# INDEPENDENT DIABETES TRUST Newsletter

WINTER 2025 Newsletter, Issue 128



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# Greetings for Christmas and the New Year!

**This is the final Newsletter of 2025 and the Trustees and Staff would like to send all our members and readers best wishes for Christmas and 2026. We are also pleased to welcome all our new members who joined us during 2025 following our plan to reach out to offer help and support to more people living with diabetes. At the same time, we would also like to thank everyone for their help, support and donations throughout the year. This year of 2025 has not been an easy year for many of us so we are particularly grateful for your donations as IDDT, like everyone else, is facing increasing costs.**

As ever, 2025 has been a busy year for IDDT and the staff and we look forward to continuing being of help during 2026. Requests for our booklets are increasing not only from people living with diabetes, but most significantly also from health professionals to give to their patients. This is a really good way to provide people with the information they need!

Unfortunately, IDDT continues to receive calls from people with diabetes who have not been receiving the care, the health checks and support they need to manage their diabetes and of course, to prevent possible future complications. This is worrying but we do our best to listen and to help where we can, so don't forget that we are at the end of the phone.

Now Christmas is coming and this is a time to enjoy with presents and needless to say, festive of food! If you or a member of your family has diabetes, it can also be a worrying and stressful time, especially if it is your first Christmas with diabetes. We hope our FREE booklet **"Diabetes at Christmas"** will be of help as it offers help and advice about managing diabetes at Christmas.

There is a range of recipes and ideas about food and eating, allowing you to enjoy Christmas and still manage your diabetes. For your copy, give us a call on 01604 622837 or email enquiries@iddtinternational.org


## Christmas cards and 2026 Diabetes Everyday Diaries still available!

**We would like to thank everyone who has already bought IDDT Christmas cards and 2026 Diaries from us and remind those who haven't that we still have Diaries and cards available, they are £4.50 including p&p.**




Charity Number 1058284 Registered Number 3148360

# Hypurin Porcine insulin vials discontinuation

This is just another reminder that in July 2025, the DHSC issued a Medicine Supply Notification for Wockhardt's Hypurin Porcine insulin range in 10ml vials which are being discontinued. Here is the information:

- **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 stocks are sufficient to support increased demand.

The 3ml penfills (cartridges) can be used in the AutoPen Classic reusable insulin pen device and with the new Mypen2 reusable insulin pen device.

- The AutoPen Classic reusable pen is also being discontinued but there may be some pens still available.
- The new Mypen 2 will be available from the end of September 2025. It dials up 1 unit at a time and can deliver 1 to 60 units in a single injection.

There is further advice for healthcare professionals to ensure that people using pork insulin receive the information, advice and support they need.

The main message has to be that pork insulin is going to continue to be available.

**Note:** IDDT has received requests that we should lobby for this not to happen, mainly from pump users, but it is important to remember that no one is being denied their pork insulin, it is a change in device. In addition, the numbers of people using pork insulin must now be small, so lobbying would not be effective. It is also worth remembering that we thought that pork insulin would disappear from the market in the 80s and 90s as it did in many other countries, so we have been fortunate in the UK!

# Winter is here - sad syndrome

Sad syndrome refers to Seasonal Affective Disorder (SAD), which is a type of depression linked to seasonal changes, often in the autumn and winter due to reduced daylight. Symptoms include:

- Persistent low mood
- Lack of energy or feeling tired
- Loss of interest in activities you normally enjoy
- Difficulty concentrating or memory problems
- Changes in appetite, often craving carbohydrates, and weight gain
- Difficulty sleeping, or oversleeping
- Feeling more isolated or needing to be alone
- Increased sensitivity or feeling tearful

The cause is thought to be reduced sunlight in autumn and winter which disrupts your body's internal "clock" and affect the brain production of mood-regulating hormones like serotonin and melatonin.

**What to do if you think you have SAD**

See a doctor: if your symptoms interfere with your daily life, speak to your GP who can help to diagnose SAD and rule out other medical conditions, such as an underactive thyroid.

**Consider treatment:** your doctor might recommend light therapy, psychotherapy or medication.

**Try self-help strategies:**

**Get more natural light:** try to spend time outdoors during daylight hours, even for short periods

**Exercise regularly:** physical activity can help improve your mood

**Maintain a healthy diet:** eating well supports overall well-being

**Talk to others:** share your feelings with family and friends to get support.

**Manage stress:** practise relaxation techniques like yoga or meditation.

With winter looming, we hope this article is helpful.

# Bits and pieces

## Price increase of Mounjaro (tirzepatide)

Manufacturers of Mounjaro, Eli Lilly, have announced significant price increases for their drug to treat Type 2 diabetes and for weight loss drug. However, NHS England has worked with Eli Lilly to ensure the list price increase will not affect NHS commissioning of tirzepatide in England as a treatment for eligible diabetes and obesity patients and they remain committed to its rollout as a weight loss treatment based on clinical priority. This will enable 220,000 eligible people to access the medication over the first three years. The initial eligibility criteria will be for people with a body mass index of 40 or more in addition to four or more qualifying conditions.

Scotland, Wales and Northern Ireland have also entered equivalent agreements to maintain their current commissioning approaches.

Pricing in the private market is a matter for Eli Lilly and private providers who are working to support continued patient access. Private patients who are impacted by price increases should discuss any concerns with their private provider including their payment plans, alternative treatments and/or stopping or tapering off their current medication. Eli Lilly is working with private providers to support continued patient access.

## WHO new list of essential medicines to include key diabetes and obesity treatments

Diabetes and obesity are two of the most urgent health challenges facing the world today with over 800 million people living with diabetes in 2022, half of whom are untreated. At the same time more than 1 billion people are obese and rates are rising.

The World Health Organisation (WHO) Expert Committee reviewed scientific evidence showing that a group of medicines called GLP-1 receptor agonists (semaglutide, dulaglutide and liraglutide) and the GLP-1/glucose-dependent insulinotropic polypeptide (GIP) dual receptor agonist (tirzepatide) can help people with Type 2 diabetes, especially those who also have heart or kidney disease, as they are closely linked. They have been added to the Essential Medicines List as they improve blood sugar control, reduce the risk of heart and kidney complications, support weight loss and even lower risk of early death.

## Medicine shortages still a real problem for the EU

Medicine shortages have been a recurring issue throughout the EU for many years, but according to a new report by the European Court of Auditors, the EU still lacks an efficient system for sorting out severe shortages of medicines. We think of the UK as 'out of the EU' following Brexit, but the UK still sources a major amount of its medicines from the EU. The auditors found the following:

- There was no effective framework for dealing with critical shortages
- The European Medicines Agency provided important co-ordination to help to reduce shortages
- Fragmentation of the EU medicines market hinders the free flow and availability of medicines resulting in unequal access.
- Efforts to address the root causes of the shortages are in the early stages.

Thus, there is a risk of running short of medicines, including common antibiotics and other vital treatments. Shortages can affect all categories of medicines, including innovative patented medicines, off-patent generics or vaccines. In the EU, shortages peaked in 2023 and 2024, with EU countries running critically short of 136 medicines between January 2022 and October 2024.

# CQC or Care Quality Commission

**The CQC, or Care Quality Commission, is England's independent regulator of health and adult social care services in England, ensuring they provide safe, effective, compassionate and high-quality care. They achieve this by registering services, monitoring and inspecting them for compliance with standards and publishing their findings and ratings. The CQC uses information, including public feedback, to assess services and encourages them to improve, taking action if necessary. Five CQC standards are used to assess the services and are: Safe, Effective, Caring, Responsive, and Well-Led. These categories assess if a service protects people from harm, achieves good outcomes, treats people with compassion and meets individual needs.**

**News: "England's healthcare watchdog is in a sorry state"**


An independent review found "significant failings" across the organisation so the CQC is carrying out far fewer inspections than in previous years. 15,800 inspections were carried out in 2019/20, this had dropped to 6,700 by 2023/24.

As a result, many of the CQC's reports which provide ratings for care homes, GP surgeries and hospitals are increasingly several years out of date. The backlog has largely been caused by the introduction of a new assessment framework intended to simplify the process of producing reports but instead made it more complex. This was then made worse by "poorly performing" IT systems and an internal restructuring within the organisation which led to a loss of expertise in inspection teams.

