



Welcome

Welcome to the fifty-third issue of Type 2 and You. On reflection, it has been a year of huge change for all of us, in many ways. It has been a year of endings and new beginnings and as 2023 approaches, all of us at IDDT wish you the best for the festive period and the colder months ahead. As always IDDT will do our best to provide you with help and support as far as we can, so this issue has some important advice about how to stay warm and well through winter. We also have articles on day-to-day considerations, such as salt intake and managing diabetic neuropathic pain. We have updates on the continued support that we are all providing to the diabetes community in Ukraine.

This humanitarian aid effort continues only because of the remarkably kind and generous support of all IDDT members, friends and family.

From everyone at IDDT, we wish you all a safe, happy and peaceful Christmas and New Year!



HEATING AND EATING - SOME PRACTICAL TIPS FOR OUR PROTECTION



As the cost of food, gas, electricity, and fuel continues to rise in the UK, during 'the cost-of-living crisis' it is important that we protect our health. In this article we look at some practical tips that may be of help during these difficult times.

In a YouGov survey carried out in April and May 2022 it was found that:

- 55% of people in the UK felt that the cost-of-living crisis has negatively impacted their health,
- 25% of this group also had this confirmed by a medical professional,
- Of this group, 84% blamed the rising cost of heating.

Heating - the health risks

In colder weather and winter, people who ration their heating, to afford their bills, are at risk of cold-related health problems.

This particularly applies to elderly people as they are more vulnerable because they lose body heat faster. An older person with a body temperature below 35 degrees Celsius (°C) is at risk of health problems such as

- Hypothermia.
- Heart attack.
- Liver damage.
- Kidney problems.

- A cold house can also exacerbate less serious yet uncomfortable complaints, such as skin conditions, like ulcers.

Heating tips

- Keep your home heated to at least 18°C and not below 16°C if you're elderly or have impaired mobility.
- If you really need to reduce your heating bill, on milder days turn down your thermostat by one degree at a time, wait, and reassess if you need to again. This is better than dropping the temperature dramatically.
- Check your boiler pressure isn't too low as this can cause your radiators to be less efficient.
- Keep the area around your radiators clear.

Eating – the health risks

Rising food prices are having the second biggest effect on our health after gas prices. Fresh and less processed foods have always been more expensive but now the increase in costs means that these healthier options have become further out of reach for many more people. So, many are turning to cheaper, less nutritious options such as microwave meals, or even cutting back on food completely. A diet with lower nutritional quality increases the risk of many health issues, such as:

- Constipation.
- Type 2 diabetes.
- Heart disease and stroke.
- Some cancers - eg obesity increases the risk of many cancers, including of the colon, kidney, and breast.
- Nutrient deficiencies – eg iron-deficiency anaemia.

Eating tips

When the temperature drops in cold weather, your body needs food that can help raise your body temperature and make you feel warm. Generally, foods that take longer to digest can help raise your body temperature and make you feel warmer.

This is because heat is produced by the process of metabolising food (called thermogenesis). So, look for foods that are high in healthy fats, proteins and carbohydrates as many of these are more complex and take longer to digest.

Aim for at least one hot meal a day and try to eat a variety of fruits, vegetables and other unprocessed foods.



Some nutritious foods to keep you warm in cold weather:

Bananas - Bananas have a lot of vitamin B and magnesium, which are important for your thyroid and adrenal glands to function properly. These glands help regulate body temperature and they can also boost mood and preserve memory.

Oats - Start your day with a hot breakfast of porridge made from oats, a good source of whole grains and fibre. Fibre can improve your cholesterol levels, make you feel full, as well as keeping you full and warm.

Coffee - One of the benefits to drinking coffee is the caffeine. Caffeine increases your metabolism, which can raise your body temperature. Technically, iced coffee can be even better because it has more caffeine. However, if you can't give up the warm cup of coffee in your hands, you'll still get the benefits from a hot cup of coffee.

Red meat - Red meat is a good source of iron, an important mineral to help carry oxygen throughout your body. People with low iron levels may notice cold hands and feet or feel tired easily. Eating red meat can also supply vitamin B12, which contributes to healthy nerves and a strong immune system.

Sweet potatoes - Sweet potatoes and other root vegetables need more energy to digest, which raises your body temperature, making a warm winter meal.

Water - A simple way to help your body stay warm this winter is to drink water. Water keeps your body functioning at its best and helps regulate your internal temperature. Dehydration causes your core temperature to drop, which may lead to hypothermia.

Avoid alcohol - It is said a shot of whisky

can keep you warm but whisky and other kinds of alcohol actually lower your body's core temperature. You may feel warm at first but it will be hard to stay warm over time. Alcohol also impairs your ability to shiver, which is a natural response to raise your body temperature so to stay warm this winter, avoid drinking alcohol, especially at outdoor events.

Update from Ukraine

Thanks to the generosity of our members and many other people, we have sent further consignments of insulin and other diabetes supplies to help people with diabetes in Ukraine, 74 boxes of supplies in our latest consignment. You have responded brilliantly to our request for Type 2 tablets, so a particular thanks to people who donated unwanted metformin.

