INDEPENDENT DIABETES TRUST Newsletter

December 2021 Newsletter, Issue 111

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Good wishes for Christmas and the New Year!

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This is the final Newsletter of 2021 and what a strange and sometimes difficult year it has been for all of us. During this year, at IDDT we worked in the office when regulations allowed and we have done our best to help and support the people who have contacted us.

Some people understandably, felt better just being able to talk to someone and we are happy to help in whatever we can, so please don't hesitate to call us.

However, it has become clear that many people have been, and still are concerned, that they are not receiving their annual 9 key checks, which are essential to prevent the development of diabetic complications. It is also apparent that whether or not people are receiving their checks varies greatly from area to area. We all understand the difficulties experienced by the NHS staff and we are grateful for all their hard work and dedication. We do understand that there is a backlog but let us hope that the government treats diabetes care as a priority in the coming months.

During this year, IDDT has produced two new booklets resulting in many requests for them, showing we are listening to the needs of people with diabetes and their families. Continuing to try to reach people with diabetes through publicity and our website, enables us to help greater numbers of people and this will continue in 2022.

Despite the continuing difficulties, Christmas and New Year are times when we think of others and the Trustees and Staff would like to send all our members and readers our best wishes. We would also like to thank you for your help, support and generosity throughout the year. These are very much appreciated at a time when the economic climate is uncertain for us all, as individuals and as charities. This is the time when I would like to thank IDDT's Staff for their dedication and hard work, whether in the office or at home, it has not been an easy time for them either. It's a small team but a great one!

I have no doubt that we will celebrate Christmas this year even if it is differently and it will be a time for presents and celebratory food. If you or a member of your family has diabetes, it can also be a worrying and stressful time too, especially if it is your first Christmas with diabetes. We hope our FREE booklet "**Diabetes at Christmas**" will be of help as it offers help and advice about managing diabetes at Christmas and a range of recipes and ideas about food and eating, hopefully allowing you to enjoy Christmas and still manage your diabetes. For your copy, give us a call on 01604 622837 or email enquiries@iddtinternational.org

With all good wishes for in 2022.

FreeStyle Libre News

My consultant says everyone with Type 1 can have a FreeStyle Libre on the NHS – is this true?

(A call from a member)

Initially NHS England set the criteria for people with Type 1 diabetes to obtain the FreeStyle Libre on the NHS and they reimbursed local CCGs with most of the cost. The intention was to encourage CCGs to prescribe this flash glucose monitoring to at least 20% of people with Type 1.

In England

The above arrangement ended in April 2021 so CCGs now have to fund the FreeStyle Libre devices themselves. According to NHS England, prescriptions for the Libre 1 and 2 have not decreased since then. Now CCGs can set their own criteria but most still seem to be using the previous NHS England criteria. This means that CCGs vary in the criteria they use and the availability of the Libre on the NHS in England still varies according to where you live!

You can find out how your local CCG measures up to others by visiting: https://openprescribing.net/

In Wales

Health Technology Wales updated the guidance in September 2021 stating:

"The evidence supports the routine adoption of FreeStyle Libre flash glucose monitoring regulation in people with diabetes who require treatment with insulin."

This means that anyone with Type 1 diabetes (or with any other type of diabetes that uses insulin) meets the criteria for having the Libre prescribed on the NHS. Worth noting that in June 2021 over 50% of the Type 1 population were using the Libre.

In Scotland

The Scottish Health Technologies Group (SHTG) provides advice to NHS Scotland and the following is their recommendation:

"…that flash glucose monitoring is available for individuals who are actively engaged in the management of their diabetes and who intensely manage their condition with multiple daily injections or insulin pump therapy." There are 3 straight forward criteria which apply to prove the above.

In Northern Ireland

Northern Ireland has the highest level of Flash Glucose monitoring of all the 4 nations. There is a pathway or use by secondary care diabetes health professionals to assess if patients are suitable for a trial period. This helps the clinical decision-making processes which will depend on clinical judgement and individual patient circumstances.

Conclusion? If you need the Libre on the NHS, you are better to live anywhere in the UK but England!

The FreeStyle Libre system in the UK reduces diabetes-related distress

Living with Type 1 diabetes makes unrelenting demands and limitations on the person living with the condition which can lead to poorer blood sugar control and increase the risks of complications. Understanding the cause of diabetes-related distress is important so healthcare professionals can suggest ways to help to reduce it to improve the quality of life of people living with Type 1 diabetes.

In the largest study carried out into diabetes-related stress and the FreeStyle Libre, researchers at Hull University Teaching Hospitals NHS Trust used data from the nationwide audit of FreeStyle Libre conducted by the Association of British Clinical Diabetologists.

Data from 9,159 people, 96.6% who had Type 1 diabetes, were collected before they started using the FreeStyle Libre and after 7-months of use in 3,312 of these people. The researchers collected information on HbA1c levels, a measure of hypoglycaemia awareness and diabetes-related distress scores. The latter was measured by a distress instrument which assesses feelings of being overwhelmed by the demands of living with diabetes and the feeling of often failing with the diabetes regimen. At the 7-month follow up, the number of FreeStyle Libre scans per day and the time in range were also collected.

The researchers found that in this large group of people with Type 1 diabetes at the start:

- moderate to severe diabetes-related distress was present in 53% and was associated with higher HbA1c and impaired awareness of hypoglycaemia. Women were more affected than men.

After using the FreeStyle Libre for 7 months:

- moderate to severe distress was reduced from 50% to 26%.
- these improvements in diabetes distress were associated with a lower follow-up of HbA1c and better hypoglycaemia awareness.

The researchers concluded that use of this technology empowers people living with diabetes to self-manage their condition effectively with both physical and psychological benefits. (Diabetes, Obesity and Metabolism, July 2021)

I'M SAD TO REPORT

By Jenny Hirst, Co-chair, IDDT

The Late Stephen Chadwick

I am sorry to report that Stephen Chadwick from Nottingham passed away in August this year. Many members will remember him from our annual conferences. He was a great supporter of IDDT and helped other people with diabetes.

Stephen had Type 1 diabetes for 65 years and was one of IDDT's early members. It is hard to believe nowadays but Stephen was one of the generation of children with Type 1 diabetes who went to a boarding school for children with Type 1 diabetes!

He used animal insulin for nearly all of his life, the exception being when he was changed to genetically engineered human insulin in the 1980s after which he suffered from severe adverse effects. Like many other people, he was not believed when he reported that the change of insulin was responsible for this. Stephen fought back with great determination and eventually was changed back to animal insulin and the adverse effects disappeared. It was during this time that he joined IDDT and joined the battle to maintain animal insulin for all those who needed it.

Many of us will remember him attending IDDT's annual events when that he always referred to human and analogue insulins as "plastic insulin because they aren't real insulin"! Our thoughts are with Stephen's family at this sad time and our thanks go to Stephen for supporting IDDT and particularly for helping to lobby for the continued supply of animal insulin for all the people who have been able to use it over the years. We will miss him.

And for our many members...

We can't forget our many members who have passed away over the last 2 years. It is with sadness that we have to report the passing of an increased number of our members during the last two years of the pandemic. Our sympathies go to the many families who have lost family members.

