INDEPENDENT DIABETES TRUST

Type 2 and you

Autumn 2026, Issue 68

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Welcome!

Welcome to our Autumn Issue of Type 2 & You and once again, I must say a big thank you to all the people who are still donating to help IDDT in response to our appeal in our Spring issue. We very much appreciate the help and support you are giving!

In this issue we bring you news of the latest NICE guidance for Type 2 diabetes and the key points and latest treatment recommendations. After many years, metformin is no longer the standard first line treatment, so read all about this and the reasons why.

There has also been more publicity about the weight loss drugs, so we have the latest information and the increasing numbers of side effects that are being reported. Also by sheer coincidence, we report on yet another police seizure of unlicensed weight loss drugs in Northamptonshire, not very far from IDDT's office!

Another reminder to join 'IDDT's Get Together'

We would love to see you at our annual Get Together on Saturday, 3rd October 2026 at the Kettering Park Hotel and Spa. If you are wondering where Kettering is, it is easily accessible from all directions – north, south on the M1and east and west on the M6 and A14.

Included with this issue is the booking form for the day, together with the programme. The title for the day is 'Everyday Diabetes' to reflect that the programme has something of interest to everyone.

We hope that many of you will be able to join us as it is your opportunity to listen, learn and meet other people living with diabetes.

'Thinking about Christmas' is included with this Newsletter.

We know it sounds early but we also know that many of you like to get Christmas cards and bits and pieces in good time for Christmas. So if you are able, please support IDDT by purchasing our Christmas cards.

Latest update of NICE guidance for Type 2 diabetes

According to revised guidance from the National Institute for Health and Care Excellence (NICE), modified-release metformin (also referred to as slow release metformin) and an SGLT2 inhibitor (SGLT2i) should be the first line of treatment for most people with Type 2 diabetes.

Metformin has been the standard of care for many years, often in combination with a sulphonylurea so this new recommendation is described as a significant change in Type 2 diabetes management. Moving from standard release to slow release might reduce the gastrointestinal side effects often experienced with standard release metformin.

Key points

- NICE now recommends slow release metformin and SGLT2 inhibitors as first-line treatments for Type 2 diabetes, emphasising their cardio-renal benefits and potential for improved patient adherence while having a similar or lower cost.
- SGLT2is are now recommended in combination with metformin largely because of their cardio-renal benefits, even if they might not always help people to reach their glycaemic targets.
- Lifestyle modifications remain key and at the centre of everything with the main goals of treatment being to prevent complications and to improve quality of life.
- Treatment of Type 2 diabetes is now moving away from a sugar-based approach to a more rounded strategy that incorporates cardiovascular risk management, cardiorenal protection and weight management, alongside traditional glycaemic control.

NICE National Institute for Health and Care Excellence

- It is important to remember that Type 2 diabetes is a progressive disease. Patients will often end up needing to go on to insulin at some point in the future. It can be beneficial to be aware of this, so patients don't feel like a failure when they come on to insulin.

The guidance is not mandatory as there are seven core areas with lots of steps in them but not every step or recommendation has to be taken. Clinical judgement and shared decision making with patients remain essential. The seven core areas include:

- no relevant comorbidities
- obesity
- early-onset (before age 40)
- Type 2 diabetes
- heart failure
- atherosclerotic cardiovascular disease (ASCVD)
- frailty.

As patients may meet criteria in more than one of these areas, it is suggested to first think atherosclerotic cardiovascular disease and then work through that list as a good way of accessing the appropriate therapies. However, there are also individual needs to be taken into account.

The guidance is still about adding in rather than switching therapies, for example, someone already taking standard-release metformin and doing well on it, does not need to switch to the slow release unless it was a personal choice.

Combinations with weight loss drugs

NICE recommended that medications be started in order and not simultaneously,

A triple combination of slow release metformin, SGLT2i and GLP-1 receptor, semaglutide (Ozempic) at a dose of up to 1 mg per week was recommended for people with Type 2 diabetes and ASCVD. However, GLP-1 receptor, tirzepatide was recommended for initial treatment for people with early-onset Type 2 diabetes with slow release metformin and SGLT2is. These therapies were also recommended by class only for people with Type 2 diabetes with obesity, but then only as an add-on treatment if glycaemic targets are not achieved and the initial treatment had been started at least 3 months previously.

Information about metformin

There are 2 different types of metformin tablets: standard and slow-release tablets.

- Standard tablets release metformin into your body quickly. You may need to take them several times a day depending on your dose.
- Slow-release tablets work gradually so you do not have to take them as often.
- Metformin is also available as a liquid and sachets for children and people who find it difficult to swallow tablets.

Dosage and strength

- Metformin tablets come in different strengths. The maximum daily dose is 2,000mg a day which can be taken as four 500mg tablets a day.
- Liquid metformin should be taken in 5ml doses of 500mg, 850mg or 1,000mg.
- Sachets come in either 500mg or 1,000mg doses.
- When you first start taking metformin standard tablets, you'll be advised to increase the dose slowly to reduce the risks of getting side effects.
- If you find that the side effects of standard metformin are affecting you too much, your doctor may suggest switching to slow-release tablets.