Many of you are aware that IDDT is the UK arm of Insulin for Life (IFL) a global organisation helping people in need of insulin and other diabetes supplies and we have all been working together to help people in Ukraine. IDDT has received meters and strips from IFL in Australia and insulin pens and vials from IFL in the United States. When we work together, it shows what we can achieve!

So many thanks to everyone who has helped the people of Ukraine!

In August, our contacts in Ukraine, Dmytro and Svetlana, came over to the UK to try to obtain other supplies from the UK and they visited IDDT. We heard first-hand about the situation in Ukraine and their needs for the coming cold winter in areas where there are no electricity supplies.



We are all very well aware that the newspapers and news bulletins are often taken up with UK political issues, but the situation in Ukraine has not gone away, nor have the needs of Ukrainian people with Type 1 or Type 2 diabetes. So IDDT is still collecting unwanted, in-date insulin, blood glucose meters, test strips, needles, lancets and tablets for Type 2 diabetes.

For Christmas presents for children in Ukraine, our 'knitters' have knitted copies of jelly babies, scarves, gloves and blankets for the winter. So many thanks to all of these kind people – they are showing people in Ukraine that we are thinking about them and that we care.

? Quick Q&As ?

What should you do if you have hypoglycaemia (low blood glucose) symptoms when you don't have your meter?

If you feel you have symptoms of hypoglycaemia (hypo) but do not have your blood glucose meter available to check, it is recommended that you treat your suspected hypo to avoid your blood sugar levels dropping even lower. It is easier to correct a high

blood sugar than it is to deal with a dangerously low blood sugar level. Test as soon as you have access to your meter again.

How should you time your insulin dose for a drawn-out meal?

If you plan to eat a long, drawn-out meal, consider taking half of your mealtime insulin at the beginning of the meal and the other half an hour or two later.

How does smoking affect diabetes?

People who have diabetes and who smoke are at risk for extra health issues in addition to non-diabetic smokers. These include:

- Heart and kidney disease
- Poor circulation, which can lead to infection and amputation
- Eye disease
- Nerve damage

In addition, smoking can cause insulin resistance. Smoking is considered to be a risk factor for developing Type 2 diabetes; smokers are 30% to 40% more likely to get Type 2 diabetes than non-smokers. If you have Type 2 diabetes, you may find that smoking can lead to higher blood sugars, and/or make it harder to manage blood sugars. Over time this can raise your risk of diabetes complications, including heart, eye, kidney, and nerve disease.

What's the Difference Between Ketosis and Diabetic Ketoacidosis (DKA)?

Some people assume diabetic ketoacidosis and ketosis are the same. Not true. The first, **Ketosis**, is the fat-burning mechanism that makes the popular ketogenic diet work. Ketosis is a process that happens when you adopt a diet that is very low in carbohydrate that the body needs to burn for energy. Instead, it burns fat and makes things called ketones, which it can use for fuel. During the first weeks of a keto diet, you might start to feel bad. Some people call this the "keto flu," but it isn't an official medical condition. **Diabetic ketoacidosis (DKA)** is a serious complication of diabetes that can be life-threatening. DKA develops when your body doesn't have enough insulin to allow blood sugar into your cells for use as energy. Instead, your liver breaks down fat for fuel, a process that also produces acids called ketones. When too many ketones are produced too fast, they can build up to dangerous levels in your body. DKA usually develops slowly. Early symptoms include, being very thirsty and urinating a lot more than usual. If untreated, more severe symptoms can appear quickly, such as:

- Fast, deep breathing.
- Dry skin and mouth.
- Flushed face.
- Fruity-smelling breath.
- Headache.
- Muscle stiffness or aches.
- Being very tired.
- Stomach pain, nausea and vomiting.

Severe DKA is a medical emergency and requires urgent medical treatment.

Is it ok to bath my feet using Epsom Salts?

Good footcare is important if you have diabetes and it's recommended that you wash your feet every day, but you shouldn't soak them - no form of foot soak is appropriate for people with diabetes. Although some people soak their feet in Epsom salt baths, this is home remedy that isn't recommended for people with diabetes. One reason is that Epsom salts (Magnesium Sulphate) can cause a drying effect on the skin. This, in turn, can cause the skin to crack, leaving the skin broken and vulnerable to infection.

Should I consider taking aspirin on a daily basis?

Most people initially think of aspirin as a pain relief drug but predominantly, it is mainly used for diseases related to heart disease and considered for those with a history of stroke. Given that people with diabetes have an increased risk of both, you may be forgiven for thinking that aspirin and diabetes are a good match. Typically, it's not as simple as that. If you have diabetes and are looking to prevent heart disease, you may not benefit from taking aspirin daily. But if you have diabetes and are looking to manage heart disease due to a pre-existing history of the condition, taking aspirin may help boost your heart health and prevent heart disease from progressing.

I have an uncomfortable case of athlete's foot. Can I treat it with an over-the-counter cream?

People with diabetes can safely use over-the-counter athlete's foot creams, and all athlete's foot creams are equally effective. To use an athlete's foot cream, wash your feet and dry well between your toes and on the bottoms of your feet. Rub the medicated cream in twice a day. If you see no improvement in five days, call your doctor or podiatrist - It might not be an athlete's foot fungus after all.