**Reasons for reporting the state of the CQC**

The reasons for publishing information about the state of the CQC is because many of us use these reports to judge the services we are using eg if we need to change GPs, using the CQC reports can influence our choices.

# How mobiles help with managing Type 1 diabetes in children and young people?

**Technology can make managing Type 1 diabetes easier and safer and mobiles have increasingly become part of the standard of care for Type 1 diabetes. They are often used in connection with a continuous glucose monitor (CGM) to track and manage blood sugar levels. CGMs linked to a mobile phone also provide a way for parents to see their child's blood-glucose in real-time so they have the ability to intervene remotely via text to their child or the school. In addition, some insulin pumps connect to mobile phones to allow for insulin dosing, (this includes the Omnipod 5 and the Tandem tSlim: X2).**

In the event of a Type 1 diabetes emergency, a mobile phone can also provide the student with a way to contact their parents or school nurse if they need help.

**Government guidance restricts mobile phones in schools in England**

The government has published advisory guidance (not a legal requirement) on restricting mobile phones in schools in England (not Wales, Scotland or N Ireland). So how does this impact children and young people living with Type 1 diabetes?

The need for adjustments for students with medical conditions is included in the guidance and diabetes is specifically mentioned. This recognises how a phone might be needed to support a student with diabetes at school, such as when using continuous glucose monitoring with a sensor linked to their mobile to monitor glucose levels.

The government says that where mobile phone use allows students to manage their medical condition effectively, it would not be reasonable for a school to prevent this.

**Individual Healthcare Plan (IHP)**

Schools should ensure that all students with diabetes and other medical conditions have an Individual Healthcare Plan in place. This plan should include the technology and equipment needed to manage their condition, for example, their mobile phone to scan their CGM.

An IHP is part of the legal requirement on schools to support students living with a health condition and the school should work with the parents and the student's specialist medical team to identify the support needed for the student. Thus, schools should ensure all students with diabetes and other medical conditions have an IHP and identify those who will need to use their mobile phones.

If you are a parent or guardian of a child living with Type 1 diabetes we would advise you to speak to your child's school to make sure they are aware of their need to use a mobile to manage their diabetes and make sure that this is in their IHP.

Parents and schools must work together to ensure students with Type 1 diabetes have access to the tools they need to succeed in the classroom.

**And what about the parents?**

Clearly, the use of this technology means parents can track where their children are but also if they have diabetes, they can also be in touch with what is happening to their child's blood glucose levels - all the time!

As an older person, I have some difficulty with tracking children, or indeed anyone, because it feels like an invasion of privacy but I recognise that today is a very different world and tracking seems to be considered normal. Regardless of my age, I am a parent of a child with diabetes, diagnosed over 50 years ago, well before this modern technology so I wonder if the technology and the parental monitoring of blood sugars from a distance, has disadvantages as well as the obvious advantages?

- Do the children learn to understand what is happening to their bodies by how they feel when the technology does the job for them?
- Do the children and parents know how to manage diabetes if the technology breaks down and stops working?

Looking more deeply into these issues, IDDT receives comments from parents:

- I have to watch my child's blood sugars all the time when she is at school or out with friends.
- I ring the school if I see her blood sugars going down.
- We check her all the time so we can advise her what to eat and when, especially if she is doing sport or at a party and we have to do this to prevent complications when she's older.

I wonder if there is a danger that technology and tracking is increasing the stress levels of parents? Does the feeling that they need to track blood sugars all the time lead to a greater feeling of responsibility? Is it becoming obsessive? When do parents let go? Was research carried out to look into these aspects before the technology was recommended for all children with Type 1 diabetes, and also to adults?

> ***NOTE from Jenny:*** *I would like to make it clear that these are my thoughts and views which may open discussions for others.*

The following booklets are available from IDDT and if any of them are of interest contact IDDT by phone on 01604 622837 or email enquiries@iddtinternational.org

- Type 1 diabetes – know the facts
- Hypoglycaemia
- Parents Passport for Schools
- What Schools Need to Know

# What's new?

## First approved islet cell transplant performed

**A man with Type 1 in Illinois in the US has received the first FDA-approved islet-cell replacement treatment, Lantidra. The treatment works by restoring the body's beta cells and this has the potential to eliminate the need for insulin injections. The US regulatory body, the FDA, approved Lantidra (donislecel) in 2023.**

People with Type 1 diabetes who face severe or unrecognised hypoglycaemia have had few treatment options but this treatment has enabled the man with Type 1 diabetes from Illinois now to produce his own insulin.

This treatment is minimally invasive therapy as the healthy islet cells are infused into the liver which allowed the man to return home the next day. Lantidra uses donor cells and requires lifelong immunosuppressive drugs. This treatment is an alternative to a pancreas transplant which is major surgery with significant risks and it will provide a new option for people facing dangerous severe hypoglycemia.

The FDA approved Lantidra (donislecel) on June 28, 2023 and in the US, it is the first cell therapy to ever be approved by the FDA for people with Type 1 diabetes who struggle with severe hypoglycaemia.

### How does Lantidra work?

Lantidra is made from pancreatic cells obtained from deceased donors. These cells, known as allogeneic islet beta cells, can produce and secrete insulin. When Lantidra is infused specifically into the hepatic portal vein, it allows the islet beta cells to enter the bloodstream and reach the liver. In addition, immunosuppressive drugs are needed to maintain the transplanted islet cells' viability. Once inside the liver, the new infused islet beta cells begin to secrete insulin. If the infused cells produce enough insulin for the body, they can regulate blood glucose levels without the need for additional insulin injections or pumps.

Since the 1980s pancreatic islet cell transplantation has been successful in a small subset of people with Type 1 diabetes who have severe hypoglycaemia and/or no hypo warnings, but the procedure comes with some adverse effects.

All this sounds good and the participants in the Lantidra study were able to achieve some level of insulin independence, but it is unclear whether the benefits of Lantidra outweigh the treatment's safety risks.

## Tiny implant to help with hypos in the pipeline

**People living with Type 1 diabetes know that very low blood sugars (hypoglycaemia) require immediate action. While technology has improved greatly, there is still a need for better technology to detect, prevent and treat hypos before they become severe.**

Researchers have developed an implant designed to be placed under the skin, where it can automatically deliver glucagon into the body when blood sugar drops too low. (Glucagon is the hormone that prompts the liver to release glucose.) The implant contains powdered glucagon stored inside a polymer casing that's sealed with a heat-sensitive metal called shape memory alloy and is controlled wirelessly.

When the drug needs releasing, a small electronic control element and heater within the implant raises the temperature to break the seal over the drug which is then released into the body. The released glucagon gets absorbed into the blood stream to quickly raise blood sugar levels to a safe level.

The device still needs to go through further trials but the researchers believe it holds great promise for people with Type 1 diabetes and has the potential to improve the quality of life by the avoidance of hypos. In addition, research suggests that 44% of people with Type 1 diabetes eventually stop having early warning signs of hypos (known as hypoglycaemia unawareness or loss of warnings).

The researchers hope the implant would be ready for clinical trials within the next three years. If all goes well, the implant could be life-changing and lifesaving for those with Type 1 diabetes and other conditions. (Diabetes Medicine, September 2025).

# Hypoglycaemia rates fall for Type 3c diabetes

**Type 3c diabetes, also called pancreatic diabetes, is a form of diabetes which results from damage to the pancreas. This impairs its ability to produce insulin, which in turn results in high blood sugars. Conditions that can cause this damage include chronic pancreatitis, pancreatic cancer, cystic fibrosis or surgery to remove the pancreas. Type 3c diabetes can also affect the pancreas's exocrine function, disrupting the production of digestive enzymes.**

Researchers in Denmark carried out a nationwide retrospective study using linked national registries to examine the incidence of hypoglycaemia in patients with pancreatic diabetes. They identified 583,220 patients with new-onset diabetes diagnosed between January 1998 and December 2022 - 3383 had Type 3c diabetes, 12,383 had Type 1 diabetes and 567,454 had Type 2 diabetes.

