InDependent Diabetes Trust Newsletter

SUMMER 2025 Newsletter, Issue 125

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Summer is here!

Welcome to our June Newsletter – a time to look forward to summer with better weather and more outdoor activities. It is also the time for holidays and we are reminding you that our free booklet 'Holiday Tips' is available. If you have diabetes, especially if you have recently been diagnosed, going on holiday needs a bit more care and planning.

Our booklet contains details of how to look after yourself and your diabetes when you are on holiday, whether in this country or abroad. If you would like a copy, please just give us a call on 01604 622837 or email enquiries@iddtinternational.org

In this issue we also discuss artificial intelligence (AI) and its reliability, or lack of, especially in relation to information about our health. We have to address the issue of whether AI is trustworthy and some of the factors we need to consider.

Then we look at up-to-date research – firstly that there is an increase in weight in people with Type 1 diabetes and therefore, also an increase in the use of weight loss drugs (GLP-1 receptor agonists), previously used in Type 2 diabetes. This is even though they are thought to put people with Type 1 diabetes at risk of developing hypoglycaemia which is why people with Type 1 diabetes have been excluded from GLP-1 receptor agonists clinical trials. Intriguingly, we also ask if diabetes affects hair loss!

Finally, we have IDDT News items including the details of IDDT's Annual Get Together, which will take place on Saturday, 4th October 2025. We have a varied programme with something to interest everyone, speakers and group discussions and we hope that many of you will join us for the day. Just fill in form sent with this Newsletter and return to IDDT.

And finally from Jenny..

I would like to express my thanks to everyone who has contacted me about my son, Martin, who was also IDDT's CEO. In the last Newsletter, I explained that early last year he had a fall which resulted in a severe brain injury. The kindness and understanding that so many of you have shown to me and to Martin has been overwhelming and I have very much appreciated it. So many thanks.

Yet more types of diabetes!

Double diabetes in people with Type 1 diabetes

People with Type 1 diabetes who have risk factors such as obesity and high blood pressure (hypertension) can develop insulin resistance which is normally associated with Type 2 diabetes. This condition is known as double diabetes because it combines the characteristics of both types of diabetes.

According to a former president of the German Diabetes Society about a quarter of patients with Type 1 develop metabolic syndrome which requires appropriate treatment.

- Patients with Type 1 diabetes often have raised triglyceride levels and high blood pressure, with women affected more often than men.
- This combination doubles the risk for coronary heart disease and increases the risk for stroke, diabetic foot and nephropathy.

As we know, people with Type 1 diabetes have to take insulin throughout their lives to manage their blood glucose levels and the first sign of insulin resistance is an increased insulin requirement exceeding 100 units per day.

Diagnosis involves:

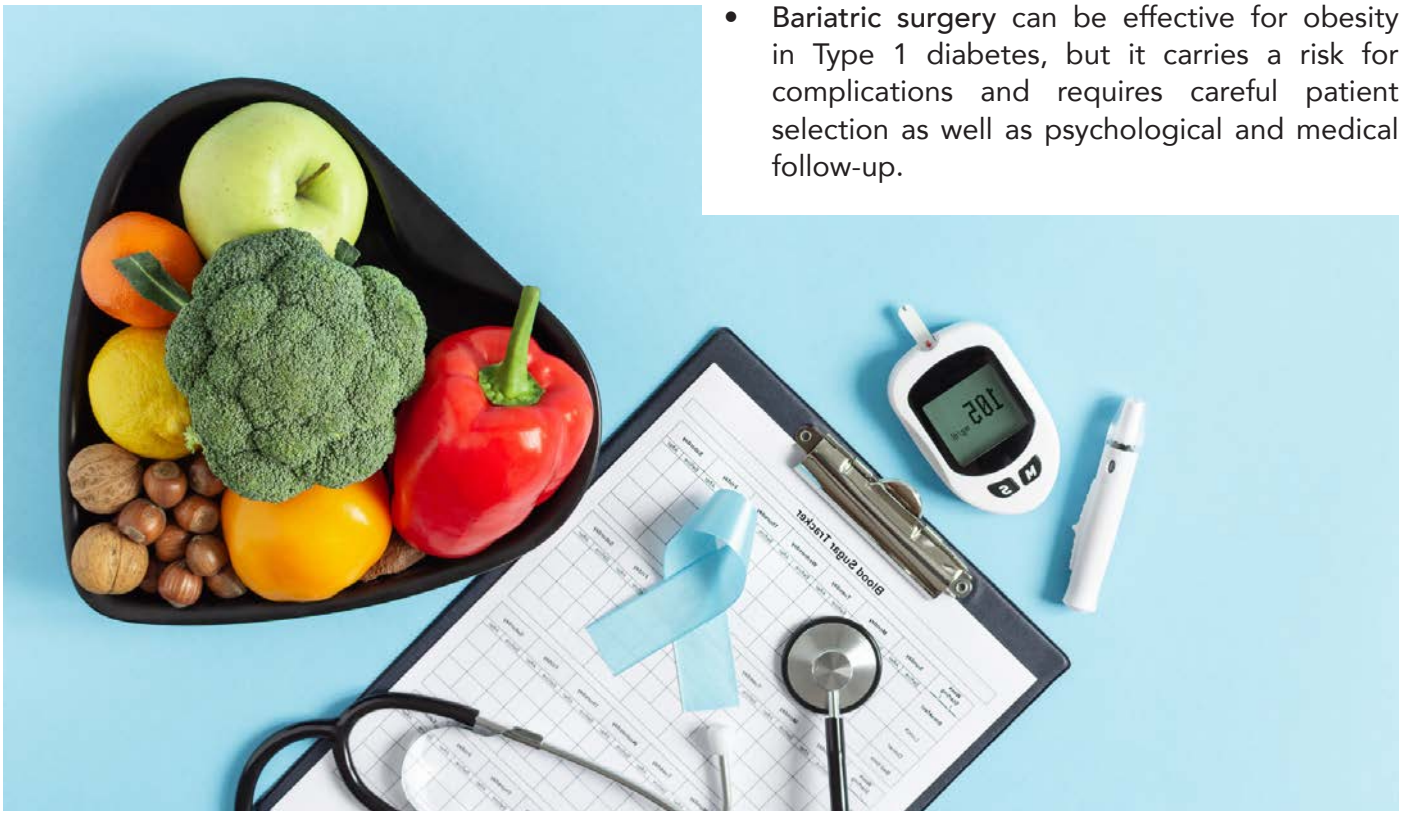
- Measuring C-peptide levels in the blood.
- Consideration of family history.
- Relevant clinical parameters include obesity, body mass index (BMI), waist circumference and metabolic syndrome, particularly triglyceride levels and hypertension.

According to 2023 German Diabetes Association guidelines on Type 1 diabetes, more than half of patients with Type 1 have a BMI greater than 25. The prevalence of metabolic syndrome in this population is increasing, mirroring trends of increasing overweight and obesity seen in the general population.

Treatment of double diabetes

The American Diabetes Association has identified key strategies, some of which work better than others:

- **Lifestyle changes** such as high-fibre diets. It is believed that dietary adjustments are an effective method, focusing on reducing fat and carbohydrate intake.
- **Bariatric surgery** can be effective for obesity in Type 1 diabetes, but it carries a risk for complications and requires careful patient selection as well as psychological and medical follow-up.



Medication can be used but with mixed results:

- In clinical practice, combining dietary interventions with glucagon-like peptide 1 receptor agonists (GLP-1 RAs) has shown promising results. However, the timing is critical due to the potential for gastrointestinal side effects associated with GLP-1 RAs.
- Metformin is effective for glycaemic control. It is not approved for Type 1 diabetes alone but it can be used in people with Type 1 diabetes as well as people with Type 2.
- SGLT2 inhibitors can be used in people with well-controlled Type 1 diabetes, but they are contraindicated in Type 1 diabetes as the risk is too high. They can lower insulin requirements and hypoglycaemia but they are also linked to diabetic ketoacidosis (DKA) and other adverse effects. Further studies are required.
- GLP-1 RAs can be used to manage obesity and insulin resistance.

(German Diabetologie Grenzenlos Congress, February 2025)

We've now got Type 5 diabetes!

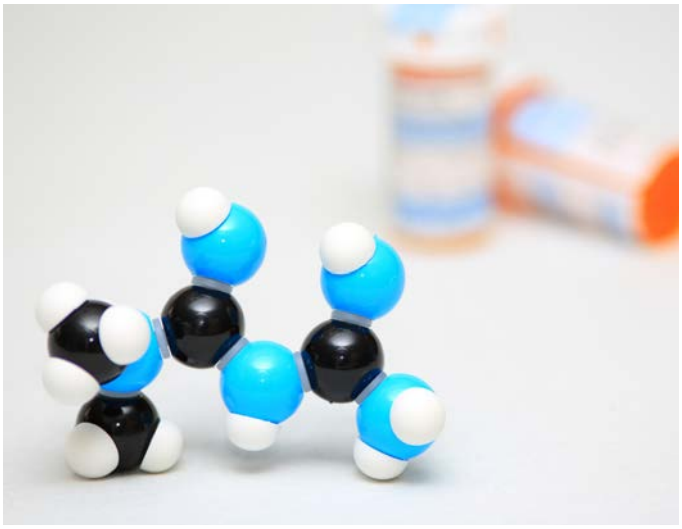
Malnutrition-related diabetes, distinct from both Type 1 and Type 2, has now been officially recognised and named "type 5 diabetes" by a vote taken during the International Diabetes Federation's (IDF) World Diabetes Congress, held in Bangkok in April 2025.

