INDEPENDENT DIABETES TRUST
Type 2 and you
Winter 2026, Issue 69
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Welcome

Welcome to the 69th issue of Type 2 & You and the final issue for 2026. The Trustees and staff of IDDT would like to send all our members and readers a Happy Christmas and all good wishes for 2027. We would also like to say a big thank you for your help and support throughout 2026, especially your donations in relation to our appeal in March 2026 – your response has been a great help. Thank you!

In this issue, we have articles to help you with Christmas food when you live with diabetes and, especially suitable for this time of year, we have an article about the different types of nuts. In addition, there is a reminder to request your FREE copy of our booklet 'Diabetes at Christmas' which is packed full of tips about enjoying Christmas while staying safe and well. Then with Christmas comes winter and in this issue, we have an article about Seasonal Affective Disorder, also known as SAD, that can affect many of us during the winter months.



We also have our usual round up of bits and pieces, research and the results of our latest lottery draws. Importantly, we also have the latest information for people with Type 2 diabetes from NHS England and NICE.

Diabetes at Christmas

Christmas is a mixture of many things – presents, excitement for children [and adults] Christmas is a mixture of many things – presents, excitement for children and a busy time for adults. If you or a member of your family has diabetes, Christmas can be a worrying and stressful time, especially if this is your first time with diabetes.

Celebrating Christmas is not just a time about presents, it is 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.

Can we just remind you that we still have 2026 Christmas cards and the 2027 Diary available for you to buy and show your support for IDDT!

Calling all healthcare professionals – see page 2!

Calling all healthcare professionals!

IDDT is pleased to supply our booklets free to healthcare professionals to give to their patients as it forms part of our commitment to help people with diabetes to understand and learn more about their condition and so improve their blood glucose levels and reduce the risk of diabetes complications

Do you need hard copies of IDDT's quarterly Newsletters and Type 2 & You?

We have sent healthcare professionals copies of our quarterly publications – the Newsletter and Type 2 & You. However, we don't know if they are read, put in surgery waiting rooms or even if they are wanted.

We have 2,500 healthcare professionals on our mailing list, so this is a substantial cost to IDDT, especially since the postage costs have recently increased considerably.

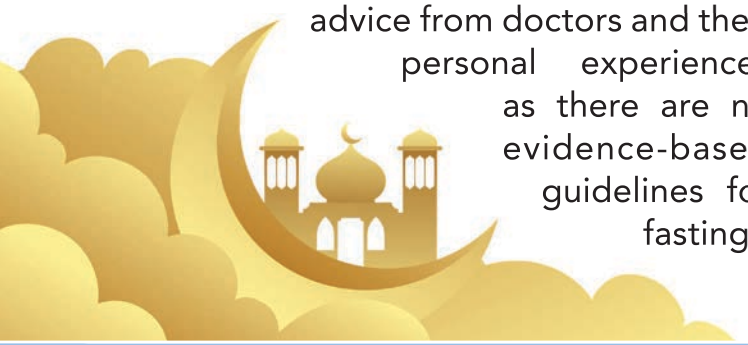
Both of these quarterly publications are available online at www.iddt.org and we will send emails to remind you when new issues are available.

We will not be posting these publications to healthcare professionals after this issue unless hard copies are needed, in which case contact us by email at enquiries@iddtinternational.org or phone us on 01604 622837.

Ramadan 2027 and fasting

In 2027, Ramadan will start on 7th February and continue until 8th March. This is before our first Newsletter of 2027, so we are reminding readers of important facts about fasting and diabetes in this issue. During Ramadan, it is expected that Muslims who participate will abstain from food, water, beverages, smoking, oral drugs and sexual intercourse from sunrise to sunset.

Fasting has consequences for people with diabetes, especially those taking insulin. People with diabetes may be exempted from fasting but the majority do fast and therefore face increased risks of adverse health effects, such as hypoglycaemia, hyperglycaemia, diabetic ketoacidosis and dehydration, most of which are a result of a reduction of food and fluid intake and the timing of meals. People must rely on expert advice from doctors and their personal experiences as there are no evidence-based guidelines for fasting.



Recommendations

Studies suggest that people with Type 1 and Type 2 diabetes should more actively carry out blood glucose monitoring, consider any changes in insulin/drug dosage and timing and have dietary counselling/education. A study found that people with Type 2 who had no education about fasting were four times more likely to have hypos. It is recommended that those who don't normally carry out self-monitoring of blood glucose should be provided with meters.

The findings of this and other studies suggest that people with both types of diabetes should be assessed by their diabetes team one to two months before Ramadan. This should include drug/insulin adjustments, exercise and awareness of the risks of hypo- and hyperglycaemia. If they are ill during the fasting, then they should seek advice from their diabetes team.

Note: IDDT has an Information Sheet on Diabetes and Fasting. For a copy, please call IDDT on 01604 622837, email enquiries@iddtinternational.org or write to IDDT, PO Box 294, Northampton, NN1 4XS.

Seasonal Affective Disorder

Seasonal Affective Disorder (SAD) is a mood disorder that causes people who have normal mental health throughout the year to exhibit depressive symptoms at the same time each year.

The reason for including this article is that these symptoms are most commonly associated with winter, although they can also occur in summer. Symptoms can include:

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

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



What are the causes of SAD?

