INDEPENDENT DIABETES TRUST
Type 2 and you
Summer 2025, Issue 63
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Welcome

Welcome to the 63rd issue of Type 2 & You, our summer issue. With the holiday season practically upon us, we remind you that our free booklet 'Holiday Tips' is available. It may be the first time you have travelled since your diabetes was diagnosed and going on holiday means more planning and a bit more care when you are away. IDDT's leaflet, 'Holiday Tips', contains information and useful tips for holidays whether at home or abroad and it covers the following:

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

If you would like a copy of this handy FREE leaflet then please contact IDDT using the details at the end of this newsletter. Alternatively, the Holiday Tips are also on our website: https://www.iddt.org/about/living-with-diabetes/holidays-and-travel-tips/

In this issue, we also look at what we know and perhaps what we don't know, about Mounjaro starting in June 2025 – which patients will be prioritised to receive the drug and how fair will this be? We need to know about any adverse effects these drugs may cause and any potential long-term effects.

IDDT's Annual Get Together – a date for your diary

With this Newsletter, we have included the programme for IDDT's Annual Get Together. This year's title is 'It's Never Too Late to Learn' as we hope that there is something to interest everyone whether you are newly diagnosed or you have had diabetes for years.

There will be speakers and group discussions and of course, the event also offers the opportunity to meet other people who live with diabetes.

The date sounds quite a long way off – Saturday, 4th October 2025 – to be held at the usual venue, the Kettering Park Hotel and Spa, so we hope you will be able to join us. Just fill in the programme and return it to IDDT (B), PO Box 294, Northampton NN1 4XS.

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:

- 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 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, 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 linked to hair loss too.

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

World Obesity Day Report

Scientific understanding and clinical management of obesity have evolved, but attitudes, policies and societal narratives have not kept pace.

The knowledge of the science of obesity has substantially improved in the past decade. We now understand that obesity is not simply a risk factor for diabetes, cancer and cardiovascular disease and many other conditions, it is a multi-factorial chronic disease with genetic, environmental and psychological origins.

This definition is acknowledged by the World Health Organization (WHO) and by leading scientific organisations, but outdated views of obesity continue to have an impact on the way the disease is managed. If this inaction doesn't stop, the cost will continue to rise and reversal of the upward obesity trend will not happen.

Obesity rates in the EU have risen steadily and 2022 figures show:

- About 15% of people aged 18-64 live with obesity and this rises to 20% among 65-74 year olds.
- By 2030, obesity will apply to 30% of Europeans, leading to direct and indirect healthcare costs of around €1.6 billion unless holistic action is taken.
- Increased levels of obesity will result in lower quality of life, premature mortality, reduced economic productivity, early retirement and greater need for health and social support.

Time for change

The outdated view that prevention and treatment can be achieved solely by limiting calories and maximising energy used (exercise) is too simplistic. It focuses responsibility on people rather than acknowledging the genetic and biological origins of obesity or looking at the way we all live. Promoting diet and physical activity has not solved rising obesity rates. People with obesity need to have timely access to diagnosis and evidence-based care.

Action on obesity

The report recommends that health literacy must be improved to improve public understanding of obesity as a chronic non-communicable disease. In addition, the diagnosis of obesity needs to rely on more than Body Mass Index (BMI) as it is a chronic disease and requires a multifaceted approach such as:

- Launching a Joint Action on obesity to address the full pathway of the disease from prevention to early detection and then evidence-based management.
- The development of national obesity plans in every member state to serve as a roadmap to the prevention and long-term management of obesity.
- The European Commission could facilitate the exchange of knowledge and best practice by including obesity as a stand-alone working strand within the expert group on public health.
- The implementation of joint heart and diabetes health checks in primary care through pilot projects and the work of the Joint Action on cardiovascular diseases and diabetes.

The report concludes that the Joint Research Centre should support professional obesity societies to develop clinical guidelines and recommendations for obesity across Europe. Policymakers should ensure that evidence-based treatments, services and interventions are reimbursed and available to those who need them. There is substantial work ahead, but we have the determination to make it happen.

(March 2025)

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.

