



Welcome

Welcome to you all this, hopefully, warm summer and to the Fifty-first issue of Type 2 and You. In this issue we have a seasonal look at some practical hints and tips on staying safe if you are planning a holiday this year.

We have a look at the key organ central to diabetes – the pancreas and how it does (or doesn't) function. We have also put together some advice on getting the best

from your health care services, in view of the way the pandemic has changed how we access health services.

We have the first in a new series which we hope you will like "Quick Questions & Answers".

We have articles on Gastroparesis, as well as details of our October Annual Event "Changing Times", our regular Bits & Pieces and the latest IDDT Lottery results.

But first this:

UKRAINE – IDDT appealed to you and you responded!

At the start of the Ukraine crisis, IDDT was contacted by Dmytro with a desperate plea for help:

"Still, here, in Ukraine, we are simply out of stock of the vital simple necessities. They are all gone. The supplies were interrupted and they are not expected in the nearest future. If you have an opportunity to provide any small or bigger help or know someone who can

be of help, please respond to this letter."

IDDT has always supported all people with diabetes and this is one of the most important appeals we have ever had to make. In early March, we appealed to our members who use insulin asking for donations of any unwanted, in-date diabetes supplies.

Your response was, and still is, amazing! A huge thank you!

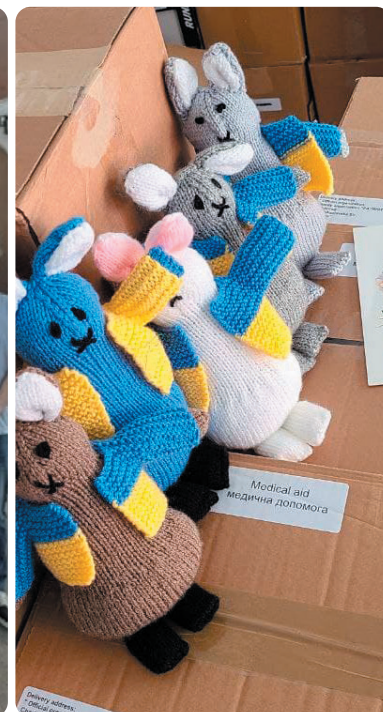
By mid-April, we received and sent £150,000 worth of diabetes items for Ukraine including the following:

- 2622 prefilled insulin pens
- 1965 Insulin pen cartridges
- 262 vials of insulin
- 299 blood glucose meters with 66,380 matching test strips
- 23,333 lancets and 71,600 pen needles
- Many other needed items including plenty of jelly babies!

We didn't ask for money but you have sent this too which has enabled IDDT to buy test strips to match blood glucose meters and to help with the transport costs to Ukraine. One anonymous person even knitted rabbits in Ukrainian colours and this picture brought tears to the eyes of those receiving them!



Consignment leaving IDDT for Ukraine



Rabbits arriving safely in Ukraine.

The desperate need is still present in Ukraine so we are still collecting any in-date, unused items for the people requiring insulin. In addition, there is now a need for the following Type 2 tablets: Metformin, Glibenclamide, Diamicon, Glimepiride, Glucophage. So, if you can help, please send any unwanted items to IDDT.

Our thanks to everyone who has responded and given help to the people of Ukraine – their plight is unimaginable and their courage is tremendous. We have to also thank the volunteer drivers for their commitment and bravery in transporting the parcels from the UK to Ukraine and helping to save lives.

We have to say a huge thank you to everyone who has donated to help the people of Ukraine but perhaps Dmytro says it best:

“Yesterday we received priceless parcels for us. You cannot even imagine the joy of the doctors who have sorted these elements. The entire Ukrainian people are very grateful to you for the contribution you have made, for the humanity and condolences that you have surrounded us. Already today we have distributed insulin as needed and have begun sending it to different regions. Thank you very much.”



How happy these ladies are to receive a blood glucose meter



Children from the orphanage receiving their sweets for Easter

Holiday Tips



As far as limitations on holidays and foreign travel are concerned, we finally seem to be seeing the last Covid 19 restrictions being lifted. With the holiday season practically upon us, our freedom to travel abroad seems, finally, to be a reality again!

If you are going on holiday this summer, it may be the first time you have travelled since your diabetes was diagnosed. Whether you are staying in this country or going abroad, for people 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. It covers things like:

- Travelling by air
- Jetlag
- Medication Safety
- Diabetic Holiday Foot Syndrome

If you would like a copy of this handy FREE leaflet, please contact IDDT, using the details at the end of this Newsletter. Alternatively, Holiday Tips can be downloaded from our website: <https://www.iddt.org/news/holiday-tips?highlight=Holiday%20tips>

Paperwork for 2022

- Don't forget, if you are going abroad, you need to check the individual entry requirements for the country you are visiting and that it remains valid for the duration of your stay.
- 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). Remember, GHIC and EHIC cards do not replace travel insurance.

While the UK may have lifted the majority of its foreign travel restrictions, it cannot be guaranteed that other countries have done the same. We would advise that you check for restrictions before you travel.

The Government guidance on foreign travel and Covid 19 for England, Wales, Scotland and Northern Ireland respectively, can be found using the links below:

<https://www.gov.uk/guidance/travel-abroad-from-england-during-coronavirus-covid-19>

<https://gov.wales/international-travel-and-wales-coronavirus>

<https://www.gov.scot/publications/coronavirus-covid-19-international-travel-quarantine/>

<https://www.nidirect.gov.uk/articles/coronavirus-covid-19-travel-advice>

Back to Basics – The Pancreas

What is it, what does it do and how does it do it?

