



# *Welcome*

Welcome to the fortieth issue of Type 2 and You. It seems hard to believe that this issue marks ten years of the publication of Type 2 and You. In this issue we start to have a look at the various groups of drugs used to treat Type 2 diabetes as well as the advice given to people who are newly diagnosed with the condition. As usual, we tell you about the latest round of lucky lottery winners and say thank you to those who continue to support us. Also, as usual there will also be the odd bits and bobs to let you know what is going on in the diabetes world.

# Gliflozins / SGLT2 inhibitors

Over the next few issues of Type 2 and You we will start to have a look at the various groups of drugs used to treat Type 2 diabetes. In this issue we look at Gliflozins. Gliflozins are a group of drugs used to treat Type 2 diabetes. They are commonly called SGLT2 inhibitors and as with a lot of drugs have both a generic name and a brand name. Below is a table listing each drug's generic name and its equivalent brand name.

Generic Name	Brand Name
Canagliflozin	Invokana
Dapagliflozin	Forxiga
Empagliflozin	Jardiance
Ertugliflozin	Stelagtro

There has been a lot of research published over the last twelve months about the effects of treatment of Type 2 with SGLT2 inhibitors, some good and some bad. In this article we have a look at how they work, how they are prescribed and some of the possible adverse effects that can occur.

SGLT2 inhibitors all work in a similar way. SGLT2 is a protein that is produced primarily in the kidneys and plays an important role in regulating blood glucose levels. SGLT2 promotes the reabsorption of glucose back into blood circulation. SGLT2 inhibitors prevent this reabsorption and subsequently reduce blood glucose levels.

They are usually prescribed in combination therapy and may be a good option for people who are failing with metformin monotherapy. They are commonly prescribed as a dual therapy with metformin or as a triple therapy with metformin and a sulphonylurea.

Because of the way they work, all gliflozins can possibly cause diabetic ketoacidosis (DKA) which is abnormally high blood sugar levels. If you start to feel sick, have stomach ache, or have changes to the taste in your mouth, smell of your breath, urine or sweat then seek medical advice quickly. Gliflozins can also increase the diuretic effect of diuretic drugs so it is important to ensure sufficient fluid intake to avoid dehydration.

When you read the next bit of the article it is important to remember that these effects are only associated with the medications and not proved to be a cause, so don't panic!

We'll get the embarrassing bit out of the way first. All gliflozins have been shown to increase the risk of genital infections, such as candida (thrush). More seriously, some have been associated with an increased risk of lower limb (below the knee) amputation. On a more positive note some have been associated with improved cardiovascular and renal outcomes, as well as a 20% reduction in mortality compared to non-treatment.

Unfortunately, we don't have the space to give details of the effects of individual medications but would advise that you initially read the patient information leaflet accompanying your medication and if you are concerned, talk to your prescribing health professional.





# Quick Bits & Bobs...

## Suliqua – Another New Treatment for Type 2

Suliqua is the brand name of a new combination therapy for the treatment of Type 2 diabetes. It is a combination of insulin Lantus (insulin glargine) and a GLP-1 receptor agonist Lyxumia (Lixisenatide). It is designed to be a once daily, injectable treatment and is available in two different strengths so that dosages can be tailored to suit individual needs. It is given with metformin where diabetes is not being managed by metformin alone or with metformin in conjunction with other oral blood glucose lowering drugs or basal insulin. Suliqua has been available in the U.S. for nearly two years and although it is generally well tolerated, the most commonly reported side effects are hypoglycaemia and gastrointestinal problems.

## FreeStyle Libre in people with Type 2 diabetes using insulin

In a recent study, 101 people with Type 2 diabetes on multiple daily insulin injections for at least a year were randomly assigned to treatment with the FreeStyle Libre or standard care. They were followed for 10 weeks and instructed on adjusting their insulin doses either face-to-face or by telephone.

### Results

The people using the FreeStyle Libre system found:

- Treatment was significantly more flexible and they would recommend it to other people.
- Satisfaction with the system was high.
- The changes in HbA1cs were 9mmol/mol (0.82%) versus 3.6mmol/mol (0.33%) in the Libre group and the standard care group.
- 68% of the Libre group had their HbA1c reduced by 5.5mmol/mol (0.5%) compared to 30.2% in the standard treatment group.

The researchers concluded that the FreeStyle Libre (flash glucose monitoring) tends to improve treatment satisfactions and can improve glycaemic control in people with Type 2 diabetes and multiple daily injections without increasing the frequency of hypoglycaemia. (Diabetes Care, April 2019)

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## Guidance updates

Revised NICE guidelines have been issued after careful consideration of the evidence available. Professionals and practitioners are expected to take these guidelines fully into account, alongside the individual needs, preferences and values of their patients. However, it is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian. Local commissioners and providers of healthcare have a responsibility to enable the guidelines to be applied when individual professionals and people using services wish to use them. The following guidelines have been updated.