How can I help slow bone loss after menopause?

To reduce bone loss after menopause, women are advised to get 1200 milligrams of calcium a day. For your body to be able to absorb calcium properly, you also need to get an adequate amount of vitamin D. Ask your doctor for further advice.



Christmas Tips

Christmas is an exciting and happy time with lots going on – presents, parties and usually lots of food and drink. However, if you or someone in your family has diabetes, Christmas can also be a worrying and stressful time as well, especially if this is your first Christmas with diabetes. We all tend to eat and drink a lot more than we should and it tends to be the sort of food that is not exactly ideal for people with Type 2 diabetes who are taking medication or insulin. We know that you cannot take a day off from your diabetes but here are some tips that you may find helpful in making your Christmas one that can be enjoyed.

Things to remember...

- Excitement lowers blood sugar levels, whereas stress tends to raise blood sugar levels.
- Eating more can raise blood sugar levels but exercise lowers them so a walk after a big Christmas dinner will help to lower them.
- Try to keep meals to normal times and have a snack if you are eating later than usual.

Food Tips

- Decrease the sugar in your favourite recipes; use less sugar, substitute sweeteners for sugar, use sugar-free gelatins for deserts and use sugar-free drinks in punches and other drinks.
- Christmas dinner is similar to a Sunday lunch with a few extras like cranberry sauce and stuffing which will raise blood sugar levels so pick and choose what you eat. Alternatively, you could have everything on offer but just have smaller portions.

How about a drink?

When you drink alcohol your liver reduces its ability to release glucose into the blood so, if you take sulfonylureas or insulin, you can be at risk of going hypo over the next 24 hours and possibly longer. However that does not mean that you can't enjoy a drink over the festive period. But there are some golden rules to follow:

- Only drink in moderation – good advice whether you have diabetes or not.
- Learn by experience how alcohol affects you and your diabetes – everyone is different.

If you take sulfonylureas or insulin then the following tips will help you avoid a hypo:

- If you are not having a meal with your alcohol then nibble some carbohydrates, such as crisps, or, if you use insulin, lower your dose prior to having a meal and before you have a drink.
- Avoid drinking alcohol before a meal.
- Have an extra snack before going to bed. The alcohol could lower your blood sugars in the night while you are asleep, resulting in a night hypo. Also the alcohol may make you sleep more soundly, so your hypo warnings may not wake you.

Don't let diabetes spoil your day!!!

IDDT produce a **FREE** booklet "**Diabetes at Christmas**", full of helpful advice, tips and recipes to help you enjoy the festive period. For your copy please contact IDDT, using the details at the end of this newsletter.



Legacy Giving - More Important Now than Ever Before

What is Legacy Giving?

The Charities Aid Foundation (CAF) says that a legacy gift is: "A gift that someone leaves to a charitable organisation in their Will". It is a way of leaving a gift in your Will to a charity to support them in the future.

Why is leaving a gift in my Will important?

Before we even start to think about leaving gifts to charity in our Wills, we need to consider the importance of making a Will in the first place. None of us like to think about the fact that, one day, we will pass away and we need to consider how best we can look after our loved ones when we are gone. The best way we can do this is by leaving a Will that clearly says how we want our

Once we have made provision for our loved ones, we may want to leave some type of gift to charity in recognition of the support they have given and to support the work they do in the future. Surprisingly, nearly two thirds of the adult population aged between 40 and 55 have not made a Will.

Leaving a gift in your Will to a charity, is important to any charity but is especially important to IDDT. To remain truly independent the Trust does not accept funding or grants from the pharmaceutical industry, so IDDT is entirely reliant on donations and gifts. While donations help with the charity on a day-to-day basis it is gifts in Wills that truly keep the charity alive and can be truly transformative for those it supports, now and in the future.

What are the benefits of leaving a gift in your Will?

There are several different benefits to leaving a legacy to IDDT:

- For those of you who have diabetes or have loved ones with diabetes, a gift can help ensure that we can continue to support everyone that lives with the condition in the future.
- By leaving a gift in your Will you can make a significant donation that will not cost you anything now.
- Certain types of gifts, such as residuary gifts, hold their relative value over a long time.
- A legacy gift to us helps “future-proof” our charity, the research it funds and the support it can give to people with diabetes while a cure remains elusive.

In return IDDT promises to use, as best it possibly can, any gifts it receives to achieve its core aims and objectives, most importantly to continue offering **free** care and support to all people living with diabetes, their families, carers and supporting health professionals.

How do I make a Will and leave a gift to IDDT?

The process of making a Will is not as daunting as it may first seem. For starters, it isn't that expensive; a solicitor can help you make a Will for between £150 and £250.

DIY Will-writing kits are available, often on-line. It's easy to make mistakes this way, which don't reflect your wishes and can be difficult to change later on.

To find more about leaving a gift in your Will to IDDT then please contact us, using the contact details at the end of this newsletter and ask for our “Reasons for Making Your Will” leaflet or request in on-line here:

<https://www.iddt.org/publications/leaflets#wills>

Alternatively, to start making a Will or to update your existing Will, The Law Society offer a search service to help you find the right solicitor:

<https://solicitors.lawsociety.org.uk/gifts>

*Your gift,
any gift,
will help
people
living with
Diabetes.*



(IDDT, top left, makes an entrance in the new medical centre)

Stop Press! - IDDT in Albert Square!