The outcomes measured were changes in the incidence of severe hypoglycaemia that led to hospitalisation in all the diabetes subtypes, treatment patterns of glucose-lowering medications in patients with pancreatic diabetes and associations between these medications and the risk for the first severe hypoglycaemic event. The results were as follows:

- The incidence of severe hypoglycaemia declined across all diabetes subtypes - Type 3c diabetes had the largest reduction (69%), followed by Type 2 diabetes (65%) and Type 1 diabetes (57%)
- Despite this patients with Type 3c diabetes remained at the highest risk, with an incidence rate of 2.21 severe hypoglycaemia episodes per 100 person-years during 2019-2022 vs 1.49 and 0.19 for Type 1 and Type 2 diabetes, respectively.
- During the same period, prescription patterns changed markedly among patients with Type 3c diabetes, including a shift from human insulin to insulin analogues, a decline in the use of sulfonylureas and a rise in the use of metformin.
- Treatment with metformin was associated with a reduced risk for severe hypoglycaemia in patients with pancreatic diabetes, whereas the use of any type of insulin was linked to an increased risk for it.

The researchers concluded that when glucose-lowering medications are started or adjusted, the decline in hypoglycaemia risk may support a more individualised approach with tighter glycaemic targets in selected patients. (Diabetes, Obesity and Metabolism, September 2025)

# Reporting common medical conditions to the DVLA

**Over 10 million UK drivers could be risking their licence and facing fines of up to £1,000 if they fail to report certain medical conditions to the DVLA. The top 5 most common health conditions you might need to report to the DVLA are:**

- diabetes (4.6 million people diagnosed in the UK)
- cancer (3.5 million diagnosed)
- sleep apnoea (1.5 million diagnosed)
- glaucoma (700,000 diagnosed)
- pacemakers (500,000 people fitted with one)

**Diabetes** – there are an estimated 4.6 million people diagnosed in the UK and nearly 1.3 million people could be living with Type 2 diabetes but are yet to be diagnosed. If you have diabetes, the law says you need to tell the DVLA if the following applies to you and failing to do this could result in a fine of up to £1,000.

- Your insulin treatment lasts (or will last) over 3 months
- You had gestational diabetes and your insulin treatment lasts over 3 months after birth
- You get disabling hypoglycaemia (low blood sugar) or are at risk of developing it.

### How to check with the DVLA

If you have any of the other conditions in addition to diabetes you should check online with the DVLA whether you need to report your condition. Take a look through the A-Z list of conditions to find yours on there and you will then be told how to report your condition either be via the online service or by sending a paper form.

Remember to share any new medical information with your insurance provider to make sure you're fully covered. Once you know where you stand with the DVLA, update your car insurance policy straightaway and avoid risking your cover.

### When to voluntarily surrender your licence

To voluntarily give up your licence you need to tell the DVLA and send them your licence.

You might choose to do this if:

- Your doctor tells you to stop driving for 3 months or more
- Your medical condition affects your ability to drive safely and lasts for 3 months or more
- You do not meet the required standards for driving because of your medical condition

If you have a medical condition that affects your driving and you don't voluntarily give up your licence, you must inform the DVLA who will then decide if you can continue holding a driving licence. The DVLA's online checker takes minutes to use, but failing to report a condition could cost you your licence and land you with a £1,000 fine.

# NHS News

## Medicines shortages in England

**The Public Services Committee has launched an inquiry into medicine supply issues in England. Medicine shortages are increasing and this is having impacts on the health of patients and putting significant pressure on the NHS, pharmacies and GPs.**

The inquiry will look into the effectiveness of the current strategies being used to tackle the issue in England and how resilient they are in the face of challenges to purchase, supply and distribution of medicine. The Committee is requesting written evidence on the following question

- What are the causes of medicine supply chain issues in the UK?
- How do Government and primary and secondary care providers monitor stock levels across different parts of the supply chain and how effective is this monitoring?
- To what extent is the Government able to predict supply chain issues before they occur?
- What impact do procurement policies within primary and secondary care have on supply chain resilience and how could these be improved?
- To what extent is the UK an attractive market for investment at all stages of the pharmaceutical supply chain, including research, manufacturing, and supply?

The Committee wanted the written evidence to be submitted by 23 September 2025 and expects to report on its findings in early 2026.

## The Government expands access to vital health services

**On August 28th 2025 the government announced that 100 Community Diagnostic Centres (CDCs) across England have opened to provide care 12 hours a day, 7 days a week.**

This means tens of thousands of patients can now access essential tests, scans and checks at more convenient times which will help them to manage health needs around busy working lives. Since July 2024, over 7.2 million CDC tests and scans have already been delivered within centres based in accessible locations such as shopping centres, community hospitals and university campuses – with many also offering free parking. This initiative is already easing pressure on hospitals and improving patient outcomes because the NHS delivered 1.6 million more tests between July 2024 and June 2025 compared to the previous year.

## Things are improving!

**Details from the Office for National Statistics have shown that difficulties in contacting GP practices have dropped from 18.7% to 10.6% between mid-2024 and mid-2025, while patient satisfaction has improved, with fewer patients reporting poor experiences. In May 2025 alone, 12,000 more daily appointments were delivered compared to the same month in 2024.**

It is suggested that this progress is part of a broader initiative to decentralise healthcare, taking services out of hospitals and into communities as stated in the 10-Year Health Plan. There is also an aim to train thousands more GPs for more localised, integrated care. The Government has injected £82 million to support GP recruitment through practice networks and committed to ongoing funding.

## £60 billion set aside as NHS faces rising negligence costs

**NHS negligence costs have risen sharply, with payouts reaching £3.1 billion in 2024-2025, up 10.7% on the £2.8 billion in the previous financial year.**

The latest annual report from NHS Resolution showed that more than £60 billion has been set aside to settle future potential claims in England. Medical defence societies described the situation as unsustainable.

Maternity claims drive overall costs as they accounted for £1.3 billion (42%) of total claims last year, the largest single contributor. This comes as maternity and neonatal services in England face a national investigation aimed at driving safety improvements. NHS Resolution said improving maternity safety was a top priority, with initiatives such as its Maternity Incentive Scheme, which rewards NHS trusts demonstrating safer practices.

Most cases settled without litigation: of the 14,428 new claims and incidents reported last year, 83% were resolved without formal legal proceedings. Dispute resolution methods included mediation, resolution meetings and early neutral evaluation. This was a significant increase from 66% in 2016-2017. A report by the House of Commons Public Accounts Committee in May this year described the £58.2 billion set aside to cover potential costs of clinical negligence events that occurred before April 2024 as "astounding" (Endocrinology Advisor, July 2025)

## The eligibility for a COVID-19 jab in the UK is changing

The Joint Committee on Vaccination and Immunisation (JCVI) has stated:

- there is now a high population immunity to COVID-19
- additional COVID-19 doses provide very limited, if any, protection against infection and any subsequent onward transmission of infection.

In the UK, the government has therefore decided that, from Autumn 2025, only the following groups of people will be offered a COVID-19 vaccination:

- adults aged 75 years and over
- residents in a care home for older adults
- people aged 6 months and over who are immunosuppressed (for more information see the NHS website: COVID-19 vaccine – NHS)

This means that, from Autumn 2025, children and adults in the UK living with long-term health conditions, including diabetes, who do not fall into one of the above groups will no longer be offered a COVID-19 vaccination.

This does not affect flu jab eligibility and people living with diabetes will still be offered a winter flu jab as normal in 2025.

# HbA1c errors led to some people being wrongly diagnosed with Type 2 diabetes

**At least 55,000 people will need repeat blood tests after errors were discovered in machines used to diagnose Type 2 diabetes. NHS England has confirmed that up to 10% of NHS laboratories in England have been affected by the errors in the HbA1c machines used to diagnose Type 2 diabetes. The effects of this mean that some people have been wrongly diagnosed with Type 2 diabetes and some have been prescribed unnecessary medication.**

The machines producing the inaccurate results are made by Trinity Biotech and the NHS reports that 16 hospitals use these machines. This is less than 10% of NHS laboratories and the NHS national clinical director told the press that the clinical risk of harm to patients is low. All the affected machines have either been replaced or the calibration issues have been sorted out since the MHRA issued their advice in July.