National Diabetes Audit 2019-2020 for Type 1 diabetes in England and Wales

The purpose of this Audit is to enable services for people with Type 1 diabetes to benchmark their results and highlight areas that need improvement. The Audit reports details the achievements relating to completion of all the 9 care processes, treatment targets and structured education for people with Type 1 diabetes. From our point of view, as people living with diabetes, the Audit is important so that we know that we are receiving all NICE checks recommended in their Clinical Guidelines.

In order for the Audit to be successful, it is important to have good participation and the details of this were:

- Primary care participation was 99.3% and in all but six CCGs, Clinical Commissioning Groups (136 of 142) and Local Health Boards (LHBs), GP participation was 95% and over.
- Specialist services generally take the lead in the care of Type 1 diabetes and for younger people with Type 2 diabetes - 98 specialist services took part. However, only 38 submitted both the care processes and pump information, 5 submitted only pump details and 55 submitted only care processes details.

How many people are receiving all the advised annual 9 key tests?

It is worth noting that only 8 tests could be assessed because those on eye screening were not submitted. The Audit refers to these as the 'Care Processes', all of which should be carried out at least once a year and the findings are worrying:

- In primary care between 38 and 52% of people received all the key tests.
- In specialist services between 40 and 62% received all the key tests.
- In both services the urine albumin tests were the lowest numbers of checks made.
- In England only 37.4% of people with Type 1 diabetes received all of the 9 checks and only 52.2% for those with Type 2 diabetes.

How many people achieved the targets set?

For HbA1c

This was very similar in both primary care and specialist services – between 25 to 33% and

25 to 32% respectively.

For blood pressure

This again was very similar in both primary care and specialist services – between 70 to 77% and 66 to 75% respectively.

Statins for primary, secondary and combined prevention

These were all very similar in primary care and specialist services with the highest being for statins for secondary prevention.

HbA1c targets

NICE recommends that people with Type 1 diabetes should aim for a target HbA1c of 48mmol/mol (6.5%) or lower to reduce the risk of long-term complications. NICE also recommends that diabetes services should record the proportion of adults with Type 1 who achieve an HbA1c level of 53mmol/mol or lower. The results are:

- HbA1c of less than or equal to 48mmol/mol (6.5%) – 8.1% of people
- HbA1c between 48 and 53 mmol/mol (6.5 to 7.0%) – 8.3% of people
- HbA1c between 53 and 58 mmol/mol (7.0 to 7.5%) – 11.8% of people
- HbA1c between 58 and 70 mmol/mol (7.5 to 8.6%) – 30.5% of people
- HbA1c between 70 and 86 mmol/mol (8.6 to 10%) – 25% of people
- HbA1c above 86 mmol/mol (10%) – 15.9% of people

Insulin pump treatment

According to NICE, insulin pump treatment is recommended if attempts to achieve target HbA1c levels with multiple daily injections result in the person experiencing disabling hypoglycaemia or if HbA1c levels remained high (ie at 69mmol/mol or above, 8.5%) on multi daily injections despite a high level of care.

74,505 people on basal bolus treatment have an HbA1c equal to or above 69mol/mol and therefore they meet one of the criteria for offering insulin pump treatment.

Other interesting facts

- It is usually more difficult to achieve glucose control targets after 5 to 10 years of Type 1 diabetes.
- Three quarters of people with Type 1 diabetes have a diabetes duration of 10 or more years.
- From a duration of 20 years upwards, more females than males have Type 1 diabetes. From one year to 14 years, more males than females have Type 1 and for 15 to 19 years duration, the numbers are the same.

MORE NEWS ON STATINS

Statin use linked to diabetes progression

A recent study showed that among patients with diabetes, those who used statins were significantly more likely to experience diabetes progression than those who did not use statins. Treatment with statins has previously been linked to insulin resistance but research on the association between statin use and glycaemic control is limited.

This research involved 83,022 pairs of statin users and compared them with non-statin users and they all had diabetes. The statin user group started statin therapy from 2003 to 2015, while the matched non-users were not prescribed a statin during the study. The average age of all patients was 60.1 years, 94.9% were men and 68.2% were white.

Results

- Diabetes progression occurred in 55.9% of the statin cohort compared to 48% of the non- statin users.
- During the study period, the statin group had higher rates of glucose-lowering medication classes, new insulin starts, persistent hyperglycaemia and new diagnosis of ketoacidosis or uncontrolled diabetes than the non-statin user group.
- Diabetes progression was greater the higher the statin dose.

The researchers stated that the cardiovascular benefits are important but diabetes progression has long-term effects on quality of life and treatment burden, which warrant consideration when discussing the overall risk-benefit profile, especially when used for primary prevention. They recommend more research to develop an approach to balance the risks of the cardiovascular benefits of statin treatment with the risks of diabetes progression. (JAMA Intern Med. October 2021)

Statin use not linked to cognitive decline

There have been concerns about adverse effects of statins one of which is cognitive decline or dementia in older people. Now a study has found that statin use in older adults does not increase the risk of cognitive decline or dementia. Researchers examined information from nearly 19,000 people with an average age of 74 who had no history of dementia, major disability or cardiovascular events. They found that there was no link between taking hydrophilic or lipophilic statins and a higher risk of cognitive problems. (Journal of the American College of Cardiology, June 2021)

REMINDERS AND WARNINGS

Flu and Covid vaccines

The flu vaccine is a safe and effective vaccine. It's offered every year on the NHS to help protect people at risk of getting seriously ill from flu.

The best time to have the flu vaccine is in the autumn or early winter before flu starts spreading. But you can get the vaccine later.

Flu vaccination is important because:

- more people are likely to get flu this winter as fewer people will have built up natural immunity to it during the COVID-19 pandemic,
- if you get flu and COVID-19 at the same time, research shows you're more likely to be seriously ill,
- getting vaccinated against flu and COVID-19 will provide protection for you and those around you for both these serious illnesses,
- If you are offered both vaccines, it's safe to have them at the same time but you don't have to.

The flu vaccine is given free on the NHS to people who:

- are 50 and over (including those who'll be 50 by 31 March 2022),
- have certain health conditions, including diabetes.

You can have the NHS flu vaccine at:

- your GP surgery,
- a pharmacy offering the service,
- a hospital appointment.

Side effects are uncommon and most are mild and only last for a day or so, such as:

- slightly raised temperature,
- muscle aches,
- sore arm where the needle went in – this is more likely to happen with the vaccine for people aged 65 and over.

Flu vaccinations given with a syringe contain killed viruses. Those given by nasal spray contain weakened viruses. Neither can cause illness.

The information in this article has been taken from the NHS and CDC websites:

https://www.nhs.uk/conditions/vaccinations/flu-influenza-vaccine/

https://www.cdc.gov/flu/prevent/misconceptions.htm

And another reminder about Vitamin D

Current advice is to take a daily 10 microgram supplement of vitamin D throughout the autumn and winter for musculoskeletal health. In addition, people at risk of vitamin D deficiency including black, Asian and minority ethnic groups are advised to consider taking a daily supplement throughout the year.

