



Welcome to our Autumn Newsletter

Perhaps the most important news we have to share is the announcement of the NHS 10 Year Health Plan as this will affect us all, especially those with long-term conditions such as diabetes. Let us hope that there are the resources to put this into place. It also needs to be a true 10 year plan to give the NHS and patients stability and not something to be used as a political football again at the next election!

With this newsletter, we have included the

programme for our annual event at the Kettering Park Hotel & Spa on October 4th. Please fill in the form at the back of the programme and send it to us or just give us a call on 01604 622837.

Finally, you will see that we have also included our Christmas brochure and we hope you will support IDDT by purchasing our 2025 cards and other bits and pieces. We have introduced a new insulated drawstring bag which we hope you will find useful for keeping insulin and drinks cool for a while.

Hypurin Porcine insulin vials discontinuation

On July 23rd 2025, the Department of Health and Social Care issued a Medicine Supply Notification for Wockhardt's Hypurin Porcine insulin range in **10ml vials** which are being discontinued. This includes:

- **Hypurin Porcine Isophane 100units/ml suspension for injection 10ml vials (from August 2025)**
- **Hypurin Porcine Neutral 100units/ml solution for injection 10ml vials (from January 2026)**
- **Hypurin Porcine 30/70 Mix 100units/ml suspension for injection 10ml vials (from March 2026).**

As an alternative to the 10ml insulin vials, healthcare professionals have been advised that 3ml Penfill (cartridges) are available for all the Hypurin Porcine insulins listed above and can support increased demand.

The 3ml penfills (cartridges) can be used in the AutoPen Classic reusable insulin pen device and with the new mypen®2 reusable insulin pen device.

- The AutoPen® Classic reusable pen is also being discontinued but there are some pens still available now
- The new mypen®2 will be available from the end

of September 2025. It dials up 1 unit at a time and delivers 1 to 60 units in a single injection.

The DHSC is advising healthcare professionals that they should:

- Consider prescribing cartridges of Hypurin® Porcine Isophane, Neutral and 30/70 Mix
- Ensure that all patients are informed of the reason or the switch and that they are receiving the same insulin contained in the cartridge, but initially they may need to check their blood glucose levels more closely
- Provide patients with training on the use of their new device, including signposting to training videos
- Ensure patients are provided with the AutoPen® Classic until mypen®2 is available, as well as needles and a sharps bin
- For patients who cannot use these pen devices and have no carers to support them with administration, advice should be sought from the diabetes team on alternative management options.

The main message here is that porcine insulin is going to continue to be available but only in cartridges for use with a pen.

NHS 10 Year Health Plan announced

The long-awaited government 10 Year Health Plan to bring the NHS closer to home was announced by the Prime Minister Kier Starmer and Health Minister Wes Streeting in July 2025. Here are the main points:

- Neighbourhood Health Services to be rolled out across the country, bringing diagnostics, mental health, post-op, rehab and nursing to our doorsteps
- Neighbourhood Health Centres will house services under one roof, open at evenings and weekends
- Plan for Change will rebuild the NHS to train thousands more family doctors, transform hospital outpatient appointments and provide personalised care plans for complex needs.

Plan for Change – the plan means that millions of patients will be treated and cared for closer to their home by new teams of health professionals. This plan delivers a brand new era for the NHS and is one of the largest shifts in care in the history of the NHS.

Neighbourhood Health Service – this will see pioneering teams, some based entirely under one roof, set up in local communities across the

country, to improve access to the NHS. Shifting care out of hospitals and into the community will free up overstressed hospitals. Neighbourhood Health Centres will provide more convenient access to a full range of healthcare services right on our doorsteps – preventing the need to make lengthy trips to hospitals. Neighbourhood teams will include nurses, doctors, social care workers, pharmacists, health visitors and palliative care staff as well as paramedics and community health workers and volunteers who will play pivotal roles in these teams. Local areas will be encouraged to trial new schemes such as community outreach door-to-door to detect early signs of illness and reduce pressure on GPs and A&E.

The Prime Minister said that this is not an overnight fix, but the Plan for Change is already turning the tide on years of decline with over 4 million extra appointments, 1,900 more GPs and getting waiting lists to their lowest level for 2 years. He will set out how the plan will deliver 3 key shifts to get the NHS working properly:

- Hospital to community
- Analogue to digital
- Sickness to prevention.



New health centres housing the neighbourhood teams will eventually be open 12 hours a day, 6 days a week within local communities. They will bring previously hospital-based services into the community:

- Diagnostics
- Post-operative care
- Rehab.

They will also offer services like debt advice, employment support, quit smoking or weight management.

They will also tackle the current difficulty with access to dentists. Dental care professionals will work as part of neighbourhood teams and it will be a requirement for newly qualified dentists to practise in the NHS for a minimum period, intended to be 3 years.

In practical terms this means that by 2035, most outpatient services, such as cardiology, respiratory medicine, eye care, and mental health, are expected to be delivered outside hospitals. The Health Secretary described the plan as “one of the most fundamental changes in the way we receive our healthcare in history.” He said the NHS should function more like a “supermarket” for healthcare, offering integrated services under one roof.

We will all be glad to see these changes and the end of the 8am scramble for GP appointments, not to mention being happy not to have to go to A&E when we really want to see our GP. Let’s hope they happen...

The practicalities of the plan

Earlier in 2025, the Prime Minister made various announcements about the future of the NHS, all of which appeared in the NHS 10 Year Health Plan. Here are just some of the changes we can expect to happen and their effects.



IDDT News



We are sorry to report that the ‘diabetic socks’ are no longer available from IDDT through no fault of our own. The socks have no elasticated tops, so are not tight, and offer protection to the feet and legs. We are sorry for any inconvenience this causes.

Reducing unnecessary appointments – improving collaboration between GPs and specialists will speed up diagnoses, avoiding 800,000 unnecessary referrals and appointments annually. Empowering patients with long-term conditions to monitor themselves at home through appropriate technology will save a further 500,000 unnecessary appointments.

Expanding diagnostic capabilities – the number of community diagnostic centres operating seven days a week, 12 hours a day will enable faster access to scans and x-rays at patients’ convenience, delivering an additional 440,000 tests and scans annually.

Partnership with the private sector – a new agreement to expand collaboration between the NHS and private healthcare providers will involve using private hospital facilities to increase NHS capacity, including beds and operating theatres.

Patient-centred care and empowerment – the importance of shifting the balance of power in healthcare towards patients, allowing patients to seek a second opinion on their care, transforming outcomes for some of the NHS’s most vulnerable patients.

Convenience and decentralised care – delivering more care closer to patients’ homes away from hospitals and into GP practices, communities and homes will reduce pressure on hospitals while improving accessibility and convenience for patients.

Response from healthcare leaders – while there has been pretty strong support from this group, many identified workforce shortages as a concern, questioning how it will be delivered with the current NHS staffing challenges. The health leaders agree that the plan’s success will depend on political commitment, long-term funding and a robust workforce strategy.

We would like to recommend that people continue to wear these type of socks, which are available from other places. M&S sell ‘Gentle Grip, Cool and Fresh’ socks and there are also several suppliers on the internet.