- One theory is that SAD is an evolutionary response to the lack of food during the winter months. The theory postulates that many animals, including us, reduce their levels of physical activity during winter to preserve the energy reserves they have, increase levels of sleep etc. The extreme of this is hibernation.
- On a more biological level, a second theory is that SAD is caused by reduced levels of the chemical, serotonin. Serotonin is responsible for feelings of well-being and happiness. Lowered levels of serotonin have been shown to result in depressive behaviour and treatment with anti-depressants, such as fluoxetine, can prove to be effective.
- Another theory is that SAD is caused by an excess production of the hormone, melatonin. Melatonin is produced under dim light or dark conditions.

If identified, treatment can be with artificial bright light therapy lamps (lightboxes) or by spending more time outdoors, providing you use a UV sun cream blocker.

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

- Physical exercise
- Vitamin D supplements

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



Sunlight exposure linked to lower blood glucose and diabetes risk

According to a large UK study, greater exposure to sunlight may be associated with lower blood glucose levels and a reduced risk of Type 2 diabetes. Data from over 400,000 UK Biobank participants found that short-term sunlight exposure was associated with modest reductions in blood glucose and a longer-term sun exposure was linked to a lower likelihood of Type 2 diabetes.

The researchers compared blood glucose measurements with levels of Ultraviolet A (UVA) radiation around participants' homes during the two and seven days before their assessment.

- The strongest associations were seen during winter, when overall sunlight levels are lower
- A smaller association was also observed during spring
- Glucose levels fell most sharply when sunlight exposure increased from very low levels, before reaching a plateau at higher exposure

The study also investigated sunbed use as an indicator of habitual sun exposure and found:

- Occasional sunbed users were found to have a 14% lower risk of Type 2 diabetes compared with non-users
- Frequent users had an even lower risk but also had higher vitamin D levels and slightly lower BMI and blood glucose levels

However, the researchers emphasised that these results should not be seen as supporting sunbed use, which carries established health risks including increasing the risk of dangerous skin cancers like melanoma.

The authors concluded that studies are now needed to investigate the mechanisms involved and determine whether there are safe, optimal levels of sunlight exposure that could support metabolic health.

(Sci Rep 2026)

One in four adults with Type 2 diabetes experience hearing loss

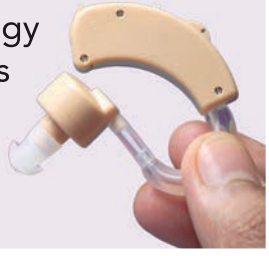
A new systematic review has found that one in four adults with Type 2 diabetes experience clinically significant hearing loss, which was especially noticeable in younger adults and lower income populations. This is an often-overlooked complication of diabetes.

Researchers included 29 studies with more than 17,000 participants.

- 11 studies found that diabetes doubled hearing loss odds compared with people without diabetes
- Researchers estimated that approximately one in four adults with Type 2 diabetes is living with serious hearing impairment
- The link between Type 2 diabetes and hearing loss was strongest in adults younger than 60 years
- The heightened risk was also present in people who had been living with diabetes for less than 10 years

Compared with high income countries, low- and middle-income countries showed the highest risk for hearing loss among people with diabetes and this is a real challenge because the risk of hearing loss is highest where audiology services and hearing aids is most restricted.

(Australian Journal of General Practice 2025)



NHS News

Waiting lists improvements

On 14th May 2026, the Government announced that it had hit its NHS 18-week target for patient waiting times. Here are the targets that have been met:

- In March, 65.3% of patients were waiting 18 weeks, as the waiting list fell by over 312,000 last year
- Nearly half a million fewer people were waiting over 18 weeks for NHS treatment in March this year
- The NHS also recorded its best year on record for elective care, with more than half a million more people starting treatment or completing care compared with last year, taking the total to over 18.6 million in the last 12 months
- The overall waiting list fell to 7.11 million, the lowest in 3.5 years and down by over half a million (515,000) since July 2024
- The number of patients facing the longest waits for NHS treatment is also at its lowest for six years (since July 20). The number of people waiting more than a year has dropped by almost half (48%) in the last 12 months and by over 69% (208,000) from the start of July 2024

Let's give credit where it is due and thank all those within the NHS who have made this happen.



Pharmacists to prescribe for more conditions

It was announced at the end of May 2026 that people in England will be able to obtain treatment for more conditions at their local pharmacy without being referred back to their GP.

The Government is investing £340 million which will expand independent prescribing, so that pharmacists with a relevant qualification will be able to make decisions and prescribe medicines on the spot.

The changes will come into force in autumn 2026 and are expected to ease pressure on GPs.

This builds on the Pharmacy First scheme which currently allows patients to ask their pharmacists for advice for over-the-counter treatments and prescription-only medicines for seven common conditions:

- Sore throat, earache, sinusitis, shingles, impetigo, infected bites and urinary tract infections

People may also visit the pharmacy for eye, ear, oral and dental care and treatment for digestive problems.

Five more conditions are to be added but at the time of writing these details have not been announced. We will keep you informed.



