



Welcome

Welcome to the fifty-eighth issue of Type 2 and You and the first issue for 2024.

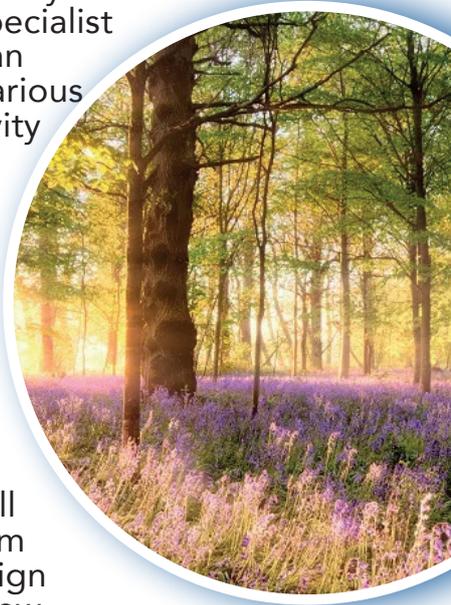
As a thank you for your support, we are very pleased to promote our **"Make Your Will for Free"** scheme. With the scheme, IDDT will support you with the cost of making your Will. This offer is only available to our members.

People with diabetes and those with high blood pressure are at risk of Chronic Kidney Disease and we include a report from Kidney Care UK that highlights the lack of attention that the NHS pays to Chronic Kidney Disease. This Newsletter also gives advice on staying well and healthy during fasting and we have our usual collection of Bits & Pieces.

We welcome an article by IDDT Trustee and clinical specialist physiotherapist, Abban Qayyum, about the various types of physical activity to help with the management of diabetes.

Also included is an article about foods to avoid if you have Type 2 diabetes and the alternatives to replace them.

Finally, we welcome all our new members from our awareness campaign and remind old and new members that IDDT is here to help and support you and supply free information booklets on the many aspects of diabetes.



A Diary Date – The IDDT Event, Saturday 28th September 2024

The day will start with our Annual General Meeting which will give you the opportunity, among other things, to nominate someone to become a Trustee. The programme for the rest of the day will be an informative mix of speakers and discussions along with plenty of opportunity to meet other people living with diabetes.

We hope that as many of you as possible will be able to come - it is as nice to see new faces as much as it is to see those who have been before.

The Event is held at the Kettering Park Hotel which is easy to access from the east and west, north and south thanks to the motorways and A14 dual carriageway.

Tea, coffee and a lunchtime meal will be provided on the day and we will be sending out more details of the programme with a booking form with the June issue.

If you have any questions, then please ring IDDT on **01604 622837** or email enquiries@iddtinternational.org.

Failure to Recognise the Seriousness of Chronic Kidney Disease

A recent report from Kidney Care UK points out that diabetes and high blood pressure are the two leading causes of chronic kidney disease (CKD) but it also highlights that:

- 65% of people with diabetes and high blood pressure who went on to be diagnosed with CKD were not made aware of their risk of CKD before diagnosis,

- almost 40% of people with diabetes are missing out on simple urine tests that can identify early CKD signs and help people receive treatment that can delay the progress of the condition.

The report also points out that there is not enough attention paid to chronic kidney disease in the health policies and this is costing lives:

Treatment

There are 5 stages in the treatment of CKD. In the UK, around 3.7 million people have early CKD (stage 1 and 2), with approximately 3.5 million at the later stages (3 to 5). Around one in 50 people with CKD ends up with kidney failure, which requires dialysis or transplant.

The Future

The number of people with CKD in the UK is expected to grow significantly in the next 10 years because of the ageing population and the increasing numbers of people with Type 2 diabetes and hypertension (high blood pressure).

The report shows that there are opportunities to improve support for people in the early stages of chronic kidney disease to maintain their health and delay the risk of kidney failure for as long as possible.