The Department of Health and Social Care plans to roll out 700,000 urgent dental appointments in England

This action follows reports of increasing challenges for people in accessing NHS dental services. A key goal of the initiative is to address areas identified as “dental deserts” where accessing dental appointments is particularly difficult.

- Integrated Care Boards (ICBs) nationwide have received instructions to set up urgent appointments, with specific targets based on the assessed levels of unmet local needs
- These appointments were scheduled to commence in April and will prioritise patients experiencing pain, infections or requiring immediate dental repairs. Access will be facilitated through regular dental practices or NHS 111.

The plan is presented as an initial phase in a broader strategy to improve urgent dental care services and the government intends to place greater emphasis on prevention. An example of this is a supervised teeth-brushing programme for 3 to 5-year-olds in underprivileged regions, offering guidance and resources.

In answer to a parliamentary question, Stephen Kinnock (Labour) said: “The Government recognises that patients with Type 1 or Type 2 diabetes are at greater risk of developing severe gum disease.” They need to access effective dental care and local pathways should be developed to support this. The NHS England commissioning standard on dental care for people with diabetes provides guidance to ICBs on how to ensure these patients can access the care they need. Further information is available at: <https://www.england.nhs.uk/long-read/commissioning-standard-dental-care-for-people-with-diabetes/>

(24 June 2025)

NHS approves new cloud-based GP IT system

The NHS has approved the first of a new generation of electronic patient record systems for GP practices which will support the integration of primary care with other settings. The system supplier is the first to be fully approved through NHS England’s Tech Innovation Framework. The framework supports system suppliers to deliver innovative clinical

products to GPs which at a minimum, must deliver the six core functions of a health record:

- Patient information maintenance
- Appointments management
- Recording consultations
- Prescribing
- Referral management
- Resource management.

GP practices in England have largely had a choice of just two suppliers of IT systems to manage patient care but now there are four suppliers and more are expected by April 2026. These systems are expected to increase productivity and reduce the amount of time staff spend dealing with administrative tasks.

(June 2025)

One in four report errors in NHS medical records

New research has shown that almost 1 in 4 adults in England have found inaccuracies or missing information in their medical records. The findings are from a national representative online survey of 1,800 adults carried out on behalf of Healthwatch England in March this year. Of these people, 23% reported errors in their records as follows:

- Around 12% said they had been refused treatment because of missing or inaccurate information
- 10% reported being prescribed incorrect or inappropriate medication
- Just under 10% said they had received potentially unsafe treatment because of errors.

Types of errors

Among those who spotted problems:

- 26% found incorrect personal details
- 16% reported errors in their medication history
- 9% had treatments listed that they never received
- 9% saw conditions listed that they never had.

It is unclear how many of the patients were able to correct their records. Healthwatch commented that such inaccuracies are often caused by human error, especially when NHS staff are “stretched” and “under significant pressure.” They called for record keeping improvements and clearer guidance on patients’ rights to amend their records.

Plans for a single patient record

A survey followed a government announcement last October about introducing a single patient record. This new system is expected to summarise patient health information, test results and clinical letters in the NHS App. It aims to give patients more control over their health data and improve information sharing among NHS staff. (Comment from Jenny: this assumes that everyone is able to understand use of the NHS App and has the necessary device.)

New legislation is also planned to enable record sharing across NHS trusts, GP surgeries and ambulance services which is intended to speed up care, reduce duplicate testing and minimise medication errors.

The Department of Health and Social Care has estimated that better data access could save NHS staff about 140,000 hours per year, increasing face-to-face time with patients and improving outcomes. (May 2025)

Government advertising restrictions delayed

In May, the government announced a delay to the planned advertising restrictions for unhealthy food and drinks that are High in Fat, Sugar and Salt (HFSS) that can contribute to obesity. The main points are as follows:

- HFSS advertising restrictions will come into force on 5th January 2026, rather than in 2025 as previously planned. Despite the delay, industry has committed to begin voluntary compliance from October 2025
- These restrictions will ban HFSS product ads online at all times and on TV between 5.30am and 9pm.

For HFSS In-Store Promotions there is no change:

- Volume and multibuy promotions for HFSS products will be banned from October 1st 2025 under the Food Regulations 2021, such as "Buy One Get One Free" (BOGOF), "3 for £10" and "50% extra free"
- These rules apply to all stores with 50 or more employees.

Prescription charges in England frozen

The Government has announced that NHS prescription charges in England will be frozen for the first time in three years. This measure is intended to support people who are facing cost of living pressures.

Key points:

- The cost of an NHS prescription will remain at £9.90 for 2025/26, avoiding an expected increase and helping patients save approximately £18 million over the next year
- Prescription prepayment certificates (PPCs) will also be frozen:
 - 3-month PPC: £32.05
 - 12-month PPC: £114.50 (available in instalments, equivalent to just over £2 per week)
- The freeze also applies to charges for NHS wigs and fabric supports.

Exemptions:

Around 89% of prescriptions in England are already dispensed free of charge. Groups eligible for free prescriptions include:

- Children under 16 and those aged 16-18 in full-time education
- People aged 60 and over
- Pregnant women and those who have had a baby in the past year
- People with certain medical conditions (e.g., diabetes, cancer), see below
- Those receiving qualifying benefits such as Universal Credit
- NHS inpatients.

Exemptions for people with diabetes

If you use insulin or medicine to manage your diabetes, you are entitled to free prescriptions, but if you're under 60 and living in England, you must have a medical exemption certificate before you can claim them. Free prescriptions mean you don't pay for any item you're prescribed, even if it's for something that's not related to your diabetes. Prescriptions are free for everybody in Scotland, Wales and Northern Ireland.



Children and young people with Type 1 diabetes

The toughest moments of parenting through diabetes

There are many issues that may make life difficult when there is diabetes in the family. There are:

- Parental emotions – worries every time your child with diabetes starts something new, such as a new school, going to a party or a disco for the first time
- Family dynamics, such as siblings feeling that they get less attention than their sibling with diabetes.

The odds can feel stacked against parents and their family dynamics as they navigate diabetes together, but the experts hope that there are ways for a stronger parent and child bond.

Here are some tips for navigating the toughest moments of parenting a child with diabetes:

In addition to seeing an endocrinologist – you may need support from other services so ask for help.

“Is there a psychologist I can access? Can I be referred to someone? Is there anyone I can talk to, to just get support? Is there a peer-to-peer support network I can access for advice?”

Work on building self-esteem in your child first

While it may seem like the ultimate marker of success is your child's HbA1c, it potentially should be how your child is doing with self-esteem. Research suggests that the two go hand in hand – children who have higher self-esteem levels also have better HbA1c scores anyway as a part of better self-management of their condition. You can help with this by assisting your child to learn new things,

to take responsibility and when they succeed, by praising them for it and focusing on their strengths.