How to take metformin

It's best to take metformin tablets with, or just after, your evening meal to reduce the risk of getting side effects. Swallow your metformin tablets whole with a drink of water. Do not chew them.

If you are taking metformin sachets, pour the powder into a glass and add about 150ml of water. If you need to, stir it until the water turns clear or slightly cloudy and drink immediately.

Important

- Do not stop taking metformin without talking to your doctor.
- Your doctor will check your blood sugar levels regularly and may change your dose of metformin if necessary.

Type 2 &You – do you also need our Newsletter?

Type 2 diabetes is a progressive condition which means that the treatment needed changes and increases with the passing of time. This is not because those with Type 2 diabetes are doing anything wrong but the body's ability to deal with blood glucose control gets less.

In the case of Type 2 diabetes, it means that initially blood sugars can often be controlled by diet alone, then with tablets, then an increase in the number of drugs and eventually treatment with insulin may become necessary.

IDDT publishes two Newsletters each quarter:

- **Type 2 & You** for people with Type 2 diabetes who are not treated with insulin but diet only and diet and drugs.
- **IDDT Newsletter** for people who are using insulin both people with Type 1 diabetes and Type 2 diabetes treated with insulin.

Our members with Type 2 diabetes treated with insulin, receive both Type 2 & You and the Newsletter, so if you are likely to have to go on to insulin treatment for your Type 2 diabetes, do let us know and we will send you both publications. Call IDDT on 01604 622837 or email enquiries@iddtinternational.org

Health tech company has created a smartphone test for Type 2 diabetes risk

A Cambridge company has developed the PocDoc test which uses a finger-prick blood sample and smartphone app to measure HbA1c levels, a biomarker for diabetes. It was designed to deliver results in minutes rather than weeks, so patients could understand their risks sooner and make any necessary lifestyle changes.

The product manager at PodDoc is quoted as saying: *"Our test aims at helping people figure out whether or not they are at risk of diabetes and help them to take steps to prevent diabetes in the future."*

Referred to as the "Diabetes Health Check", it is being piloted in the North East of England and North Cumbria as part of an NHS project. As part of the testing, patients provided a blood sample which they placed on a microfluidic assay (MFA), which is a small, portable system used to perform analytical tests. Patients then scanned the MFA and received their results on their smartphone almost instantly.

According to the company, this test is different in that it measures certain bio markers and the results are available the same day on your smart phone and then that result will get sent to the person's GP for a follow up. Action to reduce your blood sugar levels can be taken quickly, so reducing the risk of diabetes developing.

Pre-diabetes – high risk subtypes

As regular readers will know, IDDT has difficulty with the term 'pre-diabetes' because it sounds like a diagnosis when really, it means that people may be at risk of Type 2 diabetes.

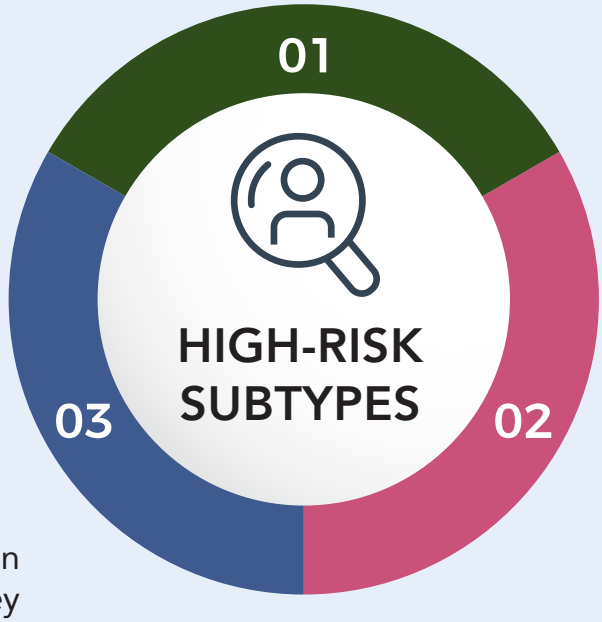
In addition, only 1 in 10 people classed as having 'pre-diabetes' go on to develop Type 2 diabetes. However, recent research has shown that although 'pre-diabetes' is often treated as a single precursor to Type 2 diabetes which may be useful for screening and prevention, this does not fully reflect biological reality. 'Pre-diabetes' is not a uniform condition and there are different underlying mechanisms and different risks of developing diabetes.

The basis of treating pre-diabetes has always been lifestyle changes but the problem with lifestyle / weight loss programmes is that people do not adhere to them over time, so treatment with medications is likely to be needed.

Three high-risk subtypes

Analysis has shown that there are six subtypes of a pre-diabetes which are: insulin sensitivity, insulin secretion, liver fat, visceral fat distribution and genetic Type 2 diabetes risk. Three subtypes are particularly high risk:

Pre-diabetes with fatty liver and marked insulin resistance - liver fat appears to be not only a marker but also a driver of metabolic deterioration.



Slow progressors with hyperinsulinemia insulin resistance – this group often only develops diabetes late but already shows early signs of organ damage, especially kidney damage.

Pre-diabetes with beta-cell dysfunction - this group may need different long-term prevention strategies than those who are overweight, have fatty liver and insulin resistance.

