



# *Welcome*

Welcome to the forty third issue of Type 2 and You. In this issue we continue our series of articles on different types of medicines for Type 2 diabetes and conclude our articles on how to make lifestyle changes. We also write about what we have been doing during the Covid 19 pandemic. As usual, we will update you on our latest round of lottery winners, as well as some international news and a round-up of articles to let you know what is going on in the diabetes world. We also need to pay tribute to one of our Trustees, John Hutchinson, who very sadly passed away in May.

# Glad to be in touch again!



**This has been, and still is, a difficult time for all of us and I don't think there are any exceptions to this. The Trustees and staff of IDDT hope that you have coped and stayed well but our thoughts are also with those who have suffered as a result of Covid-19.**

As instructed by government, IDDT offices had to close in March with a couple of us working from home but we were very aware that we could not offer our usual services. For this we are sorry, although we are sure that you understand.

Aware that people have been unable to have their routine health checks, we reminded them of ways to look after themselves by downloading booklets from our website, especially 'Looking After Your Feet', 'Diabetes – Everyday Eating' and 'Diabetes and Exercise'. We are always conscious of the fact that not everyone has internet access, so we had a phased return to work on May 18th and we are now able to send you the booklets and information you need, albeit a bit slower than usual!

Having said this, one important message that we must give out is that if you develop health problems or difficulties coping with your diabetes unrelated to Covid-19, call your GP surgery, diabetes team or NHS 111 and A&E departments are open. The staff are there for you.

What cannot be avoided is that as Trustees, we have to consider the future

of IDDT, just like any other business or organisation faced with an uncertain economic future. While other diabetes charities have been sending out appeals for donations, we have not done so because it felt insensitive at a time when people were very generously donating to help to deal with the pandemic. Nevertheless, we will have to look carefully at our plans for the future, cut back where we can and rely on your generous support, where you can. We fully realise that some people may find it difficult or impossible to make a donation when renewing their membership, so I would remind you that membership of IDDT is FREE but we always welcome donations.

Undoubtedly, there will be a 'new norm' after the worst of this is over. We have all learned lessons and we hope they will be remembered when the new norm arrives – what is really important in life, the sense of community, the kindness shown to each other and to those in need of help. Our thanks and appreciation go to all those working in our NHS, to people working in social care and to all the other people who have kept things running for us during this time. I have always tried to keep the Newsletters free from politics but on this occasion, I have to say that I hope this has made the Government truly appreciate the NHS, Health and Social Care sector and all those who work in these services and that this will be shown to them in the future.

# Type 2 Medicines – A Miscellany

This article looks at three types of drugs used to help manage Type 2 diabetes. We have chosen to discuss them in one article as, unlike many of the other Type 2 drugs, they do not form part of a much larger, single, family of medicines. That is not to say that they are any less important, more that it is simply practical to write about them in a single article. The table below lists the medications licensed for prescription in the UK. All are presented in tablet form.

Generic Name	Brand Name	Drug Type	Dose & Admin. Frequency
Nateglinide	Starlix	Prandial Glucose Regulator (PRG)	60-540mg Up to 3 times daily
Repaglinide	Prandini	Prandial Glucose Regulator (PRG)	0.5-16mg Up to 4 times daily
Acarbose	Glucobay	Alpha-Glucosidase Inhibitor (AGI)	50-600mg Three times daily
Pioglitazone	Actos	Glitazones	15-45mg Once daily

## PRANDIAL GLUCOSE REGULATORS (PRGS)

Nateglinide and Repaglinide belong to a class of drugs called Meglitimides (Glitimidés) and work by stimulating insulin production within the pancreas. They are used to treat Type 2 diabetes in conjunction with diet and exercise. They are usually taken 15 to 30 minutes prior to eating. By stimulating insulin production prior to eating, the body is able to effectively metabolise the carbohydrates eaten and avoid a rise in blood sugar levels that would otherwise occur.

One of the advantages of these drugs is that they are primarily metabolised by the liver, meaning that they are useful for people with impaired kidney function. They are comparatively short-acting, with a half-life of about an hour, hence the need to take them at mealtimes. One of the negative side-effects is that this can lead to hypoglycaemia, particularly if a meal is subsequently missed. They can also be used in conjunction with metformin.

There has yet to be substantial research published about the long-term effects of this class of drugs but short-term side-effects include stomach upsets, weight gain and liver function problems.

## ALPHA-GLUCOSIDASE INHIBITORS (AGIS)

Acarbose is the only drug within this class licensed for use within the UK. It works by preventing the digestion of starchy carbohydrates e.g. potatoes, pasta or rice, and as such prevents the rise of blood sugar levels. It should be taken immediately before or with the

first mouthful of food.