RSV vaccination for people over 75 years

From April 2026, people aged 75 years and older, as well as adults of any age living in a care home for older adults, will be eligible for a free vaccine to protect them from respiratory syncytial virus (RSV). It is an infectious disease of the airways and lungs and often causes symptoms similar to a cold, including:

- Cough
- Sore throat
- Sneezing
- Runny or blocked nose

It can also make you become wheezy or short of breath and lead to pneumonia and other life-threatening conditions. The RSV infection is common in young children but is most serious for small babies and for older people.

There is no specific treatment and most infections will get better by themselves but every year thousands of older adults need hospital care for RSV. It can be more severe in people with medical conditions such as heart or lung disease or a weakened immune system.

Who is eligible for the RSV vaccination?

- Everyone aged 75 years and older because they are more at risk of serious complications from RSV. There is no upper age limit
- People over 60 years but only privately and under 60 years there are more side effects
- People living in care homes for older adults as most of them will be over 75 and adults younger than 75 living in a care home for older adults
- Pregnant women to protect their babies from RSV

How RSV is spread?

RSV infections can occur all year round but peak every winter. It is spread through coughs and sneezes, so to help to prevent the spread cover your mouth and nose when you cough or sneeze and wash your hands frequently to reduce the risk of picking up the virus.

How the RSV vaccine works

Almost all older adults will have had several RSV infections during their life. A single dose of vaccine will help to boost protection as you reach an age group at highest risk of serious RSV infection. The RSV vaccine provides good protection for at least two years.

Having the RSV vaccine at the same time as other vaccines

You may be offered your COVID-19, shingles or pneumococcal vaccines at the same time as the RSV vaccine and this is safe but RSV isn't normally given at the same time as your flu vaccine.

The vaccine has been shown to reduce the chance of you getting RSV but if you do get it, it should be less severe. If you have a minor illness, you can receive the vaccine, but if you are very unwell or have a fever, you may be advised to wait until you are better.

Side effects from the RSV vaccine

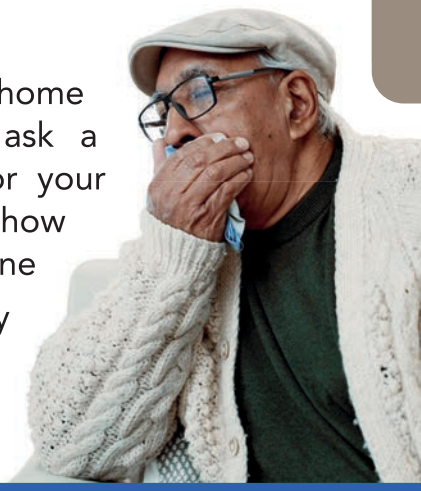
- You may get some soreness, redness or swelling at the site of the injection for a day or two after the vaccination
- A rare, but serious, nervous system condition known as Guillain-Barré syndrome that leads to weakness has been reported – around one case for every 40,000 to 100,000 doses given, in the six weeks after vaccination. If you have symptoms such as tingling, numbness, weakness, sharp pain or pins and needles in your hands, feet, arms or legs, you should seek immediate medical attention

- Overall, it is safer for you to have the vaccine than to risk having a potentially serious RSV infection

You can report suspected side effects to the Medicines and Healthcare products Regulatory Agency (MHRA).

What should I do now?

- If you are aged 75 years and over, contact your GP surgery to book your RSV vaccination
- If you live in a care home for older adults, ask a member of staff or your GP surgery about how to get the RSV vaccine
- Your GP surgery may contact you about getting the RSV vaccine



NICE News

Weekly insulin injection to cut injections from 365 a year to just 52 for people with Type 2 diabetes

As we know, Type 2 diabetes is progressive and so some people do have to go on to insulin treatment, so this latest news from NICE is important.

On August 20th 2026, NICE announced a recommendation which could see hundreds of thousands of people with Type 2 diabetes changing daily insulin injections for a once-a-week jab. This change could cut the number of injections each patient needs by 85% and reduce the number of injections from 365 to 52 a year.

Insulin efsitora alfa, also known as Onswik and made by Eli Lilly, is a weekly insulin which can be used alone or alongside other treatments for Type 2 diabetes. Clinical trial evidence shows the new insulin controls blood glucose levels as well as two widely used long-acting insulins, insulin degludec and insulin glargine, which are taken to keep blood sugar levels steady throughout the day. This means that people switching to the weekly injection can expect similar blood glucose control to their current treatment.

The director of medicines at NICE has stated that this recommendation strikes a balance between the benefits to patients and the best use of limited NHS funding.

The benefits are as follows:

- For people who need insulin it will mean fewer visits from carers or healthcare workers and less disruption to everyday life
- Fewer injections could be of particular benefit to some frailer people and those with sight loss, limited hand movement, learning disabilities or those who have difficulties following the steps involved
- It could also help people who struggle to stick to their treatment routine
- It may also benefit people under 40 with early-onset Type 2 diabetes who are managing intensive treatment alongside working life

The future

NICE's final draft guidance recommends healthcare professionals and patients should discuss the benefits and disadvantages of available options in order to have an informed choice of treatment while also taking into account dosage, administration costs and price.

NICE's recommendation is subject to the treatment being licensed by the Medicines and Healthcare products Regulatory Agency (MHRA) before it can be made available on the NHS. In addition, the NHS rollout needs to be supported by clear guidance, staff training and fair access.