Key points

Pre-diabetes is not uniform; it includes high-risk subtypes needing tailored treatments. Metformin and newer drugs like GLP-1 agonists and SGLT2 inhibitors show promise, but lifestyle changes remain crucial. Identifying high-risk individuals is essential for effective management. (German Diabetes Congress, May 13-16, 2026)

Whatever next?

Drug to stop 'Ozempic butt'!

People on weight loss drugs may experience exaggerated loss of fat, muscle and tissue volume, thought to be due to rapid loss of weight rather than the medication itself. Some users complain that their body shape changes, including a deflated or saggy bottom, often called the Ozempic butt! A new drug called apitegromab could help people on obesity jabs to avoid unwanted muscle loss linked to "Ozempic butt".

Research suggests that around a third of the weight loss from GLP-1 jabs, such as Wegovy, Ozempic and Mounjaro, can come from muscle rather than fat. Unlike fat, it is harder to put muscle back on quickly, however, in a trial of 102 adults, those who took apitegromab with their obesity medication maintained more muscle while still losing fat.

Apitegromab works by blocking a protein involved in the breakdown of muscle and is also being explored as a treatment for other medical conditions affecting muscles. More studies are needed before it can be recommended.

Currently, apitegromab must be given into a vein as an infusion and manufacturers are investigating whether it could be self-injected. (Nature Medicine, June 2026)

Now 'Ozempic Mouth' has become a thing!

GLP-1 drugs like Ozempic may cause oral issues due to delayed gastric emptying.

Dry mouth is the most common oral change which can contribute to other challenges like bad breath, changes in taste such as a metallic or bitter sensation, tooth sensitivity and an increased risk of cavities and gum disease. Up to 24% of users report vomiting, which brings harsh stomach acids into the mouth which again can lead to tooth decay and bad breath. Dentists recommend good oral hygiene and hydration to manage these symptoms effectively.

There is research suggesting that gastrointestinal adverse effects and dry mouth occur more often with semaglutide (Ozempic and Wegovy) than with other GLP-1 receptor agonists. (June 12, 2026)

Worth a reminder - GLP-1 drugs are not meant for a short-term or cosmetic weight loss and health experts strongly advise against using them as a quick-fix to get "beach body" ready, although it is clear people do misuse them.

Again!! Two arrested during the MHRA's largest ever seizure of unlicensed weight loss medicines

Officers from the Medicines and Healthcare products Regulatory Agency's (MHRA) Criminal Enforcement Unit have arrested two people after raiding a country estate near Northampton, recovering around 12,000 doses of unlicensed weight loss medicines in the largest ever seizure of such products by the agency.

During the operation along with Northamptonshire Police, two male suspects were arrested on suspicion of offences under the Human Medicines Regulations 2012.

The property is believed to have been used as a large-scale facility to manufacture, assemble and distribute unlicensed weight loss medicines, retatrutide, tirzepatide and peptide products.

✎ ***Note:*** *retatrutide is a new weight loss jab that has not yet been licensed but is being championed as enabling people to lose* ***significant*** *amounts of weight! It is also the first drug of its kind too cause UTIs (urinary tract infections) as an adverse effect.*

Fake medicines can kill

It is a sign of the times that we have to write about fake medical products (FakeMeds) bought online and this is because they can lead to serious negative health effects.

It is illegal to sell fake or unauthorised medicines and medical devices in the UK. The Medicines and Healthcare products Regulatory Agency (MHRA) are warning that if you buy from dodgy websites, scammers can not only rip you off through credit card fraud but also steal your identity. The FakeMeds campaign, run by the MHRA, aims to protect your health and money by providing quick and easy tools to buy medical products online safely.

Nearly half (44%) of UK adults aged between 18–30 years old have bought medicine or medical product online. This could pose a serious risk to your health, especially if you end up purchasing from a dodgy or illegal website.

Fake prescription and over-the-counter medicines not only fail to work but can also make you sick. Even worse, in the most severe cases, they may contain dangerous ingredients, potentially leading to death.

How to spot a dodgy website

No one sure way exists to spot a 'dodgy' website, but any of the following 10 tell-tale signs can be an early warning and should make you suspicious:

1. Unusual web address – legitimate retailers will not use a product name in the URL
2. Poor website design with spelling or grammatical errors
3. Pop-up ads
4. Exaggerated claims like '100% safe', 'no side effects' or 'quick results'
5. Promise of quick 'next day' delivery.

Taking shortcuts could expose you to unlicensed medicines, identity theft and credit card fraud.

6. Advertising prescription-only medicines and prices on the 'home page' (illegal in the UK)
7. No prescription required for prescription medicines
8. Payment accepted in crypto currencies
9. You are asked not to name the medicine or website in your banking transaction reference
10. No physical or street address available

How to spot fake medicines or medical devices

Fake medical products can look convincing, especially if you haven't seen the genuine product before. Manufacturers must label all medicines sold in the UK and the label should say 'UK Only' on the packet.