Practice authoritative parenting, not authoritarian parenting

Both types of parenting are strict and have boundaries, expectations and routines. Authoritative parents are loving, supportive and responsive to their child's thoughts and feelings. Authoritarian parenting, however, lacks that balance, with no regard for the child's opinions. With all children, these boundaries when communicated lovingly and consistently, are important. One study showed that authoritative parenting predicts better glucose levels but authoritarian parenting predicts poorer glucose levels.

Give your child some freedom, but with a cautious eye

Give children enough freedom, but not too much all at once. They need the right level of maturity to actually do the activity properly or manage their diabetes with a pump and CGM.

The mum test, “if they didn't have diabetes would I let them do it?”

As a mum if you are not sure about a parenting decision, you can ask yourself this question: 'Would I let my child do this if he or she didn't have diabetes?' If the answer is 'yes,' then you should try to make it work with diabetes. This is in relation to decisions like birthday parties, trampoline parks and other potentially difficult to navigate situations. If these positive family relationships can be developed earlier rather than waiting until your child is 14 and trying to be independent, it is helpful.



Come and join us at IDDT's Get Together!

With our summer Newsletter we sent readers the programme for our get together on Saturday, October 4th at the Kettering Park Hotel and Spa. The programme is entitled 'It's never too late to learn', to show that we hope there is something of interest for everyone, whatever age you are, no matter how long you have lived with diabetes and whether you live with Type 1 or Type 2 diabetes. It is also an opportunity to chat with other people living with diabetes and of course, to meet the staff and trustees of IDDT. We hope that many of you will be able to attend and enjoy the day.

Our speakers and discussion group leaders are:

- Clinical Diabetes Nurse Specialist Tamsin Fletcher-Salt
- Dr Rebecca Thomas talking about taking care of your eyes
- Podiatrist Gemma Andrews talking about diabetic foot assessment
- Professor Sam Seidu, our keynote speaker, looking at diabetes from a GP perspective
- Dr Mabel Blades, Dietitian, Author and IDDT Trustee
- Abban Quyyam, Clinical Specialist Physiotherapist and IDDT Trustee.

We have been asked where Kettering is and why we hold our event there. Kettering is ideally located in the middle of the country and is easily accessible from the north and south (M1 and A1) and east and west (M6 and A14). It's only just over an hour's train journey from London.

You can book over the phone, just give us a ring on 01604 622837 or contact us via email at enquiries@iddtinternational.org.

Alternatively, you will find the programme on our website www.iddt.org.

We hope to meet many of you there and that you have an informative and enjoyable day!



Meet the first Barbie with Type 1 diabetes!

Thousands of different Barbie dolls have been sold since they were first marketed and now, the first Barbie with Type 1 diabetes has been released.

In recent years a blind doll has been introduced, as well as one who is deaf and one with Down's syndrome – this latest addition also aims to increase representation amongst the range.

The Type 1 diabetes doll will feature a continuous glucose monitor and insulin pump. A one-of-a-kind version of the doll was made of supermodel, Lila Moss who has Type 1 diabetes. Mattel, the makers of Barbie, hope the new addition will help young people with the condition to feel more confident.

In 2020, researchers at Cardiff University looked into the short-term and long-term benefits of doll play. They found that doll play serves an incredible purpose during key developmental stages, as it may help set children on a course for success by fostering empathy and developing social skills needed to excel, all while imagining their futures on an equal playing field.

Lila Moss has said she is pleased to see the technology she and other young people use daily featured in the doll. She is quoted as saying: "I think it is really important to embrace this technology because it makes living with diabetes so much easier and more practical and I think it is so important to embrace these patches and having them and not hiding them."

Just a thought – what about the boys who don't want to play with Barbie? Action Man is still made but he couldn't really be used because so often he is in the armed forces or dangerous situations where his diabetes could prevent him from this career.



Photo credits: Mattel/PA

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

Researchers at Cardiff University have developed an AI tool that could help detect signs of Type 1 diabetes in children before they experience 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.

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 9 days earlier than typical diagnostic timelines, potentially allowing children to begin insulin therapy before more severe symptoms develop.

While 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 (FDA) in 2022 is the first and only of its kind to delay the onset of Type 1 diabetes in children and adults.

Braden Reiner, a typical 11-year-old, has made history by being the first child to receive Teplizumab or Tziel – a new drug that delays the onset of Type 1 diabetes. On average the drug is delaying insulin treatment by up to 4 years or longer.

Braden's mother and grandfather 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 Tziel and he said that while the treatment was long, it was worth it because he didn't have to use insulin or a whole 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 his experience can show other parents the benefits of Tziel.



A guide to diabetic foot issues from Randell's Footcare

Corns and calluses

Corns and calluses are common foot conditions characterised by thickened, hardened areas of skin. While they may seem similar, there are distinct differences between the two. In this article, we will explore what corns and calluses are, discuss their causes and symptoms, and outline when it is necessary to seek professional care from a podiatrist.

Corns versus calluses

Both corns and calluses are areas of skin that have become thickened. They develop in response to repeated pressure or friction, typically on the hands or feet. However, there are distinct differences between the two.

Corns are smaller and more defined, often appearing as hard, raised bumps with a central core, which can be surrounded by inflamed skin. They usually develop on the tops and sides of toes or on the sole of the foot. They can cause discomfort or pain, especially when pressed upon.

Calluses, on the other hand, are larger areas of toughened skin that often develop on weight-bearing areas such as the heels or balls of the feet. They are larger and broader, with a more diffuse thickening of the skin. While calluses are usually painless, they can sometimes cause a dull ache or tenderness.

Symptoms and effects

Both corns and calluses can be unsightly and may interfere with comfortable walking or wearing certain footwear if left untreated. In severe cases, they can even lead to complications such as ulceration or infection. Proper foot care and appropriate footwear can help prevent the formation of corns and calluses. The treatments available range from over-the-counter remedies to professional intervention for more severe cases.

When to consult a podiatrist

While self-care measures can often alleviate symptoms, there are situations in which consulting a podiatrist is necessary. If you're experiencing discomfort or pain due to corns and calluses on your feet, it's advisable to consult a podiatrist promptly. Corns and calluses are often caused by friction and pressure, typically from ill-fitting shoes or abnormal foot mechanics. If these conditions

persist despite over-the-counter treatments or if you have diabetes or circulation issues, seeking professional guidance is essential. Additionally, if you notice any signs of infection such as redness, swelling, or drainage around the affected area, it's crucial to see a podiatrist promptly to prevent complications. Early intervention by a podiatrist can alleviate discomfort, prevent further complications, and provide personalised care to address the underlying causes of corns and calluses.

Podiatric treatment and prevention

A podiatrist can offer various treatment options, including safe and effective debridement techniques to remove corns and calluses. They can also assess your foot mechanics, recommend appropriate footwear, and provide custom orthotic solutions to address underlying causes. Moreover, podiatrists can educate you on proper foot hygiene, self-care techniques, and preventive measures to reduce the likelihood of corns and calluses recurring.