Malnutrition-related diabetes has historically been vastly underdiagnosed and poorly understood. The IDF's recognition of it as 'type 5 diabetes' is an important step toward raising awareness of a health problem that is so devastating to so many people.

Malnutrition-related diabetes was first described in Jamaica in 1955. It is seen most commonly in young men in low- and middle-income countries who have a body mass index of less than 19. They are often misdiagnosed as having Type 1 diabetes, but they don't develop ketonuria or ketosis despite high blood glucose levels and high insulin requirements.

In 1985, the World Health Organization officially classified "malnutrition-related diabetes mellitus" as a distinct diabetes type, but in 1999 this category was dropped because of lack of evidence that malnutrition or protein deficiency caused diabetes.

Findings from state-of-the-art metabolic testing in 73 Asian Indian men were published in 2022 and some had what we now call 'type 5 diabetes'.



The findings:

- There was lower total insulin secretion in the "type 5" group than in both the lean group without diabetes and the Type 2 diabetes group.
- Significantly lower endogenous glucose production and significantly higher glucose uptake in the type 5 group than in the Type 2 diabetes group.
- Significantly lower visceral adipose tissue (fat surrounding organs in the abdomen) and liver lipids in the type 5 group than in the Type 2 group.

These findings contradict the previous belief that malnutrition-related diabetes was associated primarily with insulin resistance. It is now known that this form of diabetes is caused by a fault in the ability to secrete insulin and this has changed how it should be treated.

Treatment

It is important to recognise the difference between type 5 and Type 1 diabetes because too much insulin is dangerous and can be fatal. As yet, there are no clear guidelines for treating type 5 diabetes but there are suggestions that small amounts of insulin combined with oral treatments may be the most effective. Research is also necessary to look into the nutrition levels of this group.

A working group has been tasked with developing formal diagnostic and therapeutic guidelines for type 5 diabetes over the next 2 years.

Note: according to the American Diabetes Association "type 3" diabetes indicates specific types due to other causes such as single genes, exocrine pancreatic diseases and "type 4" is gestational diabetes.

AI is a hot topic

Artificial intelligence (AI) has been integrated into various processes across multiple industries for some time and it is now receiving more attention due to recent advancements. In simple terms, AI is a collection of information on a particular topic which then draws conclusions which may or may not be true. We must be aware that AI is a collection of information resulting in an overview and its accuracy is dependent on the reliability and reputability of its sources of information.

The headlines around generative AI have induced mixed reactions, leaving many people enthusiastic and just as many uneasy about its role in our future.

AI must be governed responsibly for it to be developed safely. While AI has massive potential for good, it also brings the risk of harm. It has already been known to make up "facts" that are not true. It is important that we remember this if we are to use it, especially in important matters such as health.

If you use Google and the information is AI generated it will say at the top 'AI Overview' and there will be a link at the end that leads to the sources of the information used to produce the overview. It is important to check how trustworthy these sources are.

No one-size-fits-all standard for trustworthiness

For AI to fulfil its promise of improvements and value for humanity, people need to trust it enough to use it. Setting the threshold for trust is not as simple as setting a single standard. Cases across industries will have different thresholds and these can vary even further among individual people.

Here are some key factors to consider when assessing AI trustworthiness:

- **Transparency**: What information does the AI use and how does it use that information to deliver its output?
- **Degree of autonomy**: Does the AI present recommendations for a human to act on or does it take action based on its own calculations?
- **Data quality**: Critical questions include the provenance of AI training data, the validation and accuracy of that data, steps taken to avoid bias and whether the data is up to date.
- **Data privacy**: Considerations must include data access and use, who else has access to private data and how private data is kept separated from public data.
- **Data protection**: Organisations must assess how the AI uses intellectual property or other protected data and whether data incorporated into the base data should be public or protected.
- **Data security**: How is the AI protected from hacking and other security breaches?

Here are some examples of AI conclusions – believe them or not!

As AI nurses reshape hospital care, human nurses are pushing back

AP, 16th March 2025

Hospitals say AI is helping their nurses work more efficiently while addressing burnout and understaffing. But nursing unions argue that this poorly understood technology is overriding nurses' expertise and degrading the quality of care patients receive.

The Rise of AI in Mental Health: Promise or Illusion?

Psychology Today, 12th March 2025

AI is transforming mental health care. With chatbots offering instant coping strategies, voice analysis detecting mood shifts and AI-driven apps providing guided interventions, technology is stepping into a space traditionally held by human therapists. These tools promise accessibility, affordability and even early detection of mental health struggles but can AI offer more than just surface-level support? Can it replicate the depth of human therapy – the kind that helps us process our past, navigate complex emotions and find meaning in our struggles? The short answer: Not yet. And maybe not ever.

AI failed to detect critical health conditions:

Axios 12th March 2025

AI systems designed to predict the likelihood of a hospitalised patient dying largely aren't detecting worsening health conditions, a new study found… Some machine learning models trained exclusively on existing patient data didn't recognise about 66%

of injuries that could lead to patient death in the hospital. (Published in Nature's Communications Medicine journal)

A separate study recently published in Health Affairs found that about 65% of US hospitals use AI-assisted predictive models, most commonly to figure out inpatient health trajectories.

Google Says Its Error-Ridden "AI Overviews" Will Now Give Health Advice

Futurism, 20th March 2025

Google's "AI Overviews" regularly spits out dangerous and incorrect answers – and now it's being entrusted with medical advice…a recent study from Columbia's Tow Center for Digital Journalism found that the search giant's Gemini chatbot got basic questions wrong an astounding 60% of the time…

We've reached out to Google to ask about how it plans to verify that the health information in its AI provides accurate and safe health responses. The last time we asked the company about AI Overviews, it told us that there "may not be a lot of high-quality web content available" for some questions, and as such, the feature will sometimes simply get it wrong.

"We have guardrails and policies in place to protect against low-quality responses," a company spokesperson told Futurism a few weeks ago, "and when issues arise we use those examples to improve and take appropriate action under our policies."

The effect of hybrid closed-loop therapy on diabetic complications

For young people with Type 1 diabetes, hybrid closed-loop insulin delivery does not affect the rate of severe hypoglycaemia and is associated with an increased risk of diabetic ketoacidosis, but it is also associated with a lower risk for hypoglycaemic coma and improved glycaemia.

The study by researchers from Aachen University in Germany, involved young people with Type 1 diabetes participating in the Diabetes Prospective Follow-up initiative. They were aged 2 to 20 years and had a duration of diabetes of over a year. The analysis included 13,922 young people: 7,088 used closed-loop therapy and 6,834 used open-loop therapy.

What are the differences between closed-loop and open-loop therapy?

- The hybrid closed-loop therapy uses an algorithm that drives insulin delivery through continuous subcutaneous insulin infusion (insulin pump) in response to real-time interstitial sensor glucose levels (continuous glucose monitoring, CGM).
- Open-loop therapy is the combined use of CGM and an insulin pump.

CGM is associated with reduced risks of severe hypoglycaemia and diabetic ketoacidosis compared with blood glucose monitoring. Similarly, insulin pump therapy is associated with lower risks of acute complications and improved glycaemia versus insulin injection therapy. However, recent studies have indicated that ketoacidosis might be more frequent with hybrid closed-loop therapy, but case and event numbers were low in these studies with short observation times, and they were not large enough to assess ketoacidosis risk.

What did the researchers find?

- The researchers found that the rate of ketoacidosis was higher for those using closed- versus open-loop therapy, while there was no significant between-group difference in the rate of severe hypoglycaemia.
- The rate of hypoglycaemic coma was significantly lower for people using closed-versus open-loop therapy.
- Compared with those in the open-loop therapy group, patients in the closed-loop therapy group had a lower HbA1c level, higher percentage of time in target glucose range of 3.9 to 10.0 mmol/L, and less glycaemic variability.
- For those with an HbA1c of 8.5% or higher, the rate of ketoacidosis was particularly high in the closed-loop versus open-loop therapy group.

The authors suggest that the findings of this study could have clinical implications for the care of young people with Type 1 diabetes and indicate the need for additional educational measures for the use of closed-loop insulin delivery.

(The Lancet Diabetes & Endocrinology online, 28th February 2025).

Research

Diabetic neuropathy – new system to restore sensory perception

Researchers have developed a new treatment for diabetic neuropathy – a non-invasive neuroprosthesis system that can be worn like a sock. It uses targeted electrical impulses to restore the disrupted information to the nerves and return previously lost sensory perception.

Diabetic neuropathy is a common complication of diabetes affecting about half of people with diabetes and can involve loss of sensation in the feet. This can lead to chronic pain, ulcers and in severe cases amputations.

The NeuroStep technology is used to stimulate the still partially functional nerve tracts through the skin and to restore the impaired sensation. This is done using a personalised calibration procedure that adapts the stimulation to the patient's individual degree of nerve damage.