There are some innovative projects around the country where GPs are working with hospital kidney specialists to make sure people with CKD are receiving excellent care. However, this does not apply to everyone with CKD:

- One in 10 GPs never, or rarely, advise their patients with diabetes or blood pressure about their risk of chronic kidney disease.
- Only 13% of GPs with patients who have diabetes and 14% of GPs with patients who have high blood pressure say they always advise their patients about their risk.
- Over 1 in 10 (12%) of GPs did not feel confident in talking to people with CKD about likely progression of their disease.



More needs to be for everyone with CKD to get the care they need – to help people to understand their CKD risk and to encourage them ensure they receive the monitoring and care.

Chronic Kidney Disease Must be a Priority within the NHS

The report makes it clear that:

- Kidney disease is not seen as a priority and this has to change.
- The lack of recognition and awareness is adversely affecting the health and lives of people with CKD and puts additional pressure on the NHS.
- People must be told about their CKD and have regular checks to measure any changes in kidney function.

IDDT Key Messages

If you have diabetes, then you should receive a simple check of your urine at least annually to detect any changes in kidney function.

This is one of the 9 key checks that people with diabetes should receive each year and if you want to know what all of these are to protect your health, then ask IDDT for the booklet, 'Diabetes, 9 Key Checks' using the details at the end of this issue.

If you would like more information about diabetes and kidney disease, ask for our booklet 'Kidneys and Diabetes' using the above details.



Fasting and Diabetes

This article looks at religious fasting and its impact on the management of diabetes during periods of abstinence and fasting. Two major religions, Islam and Christianity (many other religions also have fast periods), have periods of fasting around this time of year so, we will have a look at their fasting practices and then some of the general issues around diabetes and fasting. Many of you will have fasted before, so this article may be nothing more than a reminder, for those of you who have not, we hope it provides some helpful tips for staying safe and well during your fast.

Islam - Ramadan

The dates for Ramadan are calculated using the Muslim or Hijri calendar. Ramadan is based on the ninth month of the lunar calendar, so this year it is expected that the fast of Ramadan will commence at sunset on 10th March and will last until 9th April. During Ramadan it is expected that Muslims who participate will abstain from food, water, beverages, smoking, oral drugs and sexual intercourse from sunrise to sunset.

Christianity - Lent/Easter

Easter Sunday is celebrated on the first Sunday following the full Moon that occurs on or just after the spring equinox. Easter Sunday is a feast day following Lent and this year is on Sunday 31st March. Although not followed by all Christian denominations, during Lent, certain days are regarded as fast days, and again have implications for people with diabetes.

Exemption from fasting

People with diabetes of either faith may be exempted from fasting but the majority of people with diabetes do fast so run increased risks of health adverse effects - hypoglycaemia, hyperglycaemia, diabetic ketoacidosis and dehydration. Most of these are as a result of a reduction of food and fluid intake and the timing of meals.

Diabetes and fasting

If you have diabetes fasting can cause complications in managing the condition. The best first step is to speak to your doctor

or diabetes nurse to discuss the potential risks and problems associated with fasting and to formulate a plan to manage the period of your fast. Things you may want to think about and discuss could include:

- Complications of diabetes such as poor vision or heart or kidney disease, can be aggravated by fasting and you may want to consider whether to fast or not.
- If you take insulin and/or certain tablets, you may need to think about changing the amount and timing of your insulin dose to control blood sugar levels. You may also need to change the type of insulin you are using, for example, pre-mixed insulins are not recommended during fasting.

Research has shown that both education about the effects of fasting and relevant advice can dramatically reduce the likelihood of problems occurring, both low and high blood sugar levels. High blood glucose levels can develop during a fast if you do not take prescribed medication or if you are less physically active than normal, which, in turn, could lead to diabetic ketoacidosis (DKA) – a serious condition requiring hospital treatment.

If you are still happy to proceed with your fast then there are some simple, common-sense tips and tricks to help manage your diabetes:

- Before starting the fast, you should eat foods containing slowly absorbed carbohydrates, such as rice, dhal, potatoes and pasta, along with fruit and vegetables.
- You should check your blood glucose levels more often than you normally would.
- When you break the fast, have only small quantities food and avoid eating only sweet or fatty foods.
- Try to eat just before the break of dawn, when you commence the next day's fast.
- At the end of fasting, you should drink plenty of sugar-free and decaffeinated fluids to avoid being dehydrated.

