



# Welcome

Welcome to the 64th issue of Type 2 & You. As Autumn approaches and the nights draw in, we hope you will find this issue well worth a read. One of the main features has to be the announcement by the Prime Minister of the NHS 10 Year Plan which proposes three shift changes to enable the NHS to function properly. While there are concerns about the delivery of this plan, we have to live in hope that we will get the NHS we all deserve, and, dare I say, pay for!

Also included with this issue is our leaflet 'Thinking about Christmas' which enables you to support IDDT by purchasing our Christmas cards, books, or our new IDDT insulated drawstring cool bag. Finally, we have also included another copy of our conference programme for you to book your place. We do hope you will join us on October 4<sup>th</sup> 2025.



## Come and join us at IDDT's get together!

We are sending readers another copy of the programme for our Get Together on Saturday, October 4<sup>th</sup> 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 provide information about many aspects of living with diabetes. The speakers 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.

To book, call 01604 622837 or email [enquiries@iddtinternational.org](mailto:enquiries@iddtinternational.org). To view the programme, visit [www.iddt.org](http://www.iddt.org).

We hope to meet many of you at the Kettering Park Hotel and that you have an informative and enjoyable day!

# NHS 10 Year Plan announced

The long-awaited government 10 Year Health Plan to bring the NHS closer to home was announced by the Prime Minister 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 people's 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 aims to deliver a brand new era for the NHS and to be one of the largest shifts.

**Neighbourhood Health Service** – this will see pioneering teams, some based entirely under one roof, set up in local communities across the country, and aims to improve access to the NHS. Shifting care out of hospitals and into the community will free up overstrained hospitals. Neighbourhood health centres will provide more convenient access to a full range of healthcare services right on our doorsteps – preventing lengthy trips to hospitals.

Neighbourhood teams will include nurses, doctors, social care workers, pharmacists, health visitors, palliative care staff with paramedics, community health workers and volunteers playing a pivotal role 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 waiting lists at 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
- Services like debt advice, employment support, stop 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.

So, by 2035 most outpatient services, such as cardiology, respiratory medicine, eye care, and mental health, are expected to be delivered outside hospitals. Wes Streeting said the NHS should function more like a "supermarket" for healthcare, offering integrated services under one roof. We will be glad to see the end of the 8am scramble for GP appointments and not having to go to A&E when we really want to see our GP. Let us hope they happen...

# 8 health conditions mistaken for Type 2 diabetes

Diabetes affects every part of the body, causing symptoms like fatigue, weight gain, mood changes and neuropathic pain, among others. However, these symptoms are not unique to diabetes, they are also common in other conditions, such as hypothyroidism, metabolic syndrome and Cushing's syndrome.

If you experience any of these symptoms, it is important to speak to a healthcare professional as it could be a sign that you need to change your diabetes treatment or find out if you have an unrelated condition. There are 8 conditions that can be mistaken for Type 2 diabetes and these are as follows:

**Hypothyroidism** – this occurs when the thyroid gland which regulates metabolism, doesn't produce enough thyroid hormones. This can lead to symptoms like extreme fatigue, weight gain and mood changes, all of which are also symptoms of diabetes.

Many people with Type 1 or Type 2 diabetes also develop hypothyroidism and for this reason, annual thyroid screenings are recommended.

**Metabolic Syndrome** – is not one health condition but a group of risk factors that can contribute to a higher risk of Type 2 diabetes and cardiovascular diseases like heart attack, heart failure and stroke.

For a diagnosis of metabolic syndrome, you need to have 3 of the following features:

- Excess fat around the abdomen
- High blood sugar levels
- High blood pressure
- Low levels of HDL ("good") cholesterol
- High triglyceride levels.

Type 2 diabetes and metabolic syndrome require similar treatment strategies, including lifestyle changes and medication.

**Type 1 Diabetes** – though they have very

different causes, Type 2 and Type 1 diabetes can have similar symptoms because high blood sugars are present in both.

These give signs such as extreme thirst, excessive urination and blurry vision, especially before they have been diagnosed so it's common for one condition to be mistaken for the other. As many as 40% of adults who develop Type 1 diabetes are initially misdiagnosed with Type 2 diabetes.

**Polycystic Ovary Syndrome (PCOS)** – this is a common hormonal condition that develops when the ovaries produce higher than normal levels of male hormones known as androgens. Symptoms and signs of PCOS that are shared with diabetes are weight gain and acanthosis nigricans, a condition in which skin folds become dark and velvetlike. Many people with PCOS also have insulin resistance, which interferes with the body's ability to use insulin which leads to higher blood sugar levels. Due to the insulin resistance, PCOS can increase a woman's risk of developing Type 2 diabetes and it is estimated that more than half of women with PCOS develop Type 2 diabetes by age 40.