Weight – Obesity is a risk factor to 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 in which to prevent a premature diagnosis or to prevent a diabetes diagnosis.

Diet – Controlling your diet is one of the single most important factors 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.

BITS AND PIECES

Inhaled insulin may improve HbA1c for adults with Type 1 diabetes

Inhaled insulin reduced HbA1c levels in adults with Type 1 diabetes in a 30-week study. The insulin was effective for those who preferred not to use a pump, but optimal dosing was necessary to maximise benefits.

(The International Conference on Advanced Technologies & Treatments for Diabetes, March 2025)

GLP-1 use linked to fewer hip fractures with diabetes

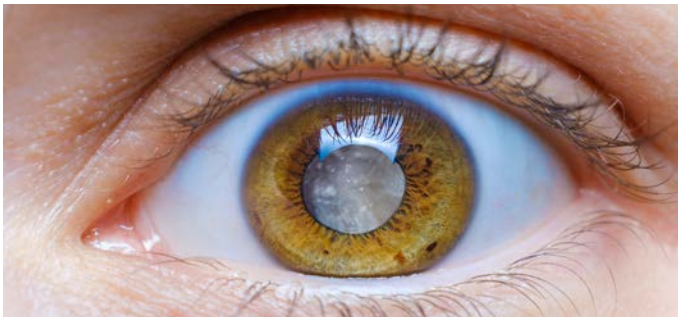
Research has highlighted that GLP-1 agonists may contribute to a reduction in the number of hip fractures among people over 65 with Type 2 diabetes. The study used data from the TriNetX database and found that patients treated with GLP-1 agonists had fewer incidences of various types of hip fractures compared to those on other antidiabetic medications.

(The American Academy of Orthopaedic Surgeons Annual Meeting, March 2025)

GLP-1 meds may reduce stroke risk with Type 2 diabetes

A recent study has found that adding the GLP-1 receptor agonist liraglutide to standard therapy may help reduce the risk of recurrent stroke in people with Type 2 diabetes, along with risks for minor acute ischemic stroke or high-risk transient ischemic attack. Liraglutide did not significantly increase the risk of intracranial haemorrhage or mortality, but researchers noted that the study was terminated early due to low recruitment so the findings warrant cautious interpretation.

(The International Stroke Conference, February 2025)



Cataract surgery may worsen diabetic retinopathy

Cataract surgery is associated with an increased risk of worsening diabetic retinopathy in adults with Type 2 diabetes. The study found higher incidence of proliferative diabetic retinopathy and vitreous haemorrhage within a year after surgery.

(Ophthalmology, February 2025)

GLP-1 receptor agonists linked to lower depression risk

A trial using Medicare data indicates that GLP-1 receptor agonists are associated with a slightly lower risk of depression for older people with Type 2 diabetes compared with DPP-4 inhibitors. The study found no significant difference in depression risk between SGLT2 inhibitors and GLP-1 receptor agonists. This study contributes important insights to the ongoing debate about the neuropsychiatric effects of GLP-1 receptor agonists.

(Annals of Internal Medicine, February 2025)

Early, premature menopause may raise Type 2 diabetes risks

Premature or early menopause may increase the risk of Type 2 diabetes, according to a study that included more than 1 million postmenopausal women. This showed that women who went through menopause when they were younger than age 40 and between 40 and 44 had a higher Type 2 diabetes risk when compared with those who experienced menopause at age 50 or older.

(Journal of the American Medical Association, February 2025)

Semaglutide, basal insulin aid diabetes management

A review and meta-analysis has highlighted the effectiveness of combining semaglutide with basal insulin for managing Type 2 diabetes. The analysis of data from 7 randomised controlled trials involving 2,354 patients found improvements in glycaemic control and weight loss without an increased risk of serious adverse events.

(Clinical Nutrition ESPEN, 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.

The NHS and You

What is a "PIFU"?

