



Welcome

Welcome to the forty first issue of Type 2 and You and Seasons Greetings! Another year has flown by in the blink of an eye but what a year it has been! This year has seen our membership figures increase and with your continued support we have been able to reach out further to those who continue to need our help, so many thanks and seasonal greetings to you all!

In this issue we continue to look at the various groups of drugs used to treat Type 2 diabetes as well as the advice given to people diagnosed with the condition. We will update you on our latest round of lottery winners, as well as some international news. We give you some tips for managing diabetes over the festive season as well as a round-up of articles to let you know what is going on in the diabetes world.

METFORMIN



If there is a “typical” progression in the management of Type 2 diabetes then the first piece of advice most people receive is to make some lifestyle changes, such as, lose weight, exercise more and eat a healthy diet. While this advice in itself is not bad advice it may not be appropriate for everybody. For example, not everyone with Type 2 needs to lose weight and the vast majority of people with Type 2 cannot manage their diabetes by following this advice alone, at least not indefinitely. At this point, health professionals will start to give consideration to the introduction of medication. Alternatively, they may give consideration to starting medication immediately after diagnosis - enter metformin.

Metformin is usually the first line treatment for Type 2 diabetes. For some people, metformin works well over a long period of time but it may be that second and third line medications need to be added in at some point. Other articles in this series focus on these drugs and we will talk about some of the combination therapies available later in this piece.

Metformin is part of a group of drugs called Biguanides. Biguanides have a wide variety of surprising uses, such as anti-malarials and disinfectants, but most notably in the treatment of Type 2 diabetes. Metformin is the generic name for the drug used to treat Type 2 diabetes but as with all medicines it has two brand names, Glucophage and Yaltormin SR.

The exact pharmacology of how metformin works is not known but what we do know are the effects it has on the body and how it helps to control Type 2 diabetes. In order to understand how

metformin works and how it differs from other Type 2 drugs, it is helpful to know about the “typical” development and progression of Type 2 diabetes. In the early stages of Type 2 the body develops a condition called insulin resistance. This is when the pancreas is still producing insulin but the body is not able to use its own insulin properly, meaning that blood sugar levels rise. Metformin reduces this insulin resistance, allowing the body to use it effectively and blood glucose levels drop. Unfortunately, over time the pancreas tends to produce less and less insulin so other medications are introduced to increase insulin production which acts alongside metformin to help control blood sugar levels.

There are many different combinations of drugs that can be used alongside metformin to help control Type 2 diabetes (far too many to mention them all here!!!) and you should discuss with your health professional which combination will suit you best.

As with any drug, metformin can have its side-effects, most commonly stomach upsets. In severe cases, these side-effects can be helped by prescribing a slow-release version of the drug. These versions of the drug usually have the same name as the regular version but the name is followed by the initials, either CR, MR or SR, indicating that it is a slow-release equivalent. Metformin is always presented in tablet form.

That being said, metformin remains one of the most reliable and regularly prescribed drugs for treating Type 2 diabetes, with a long and proven track-history.

It's time to think about the seasonal flu jab

The flu jab is offered first to people in 'at risk' groups and this includes people with diabetes, pregnant women, the elderly and now children. 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 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.

Pneumococcal infections 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.

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 FREE BOOKLET – DIABETES AT CHRISTMAS, using the details at the end of this newsletter.

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. They are £3.25 per pack of 10 plus 80p per pack p&p and again they can be ordered using the details at the end of this newsletter.





How to Change Your Lifestyle **PART 2**

In this second instalment of our series of articles on how to change your lifestyle we look at some ideas and tips on how to lose weight. We have to say at the outset of this article that not everyone who has Type 2 diabetes is overweight and with people in this situation it is most likely that there is a genetic component causing the condition. However, there is a highly significant link between carrying excess weight, especially around the middle, and the development of Type 2. Losing this weight can significantly contribute to the successful management of Type 2.

IN THEORY, LOSING WEIGHT IS EASY - If you eat fewer calories than you use up then you will lose weight. On average a man needs 2500 calories a day and a woman needs 2000 calories a day. If you reduce your intake by 500 calories a day then you should lose half a kilo/about a pound a week. If you take exercise as well, such as walking or gardening, then you will lose more. There will be more about exercise in the next article in the series. Here are a few tips and tricks to help you lose weight:

KEEP A RECORD OF ALL THE FOOD YOU EAT - This is a good place to start. Instead of grazing throughout the day, delaying or skipping meals, try planned eating every four hours or so. However, this is not as easy as it sounds, as it involves planning ahead and lots of things can get in the way of what seems straightforward, such as food cravings or plain boredom. By keeping a plan you can see how you are doing and this can reinforce positive changes in eating habits.