**⚠ It is important to know that anyone affected by this error will need a repeat test and will be contacted by their GP.**

### Background

The BBC investigated this issue and first reported in September 2024 that 11,000 patients faced re-testing after a machine at Luton and Dunstable Hospital issued incorrect test results. According to the MHRA, issues with tests on the machines were first reported in April 2024. Trinity Biotech said that the company had "issued three Field Safety Notices in 2024 to all UK users, informing them of a potential positive bias issue". (September 2025)

# Pharmaceutical News

## New insulin for Type 2 diabetes – insulin efsitora alfa

**Insulin efsitora alfa (efsitora) is a basal insulin specifically designed for once-weekly subcutaneous administration, and with its low peak-to-trough ratio, it has the potential to provide more stable glucose levels (less glucose variability) throughout the week.**

The National Institute for Health and Care Excellence (NICE) has been asked to conduct an evaluation of insulin efsitora alfa for treating Type 2 diabetes. NICE intends to appraise this technology through its Single Technology Appraisal (STA) process.

## Novo Nordisk's market value drops

Novo Nordisk has not had a £52 billion loss, but it experienced a drop of approximately £52 billion in its market value in July 2025 after issuing a profit alert and slashing its sales growth and earnings forecasts. Novo Nordisk's stock is falling due to intense competition from rival Eli Lilly and a significant increase in the sales of cheaper, compounded versions of its key obesity drugs, Wegovy and Ozempic in the US. These factors, combined with revised, lower sales forecasts for 2025, have eroded investor confidence and led to a sharp decline in the company's valuation. Other factors include concerns about innovation and the recent appointment of a new CEO.

In addition, the US Justice Department announced that Novo Nordisk will pay $58.65 million to resolve allegations that the company failed to comply with the FDA-mandated Risk Evaluation and Mitigation Strategy (REMS) for its Type 2 diabetes drug, Victoza.

## Eli Lilly's weight-loss pill meets target in key diabetes trial

At the end of August 2025, US pharmaceutical group Eli Lilly announced that the latest trial of its anti-obesity pill has met weight-loss targets. This helps its plans to seek approval for the drug as it fights for market dominance with rival Novo Nordisk. Lilly said that its orforglipron pill reduced the body weight of people who were overweight and had diabetes by 10.5% on average. It noted that the side effects were similar to those for its injectable weight-loss drugs.

The drug is currently in late-stage trials, with Eli Lilly planning to submit it for regulatory approval in late 2025 and 2026. NICE has been asked to conduct an evaluation of Orforglipron for managing overweight and obesity ID6516. NICE intends to appraise this technology through its Single Technology Appraisal process.

## 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, 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: www.gov.uk/government/publications/glp-1-medicines-for-weight-loss-and-diabetes-what-you-need-to-know

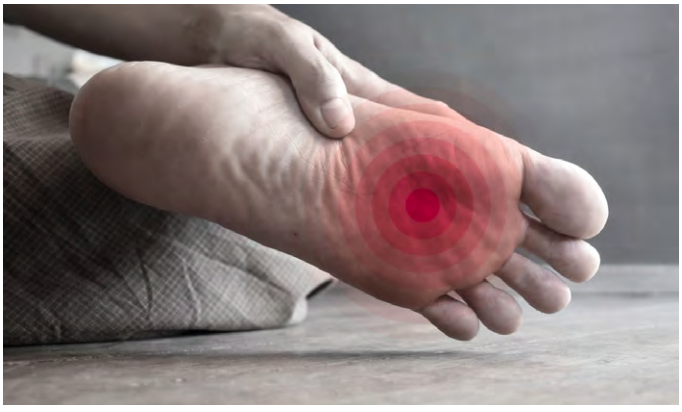
**Warnings!**

- 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. http://yellowcard.mhra.gov.uk

## Neuropathic pain - our best treatments still fall short

**Despite a large body of new evidence, the best treatments for neuropathic pain continue to provide only modest benefits. Neuropathic pain is a common and disabling condition caused by injury or disease of the nervous system and affects around 10% of the general population who live with neuropathic pain. Neuropathic pain arises secondary to a range of causes, including diabetic neuropathy, nerve lesions, infection, disc herniation, multiple sclerosis, spinal cord injury, and stroke. It presents as severe shooting or burning pain, numbness and altered sensation but it often leads to psychological distress, sleep disturbance, impaired physical function and reduced quality of life.**

Neuropathic pain is difficult to manage. Effective care requires early and accurate diagnosis and treatments that meaningfully alleviate symptoms. The published guidelines for the management of neuropathy were updated in 2015 so while these have been widely recommended, there is a need for updated evidence-based guidelines.



### International working group

An international working group of 43 experts, including two patients conducted a systematic review and meta-analysis to update recommendations. The results showed that 313 randomised trials were identified that enrolled 48,789 adults with a range of neuropathic pain conditions. The working group found the following:

- Three drug classes remain strongly recommended as first line treatment. They are (i) α-2-delta ligands (eg, pregabalin, gabapentin), (ii) serotonin noradrenaline reuptake inhibitors and (iii) tricyclic antidepressants. However, the effects of these classes are smaller than previous estimates and they can have serious risks and adverse effects.
- Capsaicin creams and patches now have a weak recommendation for second-line use but they previously had inconclusive evidence. They have a favourable safety and tolerability profile making them especially appropriate for older adults who have comorbidities or are taking multiple medicines.
- Opioids (whether weak or strong) are now proposed as third line options with only weak evidence to support this. This recommendation is specific to people with worsening pain that has not been relieved by other treatments. Opioid therapy should be for the shortest possible duration of use and early and ongoing review.

- Almost a third of the new evidence evaluated invasive and non-invasive neuromodulation interventions. Neuromodulation is a medical technique that uses implanted or non-implanted devices to directly alter nerve activity, either electronically or pharmaceutically. Although the benefits of such interventions appeared greater than many drug treatments, the low certainty of evidence, limited availability and high cost reduced the strength of the recommendations.

This new guidance applies to all adult patients with neuropathic pain, irrespective of the causes. However, despite the inclusion of a large body of new evidence, the revised recommendations have only changed slightly. Even the best treatments provide modest benefits and have risks that limit use. A step-change is needed in the way we investigate and treat neuropathic pain.

**Which treatments lead neuropathic pain care?**

Nine neuromodulation and 89 pharmacologic interventions were assessed. For each treatment, risk differences were used to determine the number needed to treat and the number needed to harm. The measurement of the reduction in pain of at least 50% and 30% and the number of patients that dropped out of the study were the primary outcome measurements. The findings were as follows:

- **First line treatment** - tricyclic antidepressants (TCAs), serotonin and noradrenalin (SNRIs) and alpha-2-delta ligands offered modest efficacy for neuropathic pain and were recommended as first-line treatments.
- **Second line treatment** - capsaicin 8% patches, capsaicin cream and lidocaine 5% plasters were recommended as second-line treatments,
- **Third line treatment** - botulinum toxin type A, repetitive transcranial magnetic stimulation (rTMS) and opioids were recommended as third-line treatments.

According to the researchers, the recommendations highlight the need for shared decision making, prioritising patient autonomy and choice when deciding on treatment strategies. They also recommend that health-care professionals should adapt these guidelines to specific needs but they emphasised the need for further research. (The Lancet Neurology, May 2025)

## Semaglutide benefits adults with Type 1 diabetes and obesity

Once-weekly semaglutide improved glycaemia and reduced weight without increasing hypoglycaemia in adults with Type 1 diabetes and obesity. This study found the following:

- semaglutide was effective in lowering or improving time in range, without increasing time below range
- it produced weight loss of at least 5% and it was very safe
- there was no difference in severe hypoglycaemia between semaglutide and a placebo and no diabetic ketoacidosis occurred in the entire study.

This trial was very small but the results are very encouraging and it has to be hoped that industry will take it on larger trials for regulatory approval trial for use of semaglutide in people with Type 1 diabetes. (American Diabetes Association 85th Scientific Sessions June 26, 2025)

## The effects of diabetes on attention function: a comparative analysis of children and adolescents with Type 1 diabetes and their healthy peers

Managing Type 1 diabetes is complex and requires frequent glucose monitoring, insulin dosing and lifestyle adjustments to attain appropriate metabolic control. The self-management tasks demand intact cognitive and executive functions, particularly attention. Attention deficits in children and adolescents with Type 1 diabetes have been associated with poor metabolic control and an increased risk of complications. However, research into cognitive performance within this population remains limited. This research compared the attention abilities in children and adolescents with Type 1 diabetes with those of similar children and adolescents without diabetes.