In conclusion, understanding the difference between corns and calluses and knowing when to consult a podiatrist is crucial for maintaining healthy and pain-free feet. While self-care measures can provide relief in many cases, seeking professional care is necessary for severe symptoms, high-risk individuals, and persistent conditions. A podiatrist can provide specialised care, alleviate discomfort, and help you implement preventive strategies to promote optimal foot health. Don't let corns and calluses hinder your mobility and well-being! Schedule a consultation with a podiatrist to ensure your feet receive the best possible care.



NICE-recommended 'artificial pancreas' transforming lives of thousands of children and young people with Type 1 diabetes

A report from NICE (National Institute for Health and Care Excellence) on June 16th 2025, has shown that the innovative hybrid closed loop systems have reached about 3 in 5 eligible children and young people. According to the report, this offers improved blood sugar control and transforms daily life for families managing Type 1 diabetes.

The NICE recommendation first issued in December 2023 triggered a rise in the uptake of hybrid closed loop systems from just over one-third to nearly two-thirds in one year.

Data from the National Paediatric Diabetes Audit (NPDA) shows that 62% were using hybrid closed loop systems from April 2024 to March 2025, up from 36% in the same period the previous year.

More than 30,000 children and young people are living with Type 1 diabetes in England. Usual management involves finger prick testing and injecting insulin multiple times a day. Hybrid closed loop systems remove the need for this and help prevent blood sugar emergencies, which can be life-threatening.

NICE agreed a 5-year roll-out plan with NHS England which will prioritise access to the technology for all children and young people, people who are pregnant or planning a pregnancy, and adults who are already using an insulin pump but it is not enough to control their blood sugar levels.

What is a hybrid closed loop system?

A hybrid closed loop system, also called the 'artificial pancreas', has three parts – an insulin pump, a continuous glucose monitor and an algorithm that makes them 'talk to each other' and adjust insulin delivery. They are managed through a smartphone app.

The pump should stop giving insulin if blood sugar levels become too low, which could result in fewer hospital admissions due to severe hypoglycaemia. The system automates most of the tasks, but it still needs some input before meals – telling the app the carbs you are eating so that it injects the right amount of insulin. It doesn't do everything as blood sugar levels still sometimes go high or low.

Uptake variations

At a national level, there are regional variations in the uptake of the technology. There are also disparities by age, ethnicity and deprivation.

- There are slightly lower hybrid closed loop (HCL) rates among people aged 12+ compared to younger children (59% vs 68%)
- There are also lower rates in ethnic minorities compared to white patients (59% vs 64%)
- It also differs according to where people live, with lower rates in those in the most deprived areas compared to least deprived (61% vs 64%)
- Smartphones are essential for using the hybrid closed loop system, so this system is not accessible to people who cannot afford a smartphone.

NHS England has provided funding to pilot initiatives to reduce these gaps.

Health benefits

HCL systems have added benefits for children because they are sometimes less able to recognise the symptoms of high or low blood sugar. They also have less predictable exercise and eating patterns.

The systems deliver more precise insulin doses frequently, providing better long-term control and lowering the risk of diabetes-related complications. Data for 2023/24 show:

- Children and young people using HCL systems had the lowest HbA1c (of less than 60 mmol/mol) compared with those using other technologies
- Using the HCL system doesn't stop all hypos but you can see where blood glucose levels are heading and changes can be made at the touch of a button.

Comments from doctors and families on the hybrid closed loop system

- It relieves parents of the mental burden of constantly monitoring their children. Children don't have to inject themselves and parents feel more confident about their children going out on their own
- People talk about trusting the pump enough to

let their child go on a sleepover for the first time or return to gymnastics class

- Parents have faith that the system will be increasing the insulin or giving an automatic correction if needed
- Improved sleep for both children and parents is one of the main benefits of HCL systems, as they don't have to wake multiple times a night to check and treat glucose levels.

These comments do raise some questions that we have to hope can be answered positively:

- What happens if this hybrid closed loop system breaks down?
- Are parents and their children also taught how to manage Type 1 diabetes if this does happen, e.g. do they know how to manage injections, doses and carb intake for this situation?
- Is too much faith being placed in the HCL system technology, when we know that other technologies are not 100% reliable?

What's next?

Experts look forward to more advances as the technology is still improving, so it is hoped that it will become more accurate and responsive.

People would also love it if pumps got smaller and didn't have to be changed as often.

(The data source is the National Paediatric Diabetes Audit (NPDA), published by the Royal College of Paediatrics and Child Health.)



Vitamins

No clear benefit of vitamins in prevention of Type 1 diabetes

In recent years, there has been growing interest in the potential role of vitamin supplementation in the prevention and progression of Type 1 diabetes, particularly its association with islet autoimmunity.

Islet autoimmunity is a process where the body's immune system mistakenly attacks and destroys the insulin-producing beta cells in the pancreas. This process, often linked to Type 1 diabetes, leads to a decrease in insulin production and consequently high blood sugar level. A recent systematic review investigated the effect of vitamin supplementation on the development of islet autoimmunity, the progression of this to Type 1 diabetes and the overall risk of developing Type 1 diabetes. The review aimed to find out whether supplementation with vitamins such as vitamin D and B could influence the incidence and progression of the disease.

15 studies were included in the review which revealed that:

- vitamin D supplementation did not significantly alter the odds of developing Type 1 diabetes or islet autoimmunity. The results suggest the need for further large-scale studies to explore this association more comprehensively

- the review also found no evidence that vitamin B supplementation influenced the risk of islet autoimmunity or Type 1 diabetes.

The key finding from the review is that supplementation does not appear to have a significant impact on the development of islet autoimmunity, Type 1 diabetes or the progression of one to the other.

The study's limitations include the relatively small sample size of some included studies and the lack of robust, long-term cohort data to make definitive conclusions, suggesting that more extensive research is necessary to fully understand the relationship between vitamin supplementation and Type 1 diabetes.

(Frontiers in Immunology, May 2025)





FreeStyle Libre

An email IDDT received:

As someone with Type 1 diabetes, I have been using the FreeStyle Libre 2 for some time but for various reasons, I choose to use a reader with the sensor rather than my phone, which means it is a case of scanning.

I have recently become aware that the FreeStyle Libre 3 system has a reader that links with the sensor and sends readings every minute without the need to scan.

Changing to the Libre 3 system has been a good move for me as the reader operates as a phone would, there is no need to scan. However, in order for my results to be seen at the hospital, I do need to upload them rather than them automatically being sent as they would using a phone. The upload time every 2 weeks encourages me to review how I am doing. In addition, the Libre 3 sensor is much smaller which I find beneficial.

The Libre 3 is accessed through the hospital diabetes team. Sensors are delivered direct from the suppliers, Abbott, to my home rather than available on repeat prescription. If any other members have Type 1 diabetes and are using a reader, they might wish to consider accessing the Libre 3 system.

Latest news about the Libre 3 sensors

FreeStyle Libre 3 sensors will be phased out in the UK by the end of 2025, so people with diabetes who use the sensors will need to start using FreeStyle Libre 3 Plus sensors instead.

As we know, the FreeStyle Libre 3 Plus sensor lets you check your glucose levels without having to prick your finger. It is a real-time continuous glucose monitor (CGM). You can still scan the sensor to see your glucose readings with the standalone reader if you want to or don't have a smartphone.

