

Welcome to the 44th issue of Type 2 & You

In this issue we continue our series of articles on different types of medicines for Type 2 diabetes and we also start a new series of articles on the 9 key annual health checks to which people with diabetes are entitled. We also write about diabetes and steroids as well as giving you some of the latest news from the diabetes world. As usual, we will also update you on our latest round of lottery winners. First of all though, we give you a gentle reminder about the winter flu jab. This may seem a little early but, following the pandemic, waiting lists have become much longer so it would be wise to give it early consideration.



WINTER IS COMING...

but it could be different this year...

This is the time when we normally advise about the seasonal flu jab but at the time of writing, it is not clear what will happen this year. Usually, we remind you that the flu jab is offered first to people in 'at risk' groups which includes people with diabetes, pregnant women and the elderly.

We also usually advise you about the '**pneumo' jab - a vaccination to protect against pneumonia. This jab is available to the following groups of people:**

- children who are under two years of age – they are vaccinated as part of the childhood vaccination programme
- adults who are 65 years of age or over
- children and adults with certain chronic health conditions, including diabetes.

Note: at the time of writing, we don't know what the lockdown situation will be and who will be able to attend surgeries for the jabs. We expect that there will government announcements at some point in time but if in doubt, you should contact your GP surgery.



Reminder about Steroids

As we have heard on the news, studies have shown that dexamethasone reduces mortality in people with COVID-19 who require ventilation or oxygen therapy. Dexamethasone is a steroid and the use of steroids can result in significant hyperglycaemia in people with diabetes and new onset diabetes in those previously undiagnosed (often referred to as steroid-induced diabetes).

New guidance aims to **ensure all inpatients on dexamethasone receive appropriate glucose surveillance and appropriate managements of hyperglycaemia.** It is for use in all inpatients with COVID-19 who are treated with dexamethasone in a ward setting as it targets the greater insulin resistance in dexamethasone-treated patients.

Steroid drugs mimic the action of cortisol, a stress hormone produced by the adrenal glands, which are on top of the kidneys. They reduce the body's immune response, especially to inflammation and can cause serious problems to internal organs. For this reason, doctors prescribe them for asthma, lung disease, bowel diseases like Crohn's and colitis, for autoimmune diseases such as lupus and rheumatoid arthritis, allergies and for many other inflammatory conditions.

So this is just a reminder about the general use of steroids – they can cause adverse effects, just one of which is the rise in blood sugars and so people with diabetes need to have their blood sugars well managed.

Thanks to all our members

Like most charities, this has been and still is a difficult time financially, making planning for the future something of an unknown quantity. Therefore, we are especially grateful for the generous donations you have been sending to IDDT. Thank you too, to people who have joined the Lottery and to those who donate by monthly standing order payments to us, this regular income is very much appreciated. It all helps and also shows that what we do is appreciated!

At the same time and while we very much appreciate donations, we do understand that these are hard times for some people, so we would like to remind you that **Membership of IDDT is FREE** so that our Newsletter, Type 2 & You and our Information booklets are available to everyone who wants or needs them and a donation is not a requirement.

The message is simple – we are here for you!

Type 2 Medicines - Gliflozins / SGLT2 inhibitors

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

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

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

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

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

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

the diuretic effect of diuretic drugs so it is important ensure sufficient fluid intake to avoid dehydration.

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

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

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

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.



“... and ever thanks”

by Arthur Williams & Sharon Fishwick

When on holiday in the Baltic some years ago, I discovered an interesting tradition; I seem to remember that it was in Latvia. At the end of Winter, it is traditional to wear a small red and white tassel to celebrate “survival” and to look forward to Summer. It occurred to me, that although there has been untold suffering and distress during the past months, there is much to be thankful for, on many levels. It is hard to know where to begin. Front line workers in all the vital services must take pride of place. Without their dedication it is impossible to imagine the outcome for all of us.

In our own daily lives, many of us are dependent on the willing help and support provided by family, friends and carers. Apart from regular help with shopping, collection of medicines and so forth, innumerable small acts of kindness continue to give us strength and hope. Gifts of plants, fresh garden produce and perhaps some naughty sticky buns can make a difference. All of these kind acts build into a sustaining platform of kindness, on which we can build resilience and fortitude.