Above all – Stay safe and well!!!

The impact of physical activity on the management of people with diabetes



Adapted for this issue from a presentation by Abban Qayyum, first contact physiotherapist and clinical specialist physiotherapist

Types and classifications of diabetes and pre-diabetes

Physical activity recommendations and recommendations may vary depending on the diabetes type:

- Type 1 diabetes (5%-10% of cases) is the autoimmune destruction of the pancreatic beta cells.
- Type 2 diabetes (90%-95%) is the loss of insulin secretion usually with insulin resistance.
- Gestational diabetes occurs at 24-28 of gestation in pregnant women not previously known to have diabetes.
- Pre-diabetes is when blood glucose levels are above normal but not high enough to be classified as being classified as diabetes.

Types of exercise and physical activity

- **Aerobic exercise** involves repeated and continuous movement of large muscle groups.
- **Flexibility exercises** improve the range of motion around the joints.
- **Resistance (strength) training** includes exercises with free weights, body weight, machines or elastic resistance bands.
- **Balance exercises** benefit gait and prevent falls.
- **Activities like tai chi and yoga** combine flexibility, balance and resistance activities.

Aerobic exercise benefits

- Medium to high volumes of aerobic activities are associated with substantially lower cardiovascular and overall mortality risks

- in Type 1 and Type 2 diabetes.
- In Type 1 diabetes, aerobic training increases cardiorespiratory fitness, decreases insulin resistance and improves lipid levels and endothelial function.
- In Type 2 diabetes, regular training reduces HbA1c, triglycerides, blood pressure and insulin resistance.

Alternatively, high intensity interval training promotes rapid enhancement of skeletal muscle oxidative capacity, insulin sensitivity and glycaemic control in adults with Type 2 diabetes and can be performed without deterioration in glycaemia control in Type 1 diabetes.

Resistance exercise benefits

- The effect of resistance exercise on glycaemic control in Type 1 diabetes is unclear but it can assist in minimizing the risk of exercise induced hypoglycaemia in Type 1 diabetes.
- When resistance and aerobic exercise are taken in one exercise session, performing resistance exercise first results in less hypoglycemia than when aerobic exercise is performed first.
- Resistance training benefits for people with Type 2 diabetes include improvements in glycaemia control, insulin resistance, fat mass, blood pressure, strength and lean body mass.

Benefits of other types of physical exercise

- Flexibility and balance exercises are important for adults with diabetes. Limited joint motility is frequently present accelerated by normal aging and hypoglycaemia.
- Stretching increases the range of motion around joints and flexibility but does not affect glycaemic control.
- Balance training can reduce falls risk by improving balance and gait even when neuropathy is present. Group exercises (resistance and balance training and tai chi) may reduce falls by 28% - 29%.

Insulin action and physical activity

- Insulin action in muscles and the liver can be modified by acute bouts of exercise and regular physical activity. Acute aerobic exercise increases muscle glucose uptake by fivefold through insulin and independent mechanisms.
- Improvements in insulin action may last 24 hours after shorter duration activities (around 20 minutes) if the intensity is elevated to near-maximal effort intermittently.
- Even low intensity aerobic exercise (lasting 60 minutes or more) enhances insulin action in obese, insulin resistant adults for at least 2 hours. If enhanced insulin action is a primary goal, then daily moderate or high intensity exercise is likely optimal.

Overcoming our barriers and getting moving

- I'm too shy to exercise in a group.
- I just don't have the time.
- I worry I'll make myself worse.
- I find exercise boring.
- I don't have the motivation to exercise.

Note:

If you would like copy of IDDT's booklet, Diabetes and Exercise, contact IDDT by calling 01604 622837, email enquiries@iddtinternational.org or writes to IDDT, PO Box 294, Northampton NN1 4XS.

It is worth noting that for people with mobility difficulties, we do give a guide to armchair exercises.