These are three short questions that lead to a longer tale. Nearly all of us know that the pancreas is involved in diabetes and is responsible for producing insulin. However, all too often, the level of information people with Type 2 diabetes are given about this vital organ, stops there.

What is it?

Let's start with a bit of a history lesson. The pancreas was first identified by Herophilus, a Greek anatomist and surgeon. A few hundred years later, Rufus of Ephesus, another Greek anatomist, gave the pancreas its name. The word pancreas comes from the Greek pan-all & kreas-flesh and originally means sweetbread. It was only in 1889 that Oskar Minkowski discovered that removing the pancreas from a dog caused it to become diabetic. Insulin was later isolated from pancreatic islets by Frederick Banting, Charles Herbert Best and their team in 1921.

Next comes the anatomy. The pancreas is about 6 inches long and sits across the back of the abdomen, behind the stomach. The head of the pancreas is on the right side of the abdomen and is connected to the duodenum (the first section of the small intestine) through a small tube called the pancreatic duct. The narrow end of the pancreas, called the tail, extends to the left side of the body.

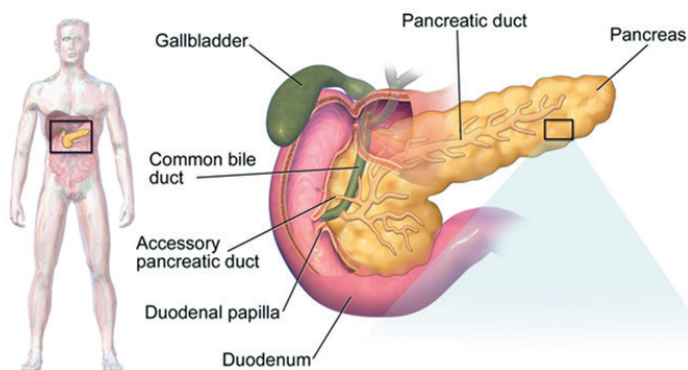


Fig. 1 shows the location of the structure of the pancreas and its position in the digestive tract.

What does it do?

The pancreas is involved in blood sugar control and metabolism within the body. These are divided into an "endocrine" role, relating to the secretion of insulin and other substances from within pancreatic islets (islets of Langerhans) that help control blood sugar levels and metabolism within the body, and an "exocrine" role, relating to the secretion of enzymes involved in digesting substances in the digestive tract.

The pancreas maintains constant blood glucose levels. When the blood glucose level is too high, the pancreas secretes insulin and when the level is too low, the pancreas secretes glucagon.

How does it do it?

Most cells within the pancreas help to maintain blood glucose levels (homeostasis). The cells that do this are located within the pancreatic islets that are present throughout the pancreas.

- When blood glucose levels are low, alpha cells secrete glucagon, which increases blood glucose levels. Glucagon acts to increase glucose levels by promoting the creation of glucose through the breakdown of glycogen to glucose in the liver. It also decreases the uptake of glucose in fat and muscle. Glucagon release is stimulated by low blood glucose or insulin levels, and during exercise.
- When blood glucose levels are high, beta cells secrete insulin to decrease levels of glucose in the blood. Insulin acts to decrease blood glucose levels by facilitating uptake by cells (particularly skeletal muscle), and promoting its use in the creation of proteins, fats and carbohydrates.

The islets also contain:

- Gamma cells which produce pancreatic polypeptide. Pancreatic polypeptide regulates both the endocrine and exocrine pancreatic secretions.

- Delta cells which secrete somatostatin. Somatostatin suppresses the release of the other hormones made in the pancreas, which decreases the release of insulin and glucagon.
- Epsilon cells which produce ghrelin. Ghrelin is a protein that stimulates hunger.

Conditions that can affect the pancreas

You will have heard of the first two of these:

Type 1 diabetes.

The body's immune system attacks and destroys the pancreas' insulin-producing cells. Insulin injections are required to control blood sugar.

Type 2 diabetes.

With both genetic and environmental factors playing a role in the development of the condition, the body becomes resistant to insulin, causing blood sugar levels to rise. Eventually, the pancreas can lose the ability to appropriately produce and release insulin, leading to a need for insulin injections.

Other conditions include (but are not limited to):

Cystic fibrosis.

A genetic disorder that affects multiple body systems, usually including the lungs and the pancreas. Digestive problems and diabetes often result.

Pancreatic cancer.

The pancreas has many different types of cells, each of which can give rise to a different type of tumor. The most common type arises from the cells that line the pancreatic duct. Because there are usually few or no early symptoms, pancreatic cancer is often advanced by the time it's discovered.

Pancreatitis.

The pancreas becomes inflamed and damaged by its own digestive chemicals. Swelling and death of tissue of the pancreas can result. Although alcohol or gallstones can contribute, sometimes a cause for pancreatitis is never found. It can lead to Type 3(c) or

Pancreatic diabetes.

Pancreatic pseudocyst. After a bout of pancreatitis, a fluid-filled cavity called a pseudocyst can form. Pseudocysts may resolve spontaneously, or they may need surgical drainage.