**Cushing's Syndrome** – this is a hormonal condition defined by high cortisol levels, which can lead to insulin resistance. This resembles Type 2 diabetes with weight gain, particularly around the middle, being a common symptom of Cushing's syndrome. Cushing's syndrome may be considered in any person with Type 2 diabetes who requires abnormally high doses of insulin, but most cases of Cushing's syndrome go unrecognised.

**Pancreatitis** – this condition can resemble diabetes because both conditions involve the death or dysfunction of the cells in the pancreas that produce insulin, leading to similar symptoms. Pancreatitis is about

inflammation of the pancreas, but there are multiple potential causes which can include gallstones, heavy alcohol use, high triglyceride levels, certain medications and injury. Diabetes can develop as a result of chronic pancreatitis when inflammation of the pancreas damages the cells that make insulin.

**Hemochromatosis** – this is a hereditary condition involving the gradual buildup of iron in the body. When iron levels rise high enough, iron overload can result in uncomfortable symptoms such as joint pain and fatigue. It can also cause the skin to appear tanned. The excess iron can affect the pancreas and mimic Type 1 diabetes.

**Diabetes Insipidus** – this is being renamed arginine vasopressin deficiency and arginine vasopressin resistance. It is a rare condition where the body is unable to concentrate the urine. It can cause frequent urination and thirst, which are common symptoms of both Type 1 and Type 2 diabetes, but the conditions are unrelated.

#### **What do we take away from this?**

As we have shown above, the complications of diabetes overlap with those of so many other conditions, so it is important to get any new symptoms checked out by your doctor.

## **Early eye examinations are essential for people newly diagnosed with Type 2 diabetes**

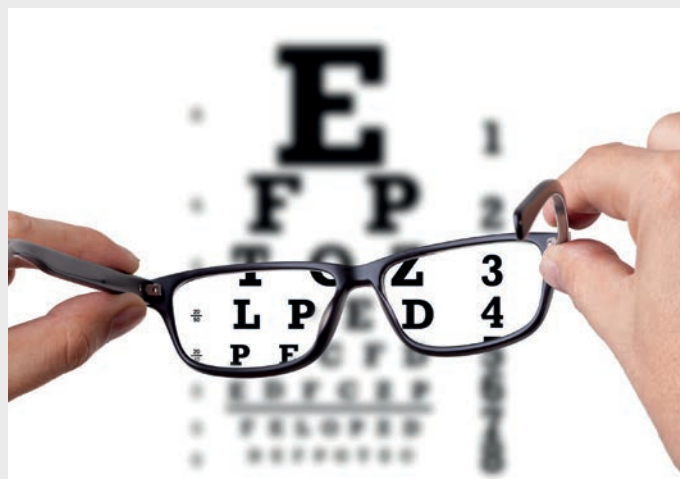
People newly diagnosed with diabetes can find it overwhelming as it means managing blood sugars and a changing lifestyle to prevent serious future health complications. One of these complications could be diabetic retinal disease, a leading cause of vision loss when diabetes goes untreated. Globally, diabetes is still the leading cause of vision loss in the working age population.

The development of Type 2 diabetes is a slow process as people gain weight and progress from diabetes risk (pre-diabetes) to diabetes diagnosis and as we know, some people may have had mild, undiagnosed diabetes for many years before they are diagnosed. During this prolonged period the eyes can still be affected with around 7% of people with pre-diabetes already showing signs of retinopathy.

Early detection is very important because it helps to identify people who are at higher risk for rapid progression of their retinopathy.

#### **What do we need to know about diabetic retinopathy?**

- If diagnosed early enough diabetic retinopathy is a treatable condition
- The usual treatment for diabetic retinopathy is laser treatment but there are recently developed drugs available under particular circumstances
- Laser treatment has been shown to be helpful in either stopping the progress of the condition or in maintaining sight.



In the UK, people diagnosed with diabetes are added to the diabetes eye screening programme for early detection with follow ups. Initially, it was recommended that everyone with diabetes should be offered retinopathy screening once a year, however as a result of research, in 2016 the UK National Screening Committee (NSC) recommended changing the screening interval from every year to every 2 years for people at low risk of sight loss.

- There are two vulnerable groups of people susceptible to retinopathy – pregnant women, children and adolescents. Long-term children and adolescents are at greater risk of microvascular and macrovascular complications of diabetes.
- In children with Type 1 diabetes, it is recommended that surveillance for the earliest evidence of microvascular disease (this includes retinopathy) should begin at the age of 12.

### Classification of diabetic retinopathy

Retinopathy can affect people with all types of diabetes and is usually classified according to its severity. This may not be the same in both eyes. There are two classifications of diabetic retinopathy:

- **Background retinopathy**

This is the first stage of the development of retinopathy, and it is rare before 8 to 10 years of diabetes duration. At this stage the vision is normal and sight is not threatened. If there are diabetic changes present such as small haemorrhages, fatty deposits (exudates) or abnormal blood vessels (microaneurysms) then this is a sign that the retinopathy is worsening and the doctor will be alerted to arrange more frequent follow ups.