How to recognise these many generous and diverse contributions to our wellbeing, and indeed survival, was a question that perplexed me. It was then that the tradition mentioned above came to mind. I felt something was needed that was both an outward show of thanks, and that could be used as a small

gift to express thanks to an individual on a personal level. Having met Sharon through St. Oswald’s Church, and realised that she had great creative skills, together we decided to try to design an image (see picture) that would convey thanks and hope in an accessible way. A badge seemed the best way to do this.

We hope that this fairly basic item will convey an effective and sincere message. Our fervent hope is that this idea will be received in a positive way, which will be best demonstrated by a donation (min £1) and can be posted out on receipt of an SAE ‘large stamp’ details from sharongfishwick@gmail.com The badge measures 38mm diameter. All profits will be donated to the InDependent Diabetes Trust and after our first five days we have already raised and donated £100. We have both been overwhelmed by the generous and positive nature of people locally and would like to extend the offer to those of you who, like Sharon, are dependent on pork insulin or have a friend or family member who are and would like to support IDDT for their amazing work over the years.

People will, I am sure, recognise the wording on the image. It is, of course, from Shakespeare’s Twelfth Night: “**I can no other answer make but thanks and thanks and ever thanks.**”

Bits and Pieces

'THINKING ABOUT CHRISTMAS'

Included with this Newsletter is a leaflet entitled, *'Thinking about Christmas'* and although it seems early, Christmas and the New Year will be here sooner than we can imagine. With the leaflet you can order IDDT Christmas cards, the Diabetes Diary 2021 and for the first time, IDDT's Shopping list.

This Shopping List has magnets on the back to attach to your fridge door for easy jotting down and so it will not get lost! On one half of the page you plan your meals for each day and on the other half you write down the items you need to buy. This is a tear off section to take to the shops with you or to order your online shopping. It works well with the 28-day meal planner in IDDT's FREE booklet, "Diabetes Everyday Eating".

Take a look at the leaflet for gift ideas and support IDDT!

ANNUAL GENERAL MEETING

We have been holding our Annual General Meeting (AGM) at our Annual Event but as this had to be postponed to 2021 due to the pandemic, we are planning to hold the AGM on the afternoon of November 19th 2020.

The AGM will be held at the Kettering Park Hotel starting with a sandwich lunch at 12.30pm and will be limited to the business of the AGM. Clearly, if the pandemic situation changes, this will not happen.

To attend the AGM, you will need to book a place by telephoning IDDT on 01604 622837.

This is the opportunity to nominate new Trustees. We have a full quota of health professionals but if you would like to nominate someone to stand as a Trustee, then please get in touch with Jenny on the above telephone number or email: jenny@iddtinternational.org

We hope that we are able to hold the meeting but obviously, this will depend the pandemic situation.

DREAM TRUST – A REPORT FROM DR SHARAD PENDSEY

Some of our members sponsor children and young adults at Dream Trust, a clinic run by Dr Sharad Pendsey and his wife in Nagpur, India and as you will have seen, India has been hit by the coronavirus. Dr Pendsey has kept in touch throughout the difficulties and your sponsorship money will have helped. Here is his latest report:

"In India nationwide lockdown has been lifted partially. This has led to more inflow of children with Type1 diabetes to our clinic to collect insulin. On talking to some of the parents, we have realised that families are facing severe economic crises. Some of them have lost jobs, daily wages etc. Those

running small businesses like selling toys, clothes and essentials to nearby villages or running the tea stall, salons etc. were out of business during lock down. Government is, however, supporting them by providing rice, wheat, pulses and other grocery items.

Dream Trust is planning to extend financial support to about 300 families with children with Type1 diabetes of about 15,000/- INR to tide them over the crisis for the next 2-3 months, by then the economic recovery is expected. This money will be given from the savings made by DREAM Trust and is not an appeal to donate money for Dream Trust."



- DIABETES -

Your 9 Key Tests Explained

PART 1

This is the first in a series of articles we are going to present in Type 2 & You about your 9 annual key tests to which you are entitled under the NHS Constitution and recommended by the Institute of Health and Clinical Care Excellence (NICE). The aim of these tests is to take a measure of how well your diabetes is managed, in both the short and longer term, and to provide advice about continued support.

In each article we will try to explain what the tests are and what they are for, how they are carried out and by who and how you get the results. Some of the tests are simple Q&As but others are more complex. The 9 Key Tests are:

- Weight measurement
- Blood Pressure
- Smoking Status
- HbA1c
- Urinary Albumin
- Serum Creatinine
- Cholesterol levels
- Health of eyes
- Health of feet

Some of these tests are perfectly recognisable, but some less so and I hope in these articles we can shed some light on their purpose. In this first article we look at the stalwarts of weight and blood pressure.