PIFU stands for Patient-Initiated Follow-Up – 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. This offers patients greater flexibility and control over their 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. This system has the following benefits:

- **Flexibility and control** – PIFU allows you to make an appointment to see your consultant or healthcare team when you need it the most, for example if the symptoms relating to your condition get worse.
- **Reduction of stress and anxiety** – by avoiding unnecessary travel and time off work or school by only attending appointments when 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.
- **Reduced unnecessary appointments** – by allowing patients to initiate follow-up appointments, hospitals can reduce the number of appointments.
- **Improved patient satisfaction** – giving patients more control can lead to greater patient satisfaction.

How does PIFU work?

Patients are informed that they are on a PIFU plan and should be advised what symptoms to watch out for that would warrant an appointment. They will be given contact details of their clinical team so they can make contact when necessary.

PIFU can be used in a variety of specialties but should not be used to manage waiting lists. Your PIFU care plan will last for a specific amount of time and you should be advised when you will be discharged to your GP.

Telephone/video consultations

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

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 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.

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 a 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 of 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 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.

Surge in GP prescriptions for diabetes drugs

New analysis has shown that last year (2024) there was an increase in the number of prescriptions of semaglutide and tirzepatide for diabetes.

Semaglutide, (known as Wegovy and Ozempic) helps the body produce more insulin, reduces the amount of sugar produced by the body and slows digestion.

Figures from the NHS's Open Prescribing service showed:

- Semaglutide appeared on GP prescriptions across England an average of 124,000 times a month in the year to November, up from 103,000 a year earlier.
- Prescriptions for tirzepatide (Mounjaro) also increased, appearing on 116,000 GP prescriptions in November.

These figures are the number of times the drug was listed on a prescription, not the number of patients. This information applies to patients with diabetes, as GPs currently prescribe these drugs for diabetes only but both medications can also be prescribed for obesity through specialist NHS weight loss services or by private providers.

Supply challenges and alternatives

Early last year, supply issues with semaglutide led the NHS to offer tirzepatide as an alternative for diabetes patients. The shortage concerns were resolved by the beginning of this year.

The president of the Royal Pharmaceutical Society said the rising demand for these drugs reflects their effectiveness, but she warned that supplying them to diabetes patients should "remain a priority" as demand for weight-loss drugs increases.

Stricter online pharmacy rules

Concerns about the mis-prescribing and potential supply shortages of these drugs led the General Pharmaceutical Council to tighten the rules whereby they can be given to patients by online pharmacies. The Council's chief executive said there have been "too many cases of medicines being supplied inappropriately online and putting people at risk". Under the new rules:

- Prescribers must independently verify a patient's weight, height, or body mass index.
- This verification can occur via video consultation, in person, through clinical records or by contacting another healthcare provider, such as the patient's GP.
- Verifying information through a phone call would not be appropriate when supplying medication for weight loss.

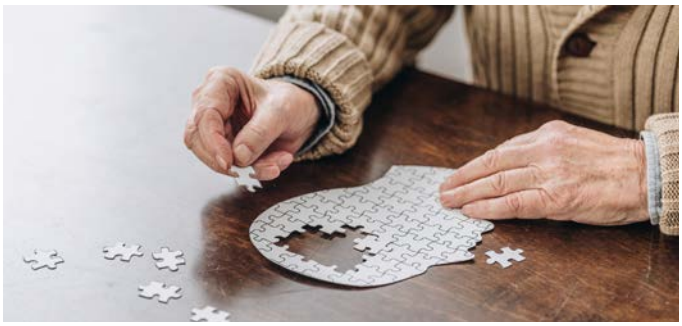
Pharmacists failing to follow this new guidance could face enforcement action, including fitness to practise investigations, inspections and conditions such as improvement plans.

The NHS has previously urged online pharmacies to "act responsibly" when prescribing the drugs.

(Press release, 2025)

Research

Certain Type 2 drugs could lower the risk of dementia



A new study analysed health records from nearly 400,000 people with Type 2 diabetes. Drugs called SGLT-2 inhibitors and GLP-1RAs appeared to reduce the risk of dementia compared to other diabetes drugs. These drugs are usually taken to lower blood sugar levels in Type 2 diabetes.

It is not known yet why these medicines may be offering a protective effect, and more research is needed to understand how they are affecting the brain. Clinical trials are already looking at the use of these types of drugs, including the EVOKE study, which is testing semaglutide (Ozempic) as a possible treatment for people with early Alzheimer's.