Dr Laurence Gerlis retires as a Trustee of IDDT

By Jenny Hirst, Co-Chair

It is with sadness that I have to report that Dr Laurence Gerlis had resigned as a Trustee of IDDT, for reasons that apply to so many of us. Here are his words of explanation:

"This is nothing to do with IDDT but more to do with my age and overall responsibilities. I have much to be grateful to IDDT for. I have made a lot of friends and enjoyed my time over the many battles and so many years. I wish the charity well."

Many of you have met Laurence when he has spoken at our Annual Meetings where he has shown understanding and kindness to so many of us. He was one of the founding members of IDDT in 1994 and we have much to be grateful to him for, especially those who needed, and still need animal insulin. Like the late Professor Arthur Teuscher and our present Co-chair Dr Matt Kiln, he spoke out and supported people

with adverse effects of synthetic insulin when the majority of the medical profession did nothing and even worse, did not believe their patients and when the insulin manufacturers refused to acknowledge any problems existed for anyone taking synthetic insulin. He, and the others, suffered criticism and what would now be classed as abuse for their stance but he helped to save lives and just as importantly, enabled people who need animal insulin to maintain their warnings of hypoglycaemia, maintain their quality of life and live long and healthy lives.

Since this time, he has always supported IDDT in very many ways, so on behalf of all our members, I thank him for his many years of help and support to IDDT and to me and I wish him well.

Promising Results from New T2 Treatment

Positive results have been reported by Fractyl Health, the makers of the Revita DMR, a Duodenal Mucosa Resurfacing device. It works by stripping away the lining of the duodenum, the first part of the digestive system after the stomach, which can become thickened by dietary fats, sugars and other foods in people with Type 2 diabetes, reducing blood glucose regulation. The manufacturers have reported the results

from a study of 34 insulin-using people with Type 2, who underwent the procedure up to 2 years ago. The results reported an average 1% fall in HbA1c, an average weight loss of 3.1kg and increases in HDL (good) cholesterol. Researchers say that the results are encouraging but more research is needed to find out how long this improvement continues or what the longer-term effect of the treatment might be.

Getting the Best from your Health Care Services

Several years ago, we wrote an article called "Getting the Best from your Health Care Professional" and we recently thought that now times have changed, we should re-visit it. Many of you will know the classic tips for getting the best out of an appointment and these have not really changed. However, what has changed (and Covid 19 has increased this dramatically) is the use of telephone and video consultations as well as the use of the web to provide information. For these reasons we have changed the title of the piece to "Health Care Services" to try and reflect that the provision of good quality care for people with diabetes is not just the responsibility of one person but is a responsibility shared across a team of people with different roles for health service provision.

Know your rights

A key element in getting the most out of an appointment is to know your rights. You should know what standards of care you are entitled to and what to do if you feel you are not getting the support that should be on offer to you.

Your rights to specific standards of care are laid down in several different ways and places:

The NHS Constitution – This brings together, in one place, the details of what staff, patients and the public can expect from the NHS. It sets out your rights and responsibilities as an NHS patient. These rights cover things like how to access health services and the quality of care you should receive.

The NICE Quality Standards for Adults with Diabetes – The National Institute for Health and Clinical Excellence (NICE) is an independent organisation that has issued a set of quality standards laying down the levels of care that people with Type 1 and Type 2 diabetes should receive.

The Equality Act 2010 – The aim of this act was to draw together and simplify parts of existing legislation, such as the Disability Discrimination Act, to ensure equality in areas, such as employment, education and access to services, including health services.

So, what do you do if you are not receiving these services to the prescribed standards? Complain.

Making a complaint

At first, making a complaint can seem daunting. You can ask any NHS service for a copy of its complaint procedure, which you can then follow. You have the right to have any complaint you make about the NHS dealt with efficiently and have it investigated properly. If you want more information about making a complaint, IDDT has a FREE booklet 'Know Your Rights'. Simply contact us for a copy using the details at the end of this newsletter.

Direct / Face-to-Face consultations

Health Care Professionals (HCPs) come in many forms and people with both types of diabetes will come into contact with several of them at some time or another. Examples include GPs, Practice Nurses, Dieticians, Diabetes Specialist Nurses (DSNs), Podiatrists and a range of Hospital Consultants. Sadly, it is often the case that people come away from important appointments feeling confused about their treatment or feeling that they have not got what they wanted. Unfortunately, this is a very common experience. Here are some tips on how to manage the actual appointment or consultation effectively, once you finally get there.

Some tips for your appointment:

- Be prepared. Make a list of what you want to get out of the consultation and questions you want to ask.
- Be informed. Do your research before you go so that you are aware about things like the various treatment options that may be available. However, don't come over as a "know-it-all".
- Be honest with your HCP. If you are honest with them about your diabetes or related condition then you will be able to get more effective treatment.
- Make sure your HCP knows why you have come and that they fully understand the nature of the problem
- Have mutual respect. Respect is a two-way thing; you should respect your HCP for their medical knowledge but they should also respect you for your experiences as the patient.

- Be polite to all NHS staff, it will get you a lot further with what you want to achieve and it doesn't cost anything.
- On a purely practical level, if you manage to get hold of a direct dial number then treat it like the gold dust it is.
- Make joint decisions. Having mutual respect will allow you both to make decisions that you are both happy with.

