INDEPENDENT DIABETES TRUST



 Newsletter, Issue 37
 Type 2 and you

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Welcome

Welcome to the thirty-seventh issue of Type 2 and You. In this issue we have a look at the feedback we receive from our conference and information about fats. We invite you to ask for our Christmas Tips booklet and tell you about 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.

A charity supporting and listening to people who live with diabetes

Charity Number 1058284 Registered Number 3148360 enquiries@iddtinternational.org

Fat FACTS

By Dr Mabel Blades

There is a lot of controversy about fat in the diet in both the general population and people with diabetes. There is quite a lot of information around about different types of fat, such as that from coconuts. There are also different diets, such as the paleo diet which is a traditional hunter gatherer type of diet based on meat, fish, eggs, nuts and seeds with only a few carbohydrates from roots and berries. There are also ketogenic diets with a large proportion of the energy derived from fat with a little protein and very few carbohydrates.

Energy/calories

Fats are the most energy rich nutrient and provide 9kcal per gram of fat and this applies to all types of fat. Carbohydrates provide 3.75kcal per gram and proteins 4 kcal per gram and alcohol 7kcal per gram. Due to being high in calories many weight reducing diets limit fat because they are high in calories. Also, for general health excessive amounts of fat are not advised.

Types of fat

- Saturated fat derived from lard, fat on meat, palm oil and coconut oil is the type of fat associated with raising the harmful type of cholesterol (Low Density Lipoprotein or LDL).
- Polyunsaturated fats are found in oils such as corn, soya and sunflower oil and they help to reduce the LDL cholesterol but also the good cholesterol (High Density Lipoprotein or HDL).
- Monounsaturated fats, such as olive oil and rapeseed oil, reduce the LDL cholesterol but not the HDL cholesterol.
- Omega 3 fatty acids are considered to be beneficial in preventing heart disease and they are found in plant oils as well as oily fish.



Foods containing fat

- Hard cheese like cheddar does contain saturated fat but also calcium and protein so is a useful item in the diet.
- Eggs contain fat but are also a useful source of vitamin D and protein as well as being quick and easy to cook.
- Nuts and seeds are useful snack items and contain mainly unsaturated fats.
- Oily fish like salmon, sardines, pilchards and mackerel are important components of the diet and should be eaten regularly.

Satiety

Fats give a feeling of fullness and are the types of food that people do not eat on their own no one eats a slice of butter or a spoonful of oil and people can feel ill or nauseous if they eat too much. Fat tends to be eaten with starchy carbohydrates which soak it up like potatoes, batters and breadcrumbs as well as being an essential ingredient in cake, pastry and pudding making.

Summary

At the recent IDDT conference it was interesting to find that respondents to the question about fat in the diet said that they included fat of various types but in limited amounts, such as a small amount of butter on toast or full fat yoghurt for the flavour. As an occasional treat, most people included them when combined with sugar in foods such as cakes, chocolate and ice cream.

IDDT Conference Kettering, Saturday 6th October 2018



'Diabetes and the Media, Myths and Misunderstandings'

Dr Laurence Gerlis,

Dr Gerlis has been a Trustee and Medical Adviser to IDDT since its formation in 1994 and has played a big part in maintaining the availability of animal insulins. He also told the conference of his brother's diagnosis of Type 1 diabetes at the age of 13 and how his family have lived with diabetes.

In his presentation, he highlighted many of the false claims made in the media such as 'a cure for diabetes', 'media diet issues', 'food content description issues' and how issues reported about diabetes are often inaccurate, even point blank wrong or as he described them as "simply bonkers". This adds to the public's confusion especially when there is no clarification of the difference between Type 1 and Type 2 diabetes which can be exploited by the pharma industry, the press and government.

Dr Gerlis ended by saying that it is time to change the terminology as Type 1 and Type 2 diabetes have different causes, different symptoms and different management. He would like to see insulin dependent diabetes being a special case to guarantee NHS funding for state-of-the-art treatment, such as with the FreeStyle Libre because unlike many other conditions, it is a lifelong condition affecting children and adults and it has important complications. Treatment should not be at the whim of Clinical Commissioning Groups!

The delegates recognised the points he was making as many of us sometimes feel frustrated and angry with media reporting.

Neuroglycaemia

Dr Gary Adams

Dr Adams gave a description of patient and carer experiences of people living with diabetes over the last 25 – 30 years. His talk highlighted the experiences and needs of 'supportive others', the families and friends of people with diabetes or 'the carers', especially of those taking insulin.

He pointed out that the brain only works when supplied with sugar in the blood, so when a hypo occurs this sugar is reduced and the brain malfunctions. This can show itself through personality and/or behaviour changes. Not only does the carer have to handle the hypo but also the behavioural changes which can be abusive and upsettting. While understanding that the person who is hypo is totally unaware of their behaviour, it can lead to stress, fear and anxiety for the carer. Dr Adams highlighted that carers often know little about diabetes and have to learn along the way but they need education about diabetes and emotional support. The NHS education should include patients and carers and should include information about diet, exercise, eating times as well as dealing with hypos and any other problems that arise.

Many of the carers in the audience identified with so much of what Dr Adams said. Jenny Hirst pointed out that the sad thing is that the situation has not really improved for carers and families of people with diabetes in the 40 plus years that she has been involved. So many people go unsupported and suffer stress, fear and anxiety some of which could be avoided with recognition of the role and needs of family carers.