Look out for these warning signs to help detect a fake medicine:

- Poor quality capsules or crumbly tablets
- Medicines with a homemade appearance or where the packaging is open or damaged and the 'UK Only' label is missing
- Active ingredient(s) not listed on the packet
- Missing or past expiry date

Look out for these warning signs to help detect counterfeited or non-compliant medical devices which have not followed regulations:

- Poor quality colour printing on packaging
- Spelling mistakes on packaging/ Instructions for Use (IFU)
- Lot numbering not in keeping with original formation
- Incorrect UKCA/CE marking format
- No Instructions for Use (IFU) leaflet
- No manufacturers details on packaging (i.e. just states made in China)

Here are some logos to look out for:

UK CA The UKCA mark stands for UK Conformity Assessed. It is a product approval logo used in England, Wales, and Scotland from 1 January 2021 and applies to most goods that used to need the CE mark, including licensed medicines.

CE The CE mark on medical devices is an indicator that it has been approved within the EEA (European Economic Area), and recognised by the UK until 30 June 2028.

If you suspect you have bought or taken a fake medicine

Cheap medicine can come at a cost to your health, if it is fake. If you suspect you have bought a fake medicine, do not take it. If you think you have taken a fake medicine and experience any side effects, seek medical help right away. Report fake medicines, fake medical devices or side effects using the Yellow Card scheme. Anyone who suspects they are having a side effect from a medicine, whether a fake lor real one, Class 1 are encouraged to talk to their doctor, pharmacist or nurse and report it directly to the MHRA Yellow Card scheme online https://yellowcard.mhra.gov.uk/

You can help the MHRA keep people safe!

Bits and Pieces

Continuous glucose monitors improve control of Type 2 diabetes

News in the US reported that people with Type 2 diabetes who wear a continuous glucose monitor have better blood sugar control than those who rely on traditional finger-prick testing. Researchers reported that people using a continuous glucose monitor (CGM) had greater reductions in HbA1c levels, a marker of lower blood sugar. Using CGMs has become a standard treatment for people with Type 1 diabetes, but has not been widely adopted by people with Type 2 diabetes, researchers said in background notes. (The Lancet Diabetes and Endocrinology, 23rd April, 2026)

Artificial sweeteners linked to faster memory loss and cognitive decline

Research into the effects of high consumption of several artificial sweeteners has shown a link to faster decline in memory and thinking skills over 8 years. These effects were particularly pronounced in people with diabetes and adults under 60.

The artificial sweeteners involved were aspartame, saccharin, acesulfame-K, erythritol, xylitol and sorbitol which are marketed as healthy alternatives to sugar, especially in products aimed at people with diabetes or those trying to lose weight. They are also common in processed foods, energy drinks and low-calorie desserts. Research is increasingly raising concerns about the possible long-term impact of these additives on brain health.

The research followed 12,772 adults from Brazil for 8 years and the results were as follows:

- Those consuming the highest amounts, about 191 milligrams per day experienced a 62% faster cognitive decline compared to the lowest group, with results equivalent to 1.6 years of ageing.
- The middle consuming group also declined more rapidly, by 35%.
- People under 60 and those with diabetes were most susceptible. The decline was strongest in memory, verbal fluency and was not seen in people over 60.

Relying on artificial sweeteners for dietary management may carry hidden risks, especially for younger adults and those with diabetes but further research will be needed to confirm these links and investigate safer alternatives. (Neurology, Sept 2025)

Switching from diet soda to water can have benefits

Switching from diet soda (diet pop in the UK) to water may aid weight loss and diabetes remission in women with Type 2 diabetes, according to this study. Participants who made the switch lost an average of 15 pounds, compared with 10.6 pounds for those who continued drinking diet soda. (Presented at the American Diabetes Association's 85th Scientific Sessions, June 2025)

Blood ketone test may aid gestational diabetes care

Research has found that blood ketone testing was more effective than urine tests at detecting ketosis in women with gestational diabetes. The study involved 101 women with gestational diabetes and found blood ketones were detected in 37.6% of participants before breakfast, 13.9% before lunch and 11.9% before dinner. (Hormones, May 2025)

Pharmacy closures threat

In February 2026, the National Pharmacy Association (NPA) said that pharmacies across England are at risk of closure, with most operating at a loss and warning that they may be forced to cut services. A survey of its members showed that 65% operated at a loss in 2025, leaving two thirds of pharmacies at real risk of imminent closure.

- Last year, pharmacies closed at a rate of more than one a week. Deprived areas with high health needs recorded the highest closure rates between 2022 and 2025, leaving the pharmacy network at its smallest since 2006.
- 95% of pharmacies said they were not in a financial position to support the government's ambition to shift care into the community, which would make the government's 10 Year Plan difficult to operate.

The NPA called on the government to reform the pharmacy contract and provide an above-inflation funding increase.

Corridor Care

In June 2026, NHS England published figures on "corridor care" showing that nearly 3000 patients every day were cared for in hospital corridors or makeshift treatment areas in England last month. One expert commented that "they confirm the scale of something that should never have been normalised in the NHS".

Corridor care is classed as treatment that does not take place in a safe or clinically appropriate setting. An appropriate setting includes things such as patients having privacy, access to food, water and toilets and whether lights can be turned off and noise levels minimised to allow sleep.