Telephone/Video consultations

Since the start of the Covid 19 pandemic, an increasing amount of emphasis has been placed on the role of telephone and video consultations as a means to access health care professionals and the support they can offer. Indeed, between March and July 2020, NHS Digital estimated that there were 102 million GP appointments and that half of these were either over the phone or through video calls.

While the consultation preparations we have already talked about apply to telephone or video consultations to a greater or lesser degree, this type of interaction requires different considerations to be made. These considerations need to be made particularly by the healthcare professions employing these methods to consult with their patients. Indeed, they have already prompted some interesting discussion and debate, even if these have yet to be translated into formal guidelines.

That said, the telephone consultation is not a new phenomenon. After all, how many of us have said "I'll ring the doctor about it"? However, as time has progressed, the increasing pressure on GPs and other Health Care Professionals (HCPs) to respond to such calls, has made it increasingly difficult to offer quality services. Partly, as a consequence of this, NHS 111 was developed.

NHS 111 is without a doubt a well-intentioned idea but not one without its flaws. NHS 111 exists primarily as a triaging and signposting service.

This is all well and good while the structures facilitating signposting are functional and

accurate. Unfortunately, this is not always the case. Work done by the Institute of Chiropractors and Podiatrists (IOCP) has shown that people with diabetes needing foot care who have contacted NHS 111 for help are almost certainly referred to any services other than podiatry services.

While the general reception to telephone and video consultations can best be described as “cool” by Health Professionals, there is evidence that video consultations, in the right services, can be positive. One podiatry team has developed a new care pathway, again for people with diabetes. Using portable IT equipment, they are able to carry out much of the consultation remotely but with the patient remaining in their own home. Visits can then be linked back to clinic, where expertise could be offered and cases managed within established treatment programs.

However, other areas of medical practice do not welcome telemedicine with such open arms.

They caution against evolving these methods too far, too fast, to the point where the starting point of a consultation becomes “digital until proven otherwise”. They point out that with telephone consultations:

- Patient/Professional rapport is not established because the parties cannot see each other.

- Digital consultations do not allow for the development of warmth and identity and ultimately lead to a less valuable consultation.
- Such consultations are likely to be shorter and cover fewer problems than those conducted face-to-face.

In summary, telephone and video calls are best used as support or follow-ups for face-to-face consultations which are, in the round, regarded as the best form of consultation.

Face-to-face consultations allow you to prepare more fully to discuss the issues you want to and can provide a sound basis for future discussions.

A former president of the Royal College of General Practitioners is quoted as saying “it behoves the old ones amongst us to make sure that the rising generation really do get to know and experience the reward and fulfilment of doing face-to-face consultations. Because once that is lost, it’s lost forever”.

If you have found this article interesting IDDT produce two FREE booklets ‘Know Your Rights’ and ‘Your 9 Key Checks’. For copies of these booklets simply contact IDDT, using the contact details at the end of this newsletter.



Techy Tips – Part Two

By Martin Hirst
& Matt Daybles



In the second part of this article, we will be looking at the other two groups of accessibility options that Microsoft provide within Windows, namely:

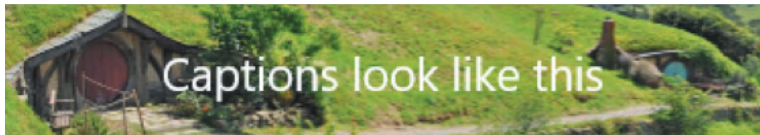
- Hearing
- Interaction

Hearing

- **Audio.** This allows you to make relatively simple changes to things like speaker volumes and mono/stereo settings. It also gives you links to other sound settings, so you can add devices like microphones.

- **Closed Captions.** This allows you to add captions to audio text. You can then change things like the caption text size, colour and transparency to suit. To access Closed Captions, follow these steps;

1. On a Windows 10 PC that's playing a video, right-click or tap-and-hold anywhere on the video. A menu bar will appear at the bottom of the screen.
2. Tap or click the CC icon.
3. Tap or click the language you want to see closed captions in. Closed captioning will now appear on your screen.

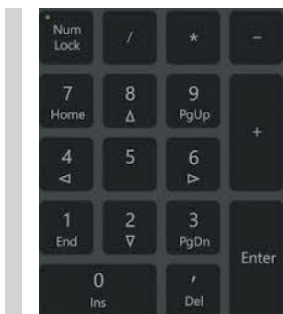
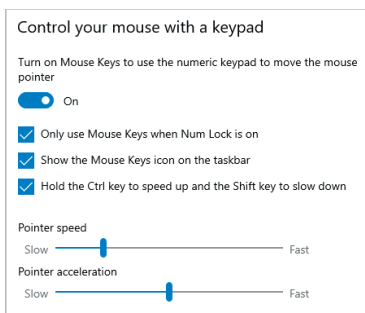


Interaction

- **Speech.** This option allows you to use dictation to make text entry easier. Press the Windows key + H to start dictation. You can also set this option so that your machine will also only recognise your particular voice. Press the Windows key + Ctrl + S to toggle Speech Recognition on or off.

- **Keyboard.** This makes it easier to type and use the keyboard shortcuts such as sticky keys, toggle keys or filter keys. Sticky keys allow you to press the Ctrl, Alt, Shift or Windows keys one at a time to enable some features or actions rather than having to press and hold them all simultaneously. Toggle keys allow your keyboard to make a sound whenever the Caps Lock, Scroll Lock or Num Lock keys are pressed. Filter keys allow your keyboard to filter brief or repeated key strokes

- **Mouse.** This option allows you to turn on the mouse keys on the numeric part of the keyboard to move the mouse pointer.