- **Proliferative retinopathy**

This is where the blood vessels (capillaries) block and starve the retina



of nutrients causing new vessels to grow either in front of the retina on to the back of the vitreous or occasionally on to the iris. These new vessels are fragile and may bleed into the vitreous which then affects the sight and may cause floaters, dots or lines and if severe may cause clouding of the vision or loss of vision.

### Can retinopathy be prevented?

The best way to try to prevent retinopathy occurring is to keep blood glucose levels as near normal as possible. Early 'good' diabetic control may slow down the rate of progression of the condition. Improving diabetic control may not affect diabetic retinopathy itself, but it can prevent further deterioration. Therefore, you should:

- Always take your diabetic medication - not doing so is harmful.
- Control your diet
- Avoid becoming overweight
- Avoid smoking and alcohol
- Have regular blood pressure checks.

**Note:** IDDT has a booklet, 'The Eye and Diabetes' which has more information on retinopathy and other eye conditions. If you would like a copy, please give IDDT a call on 01604 622837 or email us at [enquiries@iddtinternational.org](mailto:enquiries@iddtinternational.org).

# 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 vs. 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

## 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.”

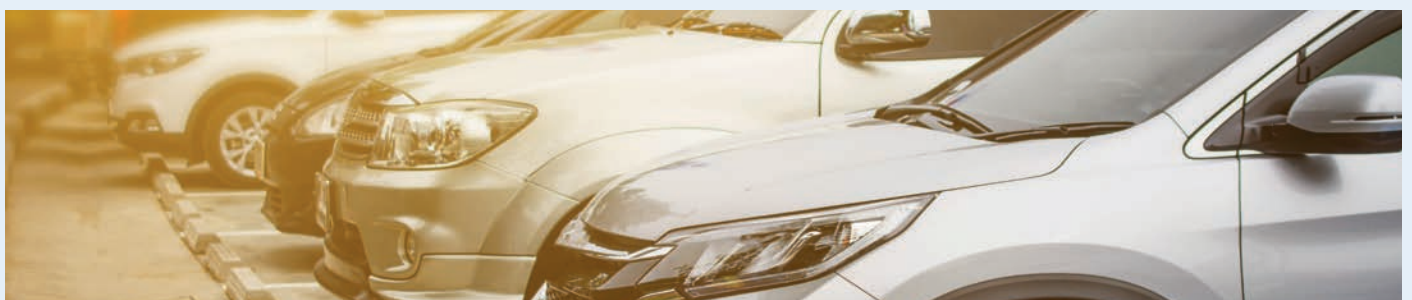
Here are the main points for drivers with diabetes treated by non-insulin medication, diet or both (from DVLA leaflet INF188/2):

- 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 do so:

- Online at [www.gov.uk/report-driving-medical-condition](http://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.



# NHS initiative helps people tackle their Type 2 diabetes risk

According to new information, last year a record 166,360 more adults in England began receiving support from an NHS public health initiative, which helps people lose weight and make lifestyles changes to stop or delay them from developing Type 2 diabetes.

The analysis also shows that more than 900,000 adults at high risk of developing Type 2 diabetes have started using the NHS Healthier You Programme to improve their health. This programme lasts 9 months and is designed to stop or delay the onset of Type 2 diabetes by providing personalised support either face-to-face or digitally, on healthier eating, maintaining a healthy weight and keeping physically active.

Research by Manchester University found that completing the Healthier You Programme reduces someone's chance of developing Type 2 diabetes by 37% and participants typically achieve an average weight loss of 3.3kg. Type 2 diabetes is largely preventable through lifestyle changes.

Living with obesity is the single greatest risk factor and accounts for 80-85% of someone's risk of developing the condition. Around 9 out of 10 people with diabetes have Type 2 and there are around 2 million people in England at high risk of developing Type 2 diabetes so it is important that people are aware of their risks of developing the condition.

## Getting on the Healthier You Programme

You can self-register onto the Healthier You Programme if you have been identified as being at risk of developing Type 2 diabetes from your blood sugars or you can request a direct referral from your GP.

Just under half (45%) of those taking part in the Healthier You Programme are men which is a much higher proportion than typically attend weight loss programmes.

As said previously, the Healthier You Programme is available both as a face-to-face group service and as a digital service. People enrolled on the digital service get similar support to the group service, but participants use electronic tools such as wearable technologies that monitor levels of exercise, apps where users can access health coaches, online peer support groups and are able to set and monitor goals electronically.

Health leaders believe that combined advice on healthy eating, weight management and exercise can prevent the development of Type 2 diabetes, so potentially avoiding the need for medication or other treatments.

Minister for Public Health and Prevention, Ashley Dalton, said: "We know there is more to do, which is why we are continuing to restrict junk food advertising, limiting school children's access to fast food and ensuring that industry is incentivised to cut sugar in soft drinks."