A warning - tea tree oil and your feet

Tea tree oil is an essential oil known for its potential antiseptic properties and has been shown to be effective against a range of bacteria, fungi, viruses and mites. It is extracted from the leaves of the tea tree by steam distillation. It has a sharp camphoraceous odour followed by a menthol-like cooling sensation. It is becoming increasingly popular in a variety of household and domestic products, including shampoos, massage oils, skin and nail creams, as well as laundry detergents.

As a "natural" product you might be forgiven for thinking that it would make a good skin preparation for your feet prior to treatment. The Institute of Chiropodists and Podiatrists (IOCP) advise that this is not necessarily the case. Firstly, tea tree oil is not soluble in water unless with soap or detergent, in which case it is no longer "natural" but the IOCP point out that it will make a very effective bathroom/kitchen cleaner! With this in mind, they do not recommend it as a regular skin preparation.

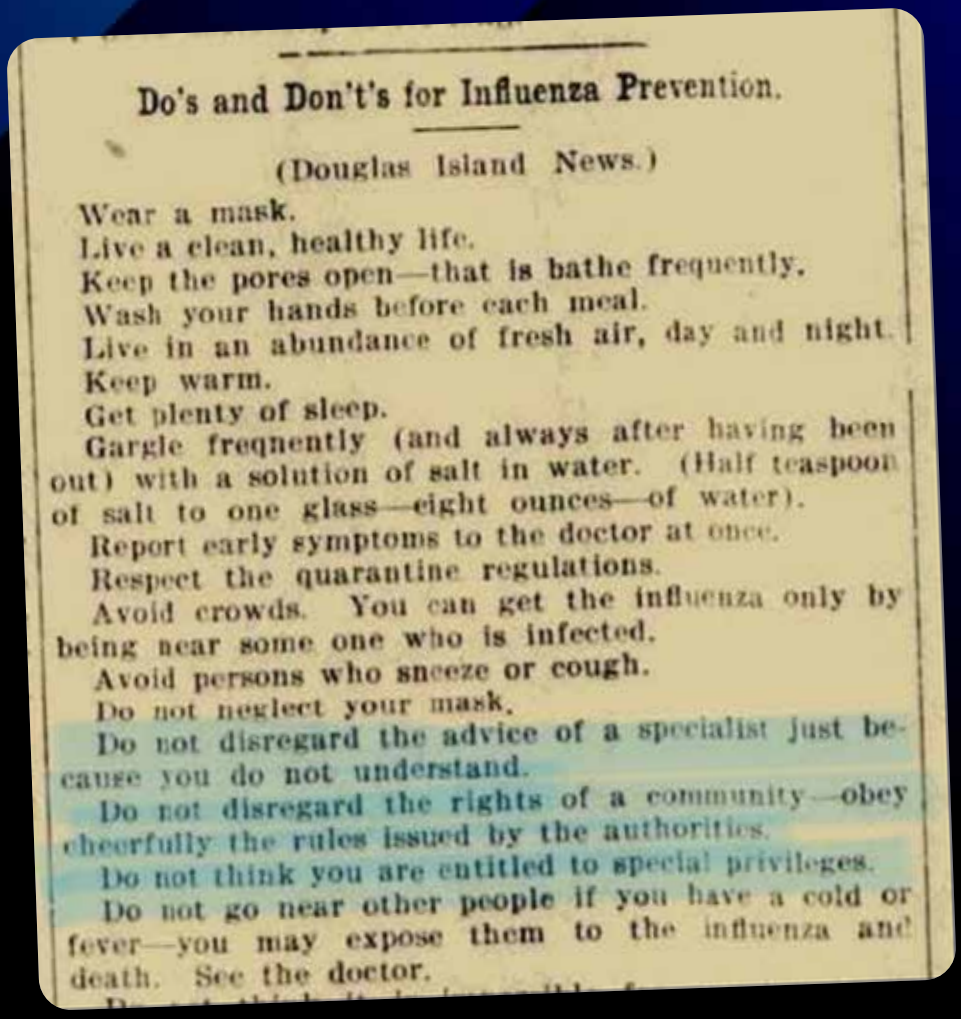
Secondly, while there is anecdotal evidence that it can be used as a treatment for fungal nail infections and athletes' foot, the toxicity levels and chances of a reaction increase over time. Tea tree oil can be particularly harsh on the skin and is not a good option for children, the elderly and other vulnerable groups, causing dermatitis and other skin reactions, (its use in commercial, domestic products, such as shampoos, is at a much lower level which is considered safe).

Thirdly, more serious reactions can occur due to the improper storage of tea tree oil causing oxidation which can affect the internal organs, respiratory and nervous systems.

The IOCP strongly recommends carrying out a patch test to assess any possible reaction to tea tree oil and for foot practitioners not to use it as a skin disinfectant/preparation as far as possible.

Some things don't change...

Here's an article from a newspaper published in Alaska in 1918! Over a hundred years later, people and attitudes have changed but maybe the advice in 1918 is worth thinking about, especially as we are now having to follow most of it! People born around the 1940s will remember that most of the advice in the article was followed when they were young, so when did things change?



Do's and Don't's for Influenza Prevention.

(Douglas Island News.)

Wear a mask.
Live a clean, healthy life.
Keep the pores open—that is bathe frequently.
Wash your hands before each meal.
Live in an abundance of fresh air, day and night.
Keep warm.
Get plenty of sleep.
Gargle frequently (and always after having been out) with a solution of salt in water. (Half teaspoon of salt to one glass—eight ounces—of water).
Report early symptoms to the doctor at once.
Respect the quarantine regulations.
Avoid crowds. You can get the influenza only by being near some one who is infected.
Avoid persons who sneeze or cough.
Do not neglect your mask.
Do not disregard the advice of a specialist just because you do not understand.
Do not disregard the rights of a community—obey cheerfully the rules issued by the authorities.
Do not think you are entitled to special privileges.
Do not go near other people if you have a cold or fever—you may expose them to the influenza and death. See the doctor.

NHS News

Genetic testing on the NHS for MODY

Monogenic diabetes, known as MODY, affects about 12,000 people in England and is classed as a rare form of diabetes. It is different from both Type 1 and Type 2 diabetes and runs strongly in families. MODY or Maturity Onset Diabetes of the Young is caused by a mutation (or change) in a single gene. If a parent has this gene mutation, any child they have, has a 50% chance of inheriting it from them. MODY usually develops before the age of 30years.

Like all forms of diabetes, if left untreated for a long period of time, glucose levels rise which can cause the complications of diabetes such as visual impairment, amputations and greater risk of heart attacks. However, it is difficult to diagnose or distinguish from Type 1 or Type 2 diabetes and people can be wrongly treated.

A new genetic test to identify those with MODY is being rolled out across England and also detect whether people have passed the affected gene on to their children. NHS trusts in England will be supported to put in place a team of monogenic diabetes experts to support patients – with up to 280 staff to be trained over the next year.