Again, they can be used on their own (alongside diet and exercise) or alongside other Type 2 drugs. They can cause hypoglycaemia but this can be readily treated with simple sugars, such as glucose tablets. or fruit juice.

The most common side effects are stomach upsets and it is advised that you start on a low dose and build-up gradually to try and avoid this.

## GLITAZONES

Again, Actos, is the only drug in this class used to treat Type 2 diabetes in the UK. It works by reducing insulin resistance, allowing the body to use more effectively the insulin it still produces, resulting in lower blood sugar levels.

It can be used on its own or in combination with other Type 2 medicines, metformin, sulphonylureas or insulin.

Compared to some other anti-diabetic drugs, Actos has a comparatively low risk of causing hypoglycaemia but other common side effects can include headaches, muscle spasms and visual disturbance amongst others. It should not be given to people with heart, kidney or liver function problems. It has also been associated with an increased risk of bladder cancer and bone fractures among the elderly.

**We hope this article has been helpful but if it has raised any concerns about any of the medicines you are taking then please speak to your health professional.**

# SUSPECTED SIDE EFFECTS

In February the Medicines and Healthcare products Regulatory Agency (MHRA) launched a week long social media campaign to raise awareness about the importance of reporting suspected side effects using the Yellow Card Scheme.

The week focussed on polypharmacy, defined as the simultaneous use of four or more medicines (prescription, over-the-counter or traditional medicines) at the same time. Polypharmacy can increase the likelihood of a patient having side effects, medication errors, as well as the risk of interactions between medicines and foods or herbal products.

People with Type 1 and Type 2 diabetes or other long-term chronic conditions often routinely use multiple medicines at the same time. Polypharmacy is also common in older people with studies

showing that a third of people over 75 years old take at least 6 medicines a day and over one million people take 8 or more medicines a day.

Reporting side effects by health professionals and patients is important to keep medicines safe. You don't have to prove that a medicine or medicines are the cause of the symptoms you are having, you only have to suspect they could be the cause.

## HOW TO REPORT A SIDE EFFECT

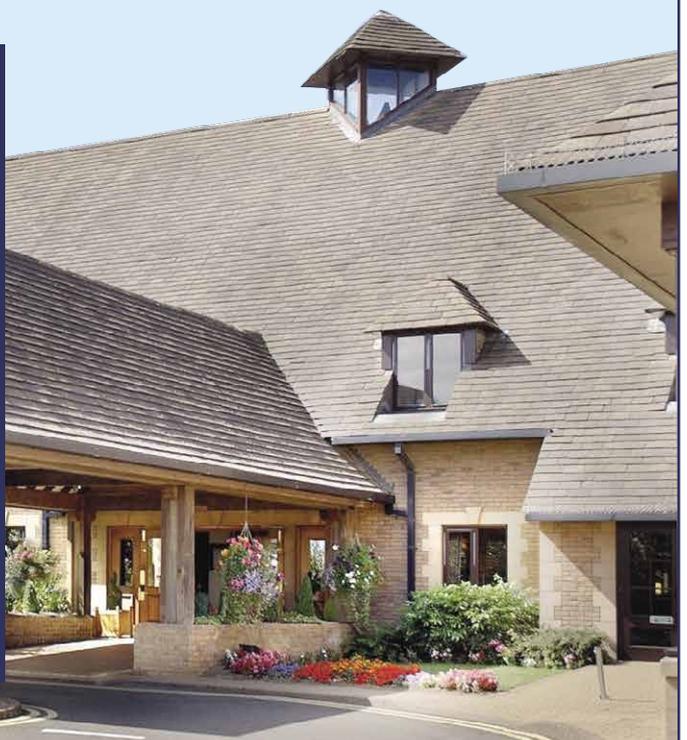
There are 3 ways to complete a Yellow Card:

- Use the online Yellow Card form at [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard)
- On a Yellow Card form found in pharmacies and GP surgeries
- Call the Yellow Card freephone on 0800 100 3352

## IDDT'S ANNUAL EVENT...

# POSTPONED

In our March Newsletter, we announced that this year we would hold our annual event on October 17th 2020. Due to the coronavirus situation, we felt that the best course of action was to postpone the event until 2021. Therefore, we have re-booked it for Saturday April 17th 2021. The venue and programme will remain the same and we hope that many of you will be able to join us.