IDDT made an unannounced 'cameo' appearance in BBC's EastEnders at the end of September.

Initial reviews have been very favourable and we hope to see IDDT in Albert Square in many forthcoming episodes!

IDDT's full resumé can be viewed here:

<https://www.iddt.org/publications>

Managing Diabetic Neuropathic Pain

What do we mean by neuropathic pain?

Neuropathic pain, also called nerve pain or neuralgia, occurs when a health condition affects the nerves that carry sensation to the brain. Diabetic neuropathy is a type of nerve damage that can occur as a complication of diabetes. Diabetic neuropathy is a common but nonetheless serious complication of the condition and it is estimated that it may affect as many as 50% of people who have diabetes.

Depending on the affected nerves, diabetic neuropathy symptoms include pain and numbness in the legs, feet and hands.

It can also cause problems with the digestive system, urinary tract, blood vessels and heart. The most common form of the condition develops when nerves in the body's extremities, such as the hands, legs and feet, are damaged. This is called diabetic peripheral neuropathy.

What does neuropathic pain feel like?

Nerve pain often feels like a shooting, stabbing or burning sensation. Sometimes it can be as sharp and sudden as an electric shock. People with neuropathic pain are often very sensitive to touch or cold and can experience pain as a result of stimuli that would not normally be painful, such as brushing the skin. It's often worse at night and while some people have only mild symptoms, for others, diabetic neuropathy can be quite painful and disabling.

It is important to remember that peripheral nerve damage does not always mean pain. Sometimes it can result in numbness or reduced ability to feel pain or temperature changes. This can be dangerous in a different way as injuries such as cuts, burns or scalds may go unnoticed (and thus untreated) leading to secondary problems such as infections.

What happens to cause neuropathic pain?

Diabetic neuropathy is a complication of the condition, most commonly caused by high blood sugar levels sustained over a long period of time, so, the longer you have had diabetes the more likely you are to develop some form of diabetic neuropathy.

Over time, high blood sugar levels can cause damage to the small blood vessels that supply the nerves in your body. This stops essential nutrients reaching the nerves. As a result, the nerve fibres can become damaged, and they may disappear altogether. Low levels of Vitamin B12 can also lead to neuropathy. Metformin, a common medication used to manage diabetes, can decrease levels of Vitamin B12. You can ask your doctor for a simple blood test to identify any vitamin deficiencies.

What treatments are there to reduce the pain of neuropathy?

Prevention

Without being boring, the first steps to take, as always are preventative. Prevention is important as, once nerves have been damaged, they cannot repair themselves. As the damage cannot be reversed, careful diabetes management can prevent the damage from happening or prevent further damage if you already have some of the symptoms. As usual this means being consistent with:

- monitoring your blood glucose levels
- taking medications as prescribed
- managing your diet
- being active

If you are suffering from neuropathic pain then there are several treatment options available; these can involve medicine based treatments, non-medicine based treatments or a combination of both.

Medicines

Some mild nerve pain can be controlled with simple, over-the-counter painkillers like aspirin, paracetamol or non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen. However, it is generally acknowledged that even prescription forms of these medicines are often not very helpful.

If these medicines prove to be ineffective, then doctors can look to other medicines to treat the condition. Stronger painkillers such as opioids are sometimes used, but these have significant side effects that can be harmful especially in the long term, and can be addictive.

There are two other groups of medicines that can be effective against nerve pain. They include medicines originally used to treat depression, such as amitriptyline or duloxetine and others used to treat seizures (gabapentin, pregabalin and carbamazepine).

These medicines can be used in combination and a study, recently published in *The Lancet*, found that various combinations of amitriptyline, duloxetine and pregabalin were effective, safe and well-tolerated with no additional side-effects.

These treatments are normally given in tablet or liquid form. However, topical treatment options can also be tried and can prove effective. Capsaicin cream or ointment can sometimes reduce pain associated with diabetic neuropathy if used regularly over the course of several weeks. Another option is lidocaine patches, another way to provide topical relief.

Finally, there are some alternative medicine therapies that some have found to offer varying degrees of relief from neuropathic pain. Two of these are:

Alpha-lipoic acid. This antioxidant is found in some foods, such as broccoli, tomatoes, spinach, Brussel sprouts and red meat.

Acetyl-L-carnitine. This nutrient is naturally made in the body and is also available as a supplement.

CBD. CBD research is limited. However, there's some promise that CBD can help with neuropathy pain and people have found it helpful. However, remember to check with your health care provider before using any alternative therapy or dietary supplements to make sure that you don't have any potential interactions.

Non-medicine treatments

Non-medicine treatments can help people to understand and cope with neuropathic pain. They include:

Exercise. Exercise helps lower blood sugar, improves blood flow and keeps your heart healthy. Talk with your health care provider before you start exercising to assess what type of exercise is most suitable for you.

For example, if you have decreased feeling in your legs, some types of exercise, such as walking, may be safer than others.