Most people with MODY are able to manage their condition better by taking tablets or by diet and not by insulin injections. Unfortunately, a misdiagnosis often means that people are treated with insulin so experience varying blood glucose levels. This new genetic test means they can be correctly diagnosed and taken off insulin improving their health and wellbeing. It will also enable other family members look out for symptoms and if necessary, have the test.

Retinopathy screening

One of our members reported that she has recently been told that she only needs her eye screening for retinopathy every 2 years when she has been having it annually. She wonders if it is because of a backlog due to the pandemic or if it is a safe way to proceed, so we thought we should take a look into this.

Screening programmes using digital retinal photography commenced in 1998. The national programme was established in 2004 and by April 2020, 57 local services across England provide standardised quality-assured diabetic retinopathy screening.

All individuals with diabetes aged 12 years and over are invited for a diabetic eye screening appointment at least annually. Those considered to be at higher risk of progression of retinopathy (including pregnant women with diabetes) can be invited for screening more regularly in digital surveillance clinics as part of the screening programme.

- The NHS website is still saying that retinopathy screening should be once a year as this link shows: https://www.nhs.uk/conditions/diabetic-eye-screening/ So this advice has not changed.
- However, the UK Eye Screening Unit is saying that every two years is sufficient for people who have had 2 previous screenings without problems. Apparently, this is being introduced gradually across England. The details are on this link: https://phescreening.blog.gov.uk/2020/01/15/diabetic-eye-extended-screening-intervals-what-information-do-we-really-need/
- A quote from a WHO report in 2020 states, “The English programme is in the process of extending the screening interval for those at risk of retinopathy from 12 to 24 months based on evidence of the progression of retinopathy in low-risk individuals”.

Perhaps we need reassurance - after many years of being told that people with diabetes should have their eyes screened at least annually as early detection is key to preventing visual impairment or even blindness, it is understandable that people feel uncertain about this being changed to two yearly. However, over the years the Screening Unit have carried over 2 million screenings a year and will have analysed the results. No doubt these show that for many people without retinopathy, every two years is a safe interval between screening.

What's New?

New injection to beat cholesterol

In September, it was announced that there is a new drug to lower cholesterol which will be made available to many NHS patients. The new treatment, Inclisiran, is delivered as an injection twice a year and can be used alongside statins, adding to the options available to patients to help control their cholesterol levels. In England, nurses will be able to administer Inclisiran as an injection in GP surgeries to avoid regular hospital visits. After an initial dose, the drug will be given again after three months and then twice a year.

This first NHS 'population health agreement' agreed between the NHS and the manufacturers, Novartis, will enable 300,000 patients with high cholesterol and a history of cardiovascular disease to benefit from the new drug over the next 3 years.

Clinical trials showed that Inclisiran lowers the level of a type of fatty substance called LDL-C found in the blood. High levels of LDL-C makes people more likely to suffer a heart attack or stroke and this cholesterol-lowering treatment uses RNA interference (RNAi) to boost the liver's ability to remove harmful cholesterol from the blood.

It has been estimated that Inclisiran could prevent 55,000 heart attacks and strokes, saving 30,000 lives within the next decade. More than two in five people in England have high cholesterol which puts them at significant risk of developing heart disease, and around 6.5 million adults in England are currently taking lipid-lowering drugs such as statins.

Trurapi (insulin aspart)

This is a new biosimilar of the rapid-acting insulin analogue NovoRapid and is being made by Sanofi. When injected into the abdominal wall, Trurapi's onset of action occurs within 10 to 20 minutes. The maximum effect is between 1 and 3 hours after injection and the total duration of action is 3 to 5 hours.

It is available in cartridges to fit the JuniorSTAR and All star Pro devices and as a pre-filled SoloStar pen. According to the prices in MIMS, the costs are:

- 5x3ml Pre-filled pens Trurapi cost £21.42 compared with £32.60 for NovoRapid pens
- 5x3ml cartridges Trurapi cost £19.82 compared with £30.60 for NovoRapid pens

Significant savings for the NHS!!!

New glucagon delivery technique

The conventional use of glucagon has been reconsidered in a new investigation that has explored using it as a preventative, rather than an emergency measure.

Currently, glucagon injections are used in emergency situations to raise blood glucose levels which have dropped very low in a severe hypo. It is now under investigation as preventative measure.

A team of scientists have produced hydrogels which stay together when they are close to glucose, but gradually weaken when glucose levels decrease. This frees up glucagon into the body and increases glucose levels.

The researchers say that the focus is on managing insulin delivery to control spikes in blood glucose levels and they have engineered a control cycle using a hydrogel that breaks down when glucose levels drop.

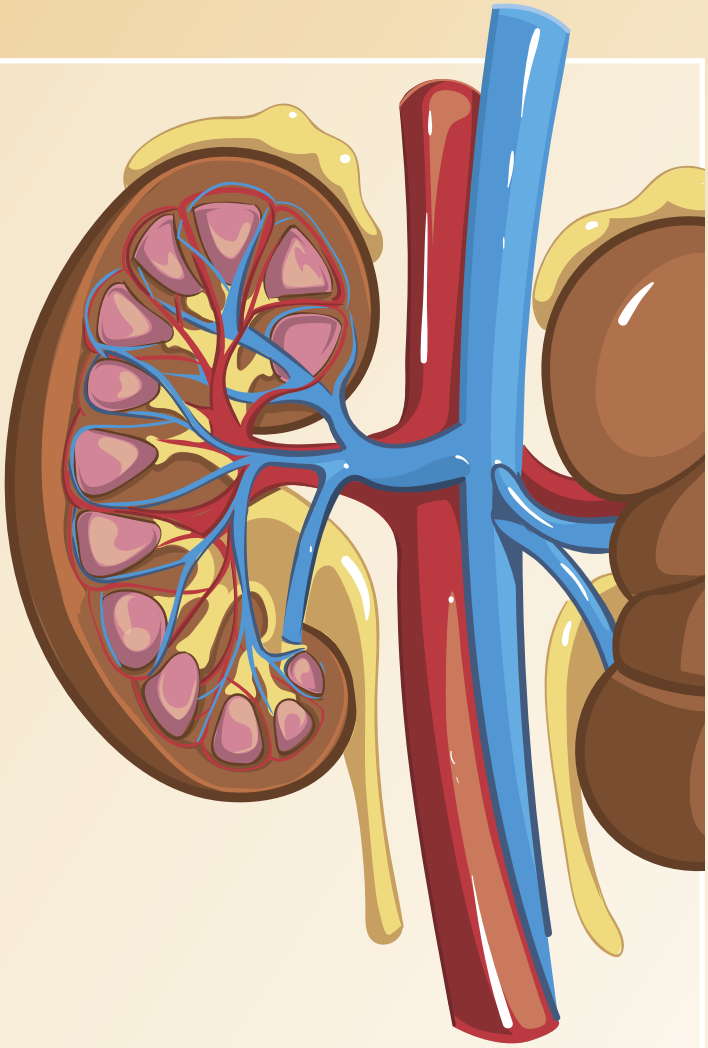
If this comes to fruition, and the research is in the very early stages, it will be particularly helpful for children with Type 1 diabetes who are susceptible to night hypos which cause parents to feel anxious about this occurring during any night. The researchers anticipate that the gels should be taken every evening before bed. This will offer the best protection because if the hypo is several hours later, the technology will be ready to kick in to prevent a severe hypo. (Journal of the American Chemical Society, August 2021)

Spit test to measure glucose levels

Researchers at the University of Newcastle in Australia have developed a non-invasive, convenient and pain-free strip that checks glucose levels in the saliva. They are working to try to enable this to be mass produced. The test strip would be placed on the tongue and after a few minutes, the results could be seen on a smartphone app. The project has secured Australian government funding to provide the facility to mass produce the test kits should the clinical trials be passed.