The study included 209 children (77 females) with 115 with Type 1 diabetes and 94 healthy controls (23 females). The average age of those with Type 1 diabetes was 12.95 years and the average length of having diabetes was 5.22 years. Cognitive functions were assessed to evaluate attention-related parameters including sustained attention, reaction time, impulsivity, and hyperactivity. The relationship between cognitive performance and HbA1c level, treatment methods, glycaemic monitoring and disease duration, were analysed.

The results showed that:

- children with Type 1 diabetes showed significantly lower sustained attention scores, slower reaction times and worse hyperactivity levels than in those without diabetes.
- those with HbA1c levels greater than 8% showed noticeably poorer attention performance.
- gender, disease duration, treatment method and type of glycaemic monitoring were not associated with attention outcomes.

The researchers concluded that children and adolescents with Type 1 diabetes show worse neurocognitive performance, particularly in attention, compared to their healthy peers. Poor metabolic control is linked to attention deficits. Routine cognitive screening of children and adolescents with Type 1 diabetes may improve disease management and highlight the need for additional support in therapeutic tasks. (Neuroendocrine Science, Vol 16, August 2025)

## Early periods: girls hit puberty younger

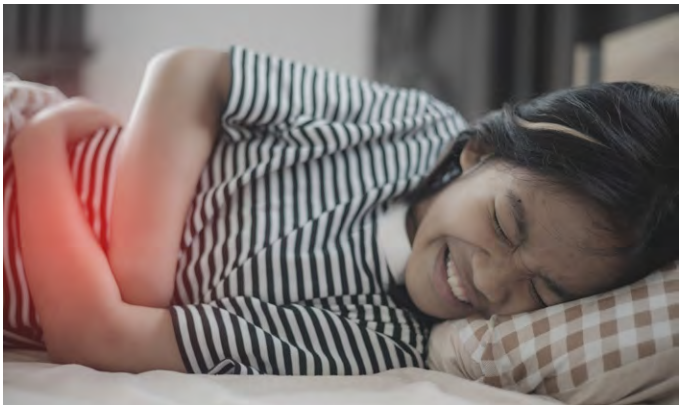
For many years, girls have been starting menstruation at increasingly younger ages and now a new Harvard study has confirmed this trend, showing that the onset of first periods continues to occur progressively earlier. At the same time, it takes longer for menstrual cycles to become regular. This delay raises concerns about potential long-term health effects.

Early menarche is linked to a higher risk for obesity, Type 2 diabetes, cardiovascular disease and certain cancers, particularly breast cancer. Childhood obesity is also known to promote early sexual maturation in girls, contributing to these changes.

The study analysed data from more than 70,000 women born between 1950 and 2005. The analysis included 71,341 women who provided data between November 2019 and March 2023. Researchers recorded each woman's age at menarche, time to cycle regularity, and ethnicity. The results showed:

- The average age at menarche steadily declined from 12.5 years in the 1950-1969 cohort to 11.9 years in the 2000-2005 cohort.
- The proportion of girls experiencing early menarche (before the age of 11 years) nearly doubled from 8.6% to 15.5%. Very early menarche (before the age of 9 years) more than doubled, increasing from 0.6% to 1.4%.
- The proportion of girls with late menarche (age 16 years and over) decreased from 5.5% to 1.7%.

Among the 61,932 participants who reported regular menstruation, the number of those who developed a regular cycle within 2 years of menarche fell from 76.3% to 56.0%. The percentage of women without regular cycles increased from 3.4% to 18.9%.

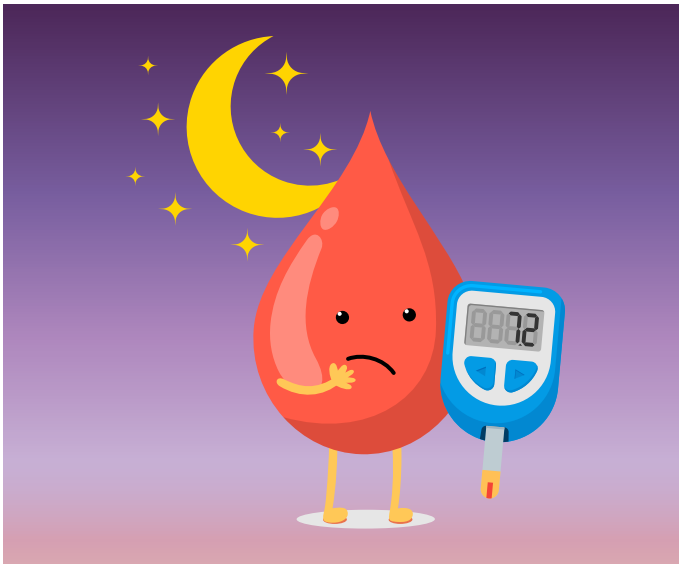


Earlier menarche was more common among Asian, non-Hispanic Black or other ethnicities than among non-Hispanic White women. This trend was stronger in women with a lower socioeconomic status.

46% of the trend toward earlier menarche was linked to the BMI and rising childhood obesity is likely to contribute to this trend but 54% of these changes remain unexplained. (JAMA Network Open 13 August 2025)

## Recognising high blood sugars, especially at night

**Many people have high sugars during the night but these spikes can feel different for everyone – some people will have symptoms and others may have none at all. Nevertheless, blood sugar levels may be out of control even if there are no symptoms. Symptoms of high blood sugars (hyperglycaemia) may not appear until prolonged hyperglycaemia has been present which increases the risks of diabetic complications. Adjusting your medication, with the help of your healthcare team, can make a difference.**



Tips to help with managing and understanding why blood sugars rise

- **You urinate more than usual and are very thirsty –** urinating very often is a common sign of high blood sugar which occurs when glucose builds up in your blood and your kidneys begin working harder to get rid of the extra glucose. If your body can't keep up and adjust blood sugar so that it returns to a normal level, the excess sugar is got rid of through urine. As a result, you may become dehydrated and feel very thirsty.
- **You are hungrier than usual but losing weight** – this can be a common symptom of diabetes and although you're eating more, you may be losing weight for no apparent reason if your blood sugar levels are too high. As the body is not getting energy from the glucose in the food, it takes is from muscle and fat, so causing weight loss.
- **You constantly feel tired and fatigued –** these are symptoms of high blood sugar levels. When your body doesn't have sufficient amounts of insulin, the sugar is staying in your blood rather than getting into your cells to be used for energy. Frequent urination can lead to dehydration, which can also contribute to fatigue.

- **You have blurry vision and frequent headaches -** high blood sugar levels can change the shape of the lens in the eye, making it hard to focus properly and causing blurry vision. As a result of these vision changes, you may have a hard time working and driving and have frequent headaches. Your vision may go back to normal once your blood sugar is well managed.

- **You develop sores which heal slower than usual -** nerve damage is a complication of diabetes which can delay wound healing because there isn't enough blood flow to the area. This can increase your risk of foot ulcers, which can become infected. You should do daily foot checks and report any redness, swelling or sores to your healthcare team.
- **You notice tingling and numbness in your feet or hands -** having high blood sugar over time can cause nerve damage or diabetic neuropathy. This causes symptoms like tingling, numbness, weakness, and pain and it most commonly presents in the hands, legs, and feet. Nearly half of people with diabetes have diabetic neuropathy.
- **Skin changes -** having undiagnosed diabetes or diabetes that is not well managed can cause numerous skin changes. These could be skin tags, excessive dryness, brown spots on the shins, yellow bumps on the eyelids, areas of hard, thickened skin or red-yellow waxy patches on the lower legs.

- **Yeast infections are more often than usual -** the yeast feeds off the glucose. If your blood sugar is high, there's more glucose in the urinary tract. Uncircumcised men with high blood sugar have a higher risk of yeast infections, too. Symptoms of yeast infections can include vaginal itching, redness or soreness, pain during sexual intercourse, pain or discomfort during urination and abnormal vaginal discharge.
- **You may have swollen or bleeding gums -** gum disease is a complication of diabetes and can cause swollen, red and inflamed gums. Your saliva contains glucose and the more there is present, the greater the chance of bacteria to form plaque and cause gum disease which in turn, can raise blood sugar levels.

**When to check your blood sugar levels**

- How often blood sugars should be monitored is based on a number of factors:
- whether you are taking insulin or oral medications
- how well your blood sugar is managed
- your age.