WEIGHT

Being overweight is often a contributory factor to developing Type 2 diabetes, particularly where weight is carried around the middle but how many of us actually know what our healthy weight should be? If your health professional advises you to lose weight because of your diabetes, then you should

heed this advice as weight loss can reduce the amount of medication you may need to take and may mean that you can manage your Type 2 diabetes by diet and exercise alone.

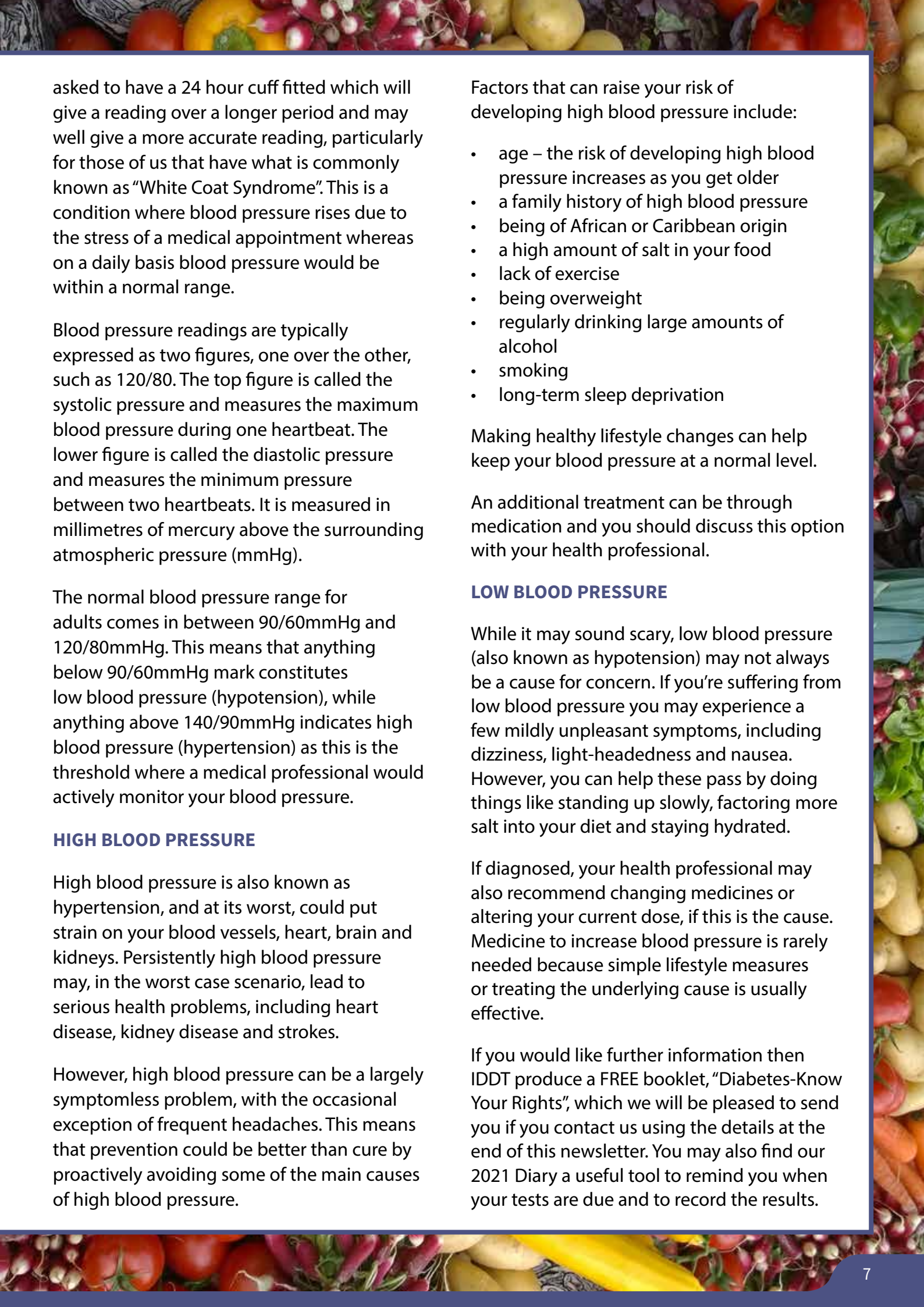
Most of us know what our weight is in kilos or stones and pounds but health professionals prefer to use the Body Mass Index (BMI). In short, the BMI provides a standard, numeric measure of what your height to weight ratio taking into account your weight, height and gender. Your health professional will describe you as being underweight, of normal weight, overweight or obese according to this score and give you advice accordingly. The advantage of using the BMI is that it is easily transferable between different professional groups and will help with how your condition is managed. Typically, the BMI scores are as follows:

Underweight	16 – 18.5
Normal Weight	18.5 - 25
Overweight	25 – 30
Obese	30 - 40

Your weight/BMI should be checked at least annually by your practice nurse or health professional and is non-invasive, only needing measurements of your weight and height.