Controlling blood glucose levels makes you feel better on a day to day basis but also long-term helps to avoid the complications of diabetes. There are some triggers that raise blood sugars and here are some for you to be aware of and alternatives.

Sugary Foods and Drinks

Avoid foods and drinks that contain processed sugars. Not only do these lack nutritional value but they can cause blood sugars to spike. Instead choose fruits such as apples, berries, pears and oranges which are high quality carbohydrates with plenty of fibre to slow down the absorption of glucose.





Avoid Fruit Juice

Fruit is a healthy carbohydrate but you should avoid drinking fruit juice, even 100% juice. It contains more vitamins and minerals than other sugary drinks but juices have concentrated amounts of fruit sugar which can cause blood sugars to rise quickly. In addition sipping fruit juice does not fill you up in the same way that a piece of fruit does.

Snack on Fresh Fruit rather than Dried Fruit

Although dried fruit contains fibre and many nutrients, the dehydration process removes the water content. This means that it is easier to eat more raisins than the amount of grapes you can eat. Snacking on raisins or dried apricots is better than snacking on biscuits but it still sends the blood sugars up. It is better to skip the dried fruit and eat whole fruits that are high in fibre. glucose.



Replace White Carbs with Whole Grains

Avoid refined starches such as white rice, anything made with white flour, including white bread and pasta. White carbs act a lot like glucose when the body starts to digest them and this will increase blood glucose levels. Replace white carbs with whole grains such as brown rice, high fibre cereals and whole grain breads as they breakdown more slowly and have a less dramatic effect on blood glucose levels.



Low-fat rather than Full-fat Dairy

Saturated fats in dairy products can raise LDL (bad) cholesterol which increases the risk of heart disease and may worsen insulin resistance. You should avoid full fat products such as whole milk, cream, full-fat yohurt, ice cream, cream cheese and other full fat cheeses, so look for reduced fat or low-free dairy products instead. If you consume 2000 calories a day, about 120 calories should be from saturated fat.





Opt for Lean Protein over Fatty Cuts of Meat

Avoid or limit high fat cuts of meat and minced beef, sausage and bacon because they are high in saturated fats. Saturated fats in meat raise cholesterol and promote inflammation throughout the body. They can also put people with diabetes at even greater risk of heart disease than the average person as they are already at greater risk. Choose lean proteins such as skinless chicken and turkey, fish and shell fish, pork tenderloin and lean beef (92% lean meat and 8% fat).



Forget about Oily and Breaded Fried Foods

Many people have a weakness for fried foods such as fried chips and chicken but these foods soak up lots of oil, which is equal to lots of calories. Breaded foods soak up even more. In people with Type 2 diabetes greasy foods increase weight and upset blood glucose levels causing them to rise and can leave them to stay high over long periods of time. No or low fats can leave foods with a lack of flavour, so you could try other ways of cooking such as baking, roasting or grilling.

Avoid or drink alcohol only in moderation

If you drink alcohol, keep it in moderation as diabetes medications are processed through the liver, as is alcohol. If you are taking insulin, it can cause low blood glucose levels, especially if drinking and not eating.



Skip Sweeteners that Raise Blood Sugars

Some people think that natural sweeteners such as honey and maple syrup are acceptable but the body does not distinguish between types of sugars and these natural sugars will raise blood glucose levels.



IDDT is Charity of the Year

With advice from IDDT and Orange Juice Communications, TMH Media Ltd ran our VERA campaign and were very pleased that it reached so many people living with diabetes.

So much so, that they made IDDT their Charity of the Year for 2023 and made a donation of £1,000 to our funds which they presented to Martin, IDDT's CEO.

We would like to say how grateful we are for their expertise and help and of course, being made their Charity of the Year.

Martin, CEO of IDDT accepts the cheque from Emma and Karen of TMH Media Ltd.