The researchers said that while the findings of this study are interesting, it is important to establish whether any other factors might be influencing the results. This could be the severity of Type 2 diabetes, health, income and education.

UK innovation could transform treatment for Type 2 diabetes

Millions of people with Type 2 diabetes could receive better treatment thanks to a new, simple low-cost tool, according to new research. Researchers at the University of Exeter have developed an innovative way of identifying the most effective glucose-lowering drugs for a person with Type 2 diabetes. By predicting which drug will lead to the largest reduction in blood glucose levels, this tool could improve the health of millions of people, and also reduce the risk of diabetes complications.

Research shows that in the UK, only 18% of people with Type 2 diabetes have been treated with the most suitable glucose-lowering drug for them. Keeping blood glucose levels in a safe range is essential to reduce the risk of complications but it can be challenging and only about a third of people with Type 2 diabetes meet their targets.

The new tool was created to address the challenge of which drug to choose after metformin. It was developed using data from one million people with Type 2 diabetes in the UK, linking GP and hospital records, and its accuracy verified with data from clinical trials.

In England alone, more than 3 million people with Type 2 diabetes use glucose-lowering drugs to manage their condition. While metformin is the most common first treatment, five other major types of glucose-lowering drugs are available but their effectiveness varies widely from person to person. Until now, it has not been possible to find out the best glucose-lowering treatment for each patient. Modelling of how the new tool will work showed that:

- Starting people on the drug recommended by the new tool could lead

to marked reductions in blood glucose levels (HbA1c) of around 5mmol/mol on average, after one year.

- These improvements in blood glucose levels could double the time until people need to start taking further diabetes medications.
- The tool's use predicted lower risks of developing serious long-term diabetes complications including heart attacks, strokes and kidney disease.

The tool uses simple measures such as sex, weight and standard routine blood tests at no extra cost as this is routinely collected clinical information. The tool offers an immediately usable solution that could transform the treatment of Type 2 diabetes for millions of people. Its use will ensure they receive the best treatment to help keep their blood sugars in target range and minimise their risk of developing life-limiting complications.

(The Lancet, 25 February, 2025)

Metformin and sulfonylureas long-term use reduces diabetic retinopathy risk

Research has shown that long-term use of metformin and sulfonylureas, alone or in combination, reduces the risk of diabetic retinopathy in people with newly diagnosed Type 2 diabetes.

Researchers aimed to evaluate the effect of the duration of metformin and sulfonylureas use on the risk of diabetic retinopathy and considered the duration of diabetes.

The researchers looked at 4,068 patients with newly diagnosed Type 2 diabetes with an average age of 49.8 years, increasing to 60.2 years during treatment follow-up, with 46.3% being men. Physical activity averaged 75.2 minutes per week, 83.8% of patients reported aspirin use and 73.3% reported anti-hypertensive drug use. The average medication time was 5.22 years for metformin, 5.88 years for sulphonylureas and 4.88 years for combination therapy. The follow-up duration was 15.84 years.

Diabetic retinopathy developed in 519 patients, with an average time from diabetes diagnosis to retinopathy occurrence of 14.9 years.

Over the follow-up period the results were:

- Metformin alone reduced retinopathy risk by 10%, 15% over the full follow-up period. This protective effect appeared about 5 years after initiation, continued until 12 years and then plateaued.
- Sulphonylureas alone reduced retinopathy by 7% and 13% over the full period. The protective effect started after 6 years, continuing until 10 years before levelling off.
- Combination therapy reduced retinopathy risk by 11% and had a protective effect from year 4 to year 13.
- Analysis also showed that increasing age, body mass index and smoking were associated with an increased risk of diabetic retinopathy, whereas statin use was protective.

Conclusions

The researchers concluded that among newly diagnosed diabetic patients, long-term treatment with metformin and sulphonylureas alone and in combination was associated with a reduced risk of diabetic retinopathy for about a decade compared with no treatment, patients who did not receive any antidiabetic drug.