*(Press release, NHS England May 27<sup>th</sup> 2025)*

More information on the Healthier You Programme is available via the NHS England website at [www.nhs.uk](http://www.nhs.uk).



# Research

## Popular diabetes drugs linked to fall risk in Type 2 diabetes

The increased risk for falls in people with Type 2 diabetes has been linked to medications that induce hypoglycaemia and low lean body mass also increases the risk for falls. Newer diabetes medications, particularly SGLT2 inhibitors and GLP-1 RAs, can lead to muscle and body mass loss which caused researchers to assess the association with falls in those with Type 2 diabetes. This emphasises the need for careful management and support for patients receiving these therapies.

Researchers conducted a follow-up survey for up to 5 years in people with Type 2 diabetes with poor glycaemic control. Among the 471 patients, 53 received GLP-1 RAs, 74 received SGLT2 inhibitors and 17 received a combination of both.

### Results

In the 471 people studied, 173 people reported at least one fall and 15 experienced fractures due to falls.

GLP-1 RA use alone showed no significant association with risk for falls but when used along with SGLT2 inhibitors there is a significant increased risk for falls.

The findings suggest the need to (i) consider the increased risk of falls in the case of combined therapy and (ii) provide fall-prone persons receiving such therapy with an appropriate diet and exercise.

*(Scientific Reports, April 2025)*

## Vitamin deficiencies common in Type 2 diabetes

Nearly half of people with Type 2 diabetes have low levels of essential nutrients, the most common being vitamin D, magnesium, iron and vitamin B12 deficiencies. These can cause health problems and potentially

worsen diabetes.

A recent review published in early 2025 provides new evidence showing that as many as 45% of people with Type 2 diabetes have several deficiencies in vitamins, minerals and electrolytes.

For the review, researchers pooled results from 132 studies involving over 52,500 participants between 1998 and 2023 and the findings were:

- Very low levels of vitamin D were the most common deficiency, affecting more than 60% of people with Type 2 diabetes
- Other common deficiencies included magnesium (42%), iron (28%) and vitamin B12 (22%)
- People whose diabetes was treated with metformin were at higher risk for B12 deficiency, with 29% having low levels of that vitamin
- Women with diabetes were more likely to have vitamin deficiencies than men, 49% versus 43%.

### Conclusions

The researchers concluded that the treatment of Type 2 diabetes often tends to focus on energy metabolism and macronutrients, but the identification of a higher prevalence of specific micronutrient deficiencies in those affected is a reminder that optimising overall nutrition should always be a priority.

The concern is that these deficiencies might cause people's diabetes to become worse, as many different nutrients are involved in metabolism. They also could cause other health problems but on the other hand, nutritional deficiencies could be linked to initially developing Type 2 diabetes.

*(BMJ Journals, January 2025)*

# Lowering the risk of diabetes?

## Dark chocolate – a lower risk of Type 2 diabetes?

Consuming 5 or more servings per week of dark chocolate is associated with a lower risk for Type 2 diabetes compared with infrequent or no consumption at all. However, a higher consumption of milk chocolate does not significantly affect the risk for diabetes and may contribute to greater weight gain.

Chocolate is rich in flavanols which are natural compounds that support heart health and lower the risk of Type 2 diabetes but the link between chocolate consumption and the risk of diabetes is uncertain. To look into this, researchers investigated the associations between dark, milk and total chocolate consumption and the risk of Type 2 diabetes in three long-term US studies of female nurses and male healthcare professionals with no history of diabetes, cardiovascular disease or cancer. In total, 192,208 people were involved, reporting their chocolate consumption on questionnaires every 4 years from 1986 onwards. Information on chocolate subtypes was assessed from 2006/2007 onwards in 111,654 participants who also self-reported Type 2 diabetes through biennial questionnaires.



## Results

- 18,862 people developed Type 2 diabetes in the total chocolate analysis group cohort
- In the chocolate subtype group, 4,771 cases of Type 2 diabetes developed. Having at least 5 servings per week of dark chocolate was associated with a 21% lower risk for diabetes, while milk chocolate consumption showed no significant link
- The risk for Type 2 diabetes decreased by 3% for each additional serving of dark chocolate consumed weekly, indicating a dose-response effect
- Compared with people who did not change their chocolate intake, those who had an increased milk chocolate intake had greater weight gain over 4-year periods but dark chocolate showed no significant association with weight change.

Even though dark and milk chocolate have similar levels of calories and saturated fat, it seems that the rich polyphenols in dark chocolate may offset the effects of saturated fat and sugar on weight gain and diabetes. The researchers recommend further research.

*(The BMJ online, December 2024)*

So, it seems that if you really want a piece of chocolate, choose dark chocolate!

## Does adding sugar to coffee cancel out its diabetes protection?

Regular coffee consumption without any additives reduces the risk of Type 2 diabetes by 10% per cup, but this protection is significantly weakened when sugar or artificial sweeteners are added. Adding cream doesn't affect coffee's protective benefits, but adding coffee whitener shows

a trend towards reduced protection.