New physical activity guidelines

Physical activity or exercise is one of the cornerstones of the treatment of Type 1 and Type 2 diabetes, so the latest guidelines are of particular interest. The UK Chief Medical Officers have published revised physical activity guidelines which reaffirm that the current recommended activity levels remain appropriate. However, they do highlight new evidence showing that even small increases in physical activity can deliver significant physical and mental health benefits.

The updated guidance places greater emphasis on the following:

- Reducing prolonged periods of sitting
- Increasing light-intensity activity
- Incorporating strength and balance exercises throughout life

The guidelines cover all stages of life, including children and young people, adults, older adults, disabled people and women during pregnancy and after birth.

They also highlight that physical activity does not need to involve structured exercise but all the following contribute to better health: everyday activities such as walking, wheeling, climbing stairs, gardening, dancing, active play and household tasks.

Guidelines for physical activity by age group

Adults – 19 to 64 years

For good physical and mental health, adults should aim to be physically active every day with activities to develop or maintain strength in the major muscle groups, including resistance exercises. Muscle strengthening activities should be done on at least two days a week, but any strengthening activity is better than none. Each week, adults should have:

- At least 150 minutes of moderate intensity activity – brisk walking or cycling or 75 minutes of vigorous intensity activity, such as running
- Or even shorter durations of very vigorous intensity activity – sprinting or stair climbing or a combination of moderate, vigorous and very vigorous intensity activity
- Adults should aim to minimise the time spent being sedentary and again, when possible, should break up long periods of inactivity with at least light physical activity

Older adults – 65 years and over

Older adults should participate in daily physical activity to gain health benefits, including maintenance of good physical and mental health, wellbeing and social functioning. Some physical activity is better than none. Even light activity brings some health benefits compared to being sedentary, while more daily physical activity provides greater health and social benefits.

- Older adults should maintain or improve their physical function by activities to improve or maintain muscle strength, balance and flexibility on at least two days a week, which could be combined with sessions of moderate aerobic activity
- Each week older adults should aim to have 150 minutes of moderate intensity aerobic activity or 75 minutes of vigorous intensity activity, or a combination of moderate and vigorous activity, to achieve greater benefits.



The rise in obesity over 30 years!

There have been 14 obesity strategies in England between 1993 and 2024 and the percentage of adults who were obese or severely obese increased from 15% to 30%. This means that in England there were 7.2 million more adults living with obesity in 2024. The rise in obesity rates among young people is particularly marked. In 1993, just 6% of 16 to 24-year-olds were obese or severely obese but by 2024, the rate was three times higher at 18%. There are now 1.1 million 16 to 24-year-olds classed as obese or severely obese. Reports estimate, external obesity and being overweight costs the UK economy around £126bn per year, including £12bn to the NHS, roughly 7% of its annual budget.

Why has obesity risen?

There are several reasons for the rise in obesity, including:

- Changes in eating habits and food prices over the last 30 years
- Changes in industry with a decline in traditional manufacturing, such as manual labour, meaning more people are in sedentary jobs and spend more time sitting down rather than moving
- Food prices have fallen since the 1990s, partly because of increased competition between the major supermarkets alongside an increase in fast food outlets and home delivery, so it's far easier to over-consume or consume in ways that increase weight
- Takeaways high in fats, salt and sugar are more widely available in areas of high deprivation where people are at higher risk of obesity
- Less healthy foods in supermarkets are cheaper than they were three decades ago, while there have been several cost-of-living crises in recent years

What has the Government tried to do about it?

Obesity can be a risk factor for several chronic conditions including Type 2 diabetes, heart disease, high blood pressure, osteoarthritis and some cancers.

Since 1992, there have been 14 national obesity strategies. Campaigners argue progress has been too slow and calls for further intervention have increased in recent years.

- Tony Blair's government introduced a ban on junk food advertising during children's TV programmes and Gordon Brown launched a strategy aiming to reverse the "rising tide of obesity" after becoming prime minister in 2007
- The Conservative government introduced a UK-wide levy on high-sugar soft drinks in 2018, causing several manufacturers to cut sugar levels
- In 2016, the then-Prime Minister David Cameron considered banning 'buy one get one free' deals for unhealthy products in supermarkets and restricting TV ads for junk food and other high sugar products. However, these ideas were not followed up, partly due to the pandemic and afterwards when ministers disagreed, arguing that such deals would be unfair on shoppers due to surging inflation
- In January 2026, the Labour government introduced a ban on junk food advertising before 9pm on TV and at any time online after almost a decade of consideration

Further plans to crack down on the sale of unhealthy food items are still to come and a recent select committee report urged ministers to do more like stopping fast food outlets opening close to schools.

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 of 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



To gain the most fibre from eating beans you need to consider the quantity and specific type of bean that you are consuming. For example:

- A half-cup serving of cooked red kidney beans has about 6.5g of fibre
- A half-cup of black beans has about 8g of fibre
- A half-cup of white beans has about 6g 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, avocados provide fibre and healthy fats. Try a slice of avocado 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 in place of rice and other grains. They contain far less carbohydrates, and in particular far less 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, mix them into a pasta or casserole or add them 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 6g of fibre, about 27g of carbs and 18g 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 soluble and insoluble fibre. You can also replace breadcrumbs 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.