The early results found that after just 1 day of using the system, most people involved in the study reported significant improvements in sensation and movement coordination, in addition to reduced pain. More research is needed before NeuroStep can be used in clinical practice.

(Nature Communications)

Weight-loss drug use has risen amongst people with Type 1 diabetes

Research in the US has shown that the much talked about weight loss drugs developed for Type 2 diabetes may not be safe and effective for people with Type 1 diabetes.

It seems that the prescription weight-loss drugs, GLP-1 receptor agonists, are now frequently used by people with Type 1 diabetes despite limited data on the drugs' safety and effectiveness in people with this condition.

Originally GLP-1 receptor agonists were developed to treat Type 2 diabetes but later they were approved for reducing cardiovascular disease risk and for treating obesity in the general population. Many people with Type 1 diabetes began taking GLP-1 receptor agonists even though they are thought to put Type 1 diabetes patients at risk for developing hypoglycaemia. As a result of this risk, people with Type 1 diabetes have been excluded from GLP-1 receptor agonists clinical trials.

In the study, the records of 200,000 people with Type 1 were analysed from 2008 to 2023. It was found that:

- The obesity rate among Type 1 diabetes patients increased for all age groups and ethnicities during this period.
- The use of GLP-1 receptor agonists rose sharply as the obesity rate increased across groups.
- In the highest obesity category, the proportion of adult patients using these medications increased from about 4% in 2008–2011 to about 33% in 2020–2023.

The senior researcher concluded that these findings highlight the need for better information, including clinical trials, on the effectiveness and safety of GLP-1 receptor agonists in people with Type 1 diabetes. This will enable there to be clear guidelines on their use in people with Type 1 diabetes.

Researchers are currently following up with a more targeted study in Type 1 diabetes patients, quantifying the risk of serious hypoglycaemia associated with the use of GLP-1 receptor agonists.

(Diabetes, Obesity and Metabolism, March 2025)

BITS AND PIECES

Insulin icodec performs consistently across subgroups

A study has found that once-weekly insulin icodec demonstrated consistent efficacy and safety across demographic subgroups compared with once-daily basal insulin. Information from 5 clinical trials involving adults with Type 2 diabetes showed that insulin icodec was effective and had a low risk of hypoglycaemia regardless of age, ethnicity or race.

(The Journal of Clinical Endocrinology & Metabolism, March 2025)

CGMs may help people with diabetes avoid hypoglycaemia

Continuous glucose monitors with real-time alerts may help reduce episodes of hypoglycaemia, according to a recent study. The hypoglycaemia incidents occurred in 19% of cases with active alerts, compared with 33% without alerts.

(Diabetes Research and Clinical Practice, March 2025)

Limiting TV time may reduce heart disease risk

According to a study which looked at information from more than 340,000 people over 14 years, watching TV for no more than an hour a day was associated with a lower risk of atherosclerotic heart disease, even after accounting for genetic risk factors for diabetes. It was found that even watching for 2 or more hours of TV daily, was linked to a higher risk of heart disease.

(Journal of the American Heart Association, March 2025)

Water aerobics may help with weight loss

Water aerobics may help people with overweight and obesity to lose weight. Exercise in water taken for more than 10 weeks was associated with a loss of about 6lb and over an inch off waist measurement but no change in BMI (body mass index) or percentage of body fat.

(BMJ Open, March 2025)

Phone settings can affect diabetes alerts

In the US, the FDA has issued a warning about the risk of missing blood glucose alerts from diabetes-related smartphone devices due to problems with settings, particularly after software or hardware updates. The agency said it was working with device makers to ensure settings that can affect alerts are continuously tested.

(February, 2025)

Guidelines cover Type 1 diabetes screening for children

New guidelines from an international team of Type 1 diabetes experts recommend widespread screening for children and adolescents before symptoms appear. The guidelines, from the International Society for Pediatric and Adolescent Diabetes, encourage screening young relatives of patients with Type 1 diabetes.

(Hormone Research in Paediatrics, February 2025)

Understanding and managing "food noise"

A new expression is being used – "food noise". It is a constant internal dialogue or a preoccupation with food which can lead to overeating and other unhealthy eating habits. It affects various groups including those with eating disorders and people in stressful environments. GLP-1 medications (weight loss drugs) have been reported to reduce food noise by decreasing cravings and slowing digestion. Experts recommend mindfulness, journaling, physical activity and working with dietitians to help manage the issue.

Does diabetes affect hair loss?

If you have diabetes and notice you're losing an abnormal amount of hair, it is possible that high blood sugar levels are a cause.

Diabetes can affect every part of the body, including the blood vessels that supply your hair follicles which can lead to hair loss. Diabetes is also linked to a number of other risk factors for hair loss, including autoimmune conditions and hormonal imbalances.

Seeing some stray hairs in your brush every day is normal and adults typically lose about 50 to 100 strands a day as part of a natural shredding cycle. However, hair loss that is not normal occurs when something prevents your hair from growing. It can be temporary or permanent and there are a large number of potential causes, some of which are associated with diabetes complications and treatment.

Signs of hair loss that are more serious are:

- A visibly receding hairline
- Bald patches or hair falling out in clumps
- A widening centre or side parting
- A noticeable reduction in hair thickness or density

How diabetes causes hair loss

Researchers aren't certain that diabetes and high blood sugar levels directly cause hair loss, however, both Type 1 and Type 2 diabetes are both associated with a variety of known hair loss risk factors.

- Poor blood circulation – hair follicles need oxygen-rich blood flow to grow. Chronic high blood sugar levels (hyperglycaemia) can damage blood vessels and compromise the oxygen and nutrient supply to hair follicles. If there is less blood flow to the scalp, in theory this could decrease the ability for hair to grow.
- Diabetes and autoimmune conditions – people with Type 1 diabetes often have other autoimmune conditions and both alopecia and Hashimoto's thyroiditis are associated with hair loss.
- There may be a scientific connection to prediabetes, Type 2 diabetes and alopecia. Researchers suspect there may be common inflammatory responses in the body between the two conditions, though more research is needed.
- Diabetes medications – GLP-1 agonists (semaglutide) are a class of medications used in people with Type 2 diabetes. Semaglutide (brand name Ozempic) has generated many reports of hair loss. GLP-1 hair loss may be caused by the rapid weight loss that these medications can cause, not the drugs. People who achieve dramatic weight loss using other means can also sometimes experience temporary hair loss.
- Thyroid issues – people with diabetes have a higher risk of developing both hyperthyroidism and hypothyroidism. These thyroid conditions are strongly associated with hair loss.
- Iron deficiency – there is a link between higher HbA1c levels and iron deficiency, and iron deficiency can directly contribute to hair loss.
- Polycystic Ovarian Syndrome (PCOS) – this is a hormonal disorder that impacts women of reproductive age. It shares a common risk factor with Type 2 diabetes – insulin resistance – and the two conditions often coexist. PCOS can cause the body to produce excess testosterone, a common side effect of which is thinning hair.
- Stress – managing a chronic condition can be a lot to handle, and stress is also linked to hair loss.

Managing diabetic hair loss

There are many ways to help slow or stop the progression of hair loss. You need to see a healthcare professional straight away – ideally a dermatologist. This can help you to find out if the hair loss is normal or if there is an underlying health cause. If you have bald patches or an unexplained reduction in hair density, early screening tests may help identify the root cause and get preventative measures quickly in place.

Treatments can take 6 to 12 months to work. Addressing the problem sooner can help you preserve the hair you have and slow down the progression of hair loss.

Pharma News

Pharmaceutical products not affected by tariffs

When US President Donald Trump announced tariffs on April 3rd, we wondered if this would affect pharmaceutical products.

However, drugs gained a temporary reprieve when he spared pharmaceutical products from reciprocal tariffs, but experts warned it was premature to celebrate as tariffs were still likely to come.

Trump imposed a 10% tariff on most US imports, as well as much higher levies on dozens of rivals and allies alike, but he temporarily exempted some goods, including pharmaceuticals, benefiting major exporters including India, Japan and Ireland.

Pharmaceuticals are among a select list of goods that will not be subject to the higher reciprocal tariffs, according to a fact sheet released shortly after the signing ceremony and affirmed in the signed executive order. An annex to the order since provided by the White House outlines specific drugs and compounds that are exempt from the reciprocal tariffs.

Owen Mumford to discontinue Autopen insulin pens

The medical device manufacturer Owen Mumford has stopped producing its Autopen range of insulin delivery pens. The company is withdrawing the following: Autopen Classic 1 and 2 unit devices and Autopen 24 1 and 2 unit devices. The pens were/will be discontinued on the following dates:

- Autopen Classic 1 unit – March 2025

- Autopen Classic 2 unit – March 2025

The Autopen Classic devices are compatible for use with Lilly and Wockhardt insulin cartridges.

- Autopen 24 1 unit – December 2024

- Autopen 24 2 unit – June 2025

The Autopen 24 devices are compatible with Sanofi insulin cartridges.

The discontinuations are not due to any safety or quality-related concerns, and anyone using these pens can continue to use them if there aren't any issues.