### Type 2 diabetes in adults: management N28

The new guidance updates the following areas: managing blood glucose levels, antiplatelet therapy and erectile dysfunction. The reasons include

1. safety concerns surrounding some blood glucose lowering medicines (dipeptidyl peptidase 4 (DPP 4) inhibitors and glucagon like peptide 1 (GLP 1) receptor agonists),
2. the potential impact of drugs coming off patent on health economic issues,
3. new evidence and safety issues relating to the off label use of antiplatelet therapy (aspirin and clopidogrel) in the primary prevention of cardiovascular disease motivated an update of this review.

Full NICE guidance can be found online: <https://www.nice.org.uk/guidance/NG28>



# Advice for People diagnosed with Type 2

## PART 1

This is the first of a series of articles about the advice given to people who are diagnosed with Type 2 diabetes. The advice is nearly always the same and will sound familiar to most of us:

### **LOSE WEIGHT, EXERCISE MORE AND EAT HEALTHILY**

While there is nothing wrong with this advice about what to do, people very often find they do not know how to do it. The articles will look at each piece of advice in turn and hopefully give some direction and pointers about how to follow it. Before we do that however, there are some golden rules of which we should all take heed.

**BE REALISTIC** – Don't set yourself goals that you are unlikely to achieve. This will only fuel disappointment and frustration. Lots of small successes are far more rewarding than failure and are likely to encourage you to keep going. For example, if you are going to try to take more exercise, then try walking for ten minutes a day, don't expect to run a mile.

**ONE STEP AT A TIME** – Similar to the above, don't try to tackle all three of the above at the same time. Give some thought to what is a personal priority for you and work on this first. We all have the experience of lapsed New Year Resolutions and that is because we have tried to change too many things too quickly. Take it one step at a time and you are more likely to succeed.

**GET SUPPORT** – Don't be afraid to ask for help or support. It's not a sign of weakness or inability. Conversely, people will respect you for your commitment to wanting to make a change to your lifestyle and will be willing to support you. Support can come from family, friends, health professionals and support groups.

**TRY TO LEARN** – Try to learn as much as you can about your Type 2 diabetes, how it is managed and any medicines you have been prescribed. That way, you will be able to understand the reason why you have been given this advice and reinforce the reasons for trying to stick to it.

**ALLOW YOURSELF A BREAK** – Nobody is saying that you can't treat yourself once in a while. If you don't, then, for example, diets can be too restrictive and a reward to look forward to is an incentive to stay on track rather than "cheat".

The subsequent articles in this series are not meant, in any way, to be an exhaustive list of information or sources of information but are meant to give you pointers as to what to look for and maybe where to find it. IDDT produces a wide range of leaflets that you may find of interest and if you would like to receive any of them then feel free to contact us using the details at the end of this Newsletter.



# IDDT Annual Event 2019

## COME AND JOIN US!

We are pleased to say that this year we are holding our Get Together at the Kettering Park Hotel and Spa on Saturday, 26th October 2019 entitled 'Independent and Empowered'. 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 foot care, one on treating hypos and a third for the complications of diabetes. There is also 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 'Independent and Empowered' recognizes some of these day to day difficulties of living with diabetes and what we can do to support each other. In addition to the group sessions, our speakers will be Dr Laurence Gerlis and Dr Gary Adams. Abbott

Laboratories will be making a presentation on the use of the Freestyle Libre. Later in the afternoon there will be a session entitled "Where Do We Go from Here?" led by Dr Gary Adams, which will give you an opportunity to discuss issues that have been raised during the day.

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](mailto:enquiries@iddtinternational.org)

**We hope that many of you will be able to join us on 26th October this year.**

**We look forward to seeing you!**





# MEET THE TEAM

**IDDT runs thanks to a small but very dedicated staff team and we thought it would be a good idea to put names to faces.**

## Jenny Hirst

### **Board of Trustees Co-Chair.**

Hi, my involvement with diabetes started in 1975 when my daughter was diagnosed with Type 1 diabetes. I co-founded IDDT 25 years ago with the aim of maintaining animal insulins for the people who need them and we have succeeded in this aim. I chair the Board of Trustees and we are jointly responsible for maintaining the good management of IDDT and further developing the organisation to help people with diabetes and their families.