The message here is 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.



New weight-loss pills approved for use in UK

Foundayo

A daily weight-loss pill made by the drug firm behind the Mounjaro jab has been approved for use in the UK – the first country in Europe to do so.

Foundayo (orforglipron) made by Eli Lilly, is for treating obesity and Type 2 diabetes. The approval by the Medicines and Healthcare products Regulatory Agency (MHRA) does not automatically mean it will be available on the NHS but people will be able to buy it privately with a prescription.

It is being rolled out in the US and is expected to become available through private UK prescribers in late 2026, though NHS availability will wait for a NICE review.

It is approved alongside diet and physical activity for adults with a BMI of 30 or above, or between 27 and 30 with at least one weight-related condition and can also be used to improve blood sugar control in people with insufficiently controlled Type 2 diabetes.

Foundayo is a form of GLP-1 medication that reduces appetite and is similar to a pill version of a similar weight-loss drug, Wegovy, approved by the MHRA in June (see below). Eli Lilly said while it could immediately be used by the NHS for Type 2 diabetes, it would be making an application to the National Institute for Health and Care Excellence (NICE) in England for it to be recommended as a weight loss treatment as well.



Experts made the following comment:

- The weight loss benefits of Foundayo are less than other treatments, but patients could still expect to see "significant, clinically meaningful changes to their weight"
- A key advantage is that it is likely to be cheaper than other weight-loss treatments, which have tended to be tightly restricted by the NHS
- It is convenient and unlike the Wegovy pill, which has to be taken on an empty stomach, this pill could be taken at any time of the day
- It could help people coming off weight-loss jabs to remain slim

People on weight loss medication are also advised to eat a healthy diet and get enough exercise. Like any medication, there can be side effects to using Foundayo, including nausea, diarrhoea, constipation and vomiting.

(10 August 2026)

And Wegovy weight loss pill...

The once-a-day Wegovy weight loss pill is now available to buy privately from high street and online pharmacies. It contains the same ingredient, semaglutide, as the Wegovy injections and it is advised that it is taken alongside a healthy diet and increased physical activity. The criteria for availability of this pill are similar to those for the Foundayo pill.

Taking the pill

There are strict guidelines to help to ensure the pill is absorbed well by the body:

- Take the pill, ideally at the same time each day
- On an empty stomach after not eating for at least eight hours
- At least 30 minutes before eating or drinking anything else or taking other tablets
- With a sip of up to 120ml of plain water – not fizzy water, coffee or tea and swallow it down whole.

How much does the pill cost?

Some pharmacies have limited-time introductory offers, where the first few doses are sold at a relatively low price. The price will also partly depend on the dose taken, with the higher doses costing more. Some pharmacies are currently pricing the lowest dose (1.5mg) at £99 for a month's supply and the highest dose (25mg) at £199 for a 30-day supply. It is not yet known if or when it will be available on the NHS.

Weight loss tablets vs weight loss injections

- Trials show that both treatments work well and they are similarly effective
- If you don't like needles, the tablet may be a better option for you but if you don't like the idea of using something daily or it doesn't suit your lifestyle to not eat for eight hours before taking a pill each day, the injection may be more convenient
- You can take the once-weekly jab any time of the day, but it does need to be stored in the fridge

More young women in their 20s are getting Type 2 diabetes

Experts at Imperial College London, have warned of a "worrying increase" in young women in their 20s developing Type 2 diabetes. An NHS analysis of information from 2011 to 2024 shows that this rise has largely happened since Covid and is linked to increasing obesity levels.

As we know, Type 2 diabetes is serious and can lead to severe complications, such as heart attacks and strokes. When it develops at a younger age, the disease tends to be more aggressive, raising the risks of serious complications and shortening lives.

Early diagnosis

- Those at risk must be diagnosed early to prevent long-term organ damage
- Type 2 diabetes can sometimes be put into remission by eating a healthy diet and keeping slim without needing to rely on glucose-lowering medications
- Newer obesity treatments, such as GLP-1 jabs and pills, might help, alongside healthy eating advice

The numbers

- Risk increases with age and older adults still make up the largest proportion of new diagnoses
- However, 12,000 people under the age of 30 are now living with Type 2 diabetes, with women making up more of those younger cases. The most common symptoms include feeling very tired, urinating more than usual and feeling thirsty all the time
- Type 2 diabetes is decreasing slightly among older adults but it is increasing rapidly in people under 40

Increasing obesity rates

At the same time as the increase in Type 2 diabetes in 20- to 29-year-olds, body mass

index (BMI) rates, a measure of obesity, have been increasing more quickly among younger adults than in older age groups, suggesting this may be a cause.

Obesity rates in England have worsened since the pandemic, with nearly one in three people now affected. The largest increases over time have been in younger adults.

Between 2019 and 2025, the number of new obesity cases rose:

- By 16% in people aged 20 to 29
- By almost 20% in those aged 30 to 39
- Rates fell among adults aged 60 to 79

The research suggests that the earlier onset of severe obesity in young people is increasing their Type 2 diabetes risk in early life and reducing their age at diagnosis. This is very worrying considering the poor

health outcomes from early-onset Type 2 diabetes.diabetes, with women making up more of those younger cases.