Researchers analysed the association between coffee consumption and the risk of Type 2 diabetes in 150,106 people from three large US-based studies by reviewing the inclusion of sugar, artificial sweeteners, cream or non-dairy coffee whiteners.

- Participants provided information on food and beverage intake using questionnaires every 4 years, including coffee consumption and additive use
- Those diagnosed with Type 2 diabetes were asked to complete an additional questionnaire to specify their symptoms, diagnostic tests and medications.

### Results

- Each additional cup of coffee consumed without additives was associated with a

10% lower risk of Type 2 diabetes in the pooled analysis of three cohorts

- Adding sugar to coffee reduced this protective effect and every cup of coffee drunk with sugar was associated with a 5% lower risk of diabetes and a 7% risk was observed with the addition of an artificial sweetener
- Cream and non-dairy coffee whiteners use showed no significant impact on the protective association between coffee consumption and risk of Type 2 diabetes.

Researchers concluded that coffee consumption with both artificial sweeteners and sugar did not offer any protection against the risk of Type 2 diabetes.

*(The American Journal of Clinical Nutrition, online)*



## Relationship between anti-obesity drugs and addictions

One area of particular interest is addiction, which has been increasing, in terms of case numbers and deaths from drug overdose, excessive alcohol use, tobacco and e-cigarettes.

Information supporting GLP-1 use in addiction is limited but researchers, clinicians and patients suggest that there is promise. Studies have been happening for

over a decade and GLP drugs like exenatide and liraglutide all reduced consumption of nicotine, alcohol, cocaine and response to opioids.

Second-generation GLPs like semaglutide appear to hold promise and recent research shows significant declines in heavy drinking days among patients with alcohol use disorder. In addition, other studies have suggested as

much as a 78% reduced risk for opioid overdose in people with comorbid obesity and Type 2 diabetes and a 44% reduction in cannabis use in people with Type 2 without a prior cannabis use disorder history.

It's not entirely clear how semaglutide provides a path for addicts to reduce their cravings or which patients might benefit most.

# Foody bits and pieces

## World Breakfast Day!

In celebration of World Breakfast Day in June, a new systematic review has reinforced the evidence supporting the nutrition and health benefits of breakfast cereals. This comprehensive analysis shows the positive role that cereals can play as part of a balanced diet.

The 'Systematic Review of Evidence on the Role of Ready-to-Eat Cereals in Diet and Non-Communicable Disease Prevention' was published in the June issue of *Nutrients*. It shows that breakfast cereal consumption is associated with the following:

- Improved nutritional intake especially with whole grain and higher-fibre varieties
- An 8% reduction in cardiovascular disease and a 10% lower risk of coronary heart disease
- A 22% lower risk of Type 2 diabetes in adults
- A reduced risk of overweight and obesity across all age groups, including children, adolescents and adults.

As there are efforts to improve diet quality and reduce the burden of non-communicable diseases, this evidence highlights the role of breakfast cereals as a practical and effective strategy.



## Are food additives increasing Type 2 diabetes?

Research has shown that exposure to certain food additive mixtures was associated with a higher incidence of Type 2 diabetes. Two specific mixtures containing emulsifiers, preservatives and artificial sweeteners showed significant associations. These additives are widely used in processed foods to improve texture, shelf life and taste but previous research has looked at individual additives rather than additive mixtures, raising concerns about potential interactions.

Researchers analysed information from 108,643 adults, average age of 41.2 years and 79.2% women to assess associations of main food additive mixtures with the incidence of Type 2 diabetes. Dietary intakes were assessed at the start and every 6 months using three non-consecutive 24-hour dietary records and daily dietary intakes for food additives, nutrients, energy and food groups were calculated. The incidence of Type 2 diabetes was assessed over an average follow-up of 7.7 years. Five main food additive mixtures were identified primarily characterised by leavening agents:

- emulsifiers
- preservatives and colouring agents
- source of minerals
- acidifiers and acid regulators
- dyes and artificial sweeteners.

## Results

- A total of 1,131 patients were reported to have developed Type 2 diabetes
- Exposure to a mixture containing emulsifiers, preservatives and colouring agents, which were mostly correlated

with broths, dairy desserts, fats and sauces, was positively associated with a higher incidence of Type 2 diabetes

- In addition, exposure to another mixture mainly found in sweetened beverages was significantly associated with a higher incidence of Type 2 diabetes
- No significant association was observed between the incidence of diabetes and the other three mixtures that were correlated with cakes, biscuits, savoury snacks, tabletop salt, chocolate cookies or cocoa powder
- The mixture of acidifiers and acid regulators, sweeteners, colouring agents and emulsifiers were responsible for 42% of the association between sugary drinks and Type 2 diabetes and 52% of the association between artificially sweetened beverages and Type 2 diabetes.