(International Journal of Retina and Vitreous, February 2025)

Short-term intervention improves frailty status of older people with Type 2 diabetes for up to two years

A further analysis of the European MIDFRAIL intervention study demonstrates lasting improvements in frailty status and physical function in older adults with Type 2 diabetes.

Participants are likely to experience benefits for up to 18 months after completing the programme, even if they only took part for a limited period.

Professor Alan Sinclair, recognised by the World Health Organization as an expert in diabetes, older people and frailty, jointly led the research team. They looked at the health outcomes of 298 community-dwelling older adults participating in MIDFRAIL who were followed for up to 2 years.

The study

- All the people in the study were older than 70 years, had Type 2 diabetes and were either frail, or pre-frail.
- They were allocated to follow either usual care or intervention procedures.
- Those in the intervention group were put on a 16-week exercise programme and 7 nutritional-educational sessions.

Frailty status was assessed by the Fried Frailty Phenotype criteria at the beginning and the last visit of the study. These criteria refer to 5 physical indicators used to assess frailty and a person is considered to be frail if they meet 3 or more of them. The criteria include:

- Unintentional weight loss.
- Weakness (low handgrip strength).
- Self-reported exhaustion.
- Slow walking speed and low physical activity.

The study showed that the probability of improving the frailty status and decreasing the number of Fried's frailty criteria continued to be higher in the intervention group than in the usual care group.

Professor Sinclair commented that the research provides evidence that frailty is not irreversible but can be effectively managed if frail older people with Type 2 diabetes can be encouraged to adhere to an exercise-based intervention.

It is essential that diabetes specialists and commissioners of diabetes services recognise the importance of frailty and its effects alongside diabetes-related complications.

(The Journal of Nutrition, Health and Aging, Volume 29, Issue 4, April 2025)

Weight loss drugs

We make no apology for giving quite a large section of this issue of Type 2 & You to articles about weight loss drugs, their popularity and the issues that have to be of concern. There is such a lot we don't know – here are just a few examples:

- What are the long-term effects?
- What are the adverse effects – all drugs have them?
- Do these drugs suit some people better than others? If so, who are best suited to them?
- We know it has only been trialled for 2 years and weight goes back on if you stop taking it, so what are you supposed to do then?
- Is this affordable to the NHS?

Below are just a few pieces of information that we should know about.

Information for patients on the 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 one 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.

Mounjaro and the use of contraceptives

According to the World Obesity Federation, more women than men live with obesity

and so are more likely to use injectable medications for weight loss. It is important to know that Mounjaro (tirzepatide), is the only weight loss injection shown to have a clinically significant effect on the bioavailability of oral contraceptives. It is important that this is discussed at the time of prescribing. In addition, (i) the British National Formulary advises that GLP-1 agonists should be avoided during pregnancy and (ii) the UK's Faculty of Sexual and Reproductive Healthcare states that women of childbearing age should take effective contraception whilst using GLP-1 agonists (iii) diarrhoea and vomiting are common side effects of all GLP-1 agonists which can also decrease the contraceptive efficacy.

Most adults stop GLP1 therapy (weight loss drugs) within a year

A new study carried out in the US, has found that a significant number of adults prescribed GLP-1 receptor agonists (GLP-1 RAs) for weight loss stop taking them within the first year.

Researchers examined data from adults with a BMI of 27 or higher who started GLP-1 therapy between 2018 and 2023. They were tracked for 2 years to monitor discontinuation rates and an additional 2 years to assess how many restarted treatment. Discontinuation was defined as 60 days without the medication while restarting was recorded when a patient refilled a GLP-1 prescription after stopping.

(We have to remember that this is the US, where some people have to pay for their meds.) The study found that the discontinuation of GLP-1 was common, especially among people without diabetes:

- Within 1 year, 64.8% of non-diabetic patients and 46.5% of those with Type 2 diabetes stopped taking GLP-1 therapy.
- By 2 years, 84.4% of non-diabetic and 64.1% of diabetic patients had discontinued treatment.

- The most common reason for stopping was gastrointestinal side effects, nausea and vomiting.

GLP-1 receptor agonists such as semaglutide (Ozempic, Wegovy), liraglutide and tirzepatide (Mounjaro) have gained widespread popularity for helping people lose weight and manage blood sugar levels. However, they require continuous use to maintain their benefits so high discontinuation rates are a concern.

