



GLUCOSE TESTING

Give everyone equal opportunities



IN THIS ISSUE: ONE HUNDRED YEARS OF INSULIN • AM I STILL PRODUCING SOME INSULIN?
MANAGING NEUROPATHIC • 20 MILES TO SEE A PODIATRIST!

We cannot ignore the fact that the past year and more has been a difficult time for everyone but probably especially difficult for people with diabetes, whether Type 1 or Type 2. The Covid-19 restrictions have resulted in changes of routine with many people working from home, not getting as much exercise as usual and probably eating differently, all of which can leave them struggling with their diabetes control.

There is increasing evidence, some anecdotal, that poorer diabetes control has an impact on mental health with risks of an increase in depression, anxiety and a lowering of general wellbeing.

As we see from all the TV adverts, talking helps but this is not easy in busy clinics or to find someone to talk to who understands the stresses of living with diabetes. Diabetes Australia says that people with Type 1 diabetes make an estimated 180 diabetes-related decisions a day! Probably so, and not only do they have to make the daily decisions but they also have to live with the knowledge of possible long-term complications. And this is without the stresses of living through lockdown and the pandemic!

A gain from lockdown!

Clearly, good control is vital to prevent long-term complications and now we know also for improved

mental health and wellbeing. What we also know, are the benefits of flash glucose monitoring - the FreeStyle Libre. A UK study by clinical psychologists showed that flash glucose monitoring increased people's freedom and autonomy which in turn improved their mood, confidence and psychological wellbeing. There were similar findings from a study in the Netherlands.

However, during lockdown and no routine clinic appointments, people using the FreeStyle Libre could check their blood sugars as many times as they needed and could report this virtually or by phone to their healthcare professionals. This gives the person and healthcare professional a full picture of blood sugars over 24 hours rather than just a snapshot of what they are at the time of doing a finger prick test. Not only does this allow dose amendments to be made as necessary but it gives confidence, better control and improves the quality of life. ▶

Time it was accessible to everyone taking insulin

The adverts on TV for the FreeStyle Libre of 2 weeks free trial, don't say that after this, the sensors are around £50 per fortnight! At the present time, the FreeStyle Libre is only available on the NHS to certain categories of people with Type 1 diabetes. If we want to see an improvement in diabetes control with the subsequent reduction in long-term complications and an improvement in mental wellbeing and quality of life, it is time for the Department of Health to take another look at the restrictions on who can and who cannot have the advantages of FreeStyle Libre on the NHS.

Our Secretary of State for Health, Matt Hancock, appears to be totally committed to new technology as we keep hearing, so is it not time for him to take another look at the available technology for people taking insulin, especially those with Type 1 diabetes who have a lifetime of living with it?

The answer is simple, yes, Mr Hancock, it is time. It's time to get rid of the divisive system whereby some people have treatment advantages over others, some people are likely to be less at risk of long-term complications and some people have to live with extra, unnecessary stresses. Everyone using insulin should have the opportunity of a better quality of life with the FreeStyle Libre!

Neuropathic pain and a capsaicin patch

One of the complications of both Type 1 and Type 2 diabetes is neuropathy which is damage to the nerves supplying any part of the body. It is divided into two categories:

- peripheral neuropathy which affects the nerves supplying such areas as the skin, muscles and feet,
- autonomic neuropathy which affects the nerves supplying the organs, such as the bladder, bowel or heart.

Peripheral neuropathy is the type that affects the feet and is common in people with diabetes. The symptoms include:

- tingling sensation in the feet,
- pins and needles which can become intense pain or burning sensation,
- muscle pain similar to cramp,
- loss of temperature perception when the hands and feet are less sensitive to heat and can be very sensitive to cold,
- exaggerated skin sensitivity where an unpleasant

sensitivity to skin stimulation, such as just wearing socks, can be very irritating to the skin even though there is nothing to actually see.

One of the main problems in terms of treatment of neuropathic pain is that while there are drug treatment options, they work differently in different people. However, also available for the treatment of pain is the capsaicin dermal patch. An option to be discussed with your doctor.

What is a capsaicin patch?

A capsaicin 8% patch is sold in the UK under the name of Qutenza and it is designed to provide pain relief in people who have nerve pain in the skin. It can be used alone or with other medications you may be taking for pain relief.

Capsaicin is the compound that gives chilli peppers their heat sensation. The capsaicin contained in Qutenza makes the nerves in the skin less sensitive to pain. As well as prescribing it for diabetic neuropathy, doctors may prescribe it for other conditions such as shingles, for reactions to some medicines, for pain after surgery or for nerve damage after an accident.

What is involved in the treatment?

- The Qutenza patch is applied by a trained healthcare professional who will wash and dry the treatment area and remove any hair using scissors.
- The treatment area will be marked with a pen.
- The patch will be left on for 30 minutes if the nerve damage is on your foot and for 60 minutes if it is on other parts of your body. Up to 3 patches can be applied depending on the size of the affected area.
- The patch will then be carefully removed.

It is very common for the skin to sting or become red with a burning sensation for a short time. This may cause a slight rise in blood pressure so this will be monitored during treatment. You should not have a bath or shower for 24 to 48 hours as this may increase the pain.

When will there be pain relief?

People start to feel some pain relief on the first day but it may take up to 2 weeks before the full effect is felt. You should inform your doctor or healthcare professional if you are still having a lot of pain after 14 days.

Treatment may only last for a short time but for some people it can last for up to 6 months. Treatment can be given again after 3 months.

You should not use Qutenza if:

- you are allergic to chilli peppers,
- you have unstable or poorly controlled blood pressure or you have heart problems,
- if you are under 18 years,
- it should not be applied to broken skin or wounds and not to the head or face,
- uncontrolled or severe respiratory disease or acute illness,
- you should tell your doctor if you are pregnant or breast feeding.

Are there side effects?

Like all medicines, Qutenza can cause side effects but not everybody gets them.

- It is very common for the skin to become red and painful where the patch has been applied.
- Other common side effects are: itching, bumps, blisters, swelling and dryness where the patch has been applied.

If you are affected by diabetic neuropathy, this is something you could discuss with your doctor or healthcare professional.

NICE NEWS

Shared decision making is an integral part of healthcare

NICE is consulting on a new guideline that recommends a range of measures to help ensure that patients are involved in decision making around their care before, during, and after appointments, through honest conversation. It calls on health and social care organisations to provide accessible information during care planning, using translators and external advocates when necessary. The use of posters and patient decision aid leaflets is also recommended.

Where possible, organisations should consider appointing a patient director to support the embedding of shared decision making at the highest level of the organisation and to help ensure the voice of service users is heard. It also

includes recommendations on policy, training and healthcare delivery to help organisations improve staff awareness of the importance of patient involvement and ensure they are willing and able to embed shared decision making in the organisation's culture and practices. It outlines the importance of discussing the risks, benefits and consequences of treatment options and offers advice on how healthcare practitioners can clearly convey information to patients so that they can make an educated decision on their care plan.