Many people using an insulin pen will not be affected by this discontinuation as Autopen devices account for roughly 1% of the prescriptions of insulin pens in the UK. There is no immediate need for anyone currently using an Autopen to change their device. As specified in the instruction leaflets, the Autopens can be used for up to 2 years after collection.

There is currently no suitable alternative for people using either of the Autopen Classic pens who take Wockhardt Hypurin porcine insulins in cartridges (Penfills). Wockhardt is working with the Department of Health and Social Care (DHSC) on alternatives and say they remain committed to keeping Hypurin porcine insulin available for people, anticipating a new, compatible pen to be available from Sept/Oct 2025.

More information and support on Owen Mumford insulin pen withdrawals

- If you have any questions about these insulin pen withdrawals, you can contact customerserviceuk@owenmumford.com
- For general enquires about Hypurin Porcine insulin, contact Wockhardt on 01978 661261 or email enquiries@wockhardt.co.uk

Libre 2 will be discontinued from August 2025

Manufacturers, Abbott Laboratories, urge people still using the Libre 2 to contact their Healthcare Professional team to update their prescriptions to the FreeStyle Libre 2 Plus sensor. The Libre 2 sensors will be discontinued from August 2025, so all current users need to make the switch to the FreeStyle Libre 2 Plus sensor as soon as possible.

The Libre 2 Plus sensor is:

- Compatible with your current Libre 2 reader.
- Compatible with your Librelink app.
- Available now.

What's new/different compared to the FreeStyle Libre 2 sensor?

- Extended sensor wear time: easy to use and comfortable to wear for up to 15 days.
- Indicated for pregnant women, children aged 2+ and adults living with diabetes.

To find out more and to learn how to use the FreeStyle Libre 2 Plus sensor, visit https://tinyurl.com/dpmhudmz.

Crisis in adult literacy – think about Patient Information Leaflets!

In the UK 7.1 million adults read and write at, or below, the level of a 9-year-old and, importantly, 43% of adults do not understand written health information.

Providing reliable easy-to-understand health information in accessible formats can help people take an active part in planning their care and make better decisions about their health.

Having greater knowledge can also have a huge impact on how people respond to treatment, recover from illness and manage a long-term condition.

At the same time, using straightforward language can give people the confidence to ask questions without feeling uncomfortable or foolish.

A guide to diabetic foot issues from Randell's Footcare

Diabetes, known in full as diabetes mellitus, represents a group of disorders that are related to an abnormal increase in blood sugar level due to the decreased availability of insulin or the decreased sensitivity to insulin.

How can diabetes affect the feet?

The abnormal increase in blood sugar affects three main components responsible for the wellbeing of the feet – blood supply to the feet, nerve functioning of the feet and the immune system.

How to care for diabetic feet at home

- Examine your feet daily for any skin lesions such as open wounds, blisters and hard skin.
- Wear flexible socks that have a loose band to not decrease the blood circulation.
- Avoid walking barefoot and wear protection on the soles.
- Always wear flip flops when in public wet areas such as the poolside and public showers.
- Check your shoes regularly for any damage such as loss of tread, holes, rough inner seams.
- Thoroughly wipe your feet dry in between your toes.
- Avoid wearing any heated socks or having your feet near heaters.
- Avoid using hot water bottles that have been filled with boiling water.

When to see a podiatrist

The best time to see a podiatrist is as soon as you get your diabetes diagnosis – this will help the podiatrist to examine your feet and establish the baseline of your foot health status which will help craft a tailored treatment plan for your personal foot care needs.

What a podiatrist will do to help treat diabetic foot issues

After obtaining the baseline of your foot health status the podiatrist will treat you according to their findings, here is an array of treatment plans usually given to our patients with diabetes:

Routine foot care – regular visits to the podiatrist and then to the podiatrist assistants which includes but is not limited to nail cutting, removing corns and calluses, treating ingrown nails, treating thick nails and skin lesions.

Annual foot screenings – annual/bi-annual foot screening aims to check the integrity of your skin and nails, blood supply to your feet and nerve functioning at the level of your feet.

Footwear assessment – footwear can have detrimental effects on anyone that is diabetic therefore special care has to be given to the shoes we invest in. Podiatrists at Randell's Footcare are equipped with the knowledge you need to give advice on the best shoe for your foot type.

Nail cutting advice – When nails are being cut incorrectly it could lead to ingrown nails or trauma to the surrounding skin. A podiatrist will give you the best advice as to how you should cut your nails in the safest way possible.

How to prevent Type 2 diabetes

Diabetes is split into two types, Type 1 and Type 2. Type 1 is thought to develop due to a combination of genetics and other factors that are not yet fully understood and cannot be prevented. Type 2 is often said to be affected by a wide range of causes including hereditary, so there is no one way to prevent Type 2 diabetes but a few of the following factors can be controlled in order to lower the chance of getting diabetes.

They are as follows:

Weight – Obesity is a risk factor for the development of uncontrolled blood sugar levels and is often used as an assessment tool, together with waist circumference, to determine the risk an individual has to develop diabetes. With that in mind, weight control is one of the ways to prevent a premature diagnosis or to prevent a diabetes diagnosis.

Diet – Controlling one's diet is one of the single most important factors that is within our control when it comes to diabetes. People with diabetes or pre-diabetes should always be educated on their diet hence why controlling your diet even before reaching the aforementioned statuses is one of the ways in which to help prevent development of diabetes.

Exercise – By exercising we burn calories and keep our cardiovascular system healthy. Exercise is also proven to decrease blood glucose levels helping you to maintain a normal level.

Note: our thanks go to the podiatrists from Randell's Footcare for writing this article for us and for the continued reminder that we need to look after our feet.

Diabetes – do you drink enough?

We need to ask some hydration questions. Do people with diabetes have special hydration needs and how does water affect blood sugars?

Drinking enough water is essential to most of the body's systems and benefits include improved circulation and digestion. People with diabetes don't necessarily need more water but hydration is more important for people with diabetes.

How much should you drink?

We've all heard we should drink 8 glasses of water daily but in reality, there's no hard and fast rule and water needs vary from person to person. Needs are based on age, medical conditions, activity, where you live (hot or cold environment) and if you're pregnant or breastfeeding.

General recommended daily fluid intake amounts are:

- About 3.7 litres (6.5 pints) for men.
- About 2.7 litres (4.7 pints) for women.
- These recommendations include foods other than drinks that include water, eg soups and yoghurts contain quite a bit of water.

An easy way to check if you're adequately hydrated is to check your urine colour. A light, pale yellow colour suggests adequate hydration. However, this may not work for everyone as other things can affect urine colour, including medications, vitamins and certain foods.

Thirst

Thirst occurs in response to a reduction of fluid in the cells therefore when you feel thirsty this is a normal reaction to being slightly dehydrated. Normally, drinking water to quench your thirst will usually properly hydrate you, but more fluid may be needed if you're doing endurance or high intensity physical activity.

Diabetes and dehydration

The body is constantly using and losing fluid but research has shown inadequate fluid intake is associated with hyperglycaemia (high blood sugar). Raised blood sugars may increase the electrolytes in the blood, disturbing the fluid balance. In addition, when blood sugars are high, the body gets rid of glucose by producing more urine which can create dehydration. Dehydration signs include:

- Headache
- Dizziness or lightheadedness
- Muscle cramps
- Dark, smelly urine
- Increased thirst
- Fatigue
- Nausea
- Salt cravings

If you don't like water, try flavoured water, sparkling water or herbal teas.

To sum up, being dehydrated can increase blood sugar levels. High blood sugars can cause dehydration. Water is essential for body functions and water needs are different for everyone. Make sure you have a plan to ensure you have the correct fluid intake.

Diabetes news from around the world

Data collection on the consumption of energy drinks and their health effects in adolescence *(21st March 2025)*

In August 2020, the German Federal Institute for Risk Assessment (BfR) conducted a study on chronic high consumption of energy drinks, lifestyle and the cardiovascular system in adolescents. The data collection has been completed and the results are currently being checked for plausibility ready for publication. Once this is complete, the public will be provided with the results.

An initial assessment of the findings does not show any worrying cardiological problems, however, they do show that excessive consumption of energy drinks can be associated with health risks, especially for people with undetected heart disease, high blood pressure, diabetes or obesity. It also showed that consumption together with alcohol or in combination with sports can pose health risks.

Glucagon nasal powder, Baqsimi, in the US

In the US, the Food and Drug Administration (FDA) has expanded the approval of Baqsimi (glucagon) nasal powder to include the treatment of severe hypoglycaemia in patients aged 1 year and older with diabetes. Previously, the product had only been licensed for those 4 years and older.

Baqsimi is a ready-to-use nasal powder that delivers 3mg of glucagon in a single-use intranasal dispenser. The dose is administered by inserting the tip into a nostril and pressing the device plunger all the way in until the green line on the device is no longer showing; the dose does not need to be inhaled. If there is no response after 15 minutes, an additional 3mg dose from a new device may be administered.

The most common reported side effects with Baqsimi included nausea, vomiting, headache, upper respiratory tract irritation and nasal and ocular symptoms (eg, watery eyes, redness of eyes, itchy nose, throat and eyes).