Recommendations

For people considering GLP-1 therapy for weight management, these findings highlight the importance of understanding the long-term commitment needed to maintain results. It is advised that people discuss potential challenges, side effects and long-term plans with a healthcare professional to help ensure the best outcomes.

(JAMA Network Open, February 2025)

Foody bits and pieces

Moderate amounts of red meat protect against Type 2 diabetes

A new study has found that consuming moderate amounts of red meat can help protect against Type 2 diabetes. The research looked at the global effects of vegetable, fruit and red meat consumption on diabetes. By 2021, 537 million adults worldwide were living with diabetes, and the number is expected to rise to 783 million by 2045, making it a major public health challenge that requires effective strategies to slow its progression.

A published study (the Global Burden of Disease Study 2019) found that around 25.7% of the issues related to Type 2 diabetes worldwide are linked to our diet, highlighting the significant role that our eating habits play in the risk of developing diabetes. In addition, eating unhealthy foods can make the situation worse, as it increases the likelihood of becoming overweight or obese, further raising the risk of developing diabetes. There is considerable debate about the effects of vegetables, fruits and red meat on the burden of diabetes, with differing conclusions about their impact on blood sugar levels and insulin markers.

This new research analysed the impact of vegetables, fruits and red meat on the global diabetes burden, taking into account differences by country/region and year. The results highlighted that globally, the disease burden increased from 2010 to 2021, accompanied by rising per capita vegetable and fruit consumption but declining red meat consumption.

The answer is moderate consumption

- More vegetable consumption is generally linked to lower diabetes incidence, but excessive consumption can have negative effects. Vegetables are rich in dietary fibre, which helps control blood sugar, cholesterol levels and body weight, all of which reduce the burden of diabetes. In addition, moderate consumption can improve gut health and act as an antioxidant, further reducing diabetes risk.
- Too many vegetables could lead to nutrient imbalances, such as insufficient protein, vitamins and minerals which could increase metabolic risks like obesity and high cholesterol. This in turn raises the risk of diabetes-related complications.
- Moderate fruit intake is linked to the lowest risk, but while a moderate amount of fruit can help control blood sugar, excessive intake may lead to insulin resistance and oxidative stress due to too much fructose.
- Higher red meat consumption is associated with fewer new cases of diabetes – moderate consumption reduces the risk, while both too low and too high intakes of red meat increase it.
- Moderate red meat consumption, especially lean and high-protein cuts, helps maintain normal glucose metabolism and may lower blood sugar, insulin and triglyceride levels after meals. However, excessive consumption of meat high in saturated fat can impair insulin-producing cells, reduce insulin sensitivity, increase body weight and raise the risk of diabetes.
- Cooking methods are important, as high-fat, high-temperature cooking can lead to the formation of advanced glycation end products (AGEs), which promote

oxidative stress and inflammation, further contributing to the disease burden.

Conclusion

These findings emphasise that "the dose makes the poison" since even healthy foods like fruits and vegetables have optimal intake thresholds beyond which benefits may plateau or reverse. Red meat, often considered harmful, can be protective when consumed in moderation, while insufficient intake may also carry risks. Ultimately, what matters most is not demonising individual foods but maintaining a healthy, balanced, and complete diet paired with regular physical activity. This approach is essential for effectively reducing the burden of diabetes and promoting long-term health.

Which milks are best for diabetes?

There is now a wide choice of different milks which can be overwhelming – cow's milk, almond milk, soy milk, oat milk. If you live with diabetes, it's important to know that the various types of milk can have different effects on your blood sugar levels. This is because different types of milk have varying amounts of carbohydrates and sugar, and in addition, there are other nutritional considerations, such as fat, protein, and calcium content. Choosing the right type of milk is also partly a matter of taste and managing your blood sugar levels.

What are the effects of milk on blood sugar levels?

Carbohydrates

Cow's milk and plant-based milks, such as almond, soy, and oat, all have the potential to have different effects on blood sugar levels, particularly if the milk contains added sugar. This largely depends on the total carbohydrate content.