IDDT comment: we have heard about this so many times over the years and aren't we supposed to have this anyway under our basic NHS rights?



Eating disorders worsened during lockdown

Recent NHS Digital data shows that hospital admissions for eating disorders rose by almost a third (32%) in recent years, with 21,794 admissions in 2019 to 2020. During lockdown, the Royal College of Psychiatrists found that the average number of referrals for eating disorders increased by 20% from March 2020 to November 2020, while waiting times for treatment had more than doubled from 33 days to 67 days. Beat, the charity for people with eating disorders, has stated that the calls to their helpline increased by 300% during lockdown.

A new report by the government's Women and Equalities Select Committee has called for an overhaul the government's obesity strategy, including scrapping the use of the Body Mass Index (BMI) used to determine a healthy weight, to try to tackle the "devastating" impact of lockdown on body image in the UK. The report describes the government's Obesity Strategy, as "at best ineffective and at worst perpetuating unhealthy behaviours" and it also calls for a ban on the use of altered images in adverts which some believe have a detrimental effect on people struggling with body issues.

More funding was also needed to tackle the "alarming" rise in the prevalence of eating disorders in the past year, it argued, as the report found just 96p is spent on research into eating disorders per person experiencing them compared to £9 per person for mental health issues overall.

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Let's take a look at eating disorders, disordered eating and diabulimia

Eating disorders describe illnesses that are characterised by irregular eating habits and severe distress or concern about body weight, body image or shape. This may include inadequate or excessive food intake which can ultimately damage the person's health and wellbeing. The most common forms of eating disorders are Anorexia Nervosa, Bulimia Nervosa, and Binge Eating Disorder and affect both females and males.

Anorexia Nervosa

Typically, this is where people have an obsessive fear of gaining weight, refusal to maintain a healthy body weight and an unrealistic perception of body image. Many people with anorexia will fiercely limit the quantity of food they eat and view themselves as overweight, even when they are clearly underweight. Anorexia can have damaging health effects, such as brain damage, multi-organ failure, bone loss, heart difficulties, and infertility.

Bulimia Nervosa

This eating disorder is where repeated binge eating is followed by behaviour that compensates for the overeating, such as forced vomiting, excessive exercise, or extreme use of laxatives or diuretics. People with this condition may fear weight gain and feel severely unhappy with their body size and shape. The binge eating and purging cycle is typically done in secret, creating feelings of shame, guilt and lack of control. Bulimia can cause health problems, such as

gastrointestinal problems, severe dehydration and heart difficulties.

Binge Eating Disorder

People with this disorder will frequently lose control over their eating. It is different from bulimia because episodes of binge eating are not followed by purging, fasting or excessive exercise to compensate for the overeating. Therefore, many people with this condition may be obese and at an increased risk of developing other conditions, such as cardiovascular disease or Type 2 diabetes. They may also experience intense feelings of guilt, distress and embarrassment related to their binge eating.

Disordered Eating

The above eating disorders have narrow definitions with specific signs and symptoms but it is possible to have disordered eating patterns that do not fit into these defined patterns and so are often referred to as 'disordered eating'. This describes a situation and is not a diagnosis. However, they are serious health concerns which may be difficult to detect because the person may not display all of the classic symptoms typical of eating disorders. In addition, a person with disordered eating habits may also be experiencing significant physical, emotional and mental stress, which they themselves may not fully recognise.

A small study in women with Type 1 diabetes and disordered eating showed that they spend 4 times longer hyperglycaemia (blood sugars greater than 13.9mmol/L) than women with Type 1 diabetes without disordered eating. They also experience more negative emotions, physical symptoms and greater glucose variability. Their HbA1cs were higher as were their levels of diabetes distress and depression. Women with Type 1 diabetes are close to 2.5 times more likely to develop disordered eating compared with women without Type 1 diabetes. Disordered eating in Type 1 diabetes represents a major risk factor for developing diabetes complications earlier in life and in disease duration. (Diabetes Medicine, December 2020)

Causes of disordered eating and eating disorders

The exact cause of eating disorders is not known but it is thought to be a combination of the following:

Biological factors

- Irregular hormone functions.
- Genetics (being researched).
- Nutritional deficiencies.

Psychological factors such as:

- Negative body image.
- Low self-esteem.

Environmental Factors such as:

- Dysfunctional family dynamic.
- Professions and careers that promote being thin and weight loss, eg ballet and modelling.
- Sports where an emphasis is placed on maintaining a lean body for enhanced performance, eg rowing, diving, long distance running.
- Family and childhood traumas: childhood sexual abuse, severe trauma.
- Cultural and/or peer pressure among friends and co-workers.
- Stressful transitions or life changes.

Treatment options

There is still a lot of debate about how best to treat people with eating disorders and this often depends on the severity of the condition but they involve (i) nutrition, restoring weight and a meal plan, (ii) different forms of psychotherapy, individual and/or family to address the underlying causes, (iii) medication, some may help with mood or anxiety.

Having said this, eating disorders are classed as a mental health issue and the availability of treatment in the UK is not good.

Diabulimia

Diabulimia is not a medical term but was made up by the media and the diabetic community because it is an eating disorder that only affects people with Type 1 diabetes, both males and females. It is when people deliberately reduce their insulin dose or don't take any insulin in order to lose weight. It is estimated that around 4 out of 10 women, aged 15 to 30, take less insulin to lose weight and in young men, it is around 1 out of 10. Research also shows that men



with diabetes are more worried about their weight than men without diabetes. As we all know, people with Type 1 diabetes should never stop taking insulin, so the consequences of diabulimia are serious, can cause the complications of diabetes and can be life threatening.

Insulin treatment does tend to increase weight which can be frustrating because maintaining a healthy weight is an important part of the management of Type 1 diabetes. However, without insulin, your blood sugar levels build up quickly (hyperglycaemia). You start going to the toilet a lot and any calories you eat pass straight through and out of the body in your urine. As a result of this, you don't get the energy you need from food so your body starts to break down body fat to provide energy and this leads to dramatic weight loss. In addition, if you don't get any or enough insulin, your blood sugar levels will not come down and this can lead to diabetic ketoacidosis (DKA), a dangerous condition which many people experience before they are diagnosed.

Causes of diabulimia

There are many reasons why diabulimia may develop and often there is not one single cause. Like other eating disorders, it may be a combination of physical, social and mental health problems. It also must be remembered that when you have Type 1 diabetes, some of the things you need to do to manage it can play a part in triggering diabulimia, such as:

- The focus on your weight when you go to the clinic.