These results suggest that it may be of interest to consider the potential effects of these mixtures when assessing the safety of food additives and they call for a re-evaluation of regulations governing their use by the food industry to improve consumer protection.

In the meantime, these findings provide support for the public health recommendation to limit exposure to ultra-processed foods.

*(PLOS Medicine, April 8<sup>th</sup> 2025)*



## Healthy lunch tips for managing Type 2 diabetes

To better control Type 2 diabetes, keep these healthy lunch tips in mind:

- Make non-starchy vegetables and fruit the focus of every meal you can – you should aim to make healthy plant-based options about half of every lunch
- You should aim for 30g to 45g of carbohydrates if you're a woman and 45g to 60g if you're a man
- Do not overdo the salad dressing – 1 tbsp should do, and a light vinaigrette dressing is a better option than a creamy one
- Pick whole-grain carbs, like whole-wheat bread and brown rice, instead of refined carbs
- Watch portion sizes – start by changing to an 8-inch plate (or smaller). Pay attention to how you feel after meals and if you often feel excessively full after eating, start by eating about half as much and eat slowly
- Avoid fried foods
- Choose lean protein sources, such as grilled chicken, tuna, seafood and turkey. Beans, legumes and tofu are also excellent options
- Since your lunch already contains carbs and calories, stick to water or unsweetened tea.

It's important for people with diabetes to pay close attention to their carbohydrate intake but this makes starchy meals like sandwiches and pasta challenging. Simple recipes make it easy to prepare healthy lunches at home to eat at work or on the go.

Make non-starchy vegetables and lean protein the focus of your meal which creates satisfying meals that don't spike your blood sugar levels.

# Sugary drinks versus sugary food

You may think it is a little late to read the following articles about sugary drinks and food but not so because there are tips for how to be healthier and for other members of the family to avoid Type 2!



## Diet Drinks, saccharin tied to increased diabetes risk

According to a 30-year-long study in young adults, consuming higher amounts of diet drinks and/or saccharin is associated with a raised risk of developing Type 2 diabetes, while total artificial sweetener intake of sucralose and aspartame showed no significant association.

The study included 4,654 adults (54.4% women) enrolled in the CARDIA study with an average age of 24.9 years at the start of the study in 1985-86. Diabetes was defined as a HbA1c of 6.5% or the use of diabetes medications at follow-up visits. Dietary intake was assessed at year 0, year 7 and year 20. The cumulative average intakes of artificial sweeteners, diet beverages, aspartame and sucralose were calculated.

- Over an average follow-up of 30 years, 691 cases of diabetes occurred
- Higher intakes of diet beverages and saccharin were also associated with an increased risk of diabetes.

The researchers concluded that the findings

highlight the need to evaluate the long-term metabolic effects of artificial sweeteners on glucose metabolism. They suggested that long-term intakes of aspartame, saccharin or diet soda were related to greater volumes of visceral, intermuscular and subcutaneous adipose (fat) tissue. They recommend limiting the use of any sweetener and suggest the following drinks, unsweetened water, coffee, tea, milk or small amount of 100% fruit juice, small being limited calories. (NUTRITION, June 2025)

## Sugary drinks raise diabetes risk more than sweet foods

A large new analysis found that soda (pop) and juice raise Type 2 diabetes risk more than sweetened foods, even when the sugar content is equal. The results of the study were:

- Sugary beverages raise Type 2 diabetes risk more than sugary foods
- Liquid sugars are absorbed quickly and overwhelm the liver, triggering insulin resistance and increasing diabetes risk over time
- Sugar consumed as food containing fibre, protein or fat has less impact on blood sugar because it breaks down more slowly.

The researchers analysed 29 long-term studies involving more than 500,000 healthy adults from around the world, including the United States, Europe, Asia, Australia, and Latin America. All the studies tracked total sugar intake and intake of different types of sugar, including sucrose and fructose and the likelihood.

Participants were followed for at least two years to see if they developed Type 2 diabetes and a participant's likelihood of developing Type 2 diabetes. After taking



into account BMI, daily calorie consumption, family history of diabetes and lifestyle risks, such as smoking and physical inactivity, the researchers found:

- For each additional 12-ounce (oz) serving of sugar-sweetened beverages per day, diabetes risk increased by 25%. The increased risk began from the first daily serving, meaning there was no amount that didn't raise risk
- For each additional 8-ounce serving of fruit juice per day, diabetes risk increased by 5%
- The form of sugar matters more than the sugar molecule itself.

### **What happens when we drink beverages that contain sugar**

Sugars consumed in liquid form are absorbed rapidly, leading to sharp spikes in blood glucose and insulin. These drinks lack fibre, protein or fat, which would normally slowdown sugar absorption. Over time, this can disrupt liver metabolism and increase insulin resistance – key factors in the development of Type 2 diabetes. This

is especially true with fructose (fruit sugar) and table sugar, because they're mostly processed in the liver.