Relaxation techniques. We know people with chronic pain can experience a lot of muscle

spasm or tension as a response to their pain. Relaxation can be very helpful in relieving muscle tension and reducing stress. Relaxation therapy can be a very important coping strategy and, if you successfully learn to relax, your pain may be reduced.

Relaxation can:

- Reduce the feelings of stress - helping us to cope better.
- Reduce pain - by decreasing muscle tension, aches and pains.
- Release endorphins ('the body's natural pain-killers') to relieve pain.
- Promote sleep - allow the body to rest peacefully and calm the mind.

You can develop your own way of relaxing, such as having an enjoyable long bath, massage, aromatherapy or yoga.

Education, counselling and psychological interventions.

These can help you feel in control of your pain and reduce distress. For many, chronic pain is depressing and it can become the central issue in daily life. Recognizing and treating the physical aspects of chronic neuropathic pain is important, but so is finding ways to cope with the mental health aspects of the problem.

Transcutaneous Electrical Nerve

Stimulation (TENS). TENS machines can be used to block the transmission of pain sensations to the brain. TENS delivers tiny electrical impulses to specific nerve pathways through small electrodes placed on the skin. Although safe and painless, TENS doesn't work for everyone or for all types of pain.

Acupuncture. Acupuncture may help relieve the pain of neuropathy and generally doesn't have any side effects. Keep in mind that you may not get immediate relief with acupuncture and might require more than one session.

Finally, people with chronic pain may find it helpful to attend a multidisciplinary pain management clinic where health professionals can work out a personalised pain management plan, encompassing a range of treatments from both medicine and non-medicine-based options. You will need a referral from your doctor to attend a pain clinic.

BITS AND PIECES

• **First Implantable Continuous Glucose Monitor Receives US Approval for Type 1 and Type 2 Diabetes**

The U.S. Food and Drug Administration (FDA) has approved the first implantable continuous glucose monitoring (CGM) device for adults with Type 1 and Type 2 diabetes. The device, called the Eversense Continuous Glucose Monitoring System, provides monitoring for up to three months, compared to traditional sensors that require changing every three to seven days.

The tiny wireless sensor is inserted under the skin on the upper arm, and a lightweight transmitter is affixed to the skin over the sensor with adhesive. It will be interesting to see if the device or an equivalent becomes available in the UK and even more interesting to see if it becomes available on the NHS.

• **Pre-meal protein supplement improves T2D control**

A small whey protein drink (100ml) taken 10 minutes before meals can significantly lower 24-hour mean blood glucose concentration and increase the amount of time people with diabetes spend in euglycaemia (normal blood sugar levels), according to new research from Newcastle University.

The researchers concluded that taking a whey protein shot before meals may be a viable strategy for reducing elevated blood glucose in people with type 2 diabetes. More research is needed to demonstrate whether taking a protein shot is more effective than consuming more protein in general, and to what degree the timing of a person's protein intake affects blood glucose levels.

• **A possible non-operative treatment for cataracts in development?**

An international team of scientists from Anglia Ruskin University, in Cambridge, has announced "extremely positive results" from laboratory trials of a compound that could one day offer a non-operative option for cataract treatment. Cataracts are currently curable only by surgical replacement of the lens. The team tested the effect of a compound called VP1-001 on the lenses of mice.

Treatment resulted in the lens being better able to focus. However, researchers noted: "Improvements occurred in some types of cataract, but not in all, indicating that this may only be a treatment for specific cataracts".

• **Abnormal Glucose on Emergency Admission predicts long-term outcomes**

A long-term study in Sweden has confirmed the findings of previous smaller studies, in that measures of blood glucose levels on emergency admission to hospital can be used as an indicator of long-term cardiovascular outcomes and survival.

The study found that people with hyperglycaemia had almost twice the mortality rate and significantly elevated long-term rates of cardiovascular death, myocardial infarction (MI), stroke, and hospitalization for heart failure. Those with hypoglycaemia had a significant 2.5-fold increased rate of all-cause death long-term, as well as a significant 2.5-fold elevation of long-term cardiovascular death but not for any other cardiovascular outcome examined.

The findings suggest that blood glucose measurement as part of an emergency admission can help identify patients at increased risk for adverse outcomes and the authors called for controlled studies to test interventions that could potentially improve these outcomes.

• **The National Institute for Health and Care Excellence (NICE) has published recommended guidance on Brolicizumab for treating diabetic macular oedema after rapid recommendation**

NICE has recommended approval for a new drug to treat Diabetic Macular Oedema (DMO), one of the commonest causes of sight-loss among people with Type 1 or Type 2 diabetes. Brolicizumab, marketed as Beovu, is recommended in final draft guidance for approval on the basis that it is comparable in cost and treatment efficacy to similar drugs on the market, such as aflibercept (Eylea) and ranibizumab (Lucentis).

Brolucizumab is administered as an eye injection once every six weeks for the first five doses. After that point, clinicians would decide how often the treatment should be administered depending on how the disease is responding to treatment.