## Martin Hirst

### **Chief Executive Officer.**

Hi, I have worked for IDDT for over 12 years. I was originally recruited as Fundraising Manager, I am now the Charity's CEO and ensure that the charity operates within legal frameworks. With the help and support of a small but highly dedicated staff team we are able to promote the aims and objectives of the charity, namely, to support the needs of people who all live with diabetes.

## Matt Daybles

### **Office Administrator.**

Hi, I joined the IDDT team in April 2017, my main role is the overall running of the mail room. This entails preparing and mailing orders of information packs and booklets, organising bulk mail-outs and email campaigns as well as the sorting and distribution of incoming mail. My duties also include recording stock levels of our publications and office supplies. Over my time I have also taken on extra duties such as assisting Martin with health and safety tasks and the recording, organising and mailing of insulin and diabetes supplies for the Insulin for Life program.

Top row, left to right, Martin Hirst, Matt Daybles, Keith Millhouse  
Bottom row, left to right, Jo Wootton, Jenny Hirst, Rita East



## Rita East

### Database Manager.

Hi, I am IDDT's Database Manager and have worked for the charity for over 13 years, more recently in a part-time capacity. As well as having overall responsibility for the membership database, I also have responsibility for monthly membership and finance records and the development and maintenance of data entry procedures.

## Keith Millhouse

### Deputy Database Manager.

Hi, I am IDDT's Deputy Database Manager. I joined IDDT's, small, friendly team in April 2019. I'm responsible for maintaining the database of members, for managing membership renewals, general enquiries and ensuring all monies are managed and accounted for on the database. My varied role involves a wide range of administration tasks, such as generating letters, as well as answering the helpline.

## Jo Wootton

### Database Administrator.

Hi, I have been with IDDT since October 2017, my mother-in-law has with Type 2 diabetes which is controlled by diet alone, I am a personal trainer by trade so I have an understanding of exercise and diabetes. My job within IDDT is varied I assist with the maintaining of the database of members as well as running the monthly lottery draw and the sending of insulin to Tanzania. I am also back up for the post room when Matt is away on holiday.

**Each member of the team brings a valuable set of skills to the charity who, supported by the Board of Trustees, ensure that IDDT is able to support people living and working with diabetes. We hope that you will continue to give us your ongoing support. Thank you.**

## AmazonSmile

AmazonSmile is a simple and automatic way for you to support IDDT every time you shop on-line, at no cost to you. When you shop at [smile.amazon.co.uk](https://smile.amazon.co.uk), you'll find the exact same low prices, selection and convenient shopping experience as [amazon.co.uk](https://amazon.co.uk), with the added bonus that Amazon will donate a portion of the purchase price to your selected charity, IDDT.

In order to select IDDT as your chosen charity you need to select our full name and search for 'The Insulin Dependent Diabetes Trust' on your first visit to [smile.amazon.co.uk](https://smile.amazon.co.uk) Amazon will remember your selection, and then every eligible purchase you make at [smile.amazon.co.uk](https://smile.amazon.co.uk) will result in a donation to IDDT.



## Lizzie's Tea Party!

Once again Lizzie and her Mum, family and friends held their annual Tea Party in Ballater, Aberdeenshire to raise funds to help the children and young people with diabetes at the Dream Trust in India. Despite the rain, a lot of fun was had and they raised an amazing £1,080.25! Many thanks to everyone involved, this makes a big difference to the lives of families who cannot afford the insulin and treatment their children need.



## The winners of IDDT's lottery draws!

We are delighted to announce the winners of our latest monthly lottery draws. They are as follows:

### **Winners of May 2019 draw are:**

- 1st prize of £539.04** goes to Ruth from Stonehouse
- 2nd prize of £404.28** goes to Sylvia from Kettering
- 3rd prize of £269.52** goes to Kenneth from Luton
- 4th prize of £134.76** goes to Stephen from Nottingham

### **Winners of the June 2019 draw are:**

- 1st prize of £524.80** to Jeff from Telford
- 2nd prize of £393.84** goes to Edna from Shrewsbury
- 3rd prize of £262.56** goes to Paul from Worthing
- 4th prize of £131.28** goes to Anon. from Montrose

### **Winners of the July 2019 draw are:**

- 1st prize of £522.72** goes to Anon. from Bridgnorth
- 2nd prize of £392.04** goes to Susan from Cambridge
- 3rd prize of £261.36** goes to Sheila from Hemel Hempstead
- 4th prize of £130.68** goes to Anon. from Orkney

Note: the winners of the draws for August, September and October will be announced in our December 2019 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](mailto: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](mailto:enquiries@iddtinternational.org) Or visit our website: [www.iddtinternational.org](http://www.iddtinternational.org)