Although the liver is able to process low doses of sugar through normal energy pathways, when it's hit with a sudden high dose of fructose (as often happens with sugary drinks), it can't keep up and diverts more of the excess fructose into fat production.

This buildup of fat in the liver can interfere with insulin signalling leading to an increased risk of Type 2 diabetes.

### **Should sugary drinks be avoided altogether?**

Researchers point out that sugar has been part of the human diet for thousands of years, whether from fruits, honey or dairy, however it's not sugar itself that's problematic but the modern food environment.

Today, we're consuming sugar in highly processed, isolated forms, often in liquid form and without the beneficial nutrients that accompany it in whole foods. This is when health risks start to emerge.

# MHRA press release on weight loss drugs

On June 5<sup>th</sup> 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. 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, are advised to also 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 at <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.

Anyone who suspects that they've had an adverse reaction to a GLP-1 medicine or suspects it is not a genuine product, should report it to the MHRA Yellow Card scheme at <http://yellowcard.mhra.gov.uk>



# Yet more on weight loss drugs!

## Weight-loss drugs tested in head-to-head trial

The first head-to-head trial of two blockbuster weight-loss drugs has shown Mounjaro is more effective than its rival Wegovy. Both drugs led to substantial weight loss, but Mounjaro's 20% weight reduction, after 72 weeks of treatment, exceeded the 14% from Wegovy.

The researchers said both drugs had a role, but Mounjaro may help those with the most weight to lose. Both drugs trick the brain into making you feel full so you eat less and instead burn fat stored in the body. Wegovy (semaglutide) mimics a hormone released by the body after a meal to flip one appetite switch in the brain but Mounjaro (tirzepatide) flips two.

The trial involved 750 obese people with an average weight of 113kg (nearly 18 stone) who were asked to take the highest dose they could tolerate of one of the two drugs.



The findings were:

- 32% of people lost a quarter of their body weight on Mounjaro compared to 16% on Wegovy
- Those on Mounjaro lost an average of 18cm from their waistlines compared with 13cm on Wegovy
- Those on Mounjaro had better blood pressure, blood sugar and cholesterol levels
- Both had similar levels of side-effects
- Women tended to lose more weight than men.

The majority of people with obesity will do fine with semaglutide (Wegovy), those at the higher end may ultimately do better with tirzepatide (Mounjaro).

## Private tirzepatide sales well ahead of semaglutide

In the UK the two medicines are available from specialist weight-management services, but can also be bought privately. However, in the UK, tirzepatide sales privately are now well ahead of semaglutide. However, Wegovy (semaglutide) is also licensed for other conditions, such as preventing heart attacks but the equivalent trials with Mounjaro have not been completed. A huge amount of research into weight-loss drugs is still taking place. Higher doses of current drugs are being tested, as are new ways of taking them such as oral pills and new medicines that act on the body in different ways are being investigated.

The amount of research taking place means we may be approaching the point where obesity prevention may be possible soon, but it would be far better to make our society healthier to prevent more people developing obesity.

(JAMA, May 2025)

## Semaglutide linked to risk of vision loss in diabetes

This research showed that the use of semaglutide in people with diabetes was associated with a significantly increased risk for non-arteritic anterior ischemic optic neuropathy (NAION). This condition causes sudden, often painless vision loss in one eye due to a lack of blood flow to the optic nerve. It's the most common cause of sudden vision loss in people over 50, and while the exact cause is unknown, it's linked to factors like hypertension, diabetes and sleep apnoea.

The study used a global health registry to evaluate the risk for NAION among people with diabetes taking semaglutide – 174,584 people with diabetes, average age of 58.3 years. They were matched with an equal number of people with diabetes who were taking other medications, such as metformin or sulfonylureas, that are not glucagon-like peptide 1 (GLP-1) receptor agonists.

### Results

The primary outcome was the first diagnosis of NAION following the date the first prescription of either semaglutide or another antidiabetic medication. Follow-up periods ranged from 1 month to 4 years after the index date.