Glucose in saliva is in minute concentrations. Saliva also contains many other substances and the glucose test strips have to rule them out to ensure the results are accurate. The strip, which is about the size of a stick of chewing gum, is a biosensor which means it measures biological or chemical reactions by generating signals. It contains a very thin transistor containing an enzyme called glucose oxidase. When placed on the tongue, the glucose oxide reacts with the glucose in the saliva to form hydrogen peroxide. This is then broken down and the hydrogen ions formed generate an electrical signal which is processed and displayed by a smartphone.

NON-ALCOHOLIC FATTY LIVER DISEASE (NAFLD)



The prevalence non-alcoholic fatty liver disease (NAFLD) in people with Type 1 diabetes is considerable and recent studies suggest that it is more common than previously thought. It occurs in at least half of people with Type 2 diabetes.

Non-alcoholic fatty liver disease (NAFLD) is the term for a range of conditions caused by a build-up of fat in the liver. It's usually seen in people who are overweight or obese. A healthy liver should contain little or no fat. It is estimated that up to 1 in every 3 people in the UK has early stages of NAFLD, where there are small amounts of fat in their liver. This does not usually cause any harm, but it can lead to serious liver damage, including cirrhosis, if it gets worse.

Having high levels of fat in the liver is also associated with an increased risk of other health problems, such as diabetes, high blood pressure and kidney disease. For people who already have diabetes, NAFLD increases the chances of developing heart problems. If detected and managed at an early stage, it is possible to stop NAFLD getting worse and reduce the amount of fat in the liver.

Stages of non-alcoholic fatty liver disease (NAFLD)

NAFLD develops in 4 main stages but most people will only ever develop the first stage and usually without being aware of it. In a small number of cases, it can progress and if not detected and managed it may eventually lead to liver damage. It can take years for the latter two stages of fibrosis or cirrhosis to develop, but it is important to make lifestyle changes to prevent the condition getting worse.

The main stages of NAFLD are:

1. simple fatty liver (steatosis) – a largely harmless build-up of fat in the liver cells that may only be diagnosed during tests carried out for something else,
2. non-alcoholic steatohepatitis (NASH) – a more serious form of NAFLD, where the liver has become inflamed, (thought to affect up to 5% of the UK population),

3. fibrosis – where persistent inflammation causes scar tissue around the liver and nearby blood vessels, but the liver is still able to function normally,
4. cirrhosis – the most severe stage which occurs after years of inflammation, where the liver shrinks and becomes scarred and lumpy. This damage is permanent and can lead to liver failure and liver cancer.

Who is at risk of non-alcoholic fatty liver disease?

Although it's very similar to alcohol-related liver disease , NAFLD is not caused by drinking too much alcohol. NAFLD has been diagnosed in people without any of the risk factors below (including in young children) but there are the following specific risk factors:

- obese or overweight – particularly if there is a lot of fat around the waist,
- Type 2 diabetes,
- high blood pressure
- high cholesterol,
- metabolic syndrome (a combination of diabetes, high blood pressure and obesity),
- over the age of 50,
- smoking.

Diagnosis and treatment

NAFLD is often diagnosed after a blood test called a liver function test produces an abnormal result and other liver conditions, such as hepatitis, are ruled out but blood tests do not always pick up NAFLD. It can also be diagnosed during an ultrasound scan of the abdomen. On diagnosis, further tests may be needed to determine what stage it is.

Most people with NAFLD will not develop any serious problems, but if diagnosed, it is advisable to take steps to stop it getting any worse. At present there is no specific medication for NAFLD but making health lifestyle choices can help in addition treating associated conditions (diabetes, high blood pressure and cholesterol) may be recommended.

It can help if people make the following lifestyle changes:

- Lose weight – aim for a BMI of 18.5 to 24.9; losing more than 10% of your weight can remove some fat from the liver.
- Eat a healthy diet – try to have a balanced diet high in fruits, vegetables, protein and carbohydrates but low in fat, sugar and salt, and eating smaller portions can help,
- Exercise regularly – aim for at least 150 minutes of moderate-intensity activity, such as walking or cycling, a week. All types of exercise can help improve NAFLD, even if you do not lose weight.
- Stop smoking – for people who smoke, stopping can help reduce the risk of problems such as heart attacks and strokes.
- NAFLD is not caused by alcohol but drinking can make it worse, so it is advisable to cut down or stop drinking alcohol.

Here are a few foods to include in your healthy liver diet:

- Coffee to help lower abnormal liver enzymes
- Greens to prevent fat build-up
- Liver-friendly fruits such as apples, grapes and citrus fruits
- Low levels of potassium may be linked to NAFLD. Fish like cod, salmon, and sardines are good sources of potassium, so are broccoli, peas, and sweet potatoes and bananas, kiwi, and apricots.
- Beans and soy to reduce the risk of NAFLD
- Fish to reduce inflammation and fat levels
- Oatmeal for fibre
- Nuts to help reduce inflammation
- Turmeric to reduce markers of liver damage.

Just a titbit about coffee and the risks for liver disease

A study in the US found that people who drank coffee had a 21% lower risk of chronic liver disease, 20% lower risk for chronic or fatty liver disease, and 49% lower risk of dying from chronic liver disease compared with those who didn't drink coffee. The findings were based on information from more than 494,000 people and also showed that people who drank ground caffeinated or decaffeinated coffee had the most benefits, and drinking three to four cups of coffee a day was tied to the greatest benefit. (BMC Public Health, June 2021)

INSULIN IN THE UNITED STATES

We write about the insulin situation in the US because it is hard to understand that in such a developed country, some people with diabetes cannot afford the insulin they need, reduce their doses so that they take less than they need and suffer the consequences of ill health, and even death.

We know that the supply of insulin has been in the hands of the 3 major pharmaceutical companies, Novo Nordisk, Eli Lilly and Sanofi and their monopoly means that they control supplies and prices around the world. They have been accused of setting prices at unreasonably high levels. Of course, this has been denied by the drug companies who have insisted they don't do that. However, the supermarket Walmart has now shown that denial to be false!

Good news about the price of insulins

Supermarket Walmart now sells insulin at about $73 a vial or about $86 for a package of prefilled insulin pens. Insulin manufactured by Eli Lilly, Novo Nordisk and Sanofi typically sells for more than $300 a vial. Walmart's version is largely identical to insulins sold by the others. It's an analogue insulin and not some older formulation that doesn't work as well. Which raises a few questions. Such as, if Walmart can profitably sell insulin at a fraction of current prices, why hasn't anyone else done so before now?