FreeStyle Libre 3 Plus sensors will be offered on the NHS and cannot be self-funded. If you self-fund your Libre sensors, you will still be able to purchase FreeStyle Libre 2 Plus sensors.

What do FreeStyle Libre 3 users need to do next?

- Abbott, the makers of the FreeStyle Libre 3, will begin to phase out these sensors and they will be discontinued by the end of 2025
- If you use the FreeStyle Libre 3 sensors, you will

need to replace your prescription

- The FreeStyle Libre 3 Plus sensors are in the process of being made available on the NHS
- If you use FreeStyle Libre 2 Plus sensors then this change will not affect you or your prescription.

What is the FreeStyle Libre 3 Plus?

The FreeStyle Libre 3 Plus sensor sends real-time glucose readings straight to compatible smartphones and has a 15-day wear time. It is suitable for children from the age of two years and above, and for adults living with Type 1 diabetes.

FreeStyle Libre 3 Plus sensors can also integrate with certain insulin pumps to create a hybrid closed loop system, which is designed to continuously monitor someone's blood glucose levels and automatically adjust and deliver the right amount of insulin at the right time.

If you need further information, you can contact the Abbott customer care team on 0800 170 1177.

Once-weekly Efsitora non-inferior to daily insulin in Type 2 diabetes

Investigations in the US have found that a new once-weekly basal insulin analogue, efsitora, lowered HbA1cs as effectively as daily basal insulins in people with Type 2 diabetes who require insulin treatment. There were 3 trials from the QWINT global phase 3 clinical trial programme:

- The QWINT-1 trial compared the efficacy and safety of a fixed-dose regimen of efsitora with once-daily glargine (Lantus) for 52 weeks in people with Type 2 diabetes who have never used insulin. At week 52, efsitora had reduced HbA1cs from 8.20% to 7.05% compared with 8.28% to 7.08% with glargine, confirming non-inferiority
- QWINT-3 compared efsitora with daily degludec (Tresiba) for 78 weeks in adults already taking basal insulin
- QWINT-4 compared efsitora with daily glargine for 26 weeks in adults with Type 2 diabetes taking both basal and pre-meal bolus insulin. Average HbA1cs were 7.17% in the efsitora group and 7.18% in the glargine group, again meeting non-inferiority criteria.

Is hypoglycaemia a problem with weekly insulin?

Hypoglycaemia emerged as a significant issue with

efsitora compared with insulin degludec in adults with Type 1 diabetes in the QWINT-5 trial. Another once-weekly insulin analogue, Novo Nordisk's insulin Icodec (brand name Awiqli) is available in the EU, Canada, Australia, Japan and Switzerland for Type 1 and Type 2 diabetes and in China for Type 2. However, the US Food and Drug Administration has requested more data to address the concern about hypoglycaemia in Type 1 diabetes.

The actual rate of hypoglycaemic events in the trials might be underestimated, especially in the presence of hypoglycaemia unawareness, which has been reported to be as high as 40% of people with Type 2 diabetes using continuous glucose monitoring. However, the researcher said that the most important thing is the number of events per year is very low.

Whether once-weekly insulin will be an advantage compared to once-daily insulin will depend upon factors like cost, convenience and individual preference.

Government approval for efsitora is awaited and the advent of newer or more effective non-insulin hypoglycaemic drugs such as the GLP-1 receptor agonists, which simultaneously also produce weight loss, might ultimately be a more appealing option than efsitora and allow greater patient adherence than weekly insulin in some patients with Type 2 diabetes.

Despite these unknowns and caveats, the development of even longer-acting insulins now offers promising options for better glucose control in this disease.

(The New England Journal of Medicine and The Lancet, June 2025)

Orforglipron lowers HbA1c and weight in early Type 2 diabetes

Results of a research trial, ACHIEVE-1 sponsored by Eli Lilly, have found that the investigational non-peptide small-molecule oral GLP-1 agonist, orforglipron significantly reduced HbA1c levels over 40 weeks in adults with early Type 2 diabetes.

In the trial, orforglipron reduced HbA1c levels to the 6.5% range and produced clinically significant weight loss while maintaining a safety profile similar to that of other GLP-1 drugs. ACHIEVE-1 is the first of seven phase 3 studies of the safety and efficacy of the drug in over 6,000 patients with Type 2 diabetes and obesity.

Orforglipron is a once-daily non-peptide small molecule that can be taken at any time of the day

without restrictions on meals or water intake. This is in contrast with the already approved oral GLP-1 receptor agonist semaglutide (Rybelsus, Novo Nordisk), a peptide that ideally should be taken while fasting and with no food or water for at least 30 minutes after ingestion to prevent degradation.

The most common adverse events were mild-to-moderate gastrointestinal events, most of which occurred during increasing the dose. Gastrointestinal events leading to drug discontinuation with increasing doses versus none with placebo. This was similar to what has been observed with other oral and injected GLP-1 agonists, with the same ranges of nausea and vomiting as with semaglutide and tirzepatide. There were no episodes of severe hypoglycaemia.

(New England Journal of Medicine, June 2025)

Novo Nordisk to discontinue Human Mixtard, India's largest selling insulin brand

Novo Nordisk will discontinue Human Mixtard, a top-selling insulin in India. This decision aligns with the company's global strategy. They will prioritise newer, patented therapies like Ozempic and Wegovy which are more profitable. The company plans to introduce these therapies in India this year. While vials will still be available, pen devices, preferred by many, may become less accessible.

(Economic Times, 22 April 2025)



Research

Type 1 diabetes may be triggered by bacterial infections



Many people who are genetically predisposed to Type 1 diabetes never get the disease, suggesting that an unknown environmental trigger could play a role in the development of this chronic autoimmune condition.

The trigger could be a virus but a study by researchers from Cardiff University points in a different direction: Type 1 diabetes might start with proteins on bacteria, sparking an ominous shift in the immune system.

Type 1 diabetes is an autoimmune disease that usually affects children and young adults, where the cells that produce insulin are attacked by the patient's own immune system. This leads to a lack of insulin, meaning that people living with Type 1 diabetes need to inject insulin multiple times a day to control their blood sugar levels.

Previous research linked the loss of insulin-producing cells with killer T cells, a class of white blood cells that kill certain other cells, including, it seems, playing a part killing the insulin-producing beta cells.

The new study found that killer T cells begin doing this when activated by bacterial proteins, specifically proteins from bacteria known to infect humans. The researchers carried out experiments to stimulate such infections by introducing bacterial proteins to cell lines from non-diabetic human donors to see how the donors' killer T cells reacted. The following was found:

- After encountering proteins from some infectious bacteria, killer T cells could mistakenly also kill cells producing the insulin protein

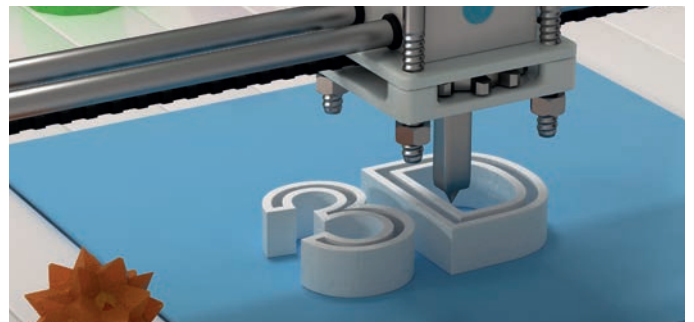
- Activated T cells with this same 'cross-reactivity' was found in the blood of patients with Type 1 diabetes, which suggests that as seen in the lab experiments, could have triggered the disease
- Strong interaction with bacterial proteins apparently initiated this change in killer T cells' behaviour.