BLOOD PRESSURE

People with Type 2 diabetes can often have high blood pressure which can cause a variety of related complications. This is, again, usually checked by the practice nurse or at your local clinic. It is tested by having a cuff placed around your upper arm, which is then inflated and a reading taken. Sometimes you may be



asked to have a 24 hour cuff fitted which will give a reading over a longer period and may well give a more accurate reading, particularly for those of us that have what is commonly known as “White Coat Syndrome”. This is a condition where blood pressure rises due to the stress of a medical appointment whereas on a daily basis blood pressure would be within a normal range.

Blood pressure readings are typically expressed as two figures, one over the other, such as 120/80. The top figure is called the systolic pressure and measures the maximum blood pressure during one heartbeat. The lower figure is called the diastolic pressure and measures the minimum pressure between two heartbeats. It is measured in millimetres of mercury above the surrounding atmospheric pressure (mmHg).

The normal blood pressure range for adults comes in between 90/60mmHg and 120/80mmHg. This means that anything below 90/60mmHg mark constitutes low blood pressure (hypotension), while anything above 140/90mmHg indicates high blood pressure (hypertension) as this is the threshold where a medical professional would actively monitor your blood pressure.

HIGH BLOOD PRESSURE

High blood pressure is also known as hypertension, and at its worst, could put strain on your blood vessels, heart, brain and kidneys. Persistently high blood pressure may, in the worst case scenario, lead to serious health problems, including heart disease, kidney disease and strokes.

However, high blood pressure can be a largely symptomless problem, with the occasional exception of frequent headaches. This means that prevention could be better than cure by proactively avoiding some of the main causes of high blood pressure.

Factors that can raise your risk of developing high blood pressure include:

- age – the risk of developing high blood pressure increases as you get older
- a family history of high blood pressure
- being of African or Caribbean origin
- a high amount of salt in your food
- lack of exercise
- being overweight
- regularly drinking large amounts of alcohol
- smoking
- long-term sleep deprivation

Making healthy lifestyle changes can help keep your blood pressure at a normal level.

An additional treatment can be through medication and you should discuss this option with your health professional.

LOW BLOOD PRESSURE

While it may sound scary, low blood pressure (also known as hypotension) may not always be a cause for concern. If you’re suffering from low blood pressure you may experience a few mildly unpleasant symptoms, including dizziness, light-headedness and nausea. However, you can help these pass by doing things like standing up slowly, factoring more salt into your diet and staying hydrated.

If diagnosed, your health professional may also recommend changing medicines or altering your current dose, if this is the cause. Medicine to increase blood pressure is rarely needed because simple lifestyle measures or treating the underlying cause is usually effective.

If you would like further information then IDDT produce a FREE booklet, “Diabetes-Know Your Rights”, which we will be pleased to send you if you contact us using the details at the end of this newsletter. You may also find our 2021 Diary a useful tool to remind you when your tests are due and to record the results.



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 May 2020 draw are:

- 1st prize of £578.40** goes to Yvonne from Conway
- 2nd prize of £433.80** goes to Anon. from Nailsworth
- 3rd prize of £289.20** goes to John from Nottingham
- 4th prize of £144.60** goes to Sharron from Doncaster

Winners of the June 2020 draw are:

- 1st prize of £571.60** goes to Ian from Cardiff
- 2nd prize of £428.76** goes to Dorothy from Newton-le-Willows
- 3rd prize of £285.84** goes to Diane from Warrington
- 4th prize of £142.42** goes to Anon. from Goring-by-Sea

Winners of the July 2020 draw are:

- 1st prize of £599.60** goes to Kenneth from Porth
- 2nd prize of £449.70** goes to Colin from Barrow-in-Furness
- 3rd prize of £299.80** goes to Jane from Newport
- 4th prize of £149.90** goes to Anon. from Walsall

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

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

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

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