The most common symptoms include feeling very tired, urinating more than usual and feeling thirsty all the time

- Type 2 diabetes is decreasing slightly

Diabetes and UTIs

What are UTIs?

As the name suggests, urinary tract infections (UTIs) affect your urinary tract and it is a general term for infections that can affect your bladder (cystitis), urethra (urethritis), or kidneys (kidney infection).

Symptoms include:

- Pain or a burning sensation when peeing (dysuria)
- Needing to pee more often than usual during the night (nocturia)
- Pee that looks cloudy, dark or has a strong smell
- Needing to pee suddenly or more urgently than usual
- Needing to pee more often than usual
- Blood in your pee
- Lower tummy pain or pain in your back, just under the ribs
- High temperature or feeling hot and shivery
- Very low temperature below 36C

Older or frail people may also experience:

- Changes in behaviour, such as acting agitated or confused (delirium)
- Wetting themselves (incontinence)
- New shivering or shaking (rigors)

UTIs are the second most common type of infection. Women are 10 times more likely to get a UTI than men because of their anatomy. More than 50% of women will have a UTI in their lives. If you're a woman with diabetes, your risk may be higher.

Why are UTIs more common among people with diabetes?

There are likely to be several possible reasons:

- People with diabetes may have poor circulation, which reduces the ability of white blood cells to travel in the body and fight off any kind of infection
- High blood glucose levels can also raise the risk of a UTI. High levels of glucose in the urine can provide good conditions for the levels of bacteria that can cause UTIs to become a problem
- Some people with diabetes have bladders that don't empty as well as they should, due to autonomic neuropathy. As a result, urine stays in the bladder too long and becomes a breeding ground for bacteria

among older adults but it is increasing rapidly in people under 40

Increasing obesity rates

At the same time as the increase in Type 2 diabetes in 20- to 29-year-olds, body mass index (BMI) rates, a measure of obesity, have been increasing more quickly among younger adults than in older age groups, suggesting this may be a cause.

Obesity rates in England have worsened since the pandemic, with nearly one in three people now affected. The largest increases over time have been in younger adults.

Between 2019 and 2025, the number of new obesity cases rose:

- By 16% in people aged 20 to 29
- By almost 20% in those aged 30 to 39
- Rates fell among adults aged 60 to 79

The research suggests that the earlier onset of severe obesity in young people is increasing their Type 2 diabetes risk in early life and reducing their age at diagnosis. This is very worrying considering the poor health outcomes from early-onset Type 2 diabetes.

How are UTIs diagnosed?

UTIs are usually diagnosed by testing a urine sample for the presence of bacteria. If UTIs become a regular and/or persistent problem you may be referred for other tests such as an ultrasound, MRI or CT scan.

See a GP if you have any of the symptoms above.

How are UTIs treated?

Treatment from a GP may include:

- Self-care advice and recommending taking a painkiller
- Prescription for a short course of antibiotics
- Prescription for antibiotics, but suggest you wait for 48 hours before taking them in case your symptoms go away on their own

If your UTI keeps coming back or recurs within six months your GP may:

- Prescribe a different antibiotic or prescribe a low-dose antibiotic to take for up to six months
- Prescribe a vaginal cream containing oestrogen, if you have gone through the menopause
- Refer you to a specialist for further tests and treatments

For some people, antibiotics do not work or urine tests do not pick up an infection, even though you have UTI symptoms. This may mean you have a long-term (chronic) UTI that is not picked up by current urine tests. You should consider asking the GP for a referral to a specialist for further tests and treatments.

Help yourself to ease symptoms of a UTI:

- Take paracetamol up to four times a day to reduce pain and a high temperature – for people with a UTI, paracetamol is usually recommended over NSAIDs, such as ibuprofen or aspirin
- Rest and drink enough fluids so you pass pale urine regularly during the day
- Avoid having sex

A pharmacist can help with UTIs by:

- Suggesting the best painkiller to take
- Telling you if you need to see a GP about your symptoms
- Offering a UTI management service. They may be able to give antibiotics if they're needed

The NHS website is a useful source of information about UTIs. Go to: https://www.nhs.uk/conditions/urinary-tract-infections-utis/

Yet more information on weight loss drugs

There is more and more information coming out about the various weight loss drugs on the market. This is understandable as more research is carried out and the drugs are used more widely so that adverse reactions are picked up. It is hard to know how much of this is of interest to our readers, so if you have a view, do let us know by emailing enquiries@iddinternational.org or write to IDDT, PO Box 294, Northampton, NN1 4XS. In the meantime, here we go!

Weight loss drugs may be more effective in women than men

A 2026 systematic review of weight loss drug, glucagon-like peptide-1 receptor agonists (GLP-1RA) showed greater weight loss among women than men.

The changes in body weight among almost 2,000 participants taking GLP-1RAs were as follows:

- The average weight loss for women was more than 10% compared to an average weight loss for men of less than 7%
- There was no evidence that the effect of treatment was significantly different across age, race, ethnicity and baseline BMI or HbA1c.

(JAMA Intern Med. March 2026)

GLP-1 use tied to smell and taste disturbances in Type 2 diabetes

In people with Type 2 diabetes, GLP-1s are linked to a higher risk of smell and taste disturbances. Various adverse events have been reported by users but this is the first study to look into the potential impact of GLP-1s on smell and taste.