- Having difficulty keeping to a healthy weight.
- Having to eat to treat hypos, which can cause weight gain.
- Having to be constantly aware of carbohydrates or calories in food and having to read food labels.
- Feeling ashamed about how you manage your diabetes.

Treatment

Diabulimia is not recognised as a mental illness and is not widely understood so healthcare professionals may not recognise the signs or know how to support someone with the condition. In addition, like all eating disorders, people with them find it difficult to talk about them and get the help they need. However, diabetes teams, GPs and eating disorder specialists are becoming more aware of diabulimia and some dedicated recovery programmes are now available in the UK, so you could be referred to an eating disorder clinic or a counsellor for specialist care.

Talking about the problem is difficult because it means facing up to the problems but as a start, try speaking to someone you trust and who will want to help you and perhaps go to the doctors with you – a friend, a parent or sibling or a healthcare professional.

It is important to remember that you are not alone with the problems, research in 1994 found that up to 30% of women will stop taking their insulin at some point in their lives, to lose weight. The research at that time, didn't look at men as eating disorders were thought to only affect women, now known not to be true.



A DATE FOR YOUR DIARY

Well, it's been another strange year and at the time of writing, normality still looks a long way off. As ever, IDDT will endeavour to hold its annual event and its Annual General Meeting (AGM) but we appreciate that under current circumstances the format of these events may well need to change.

Regarding the event we are aiming to hold it on Saturday 23rd October 2021. However, this may not be feasible due to the number of people able to attend and the rules regarding lockdown. In July, when the situation is clearer, we will send you out

details about attending the event in October. If October is not feasible then we will look to moving the event to April 2022.

As for the AGM, you may or may not be aware, we have a legal obligation to hold this event. Again, we will consult you on how you wish to hold this meeting. One suggestion is that we hold the meeting via Zoom. We are also aware that this does not suit everyone so we would make transcripts of the meeting available to those who request them. As ever, we are open to suggestions.

NHS Trusts rolling out Diabetes e-Passports for Type 1 diabetes

In March 2021, it was announced that a Diabetes e-Passport pilot for people with Type 1 diabetes is being rolled out across a number of NHS Trusts from March 2021. (These are nothing to do with covid!)

The e-Passport process will start at diabetes clinics where people will have their online profiles created by their healthcare professional. Information about the person's insulin dose and medication will be entered, as well as other key information. After the initial visit, the person will be able to access this profile in their own time and be able to add more information they feel would be important in emergency.

Every Diabetes e-Passport can be accessed via a central system which means all NHS Trusts can edit and amend profiles as required. When a profile needs

to be accessed, the passport can be scanned by a QR reader, an NFC reader or the code can be entered straight into the central system. If the person with diabetes is already known to the responder then their details can be accessed via the NHS Trust central system without the need of the passport.

The main advantage of the e-Passport is, for example, if you are admitted to hospital and unconscious or unable to communicate, then the staff will be able to access your important medical details.

Note: For many years, IDDT has had a similar paper version of this, The Hospital Passport, for people to have with them. This is very useful and it has to be remembered that not everyone has a smart phone to be able to access the new system!

Prescription charges went up in April 2021

The Government has increased prescription charges in England by 20p to £9.35 per item. There are no prescription charges in Scotland, Wales and Northern Ireland. While IDDT is not a political body, we have to comment that at present when many people have had a very difficult time, it does not seem fair that prescription charges are going up.

In response to the new prescription charges, The Royal Pharmaceutical Society (RPS) England chair Claire Anderson said: *“Raising prescription charges in England is totally unacceptable. The increase in cost will only add to the highly concerning levels of health inequalities in this country and no-one should be put in a position where they have to go without their medicines because they can't afford to pay.”*

NHS News – Wales

Funding in the Welsh Government's Budget has been allocated to combat obesity and diabetes in Wales and to try to support people most likely to be affected by the pandemic. £6.5million is being invested and will be targeted at children and older people to support them in reaching and maintaining a healthy weight. In 2019-20, there were approximately 192,000 people in Wales with Type 2 diabetes - around 7% of the adult population.

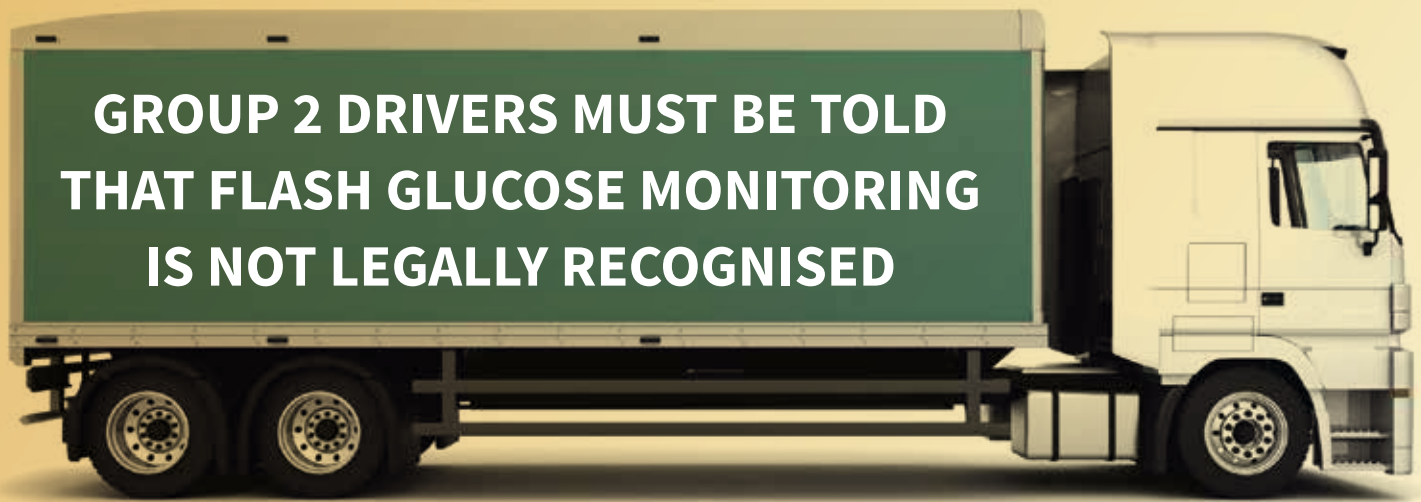
- Over £4m will go into developing a system-based approach which will contribute to preventing illness and reducing the impact of poor health and inequality.

- Over £600,000 will go towards improving physical inactivity amongst older people, which will help support recovery from the pandemic, as well as improving the health of those most likely to be severely affected by Covid-19.
- Over £600,000 will be targeted at improving the health of children and young people where there are higher levels of health inequalities and a high proportion of children who are obese.
- £1million funding for pre-diabetes will support the development of trials of a pre-diabetes prevention programme over a 2year period before it can be scaled up and run across Wales.