- **Eye Control.** This allows you to use eye tracking technology to control the mouse, on screen keyboard and text-to-speech functions. You will need to connect an eye tracking device to use this option.

A few other tips...

There are a few other tips that you may find useful that are not included in the 'Ease of Access Centre' and are simply helpful to know:

- **ENG UK / ENG US keyboard settings.** You may well find that after an update or restart some of your keyboard settings have changed. For example, you may find that the shift (@) and shift (") keys have swapped over. This is because your keyboard may well have changed back to its US settings. This is easy to sort out by simply finding the Eng US button on the bottom right of your screen and clicking it. This will then pop up to give you an option to go to Eng UK settings. Click on this and you will be back where you were.

- **On-screen Keyboard.** Again, this does exactly what it says. Simply type 'on-screen keyboard' into the search box (bottom left) then enter (or by pressing the Windows key + Ctrl + O) and the keyboard will appear on the screen. You can then drag and drop it to wherever suits you best. There is a huge selection of physical keyboards available, coming in a wide choice of colours, sizes and configurations to support a range of needs.

- **Shortcut Keys.** These are a quick way of performing a range of functions just using a couple of keys. There are lots of shortcuts like this and are sometimes called 'Hotkeys'. Below is a list of some commonly used shortcuts.

Keyboard shortcut	Action
Ctrl + A	Select all content
Ctrl + Z	Undo an action
Ctrl + Y	Redo an action
Ctrl + F	Open search prompt
Ctrl + P	Print
Ctrl + S	Save

There is a huge selection of physical keyboards available, coming in a wide choice of colours, sizes and configurations to support a range of needs.

- **Read Aloud PDFs.** PDFs are a type of document in which text, pictures etc. can be saved. This is available when opened using Microsoft Edge web browser.

If Microsoft Edge is not your default browser you can open the PDF by right clicking on the file and selecting "Open with > Microsoft Edge" You can change voices, accents and genders to suit your preferences. All pdfs available to download from the IDDT website have a 'Read Aloud' button which when pressed will start your computer reading the document on the screen.

We hope you have found these articles helpful and that they have given you a taster

of some of the changes you can easily make to your computer to make everyday use easier. If you have any tips of your own then please let us know.

In the meantime, Microsoft have a very useful set of webpages on accessibility that can be found here:

<https://www.microsoft.com/en-us/accessibility/windows>

<https://support.microsoft.com/en-gb/windows/make-windows-easier-to-see-c97c2b0d-cadb-93f0-5fd1-59ccfe19345d>

Alternatively, the RNIB have a whole host of resources on this topic, along with a useful search facility:

<https://www.rnib.org.uk/search/site/computer%20access>

Foods and Gastroparesis

What is it?

Gastroparesis is a long-term (chronic) condition where the stomach cannot empty in the normal way. Food passes through the stomach slower than usual, causing a range of symptoms varying from mild to severe and can require medical intervention.

What causes it?

Known causes of gastroparesis include:

- Type 1 diabetes or type 2 diabetes.
- A complication of some types of surgery, such as weight loss (bariatric) surgery or removal of part of the stomach (gastrectomy).

There are several other known causes but of all of these, diabetes is the most common cause.

In some cases of gastroparesis, there is no obvious cause. This is known as idiopathic gastroparesis.

What is the link to diabetes?

Gastroparesis happens when nerves to the stomach are damaged or stop working.

Symptoms may range in severity, depending on the damage to the vagus nerve, a long, cranial nerve that extends from the brainstem to the abdominal organs, including those of the digestive tract.

The vagus nerve controls the movement of food through the digestive tract. If the vagus nerve is damaged, the muscles of the stomach and intestines do not work normally, and the movement of food is slowed or stopped.

Diabetes can damage the vagus nerve if blood glucose levels remain high over a long period of time. High blood glucose causes chemical changes in nerves and damages the blood vessels that carry oxygen and nutrients to the nerves. Because of the damage to the nerves, gastroparesis is often regarded as a form of diabetic neuropathy.

In return, gastroparesis can make diabetes worse by adding to the difficulty of controlling blood glucose levels. Normally, when food from the stomach enters the small intestine and is absorbed, blood glucose levels rise. Since gastroparesis makes

stomach emptying unpredictable, a person's blood glucose levels can be erratic and difficult to control.

What are the symptoms?

Symptoms of gastroparesis may include:

- feeling full very quickly when eating
- feeling sick (nausea) and vomiting
- loss of appetite
- weight loss
- bloating
- tummy (abdominal) pain or discomfort
- heartburn

These symptoms can range from mild to severe and tend to come and go. Symptoms can flare up any time, but are more common after the consumption of high-fibre or high-fat foods, both of which are slow to digest.

Serious Symptoms and Complications

You should see a GP if you're experiencing symptoms of gastroparesis, as it can lead to some potentially serious complications, all with implications for a person with diabetes.