Overall, there were an average of 2241 instances each day in May of a patient receiving corridor care for more than 45 minutes at hospital A&E departments. This includes patients receiving treatment, or waiting for assessment, admission or transfer, but not delays involving ambulances handing over patients to A&E staff.

Scotland has free eye tests and prescriptions

Recent research has shown that families in Scotland are making significant savings on healthcare costs as a result of free eye tests and prescriptions. In February 2026 it was shown that 2.4 million eye tests were carried out during 2025, more than ever before with 36.7 million free eye tests being carried out since 2007/8.

In addition to eye tests, the number of people receiving free prescriptions has also risen to record levels since the present government abolished NHS prescription charges in 2013.

Fibre rich foods for a diabetes diet

Fibre is found in plant-based foods and is a carbohydrate that the body can't digest. It helps to slow the rise in blood sugar after a meal. There are two types of fibre, insoluble and soluble and they have both got big benefits.

- Insoluble fibre doesn't dissolve and is good for you because it promotes bowel regularity and helps prevent constipation.
- Soluble fibre becomes sticky as it passes through the digestive tract which helps to reduce the absorption of cholesterol. This is especially important for people with diabetes who are nearly twice as likely to get heart disease or stroke compared to the general population.

Eating 30 grams (g) of fibre per day can help people with Type 2 diabetes improve blood sugar management, reduce body weight and lower the risk of cardiovascular disease. Here are some foods that contain a mix of soluble and insoluble fibre for you to think about to help with healthy eating.

Lentils

About 37.5% of the carbs in lentils come from fibre, which can help keep your blood sugar stable. Cooked lentils have 15g of fibre and 230 calories per 1-cup serving, so they are a good source of fibre. They also offer about 40g carbs and about 18g of protein. When combined with a high-fibre diet, protein can help you feel full longer and keep your blood sugar from spiking.

Beans

It is recommended that the most is gained from eating beans by eating beans of different colours.

- A half-cup serving of cooked red kidney beans has about 6.5 g of fibre

- A half-cup of black beans has about 8 g of fibre
- A half-cup of white beans has about 6 g of fibre

Each type of bean contains roughly 120 calories and 20g of carbs per serving. As well as providing fibre, beans contain a starch that's resistant to digestion which means that it doesn't get into your bloodstream quickly to affect blood sugar.

Starch is good for good gut bacteria because when bacteria make a meal of resistant starch, some fatty acids are formed. In turn these fatty acids promote better use of insulin and healthier colon cells. To get more beans into your diet, you can toss them into salad or soup.

Avocado

Good when mashed into a dip or used as a spread instead of mayo as avocados provide fibre and healthy fats. Try a slice of advacado instead of cheese in your favourite sandwich.

Peas

These starchy, high soluble fibre veggies offer vitamins A, C, and K and you can use them as a rice and other grains. They contain far less carbohydrates than in white rice and they also contain protein per serving.

Broccoli

Broccoli offers fibre, protein, carbohydrates and 55 calories. In addition, it is a good source of vitamins C and K. Broccoli florets can be steamed or they can be tossed with a garlicky olive oil, mixed into a pasta or casserole or added raw and crunchy into a green salad.

Berries

Bite-size and sweet, raspberries and blackberries are loaded with fibre and antioxidants. Berries are loaded with health-boosting compounds, including fibre, carbs and calories.

Pears

Green, red, or brown, all pears offer similar health benefits. A large pear contains nearly 6 g of fibre, about 27 g of carbs and 18 g of natural sugars. For a fancy treat, drizzle a little balsamic vinegar over slices of a grilled pear. Enjoy it for dessert, or serve the slices over salad greens at the start of your meal.

Barley and Oatmeal

Both of these whole grains are good sources of insoluble fibre. You can swap pasta in your favourite dishes for barley. You can also replace bread crumbs with oatmeal in meatloaf or for coating baked chicken or fish. Both barley and oatmeal contain the fibre beta-glucan, which improves insulin action, lowers blood sugar and helps remove cholesterol from your digestive tract.

We can conclude that adding fibre-rich foods to your diet can help you manage your blood sugar levels and stay at a healthy weight. It may also lower your risk of cardiovascular complications, such as heart disease and stroke.

Food choices for kidney health

One of the complications of diabetes is kidney damage, so there are key dietary recommendations that are kidney friendly. These help to manage blood pressure and reduce waste build up by limiting salt, controlling protein and reducing phosphorus and potassium depending on the stage of the condition. Here are the main dietary principles for kidney health:

- Low sodium – essential for managing blood pressure to protect the kidneys from damage. Avoid processed foods, canned soup, deli meats and fast foods.
- Proteins – proteins are necessary and high amounts make the kidneys work harder. Choose egg whites, skinless chicken, turkey, fish and moderate amounts of plant based foods.
- Phosphorus – high levels can harm bones and blood vessels so limit dairy, cola and processed meats.
- Potassium – in the early stages of kidney disease potassium is fine but in later stages it may need to be limited by avoiding bananas, oranges, potatoes, tomatoes and spinach.
- Grains – whole grains are good.
- Healthy fats – olive oil or canola oil.
- Fluid intake – depending on the stage of the kidney disease, it may be necessary to track or restrict liquid intake.