An interesting note - number of children in Wales with Type 1 diabetes has peaked

Research has shown that the risk of developing Type 1 diabetes before the age of 15 years is no longer increasing in Wales. The peak of diagnoses was around June 2010 with 31.3 cases per year per 100,000 children aged less than 15. There were more boys diagnosed under 2 and over 12 years but more girls

diagnosed between 9-10 years. More children were diagnosed in winter. The researchers suggest this is consistent with the preventative role of vitamin D during pregnancy and later childhood in the summer months. Data shows increasing hours of sunlight since 1980 which is likely to increase vitamin D.



A reminder has been issued to healthcare professionals to warn lorry and bus drivers with Type 1 diabetes that flash glucose monitoring (the FreeStyle Libre) is not recognised for Group 2 licence holders.

There are currently 1,428 drivers in the UK who have Type 1 diabetes holding a licence for driving a lorry or bus. In 2012, the law was changed to allow people treated with insulin to hold a Group 2 licence to drive a lorry or bus but the DVLA introduced the regulation that Group 2 drivers must continue to finger prick test twice a day even when they do not drive.

This system of assessment for Group 2 drivers also requires an independent specialist in diabetes, who is not routinely involved in day-to-day care of the person, to carry out an individual assessment of that person. Group 2 drivers are required to have three

months' worth of blood glucose readings when they see the independent assessor and this evidence must be recorded on a blood glucose monitor, through finger prick tests.

If Group 2 drivers use flash glucose monitoring, DVLA guidance recommends that these drivers must also continue to test finger prick glucose for driving purposes. It is important not only for drivers to be aware of this but also healthcare professionals.

An ongoing and added problem, is that some of these drivers are also being denied sufficient numbers of test strips by their GP practices because they are unaware of the DVLA guidance. It is now 9 years since the new guidance was introduced, so this really should not be happening!

I have to travel 20 miles for my podiatry appointment!

IDDT received a call from a member (anonymous) about her appointment with a podiatrist. Pre-pandemic she went to her GP surgery for this and last year she went to a community centre about a mile from her home. Now she has been told that she has to go to a town she doesn't know that is 20 miles away! She is 84 and her husband is 87 and although he does drive, he now only drives locally where he knows the area. She accepts that the pandemic has changed things but she can't understand why she has to make a round trip of 40 miles to have her feet treated. She doesn't have a smart phone so can't send pictures of her feet, like a lot of people and when she complained she was told that there was a 24hour emergency service at the local hospital. Rightly, she said that she wanted her feet treating BEFORE it became an emergency! Interestingly, both she and her husband spent all their working lives, as NHS employees, starting in 1950!



English Diabetes Footcare Network guidance for after lockdown

New ways of working, such as telemedicine have been introduced to reduce the need for clinic visits but the English Diabetes Footcare Network has recognised during the pandemic, a new strategy is needed and therefore has issued new guidance.

The guidance includes the following actions:

Provision of Community Foot Protection Service

- Community podiatry services should be reinstated to clinics where it is safe to do so and designated Foot Protection Teams should be formed where not already available.
- High-risk patients should be given foot protection information and signposted to urgent care. Clinic appointments should only be considered for those requiring preventive footcare, eg reducing pre-ulcerative callus.

- Telemedicine and virtual review should be maintained or implemented.

Provision of outpatient multidisciplinary foot service is an essential service

- Access to a diabetes foot service should continue for those with acute or limb-threatening problems, to current patients and to new referrals. All new referrals should be reviewed within the NICE target of 24 hours.
- Patients should be encouraged to continue self-care where applicable to reduce clinic visits.
- Multi disciplinary footcare teams (MDfTs) should be formed where not already present.
- Specialist reconstructive orthopaedics for foot

conditions, such as Charcot's arthropathy, should recommence to prevent future damage.

Provision of inpatient multidisciplinary diabetes foot service is an essential service

- All units with active inpatient foot services should continue to provide the full complement of services.
- The aim should be for early assessment of social, mobility and environmental needs of the person to facilitate rapid treatment and early discharge to community care.

While accepting that there will be changes as a result of the pandemic, the latter point of being discharged to community care cannot apply if there is no community care!

Erectile dysfunction common among diabetes patients, but many treatment options exist

According to lead researcher at the University of Michigan, at any one time up to half of men with diabetes may experience erectile dysfunction. He added that not only is he seeing more men with diabetes with erectile dysfunction but it is occurring in younger age groups than in the general population.

Data was reviewed from the UroEDIC study which began in 2003 as a follow up study of Diabetes Interventions and Complications (EDIC). During the second arm of UroEDIC, which began in 2010, patients were starting to report more symptoms of bladder dysfunction and erectile dysfunction. However, some of them showed remission and intermittent erectile dysfunction instead of it being persistent.

- Persistent erectile dysfunction was more likely to be associated with autonomic neuropathy than other common Type 1 diabetes risk factors.
- In those with intermittent erectile dysfunction, the associated risk factors tended to be related to body size, behaviour characteristics and insulin control.
- Men not taking antihypertensive medication with increased blood pressure had a 20% increased risk of erectile dysfunction with every unit increase of systolic blood pressure, therefore there are specific characteristics and actions men with diabetes can take.

The researcher noted that sexual health matters to many men with diabetes and gave the

following advice to health professionals:

"It's much more likely that you'll get a 20-year-old with Type 1 diabetes to control their insulin levels if you tell them there's a potential for erectile dysfunction, rather than trying to describe what's, for them, a very abstract notion of potential amputation perhaps 50 years later."

The need to ask every male diabetes patient about ED symptoms was emphasised, adding that about 70% of men with erectile dysfunction also have cardiovascular disease.

Management

- Management begins with one simple question to rule out psychogenic problems: Does the patient get morning erections?
- It was said that the most important treatment is counselling and improvements in lifestyle, such as improved diet and better nutrition.
- First-line treatment includes an oral medication, preferably a phosphodiesterase 5 (PDE5) inhibitor, with chronic therapy of 5mg or 10mg optimal for diabetes patients.
- Additional treatment options include penile injection, vacuum pumps, and intraurethral agents. Surgery is the final treatment option.

Note: If you would like IDDT's leaflet, Sexual Dysfunction in Men and Women, email enquiries@iddtinternational.org, write to IDDT, PO Box 294, Northampton NN1 4XS or call 01604 622837.

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INSULIN

The pandemic has prevented events that would have been held to celebrate the discovery of insulin in 1921, one hundred years ago. However, we have to mark it as a celebration of the number of lives that insulin has saved during those years. As we know, the only treatment for Type 1 diabetes is insulin and although people still develop complications and there is still no cure, it is important that we appreciate the significance of the discovery itself.