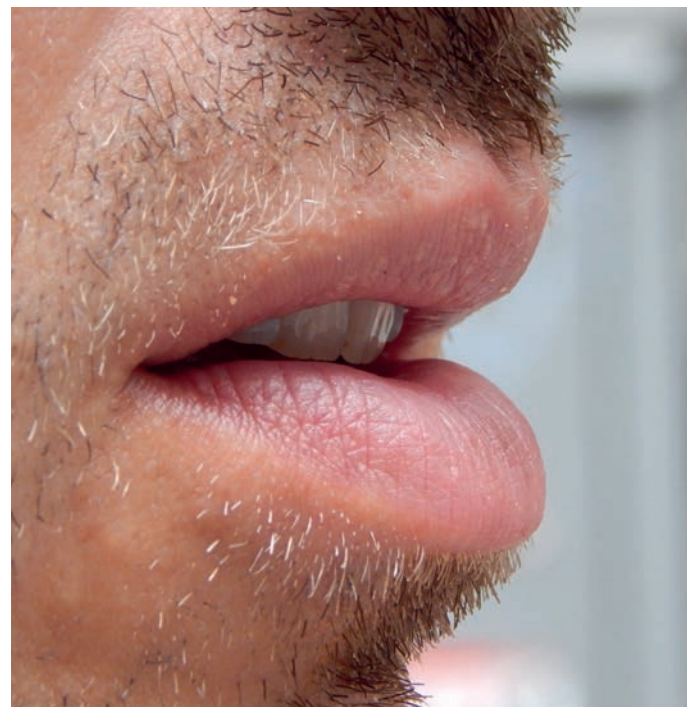
- The use of semaglutide was associated with an increased risk for NAION among patients with diabetes throughout the study
- Semaglutide users showed no significant increase in the risk for NAION during the first year of treatment but the increased risk for NAION was associated with the use of semaglutide particularly at the 2-year, 3-year and 4-year timepoints from the start date of the first prescription
- There was a significantly increased risk for NAION associated with the use of semaglutide among women, patients aged 40-64 years, white patients and

patients with concomitant hypertensive diseases compared with the use of the other medications for diabetes.

The researchers said that because NAION is a potentially debilitating ophthalmic condition, it is important to gain a clearer understanding of its incidence and what influences its occurrence. This would improve the care for people considering the use of these medications.

*(JAMA Ophthalmology, March 2025)*

## More adverse effect of weight-loss drugs like Ozempic – lasting damage in your mouth



Ozempic and Wegovy (semaglutide) have been hailed as wonder drugs for weight loss but as they are more widely used, unintended side-effects become apparent. We have previously discussed the 'Ozempic face' in Type 2 & You – a sunken or hollowed out appearance of the face in people taking weight loss drugs and also increased signs of ageing.

This happens because the action of semaglutide isn't localised to act just on the fat in places people don't want it! Instead, it acts on fat across the whole body. These

drugs may also affect the mouth and teeth and these side-effects could potentially lead to lasting damage.

### **Dry mouth**

Semaglutide affects the salivary glands in the mouth and it can reduce saliva production, which can in turn lead to dry mouth. This means there isn't enough saliva to keep the mouth wet. The cause of this is unknown but in animal studies, the drug appears to make the saliva stickier so there is less fluid to moisten the mouth, causing it to dry out. GLP-1 receptor agonist drugs can also reduce water intake by affecting areas in the brain responsible for thirst. Low fluid intake further reduces saliva production and may even cause the saliva to become thick and frothy and the tongue to become sticky.

### **Bad breath**

One other commonly reported unwanted effect by semaglutide users is bad breath (halitosis). When there's less saliva flowing through the mouth, this encourages bacteria that contribute to bad breath.

Another factor that might explain why semaglutide causes bad breath is because when less saliva is produced, the tongue isn't cleaned. This allows bacteria to grow and produce odours. Some people taking semaglutide have a "furry" or coated appearance to their tongue which indicates a build up of bacteria that contribute to bad breath.

### **Tooth damage**

One of the major side-effects of Ozempic is vomiting. Semaglutide slows how quickly the stomach empties, delaying digestion which can lead to bloating, nausea and vomiting. Repeated vomiting can damage the teeth because stomach acid erodes the enamel of the teeth. Where vomiting occurs over a prolonged period of time, the more damage will occur. The back surface of the teeth closest to the tongue are more likely to be damaged.

### **Reducing the risk of damage**

If you're taking semaglutide, there are many things you can do to keep your mouth healthy:

- Drink water regularly during the day to keep the oral surfaces from drying out which helps to maintain your natural oral microbiome, which in turn, can reduce the risk of an overgrowth of the bacteria that cause bad breath and tooth damage
- Chewing sugar-free gum is also a sensible option as it helps to encourage saliva production. Swallowing this saliva keeps the valuable fluid within the body. Gums containing eucalyptus may help to prevent halitosis too
- Probiotics may help to alleviate bad breath, at least in the short term. Using a probiotic supplements or consuming probiotic-rich foods (such as yoghurt) may be a good idea
- Good basic oral hygiene, tooth brushing, reducing acidic foods and sugary drinks and using a mouthwash all help to protect your teeth.

It isn't clear how long these side effects last, probably when the medication is stopped, but any damage to the teeth is permanent. Gastrointestinal side-effects can last a few weeks but usually resolve on their own unless a higher dose is taken.

*(The Conversation, May 2025)*





## IDDT News



We are sorry to report that the 'diabetic socks' that we have been selling are no longer available from IDDT through no fault of our own. These socks do not have elasticated tops so they are not tight and offer protection of the feet and legs. We are sorry for any inconvenience this causes.

We would like to recommend that people continue to wear this type of socks which are available from other places. While we are not making any specific recommendations, there are other makes – for example, M&S, Gentle Grip, Cool and Fresh and there are several suppliers on the internet.

### 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 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](mailto:karl@iddtinternational.org)