**The takeaway from this article is:**

- The symptoms of high blood sugar (hyperglycaemia) include unusual thirst and hunger, fatigue, vision changes, infections, changes to the skin and nerve damage in the hands and feet.
- These complications vary considerably from one person to another and can develop slowly or rapidly.
- Long-term high blood sugar can contribute to diabetes complications, so it is important to treat the symptoms of hyperglycaemia as warning signs.
- Managing your blood sugar is crucial so ask your diabetes team how often you should monitor your blood sugar and what your target range should be.

# International News

## Biosimilars Cut Insulin Prices in 28 European Nations

**According to an international study, the introduction of biosimilars has driven down insulin glargine (Lantus) prices across Europe. Researchers reported changes in insulin glargine in the national markets of 28 European countries in the period between 2013 and 2023.**

Biosimilar insulins are highly similar copies of original, already-approved biological insulins that have been manufactured by different companies after the original's patent expires. They are not exact replicas but must have the same safety, efficacy and quality as the original. They usually cost less providing a significant cost advantage to healthcare systems like the NHS.

The study found that when biosimilars entered the market there was an overall significant price reduction of the originator, both immediately after entry and in the long-term period.

The researchers highlighted that while marketing authorisation for diabetes medicines and biosimilars is centralised by the European Medicines Agency, pricing, procurement and reimbursement, as well as any measures to promote the use of generics and biosimilars, are the national responsibility. These factors contribute to the wide variation in insulin costs across Europe. Biosimilars play a significant role in controlling healthcare costs. (BMJ Open, 2nd Sept 2025)

## Brazil produces insulin for the country

**Brazil's Health Ministry has taken delivery of the first batch of insulin produced in Brazil through the Partnerships for Productive Development (PDP) programme. The initiative is part of the National Strategy for the Development of the Health Economic-Industrial Complex and aims to resume manufacturing the drug entirely in the country.**

This development was made possible through technology from the Indian pharma company, Wockhardt, after an agreement with the public laboratory Fundação Ezequiel Dias (Funed) and the Brazilian company Biomm.

After more than two decades without producing human insulin, Brazil is resuming production to supply the Unified Health System and contribute to the health of the population. This will change the lives of the Brazilian population and generate jobs, income and technology. According to the ministry, about 10% of the Brazilian population has diabetes and after the total transfer of technology, Brazil will produce 50% of the demand related to NPH and regular insulins in the country's health network.

The initiative involved an investment of R$142 million (US$25.53 million) in the acquisition of the technology, with 350,000 people with diabetes expected to benefit. The contracts provide for the delivery of 8.01 million units of insulin, including vials and pens, to the public health system in 2025 and 2026. (Source: Agencia Brasil)

## Nigeria and China sign deal to produce insulin locally

Nigeria's Ministry of Innovation, Science and Technology has announced the signing of a landmark Memorandum of Agreement (MoA) with a company in China that the partnership would establish Nigeria's first local insulin production facility. This is a significant step towards addressing Nigeria's insulin production needs and reducing reliance on imports and for the wider African market. "It will enable the domestic manufacturing of insulin for Nigeria's population and the wider African market". (12 September 2025)

## Non-autoimmune, insulin-deficient diabetes in children and young adults in Africa: evidence from the Young-Onset Diabetes in sub-Saharan Africa (YODA) cross-sectional study

**Studies of Type 1 diabetes in sub-Saharan Africa have suggested that the clinical phenotype might differ from phenotypes reported elsewhere. Researchers aimed to establish whether Type 1 diabetes diagnosed in children and young adults in three countries across sub-Saharan Africa is of autoimmune origin.**

In this observational, cross-sectional study, the researchers identified participants without obesity from outpatient clinics in government and private hospitals in Cameroon, Uganda and South Africa. They were of self-reported Black African ethnicity with young-onset (less than 30 years old) insulin-treated, clinically diagnosed Type 1 diabetes.

The researchers concluded that in sub-Saharan Africa, clinically diagnosed Type 1 diabetes is heterogeneous, comprising classic autoimmune Type 1 diabetes and a novel, non-autoimmune, insulin-deficient diabetes subtype. There is evidence of this subtype in black but not white people in the USA, so alternative causes must be considered in this group of people. Understanding the drivers of this subtype might offer new insights into prevention and treatment.

A study in The Lancet Diabetes & Endocrinology found 65% of a group of 894 people with youth-onset diabetes in Cameroon did not have auto-antibodies typically seen in people with Type 1 diabetes nor genes linked with predisposition to Type 1 diabetes. This suggests that many young people in this region have a different form of Type 1 diabetes altogether and is not autoimmune in origin.

## Are mangoes good for diabetes?

**There are over 1,000 varieties of mango grown in India. Mangoes, with their rich sweetness and diverse varieties, are a staple of Indian summers, and it's understandable why people want to indulge. However, one of the most common questions that people with diabetes ask is: "Can I eat mangoes?"**

A local diabetologist says that there are many misconceptions ranging from the belief that mangoes should be strictly avoided to the extreme opposite where some think eating mangoes might "reverse diabetes".

The reality lies somewhere in between, but many people return to their doctor for follow-up visits at the end of the mango season, often with raised glucose levels and sometimes this may be caused by eating too many mangoes. However, new research suggests that mangoes might not be the villain they're sometimes made out to be.

In India, an estimated 77 million adults have Type 2 diabetes and nearly 25 million are prediabetic (at high risk of developing the condition). Two new Indian clinical trials suggest that controlled mango consumption instead of carbohydrates (in the form of bread) may actually improve blood sugar and metabolic health in people with Type 2 diabetes.

Continuous glucose monitoring of people with and without Type 2 diabetics over 3 days showed that in participants with diabetes, post-meal sugar fluctuations were significantly smaller after eating a mango. This fluctuation in glycaemic response could be beneficial to the body in the long run.

The authors of these two studies concluded that within prescribed diets, eating mangoes is not detrimental to blood glucose and may even be beneficial.

However, the key is moderation and clinical supervision, this research is not a licence for unlimited mango feasts. Eating in moderation means:

- If your daily limit is 1,600 calories, any calories from mango should be part of that total, not extra.
- A 250g mango (about one small fruit) has roughly 180 calories. As in the study, you'd replace an equivalent amount of carbs with mango to get the same results.
- Portion control is key - mangoes should be eaten between meals, not as dessert. Pair them with protein or fibre and avoid combining with other carbs or sugary forms, such as juices and milkshakes.

Beyond its metabolic impact, the mango occupies a far larger place in Indian life - a fruit that opens doors both literally and figuratively, carrying cultural, social and even diplomatic significance. "Mango diplomacy" is a familiar phrase across the subcontinent, where carefully chosen crates of the fruit can grease political deals, strengthen alliances or smooth over tense negotiations.

# Concerns for people with late onset Type 1 diabetes

We tend to think of Type 1 diabetes as affecting children, young people and relatively young adults but older people are diagnosed. Diagnosis is difficult at any age but when people are older, there are issues that also make it different. One lady who was diagnosed at the age of 70 told us of some of the issues that make life difficult. Here are just some of the issues:

**Memory getting worse –** is just part of getting older and something most of us experience but with diabetes there is a lot to remember.

**Diagnosis is a shock -** especially so at an older age and if you have always eaten healthily and are not overweight. Then being put straight on to insulin and given a lot of information, all in one day!

**New technology –** this may well be helpful for some people but for older people, it may just add to the confusion. I am sure that readers who are older will fully understand this because even without diabetes, technology has become problematic for many of us. For example, the use of smartphones for many actions we need to do. so much has to be done online, some carparks need a mobile phone and/or a QR code. If you have diabetes, so much of treatment requires technology – so many people are told they have to have a smartphone to use a FreeStyle Libre 2 Plus (or any other version) when this is not true because you can have a free reader.

**Changed my life –** our member told us that diabetes has changed her life completely. It dominates everyday life at a time when there are other challenges to getting old and other ailments that occur with age.

**Understanding –** in diagnosing and treating older people with Type 1 diabetes, there needs to be an understanding that perhaps this needs to be handled differently. For example: (i) do not give all the initial information in one day (ii) if people cannot use today's technology, just keep it simple as it was before all the technology came in (iii) show understanding of how getting older affects people.