Diabetes at Christmas

Thanks

We would like to thank our two speakers for their excellent presentations. We must also thank Dr Mabel Blades, Dr Gary Adams and John Birbeck for leading the discussion groups as the delegates all appreciated having the time to discuss the issues that are important to them. It has to be said though that the postcode lottery of availability of the FreeStyle Libre was raised at every opportunity!

Christmas Tips

Christmas is a mixture of many things – presents, excitement for children [and adults] and a busy time for adults. But if you or a member of your family has diabetes, Christmas can be a worrying and stressful time too, especially if this is your first time with diabetes. Celebrating Christmas is not just a time for presents but also about food! We all eat a lot more than we should and we tend to eat much more of the sort of food that is not exactly ideal for people with diabetes. It doesn't matter whether you are taking tablets and/or insulin for Type 2 diabetes, you can't take a day off from it but it is important to remember that it is a time to be enjoyed with family and friends.

If you would like more information about managing over the Christmas period ask for a copy of our NEW FREE BOOKLET – DIABETES AT CHRISTMAS, using the details at the end of this newsletter.



Another great achievement!

Here is a picture of Marie Coles, whose daughter, Lauren, has had Type 1 diabetes since she was 14 months old and is now 15. Marie took up running 17 months ago and this September ran her first half marathon. She decided to make it a charity run with IDDT as the chosen charity, in her words, "because IDDT has helped us as a family both in terms of education and emotional support, the latter we found lacking when we needed it in the early years."

She made it, albeit with cramp for the last 3 miles, so the medal and our thanks are well deserved. Her husband, Rob, also ran and she was supported by Lauren and her brother, Adam.

14-Mile Challenge completed for IDDT

Again, a team of 13 walked, cycled and ran 14 miles to raise awareness of diabetes for the InDependent Diabetes Trust in September. The organiser, Oliver Jelley, started the 14-Mile Challenge in 2014 to celebrate the charity's 20th anniversary and the event has taken place every year since raining over £1,500 for IDDT.

Oliver started as a runner but walked in 2017 and 2018 because of a serious knee injury but having had surgery he plans to run next year. He was supported by his family, friends and colleagues and IDDT is very grateful to all of them for their continued support.





A Couple of Quick Bits & Bobs...

Updated guidelines for the management of hyperglycaemia in Type 2 diabetes

A joint statement agreed by the American Diabetes Association and the European Association for the Study of Diabetes on the management of hyperglycaemia (high sugars) in people with Type 2 diabetes. It recommends:

- patients should be given access to selfmanagement education and support,
- health systems should emphasize the importance of exercise and diet and patient-centred decision-making for the management of hyperglycaemia,
- it highlights the role of patient preferences in the selection of glucose-lowering drugs to improve medication adherence,
- it also recommends offering individualised medical nutrition therapy to all Type 2 diabetes patients.

Other recommendations include:

- For those with obesity, targets should be weight loss, including lifestyle, medication, and surgical interventions.
- For people with cardiovascular disease, medication recommendations are a sodium–glucose cotransporter 2 (SGLT2) inhibitor or a glucagon-like peptide 1 (GLP-1) receptor agonist.
- For people with chronic kidney disease or clinical heart failure and atherosclerotic cardiovascular disease, an SGLT2 inhibitor with proven benefit is recommended.
 GLP-1 receptor agonists are generally recommended as the first injectable medication. (Diabetes Care, October 2018)

Midday napping tied to better blood glucose control in Type2 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)



Symptoms may indicate Type 2 diabetes up to 20 years before diagnosis

Japanese researchers studied 27,000 people without Type 2 diabetes, aged between 30 to 50, and found that changes to fasting blood glucose levels, insulin resistance and body mass index (BMI) were observed up to 10 years before people were diagnosed with diabetes. Similar changes were seen before pre-diabetes developed, an indication that symptoms could be detected more than 20 years before a diagnosis of diabetes. (Journal of the Endocrine Society, October 2018)

Ways you can look after your feet

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

Diabetes-Friendly Socks

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

Both socks come in a range of sizes

- The Comfort Sock comes in small [4-7], medium [6 1/2-8 1/2], large [9-11] and x-large [11-13].
- The Fuller Fitting Sock comes in small [4-7], medium [61/2-81/2], large [9-12].

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

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

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 To be purchased at your pharmacy, not from IDDT
 Image: State of the state of

neuropad®



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





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

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

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Enter the



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

They are as follows:

1st prize of £519.84 goes to Anon from Crowborough
2nd prize of £389.88 goes to Anon from Birmingham
3rd prize of £259.92 goes to John from Nottingham
4th prize of £129.9 goes to Paul from Northampton

Winners of the September 2018 draw are:

1st prize of £521.76 goes to Patricia from London
2nd prize of £391.32 goes to Eric from Nottingham
3rd prize of £260.88 goes to Linda from Enfield
4th prize of £130.44 goes to David from Doncaster

Winners of the October 2018 draw are:

1st prize of £548.00 goes to William from Solihull
2nd prize of £411.00 goes to Jacqueline from Derby
3rd prize of £274.00 goes to Terry from Romford
4th prize of £137.00 goes to Anon. from Northwich

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 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

Christmas cards

We would also like to thank everyone who has already bought Christmas cards from us and remind those who haven't that we still have cards available, just give us a call on 01604 622837 or email enquiries@iddtinternational.org. They are £3.25 per pack of 10 plus 80p per pack p&p.





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