Baqsimi is supplied as an intranasal device containing a 3mg dose of glucagon in 1 or 2 packs. The product should remain in its shrink wrapped tube until it is ready for use.

This sounds an interesting product but it is not available in the UK.

Canadian Government: animal-sourced insulin discontinuation

On March 25th 2025, the Canadian Government issued a notification that Wockhardt UK has decided to discontinue the sale and distribution of Hypurin Pork Regular Insulin and Hypurin Pork NPH in Canada (these are equivalent to Hypurin Porcine Neutral and Isophane in the UK).

Hypurin Pork Regular expires in December 2025 and Hypurin NPH in April 2026. The Government has authorised the importation of UK authorised Hypurin Regular and NPH vials which will expire in May 2026 and these insulins will not be available after that date. Health Canada has not identified another source of animal-sourced insulin. Wockhardt UK has decided not to market these insulins in Canada and Health Canada does not have the regulatory power to change this.

Health Canada is advising people who use Hypurin Pork insulins to discuss alternative treatments with their doctor or pharmacist. Needless to say, people in this position are trying to maintain supplies of pork insulin.

People with diabetes living in Leicestershire have early access to new device (*19th February 2025)*

The diabetes community in Leicestershire is among the first in the UK to benefit from a new continuous glucose monitor (CGM), the CareSens Air device which is designed to simplify diabetes management.

The device was piloted at 5 local practices during February, with feedback gathered from those using the device and healthcare teams. The evaluation suggests it will be used to refine service delivery and inform wider rollout plans.

The device is being launched by Spirit Health and is a 15-day wearable CGM which delivers glucose readings every 5 minutes directly to a smartphone – offering real-time data to improve diabetes

management. People living with diabetes can also track their glucose trends and receive personalised alerts, while healthcare professionals gain access to detailed reports and live monitoring via the Sens365 platform.

The pilot programme will focus on service delivery, support, technology use and overall impact and the findings will play a vital role in shaping the future of diabetes care. (19th February, 2025)

News from Dream Trust in India

As many readers will remember, IDDT members have supported children with Type 1 diabetes at Dream Trust in India. The children are being looked after by Dr Shanket Pendsey who writes: "We are happy to share success stories of 2 brave youngsters with Type 1 diabetes. We are proud to share the inspiring journeys of 2 of our beneficiaries who have shown incredible determination despite living with Type 1 diabetes."

Ajinkya (23 years old)

2012: 10 years old

2025: 23 years old

Diagnosed with Type 1 diabetes at the age of 11, Ajinkya never let his condition hold him back. He successfully completed his B.Sc. in Computer Science, prepared for a bank exam, and after working hard, he passed the competitive exam and personal interview. We're thrilled to announce that he has secured a job with Maharashtra Gramin Bank in Aurangabad! On top of that, Ajinkya is also a state-level Kho Kho player, proving that he excels not just academically, but athletically as well!

Aman (21 years old)

2019: 15 years old

2025: 21 years old

Aman was diagnosed with Type 1 diabetes when he was 14. Despite the challenges, he completed his 12th grade and set his sights on joining the police or military. His dedication to several hours of physical training helped him pass the entrance exam, physical test, and personal interview, leading to his selection as a Homeguard! His hard work and perseverance paid off, and we couldn't be prouder of him!

We're so happy for both Ajinkya and Aman and wish them all the best in their bright futures! Keep shining!

Information for patients on new weight loss drug, tirzepatide

At the end of 2024, the new weight loss drug called tirzepatide (brand name Mounjaro) was approved for use on the NHS by NICE as it can help to promote weight loss when used alongside a calorie-controlled diet and a more active daily lifestyle.

Tirzepatide will become available on NHS prescriptions from June 2025 but the rollout of the treatment will be phased in over a number of years. At first, only those people who meet a specific eligibility criteria will be able to access the drug.

Eligibility is limited to people with a BMI of 35 or more (32.5 or more for certain ethnic groups) and at least 1 weight-related health problem.

It's being rolled out in phases, starting with those with the highest clinical need but over time the criteria may be widened. In the meantime, people are being asked to not contact their GP to ask for this weight loss treatment.

GPs and other prescribers are going through training and education to ensure that all new weight-loss medications can be safely prescribed.

It is important to understand that tirzepatide is most effective when used alongside healthy lifestyle choices which involve diet and exercise. All patients, including those who are eligible for the new drug, will still be encouraged to access NHS-supported healthy living initiatives, such as diet support and activity. Patients who do not commit to adopting a more healthy lifestyle may be refused treatment.

Children and young people with Type 1 diabetes

AI tool to help the diagnosis of early Type 1 diabetes in children

Having raised questions about the value of AI, we have to report that researchers at Cardiff University have developed an AI tool that could help to detect signs of Type 1 diabetes in children before they experience dangerous complications. The new AI tool uses patterns in the records of GPs to identify symptoms associated with undiagnosed Type 1 diabetes which potentially speeds up diagnosis enabling timely treatment.

Early diagnosis could reduce the cases of diabetic ketoacidosis (DKA), a life-threatening condition which can develop if Type 1 remains untreated. Worryingly, around 25% of young people with Type 1 diabetes are only diagnosed after they have already entered DKA but early intervention could prevent this and save lives.

The researchers analysed electronic health records of over 1 million children in Wales to train the AI model. The tool examined various factors recorded in GP files, such as repeated urinary infections, bedwetting, family history of Type 1 diabetes and antibiotic prescriptions. In the analysis, the tool identified combinations that might signal a diagnosis of Type 1 diagnosis.

To validate the effectiveness of this AI tool, researchers tested it on an additional 1.5 million children's records. They found:

- It could successfully identify 72% of children who would develop Type 1 diabetes within the following 90 days.
- The tool could alert doctors an average of nine days earlier than typical diagnostic timelines, potentially allowing children to begin insulin therapy before more severe symptoms develop.
- Although the tool has the potential to be a vital resource for early diagnosis, the researchers acknowledged that further refinements are needed to optimise its alert settings to balance timely warnings with the avoidance of false positives.

The research team plans to explore broader implementation strategies so that the AI tool can be adopted widely across primary care, helping GPs to play a more active role in protecting children's health through early, proactive intervention in Type 1 diabetes.

New drug slows progression of Type 1 diabetes - boy in Ohio first to receive treatment

A new drug approved by the US Food and Drug Administration in 2022 is the first and only of its kind to delay the onset of Type 1 diabetes in children and adults.

Braden Reiner is a typical 11-year-old, but he's made history by being the first child to receive Teplizumab or Tzield a new drug that delays the onset of Type 1 diabetes. On average the drug is delaying insulin need for up to 4 years and sometimes longer than that.

Braden's grandfather and mother have Type 1 diabetes, so his mother was proactive in getting Braden screened and tested to see whether he might also have the condition. Unsurprisingly, Braden Reiner had stage 2 Type 1 diabetes when he was 9-years-old.

Braden Reiner went through a 14-day infusion process of receiving Tzield and he said that while the treatment was long, it was worth it because he didn't have to use insulin and get a whole other pump on his body, other than his Dexcom. His mother said that although it was a time-consuming process, she hopes he can be a role model for other children in the same situation and that it can show other parents what Tzield is and educate them on the benefits of it.

Study probes home Type 1 diabetes test for children

A home test to diagnose Type 1 diabetes in children is being investigated in a UK study for the first time.

The study is assessing whether the at-home test is more appealing for children

Researchers at the Oxford Biomedical Research Centre said the study will invite 90 children and young people across two groups to assess the GTT@home test.

The programme will determine whether the kit could be used routinely across the NHS. The study lead said the method "could be a major breakthrough for reducing the burden of testing."

GTT@home is an oral glucose tolerance test (OGTT) that uses finger-prick blood samples to measure how well the body processes glucose.

The kit contains the test device, a finger prick, a preformulated glucose drink and detailed instructions. The glucose drink is consumed after the initial finger-prick blood sample, with a second blood sample taken two hours later.