# It's good to know

## New diabetes inpatient guidance in response to COVID-19

Guidance on ensuring that basic and secure diabetes services are maintained during the coronavirus pandemic has been published by the National Inpatient Diabetes COVID-19 Response Group. This Group, chaired by Professor Gerry Rayman MBE, has been set up to support diabetes teams in their reorganisation.

It first published 'Concise Advice on Inpatient Diabetes (COVID: Diabetes) Front Door Guidance' and the latest two documents are:

- Template for defining diabetes services during COVID-19 Pandemic
- Maintaining Acute Diabetes Services in response to COVID-19.

The Group has also provided guidance on managing hyperglycaemia and DKA in hospitalised people with diabetes during

the pandemic. Also published has been guidance for Covid-19 among people with diabetes living in care homes, 'Guidance for COVID-19 among people with diabetes living in care homes'. The Group developing this was Co-Chaired by Professor Alan Sinclair who founded Diabetes Frail, and includes the recommendations that care home residents receive plenty of oral fluids to maintain good hydration, maintain a daily appropriate exercise and nutritional plan with regular meals, they continue to receive their usual diabetes treatment and regular, twice daily capillary blood glucose testing should be carried out.

All these documents are for health professionals involved in delivering and redesigning diabetes services during the pandemic and for the foreseeable future but it is reassuring for people with diabetes to know that this is happening. (April 2020)

## Tribute to John Hutchinson

We have to report that sadly John Hutchinson passed away in May 2020. John was a dedicated Trustee of IDDT who never ceased looking for ways of improving the lives of people with diabetes and their families.

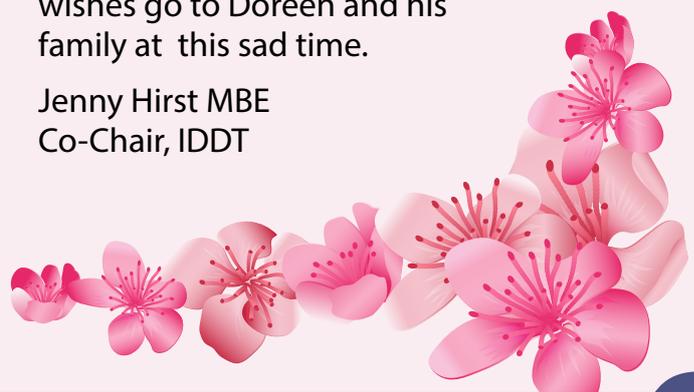
John lived with Type 1 diabetes for many years and over this time he saw the many different changes in diabetes treatment which gave him the valuable experience that he brought to IDDT.

Before joining IDDT, for many years he and his wife, Doreen, were heavily involved in their local Diabetes UK Group and helping to raise funds and support other people with diabetes and with Doreen, this continued during his time as a Trustee of IDDT.

He brought new ideas to IDDT, the Lottery was John's idea and it now raises about £10,000 a year. He also raised important issues, and he never failed to raise issues that he felt would improve the care and treatment of those living with diabetes.

I will personally miss John's support, help and friendship. He will be sadly missed by all the Trustees and staff. Our best wishes go to Doreen and his family at this sad time.

Jenny Hirst MBE  
Co-Chair, IDDT



# How to Change Your Lifestyle **PART 4**

We hope that this series of articles has not seemed like a series of lectures of what you have to do to manage to your diabetes but rather a series of hints and tips to make things easier. This is the last in the present series (although there may be more!!) and we hope that while it focusses on diet it will bring together the various elements we have discussed over the last 12 months that form the advisory trinity given to people with Type 2 – diet, exercise and weight loss.

Within the diabetes community diet, or rather types of diet, has become one of the most contentious issues over the last few years and any cursory look over the many chat rooms available on the internet will prove this to be the case for people with both Type 1 and Type 2 diabetes. We hope that in this article we can start to pull some of the threads together.

The issue of diet and diabetes has a major impact on people with both Type 1 and Type 2 diabetes and while there are significant overlaps between the two types of diabetes, this article will try to focus on the issues with Type 2.

The general advice given to people is to eat a “healthy” diet. This is a somewhat trite and over-simplified piece of advice, not least because what constitutes a healthy diet for one person does not constitute a healthy diet for another. This has become the source of much debate but we will come to that a little later. For now, we will look at the advice that is issued to the general public, whether they have diabetes or not. Public Health England has produced the Eatwell Guide which gives a pictorial guide to the proportions of the various food groups we should eat.