These complications include:

- dehydration from repeated vomiting
- gastro-oesophageal reflux disease (GORD) – where stomach acid leaks out of your stomach and into your food pipe (oesophagus)
- malnutrition – when your body is not getting enough nutrients unpredictable blood sugar levels – this is an obvious and serious risk for people with diabetes

Diagnosing gastroparesis

To diagnose gastroparesis, a GP will ask about your symptoms and medical history, and may arrange a blood test for you.

You may be referred to hospital to have some of the following tests:

- **Barium X-ray.** You will be asked to swallow a liquid containing the chemical barium, which can be seen on an X-ray and highlights how the liquid is passing through your digestive system. The test requires you to fast for 12 hours beforehand, so you may need to follow special instructions on fasting and diabetes.
- **Barium meal.** You will need to eat a meal that contains barium, thus allowing the radiologist to watch your stomach as it

digests the meal. This test can help detect emptying problems that do not show up on the liquid barium x-ray. In fact, people who have diabetes-related gastroparesis often digest fluid normally, so the barium meal test can be more useful.

- **Radioisotope gastric emptying scan.** You will be asked to eat a food (often eggs) containing a very small amount of a radioactive substance that can be seen on the scan. The dose of radiation from the radioisotope is small and not dangerous. Gastroparesis is diagnosed if more than half of the food remains in the stomach after 2 hours.
- **Wireless capsule test.** This is where you swallow a small, electronic device which sends information about how fast it is moving through your digestive tract to a recording device.
- **Endoscopy.** A thin, flexible tube (endoscope) is passed down your throat and into your stomach to examine the stomach lining and rule out other possible causes.

What can I do about it?

Gastroparesis cannot usually be cured, but dietary changes and medical treatment can help you control the condition and its symptoms.

Dietary changes.

Many doctors will recommend a person with diabetic gastroparesis make certain dietary changes, including:

- eating frequent, smaller meals instead of three larger meals each day
- limiting high-fibre foods, such as broccoli, which take longer to digest
- sticking to mainly low-fat foods
- try soft and blended/liquid foods – these are easier to digest
- chew food well before swallowing eating well-cooked vegetables instead of raw vegetables
- avoiding alcohol and carbonated drinks
- Drinking plenty of water and other fluids every day. Dehydration can make your nausea worse but avoid drinking large quantities in one go – take frequent, smaller sips.
- Trying to eat solid foods first. Try solid food in the morning, and eat more liquid/softer/lower-fibre meals later in the day. If your symptoms are serious, your doctor may suggest you go on an all-liquid diet for a while.

- You may need to alter your medication to account for any dietary changes you make, to ensure your diabetes remains controlled.

A doctor or nutritionist may recommend a person with diabetic gastroparesis eats certain foods, including:

STARCHES

- White pasta
- White bread
- Crackers
- Grains
- Quick oats
- White rice
- Low-fibre cereals (less than 2 grams per serving)

PROTEIN

- Chicken
- Fish
- Tofu
- Lean meats (beef or pork)
- Smooth nut or seed butters (1-2 tablespoons)

FRUIT

- (peeled, canned, or cooked)
- Apples
 - Bananas
 - Grapefruit
 - Peaches or pears
 - Honeydew or cantaloupe melon

VEGETABLES

- (well-cooked and peeled)
- Carrots
 - Courgettes
 - Butternut squash
 - Peppers
 - Sweet or white potatoes, peeled

DAIRY OR PLANT-BASED OPTIONS

- Skimmed milk
- Soy, rice or almond milk
- Low-fat cheese
- Rice pudding or yogurt

HIGH-CALORIE DRINKS

(only under advice)

- Fruit juices
- Sports drinks
- Milkshakes
- Protein smoothies
- Higher-fat milk
- Nutritional drinks

- Domperidone – which is taken before eating to contract your stomach muscles and help move food along the digestive tract
- Erythromycin – an antibiotic that also helps contract the stomach and may help move food along
- Anti-emetics – medicines that can help to stop you from feeling or being sick

However, the evidence that these medicines relieve the symptoms of gastroparesis is relatively limited and they can cause side effects. Your doctor should discuss the potential risks and benefits with you.

Botulinum toxin (Botox) injections.

More severe cases of gastroparesis may occasionally be treated by injecting botulinum toxin into the valve between your stomach and small intestine. This relaxes the valve and keeps it open for a longer period of time so food can pass through. The injection is given through a thin, flexible tube (endoscope) which is passed down your throat and into your stomach.

This is a fairly new treatment and some studies have found it may not be very effective, so it's not recommended by all doctors.

Where the gastroparesis is very severe and has not responded to other treatments, doctors may consider more radical interventions. These may include the insertion of a feeding tube or surgery. Your doctor can explain whether any procedures are suitable for you, and can discuss the possible risks involved.

Also, a doctor or dietician will likely recommend that a person with diabetic gastroparesis makes some changes around meal times, such as:

- taking a walk after eating to promote digestion.
- eat sitting upright – try not to slouch.
- try waiting at least two hours after eating to lay down.
- try keeping a food journal. Write down what you eat and how you feel after. That can help you figure out which foods make your symptoms worse.

Medicines.