BITS AND PIECES

Ten Minutes of Activity a Day to Reduce Anxiety

It is common for people to experience anxiety, especially older people and people with various health conditions including diabetes. Recent research has been carried out to find out the effects of physical activity on generalised anxiety disorder (GAD). It concluded that taking part in moderate-to-intense physical activity for as little as 10 minutes a day for five times a week appears to reduce the risk for generalised anxiety disorder (GAD) in older adults. Here are the results:

- Among 7650 participants (women, 54.9%, average age, 65.9 years), average anxiety rates decreased from 18.7% to 16.5%.
- Compared with the lowest physical activity, the participants with the highest physical activity had 23% lower odds of anxiety and those with moderate physical activity had 19% lower odds of GAD.
- Analysis of the results showed that participants performing the lowest number of minutes of activity per week had 47% lower odds of GAD vs those performing no activity.

- Among participants with comorbid conditions, those with the highest physical activity had 25% lower odds of GAD than those with the lowest physical activity.

Although the researchers said that they are not advocating for reduced activity levels in any population, the present findings suggest that the greatest increase in protection against GAD may be made by engaging physically inactive older adults in any/some physical activity. (Online Psychiatry Research, January 2024)

• Semaglutide Update – Warning about Buying On-line

The December Type 2 & You had an article about semaglutide, Ozempic, and the side-effects. Ozempic is a licensed prescription only drug to treat Type 2 diabetes which also causes weight loss. From this the manufacturers, Novo Nordisk, developed Wegovy, as a weight loss drug.

Interesting in January BBC Panorama discussed obesity and the use of Wegovy. The programme pointed out that a third of the country is living with obesity and 4.2 million people could benefit from Wegovy but only 50,000 people are being treated with it.

However, Wegovy is only prescribed on the NHS through special weight loss clinics but only half the country has access to these clinics. The advantage of these clinics is that they consider the underlying problems that cause obesity and provide dietary, exercise and psychological input and support.

Wegovy should only be used for health reasons, not for cosmetic reasons to stay slim. Many people are buying it online and according to Panorama, at a cost of £200 to £250 a month and are over exaggerating their weight to obtain the drug!

However, the cost is not the main concern:

- There is no consultation with a doctor, although a doctor is supposed to check that it is safe to supply Wegovy to individuals.
- There are often no warnings about side effects.
- It can be dangerous because you can lose the wrong kind of fat and muscle mass which can put long-term health at risk.

Finally, if you stop taking Wegovy, you put the weight back on!

• **Probiotics may Improve Type 2 Diabetes Outcomes**

A small study found that supplementing the diet with multi-strain probiotics was associated with a decrease in lipoprotein-associated phospholipase A2 levels which is an independent predictor of the risk of coronary heart disease and ischemic stroke.

Probiotic supplements were also associated with improved HbA1c levels and HDL (good) lipoprotein cholesterol levels in Type 2 diabetes. (Nutrition and Metabolism, January 2024)

• **Continued Shortages of Medicines**

In January 2024 there was a further updated National Patient Safety Alert about the shortage of medicines. The ones that affect people with Type 2 diabetes are glucagon-like peptide-1 receptor agonists (GLP-1 RAs).

Supplies continue to be limited and are not expected to return to normal until at least the end of 2024.

The shortages have been caused by an increase in demand for these products. The following medicines are GLP-1 RAs: Taken once or twice a day:

- Byetta (exenatide)
- Rybelsus (semaglutide)

Long-acting GLP-1 Ras taken weekly:

- Trulicity (dulaglutide)
- Bydureon (extended release exenatide)
- Ozempic (semaglutide)
- Victoza (liraglutide) taken daily.

• **Driving Questions You Ask IDDT! Can I drive a car with Type 2 diabetes?**

- If your diabetes is treated by diet and exercise, you do not need to tell the DVLA.
- If your diabetes is treated with metformin and your blood sugars are stable, taking metformin should not affect your ability to drive as metformin alone will not make your blood sugars go too low.
- You must tell DVLA if your diabetes is treated by tablets or non-insulin injections.
- If your diabetes is treated with insulin, then you must inform the DVLA. You must then follow the rules for driving when treated with insulin - you must test blood glucose before driving, not drive if your blood glucose is below 4 mmol/l. You should re-test blood glucose every two hours on a long journey. If you have a hypo while driving, stop the vehicle as soon as possible.