The team observed this in relation to a gene for a protein on our own cells called a human leukocyte antigen (HLA) which allows our immune system to tell our own tissues apart from intruders. The specific HLA associated with the bacterial infection that triggers diabetes is only present in around 3% of the population in the UK, so the bacterial pathogens that can generate anti-insulin T cells are caused by a rare infection in a small minority of people.

By offering an explanation for the origins of Type 1 diabetes, the researchers suggest that it may reveal new ways to treat the disease, or perhaps even learn how to prevent it.

(The Journal of Clinical Investigation, June 2025)

3D printing could enable long-term islet transplantation in Type 1 diabetes



Researchers have developed a new method to 3D print functional human islets that can sustain strong insulin responses for up to three weeks. Using a novel bioink derived from human pancreatic tissue could unlock an innovative, minimally invasive approach to islet transplantation that potentially overcomes some of the major challenges facing the development of cell therapies for Type 1 diabetes.

This is one of the first studies to use real human islets instead of animal cells in bioprinting and the results are very promising. It means research is

getting closer to creating an off-the-shelf treatment for diabetes that could someday remove the need for insulin injections.

Current methods for islet transplantation often result in the loss of functional insulin-producing cells in the long term so patients require multiple transplants to maintain a response.

This new method has shown early promise to lengthen the time transplanted islets can remain functional. The researchers used a special bioink that mimics the support structure of the pancreas, giving islets the oxygen and nutrients they need to thrive.

This custom bioink, made from a mixture of alginate and decellularised human pancreatic tissue, was used to 3D print durable, high-density islet structures. After 21 days, 90% of the islet cells were still alive and were able to release insulin in response to glucose levels.

Unlike typical islet transplants, which are infused into the liver, these 3D printed structures can be implanted just under the skin, making the procedure minimally invasive and facilitating removal in case of any adverse events. While there is still work to be done, this new bioprinting method marks a critical step toward personalised, implantable therapies for diabetes. If clinical trials confirm its effectiveness, it could transform treatment and quality of life for millions of people worldwide.

(European Society for Organ Transplantation Congress 2025)

Sugary drinks and health

Researchers analysed information from the Global Dietary Database of 184 countries between 1990 and 2020 and assessed the effects of beverages with at least 50 kcal/240 mL serving, including

commercial or homemade sugary drinks, soft drinks, energy drinks, industrialised fruit juices, punches and lemonades. However, 100% natural fruit and vegetable juices and calorie-free beverages containing artificial sweeteners were excluded from the study.

The study showed that the consumption of sugary drinks is linked to the following:

- 9.8% of new cases of Type 2 diabetes annually, contributing to approximately 2.2 million cases worldwide
- 1.2 million new cardiovascular disease (CVD) cases each year, or 3.1% of the global cases.

The study also showed that developing nations are particularly vulnerable to the health risks posed by sugar-sweetened drinks.

- Latin America and the Caribbean are the most affected, with 24% of new global cases of Type 2 diabetes and over 11% of cases of CVD linked to the consumption of sugar-added beverages
- Colombia and Mexico were the leading contributors, with 48% and 30% of new cases of diabetes linked to these beverages, respectively
- Sub-Saharan Africa follows, with 21.5% of new cases of Type 2 diabetes and 10.5% of CVD cases linked to sugar-sweetened beverages.

The authors concluded that rising incomes in developing countries have made sugary drinks more accessible and consumption has increased. As consumption has declined in high-income countries such as the UK, beverage companies have shifted their marketing efforts toward emerging markets. With a touch of cynicism our comments would be that business is business and the resulting adverse effects don't matter!

(Nature Medicine, February 2025)



Delay in driving licence renewal

In June 2025, a Parliamentary Question, asked the Secretary of State for Transport what assessment she has made of trends in the level of delays between people being confirmed medically fit and getting their driving licenses back by the DVLA.

The answer to this was:

- The DVLA online services are the quickest way to apply for a driving licence and drivers with diabetes, epilepsy, Parkinson's disease, visual impairments, sleep conditions or heart conditions can renew their driving licence online
- The DVLA has also introduced a simplified licence renewal process for drivers with multiple sclerosis, some mental health conditions and glaucoma. This has significantly reduced the need for the DVLA to seek further information from medical professionals and enabled more licensing decisions to be made based on the information provided by the driver.

The DVLA is continuing to make improvements to the services provided to drivers with medical conditions and is introducing a new strategic system to process cases. This will provide better services for customers and allow straightforward applications to be processed more quickly. In the 2024/25 financial year, the average time taken to make a licensing decision in cases where a medical condition must be investigated before a licence can be issued was 44 working days, a reduction from 56 working days in the previous year.

Driving licence applications where a medical condition must be investigated before a licence can be issued can sometimes take longer depending on the medical condition or conditions being investigated. The DVLA is also often reliant on receiving information from doctors or other healthcare professionals, before a decision can be made on whether to issue a licence. Most applicants renewing an existing licence will be able to continue driving while their application is being processed, providing the driver can meet specific criteria.

Angry message to IDDT about the DVLA

IDDT received the following anonymous letter about the driving licence renewal process by the DVLA:

"The renewal of the driving licence causes concern for the elderly. The confusing section 4 where you have to put a X in the box to confirm you take insulin. There is no box for metformin or any other medicines but a medical questionnaire that is confusing. There only seems to be a box for insulin. Please check."

Here are the main points for drivers with diabetes treated by non-insulin medication, diet or both (from the DVLA leaflet INF188/2):

- Car and motorcycle drivers do not need to tell the DVLA if their diabetes is treated by tablets, diet, or both and they are free from the complications listed on the DVLA leaflet
- These are if your treatment is with tablets carrying the risk of hypoglycaemia – this applies to most tablets because the only treatment for Type 2 that doesn't cause hypoglycaemia is metformin
- If you are unsure whether you should report your condition to the DVLA, then you should discuss this with your healthcare professional.

If you need to report your condition to the DVLA, you can:

- online at www.gov.uk/report-driving-medical-condition
- fill in a medical questionnaire about diabetes (DIAB1)
- phone 0300 790 6806
- write to: Drivers Medical Group, DVLA, Swansea SA99 1TU.



MHRA press release on weight loss drugs

On 5th June, 2025, the Medicines and Healthcare products Regulatory Agency (MHRA) issued a press release to remind women with diabetes also taking the popular medicines for weight loss to use safe and effective contraception. In some cases, it is advised that women stop the medication at least two months before trying to get pregnant.