# Minimal rises in blood sugars can affect male virility

Minimally elevated blood glucose levels are linked to a decline in sperm movement and erectile function, even if levels are below the threshold for diabetes. according to findings of a new study. The results indicate that minor changes in a man's health can affect their virility more than the ebbing of hormone levels that come with aging. For the study, researchers recruited 200 healthy men ages 18 to 85 in 2014 and tracked them through 2020 when 117 men were still participating.

The lead researcher said: "Although age and testosterone levels have long been considered an impetus for men's declining sexual health, our research indicates that these changes more closely correlate with modest increases in blood sugar and other metabolic changes. This means that men can take steps to preserve or revive their reproductive health with lifestyle choices and appropriate medical interventions - eating a healthy diet, taking regular physical activity and losing any extra weight can help keep blood sugar levels in check.

Researchers studied changes in the men's semen and hormone profiles, erectile function and markers of metabolic health like body mass index (BMI) and blood sugar levels. The results showed:

- over time, hormone levels and semen profiles remained largely within normal ranges
- sperm movement and erectile function declined in men whose blood sugar levels increased but remained below the diabetes threshold of 6.5% on the HbA1c blood test
- testosterone levels did not have a direct impact on erectile function, but did appear to affect men's reported libido.

*"We're hopeful that the information gleaned from this study will help doctors and their patients formulate effective male sexual health maintenance plans,"* Zitzmann added. *"We now know that it's in our power to retain sexual and reproductive well-being in men, even as they age."*

Key points from a new study are:

- small increases in blood sugar can affect a man's virility
- raised blood sugar is linked to a decline in sperm movement and erectile function
- changes in virility occurred even though the blood sugar levels did not meet the threshold for diabetes

The results will help doctors and their patients to have effective male sexual health plans knowing that it is in their power to retain sexual and reproductive wellbeing in men, even as they age. (Endocrine Society Meeting, California, July 2025)

## Could non-alcoholic beer be harmful to health?

**The popularity of non-alcoholic beers has risen in recent years, with many choosing these beverages as healthier alternatives to traditional alcoholic drinks. However, little has been known about the specific metabolic and health effects of these drinks compared with abstaining from them altogether. A recent study shows a key finding that certain non-alcoholic beers may adversely affect glucose and lipid metabolism even over a short time.**

Researchers assessed the metabolic, hepatic, and microbiome-related effects of daily non-alcoholic beer consumption in 44 healthy young men over 4 weeks. They consumed 660 mL daily of one of three types of non-alcoholic beers - pilsner, mixed beer, wheat beer or water and researchers measured various health indicators, including fasting glucose, insulin, lipid profiles, liver enzymes, and gut microbiota composition.

The results showed significant differences between beverage types:

- mixed beer consumption led to increases in fasting glucose and triglyceride levels,
- wheat beer increased insulin, C-peptide, and triglycerides,
- conversely, pilsener and water reduced cholesterol and LDL cholesterol without significantly affecting glucose metabolism.

M30 is a biomarker of liver cell death and this was lowered by both pilsener and water. Mixed beer consumption lowered liver enzymes ALT and AST and changes in gut microbiota were also observed, particularly with pilsener.

These findings suggest that not all non-alcoholic beers are metabolically equal, with pilsener showing a more favourable profile compared to mixed or wheat beers. However, the sugar and caloric content in some non-alcoholic beers appear to play a more substantial role, particularly those with higher sugar content, so they may not be a better alternative to water or lower-sugar beverages. It has been advised for many years that some non-alcoholic beers may also be higher in calories, so affect diabetes control.

Just a note: the study's short duration and the small sample size means it may not have a broader generalisability. In addition, the participants were all young, healthy males, so the results may not apply to women, older adults or people with pre-existing metabolic conditions. (Nutrients, April 2025)

# Diagnosis Connect announced by the PM

**Hundreds of thousands of people diagnosed with long-term health conditions in the UK will receive additional support from expert charities through a new service called Diagnosis Connect, announced by the Prime Minister in July.**

This initiative will ensure patients are directly referred to trusted charities and support organisations as soon as they receive their diagnosis which will offer personalised advice, information and guidance to help them manage their condition from diagnosis. The support provided is designed to complement, not replace, existing NHS care. In the UK, one in four people are living with two or more long-term conditions and this tailored early intervention aims to reduce complications, improve quality of life and prevent unnecessary hospital visits.

**When will Diagnosis Connect start?**

As part of the government's 10-Year Health Plan, Diagnosis Connect will launch in 2026, supporting 250,000 people within its first two years, focusing on key health areas such as diabetes, mental health and lung conditions. Patients diagnosed in primary care settings (like GP surgeries) will be automatically connected to specialist charities offering services such as helplines, information resources and local support groups. As the service grows, a digital referral system will enable NHS teams across all healthcare settings to connect patients with a wide range of voluntary, community and social enterprise organisations.

**How will the system work?**

Ultimately, patients will receive information about relevant support groups via text messages or push notifications through the NHS App, making it easier to access additional help if they choose. The initiative was developed by the Richmond Group of charities aimed at strengthening partnerships between government, charities, faith groups, philanthropists, social investors and grassroots organisations to deliver tangible benefits for communities.

**Unanswered questions**

The scheme sounds good and one which will help people with long-term conditions but there are some unanswered questions:

- How are charities, which are to quote 'expert, trusted charities and support organisations' chosen?
- Are charities to be judged for their suitability for being part of Diagnosis Connect and if so, by what criteria and by whom?

# Your 9 key checks

As many of you will know, IDDT's booklet '9 Key Checks' has a chart at the back so that you can record the results of your 9 key checks that you should have annually. Below is a copy of the results from one of our members, Tarkey, which are really good, and he has a record of them to compare with the next time he has his checks.

If you would like a copy of our free booklet '9 Key Checks', call IDDT on 01604 622837 or email enquiries@iddtinternational.org

**The 9 Key Tests**

This chart is to remind you of the 9 tests which should be carried out at your annual review. You can keep a record of which tests were carried out by completing the date and ticking the box for each test. At your review, ask if all 9 tests have been done and if not, ask why not. If necessary, ask for the tests to be carried out.

| Date | Weight | Blood pressure | Smoking status | HbA1c | Urinary albumin | Serum creatinine | Cholesterol | Eyes | Feet |
|---|---|---|---|---|---|---|---|---|---|
| 24/9/25 | 90 kg. | 120/85 | N/A | 5-9% | ✓ | ✓ | ✓ | ✓ | Low Risk. |
| | | | | | | | | | |

# Less than half of England has GP access to Mounjaro

**Less than half of England has access to the weight-loss drug tirzepatide (Mounjaro) through GPs even though NHS England launched the treatment months ago. A Freedom of Information request by the BMJ found that only 43%, that is 18 out of the 42 integrated care boards (ICBs) had started prescribing the drug in line with the rollout plan.**

NHS England expected 70% of eligible patients to come forward for treatment but only 9 ICBs confirmed they had been allocated enough funding to cover this level of demand. Some ICBs reported that funding would only cover only a fraction of their patients.

Experts warned that the shortfall in funding and poor communication to the public were creating "distress and uncertainty both in patients and primary care," while leaving ICBs in a difficult financial position.

**Rollout plan**

NHS England and the National Institute for Health and Care Excellence (NICE) agreed that Mounjaro (tirzepatide) would be rolled out in phases over 12 years, taking into account the drug's high cost and the estimated 3.4 million people who could benefit.

The rollout began in June with an estimated 220,000 patients expected to be eligible in the first 3 years. However, the BMJ found that for the first year, just 14,417 patients were being funded by NHS England across the 28 ICBs that provided information.

A separate allocation document obtained via a Freedom of Information request showed that NHS England had suggested funding for 22,400 patients in the first year, just 10% of NHS England's planned number!

The BMJ also reported that five ICBs were considering tighter prescribing criteria or rationing treatment and the co-chair of Doctors' Association UK is reported as saying, *"These figures confirm the fear that the rollout is not fit for purpose".*

# Ukraine Update

**As ever, we would like to thank everyone who has sent supplies to help people with diabetes in Ukraine. We are very grateful and although, the Ukraine situation is often no longer at the forefront of the News, the need is still there.**

On July 8th 2025, the BMJ published an article about the access to insulin in Ukraine. It points out that when Russia's full scale invasion of Ukraine took place in 2022, 3 warehouses containing medical supplies were damaged or destroyed and many pharmacies closed. Communication between local patient groups and volunteers has been, and still is, essential to ensure that people get the supplies they need, especially older people.