DAYTIME AND EVENING - Most people are quite frugal eaters during the daytime, until they get home in the evening. By this time they are usually starving and there is no holding back. Having an afternoon snack around 4pm can help, especially if it is high protein/high fibre. Following this with an evening meal with high fibre vegetables or salad with an adequate amount of protein should keep you going until morning without overdoing the calories.

GO FOOD SHOPPING ON A FULL STOMACH - Make a list and stick to it. If you go shopping on a full stomach with a list then you will be less likely to buy high calorie snack foods which will seem more tempting if you are hungry.

TRY TO CONTROL FOOD CRAVINGS.

- Is it hunger? Eat cold meat or a boiled egg.
- Desperate for something sweet? Rinse your mouth out with dry wine, lemon juice or vinegary foods such as pickled onions.
- Desperate for something salty? Eat something sweet like a piece of high cocoa chocolate.

These may seem like strange solutions but they do work! So what do you do if you fall off the wagon and give in to your cravings? It is tempting to think I have started now so I may as well carry on and start over tomorrow. The professional consensus is to get back on the wagon straight away.

DRINKING WATER - Research has shown that drinking 2 cups of water prior to a meal can help with weight loss. The research divided participants into 2 groups, those that drank water prior to a meal and those that did not, all on a low-calorie diet. Over 12 weeks, the water drinkers lost about 15.5 pounds while the non-water drinkers lost only 11 pounds. The researchers proposed that the water fills up the stomach so participants felt full and were likely to eat less.

We hope you have found this article helpful. If you would like more information about losing weight then please ask for our FREE booklets "Diabetes – Everyday Eating" and "Weight and Diet" using the contact details at the end of this newsletter.

GOOD NEWS FROM DREAM TRUST, INDIA

For many years some of our members have been sponsoring children with diabetes at Dream Trust in Nagpur, India. In addition to supporting their medical needs, sponsorship has also included helping with their education. This has applied especially to girls with Type 1 diabetes so that they can financially support themselves if they do not marry as a result of having diabetes.



Dr Pendsey, who runs Dream Trust, has written to IDDT with good news about 3 girls that have been sponsored by IDDT members since they were little.

- Aditi Kothari has completed her physiotherapy course and came first in the entire state of Maharashtra with 79.78%. She is now doing an internship with an Orthopaedic clinic.
- Snehal Kale has completed her graduation in Ayurvedic medicine, BAMS. She intends to do post-graduation in Gynaecology. In the entrance exam she secured 94.6%. She has also been looking after her father for the last 3 years as he is undergoing treatment for throat cancer.
- Radha Wath has completed her graduation in commerce and is working with a Chartered Accountant firm.

Dr Pendsey says that it is always a gratifying experience to see spectacular performance of our sponsored children and this is what we all want for these under privileged girls with Type 1 diabetes to lead a life with pride and dignity. .

Thank you to everyone who sponsors the children at Dream Trust.

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 [6 1/2-8 1/2], 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.

Flexitol



To be purchased at your pharmacy, not from IDDT



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.



Helping you to check your feet everyday

Solesee has been specifically designed for people with diabetes to check the soles of their feet.

YOU SHOULD CHECK YOUR FEET EVERY DAY

Easy to use independently

Large shatterproof mirror

Set at the perfect angle to see the whole of the bottom of your foot

Portable and lightweight

...also contains a handy guide on what you should be looking for on your feet

Solesee can be purchased online at www.solesee.com or on the IDDT online shop at www.iddt.org/product/solesee


Diabetes can damage the nerves in your feet

This common complication can sadly lead to blisters or wounds which go unnoticed, become infected and result in difficult-to-treat ulcers and potential amputations.

In England alone, there are more than 7,000 amputations every year related to 'diabetic foot'

VibraTip, a clever tool invented in NHS, quickly and easily helps to identify nerve damage in the feet. With the help of a friend or family, regularly checking feet for loss or changes in protective sensation is possible.

If you think there are any irregularities in the way your feet feel or appear, you should always consult your doctor.



VibraTip®

Available from IDDT website <http://www.iddt.org/shop> or by phoning 01604 622837
McCallan Medical Ltd - www.vibratip.com

Bits & Pieces

Type 2 and Fractures

A retrospective study conducted in Japan has found that elderly people with Type 2 diabetes are at greater risk of fractures than the general population. This in turn increases the likelihood of hospitalisation and the problems of managing diabetes in the hospital environment. The main risk factor was the use of thiazolidinediones (also called glitazones) to treat Type 2 diabetes. In the UK, thiazolidinediones are prescribed under the brand name Actos (pioglitazone). It is important to bear in mind that this study only reflects results found in Asian populations and further work needs to be done to see if similar results are found in other populations.