• **Albuminuria Linked to Higher CVD Risk in Diabetes**

Albuminuria is the presence of abnormally high levels of protein in the urine and is an indicator of kidney damage caused by diabetes. A recent Danish study found that the incidence those who underwent testing and had albuminuria had a greater than 50% increased rate of incident heart failure, MI, stroke, or all-cause death during 4-year follow-up of more than 74,000 Danish residents.

The researchers concluded "Measurement of albuminuria in people with Type 2 diabetes is improving in Europe, but is not yet at the level that's needed". The test for urinary albumin is one of the essential 9 key checks

to which everyone with diabetes is entitled and the study highlights the importance of getting this free annual check.

• **SGLT 2 inhibitors and Risk of Hyperkalaemia in People with Type 2 diabetes**

SGLT 2 inhibitors ('Flozins') have been shown to reduce the risk of serious hyperkalaemia (high levels of blood potassium), according to a study published in the journal *Circulation*. Hyperkalaemia can cause serious, cardiorenal risks to people with Type 2 diabetes who have chronic kidney disease (CKD) and/or are at high cardiovascular risk.

Although the link between hyperkalaemia and SGLT 2 inhibitors has yet to be systematically evaluated, the study importantly points out that SGLT 2 inhibitors do not cause corresponding hypokalaemia (low levels of potassium in your body) causing symptoms such as abnormal heart rhythms, muscle weakness and even paralysis.

Alternate site testing

Many people with Type 2 diabetes (and certainly those using insulin) will test their blood glucose levels to help them manage their diabetes. To do this you will need:

- a lancing device to get a sample of blood
- test strips to which the sample can be applied
- a monitor to provide a reading from the sample.

The advice that is usually given is to take the sample from the side of the fingertips, using a different finger for each test. This is fine for most of us, most of the time.

However, there are times that you may want to give your fingertips a rest. Over time, fingertips can become sensitive, particularly if you are testing more than normal, for example, due to illness. This can be a nuisance, not least to say painful for many day-to-day tasks.

If this is the case, you may want to consider alternative site testing (AST). It may be surprising to learn that there are several sites that can be used instead of the fingertips.

There are advantages and disadvantages to all sites, including fingertips as mentioned above. Alternative sites include the palm, the upper forearm, the abdomen, the calf and the thigh.

- **The Palm.** Using your palm as an alternative has its advantages. Blood samples can be taken easily and discretely. More importantly, test results are comparable to fingertip test and unlike other alternative sites can be used as a like-for-like substitute.
- **The Abdomen.** Studies have shown that the abdomen is a suitable alternative to fingertips and is virtually pain-free. However, if you are carrying a little extra weight then it can be difficult to get a large enough sample for some meters.
- **Arms and legs.** Upper arms, forearms, thighs and calves can also be used but may not be as practical as other sites. Other important disadvantages are that the readings obtained tend to lag behind those from fingertips by up to 20 to 30 minutes and again the samples obtained may be too small.

You will need to make sure that your lancing device can be used for the site you are considering and you'll need to find out how to adjust lancing depth. This is necessary to get a suitable sized sample, so consult the manual.

One possible drawback of alternate site testing is the cost of additional test strips. This can be especially important if you feel you can't rely on the results from the alternate site and end up testing again using your finger.

Other drawbacks can include the fear of testing pain and possible scarring, although many people worry about these impacts from lancing their fingers as well.

Studies have shown that although these alternative sites can provide a practical and viable substitute, most people choose to return to fingertip testing as their preferred test site.

There are several **Golden Rules** when **not** to use alternate sites:

- When you have just taken insulin
- During or after exercise
- If you feel you might be experiencing low blood sugar
- When you are preparing to drive
- When you are or suspect that you are ill

What if I use a Continuous/Flash Glucose Monitor?

The sites for the positioning for sensors can vary but always check the instruction manual for the correct site location for the meter you are using. Some common variations in sites may be as follows:

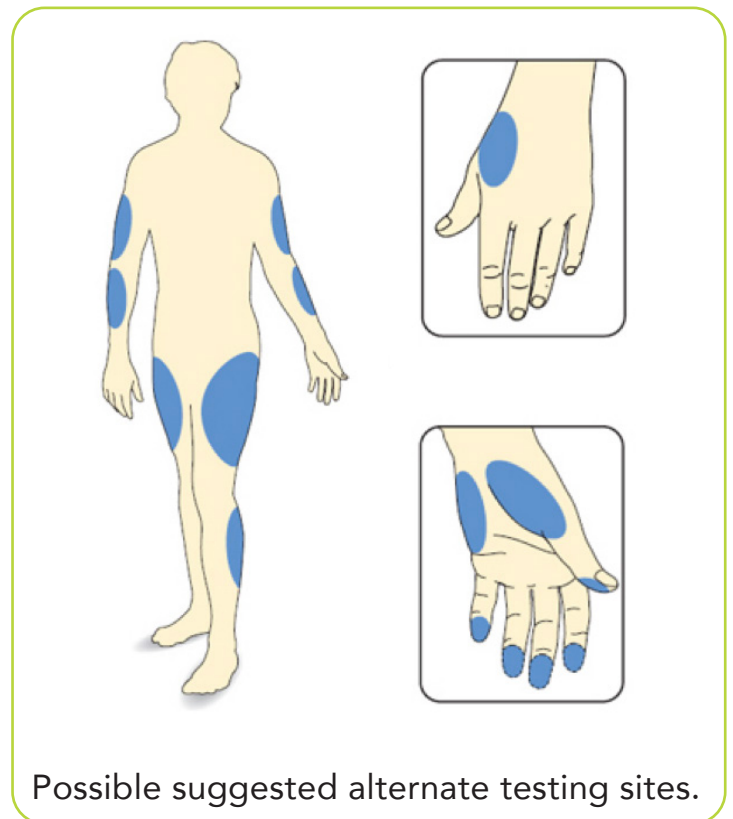
- For babies under 2 years old, the belly is commonly used.
- For children and young adults aged between 2 and 17 years old the belly or upper buttocks can be used.
- For adults the back of the upper arm is the most commonly used site but anywhere you have some padding is ok, including, belly, upper buttocks or thighs.