The following medicines may be prescribed to help improve your symptoms:



▶ **A quick summary of advice for people with diabetes.**

- If you experience any symptoms or suspect you have gastroparesis, then speak to your doctor about tests and treatment.
- Having gastroparesis means your food is being digested slowly and at unpredictable times. If you also have diabetes, this can have a big effect on your blood sugar levels.
- You will also need to check your blood glucose levels more frequently after you eat.
- Your doctor can advise you about any changes you may need to make to your diet or medicine. For example, if you're taking insulin, you may need to divide your dose before and after meals or inject insulin into areas where absorption is typically slower, such as into your thigh.
- The nerves to the stomach can be damaged by high levels of blood glucose, so it's important to manage your blood glucose levels appropriately.

NEW!

Quick Q&As

NEW!

Very often we find that there are odd questions that we want to ask and want a quick answer by return. Here are a few that we have come across but if you have any suggestions of your own that you want answering and that you think may help others then please let us know and we can include them.

Thanks!

Why does alcohol make my blood sugar level drop?

Alcohol is a carbohydrate, right? Carbohydrates make my blood sugar level rise, right? So, alcohol should make my blood sugar levels rise, right? Wrong.

The liver is the key organ at play here. One of its important functions is to release glucose into the blood stream. When you drink alcohol, it does cause an initial spike in blood sugar levels but after that the alcohol impairs your liver's ability to release glucose into the blood and your blood sugar levels then drop and can cause a hypo. The key to avoiding problems is to test before and after you have been drinking.

How often can I re-use lancets?

With good hygiene, it is usually acceptable to use the same lancet throughout a 24-hour period but if a lancet becomes blunt and increasingly painful then it should be changed. Remember, though, never to share your lancets with another person.

What should I be sure to do before I go home from the hospital?

Before you leave the hospital, make sure you have in writing what your medicines and doses should be when you arrive home. If some of the medicines you were taking before hospitalization are not on the list of medicines to take after, ask why. Also, after discharge, ask your usual pharmacist to check your new combination of medicines for potential drug interactions or anything to which you may be allergic.

Are there any steps I should take when increasing the fibre content of my diet?

Yes — fibre works together with fluid in the digestive system, so make sure to increase your non-alcoholic, non-caffeinated fluid intake along with your fibre intake unless you already drink plenty of fluids.

How often should I exercise?

Once you get the OK to exercise from your health care provider, try 30 minutes of moderate-intensity activity on most, if not all, days of the week — even if you are not overweight.

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.

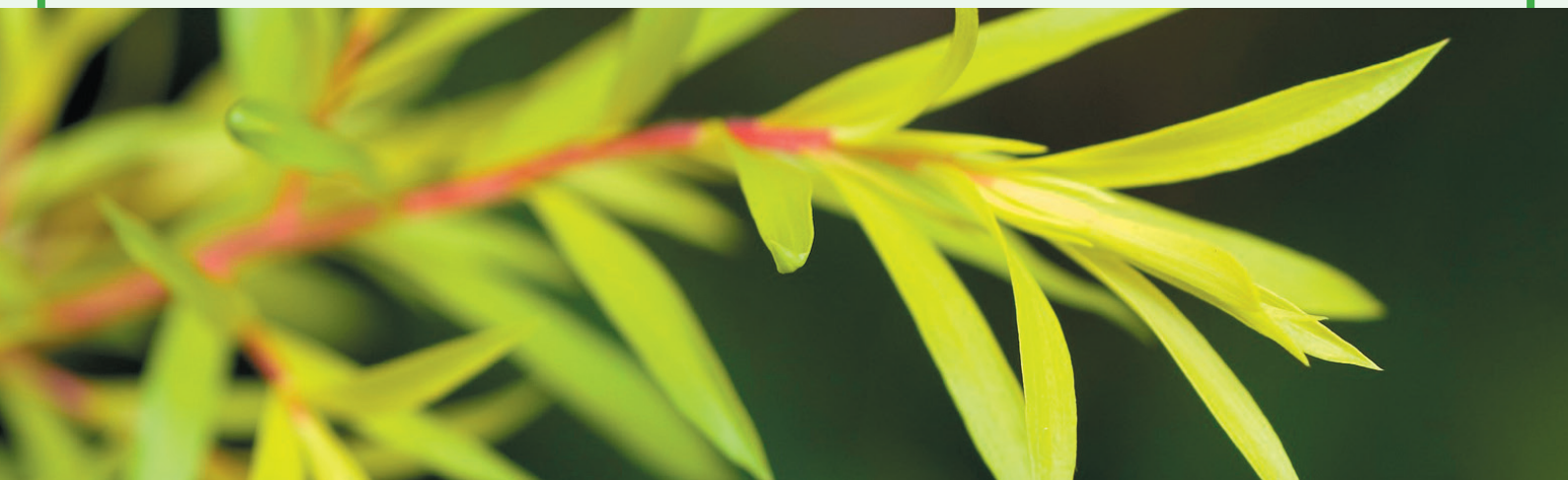
Secondly, while there is anecdotal evidence that it can be used as a treatment for fungal

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, potentially 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 and 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.

If you would like to know more about diabetes and footcare, IDDT produce a FREE booklet ‘Diabetes - Looking After Your Feet’. For a copy of this booklet simply contact IDDT, using the details at the end of this newsletter.



BITS AND PIECES

• **Bempedoic acid as an alternative to Statins in patients with Type 2 diabetes**

A study reported in Diabetes, Obesity and Metabolism has shown that Bempedoic acid significantly lowered LDL (bad) Cholesterol for people with Type 2 diabetes without worsening blood glucose control compared to a placebo group, after a twelve-month follow-up. The implication of this is that Bempedoic acid can be used safely to lower LDL cholesterol for people with Type 2 diabetes who cannot tolerate statins.