Semaglutide

Recently published research has shown that the treatment of Type 2 with Semaglutide (Ozempic) significantly reduces the risk of cardiovascular events in patients regardless of age, gender or baseline cardiovascular risk when compared to a placebo. However, the study does recommend further investigation of the effects of the drugs within these individual groups.

While we are on Semaglutide, it may be of interest that in the USA, the Federal Drug Agency (FDA) has approved the prescribing of Semaglutide in tablet form, branded as Rybelsus. This will be the first GLP 1 available in tablet form, all others such as Byetta and Victoza are only available in injectable forms. It will be interesting to see if the European regulators follow suit.

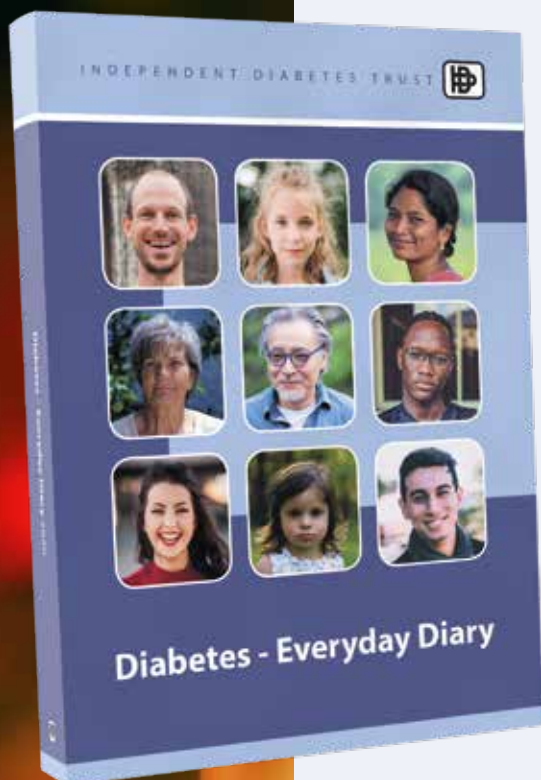
What comes after Metformin?

An article recently published in the journal Diabetes Therapy has highlighted the growing body of evidence to suggest that SGLT 2 inhibitors (Gliflozins) should be the preferred second-line treatment for Type 2 when treatment with metformin alone is failing. It points out how treatment with SGLT 2 inhibitors can reduce the burden of heart failure and kidney disease in patients, whether or not they already have either of the conditions.



Higher risk of Type 2 diabetes among shorter people – Yes really!

German researchers used a group of nearly 27,500 people aged between 35 to 65 and found that every additional 10cms in height was associated with a 41% reduced risk of Type 2 diabetes in men and 33% reduced risk in women. The findings also showed that each additional 4 inches of height lowered the risk of diabetes by 86% in men and 67% in women who were not overweight. (Diabetologia, September 2019)



DON'T FORGET YOUR 2020 DIARY IT'S NOT TOO LATE!

Don't forget it's not too late to order your copy of our 2020 Everyday Diary. The diary is a useful way to record many aspects of managing diabetes such as blood test results and medical appointments as well as everyday events such as social events, birthdays or anniversaries. The diary has already proved very popular with our members and would make an excellent present for a friend or loved one. If you would like a copy, then please complete and return the order form accompanying this newsletter or contact us using the contact details at the end of this newsletter.

The winners of IDDT's lottery draws!

Winners of August 2019 draw are:

- 1st prize of £514.56** goes to Denise from Birmingham
- 2nd prize of £385.92** goes to Anon. from Matlock
- 3rd prize of £257.28** goes to Celia from Southampton
- 4th prize of £128.64** goes to Emma from Penbury

Winners of the September 2019 draw are:

- 1st prize of £504.80** to Anon. from Rugeley
- 2nd prize of £378.72** goes to Geoffrey from Bristol
- 3rd prize of £252.48** goes to Paul from Glossop
- 4th prize of £126.24** goes to Anon. from Worcester

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



Note: Apologies that the winners of the October draw are not in this Newsletter due to going to press early for Christmas but the winners will be notified in early November and will be on our website. So the winners of the draws for October, November, December 2019 and January 2020 will be announced in our March 2020 Newsletter and 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