Yet more good news, Lilly cuts the price of generic insulin

Amid new pricing pressure, Eli Lilly has taken preemptive action and dropped the cost of its generic insulin by 40%. Starting next year, Lilly's list price for Lispro Injection will be $82.42 for an individual vial and $159.12 for a five-pack of pens. This puts prices Lispro at 70% less than its branded counterpart, Humalog U-100, and returns the cost of insulin to 2008 levels. It isn't the first time Lilly has cut insulin prices in response to mounting pressure, in 2019, the company rolled out Lispro Injection as a generic alternative to its popular Humalog, charging $137.35 per vial and $265.20 for a five pack, half of what Lilly was charging for Humalog at the time.

So, watching the situation in the US and how biosimilar insulins are affecting prices and gives us a good idea about what the future holds.

But there is a bit of a mirky world out there!

Racketeering charges over insulin prices

Diabetes giants Sanofi, Eli Lilly and Novo Nordisk, plus a trio of pharmacy benefit managers (PMBs) will have to face racketeering charges over claims they systematically raised the price of insulin. Pharmacy benefit managers are third party administrators of prescription drug programmes and primarily responsible for contracts with pharmacies, negotiating discounts and rebates with pharma companies.

On September 13th 2021, US District Judge Brian Martinotti denied motions by the defendants to scrap claims under the Racketeer Influenced and Corrupt Organizations (RICO) Act. Last year, drug wholesalers filed a lawsuit accusing Novo, Lilly and Sanofi of boosting prices of their insulin analogues through rebates with PBMs, in turn securing favorable placement on those benefit managers' prescribing lists, the court filing states.

Facing class action lawsuit over insulin pricing, Novo Nordisk pays $100M settlement with disgruntled investors

After Novo Nordisk allegedly told investors it was resistant to industrywide insulin pricing pressures, some shareholders brought a class action lawsuit claiming they were misled. On 24th September 2021 in a federal district court in New Jersey, Novo Nordisk agreed to a $100 million settlement with those disgruntled investors. However, Novo Nordisk maintained that the move was not an admission of wrongdoing. In a statement, Novo Nordisk said the claims were without merit and that it was settling to "avoid the burden, inherent risk and expense of further litigation".

Finally, a report by the House Oversight and Reform Committee, US

It seems that the situation with insulin is only part of a larger problem as this report says "Drug companies are actively and intentionally targeting the United States for price increases, often while cutting prices in the rest of the world."

According to the data from the committee, the 14 largest drug manufacturers paid themselves and investors $578 billion from 2016 to 2020 through dividends and stock buybacks, while investing $56 billion less, $522 billion, on research and development.

In addition, the report says some of that Research and Development money is spent researching ways to suppress competition, such as by filing hundreds of new, minor patents on older drugs that make it harder to produce generics.

CHRISTMAS IS COMING!

2022 Diabetes Everyday Diaries still available!

Last year we published our Everyday Diary for anyone who lives with diabetes, whether you have diabetes, your partner has diabetes or your child has diabetes and this proved very popular, so we have published a Diary for 2022.

Christmas cards

We would like to thank everyone who has already bought Christmas cards from us and remind those who haven't that we still have cards available, they are £3.25 per pack of 10 plus 80p per pack p&p.

IDDT Shopping List

The Shopping List has a magnet 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 included with this Newsletter entitled 'Thinking about Christmas' for gift ideas and to support IDDT!

Glycaemic control during lockdown for COVID-19 in adults with Type 1 diabetes

This study shows that well-controlled people with Type 1 diabetes on both multi-dose regimes and pump therapy with continuous or flash glucose monitoring did not experience a deterioration in glucose control throughout the COVID-19 lockdown. In fact, there was a modest but statistically significant improvement in many glucose control parameters (Diabetes Research and Clinical Practice)

Glucagon for hypoglycaemia treatment in Type 1 diabetes

To achieve strict glycaemic control and avoid chronic diabetes complications, people with Type 1 diabetes are recommended to follow an intensive insulin regimen. However, the risk and fear of hypoglycaemia often prevent people from achieving the treatment goals. Apart from early insulin suspension in insulin pump users, treating with eating/drinking carbohydrates is the only option for preventing and treating non-severe hypoglycaemic events. However, these treatments may increase calorie intake and giving extra calories may cause weight increase.

As an alternative, it has been suggested that low-dose glucagon is used to counter hypoglycaemia which would raise glucose concentrations without adding extra calories. In the past, commercially available glucagon formulations had to be reconstituted from powder to a solution before being injected, so making it practical only for treating severe hypoglycaemia. Several companies have now developed glucagon that no longer requires it to be mixed and so as well as being used to treat severe hypos, non-severe and impending hypos can also be treated with lower doses of glucagon. Once available, low-dose glucagon can be either delivered manually as an injection, or automatically by an infusion pump.

Research is looking into using glucagon to treat and prevent hypoglycaemia in Type 1 diabetes.

Maternal diabetes during pregnancy and high refractive error in offspring

This nationwide study involved 2,470,580 people born between 1977 and 2016 and investigated the association between maternal diabetes before or during pregnancy and the risk of high refractive error in offspring until the age of 25 years. Refractive errors (RE) are eye disorders caused by irregularity in the shape of the eye making it difficult for the eyes to focus clearly so vision can become blurred and impaired.

- Myopia makes far-away objects look blurry.
- Hypermetropia makes nearby objects look blurry.
- Astigmatism can make far-away and nearby objects look blurry or distorted.

The results showed that during the 25 years follow up:

- 553 offspring of mothers with diabetes and 19,695 offspring of mothers without diabetes were diagnosed with high a refractive error.
- Prenatal exposure to maternal diabetes was associated with a 39% increased risk of high refractive error.

- The elevated risks were observed for hypermetropia, myopia and astigmatism.
- The increased risks were more pronounced among offspring of mothers with diabetic complications compared with those of mothers with diabetes but no diabetic complications.

The researchers concluded that maternal diabetes during pregnancy is associated with an increased risk of high RE in offspring, in particular among those of mothers with diabetic complications. Early ophthalmological screening should be recommended in offspring of mothers with diabetes diagnosed before or during pregnancy. (Diabetologia, August 2021)

Diabetes stress associated with higher HbA1c levels

A recently published study has found that young adults with Type 1 diabetes who had high diabetes distress also had higher HbA1c levels, compared with those without distress, regardless of whether they used insulin pumps and continuous glucose monitors (CGMs). The researchers concluded that while users of insulin pumps and CGMs tend to have overall lower HbA1c levels than those who do not use the devices, the benefit of using the devices reduces when high diabetes distress is present. (Diabetes Medicine, September 2021)

Later dietary introductions linked with lower Type 1 diabetes rates

A meta-analyst (research looking at a range of studies) showed that infants who were breastfed for longer and exclusively had lower odds of developing Type 1 diabetes when compared with infants breastfed for less than six months. Later introductions of cow's milk, gluten and fruit also were linked with reduced rates of Type 1 diabetes. (The European Association for the Study of Diabetes, September 2021).