• **Turmeric and Diabetic Chronic Kidney Disease (CKD)**

A new study has reported that taking a Turmeric supplement may help slow the progression of CKD. The supplements contain curcuminoids, part of a group of beneficial chemicals called polyphenols. Polyphenols have been shown to have benefits, including potentially helping with blood glucose control, boosting cardiovascular health, and fighting cancer. The researchers found that the supplements limited the production of uremic toxins, which are implicated in the progression of kidney disease.

• **Sardines may reduce the risk of Type 2 diabetes and cardiovascular disease**

This study found that consumption of 200g of sardines a week for 12 months was associated with an increase in HDL (good) Cholesterol and adiponectin, as well as a decrease in triglycerides, blood pressure and insulin resistance. Therefore, those eating the sardines were at a lower risk of developing Type 2 diabetes and cardiovascular problems. This is due to the high amounts of omega-3, vitamin D, taurine, fluorine and fatty acids in sardines. Although this study concentrates on prevention of Type 2 diabetes it also serves as a reminder to include oily fish in your diet for cardiovascular health.

• **Primary Prevention of Cardiovascular and Heart Failure Events with SGLT2 Inhibitors (-flozins), GLP-1 Receptor Agonists (-tides) combinations in Type 2 diabetes**

Research has suggested that SGLT2i and

SGLT2i/GLP-1RA combination regimens may be beneficial in primary prevention of major adverse cardiac and cerebrovascular events (MACCE) and heart failure (HF) and GLP-1RA alone, for HF. These data call for primary prevention trials using these agents and their combination.

• **Four new biosimilar medicines that may come your way**

A biosimilar medicine is a medicine which has been shown not to have any clinically meaningful difference from the original medicine, in terms of quality, safety and efficacy. The following four medicines have been approved by the European Medicines Agency (EMA) and likely will become available in the UK, subject to approval.

- Inprezia (insulin human)
– generic of Actrapid
- Sitagliptin Accord (sitagliptin)
– generic of Januvia
- Truvelog Mix 30 (insulin aspart)
– generic of Novomix
- Mylan (Sitagliptin/Metformin)
– generic of Janumet

• **Higher Fibre intake may reduce dementia risk**

A Japanese study, conducted over twenty years, has found that an increased amount of fibre, especially soluble fibre, in subjects' diet, led to a reduced risk of dementia. Good sources of soluble fibre are oats, peas, beans, apples, citrus fruit, carrots and barley. Given that people with diabetes are at higher risk of developing dementia the study highlights the importance of eating a diet that is high in fibre.

• **Type 2 diabetes drug class tied to slower cognitive decline in dementia**

Staying with dementia, a study published in August last year, has shown that DPP-4 inhibitors (-gliptins) can slow cognitive decline in the progression of dementia. In trials people who took the drug had lower levels of abnormal protein deposits in the brain, which are associated with cognition and memory decline.



IDDT Event 2022 – 'Changing Times'

We are glad to announce that this year we are holding an Event for you, again at the Kettering Park Hotel. You will see from the event booking form accompanying this newsletter that it will be an interesting day with speakers and group discussions. The title is 'Changing Times' to reflect some of the issues that are affecting people living with diabetes.

We are pleased to tell you that we are being joined by Professor Alan Sinclair who is an international expert in in diabetes in older people and is a former Professor of Medicine at the University of Bedfordshire and a former Dean at the Bedfordshire & Hertfordshire Postgraduate Medical School.

We are also joined by Abban Qayyum, Senior Specialist Physiotherapist, by Jane Chatham from Abbott Laboratories, manufacturers of the Freestyle Libre, and ending the day for us as speaker is Dr Gary Adams.

So, something for everyone and we hope that you and your family - the spouses, the partners and the parents of those with diabetes, will be able to join us at the event. Just complete the form and return it to IDDT. Remember, the date for your diary is 29th October 2022!



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

InDependent Diabetes Trust (IDDT), PO Box 294, Northampton NN1 4XS

Tel: 01604 622837 email: enquiries@iddtinternational.org Or visit our website: www.iddtinternational.org



LOTTERY RESULTS

WINNERS OF THE JANUARY 2022 DRAW ARE:

- 1st prize of £550.56 goes to Joyce from Newport
- 2nd prize of £412.92 goes to Jeremy from Colchester
- 3rd prize of £275.28 goes to ANON from Broxbourne
- 4th prize of £137.64 goes to Geoff from Sidford

WINNERS OF THE FEBRUARY 2022 DRAW ARE:

- 1st prize of £550.08 goes to Ron from Gloucester
- 2nd prize of £412.56 goes to Haydn from Porthcawl
- 3rd prize of £275.04 goes to Rosemary from Newtownabbey
- 4th prize of £137.52 goes to Shirley from Scarborough

WINNERS OF THE MARCH 2022 DRAW ARE:

- 1st prize of £549.60 goes to Glenn from Bury
- 2nd prize of £412.20 goes to Kenneth from Leyland
- 3rd prize of £274.80 goes to Grant from Bury St Edmunds
- 4th prize of £137.40 goes to Myrna from West Wickham

Note: The winners of the draws for April, May and June 2022 will be announced in our September 2022 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