Last year we wrote about the early days after the discovery of insulin but in this Newsletter, we are looking at how things have changed for people who have had Type 1 diabetes for fifty years or more. Their lives demonstrate some of the many changes that have taken place during their lifetime. For example, when my daughter was diagnosed with Type 1 diabetes in 1975, the only insulins available were extracted from the pancreases of cows and later in that decade, from pigs. At that time, there were over 80 pharmaceutical companies around the world manufacturing insulins so there were many choices for doctors to prescribe to suit the needs of each individual patient. I well remember my daughter having her insulins changed several times until her

paediatrician found the best ones for her.

In the 1980s synthetic human insulins were developed but in the ensuing years, the larger pharmaceutical companies took over the smaller ones to leave the world with only three major manufacturers of insulin. This means that they control the costs of insulin and the types of insulins available and they all decided to stop producing animal insulin. As with all drugs, animal insulins are still needed because some people had adverse reactions to the synthetic human insulins, although they were, and are, often not believed.

People around the world got together under the auspices of IDDT to maintain supplies of animal insulins. We were lucky in the UK that a relatively small company still manufactured animal insulins, they were supportive as were some brave doctors and eventually after many years of IDDT lobbying, the then UK government agreed that animal insulins must remain available for the people who need them.

To see how the developments of the various insulins affected lives, we are taking a look at the experiences of Sabine Hančl from Germany.

Sabine Hančl



Sabine Hančl was diagnosed with Type 1 diabetes in 1963 when she was nine years old. She has a life-threatening allergy to synthetic human insulin and therefore depends on animal insulin for her treatment.

Her parents took her to the Children's hospital on a Sunday afternoon because she had been feeling unwell for some time. She had been drinking lots of water, losing weight, feeling increasingly tired and not eating very much. When her blood glucose was measured, it was very high. At that time Type 1 diabetes was a very rare condition in children and the hospital was unfamiliar with the appropriate treatment so they consulted with the University of Düsseldorf and immediately treated her with insulin.

How things have changed! Picture of insulin vial

For the first few days after diagnosis, Sabine was given salted water gruel and soup to eat, lots of mineral water and tea to drink. A laboratory assistant came to her bed several times a day to measure her blood glucose and during the doctors' rounds it was patiently explained to her why she would always require insulin injections. Before she was discharged, her mother learned how to boil and assemble the glass syringe, inject her with insulin and calculate her diet.

At that time, people with Type 1 diabetes were treated with one daily fixed dose of long-acting insulin. Sabine says, *"I eventually learned how to inject insulin and calculate my diet on my own, which gave me more freedom. I was particularly proud at being able to assemble the syringe, draw up the insulin and inject myself. We only received five needles per quarter in those days and so I sometimes had to file down parts of a needle that did not feel smooth."*

The most important development

Like many of people who have lived a long time with Type 1 diabetes, for Sabine the most important change in diabetes care was the development of self-monitoring of blood glucose. This was first with

test strips, later with strips and glucose meters and now with the FreeStyle Libre sensors. The latter has been most important for Sabine because it has given her much more freedom, allowed her to manage her diet more flexibly and intensify her insulin treatment to achieve blood glucose results close to the norm.

The most difficult time in her life

While self-monitoring was the most significant development in managing her diabetes, for Sabine, the most important of all is that animal insulin remains available because of her life-threatening allergy to synthetic human insulin, including analogue insulins because they are made from synthetic human insulin.

In 2001, Sabine's allergy to human insulin was ignored and she was mistakenly given two units of human insulin in a clinic. She went into severe anaphylactic shock with respiratory arrest. After this, she had a large tattoo on her right forearm with an allergy notice and this has proved to be very helpful. Over the years, Sabine has fought battles with the various authorities to maintain supplies of animal insulins for herself and other people that need them. She has done a tremendous job for many years.

However, animal insulin is no longer available in Germany so it has become increasingly difficult for her and others, to access it. She obtains animal insulin from the UK and recently experienced issues as a result of the UK's withdrawal from the EU. Thankfully, in January 2021 animal insulin was exempted from the list of medicines banned for export to the EU from the UK. Nevertheless, for Sabine and others living inside and outside the UK who need animal insulin, the ongoing supply of animal insulin is a worry that never quite goes away.

Person-centric treatment of Type 1 diabetes

Looking back over the years, Sabine says that the treatment of people with Type 1 diabetes has focussed on education and self-care and it is many years since the only person who determined her treatment and checked her blood glucose was her doctor. Today, people with Type 1 diabetes have independence and a freedom that wasn't there when she and my daughter were diagnosed. We also remember with gratitude, that if Banting and Best had not made their insulin discovery, they and many others would not be alive today.

From our own CORRESPONDENTS



FreeStyle Libre – success at last!

Hello Jenny,

I have had Type 1 diabetes for over 32 years and now in my early sixties, I try and maintain a normal and active lifestyle whilst managing this condition. As you know from my previous emails, in 2019 I gave up trying to obtain a FreeStyle Libre as it appeared that the criteria for acceptance is set by commissioning groups and not GPs, yet for the last 8 years I have only received care from my local GP practice.

I wondered though when the penny would drop with the government that the expense of providing such devices for all people with diabetes, or at least those with Type 1, without preconditions will reflect in reduced future demand on the NHS for diabetes related problems. The phrase ‘penny wise, pound foolish’ came to mind with this government decision.

I am pleased to report success on several fronts! Following a referral from my GP, prior to the onset of the pandemic, in early March 2020 I attended a review of my condition with a consultant and diabetes specialist nurse at one of our ‘satellite’ hospitals. Amongst this most helpful consultation, a download was taken from my conventional blood glucose monitor identifying my compliance with the testing criteria of a minimum of 8 tests per day.

It was then determined that the FreeStyle Libre system would be beneficial to my overall diabetes control and that I would be listed for the device with a ‘delivery time’ of around three months. Furthermore, it was considered that I would benefit from an update on the Torbay Insulin and Food Adjustment (TIFA) training programme.

In early July 2020, I received what I would loosely describe as a contract for a six-month trial of the

FreeStyle Libre system. The device was supplied directly from Abbott in August and following attendance at a webinar, due to the pandemic problem, I started using the system towards the end of August 2020 with my recorded data being available via ‘downloads’ and the mobile phone App to the diabetes specialist nurses. I also attended six courses of the refined (Covid safe) TIFA programme with five other people.

After this training and 3-month post evaluation, in January 2021 I was advised that I met the criteria for continual usage of the FreeStyle Libre system and my GP would continue with repeat prescriptions for the sensors.