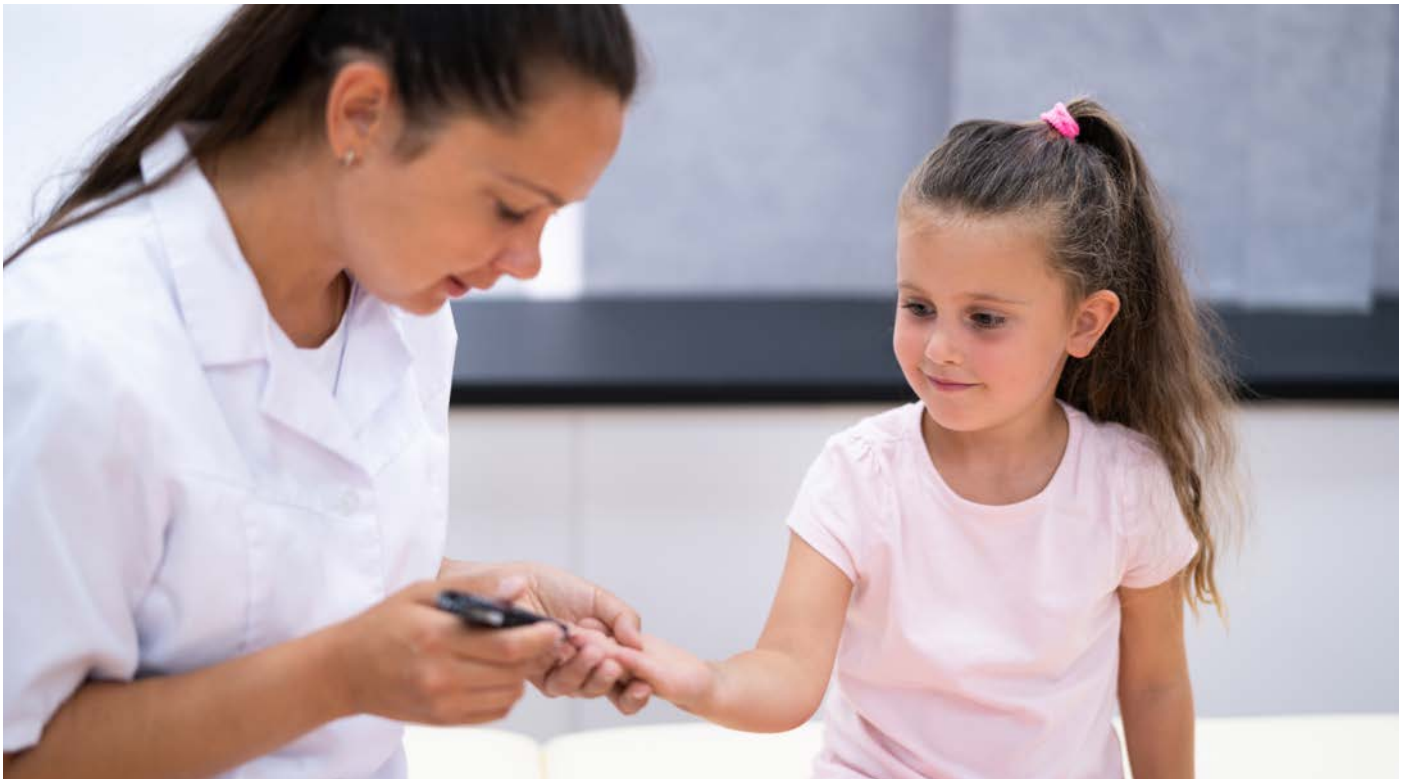
To use the standard hospital-based OGTTs, children must fast overnight, travel to a clinic early in the morning and undergo two blood draws.However, the home device immediately analyses both blood samples and shares accurate and timely results directly with the study teams. It has been shown to be "as accurate as hospital-based OGTTs when used with adults."

The test has already been used successfully at NHS trusts in Southeast England for the screening of gestational diabetes in pregnancy, with more than 2,500 women screened since its launch in February 2024.

Type 1 diabetes is the most common childhood autoimmune disease, affecting around one in 350 children. Researchers said that in around 40% of children diagnosis was not made until the child was in diabetic ketoacidosis (DKA), a life-threatening complication.

The Research lead said that even though early diagnosis of Type 1 diabetes relies on OGTTs and these tests are not well tolerated, especially by very young children. At-home testing could be a major breakthrough for reducing the burden of testing.

(Published, 18 February 2025)



NHS changes we need to know about!

What is a "PIFU"?

One of our members wrote to us because he had received a 'PIFU' which he had never seen before, so we thought we should look into this for our readers. PIFU stands for Patient-Initiated Follow-Up. This is a new system that replaces making routine follow-up appointments.

It is a healthcare approach where patients, rather than hospitals, decide when to schedule follow-up appointments which in turn offers them greater flexibility and control over their care. Therefore, PIFU empowers patients to take control of their follow-up care. Instead of being scheduled for routine follow-up appointments, patients can contact their healthcare team when they feel they need an appointment, whether for a face-to-face, telephone or video consultation.

Benefits for patients

- **Flexibility and control** – PIFU allows patients to schedule appointments when they need them, rather than being tied to fixed appointment times. You can make an appointment to see your consultant or healthcare team when you need it the most. This could be if the symptoms relating to your condition get worse or if you feel that you are not recovering well.
- **Reduced stress and anxiety** – patients can avoid unnecessary travel and time off work or school by only attending appointments when they feel they are needed.
- **Improved access to care** – PIFU ensures that patients can access specialist care when they need it, rather than waiting for a pre-scheduled appointment.

Benefits for healthcare providers

- **Reduced unnecessary appointments** – by allowing patients to initiate follow-up appointments, hospitals can reduce the number of routine appointments and free up resources.
- **Improved patient satisfaction** – PIFU can lead to greater patient satisfaction by giving them more control over their healthcare journey.

How does PIFU work?

- Patients are informed that they are on a PIFU plan, meaning they can contact their healthcare team when they need an appointment.
- Patients are provided with contact information for their clinical team or a central booking team.
- Patients can discuss any concerns or symptoms with their healthcare team and arrange an appointment if needed.

When is it used?

PIFU can be used in a variety of specialties, including dermatology, rheumatology, cancer care, trauma and orthopaedic care. However, it should not be used as a waiting list management tool or a substitute for discharging patients when clinically appropriate.

You should be advised what symptoms to watch out for that would warrant an appointment. You should be told about the duration of your PIFU plan and when you will be discharged back to your GP.

Your PIFU care plan will last for a specific amount of time. Your hospital care team will talk to you about how long it may be necessary to keep your PIFU care plan open which will depend on your condition and their clinical judgement.

Telephone/video consultations

As many of us know, actually having a face-to-face appointment with your doctor or other healthcare professional is often a thing of the past and many of us have to have a phone consultation.

Unfortunately, it is often the case that many of us come away from such appointments feeling confused about our treatment and/or feeling that we have not got what we needed from the consultation. We can also feel uncomfortable having a telephone conversation with someone we may never have met, so we may not open up about the issues worrying us. This doesn't help to make for a successful appointment.

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 healthcare professionals and the support they can offer. However, there are areas of medical practice that do not welcome telemedicine and 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 can 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 overall regarded as the best form of consultation.

Tips for your appointment

Here are some tips to help you to get the most out of any appointment that you may have with your doctor or member of your diabetes healthcare team, whether face-to-face or on the phone:

- **Be prepared** – make a list of what you want to get out of the consultation and the questions you want to ask.
- **Be informed** – do your research before the appointment so that you are aware about things like the various treatment options that may be available.
- **Be honest with your healthcare professional (HCP)** – if you are honest about your diabetes or related condition then you will be able to be treated more effectively.

- Make sure your HCP knows why you needed the appointment 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.
- **Make joint decisions** – having mutual respect will allow you both to make decisions that you are both happy with.

Remember NHS 111 can help

The increasing pressure on GPs and other HCPs to respond to the growing number of requests for appointments was partly responsible for the development of NHS 111.

NHS 111 can help when you need medical help or advice fast but when it's not a life-threatening emergency. For an emergency you need to call 999. The 111 online service can also help if you're not sure what to do but while NHS 111 is without a doubt a well-intentioned idea, it is not without its flaws. It exists primarily as a triaging and signposting service but this works only if the structures facilitating signposting are functional and accurate and unfortunately, this is not always the case.

NHS News

Cutbacks at NHS England

New Chair of NHS England

In March 2025, Dr Penny Dash was announced as the new Chair of NHS England by Health Secretary Wes Streeting. Dr Dash is a former NHS doctor, senior partner at McKinsey, and Head of Strategy at the Department of Health and Social Care (DHSC). As NHS England Chair, she will focus on rebuilding the NHS as part of the Government's 10-Year Health Plan. Dr Dash's appointment is part of major cutbacks at NHS England to avoid duplication with the DHSC.

Around 6,500 jobs are at risk, about half the workforce at NHS England, with the aim of saving £175 million a year. This announcement was made after it became known that board members Amanda Pritchard, chief executive, and Sir Stephan Powell, medical director, were to leave along with several other senior officers.

The aims

The plan aims to reduce the duplication of jobs between NHS England and the DHSC so some of the job cuts could also be made within the DHSC. Wes Streeting said: "We are entering a period of critical transformation for our NHS. With a stronger relationship between the department and NHS England we will all work together to meet the scale of the challenge."

NHS England was established in 2013 by the then Tory health secretary, Andrew Lansley, to provide greater independence and autonomy. News articles suggest that Mr Streeting aims to bring the NHS chief executive role back under closer departmental control, as it was before the 2012 reforms.

New Hospital Programme

The Government has confirmed funding and a timetable to put the New Hospital Programme on track to deliver all of its hospital projects to ensure that staff and patients have access to the facilities they desperately need as soon as possible.

It follows a review of the scheme from the previous government to deliver '40 new hospitals' by 2030 which was 'behind schedule, unfunded and undeliverable'. This Government's schemes will be allocated to 1 of 3 wave groups:

- Schemes in wave 1 to begin construction between 2025 and 2030. These schemes include hospitals constructed primarily using reinforced autoclaved aerated concrete (RAAC), and have been prioritised as patient and staff safety is paramount.
- Schemes in waves 2 to begin between 2030 and 2035.
- Schemes in wave 3 to begin between 2035 and 2039.