Researchers analysed electronic patient health records from December 2017 to April 2026 who were followed up for two years after beginning treatment with GLP-1s.

The participants were over 18 years and had Type 2 diabetes but with no record of smell or taste disturbances. They were split into two groups of 438,474 patients:

a control group prescribed Type 2 diabetes medications that were not GLP-1s and a group which received GLP-1 prescriptions after their first diagnosis.

The findings

- Patients using GLP-1s had a 48% higher rate of developing smell and taste disturbances, compared with the control group
- They also had an 81% higher rate of developing smell disturbances and a 52% higher rate of developing taste disturbances, than those taking other antidiabetic medications

Clinical implications

Researchers called for the closer monitoring of patients taking GLP-1s and recommended greater public health awareness of the medication's side effects. They also proposed future research is necessary to validate the findings.

(JAMA August 2026)

Daily pill to help keep weight off after stopping obesity jabs

Following the introduction of GLP-1 injections as weight loss drugs, the information provided was that they should be stopped after two years but there was a known risk that much of the weight lost would be regained.

Now Eli Lilly has developed a new daily pill called orforglipron and it has been shown

to help people coming off weight-loss jabs to remain slim. Patients on the trials were given the tablet every day for a year and avoided regaining much of the weight they had lost. However, more research is needed to find out how long someone might need to stay on treatment as experts say it might even be lifelong.

The results showed:

- Participants who took orforglipron kept more than 70% of their earlier weight loss off, while the placebo group kept around 38 to 50% off
- Side effects on the drug were common but mostly mild. They included nausea, constipation or diarrhoea
- The decreases in blood pressure, lipids and blood glucose were also maintained in those taking oral medications. This, in turn, could help reduce some of the longer-term health risks of obesity, such as heart disease

Apologies for being a bit cynical!

We are witnessing two of the main pharma companies in diabetes not only develop very profitable weight loss injections but also a pill to combat one of the adverse reactions to them – weight gain when the drugs are stopped! This may be a pill that has to be taken for life so the profits to be made are enormous. Not only were they part of the global monopoly for producing insulin, and therefore controlling prices but they are now doing the same with weight loss drugs. The big question has to be is this the best and safest way to treat people with obesity or overweight?

Another weight loss drug in diabetes – retatrutide

In people with diabetes retatrutide showed substantial weight loss, HbA1c drops and fewer knee osteoarthritis and sleep apnoea symptoms. There were also significant cardiometabolic risk improvements. There were similar gains for people without diabetes. It is being seen as a new option to semaglutide and tirzepatide.

The side effects were diarrhoea, constipation and UTIs, mostly in women. Most events were mild to moderate and resolved over time, but discontinuations rose with dose, reaching 11.3% at the top obesity-trial dose.

Retatrutide has not received approval anywhere in the world and the manufacturer, Lilly, plans to submit its application for US approval to be on the market by the end of 2027 at the earliest. In the UK, depending on the approval of the MHRA, it could be on the market by 2028.

Hard to believe!

Vials purporting to be 'reta' – as it's become known – are being sold in the UK in gyms, nail and beauty salons, hairdressers, on social media and even by flower sellers on the street.

Keen users are posting before and after 'reta' pictures on their TikTok feeds, describing how it has silenced food noise, helped them shed pounds and lose inches, with some saying it's completely transformed their lives.

The warning!

Despite positive results in its most recent clinical trials, real retatrutide is still being tested for its safety and efficacy. Eli Lilly's website carries a strong warning: "no one should take anything claiming to be retatrutide outside of a Lilly-sponsored clinical trial". Illicit retatrutide products may contain unknown ingredients, harmful contaminants and impurities. These products may also have too much or too little active ingredient, or the wrong ingredient entirely."

BITS AND PIECES

UK GPs' increasing use of AI

52% of UK GPs now use AI at work, up from 25% in 2025 and 20% in 2024. The pattern of these changes is one that GPs and researchers say is already reshaping day-to-day practice.

Just over half of these GPs use AI to write letters and 41% use it for real-time documentation during consultations. Other uses are also appearing – just under a third of GPs reported using AI for referrals, up from one quarter last year. In addition, around a quarter of GPs who use the technology use it to make decisions around differential diagnosis and treatment options, a figure that has remained about the same as 2024.

(Medscape News, UK, August 2026)

NHS workloads increase pressure

NHS staff face increasing workloads, time constraints and administrative burdens. Last year, the chair of the Royal College of General Practitioners said that far too many GPs are reporting stress and burnout. The General Medical Council also reported that GPs are the doctors least likely to be satisfied with their job and most likely to struggle with their workload. A poll found that over 40% of GPs doubt they will still be working in general practice in five years, with many citing stress and burnout as reasons why they would quit.

Artificial sweetener linked to Type 2 diabetes

A new study has shown that the use of artificial sweeteners could be linked to Type 2 diabetes. This meta-analysis pooled data from over 720,000 adults over an average of 10 years and found a significant association between higher intake of artificial sweetener and the development of Type 2 diabetes.



The researchers noted substantial variation between the included studies, reflecting differences in study populations, sweetener types assessed, and follow-up periods. The results showed that participants with higher artificial sweetener intake were significantly more likely to develop Type 2 diabetes than those with low or no intake and artificial sweeteners should not be assumed to be a risk-free substitute for sugar.