"VERA" - IDDT's Promotional Campaign update

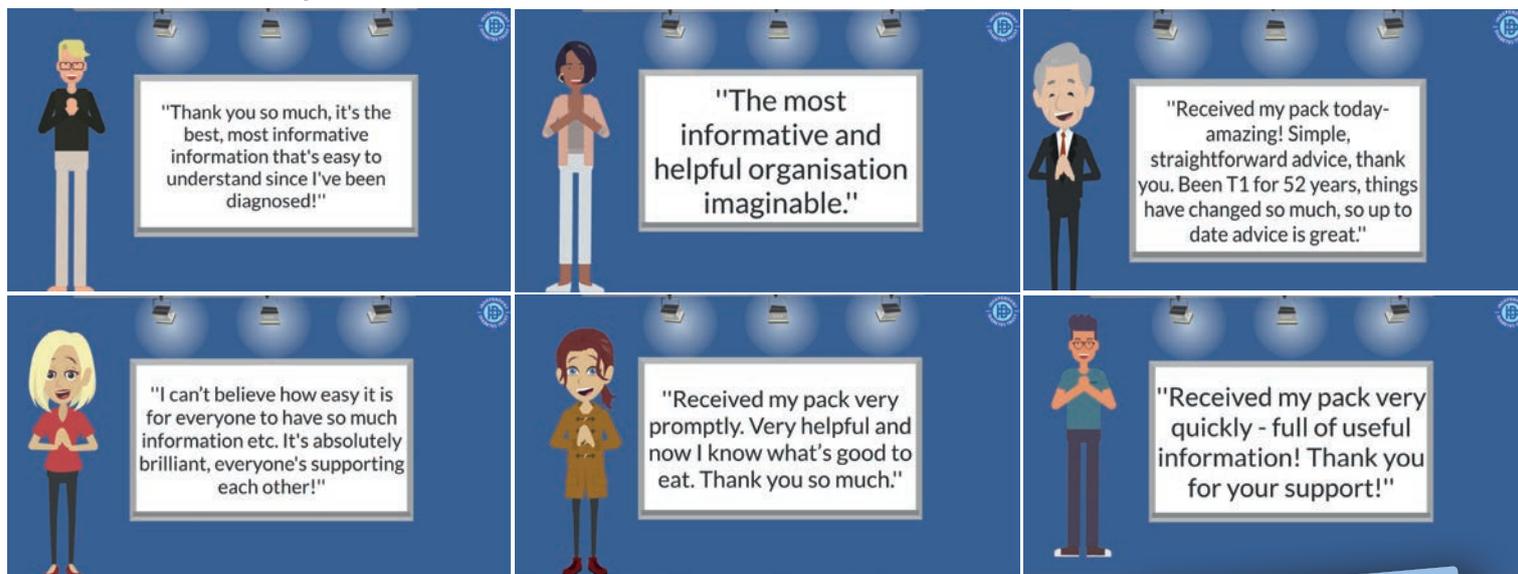
The main message of our campaign was **"Diabetes? You are not alone. We are here to help"**.



The reason for this is that for some time IDDT has been aware from people making contact that there are growing numbers who are being diagnosed with Type 1 or Type 2 diabetes without being given the information and support they need to successfully manage their condition. We welcome all our new members and remember: You are not alone.

We are here to help.

At the time of writing (January 2024) over 2,000 new members have joined IDDT since the start of the campaign. Here are some of the comments we received which have shown that our concerns are justified.



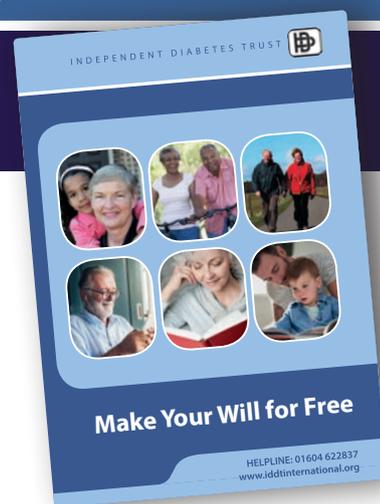
Making your Will for Free

Last year we wrote about the importance of making a Will, in order to protect the future of our loved ones. We also explained about how important it is to consider leaving a gift to charity and how reliant IDDT is on the generosity of people who have remembered us when drafting their Will.