The latest update to this is that I have also now been upgraded to the FreeStyle Libre 2 system, again supplied directly by Abbott and my repeat prescription changed for the new sensors. I am currently working through my original FreeStyle Libre system sensors (realising I am an expense to the NHS, I hate waste!) and anticipate starting on the FreeStyle Libre 2 system in April.

Notwithstanding the dilemma that the world generally and specifically in this country the NHS, has endured over the last year, the services I have received from the Torbay Department of Diabetes & Endocrinology have been superb. It was just a matter of entering the system despite different ‘prescribing criteria’ which appear to exist nationally.

I trust the above may be of interest in how things have worked, for me at least, here in the South West over the last most difficult year.

I also thank you and the IDDT team for the splendid work undertaken on behalf of all those with diabetes. Please keep fighting the good fight.

By email - South West

No podiatry again!

Hello Jenny,

In your recent issue of the IDDT Newsletter you state that foot care services are up and running - not where I live! My local centre has flatly refused to see me and told me to pay privately to see a podiatrist, despite my being told some time ago that they would see me in the future, but not at present!

This is despite needing my feet looked at regularly as I have neuropathy, and also regularly need hard skin removed from under my feet. They have even refused to cut my toe nails (which they have always done in the past), and now my lovely GP has been landed with this. They say the only time they'll see me is if I have an ulcer. As I am now nearly 80 years old (with nearly 60 years of Type 1) and have been having regular podiatry appointments for around 45 years, I am disgusted with their attitude. Surely, I am entitled to free podiatry treatment on the NHS? What do you feel about this?

By email - West Yorkshire

And thanks from Switzerland

Dear Jenny

I would like to thank the IDDT newsletter readers for their replies to my recent inquiry about blood sugar spikes and appreciate their thoughtful interest. I had already been implementing many of their suggestions when I sent in my inquiry, which have provided some positive changes, but there is still further room for improvement.

The gastroparesis is certainly a possibility (and thanks to that particular reader for mentioning Dr. Bernstein and his book). There may also be some other hormonal issues involved.

I am very thankful for the IDDT newsletter and all the pertinent and up-to-date information it provides. Keep up the good work!

By email - Switzerland



HOLIDAY TIPS

This year is a strange one and perhaps it is a bit insensitive to talk about holidays but that time of year is approaching and so is our probable freedom to go on holiday!

Whether staying in this country or going abroad, for families who live with diabetes, going on holiday means more planning and a bit more care when you are away. IDDT has a leaflet on Holiday Tips which contains information and useful tips for holidays whether at home or abroad.

Don't forget, since Brexit, if you are going abroad, you need at least 6 months on your Passport and it must not be more than 10 years old. Equally don't forget that if you have an in-date EHIC card (European Health Insurance Card) you can still use it but if it is out of date it needs to be replaced with a GHIC card (Global Health Insurance Card).

If you would like one of our leaflets on Holiday Tips, just call IDDT on 01604 622837, email enquiries@iddtinternational.org or write to IDDT, PO Box 294, Northampton NN1 4XS. The Holiday Tips are also on our website: www.iddtinternational.org

What's New?

New Accu-Chek® Instant system for diabetes management

Roche has launched a new “connected” blood glucose monitoring (BGM) system to further assist with good diabetes management. The Accu-Chek Instant system has been designed to support the company’s integrated Personalised Diabetes Management (iPDM) which is described as a holistic, patient-centred therapeutic approach with the ultimate goal of personalising diabetes management to streamline care and improve clinical outcomes.

Accu-Chek Instant features Bluetooth® enabled connectivity to the mySugr app, allowing wireless transfer of blood glucose results to this app. This app offers users quick insights to their diabetes information in addition to management features like the mySugr insulin calculator. Data from the mySugr mobile app can also seamlessly be shared with healthcare professionals via the RocheDiabetes Care Platform (RDCP), in near real-time. The seamless transfer reduces the burden of downloading data using hardware and cables. This integration between the RDCP and the mySugr app enables healthcare professionals to view their patient’s blood

glucose monitoring data during consultations, allowing these to be more meaningful.

The Accu-Chek Instant meter also offers a simple clear testing experience with an intuitive Target Range Indicator (TRI), which helps people with diabetes visually identify and correctly interpret high and low blood glucose levels to support self-management of diabetes. Out-of-range test results trigger a blinking arrow on the meter, which features an easy-to-read display with large text, and simple navigation.

If all this sounds too technical... the simple, easy-to-use and highly visual Accu-Chek Instant meter is suitable for people requiring simple self-monitoring of blood glucose, as well those who want to use the more advanced features.

It is intended that the Accu-Chek Instant will be launching in the UK in 2021 and available on the UK drug tariff from 1st April 2021 with a reimbursement price of £7.50 for 50 test strips.

European Medicines Agency approval of new drugs

As the UK left the EU at the end of 2020, EU law in respect of approval of drugs applies only to Northern Ireland and not the rest of the UK. Prior to this, drugs approved in Europe

were also approved in the UK by the MHRA (Medicines and Healthcare products Regulatory Agency) but at the time of writing, this is no longer the case and it is not entirely clear what will happen. It appears that this depends on EU/UK trade negotiations yet to come. There are suggestions that after a drug or product has received the first phase of the approval process (CHMP) in Europe, the companies will then submit applications to the MHRA in the UK. This will mean that the UK will be later than EU countries in obtaining new drugs and products We will have to wait and see what happens...

In the meantime, it is important that we know of new developments approved by the EU to keep us informed.

Europe approves another biosimilar insulin to provide more affordable insulins

In April 2021, the European Medicines Agency (EMA) announced the approval of Kixelle, Biocon’s biosimilar insulin – similar to Novo Nordisk’s NovoRapid (insulin aspart). Kixelle will be the fourth biosimilar insulin and the second rapid-acting insulin analogue biosimilar to launch in the EU market. Kixelle will be available as a solution for injection (100 units/ml) and is made by Mylan IRE Healthcare Ltd.

The adoption of biosimilars is increasing as countries become more cost-conscious. The US have opened a designated biosimilar pathway for approval and in May 2019, the Food and Drug Administration (FDA) began receiving applications through this pathway. This will allow biosimilar insulins to be approved and reach the market more quickly and potentially reduce healthcare costs - particularly important in the US where people struggle to afford the insulin they need and often reduce their doses to cut costs.

Ogluo – ready to use glucagon

CHMP in the EU has recommended granting Ogluo marketing authorisation. Its active ingredient is glucagon for treating severe hypoglycaemia in adults, adolescents and children aged 2 years and over. Glucagon, a hormone made in the pancreas, increases blood glucose levels by stimulating the breakdown of glycogen to release glucose from the liver. Similar to GlucoGen, its most common side effects are nausea and vomiting. The main difference is that Ogluo is a ready-to-use formulation, unlike GlucoGen, so is much easier to use in the emergency of a severe hypo.