People with diabetes and those at risk of developing Type 2 diabetes, are advised to avoid sugar-sweetened drinks as much as possible. However, even natural cow's milk can raise your blood sugar because it contains lactose, often called milk sugar.

Proteins and fats

Protein and fats in the milk you are drinking have also to be considered when it comes to the impact on blood sugars and/or the food you're eating with it. When milk is paired with other healthy fats and protein, it helps stabilise the blood sugar level and does not have such an immediate rise or response.

Cow's milk and plant-based milks contain different amounts of protein and fats, depending on what varieties you are buying. These are all factors to consider when you are making choices at the grocery store and at home preparing meals and snacks.

Sugar content in various types of milk

Milk's sugar content varies significantly depending on the source and how it's made as some products have added sugar. Here are the sugar levels in 1 cup (240 ml) of various types of milk:

- Cow's milk (whole, 2%, and skim): 12 grams
- Unsweetened rice milk: 13 grams
- Unsweetened oat milk: 5 grams
- Unsweetened coconut milk: 3 grams
- Sweetened coconut milk: 6 grams (sugar added)
- Unsweetened almond milk: 0 grams

Link between obesity and poor mental health

US studies have long shown a strong association between obesity and poor mental health:

- People who are obese are 18%-55% more likely to develop depression and 45% of adults with depression are obese (Centers for Disease Control and Prevention).
- People with obesity are also more likely to experience anxiety, dysregulated eating behaviours and eating disorders than the general population.
- The odds of developing a mental health disorder in adolescence are 7 times higher among children with obesity than among normal-weight children. (Psychiatry Research 2023).

Incorporating mental health into obesity care

Experts believe that clinicians treating people with an anti-obesity medication, should assess the two conditions prior to treatment. This should include integrating mental health support into obesity treatment plans starting with screening for depression, anxiety and eating disorders. These conditions do not necessarily restrict the use of anti-obesity medications, as treatment for the psychological element can be simultaneous. Long-term health outcomes for patients are generally much better when mental and/or behavioural health is integrated into obesity care.

However, there is concern that too frequently doctors prescribe obesity medications without considering potential, underlying psychological issues. The rise in use of newer obesity medications has made this situation worse and the risk of negative setbacks and long-term challenges increases.

Recent reports have described the so-called "ozempic blues", a phenomenon where patients can experience mood changes, lack of interest in activities or emotional blunting. There have also been instances of increased anxiety or impulsive behaviour after using such medications. The side effects are not yet well understood, and more research is needed on their association.

Experts recommend that prescribers talk to patients about these potential side effects when considering or starting new anti-obesity medications. It has to be said that this is not possible when people are buying on the internet from unknown sources!

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 have set up their own Enthuse fundraising pages – 1 who ran in the Great North Run and 1 who ran in the London Marathon. We are very grateful to Alfie and Josh for their tremendous efforts and for supporting IDDT.

These are our figures on Enthuse's website:

Total raised £3,576.40 + £624.89 Gift Aid claimed by Enthuse for IDDT.

easyfundraising

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

If you would like to help IDDT you can visit our easyfundraising page by searching on www.easyfundraising.org then searching for IDDT under the name of 'Insulin Dependent Diabetes Trust'.

You can download the easyfundraising browser plugin or mobile app that 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 are doing it!

Sorry about Medalin socks

For many years we have sold Medalin socks because they do not have elasticated tops. This makes them good for the circulation and therefore makes them good for people with diabetes. However, I am afraid that Medalin can no longer supply these socks to us. Our booklet 'Looking After Your Feet' still advertises the socks, so we apologise for this but remind members that 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 put up 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 we are happy that this 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 what we do. This has resulted in a large increase in our membership, so welcome to all our new members and to all our members, remember:

- 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.

InDependent Diabetes Trust

Don't forget to add IDDT's Annual Get Together to your diary!

To be held at the usual venue, the Kettering Park Hotel and Spa, on Saturday, 4th October, 2025.

We hope you will be able to join us. Just fill in the programme and return it to IDDT (B), PO Box 294, Northampton NN1 4XS.

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

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