With this in mind IDDT has joined with The Goodwill Partnership to offer its members the opportunity to draft a new Will at no cost to themselves. The Goodwill Partnership is a well-established organisation that currently works with over 150 charities to assist their supporters to make their Will at no or reduced cost. All Wills are drafted by fully qualified solicitors. In recognition of the value IDDT places on the support it receives from its members, we are not making this offer open to the general public, unlike other charity schemes you may have seen advertised on television.

Accompanying this newsletter is a flyer that gives more information about the scheme. If you are considering making or updating your Will we do hope you will take us up on this offer and possibly give us favourable consideration when you do so.

If you would like to discuss making your **Will for Free** further, then please contact IDDT on **01604 622837** or email martin@iddtinternational.org



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We hope that as many of you as possible will be able to come - it is as nice to see new faces as much as it is to see those who have been before.

Tea, coffee and a lunchtime meal will be provided on the day and we will be sending out more details of the programme with a booking with the June newsletter. If you have any questions, then please ring IDDT on **01604 622837** or email enquiries@iddtinternational.org.

Just to remind you....

2024 Diabetes Everyday Diaries still available!

Thank you to everyone who has bought IDDT Diaries. We still have some copies left and these are available for the reduced price of £3.99

Christmas cards

We would like to thank everyone who bought Christmas cards from us in 2023. We still have some cards available and these now cost only £2.50 per pack of 10, with no additional charge for p&p. If you would like to order any of the cards or the Diabetes Diary, then please contact IDDT as above.

				
Holy Mother and Child	Victorian Partridge	Pigs in Blankets	Patterned Stag	Dressing the Tree

Just a practical issue!

When you receive an invitation to renew your membership, please could you complete the form and return this to us in the pre-paid envelope provided even if there are no changes because it enables us to keep your information up to date which is particularly important if you have moved house recently. It also enables us to ensure that make sure you receive the correct Newsletters.

For our new members the explanation of why we have two Newsletters is:

'The Newsletter' is for people who take insulin, so people with Type 1 diabetes and people with Type 2 diabetes who are taking insulin.

'Type 2 & You' is for people with Type 2 diabetes treated with diet only or diet and tablets or non-insulin injectables.

However, we are happy to send both Newsletters to anyone who wants them but if you are receiving both and don't want both, then just get in touch and we can make the necessary changes, just call IDDT on 01604 622837 or email karl@iddtinternational.org

Just a note: some items are in both the Newsletter and Type 2 & You because we think they may be of interest to anyone with any type of diabetes.



The winners of IDDT's lottery draw!

We are delighted to announce the winners of our latest monthly lottery draws.

They are as follows:

IDDT LOTTERY RESULTS

Winners of the October 2023 draw are:

- 1st prize of **£480.96** goes to Claudine from Manchester
- 2nd prize of **£360.72** goes to David from Newport
- 3rd prize of **£240.48** goes to Barbara from Calver
- 4th prize of **£120.24** goes to Brian Glasgow

Winners of the November 2023 draw are:

- 1st prize of **£483.36** goes to Susan from Hinton
- 2nd prize of **£362.52** goes to Anon from Northwich
- 3rd prize of **£241.68** goes to Frances from Chester
- 4th prize of **£120.84** goes to Richard from Stondon

Winners of the December 2023 – the JACKPOT DRAW!

- 1st prize of **£1,000.00** goes to Brenda from Chester
- 2nd prize of **£750.00** goes to Anon from Doncaster
- 3rd prize of **£500.00** goes to John from Preston
- 4th prize of **£250.00** goes to Mark from Leeds

Note: The winners of the draws for January, February and March 2024 will be announced in our June 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 karl@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.iddt.org