo jab' to protect you against pneumonia. It's available to everyone aged 65 or over, and for younger people with some serious medical conditions, including diabetes.



CHRISTMAS

It will be here before you know it!

For your **FREE** copy of this booklet please get in touch with us using the contact details at the end of this newsletter



While we are talking about preparing for winter the seasonal festivities will soon come around. With this in mind IDDT has produced a new, free booklet "Diabetes at Christmas". Christmas is a time for fun, presents and lots of food. However, if you or a member of your family has diabetes it can also be a worrying and stressful time too, especially if it is your first Christmas with diabetes. The booklet offers help and advice about managing diabetes at Christmas by offering a range of recipes and ideas about food and eating, allowing you to enjoy Christmas and still manage your diabetes.

FreeStyle Libre update



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 compared to self-monitoring of blood glucose by finger pricking in people using multi-dose injections (MDI):

- it increases people's adherence to testing (carrying out the prescribed number of tests),
- there are fewer hypos for people with Type 1 and Type 2 diabetes,
- it lowers the cost of treatment.

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.

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 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.

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!”

Exemptions and Pre-payments

Most, but not all, people taking medication for their diabetes will know that they are exempt from NHS prescription charges. Anybody who has been prescribed medication for their diabetes can apply for an exemption certificate and the application form is available from your doctor. The exemption certificate lasts for five years or up to your 60th birthday, whichever is sooner.

If you are applying for a new or renewed certificate then you are entitled to claim a refund on any charges made between the application and the arrival of the certificate. Because the certificate lasts for a long time, it is important to keep an eye on the expiry date. The NHS will write to you a month before expiry as a reminder but failure to renew and then use the certificate could result in a £100 fine.

If your diabetes is managed by diet alone, then there may also be some financial assistance available. If you are regularly prescribed two or more medicines that are not related to your diabetes, then you can apply for a Prescription Pre-payment Certificate (PPC) which could save you money. The prescription charge in England is **£8.80 per item**.

PPCs can be applied for over periods of 3 months and will cost £29.10 or 12 months, which will cost £104. That sounds a lot but, if for example, you are taking 3 medicines on a regular basis, a 3-month PPC could save you over £50, whereas a 12-month PPC could save you over £210 a year. Your pharmacist should advise you if applying for a PPC is in your interest.

The quickest and easiest way to pay for a PPC is on-line but you can also apply by telephone, at your pharmacy or by post.

For further information contact your surgery, pharmacy or www.nhsbsa.nhs.uk



A Couple of Quick Bits & Bobs...



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. It seems that 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)

Diabetes doubles the chance of developing cataract

A new UK study has found that the relative risk of cataracts is highest among people between the ages of 45 and 54. However, people with diabetes are twice as likely to develop cataract as the general population.

This report emphasises the importance of the NHS Diabetic Eye Screening programme in early identification and treatment of diabetic eye disease to prevent sight loss. (Eye, February 2018)

What is cataract?

Many people fear cataracts but sometimes understanding what they are helps to alleviate that worry.

- In a normal eye the lens, behind iris and pupil, is clear and transparent but when a cataract forms the lens becomes cloudy or opaque so preventing the light that passes through the pupil from reaching the retina. The image or picture on the retina is fuzzy and blurred.
- Cataracts usually develop in adult life and are caused by the normal aging process in which the lens becomes harder and cloudy. As this happens there may be a need to have new, stronger glasses more frequently but when the cataract worsens stronger glasses will not improve vision.

IDDT has a leaflet, *The Eye and Diabetes*, which explains many of the conditions of the eye that may happen. If you would like a copy, please contact IDDT on 01604 622837, email enquiries@iddtinternational.org or write to IDDT, PO Box 294, Northampton NN1 4XS.

Midday napping tied to blood glucose control in Type 2 diabetes

A study has shown people with Type 2 diabetes who slept for 6 hours or more at night and napped in the day had better blood glucose control than those who slept for less than 5 hours with no nap and those who had a longer night-time sleep duration plus a daytime nap. The research evaluated almost 400 people with diabetes or impaired glucose tolerance and found that poor sleep patterns were associated with poor blood glucose control in Type 2 diabetes, but for those whose night-time sleep duration is short, a midday nap may be beneficial. (Sleep Medicine, May 2018)

Weight loss tied to Type 2 diabetes remission, beta cell recovery

UK researchers used 306 patients aged 20 to 65 years diagnosed with Type 2 diabetes from the DiRECT trial and found that those who returned to non-diabetic glucose control after weight loss recovered their pancreatic beta cell function early and maintained it. Researcher Roy Taylor said that the data "suggest that substantial weight loss at the time of diagnosis is appropriate to rescue the beta cells." (Cell Metabolism, August 2018)

Something else we do:

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 are required 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

Please let us know!

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.

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.





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!**





The winners of IDDT's lottery draw!

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

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