(Frontiers of Nutrition August 2026)

NHS issues warning over 'unproven miracle cures' on social media

The NHS is joining TikTok to counter health misinformation and "dangerous advice" spread on social media. England's top doctor warned the service was seeing the impact of patients wanting "completely unproven miracle cures" they have found online. Professor Frankie Swords, NHS national medical director, said: "There's a lot of misinformation out there, and I worry that this is becoming a real threat to public health."

(Daily Express, 3rd July 2026)

Is there a best site on your body to inject a weight loss GLP-1 medication?

Apparently, social media has many answers from users of the weight loss drugs, but the answer is no, there is no evidence that one site is any better than another. What matters is injecting the medication beneath the skin into subcutaneous fat at one of the three FDA approved sites – the abdomen, thigh, or upper arm. It is also advisable to rotate sites weekly to reduce scar tissue formation.

The best teas

If you have diabetes, your healthcare team has probably advised avoiding certain drinks, such as juice and sugary drinks, but there are plenty of drinks that will not raise blood sugars. Tea is a good choice for people with diabetes as it can be carbohydrate free and provides hydration and antioxidants.

Whatever tea you choose, here are some guidelines:

- It's important to keep the beverage sugar-free
- Stick to mainstream green, herbal or black teas and monitor when you should cut off caffeine intake to help support your best sleep

Green tea

When the midday sleepiness happens, consider making an 8-ounce cup of green tea, which contains 29 milligrams (mg) of caffeine, along with several potential benefits for people with diabetes. Research suggests that green tea may help improve fasting blood glucose, HbA1c levels and insulin resistance in people with Type 2 diabetes. Some of green tea's benefits may be attributed to a potent compound called epigallocatechin gallate (EGCG) contained in the tea. It has been found that EGCG increases the uptake of glucose into muscle cells. A cup of green tea contains zero carbohydrates, zero sugar and fat and only 2.5 calories, so a healthy choice for people with diabetes.

Teas that may help with weight loss

Tea is good for many things including a cold night, a sore throat and a coffee alternative and also, surprisingly, for weight loss.

Black tea

Since black tea comes from the same plant as green tea, you can reap similar diabetes-friendly benefits by drinking it. Also, black tea leaves undergo an extensive oxidation process that green tea leaves do not, so according to research, the brew may provide some additional advantages:

- Black tea consumption can lead to lower fasting blood glucose
- Reduced post-meal blood sugar readings
- Improved A1C levels
- Increased insulin sensitivity and better lipid metabolism

One cup of black tea contains about 48mg of caffeine, less than 1g of carbohydrates, no sugar and fat and just under 2.5 calories.

Chamomile tea

People with diabetes should avoid sleepless nights as they can cause the body to produce insulin less effectively, potentially raising blood sugar levels. Drinking caffeine-free herbal chamomile tea may improve sleep quality, particularly with fewer awakenings after falling asleep and the overall ability to stay asleep.

Chamomile tea has also been associated with improved insulin sensitivity, glucose management and may help to reduce oxidative stress in the body.

One cup of chamomile tea contains nearly no carbohydrates, no sugar or fat and 2.4 calories.

Ginger tea

Ginger tea may be beneficial if you have diabetes. It has anti-inflammatory and antioxidant



properties and when taken as a supplement, appears to have a balancing effect on blood sugar, supporting glycaemic control in people with Type 2 diabetes.

Ginger may affect glycaemic control by inhibiting enzymes involved in carbohydrate metabolism and by increasing insulin sensitivity, so there is more of an uptake of glucose into the peripheral adipose and skeletal muscle tissue.

One cup of ginger tea contains nearly no carbohydrates, no sugar or fat, and about 2.5 calories.

Hibiscus tea

Hibiscus tea is a vibrant, tart herbal infusion made by steeping the dried calyces (the outer part of the flower bud) of the Hibiscus sabdariffa plant. This tart and tangy tea not only tastes refreshing but can also play a role in helping you manage your diabetes and other issues linked to the disease. It may help to reduce systolic blood pressure in people with diabetes.

One cup of hibiscus tea contains 0g of carbohydrates, sugar, and fat, as well as zero calories.

IDDT Lottery Results



WINNERS OF THE JULY 2026 DRAW ARE:

1st prize of £452.16 goes to Jane from East Letchworth
2nd prize of £339.12 goes to Anon from Harefield
3rd prize of £226.08 goes to Anon from Worcester
4th prize of £113.04 goes to Ruth from Colchester

WINNERS OF THE AUGUST 2026 DRAW ARE:

1st prize of £454.08 goes to Anon from Chester
2nd prize of £340.56 goes to Frederick from Driffield
3rd prize of £227.04 goes to Kenneth from Porth
4th prize of £113.52 goes to John from Rochdale

WINNERS OF THE SEPTEMBER 2026 DRAW ARE:

1st prize of £461.28 goes to Anon from Cardiff
2nd prize of £345.96 goes to Ken from Luton
3rd prize of £230.64 goes to Anon from Abergavenny
4th prize of £115.32 goes to Jane from Oxted

Note: The winners of the draws for **October, November and December 2026** will be announced in our **Spring 2027 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

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