Sleep apnoea and brain health may improve with exercise

A small study of Brazilian adults found that those with moderate to severe sleep apnoea might benefit from fitness training. Half of those with the condition participated in an hour of supervised exercise three times a week for six months. Those people in the group that exercised saw improvements in brain glucose processing, reductions in sleep apnoea symptoms and improved cognitive function. (American Heart Association, September 2021)

Note: Don't for get that IDDT has a new booklet about Sleep and diabetes and if you would like a copy, call IDDT on 01604 622837,email enquiries@iddtinternational.org or write to IDDT, PO Box 294, Northampton NN1 4XS.

Kidney disease in people with diabetes

Research carried out in 4,606 adults attending diabetes centres in Northern Europe showed that more than 4 in 10 people with diabetes have diabetic kidney disease (DKD).

- 42% of all diabetes patients had diabetic kidney disease - 23.4% with Type 1 diabetes and 47.9% with Type 2 diabetes.
- Rapid decline was more frequent in those with Type 2 diabetes than those with Type 1 diabetes (32.8% versus 14%).

Factors independently associated with rapid decline in estimated glomerular filtration rate included:

- older age,
- greater number of antihypertensive medications,
- higher log-normalised urine albumin to creatinine ratio (LNuACR),
- serum alkaline phosphatase,
- thyroid stimulating hormone,
- variability in systolic blood pressure and variability in LNuACR,
- lower glycated haemoglobin, high-density lipoprotein cholesterol and diastolic blood pressure,
- lack of angiotensin-converting enzyme inhibitor/angiotensin receptor blocker prescription.

The researchers suggest that as this study was carried out in a well-managed group of adults with diabetes, there is an urgent need for public health action to develop the best diabetic kidney disease strategy for prevention and treatment. (BMJ Open Diabetes Research & Care, 14 June 2021)

Note: IDDT has a booklet about diabetic kidney disease, if you would like a copy, call IDDT on 01604 622837, email enquiries@iddtinternational.org or write to IDDT, PO Box 294, Northampton NN1 4XS

From our own

CORRESPONDENTS

Allergic to genetically modified pharmaceuticals

Dear Jenny,

I live in Germany and I am allergic to genetically modified pharmaceuticals. I have received a certificate that I am not allowed to use the currently available covid vaccines because of my allergy.

The protein-based dead vaccine VLA2001 from Velnova against Covid will be now approved in the UK. Like the diphtheria, flu, hepatitis B and tetanus vaccines, it is traditionally produced and very safe and is not genetically modified. I hope that VLA2001 will soon be approved here as well.

By email

The positive effect of zinc

Dear Jenny,

Thank you for your September Newsletter with the interesting article about zinc for people with diabetes. I have been taking 25 mg zinc every morning for many years and it has a positive effect on my blood glucose levels. Your article is very important.

H.S. - By email

Living with Type 1 diabetes for 70 years

In January 2022, one of IDDT longstanding members 'celebrates' having Type 1 diabetes for 70 years. She wishes to remain anonymous so we'll call her Mrs M. She was diagnosed when she was 14 years old. For the first 2 weeks she remained undiagnosed and was fed on cabbage and water. She was in hospital for 9 weeks during which time carbohydrates were introduced and she was put on soluble insulin (short-acting insulin). She was 'let out' in the afternoons to introduce exercise and some sort of normality. The outlook was not good and no one knew very much about diabetes.

Her family were farmers and she worked on the farm and was very fit and had plenty of exercise. She married and had two sons. Having her first son, she had a very difficult time as the nurses knew nothing about diabetes but by the time she had a second son four years later, things had improved considerably and isophane, a long-acting insulin, was introduced into her regime. She well remembers having to fight for what she needed and there was a very poor understanding of hypos.

She always felt independent in terms of her diabetes but looking back she realises that actually her parents and her brother always took good care of her. Later when she married, so did her husband, although she didn't always appreciate this at the time, now, she says, "I realise just how much he, my parents and brother did look after me and I am grateful for that".

Any advice for today's generation of people with Type 1 diabetes?

Mrs M believes that living her life with a routine and controlling carbohydrates has been responsible for her long life with Type 1 diabetes. She doesn't feel that routine and carbohydrate control impinged on her life and questions some of today's philosophy of what she describes as 'eat what you like and inject'. Is this really the best way to manage Type 1 diabetes? Is the answer that time will tell when we have enough statistics to compare complications and death rates over the years?

By telephone

Ways you can look after your feet

While correct professional help at the right time is essential for the care of your feet, there are ways to take care of them at home to help you to prevent problems arising. Here are just some ways that can be useful.

Diabetes-Friendly Socks

Our Comfort Socks have been developed for use by people with diabetes, vascular disorders and other circulatory problems. No elastic is used in the top of the sock, relying only on the gentle control of the rib for support. We also produce a Fuller Fitting Longer Sock for people who find it difficult to wear ordinary socks. These are made with a large circumference top and are suitable for people who may be suffering from oedema, for example.

Both socks come in a range of sizes

- The Comfort Sock comes in small [4-7], medium [6 1/2-8 1/2], large [9-11] and x-large [11-13].
- The Fuller Fitting Sock comes in small [4-7], medium [61/2-81/2], large [9-12].

Both are manufactured as a unisex sock from a high quality cotton blend. They both come in a range of colours - grey, navy, white, black and beige.

The Comfort Socks retail at £8, the Fuller Fitting at £12 per pair including p&p and can be purchased from our website shop, http://www.iddt.org/shop or by phoning IDDT on 01604 622837.

neuropad®

neuropad® can detect early complications of the feet which can lead to foot ulcers and even amputation. The test is completely painless and is an early warning system for your feet. Diabetes can result in the sweat glands not producing enough moisture, leading to dry and cracked feet.

A neuropad® is stuck to the sole of each foot like a small sticking plaster and left in place for 10 minutes. The pad is blue to start with and should turn pink in the presence of moisture from sweating. If the neuropad® patch stays blue, or if it turns a patchy blue/pink, this indicates that you may have some level of diabetic peripheral neuropathy and your sweat glands are not working properly.

Two test pads cost £14.99 and can be purchased from our website shop, http://www.iddt.org/shop or by phoning IDDT on 01604 622837.

FOODY

Bits & pieces

Calorie labelling compulsory in restaurants and takeaways

The Government passed legislation in July 2021 to make calorie labelling compulsory for larger takeaways, chains and restaurants to bring them in line with food retailers. The aim is to make it easier to make healthy choices about food and drink that we consume away from home. It is also meant to encourage businesses to make their menus healthier.

UK Soft Drinks Levy reduces sugar purchased per household by 10%

Research at Cambridge University has shown that while the volume of soft drinks purchased has not changed, the amount of sugar in those drinks was 30g lower per week per household after the introduction of the Soft Drinks Levy in the UK in 2018.

The Levy appears to have led to a reduction in the amount of sugar that people are purchasing in soft drinks without reducing the overall volume of soft drinks sold. This suggests that it is due to manufacturers reformulating their products and reducing the sugar concentration in their drinks, as well as to consumers switching to lower sugar alternatives.