The New Hospital Programme is a part of the Government's wider commitment to transforming the NHS estate. Over £1 billion has been set aside to make inroads into the existing backlog of critical maintenance, repairs and upgrades. In addition, £102 million has been dedicated for upgrades to GP surgeries across England as a first step towards transforming the primary care.

Global report says the obesity label is medically flawed

A report by global experts published in The Lancet Diabetes & Endocrinology is supported by more than 50 medical experts around the world. It maintains that calling people obese is medically "flawed" and the definition should be split into two:

- "Clinical obesity" should be used for patients with a medical condition caused by their weight.
- "Pre-clinically obese" should be applied to those remaining fat but fit, although at risk of disease.

It maintains that this is better for patients than relying only on body mass index (BMI) to determine whether they are a healthy weight for their height to determine obesity.

More than a billion people are estimated to be obese and prescription weight-loss drugs are in high demand. The chair of the expert group pointed out that some people with obesity can maintain normal organ function and overall health even long term, whereas others display signs and symptoms of severe illness now. He added that obesity is a spectrum.

The report said that the current, blanket definition of obesity means that too many people are

NICE draft calls for yearly BMI checks to better support people with long-term conditions

NICE has said in draft guidance that people with specific long-term conditions, such as diabetes and heart disease, should have their BMI measured every year. It has also called for additional waist-to-height measurements to be recorded for those with a BMI under 35. The new approach will help identify people at risk of weight-related complications so they can be offered appropriate support to prevent future ill-health.

While annual physical checks already take place for people with long-term conditions, the recording of someone's BMI and waist-to-height ratio is not always taking place nor added to a health record. NICE hopes to reduce this inequality in care.

The draft quality standard does not provide a definitive list of long-term conditions but suggests services could focus on patients with COPD, diabetes (Type 1 or Type 2 diabetes or at high risk of developing Type 2 diabetes), dyslipidaemia (abnormal levels of fats in the blood), heart failure, learning disability, obstructive sleep apnoea, peripheral arterial disease, polycystic ovary syndrome, rheumatoid arthritis, bipolar disorder, schizophrenia, other psychoses and stroke or transient ischemic attack.

Professor Jonathan Benger, deputy chief executive and chief medical officer at NICE, said: "These simple annual measurements create opportunities for early intervention and conversations about long-term health and wellbeing. By identifying trends before they become problems, clinical practitioners can help people prevent more serious health complications down the line.

"Annual monitoring of BMI and waist-to-height ratio is a powerful tool to help prevent problems developing such as the onset of diabetes, heart disease or other obesity-related conditions. Once implemented, these proposed quality standards could significantly improve health outcomes for people with long-term conditions by ensuring consistent, timely support for weight management across all healthcare settings."

The draft quality standard also covers:

- Supporting people with learning disabilities to access overweight and obesity management services.
- Providing up-to-date information on available local interventions and national programmes.
- Giving advice for maintaining changes and support for improving health and wellbeing after completing a behavioural intervention.
- Ensuring wraparound care focusing on diet, nutrition and physical activity for adults prescribed medicines for weight management.
- Annual follow-up for adults discharged from bariatric surgery services.

The draft quality standard was open for public consultation from 18th March to 15th April 2025 following the publication of an updated guideline on overweight and obesity management in January 2025. The final quality standard is expected to be published in August 2025.

being diagnosed as obese but not receiving the appropriate care.

The limitations of BMI

BMI measures whether someone is carrying too much weight but not too much fat. For example, very muscular people, such as athletes, tend to have a high BMI but not too much fat.

The report says on a large scale, BMI is useful to work out the proportion of a population who are a healthy weight, overweight or obese. However, it provides no information about a person's overall health, such as whether they have heart problems or other illnesses. It also fails to distinguish between different types of body fat or measure the more dangerous fat around the waist and organs.

According to the report, measuring a patient's waist or the amount of fat in their body, along with a detailed medical history, can give a much clearer picture than BMI. The report says: "Obesity is a health risk – the difference is it's also an illness for some."

The two groups

Clinically obese is when obesity is a disease, there will be signs of it affecting organs in the body through heart disease, breathlessness, Type 2 diabetes or joint pain and a person's day-to-day activities. Treatment with drugs or surgery is likely.

Pre-clinically obese is when obesity is a risk to

Read more on next page

health but not yet causing illnesses. People should be offered weight loss advice, counselling and monitoring to reduce the risks of health problems developing.

The report states that doctors should also pay close attention to a patient's family history to see if patients are at risk of particular diseases. It concludes that redefining obesity improves the accuracy of diagnosis so that adults and children with diabetes will receive more appropriate treatment and care.

It will also reduce the numbers of people being over-diagnosed and given unnecessary treatment.

Physician Associates update – BMA challenges GMC in court

We have previously reported on the situation between doctors and physician associates – the latter are not qualified doctors – and why it is important to us, as patients, to be aware of this.

This went further with the British Medical Association (BMA) taking a case against the General Medical Council (GMC), the regulator, to the High Court. Its accusations against the GMC were as follows:

- Abandoning its responsibilities to patients' safety by blurring the lines between doctors and non-doctors.
- Appropriate language should be used and the GMC should not use the term "medical professionals," as this should only be used to refer to qualified doctors.

The GMC took over regulating PAs and AAs in December 2024 and uses the term "medical professionals" to describe all those it now regulates. It has stated that each profession type is labelled on its registers and in search functions, so when patients search its registers it will be clear whether someone is a doctor, a PA or an AA.

However, in February, a further survey showed that the vast majority of qualified doctors are opposed to PAs, especially in A&E. They maintain that patients should know who is treating them – the difference being that a doctor has 6 years training and a PA or AA has 2 years training and is not a qualified doctor.

Coroner warns public misled on Physician Associate role

Separately from this, on 27th February, a coroner warned that the public is being misled about the role of PAs after a woman died following hospital failings, including a misdiagnosis.

A PA misdiagnosed her and sent her home while her son believed she had been treated by a doctor. The coroner's report highlighted that the PA "had a lack of understanding of the significance of the symptoms and had undertaken an incomplete examination which would have been likely to have found a correct diagnosis. The term 'physician associate' is misleading to the public."

Going back to November 2024, the Government launched a review of the role of PAs and AAs led by Professor Gillian Leng looking into how the roles affect safety and how they support wider health teams. A report is expected to be published in spring.

In April 2025, the BMA published the full extent of the evidence it collected and called for the NHS to introduce urgent interim safety measures until the Leng Review is completed, including:

- The immediate halt to recruitment and expansion of PA and AA roles.
- Implementation of the BMA's safe scope of practice and supervision guidance.
- An immediate investigation into PAs and AAs being placed on doctor rotas.

The BMA chair of council said that this evidence from working doctors is invaluable and it seems that immediate intervention by the NHS is necessary until this preventable dangerous situation is sorted out. However, on 18th April, the BMA lost its High Court challenge against the GMC when High Court judge Mrs Justice Lambert DBE dismissed three arguments put forward by the BMA.

What next?

The BMA is considering its next steps following the "disappointing" ruling saying: "Having ruled on the legal technicalities, the court has ignored common sense. The effect will be to perpetuate the patient safety issues caused by this confusion."

What do we as patients? We have to take responsibility for knowing whether or not we are being treated by a qualified doctor, which means asking about the qualifications of the person treating us!

From our own correspondents

Gratitude from a diabetes team

Dear Jenny,

Thank you very much for your continued support over the years. As I mentioned before, the IDDT booklets are an amazing educational support to our patients. With the increased number of newly diagnosed patients with diabetes as well as those presenting with various complications, we heavily rely on your printed materials to support patients' journeys once they leave our clinic.

On the behalf of our Diabetes team, I would like to wish you a great and successful year ahead.

Diabetes Specialist Nurse by email

And from a patient!

Dear Jenny,

Thank you so much for the diabetes information which arrived this morning. I am really grateful and so pleased with it. I would be happy to receive your quarterly Newsletter together with any other information you have.

I find it amazing that I came across your organisation by chance due to a letter in our local paper. I have been diabetic for over 20 years and in all that time, and despite annual checks with my doctor, I have never been given or offered so much information, so again thank you.

M.E. by email

Errors can occur

Dear Jenny,

I usually have my medication delivered by a city centre pharmacist every 5 weeks and I routinely check the labels and boxes.

I was inexplicably unwell for over 4 weeks. Occasionally, the colour and size of the tablets varies, as pharmacies source the cheapest and I accept this. Nearing the completion of the course of the tablets, I noticed the metformin tablet stated 1,000mg when my normal dosage is 500mg twice a day. I contacted the pharmacy and it was mutually agreed that an error had occurred. The effects of double the dosage were not toxic, however it did explain why I had been unwell.

The incident was deemed as "human error" and I was told the issue would be addressed. In mitigation, the tablets were etched with the appropriate milligrams but I had not noticed as my vision is deteriorating. I appreciate errors can occur, but you may wish to bring this to your readers attention and I will be more vigilant in future!

Mrs D.O. from Yorkshire

Oramorph and high sugars

Dear Jenny,

I have had Type 1 diabetes for 33 years and while I have the occasional hypos, I have never had hyperglycaemia before. Recently, after a wait of 2 years, I had a total knee replacement and was discharged from hospital the day after the operation.