How to eat pizza with diabetes

It may be delicious, but pizza can be a challenge for people who have diabetes as pizza crust is high in carbs and the cheese and meat toppings are high in fat and protein.

All this means that blood sugars may stay higher for hours after eating it which in turn, can make it difficult to determine insulin dosing so leading to a blood sugar roller coaster.

The healthiness of pizza depends on a lot of factors, from the crust (which is often made from refined grains) to the greasy toppings you put on it. As well as the saturated fat in cheese, pepperoni and sausage, the ingredients also contain sodium. Eating too much salt can contribute to high blood pressure when people with diabetes are already at risk for heart problems. Even the sauce can be problematic because it is also made with added sugars, which adds extra carbs.

Probably not a staple of your diet when you have diabetes!

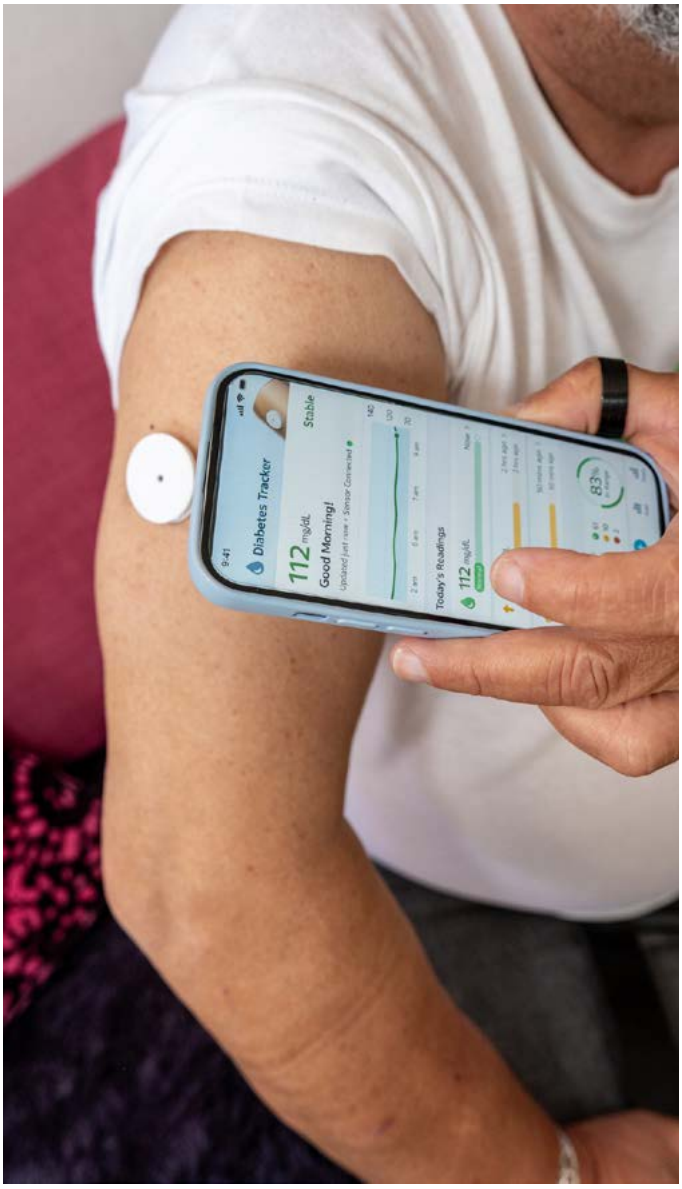
Pizza can be eaten in moderation but it is a good idea to discuss the healthy way to do this with your healthcare team. Insulin doses for pizza require a plan and careful blood sugar monitoring.

Meals with higher amounts of fat and protein may need more insulin or different timing than those that do not.

- The combination of the carbs in the pizza crust and the high-fat cheese or meat toppings requires a delayed injection of insulin because this combination will have a delayed rise in blood glucose.
- In addition, the insulin delivery system matters. If you use an insulin pump, one strategy for eating pizza is to give part of your insulin before you eat pizza then the rest of it over a longer timeframe to account for the slow-digesting fat and protein. This method mimics a functioning pancreas that releases insulin as needed.

- If you use insulin injections with a syringe or insulin pen rather than a pump, you can use multiple injections.
- People who inject insulin can take a dose of insulin before eating to cover the carbohydrate in the pizza and a second dose two to four hours after eating to cover the fat and protein. The exact timing will depend on your own situation so blood sugar monitoring remains very important.

A continuous glucose monitor (CGM), which measures new blood sugar regularly is especially useful to learn how your body responds to high-fat and high-protein meals such as pizza.



Making a pizza healthier

- The best way is to is to eat less of it. Adding a salad to the plate can also help you eat less pizza, even better is to eat the salad first before the pizza.

- Eating high-fibre foods first can help you feel fuller quicker, which may help you to eat a smaller portion of pizza and may also slow down glucose absorption.
- Use the Eatwell Guide to judge the food portions.
- Focus on adding more non-starchy vegetables on your pizza to help balance the carbs, protein and fat.
- Low-carb pizza options can be made without spiking your blood sugar and this can be done by topping it with more vegetables than cheese and pepperoni and thinner whole grain crusts.