## FOOD GROUPS EXPLAINED

There are five basic food groups:

**CARBOHYDRATES** are sugars and starches and give you energy. Sugars are found in cakes, confectionary and puddings where it has been added. Sugars are also found naturally in foods such as milk and fruit. If fruit is processed the sugar is released. Starchy carbohydrates are found in bread, potatoes, rice, pasta and cereals. Eating carbohydrates directly affects the amount of glucose in the blood. Some carbohydrates are absorbed quickly and will cause a rapid rise in blood sugar levels, whereas other carbohydrates, such as granary bread or porridge, will cause a more gradual and sustained rise in blood sugar levels. Very often medication is used to control the way your body uses the carbohydrates you eat.

**FIBRE** helps your body to digest food. It is found in various foods including wholegrain cereals, bread, fruit and vegetables, especially pulses such as lentils, peas and beans.

**PROTEINS** help children’s bodies to grow and adult bodies to repair themselves. They are found in foods such as meat, poultry, fish, dairy products, eggs and beans. Older people need plenty of protein each day.

**FATS** provide energy. They are found in foods such as fatty red meats, full fat dairy products and items containing cooking oil, butter and spreads. Ready meals, cakes and pastries also often contain fats. It is advised that we eat more unsaturated fats from plant sources, such as rapeseed or olive oil.

**VITAMINS AND MINERALS** are needed to keep your body healthy. Vitamins and minerals are found in a wide variety of foods. For example, vitamin C is found in citrus fruits and calcium is found in milk.



The commonest and probably most contentious debate among the diabetes community is the high versus low carbohydrate diet. As ever, there are pros and cons to each diet and again, as usual, what suits one person may well not suit another and IDDT do not advocate one over another. We have tried to list just some of the significant points in relation to each below:

- People who live an active lifestyle, either through work or pleasure will need to adjust their medication/carbohydrate balance to make sure they do not lose or gain weight.
- Similarly, those that have a relatively sedentary lifestyle will need to make changes to make sure they maintain a healthy weight.

This is a greatly over-simplified equation but when you throw in weight loss and diet it can become more complex and you should seek advice from your doctor as to the best way to proceed. Keeping a diary is, again, a good way to monitor what is going on.

If you decide to make changes to your lifestyle in addition to your diet then this may well also impact on your diabetes management. Eating less or exercising more to reduce your weight may mean that you can alter your medication

regime. As we have said before, increasing the number of calories you use may not need to be a hardship and in reality can be far more simple than you realise. Examples can include:

- Swing your legs
- Stand up and stretch
- Walk up and down stairs
- Park in the furthest corner of the car park
- Stand up when you're on the phone

These are only a few examples of simple things you can do to change your lifestyle but we hope that they illustrate how you can combine losing weight, changing your diet and taking more exercise.

IDDT produce a wide range of FREE information booklets on each of these areas, including:

- Understanding your Diabetes
- Diabetes – Everyday eating
- Exercise and Diabetes
- Weight and Diet

If you would like any or all of these booklets, then please contact us using the details at the end of this newsletter.



## THE IDDT'S LOTTERY DRAW WINNERS

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

### Winners of the February 2020 draw are:

- 1st prize of £575.52** goes to Anon. from Warwick
- 2nd prize of £431.64** goes to Anon, from Hornchurch
- 3rd prize of £287.76** goes to John from Preston
- 4th prize of £143.88** goes to Anon. from Cardiff

### Winners of the March 2020 draw are:

- 1st prize of £569.28** goes to Bernadette from Bexley Heath
- 2nd prize of £426.96** goes to Anon. from Bristol
- 3rd prize of £284.64** goes to Ligaya from Kettering
- 4th prize of £142.32** goes to Dorothy from Newton-le-Willows

### Winners of the April 2020 draw are:

- 1st prize of £571.68** goes to Anon. from Redditch
- 2nd prize of £428.76** goes to Anon. from Montrose
- 3rd prize of £285.84** goes to Anon. from Farnham
- 4th prize of £142.62** goes to Abubakar from Birmingham

**Note: The winners of the draws for May, June, July 2020 will be announced in our September 2020 Newsletter and on our website. A huge 'Thank You' to everyone who supports IDDT through the lottery.**

If you would like to join in for just £2.00 per month, then give us a call on 01604 622837 or email [jo@iddtinternational.org](mailto:jo@iddtinternational.org)

### **If we can be of help in any way, please contact:**

InDependent Diabetes Trust (IDDT), PO Box 294, Northampton NN1 4XS  
Tel: 01604 622837 email: [enquiries@iddtinternational.org](mailto:enquiries@iddtinternational.org) Or visit our website: [www.iddtinternational.org](http://www.iddtinternational.org)