You should avoid areas that:

- have scarring, tattoos, bones, or irritation.
- the area where you attach the sensor does not get pushed, bumped, or add discomfort when sleeping.
- the sensor is not placed where skin folds when bending or near the waistband area.

Also:

- Make sure you change the location where you insert the sensor each time.
- Do not use an alternative site unless it is identified in the instructions for your blood glucose meter.



MOST IMPORTANTLY,

do not use CGM/Flash readings when you are preparing to drive. The DVLA does not accept CGM readings as being proof of fitness to drive. You must use a traditional blood glucose meter instead.



Diabetes and Salt

Why do we need salt and how much do we need?

You should have no more than 6g of salt a day. For the purposes of this article by salt we mean sodium chloride or table salt. On average, people in the UK eat approximately 8g of salt a day, which is much more than the body needs. Over the past few years, our daily consumption of salt has dropped but we're still consuming more than the 6g (approximately 1 tsp) recommended for adults – and that figure is even lower for children.

Salt is necessary to help regulate fluid levels and aid digestion whether you have diabetes or not but people with diabetes need to take some extra care. Although salt does not affect blood glucose levels, it's important to limit the amount you eat as part of your diabetes management.

Too much salt can raise your blood pressure. People with diabetes are more likely to be affected by high blood pressure, which increases the risk of heart disease, stroke and kidney disease.

And if that isn't enough incentive to cut down, worryingly, we also know that too much salt increases our risk of stomach cancer. By being aware of the sources of added salt and following a few simple steps, you can easily reduce the amount of salt you eat.

The main sources of salt:

- processed food, such as ready meals and takeaways
- salty meats, such as ham, bacon and sausages
- salted snacks, such as crisps, popcorn, salted nuts and biscuits

- stock cubes, gravy powder and soy sauce
- cheese
- prawns, smoked fish and anchovies
- ketchup, mayonnaise, pickles
- bread and breakfast cereals
- canned, jarred foods in brine
- canned, packet and instant soups

All of these foods contain comparatively high levels of salt, so here are a few tips to help you reduce your salt intake.

Top tips to reduce your salt intake

- Reduce the amount you use in cooking and measure what you add instead of just shaking the salt cellar over the pan! As your taste buds adapt to less salt, aim to cut it out completely.
- Instead of buying processed food, cook from scratch, using fresh fruit and vegetables, milk, potatoes, rice and pulses, which are generally low in salt.
- We lead busy lives, so there will be occasions when we turn to ready meals, but try not to buy them too often and look at the 'front of pack' label. Choose foods where labelling is green or amber for salt, rather than red.
- Don't add salt to food you've cooked or are served in a restaurant until you've tasted it – probably something we are all guilty of – and even better, flavour your food with herbs and spices instead of using the salt shaker. Often, we sprinkle salt on food out of habit more than need.
- When shopping, look out for reduced-salt options of your favourite foods. You can now buy reduced-salt ketchup, baked beans and even soy sauce. Check out the tins for salt content and shop around, comparing brands for salt content. For example, choose for tinned fish, beans and vegetables canned in spring water instead of brine.

Salt Alternatives

- Rock or sea salt is often promoted as being natural and healthy. These more expensive salts are effectively no different to standard salt and still add unnecessary sodium chloride to your diet.
- Some people use reduced-sodium salt. These have had the sodium replaced by potassium, which reduces the sodium salt content but if you have kidney disease too much potassium can be unsafe, so speak to your healthcare team before you use it.

What is “Time in Range”?

Many of us, mostly those using continuous glucose monitoring (CGM) devices, will have heard a new phrase being used about how our long-term diabetes control is being measured – Time in Range (TIR). Here we hope to explain what this increasingly popular measurement (or “metric”) actually is and how it is used.

Your TIR number is given as a percentage and is the percentage of time your blood sugar level is within a ‘target’ range. It is not routinely used at present and if it becomes so, it should be decided by your healthcare team. Your target range could be set anywhere from 3.9mmol/l to 10mmol/l.

How is my TIR number calculated?

There are two options for determining your TIR - finger-prick meter readings and/or continuous glucose monitor (CGM) data but whichever is used it is best to use time blocks of seven days or more to generate TIR, to account for variability from one day to the next. Essentially, the software in the meter takes the glucose values and determines the percentage that are within the target range.