The researchers commented that while a 10% drop in the amount of sugar purchased from soft drinks might sound modest, cutting out even a relatively small amount of sugar should have important impacts on the number of people with obesity, diabetes and high blood pressure. (BMJ, March 2021)

Study examines dietary choices tied to heart disease risk

This research found that eating less salt and animal proteins and eating more plant-based foods could help decrease the risk of heart disease. It also found that drinking three cups of tea or coffee per day, as well as eating small amounts of cheese and yogurt, was linked with a reduced heart disease risk but drinking soft drinks and diet drinks was linked to an increased risk. (Cardiovascular Research, June 2021)

Oily fish and fish oil supplements may reduce the risk of Type 2 diabetes

People who consume oily fish have a lower risk of developing Type 2 diabetes compared to those who never consume oily fish. These findings were based on research from 392,287 adults in the UK. It also showed that non-oily fish consumption had no effect on diabetes risk.

Oily fish is rich in omega-3 polyunsaturated acids which reduce inflammation. Examples of oily fish are: herring, mackerel, sardines, pilchards, salmon and tuna. Tinned varieties are also beneficial. (Diabetes Care, January 2021)

Another study has shown that weekly intake of 6 ounces or two servings of fish rich in omega-3s was associated with a 16% lower risk of more severe heart disease and 18% lower risk of mortality among people already diagnosed

with heart disease, compared with those who had lower or no intake of oily fish. However, the findings also showed that people without heart disease had only a 5% reduction in heart disease risk with weekly intake of four servings of fish rich in omega-3s. (JAMA Internal Medicine, February 2021)

Flavanols may protect against stress-induced cardiovascular events

A study has found that men who drank a cocoa drink containing high amounts of flavanols had better functioning blood vessels during mental stress, compared with those who drank a beverage not enriched with flavanols. Flavanols are natural substances found in fruits, vegetables, grains, bark, roots, stems, flowers, tea and wine. This study suggests that a higher intake of flavanols may help lower people's risk of mental stress-induced cardiovascular events like heart disease, stroke and thrombosis. (Nutrients, April 2021)

Fast-eaters at higher risk for weight gain, obesity

Findings recently published show that people who eat faster tend to gain more weight and have a higher risk for obesity due to delayed realisation of fullness compared with those who eat meals more slowly. Though not directly related to weight gain and obesity, the findings also suggest that people who have siblings tend to eat much faster than those who were an only child and that this fast-eating habit is carried into adulthood. (Clinical Obesity)

Enter the IDDT Lottery now!

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 June 2021 draw are:

1st prize of £552.96 goes to Julie from Gosport
2nd prize of £414.72 goes to Margaret from Hereford
3rd prize of £276.48 goes to Sylvia from Kettering
4th prize of £138.24 goes to Haydn from Porthcawl

Winners of the July 2021 draw are:

1st prize of £545.28 goes to Colin from Barrow-in-Furness
2nd prize of £408.96 goes to Emma from Pembury
3rd prize of £272.64 goes to Susan from Hereford
4th prize of £136.32 goes to Nita from Harrow

Winners of the August 2021 draw are:

1st prize of £551.52 goes to Michael from Bradford-on-Avon
2nd prize of £413.64 goes to David from Nottingham
3rd prize of £275.76 goes to Margaret from Hereford
4th prize of £137.88 goes to Denis from Bromham

Winners of the September 2021 draw are:

1st prize of £548.80 goes to Anne from Grantham
2nd prize of £411.84 goes to Anon from Northwich
3rd prize of £274.56 goes to Jeanette from Greasby
4th prize of £137.28 goes to Anon from Doncaster

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

SNIPPETS

Gestational diabetes tied to autoimmunity and Type 1 diabetes risk

We hear much about women who had gestational diabetes being at increased risk of developing Type 2 diabetes in later years. However, a study has shown that pregnant women with gestational diabetes had greater odds of being autoantibody positive and of developing Type 1 diabetes within the decade after they gave birth, compared with those with no gestational diabetes. The findings were based on data from 782 women who were followed for an average of 23 years. (The European Congress of Endocrinology virtual meeting, May 2021)

High teenage BMI linked to poor health in adulthood

A study has found that teenagers with a higher body mass index (BMI) had about a 9% greater risk for Type 2 diabetes and a 0.8% greater risk for having a heart attack in their 30s and 40s, compared with those who had a lower BMI. The findings were based on information from 12,300 participants and also showed that a higher BMI in adolescence was associated with a 2.6% greater likelihood of having poorer overall health in adulthood, regardless of their adult BMI. (Journal of the American College of Cardiology. June 2021)

Tarantula venom as a new treatment for Type 2 diabetes

Molecules in tarantula venom could unlock new treatments for people living with Type 2 diabetes. Researchers at Ulster University previously found that the venom of the Mexican blonde tarantula can increase insulin production and lower blood sugar levels but why this happens has not been understood until now. The new findings have found that a molecule called ΔTRTX-Ac1 could hold the key.

They developed a synthetic version of ΔTRTX-Ac1 and studied its effects on insulin-producing beta cells grown in the lab. The venom molecule more than doubled the amount of insulin cells and also improved beta cell growth. They suggest that the molecule may be controlling entry point on the surface of beta cells, acting as the gatekeeper that allows other molecules to flow in and out of the cells and helping them to work better.

When given to mice, ΔTRTX-Ac1 steadily reduced blood sugar levels during the next hour suggesting that it can increase insulin release in mice. It also reduced food intake in mice, suggesting it may be an appetite suppressant so may potentially have benefits for weight loss.

It has to be said that this is very early research, so don't expect anything soon!

High omega-3 diets tied to fewer and less severe headaches

A study in The BMJ found that adults who followed a diet high in omega-3 fatty acids and especially a diet with high omega-3 and low omega-6 fatty acids for 16 weeks experienced shorter duration of headaches per day and fewer instances of headaches per month when compared with those who followed a control diet with normal levels of omega-3 and omega-6 fatty acids. The findings also showed that those who followed the intervention diets experienced less severe headaches compared with those on the control diet. (BMJ, 1 July 2021)

Study examines dietary choices tied to heart disease risk

This research found that eating less salt and animal proteins and eating more plant-based foods could help decrease the risk of heart disease. It also found that drinking three cups of tea or coffee per day, as well as eating small amounts of cheese and yogurt, was linked with a reduced heart disease risk but drinking soft drinks and diet drinks was linked to an increased risk. (Cardiovascular Research, June 2021)

Reforming NHS litigation

The Health and Social Care Select Committee is carrying out a new inquiry to look into reforming NHS litigation as a result of increasing costs and concerns that the clinical negligence process fails to do enough to encourage lessons being learnt to promote future patient safety.

Figures show that in 2020/21, £2.26bn was spent from the NHS budget to settle claims and pay legal costs arising from clinical negligence claims. A further £7.9 billion was spent on compensation from claims settled in previous years, meaning that over £10bn of money was spent on clinical negligence claims which could have been spent on patient care. The total potential liabilities arising from all negligence claims made up to the end of 2020/21 was £82.8bn, increasing by about £5.7bn every year.

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