People with diabetes have been crucial in looking after each other by sharing insulin, metformin and test strips that they have received from abroad. They have delivered supplies to villages and areas with active fighting.

**More on Libre 2 plus sensors**

Hi Jenny,

I have just received the latest magazine and was interested in the letter from Mr. J.H. on the problems with the Libre 2 Plus sensors.

Only this week with 9 days to go on the sensor, I felt a pricking under my arm and upon investigation found the sensor had come off but the sticky circle was still attached to my arm. Very strange. I hadn't knocked the sensor at all and was just sitting watching TV. I have been using these for a little while now and the other thing is it sometimes states it is pausing - no explanation given. It does come back after a short while but this did not happen with the Libre 2.

Using the on-line way to order a replacement, it does not give the option to make any comment about how the sensor came off which I would have thought they would be interested to know. I've always thought the sticky bit could be a bit bigger thus making it more secure. So I sent a separate email advising them but have had no response. Generally their service is very prompt/good.

Always find very interesting articles in the Newsletter. Thank you.

*Member By email*

**And again….**

Dear Jenny,

Long time no hear, I have been a Type 2 diabetic for over 10 years and have started using the Libre sensors for about a year now. I am frustrated with both the cost (about £50 every two weeks) and the accuracy. This seems to be a very common concern—many people feel the same way.

I am now on the "newer" Libre sensor 2 Plus with once again mixed results. After 7 days the latest sensor started acting up again, I got an alarm telling me I was it 3.3mmo/L (a hypo) though I did not feel low and testing with my Nexus Gluco Rx meter told me I was 10.4mmo/L.

Far from being hypo I was a tad high. Now had I reacted to this alarm and filled myself up with carbohydrate I would have been far too high. The next reading I got the day after was 2.9mmo/L once again my Nexus Gluco Rx meter read 8.6mmo/L.

I phoned Abbott Labs today with my complaint and they are sending me out a new sensor.

The other fault these sensors suffer from is they sometimes stop reading in real time so you end up with a grey screen telling you to manually scan the sensor, fortunately as soon as this happens I phone Abbott Labs and so far they have replaced the sensor.

What I don't understand is why these sensors have been approved for medical use when they are clearly not accurate. My advice to people wearing these sensors is do a good old fashioned blood test if you get strange readings like a low blood sugar and you don't feel low.

**Upgrading to Libre 2 Plus**

Dear Jenny,

In response to the letter from Mr J H re Freestyle Libre 2 Plus. I had similar problems with my Libre 2 sensors but not since I upgraded to Libre 2 Plus. My theory is that it is an internal fault plus adhesive failure. For some months I used CGM patches which though a bit expensive and fiddly to stick on did the job in keeping my sensor secure. I mentioned the adhesive at my last review and it appears to be a fairly regular phenomenon.

Overall I have found that the sensor shows a deviation in results from my finger-prick meter. My experience is that the finger-prick is more accurate particularly at the beginning and the end of the sensor's lifetime. Now if there is any doubt I double-check with the finger-prick result.

Although the sensor is promoted as enabling us to continuously monitor I am not convinced that this is always a good thing for those of us, who as my consultant observed, tend to 'chase the curve'. I wonder if any other readers have found this? When I have had sensor failure and gone back to the finger-prick for a couple of days, waiting for my replacements, I have felt less pressure to 'flash' all the time.

I am grateful for the technology, and it has eased some of the pressure on my medical team by encouraging my self-management but there can be a 'down side.'

*A.G. By email*

> ***Note:*** *in this Newsletter there is an article about children with pumps and CGMs being tracked by their parents who can see their child's glucose sugars 24/7. IDDT hears from parents who are checking glucose levels on and off all day and ringing the school if they see blood sugars going down, not even to hypo levels. The downside is that this causes extra stress.*

**We'd all like to know!**

Dear Jenny,

I would also like to know why my appointments with the diabetes specialist nurse at my local diabetic clinic keep being delayed.

My next appointment has been moved from early July to the end of August and now its been scheduled for the end of October. Is this because NHS staff have to spend so much time ticking boxes to send to the local health authority ?

Keep up the good work.

*D.B. By email*

## Easyfundraising

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## IDDT Lottery Results

### WINNERS OF THE JULY 2025 DRAW ARE:

**1st prize of £463.69 goes to Anon from London**
**2nd prize of £347.64 goes to Graham from Barrow-in-Furness**
**3rd prize of £231.84 goes to Louise from Westbury**
**4th prize of £115.92 goes to Ruth from Gloucester**

### WINNERS OF THE AUGUST 2025 DRAW ARE:

**1st prize of £456.48 goes to Anon from Sandbach**
**2nd prize of £342.36 goes to Mark from Eynsham**
**3rd prize of £228.24 goes to Terry from Romford**
**4th prize of £114.12 goes to Kenneth from Porth**

### WINNERS OF THE SEPTEMBER 2025 DRAW ARE:

**1st prize of £458.40 goes to Valerie from Kettering**
**2nd prize of £343.80 goes to Jeanette from Newton-le-Willows**
**3rd prize of £229.20 goes to Jeff from Telford**
**4th prize of £114.60 goes to Richard from Stondon**

Note: The winners of the draws for October, November and December 2025 will be announced in our Spring 2026 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

# SNIPPETS

### Coeliac, thyroid disease tied to risk of Type 1 diabetes

Research has found that people with coeliac or thyroid disease have a higher risk of developing Type 1 diabetes. The study, which used data from 2017 to 2023, found that the risk was highest among those younger than 18. All three conditions are autoimmune, so this is the link. (Diabetes, Obesity and Metabolism)

### Insulin demand up as diabetes among children gains attention

Kenya relies on imported insulin from major pharmaceutical companies such as Novo Nordisk, Sanofi and Eli Lilly, making it vulnerable to global price fluctuations and foreign currency shock. Pharmacies in Kenya are reporting an increase in demand for insulin as more children across the country are being diagnosed with Type 1 diabetes, which as we know,, requires lifelong treatment.

### Nursing course applications hit record low

Applications to study nursing in the UK have slumped to their lowest level since records began, prompting renewed warnings over NHS staffing. The most recent figures from the Universities and Colleges Admissions Service (UCAS) show 37,170 applications to study nursing in 2025, a 30% drop from 2021, when figures were 53,280.

The Royal College of Nursing (RCN) described the figures as "devastating news for the 10-Year Health Plan" and urged the government to "get a grip" on the staffing crisis. "Students can see that nursing is one of the most undervalued professions in the NHS," said Professor Nicola Ranger, RCN general secretary and chief executive.

She called for "a new deal for nursing students" to tackle the crisis. (July 2025)

### Lawsuit alleges price-fixing by drugmakers and intermediaries have led to inflated insulin prices

A lawsuit filed in federal court on behalf of the University of Pennsylvania and its health system alleges that 20 years of skyrocketing prices on drugs that treat diabetes, like insulin, can be blamed on price-fixing by the top U.S. drugmakers and Pharmacy Benefit Managers. The pharmaceutical companies named as defendants in the lawsuit, filed July 11, are Eli Lilly, Novo Nordisk and Sanofi. (July 11th 2025)

### Smoking tobacco and using cannabis raises risk of Type 2 diabetes

A study presented at the European Association for the Study of Diabetes this year has shown that smoking increases the risk of all four subtypes of Type 2 diabetes with heavy smokers at the greatest risk. Analysis of information from 3,325 people with diabetes and 3,897 without diabetes showed that smoking was estimated to be responsible for more than a third of insulin-resistant Type 2 diabetes cases.

At the same meeting, another study involving 4 million adults found that using cannabis was linked to a nearly fourfold higher risk of developing diabetes over 5 years. Analysis of people between the ages of 18 and 50 showed the incidence of diabetes was 2.2% among cannabis users compared to 0.6% among those not using the drug.

### Diabetes mortality risk higher in people with learning disabilities

A recently study showed that people with learning disabilities had higher all-cause and diabetes-related mortality with Type 2 diabetes than those without learning disabilities, despite better glycaemic control. The study involving 280,300 patients found those with learning disabilities had poorer glycaemic control at diagnosis but improved over time. (BMJ Open Diabetes Research Care, September 2025)





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