The GLP-1 medicines' brand names include Ozempic, Mounjaro, Wegovy, Saxenda and Victoza and the key points are:

- They should not be taken during pregnancy, while trying to get pregnant, or during breastfeeding
- Anyone who gets pregnant while using them should speak to their healthcare professional and stop the medicine as soon as possible. This is because there is not enough safety data to know whether taking the medicine could cause harm to the baby
- Women taking Mounjaro, who are overweight and using an oral form of contraception, should use a non-oral form (the implant, coil or condoms). Mounjaro may reduce the effectiveness of oral contraceptives in those who are overweight.

This advice is already in the patient leaflets that come with the medicine and is just one of the reminders in the latest guidance from the MHRA on the safe use of GLP-1 medicines. However, the UK regulator is concerned that some people are not using these

medicines for weight loss safely.

The full advice can be found on the MHRA website: <https://www.gov.uk/government/publications/glp-1-medicines-for-weight-loss-and-diabetes-what-you-need-to-know>

Warnings!

- Alongside advice on contraceptive use, the MHRA also reminds patients that these medicines should not be bought from unregulated sellers such as beauty salons, via social media or taken without a prior consultation with a healthcare professional. Not only does this expose people wanting to lose weight to serious health risks, it is also against the law to sell these medicines in this way. The only way to guarantee receiving a genuine GLP-1 medicine is to obtain it from a legitimate pharmacy
- The guidance also reminds patients of the symptoms to look out for in the event of acute pancreatitis which, although uncommon, can be serious. The main symptom of this is severe pain in the stomach that radiates to the back and doesn't go away. Anyone who experiences this should seek immediate medical help.

If you suspect that you have had an adverse reaction to a GLP-1 medicine or that it is not a genuine product, you should report it to the MHRA Yellow Card scheme at <http://yellowcard.mhra.gov.uk>

More on weight loss drugs is available in 'Type 2 & You'

With the increasing use and popularity of the weight loss drugs, we feel it is important to point out that they may have drawbacks or adverse effects that people are not always made aware of.

The other concern is that they have only been trialled for a relatively short time, so there is no long-term evidence of safety.

There are articles with more details of the already known adverse reactions to the weight loss drugs in IDDT's Type 2 & You, the newsletter for people with diabetes not taking insulin.

These include the following issues:

- Trials of the differences between Wegovy and Mounjaro

- Semaglutide and the risk of sudden vision loss from non-arteritic anterior ischemic optic neuropathy
- Lasting damage in the mouth including dry mouth, bad breath and tooth damage.

If you would like a copy of Type 2 & You to read these articles, just give us a call on 01604 622837 or email us at enquiries@iddtinternational.org.



From our own correspondents

Availability of pork insulin

Dear Jenny,

I am having a problem getting pork insulin. I have been told it is no longer provided I wonder if you could help me please? I have only 4 vials left.

Ms T.T. by email

Response:

We do receive similar calls and emails but we have been informed that it is still available from Wockhardt UK. Usually, the problem is with the wholesaler who supplies your chemist, if they have not got any in stock, then they often say that it is no longer made, when this not the case. I have discussed this previously with Wockhardt and their advice is to ask your chemist to telephone them directly and place your order. Wockhardt will deliver directly to the chemist and invoice through the chemist's usual wholesaler. This usually sorts out the problem. Alternatively, you could ring Wockhardt yourself, ask for customer services and then ask about continued supplies of pork insulin – this may well reassure you and you can then tell your chemist. Here are Wockhardt's details: Tel: +44 1978 661261 or email: enquiries@wockhardt.co.uk

I am so sorry that you have been misinformed in this way. In the UK, pork insulin is available on an NHS prescription.

Does anyone else have the same problems?

Dear Jenny,

I am writing about problems I am experiencing with my Libre 2 Plus sensors. I was changed to these earlier this year and collected the first ones from the pharmacy on 5th February.

I had my first sensor failure overnight 26-27th February and the second on 7th April when I was lazing around in the sun. The air temperature was only 14C but the sensors failed with six days to go and the kit took a long time to send me a message to use a different one.

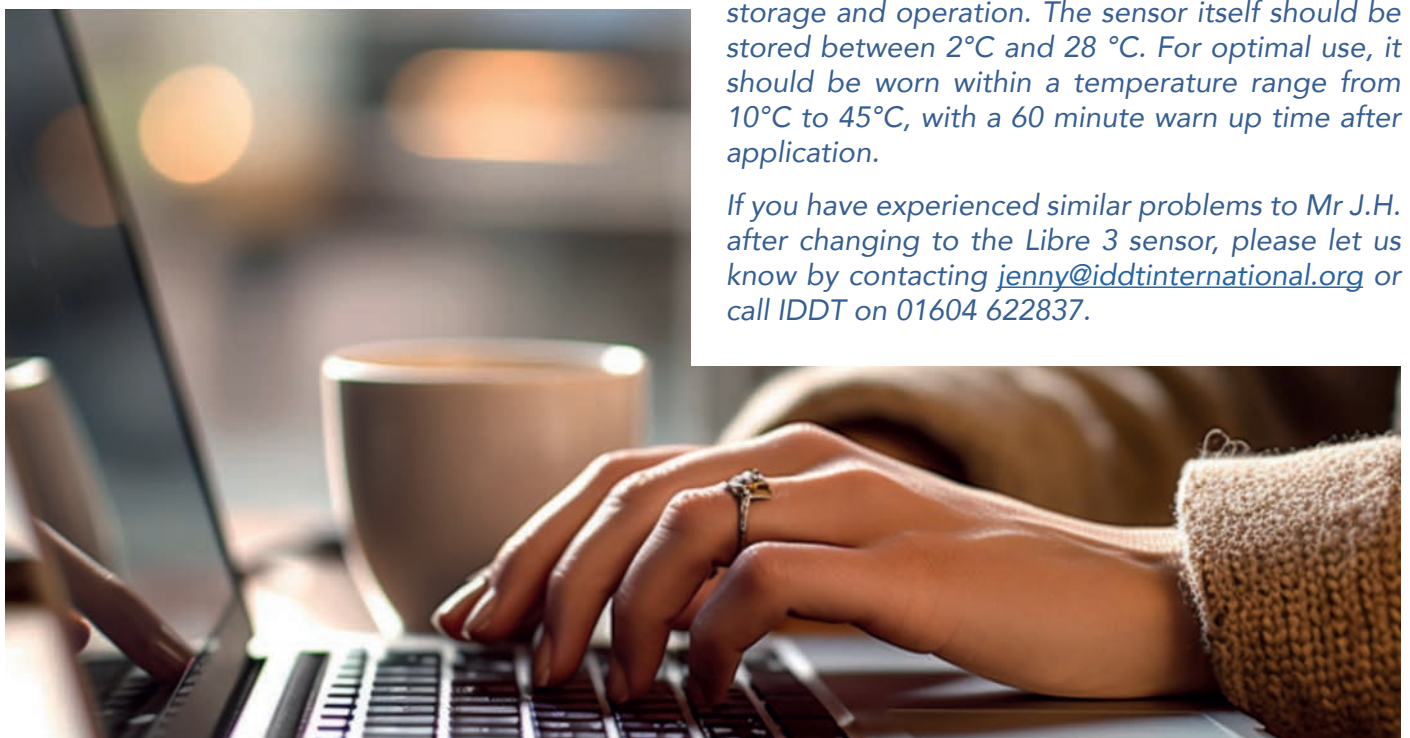
The third failure was on 21st May and it failed overnight at about 1am, with a notification about 5.30am. I had mowed the lawn the previous day with a black shirt on which covered the sensor. The air temperature was 21 degrees but surely the temperatures in England in May shouldn't be a problem? When the sensors fail, they seem almost to fall off, as if the adhesive has given up, which is not something I had with the Libre 2.