I was given oramorph to control the pain post operatively and my sugars rocketed to over 30 and then off the scale. I had severe hyperglycaemic symptoms for several days.

My hospital discharge letter said to take oramorph for 4 days and then stop and take codeine instead. I stopped the oramorph 2 days early. On reading the leaflet in the codeine pack it said do not take if you have kidney problems – I had one kidney removed in 2013 due to cancer. I telephoned my GP practice and was told it was OK to use codeine. Within an hour of taking 1 tablet my leg swelled up, went hard and I was worried about a DVT. So I rang 111 and was advised to go to A&E where I was eventually admitted to hospital and several days later a scan thankfully, ruled out a DVT.

I wonder if your other members are aware of oramorph causing hypers?

B.N. by email

***Note:** Oramorph is prescribed for pain, pain being a stressor and stress triggers high blood sugars. It is a liquid form of morphine which is consistently associated with poorer glycaemic control as shown by high HbA1cs. It is very worrying that despite the warning in the codeine pack not to take it if you have kidney problems, the GP practice told our member it was OK to use codeine. This is yet a further warning to ensure that before taking any medication, you read the Patient Information Leaflet and if you are unsure, double check.*

New regulatory guidance for medical devices

The Medicines and Healthcare products Regulatory Agency (MHRA) has issued new guidance to update manufacturers of medical devices on new regulations.

The Post-market surveillance (PMS) regulation for medical devices in the UK will be in force from 16th June, 2025.

The key new requirements are:

- Enhanced data collection.
- Shorter timelines for reporting serious incidents.
- Summary reporting to enable the MHRA and manufacturers to identify safety issues earlier, so reducing risks to protect patients.
- Clearer obligations for risk mitigation and communication to protect patients and users.

Manufacturers are being encouraged to start using the guidance immediately so that they understand their obligations and can comply with the regulations when they take effect.

Government guidance for manufacturers of insulin pumps and meter systems are part of these wider updated guidelines

Included in the guidance is a document specifically for manufacturers of diabetes-related medical devices – reporting adverse incidents: insulin pumps and meter systems.

The MHRA said: "This regulation delivers these requirements and will ensure that the MHRA has a strong foundation for patient safety in place before bringing forward future measures such as international reliance, which will allow patients to benefit more quickly from some types of medical devices that have already been approved for use in other countries.

"This regulation marks a significant step forward in ensuring that medical devices used across the UK are safe, effective, and continually monitored for performance in real-world conditions, ensuring that patient safety remains at the forefront of our healthcare system."

IDDT News

Can you help IDDT?

Here are a couple of ways that you can help IDDT without it costing you anything!

Enthuse

Enthuse is a website you can use for either making a donation to IDDT or to open your own page for a sponsored event to raise funds through sponsored events.

The address is www.enthuse.com and a username and password are required before you can do anything. The link to IDDT's Enthuse page is www.iddt.enthuse.com.

This year 2 people, Alfie and Josh, set up Enthuse fundraising pages – 1 ran in the Great North Run and the other ran in the London Marathon. We are very grateful to them for their tremendous efforts and for supporting IDDT.

At the time of going to print, the amount they raised is **£3,576.40 + £624.89** Gift Aid.

easyfundraising

easyfundraising partners with over 8,000 brands who donate part of what you spend online to a cause of your choice. It doesn't cost you any extra because the cost is covered by the brand.

If you would like to help IDDT in this way, you can visit our easyfundraising page by going to www.easyfundraising.org and then searching for IDDT under the name of 'Insulin Dependent Diabetes Trust'. You can download the easyfundraising browser plugin or Mobile App and it will run in the background as you shop online with brands like Amazon, Argos and M&S.

This is a really good way to help IDDT and you don't even know you're doing it!

IDDT Lottery Results

WINNERS OF THE JANUARY 2025 DRAW:

1st Prize of £465.12 goes to Jean from Old Felixstowe
2nd Prize of £348.84 goes to Kenneth from Porth
3rd Prize of £232.56 goes to Daniel from Enniskillen
4th Prize of £116.26 goes to Kenneth from Porth

WINNERS OF THE FEBRUARY 2025 DRAW:

1st Prize of £461.28 goes to Jean from Pontypridd
2nd Prize of £345.96 goes to Anon from Newark
3rd Prize of £230.64 goes to Barbara from Sheffield
4th Prize of £115.32 goes to Anon from Birmingham

WINNERS OF THE MARCH 2025 DRAW:

1st Prize of £464.16 goes to Surinder from Bishop Stortford
2nd Prize of £348.12 goes to Pamela from Cardiff
3rd Prize of £232.08 goes to Anon from Melton Mowbray
4th Prize of £116.04 goes to Anon from Luton

Note: The winners of the draws for April, May and June 2025 will be announced in our autumn newsletter and on our website.

A huge 'thank you' to everyone who joined in IDDT's 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

Sorry about Medalin socks

For many years we have sold Medalin socks because they do not have elasticated tops making them good for the circulation.

However, sadly Medalin can no longer supply these socks to us. Apologies that our booklet 'Looking After Your Feet' still advertises the socks but many shops now sell socks without elasticated tops, so please look around for them.

Reassurance about the fake website

Readers may remember that with the last Newsletter, we sent out a warning letter that a fake website was on the internet pretending to being IDDT and asking for donations.

We reported this to the police, the Charity Commission and the platform hosting this fake website.

We are happy to report that the fake site did not attract people and it is no longer active or a problem, so be assured that your donations are coming to the real IDDT!

Welcome to new members from Facebook

IDDT has been letting people who use Facebook know about IDDT and what we do. This has resulted in a large increase in our membership, so we would like to say a big welcome to all our new members and to remind all members that:

- You can call us for help or just if you need someone to talk to – 01604 622837.
- You can always contact us by email – enquiries@iddtinternational.org.
- You will receive our free quarterly newsletters and, if you want any of our booklets, get in touch – they are all free.

Congratulations to IDDT's new Trustee, Dr Mabel Blades

Dr Mabel Blades, who is a dietitian and recently appointed Trustee of IDDT, has recently won the 'Leadership Excellence Award' from the Hospital Caterers Association. She has also become a Governor for NHFT (Northamptonshire Healthcare NHS Foundation Trust). Congratulations to Mabel!

SNIPPETS

Depression accelerates long-term health issues

Depression significantly accelerates the rate at which adults develop comorbid conditions, with these people accumulating long-term physical health issues 30% faster than those without depression. This relationship persists even after adjusting for various factors, indicating a strong association between depression and the prevalence of conditions like osteoarthritis, hypertension and acid reflux. (PLOS Medicine, 21st February 2025)

Ultrasound shows vascular changes in children with Type 1 diabetes

A recently published study found that children with well-regulated Type 1 diabetes had increased thickness in certain arteries compared with their healthy peers. The research involved 45 children with diabetes and 37 without, used ultra-high-frequency ultrasound to detect early vascular changes, highlighting the importance of normoglycaemia in cardiovascular prevention. (eClinicalMedicine, 20th February 2025)

Sleep may help to prevent Type 2 diabetes after gestational diabetes

As we are aware, people who have had gestational diabetes are at risk of developing Type 2 later in life. A study of nearly 2,900 women with a history of gestational diabetes found that shorter sleep duration and regular snoring were associated with a higher risk of developing Type 2 diabetes. The researchers advise that improving sleep health may help to prevent the progression to Type 2 diabetes. (JAMA Network Open)

Painful diabetic neuropathy affects quality of life

Painful diabetic peripheral neuropathy is linked to lower quality of life, increased anxiety and depression and potential socioeconomic effects. A new study, involving 7,743 people with diabetes, shows that those with painful neuropathy had a significantly worse quality of life and higher anxiety and depression rates compared with those with painless neuropathy. (Diabetes Care, March 2025)

Improved control with automated insulin delivery for Type 2 diabetes

A study has found that automated insulin delivery systems may improve glycaemic control in adults with insulin-dependent Type 2 diabetes. Conducted across 21 US clinical centres and involving 305 participants, the study showed a reduction in HbA1c levels from 8.2% to 7.4% after 13 weeks of using the Omnipod 5 AID System. (JAMA Network Open, February 2025)

At-home diabetes test could be a significant breakthrough for Type 1 diabetes screening

A new at-home test to diagnose Type 1 diabetes is being investigated in a major UK study led by the National Institute for Health and Care Research (NIHR) Oxford Biomedical Research Centre. The study will invite 90 children and young people across 2 groups to assess the test and determine whether at-home Type 1 diabetes testing could be used routinely across the NHS.

Worrying – weighing children before a donkey ride!

A seaside donkey-ride owner now weighs children because of high obesity levels. John Nuttall, whose family has been operating in Lincolnshire for more than 100 years, said children were required to step on a set of scales if they appeared to weigh over 6st (38kg). He also said that some are just too big to ride a donkey and that his donkeys work hard enough for him and their welfare has to come first.

Mr Nuttall has put up weighing stations on the sand. He said: "It's a sign of the times. Years ago you never had that. Kids were fit and healthy."

As well as weight restrictions, Mr Nuttall said riders must be under 4ft 7ins (1.4m) and aged 10 or under.

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