It is made by Xeris Pharmaceuticals Ireland Ltd and will be available in 0.5 and 1 mg solution for injection.



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 January 2021 draw are:

- 1st prize of £568.00** goes to Matthew from Basingstoke
- 2nd prize of £426.00** goes to Anon. from York
- 3rd prize of £284.00** goes to Michael from Blackpool
- 4th prize of £142.00** goes to Anon. from London

Winners of the February 2021 draw are:

- 1st prize of £554.40** goes to Jane from Letchworth
- 2nd prize of £415.80** goes to Anon. from Colchester
- 3rd prize of £277.70** goes to Patricia from Waltham Abbey
- 4th prize of £138.60** goes to Anon. from Chesterfield

Winners of the March 2021 draw are:

- 1st prize of £552.96** goes to Anon from Mirfield
- 2nd prize of £414.72** goes to Vernon from Port Talbot
- 3rd prize of £276.48** goes to Anon from Weymouth
- 4th prize of £138.24** goes to Mary from Cardiff

Note: The winners of the draws for April, May and June 2021 will be announced in our September 2021 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 jenny@iddtinternational.org

FOODY BITS & PIECES



Misleading 'healthy' food claims on snacks

When we are doing less, watching more TV, sitting in the garden or picnicking in the park, the understandable temptation is to eat more snacks. However, many of these make misleading claims, such as 'Less fat', 'No added sugar', 'Source/High in fibre/protein' and most products do not display colour-coded nutrition information on the front of the pack as per government guidance. One in three snacks surveyed also specify the use of sea salt, often seen as healthier than standard salt, but research shows that salt is salt and all salts contain the same sodium levels.

An analysis of 118 snacks has shown that some so-called 'healthy' snacks are saltier than the concentration of seawater. These include dried/roasted pulses and processed pulse snacks (lentil curls, chickpea chips and puffs), which are often seen as 'healthy alternatives' to the usual snacking options such as crisps and flavoured nuts. These products are on average lower in fat, saturated fat and calories and higher in fibre compared to standard crisps and flavoured nuts but over one in three (43%) are also high in salt (more than 1.5g/100g). Our bodies need salt but the amount is important as salt raises blood pressure.

Here's just a couple of examples!

The saltiest dried pulse snacks surveyed are Love Corn Salt & Vinegar and Love Corn Habanero Chilli, with 2.8g/100g salt, saltier than seawater. Just one 45g serving of either of these snacks (1.3g salt) would provide over a fifth of our maximum daily salt intake and more salt than three-and-a-half bags of Walkers Ready Salted crisps!

Tips for reducing salt

Instead of adding a pinch of salt to home cooked meals, try:

- Replacing salt with chilli, citrus, fresh herbs, garlic, black pepper and spices.
- Cutting back on sauces such as soy sauce, ketchup and salad dressings which can contain lots of hidden salt.
- Using stocks lower in salt or making your own low-salt stock.

Recommended daily intake of salt:

Adults should eat no more than 6g of salt a day (2.4g sodium) – that's around 1 teaspoon.

Children aged:

- 1 to 3 years should eat no more than 2g salt a day (0.8g sodium)
- 4 to 6 years should eat no more than 3g salt a day (1.2g sodium)
- 7 to 10 years should eat no more than 5g salt a day (2g sodium)
- 11 years and over should eat no more than 6g salt a day (2.4g sodium)
- Babies should not eat much salt, because their kidneys are not fully developed to process it. Babies under 1 year old should have less than 1g of salt a day and breastfed babies will get the right amount of minerals in the milk.

Mushrooms provide nutrients without the calories

Researchers have identified another good reason to eat more mushrooms. They found that adding a mushroom serving to the diet increased the intake of several micronutrients, such as vitamin D, without any increase in calories, sodium or fat.

An 84g (half a cup) serving of mushrooms increased several under-consumed nutrients. This was true for the white, crimini and portabella 1:1:1 mix and the oyster mushrooms and resulted in an increase in dietary fibre (5-6%), copper (24-32%), phosphorus (6%), potassium (12-14%), selenium (13-14%), zinc (5-6%), riboflavin (13-15%), niacin (13-14%) and choline (5-6%) in adolescents and adults. Importantly, the results show that the servings had no impact on calories, carbohydrate, fat or sodium.

Mushrooms are fungi, biologically distinct from plant and animal-derived foods and they have a unique nutrient profile that provides nutrients common to both plant and animal foods. According to the researchers, the fungi could boost consumers' efforts to follow food-based dietary guidance recommendations to lower their intake of calories, saturated fatty acids and sodium, while increasing their intake of under-consumed nutrients. Mushrooms are unique in that they are the only food commonly sold that contain vitamin D. (Food Science and Nutrition, January 2021)



THE GOOD NEWS

Dream Trust children win prizes in the International Arts Competition held in Australia

'My Life with Diabetes' competition was held to encourage young people with diabetes to express the impact of diabetes on their lives through a picture, drawing, a short story or poem or mobile phone video. The competition was held by 'Life for a Child Australia' (LFAC) This is a charity under the leadership of Professor Dr Graham Ogle, Paediatric Endocrinologist based in Sydney, Australia. LFAC helps children with Type 1 diabetes across the globe, especially those in developing countries. There were cash prizes of US\$150 and \$75 with certificates for 1st and 2nd winners and those in 4th to 6th positions received a certificate of Appreciation.

Two young people from Dream Trust won first prizes and two also one second prizes, so congratulations to them all.

THE BAD NEWS

I am afraid that in February Dr Pendsey informed IDDT that Nagpur, in India where Dream Trust is located, was the epicentre of the covid-19 epidemic with 600 to 700 people turning positive every day. All the hospitals, Government and private, were full and the local administration declared partial lockdown. Dr Pendsey thinks that wedding ceremonies with many guests were probably the cause.

All the necessary precautions in the Dream Trust clinic are being taken from the entrance and he and the staff have all had two doses of the vaccine. As Dr Pendsey says, "It is a difficult time for all of us."

RESEARCH NEWS

June 2021 Newsletter

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Adverse outcomes for pregnant women with Type 1 or Type 2 diabetes

Diabetes in pregnancy is associated with preterm delivery, birthweight extremes, increased rates of congenital anomaly, stillbirth, and neonatal death. This 5year study aimed to identify and compare modifiable risk factors associated with adverse pregnancy outcomes in women with Type 1 diabetes or Type 2 diabetes and to identify effective maternity clinics. The modifiable risk factors are glycaemic control and BMI.