So while limiting how often you eat pizza is sensible, if you love pizza, you can still have it but be careful and do more blood sugar checks to see how your body reacts, remembering that everyone is different.

Foods that can help to lower blood pressure

Typically most of us are aware that limiting salt intake and avoiding processed foods help to reduce blood pressure but there are other foods that can help. Diets that are high in salt can increase blood pressure while diets rich in fruits and vegetables tend to be associated with potentially lowering blood pressure.

Your diet plays a huge role in your overall health, and when it comes to blood pressure, what you eat can either lower or raise those numbers. For example, lowering blood pressure is not just about what you eat but also making lifestyle changes. The following can help to better manage blood pressure but only as long as you continue to do them:

- lower alcohol intake
- managing your levels of stress
- getting enough sleep
- maintaining a healthy weigh
- taking more exercise.

No foods magically cure high blood pressure, but replacing some less healthy snacks can help, for example:

- **Yogurt -** fat-free or low-fat dairy products are good sources of calcium which is one of the main compounds that helps to lower high blood pressure. As a snack just one 12-ounce serving will provide about 30% of the daily recommended amount of calcium.
- **Bananas –** they are a good fibre-rich snack. An average sized banana contains a lot potassium and provides about 9% of the recommended daily amount which has been shown to help to lower blood pressure.
- **Blueberries –** they are a rich source of nitric oxide gases that help to increase blood flow and lower blood pressure. Studies have shown that less than one ounce a day can help to significantly lower blood pressure.
- **Kiwi –** studies show that eating 3 kiwis a day could significantly lower blood pressure. They are rich in antioxidants such as lutein, vitamin C and carotenoids.
- **Broccoli -** broccoli contains all of the compounds that can help lower your blood pressure: vitamin C, calcium, magnesium and potassium. In addition, like all diets high in cruciferous vegetables, broccoli leads to lower levels of heart disease and extended longevity.
- **Unsalted pumpkin seeds -** pumpkin seeds are typically high in salt but if you get unsalted varieties or roast your own, pumpkin seeds are rich sources of zinc and magnesium, which again can help to lower your blood pressure.

Food to avoid

There are food choices that can increase blood pressure in which case you should limit intake of these foods if you are trying to reduce it. In particular, you should limit: alcoholic beverages, sodium/salt, fatty and processed meats, saturated fats and choices with added sugars like sweets/candy/pastries and sugar-sweetened beverages.

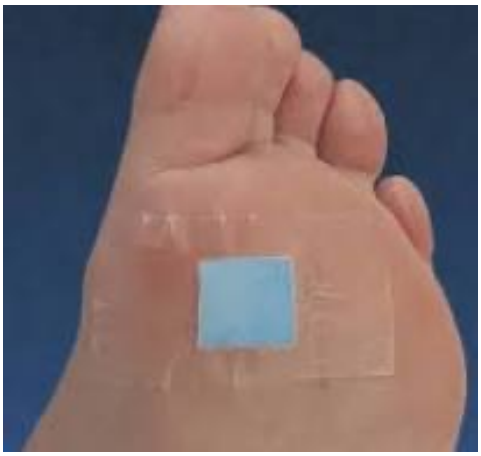
Note: grapefruit, although typically healthy, can interact with some blood pressure medications, check with your doctor before eating any grapefruit.

Remember the neuropad®?

neuropad® is a patented 10-minute screening test for the early detection of diabetic foot syndrome. The test is completely painless and is an early warning system for nerve damage to your feet. This is a common complication of diabetes but is often not noticed until it becomes quite advanced. neuropad® helps to solve this problem with a simple colour change test.

The good news!

IDDT's website shop sells neuropads for £17.99, and this comprises of two test pads but the good news is that now neuropads are available free for people with diabetes on a GP prescription!



Here's how it works

Damage to the nerves in the feet can result in the sweat glands not producing enough moisture, leading to dry and cracked feet (called sudomotor dysfunction). 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 to indicate a normal result. If the neuropad® test patch stays blue, or turns patchy blue/pink, this indicates that you may have diabetic peripheral neuropathy as your sweat glands are not working properly to produce enough sweat to complete the colour change.

In clinical trials, the sensitivity and specificity of neuropad® was comparable to well-established hospital-based tests.

> ✎ ***Note:*** *if you still prefer to buy one from IDDT: online at www.iddt.org/shop or phone IDDT on 01604 622837. We also supply a FREE booklet 'Looking After Your Feet' if you would like one, just ask.*

IDDT's updated booklets

In addition to our Newsletters, IDDT publishes a range of printed information leaflets and this year, they have all been updated. They are available online or in booklets which are free of charge so that no one is denied information on the basis of cost. Below is a list of the updated booklets in 4 categories and if you would like any of them, please call IDDT on 01604 622837 or email enquiries@iddtinternational.org

General Information

Type 1 – Know the Facts - this is an autoimmune condition that has to be treated with insulin, diet and exercise.

Type 2 – Management and Medication - can be as a result of overweight or obesity but it can be inherited. It is progressive so medication and insulin may be necessary.

Understanding Your Diabetes - this provides information about the various types of diabetes, how they develop and how they are treated to control blood glucose levels.