How often do I need to be “in range”?

It is unreasonable to be within your target glucose range all the time. For most people, it is reasonable to be in range at least 70% of the time, with less than 4% of your time below your target range (each 1% represents about 15 minutes per day) and less than 25% above target. This represents fairly stable control without excessive glucose swings.

How does this fit in with my HbA1C?

The HbA1c test is the long-standing, traditional way of measuring average blood sugar levels over an extended period of time, typically 8-12 weeks. It is expressed as a measure in mmol/mol or a percentage figure. An ideal HbA1c level is 48mmol/mol (6.5%).

It is important to note that TIR figures are reported in mmol/l the same as you would get from a finger-prick test or CGM reading. An ideal HbA1c roughly equates to a time in range of 80% of the time.

TIR is not a replacement for HbA1c but another way to measure average blood sugar levels. Either way, being within an ‘ideal’ or ‘target’ range over time means you are less likely to develop complications from high blood sugar levels. One potential advantage of the TIR measure is that it can provide a better measure of glucose stability but over time the TIR numbers correlate very closely with HbA1c numbers so both serve as good predictors of the risk of long-term complications.

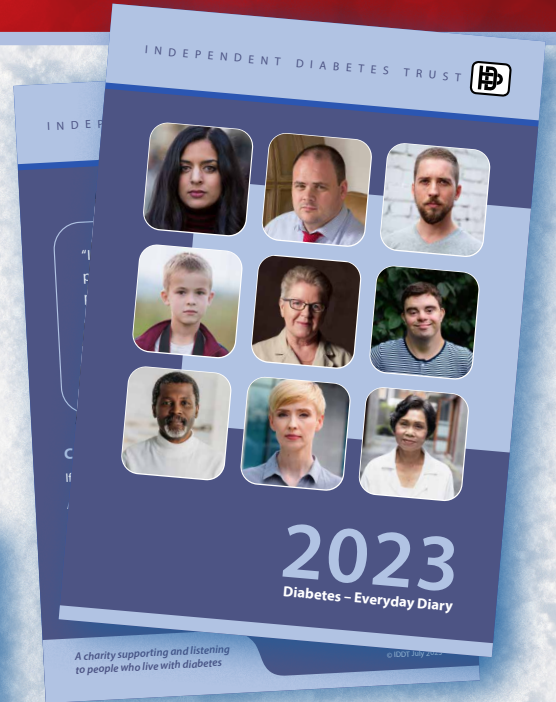
So, what happens next?

TIR is most certainly the “new kid on the block” and although it looks as though it is here to stay, we don’t expect it to replace HbA1c tests any time soon. It will probably become more popular as the number of people using CGM increases and the technology involved in blood glucose monitoring becomes more advanced. Don’t forget, health professionals will also need to learn how to use it!

Thinking about Christmas

2023 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 a family member has diabetes and this proved very popular, so we have published a Diary for 2023.



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".

| Meals | | Shopping List | |
|-----------|--|--------------------------|--|
| MONDAY | | <input type="checkbox"/> | |
| TUESDAY | | <input type="checkbox"/> | |
| WEDNESDAY | | <input type="checkbox"/> | |
| THURSDAY | | <input type="checkbox"/> | |
| FRIDAY | | <input type="checkbox"/> | |
| SATURDAY | | <input type="checkbox"/> | |
| SUNDAY | | <input type="checkbox"/> | |



Silent Night Holy Night
Actual size 150x150mm

Christmas cards

Christmas seems a long way off but it always arrives faster than we think! Buying IDDT Christmas cards is one way that you, our members, can help to raise the much needed funds to support IDDT to help people with diabetes. Tel: 01604 622837

This year we have five cards for you to choose from costing only £3.25 per pack of 10, including envelopes. P&P is 80p per pack, up to a maximum of £4.00 for six packs or more. Please use the order form on the back page.

The greeting inside these cards reads:

With Best Wishes for Christmas and the New Year.



Victorian Partridge
Actual size 125x125mm



Santa And Reindeer
Actual size 140x140mm



Christmas Veggies
Actual size 140x140mm



Blue Trees
Actual size 140x140mm



LOTTERY RESULTS

WINNERS OF THE JULY 2022 DRAW ARE:

- 1st prize of £545.76 goes to Emma from Pembury
- 2nd prize of £409.32 goes to Adrian from Peterborough
- 3rd prize of £272.88 goes to Anon from East Lothian
- 4th prize of £138.36 goes to Jeff from Telford

WINNERS OF THE AUGUST 2022 DRAW ARE:

- 1st prize of £567.84 goes to Jean from York
- 2nd prize of £425.88 goes to Louise from Westbury
- 3rd prize of £283.92 goes to Hazel from Norwich
- 4th prize of £141.96 goes to Anthony from Rhyl

WINNERS OF THE SEPTEMBER 2022 DRAW ARE:

- 1st prize of £564.00 goes to Carole from Aylesbury
- 2nd prize of £423.00 goes to Stewart from Leicester
- 3rd prize of £282.00 goes to Debbie from Aberdeen
- 4th prize of £141.00 goes to Anon from Doncaster

Note: The winners of the draws for July, August and September 2022 will be announced in our December 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

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