I wonder if it is worth, you mentioning this in your Newsletter as I would be interested in other people's experience.

Mr J.H. by email

Note: *The FreeStyle Libre 3 sensors do have a recommended temperature ranges for both storage and operation. The sensor itself should be stored between 2°C and 28 °C. For optimal use, it should be worn within a temperature range from 10°C to 45°C, with a 60 minute warm up time after application.*

If you have experienced similar problems to Mr J.H. after changing to the Libre 3 sensor, please let us know by contacting jenny@iddtinternational.org or call IDDT on 01604 622837.





IDDT Lottery Results

WINNERS OF THE APRIL 2025 DRAW:

- 1st Prize of £463.68 goes to Howard from Sidcup
- 2nd Prize of £347.80 goes to Graham from Desborough
- 3rd Prize of £231.84 goes to Denise from Birmingham
- 4th Prize of £115.92 goes to Valerie from Swindon

WINNERS OF THE MAY 2025 DRAW:

- 1st Prize of £467.52 goes to Kenneth from Porth
- 2nd Prize of £350.64 goes to Alexandra from Saffron Walden
- 3rd Prize of £233.76 goes to Iris from Nuneaton
- 4th Prize of £116.88 goes to Paul from Northampton

WINNERS OF THE JUNE 2025 DRAW:

- 1st Prize of £462.72 goes to Matthew from Basingstoke
- 2nd Prize of £347.04 goes to Anon email member
- 3rd Prize of £231.36 goes to Pauline from Doncaster
- 4th Prize of £115.68 goes to Anon from Scarborough

Note: The winners of the draws for July, August and September 2025 will be announced in our December 2025 Newsletter and on our website.

A huge 'Thank You' to everyone who supports IDDT through the lottery.

If you would like to join in for just £2.00 per month, then give us a call on 01604 622837 or email karl@iddtinternational.org

Update from Ukraine

As ever, we would like to thank everyone who has sent supplies to help people with diabetes in Ukraine. We are very grateful as the need is still there even though the Ukraine situation is no longer at the forefront of the news.

On July 8th 2025, the BMJ published an article about the access to insulin in Ukraine. This highlights that when Russia's full-scale invasion of Ukraine started in 2022, three warehouses containing medical supplies were damaged or destroyed and

many pharmacies closed. People responded by starting to look after each other and forming collaborations.

A collaboration formed between the Ukrainian Ministry of Health and international organisations that provided medical supplies, including insulin. However, people in Ukraine were unaware of this and this led to panic buying. Communication between local patient groups and volunteers has been, and still is, essential to ensure that no one who needs

insulin is left without it, especially older people.

The article goes on to say that people with diabetes have been crucial in looking after each other by sharing insulin and test strips that they have received from abroad and delivering supplies to villages and areas with active fighting. This conflict has prompted people around the world to send financial and practical diabetes supplies to support the people in Ukraine.



SNIPPETS

Delayed puberty in boys may raise diabetes risk

A recent study found that delayed puberty in boys is linked to a significantly higher risk of developing Type 2 diabetes in early adulthood. Findings show that boys with delayed puberty have a 2.5 times greater likelihood of developing the disease compared to their peers, independent of weight and socioeconomic status. This suggests that pubertal timing is an important factor in understanding long-term metabolic health.

(Joint Meeting of the European Society of Paediatric Endocrinology and the European Society of Endocrinology, May 2025)

The Soft Drinks Industry Levy (SDIL)

This is central to the Government's strategy for reducing rates of obesity and helping to secure the fit and healthy population that is essential for a thriving economy. After SDIL was announced, the average sugar content of soft drinks in the scope of the levy fell by 46% between 2015 and 2020. At the same time, there was no negative impact on soft drink sales as sales of drinks subject to the levy increased by 21% over the same period. The Government is currently consulting on proposals to strengthen SDIL.

WeightWatchers lost a million members

The introduction of the weight loss injections has had an effect on WeightWatchers. At its peak, WeightWatchers was seen as a safe and controlled means of weight loss and the company had 4.5 million subscribers globally with workshops held in most towns. Now, after dominating the diet industry for over half a century, it has lost more than a million members and filed for bankruptcy, struggling to compete in a market transformed by social media influencers and weight loss injections. The company has stressed that it is not going out of business and that filing for bankruptcy will help it resolve its debt of \$1.25 billion (£860 million) and its weight loss programme and workshops will continue. The company says its brand has had the most scientific backing in the diet industry for over 60 years with more than 180 published studies showing the effectiveness of its approach.

HHS may ban researchers from publishing in certain journals

In May 2025, the Secretary of the US Department of Health and Human Services (HHS), Robert F. Kennedy Jr. said the agency may restrict NIH-funded researchers from publishing in certain medical journals like The Lancet, The New England Journal of Medicine and JAMA. He cited concerns over pharmaceutical industry influence. A statement from the New England Journal of Medicine said it is "one of the most trusted medical journals, with an impeccable record of scientific rigor and independence" and will "continue to focus on publishing scientific breakthroughs to improve the health of Americans and people around the world."

(Politico, 27 May 2025)

Availability of Omnipod 5

The Omnipod 5 system makes insulin adjustments of insulin every 5 minutes. It is available to people with Type 1 diabetes from 2 years upwards and in 14 markets – Australia, Belgium, Canada, Denmark, Finland, France, Germany, Italy, the Netherlands, Norway, Sweden, Switzerland, the UK and the US.

Higher HbA1c tied to infection risk

A study has found that older patients with Type 2 diabetes and HbA1c levels between 8% and 9% (65 and 75mmol/mol) are at a higher risk of hospitalisation due to soft tissue, skin and bone infections. The study analysed information from the Kaiser Permanente Northern California Diabetes Registry and suggests that achieving HbA1c of less than 8% could provide added safety if it can be done without increasing the risk of hypoglycaemia.

(Diabetes Care, November 2024)

Type 1 diabetes may raise fracture risks

Type 1 diabetes is linked to a higher risk of fractures, says a study presented at the World Congress on Osteoporosis, Osteoarthritis and Musculoskeletal Diseases. The meta-analysis included data from 78,130 individuals across 19 countries and found that Type 1 diabetes increased the risk of osteoporotic fractures in men and women, mostly independent of femoral neck bone mineral density.