They found that there are still persistent adverse pregnancy outcomes for women with Type 1 or Type 2 diabetes and that no maternity clinics had appreciably better outcomes than any others. The researchers suggest that health care system changes are needed across all clinics. (The Lancet Diabetes & Endocrinology, January 2021)

Maintaining beta cell function in the early years after diagnosis

This study showed that the ability to maintain beta cell function (the insulin producing cells) during the first few years after the diagnosis of Type 1 diabetes can result in better diabetes control during the following years. This applied even to people diagnosed 35 years ago. There were meaningful reductions in the prevalence of severe hypoglycaemia and suggestions that beta cell functions decline over time, is not inevitable. It is possible to gauge beta cell function by measuring C-peptide levels as C-peptide is only produced when insulin is produced. The researchers recommend further studies on strategies to maintain beta cell function as their function could improve the quality of life for people with Type 1 diabetes by reducing the risk of severe hypoglycaemia. (Journal of Clinical Investigation, January 2021)

New drug delays the diagnosis of Type 1 diabetes by 3 years

In 2019, researchers from the international TrialNet group found that an immunotherapy drug called Teplizumab could delay a diagnosis of Type 1 diabetes by 2 years, in people at high risk of developing the condition. This showed for the first time that it's possible to intervene in the progression of Type 1 diabetes. However, in 2021 the researchers announced their latest results. They checked on the participants 6 years after they had their original treatment and found that the drug is continuing to have a positive effect. Those given Teplizumab were less likely to be diagnosed with Type 1 diabetes than a comparison group who were given a dummy (placebo) drug. The latest results show:

- 78% of people at high risk of developing





Type 1 diabetes in the placebo group were diagnosed with the condition during the trial compared with 50% of those who were treated with the drug.

- The average time for people in the placebo group to develop Type 1 diabetes was 2 years, while the average time in those taking Teplizumab was 5 years - an extra 3 years free from Type 1 diabetes.

The TrialNet team also studied the participants' insulin production before and after treatment. Before any treatment was given, insulin levels were found to be decreasing at similar rates for everyone but 3 months after receiving Teplizumab, there was a dramatic reversal of this loss of insulin production. For people in the placebo group, insulin production continued to fall suggesting that the drug is helping to preserve beta cell function (the cells that produce insulin).

The researchers intend to continue to follow the people in the study to find out how long the drug could delay Type 1 diabetes and to see if they can predict which people are most likely to benefit from it. In addition, they are also testing Teplizumab on people who have recently been diagnosed with Type 1 diabetes to find out if it can preserve their remaining insulin-producing cells and enable them to produce their own insulin for longer.

In the US, the evidence for whether or not Teplizumab should be licensed for use in people at risk of Type 1 diabetes is being reviewed and a decision is expected later this year.

An extra 3 years free from Type 1 diabetes means 3 years free of insulin injections, blood sugar tests and carbohydrate counting and better long-term health prospects.

New weekly insulin in the pipeline for people with Type 2 diabetes

According to a phase 2 clinical trial, a new, once-weekly basal insulin injection showed similar efficacy and safety and a lower rate of low blood sugar episodes compared with a daily basal insulin in people with Type 2 diabetes.

The study compared an investigational drug called basal insulin Fc (BIF) versus insulin degludec (Tresiba), a commercially available long-lasting daily insulin. The study which was carried out at the National Research Institute in Los Angeles, California, involved 399 people who had previously been using a basal insulin and oral medicine daily with average HbA1cs at the start of the study. By the end of the study, the HbA1s in the BIF group had dropped by 0.6% and in the degludec group by 0.7%, so long-term control was similar in both groups.

The researchers stated that reducing the number of insulin injections to once a week may improve adherence to insulin treatment, which could result in better patient outcomes than those of daily basal insulins. In addition, only injecting once a week could increase the willingness of people with Type 2 diabetes to start insulin treatment when oral medication alone no longer gives adequate blood glucose control. (Pharmacy Times, 30 March 2021)



SNIPPETS

City of Hope receives \$100 million gift

Researcher and multiple patent holder, Arthur Riggs, has given more than \$300 million back to the research and treatment centre called City of Hope. In January 2021, City of Hope, received a \$100 million donation from Arthur Riggs and the diabetes research centre has been renamed in his honour.

A multiple patent holder, the 81-year-old Riggs has been a researcher with City of Hope since 1969. He developed the technology that led to the first synthetic human insulin. He also developed recombinant DNA technology capable of producing human monoclonal antibodies that are the foundation of modern treatments for diabetes, cancer, autoimmune diseases and a host of other diseases.

Riggs has amassed hundreds of millions of dollars from these and other patents and he has given roughly \$310 million in total back to City of Hope. Until now, Riggs' donations have been anonymous, but this time he chose to go public with his donation "in the hope of encouraging other donors to join City of Hope's fight against diabetes and cancer."

Testosterone may help men to lose weight

Tests have shown that some severely obese men have low levels of the hormone, testosterone. Recent research has shown the testosterone may be an effective treatment for weight loss in men and in some cases, it was more effective than bariatric surgery. Men who received testosterone maintained a 50-pound (23 kg) weight loss after 8 years, while men who did not receive testosterone actually gained 13 pounds (6 kg).

Waist size, BMI and visceral fat all improved in the testosterone-treated men compared to those not on treatment. Importantly, over 20% of men in the non-treatment group developed Type 2 diabetes.

Junk food ads

Did you know the Government's own research has estimated that children in the UK are exposed to junk food ads around 15.1 billion times every year. A child spending more than three hours online every

day is three times more likely to pester their parents for treats, snacks and junk food and nearly 9 in 10 teenagers (86%) aged 11-19 say they have seen junk food advertisements in the past month.

Earwax test to detect Type 2 diabetes

Researchers from the University College London's Institute of Cognitive Neuroscience have developed a test that uses earwax to measure glucose levels and according to them, the test could allow earlier diagnosis of Type 2 diabetes. (Diagnostics, December 2020)

Effect of continuous glucose monitoring (CGM) on hypoglycaemia

In adults 60 years and over with Type 1 diabetes, CGM compared with standard blood glucose testing resulted in a small but statistically significant improvement in hypoglycaemia over 6 months. However, in adolescents and young adults with Type 1 who have the poorest levels of glucose control, CGM only made a small improvement over the same period. (JAMA 2020)

Good reasons to avoid fried food!

An analysis of studies found that people who ate the most fried food each week had a 28% higher risk of major cardiovascular events, a 22% greater risk of heart disease and a 37% higher risk of heart failure compared with those who ate the least. The review also found cardiovascular risks increased with each additional 4 ounces of fried food consumed weekly. (Heart, January 2021)

Dietary fibre cuts depression in premenopausal women

A recently published study showed that premenopausal women with higher dietary fibre intake were less likely to experience depression compared with premenopausal women with lower fibre intake. However, the same association was not found among postmenopausal women. The researchers suggest that this may be due to oestrogen affecting the balance of gut microorganisms present in premenopausal and postmenopausal women. (Menopause, January 2021)