Gestational Diabetes - diabetes can develop during pregnancy and needs treatment to protect mother and baby.

Diabetes and Physical Activity - physical activity is an important part of the treatment of Type 1 and Type 2 diabetes and also includes armchair exercises to help people with limited mobility.

Looking After Your Feet - provides information about how to look after your feet on a day-to-day basis, important as damage to the feet is a complications of diabetes.

Your 9 Key Checks – helps you to ensure that you receive the 9 important checks you should receive at least annually to help to prevent the complications of diabetes.

Holiday Tips - going on holiday needs planning but for people with diabetes, it means more planning, especially for people who are newly diagnosed.

Diet

Diabetes Everyday Eating - our most popular booklet containing 28 days of meal plans for breakfast, lunch and evening meal with tips for eating out and snacks.

Diet and Diabetes - popular because it contains information on various diets, nutritional values and their effects on blood glucose levels.

Diabetes at Christmas – tips for Christmas which can be a difficult time with excitement, stress, lots of foods and snacks, all of which can make control of blood glucose more difficult.

Health

Diabetes and Pregnancy - pregnancy in women with diabetes means that blood glucose levels have to be kept as near normal as possible to look after the health of mother and baby.

Diabetes – Stress, Anxiety and Depression - we can all be affected by these conditions from time to time, but they can be particularly difficult for people with diabetes as they can affect diabetes control.

Hypoglycaemia - learn more about low blood sugars (hypoglycaemia) and are the most common daily worries of people with diabetes, especially those taking insulin.

The Eye and Diabetes - one of the complications of long-term diabetes, especially if blood sugars are not well controlled, is damage to the blood vessels at the back of the eye.

The Importance of Sleep - with or without diabetes, sleep can have a direct impact on health and there are things we can do to improve the quality of our sleep to avoid a range of possible health problems.

Joint, Muscle and Bone Problems - connective tissue disorders are known to be complications of diabetes. They are not life threatening but can be distressing and painful.

Kidneys and Diabetes - kidney damage is one of the common complications of diabetes through damage to the many small blood vessels in the kidneys.

Sexual Dysfunction in Men and Women - these conditions can often be difficult to talk about and this booklet enables people to realise they are not alone and help and advice is available.

Parents and Family

What Schools Need to Know - teachers have students with diabetes, usually Type 1 diabetes, this booklet provides information to help them to understand the needs of a child with diabetes in school.

Parents Passport for Schools - this enables parents to fill in details about their child's preferences and treatments, such as treating low blood sugars, when they are at school.

Just a couple of reminders!

As we have said on many occasions, we are very grateful for all your donations to help us to continue with our work. There are a few ways that you can help further without it costing you anything!

- **Gift Aid –** if you are a tax payer and make a donation to IDDT using our membership renewal form, please don't forget to tick the Gift Aid box as this enables IDDT to claim 25% of your donation back from the government.

- **Bank transfer –** many of our members are making donations via a direct bank transfer and we are very grateful for these. It would help IDDT, if you could just give us a call on 01604 622837 or email enquiries@iddtinternational.org to let us know that you have made the transfer and if you are a UK taxpayer so we can claim 25% Gift Aid.

- **Platforms charge!** We are all aware of various platforms through which donations can be made, such as JustGiving, Enthuse, PayPal and again we are very grateful for these but we do wonder if donors realise that these platforms all make a charge to the charity for the service (IDDT in this case). These charges can be avoided if you donate directly to IDDT by bank transfer or by credit/debit card, again, just give us a call.

Help for Ukraine!

In May this year, we had another collection of all the items that have been donated by our members and visitors to our website to help people with diabetes in Ukraine. As well as diabetes items and insulin, we have sent knitted goods for the children to enjoy which have been given by people in knitting groups. We are very grateful for all the donations so that we can help people in Ukraine and children in orphanages.

This picture shows Tarras the driver, Carol, an IDDT Trustee alongside IDDT staff members Andrew, Karl and Matt packing the goods for Ukraine.

IDDT Lottery Results

WINNERS OF THE APRIL 2026 DRAW ARE:

1st prize of £453.12 goes to Anon from Ashford

2nd prize of £339.84 goes to Arabella from Pwllheli

3rd prize of £226.56 goes to Janice from Newport

4th prize of £113.28 goes to Margaret from Wolverhampton

WINNERS OF THE MAY 2026 DRAW ARE:

1st prize of £453.60 goes to Anon from Cardiff

2nd prize of £340.30 goes to Shirley from Rochdale

3rd prize of £226.80 goes to Graham from Desborough

4th prize of £113.40 goes to Barbara from Hope Valley

WINNERS OF THE JUNE 2026 DRAW ARE:

1st prize of £449.28 goes to Anon from Northampton

2nd prize of £336.96 goes to Anon from Newark

3rd prize of £224.64 goes to Irene from Glasgow

4th prize of £112.32 goes to Anon from Solihull

Note: The winners of the draws for **July, August and September 2026** will be announced in our **Winter 2026 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 karl@iddtinternational.org

www.iddt.org PO Box 294 Northampton NN1 4XS enquiries@iddtinternational.org