INDEPENDENT DIABETES TRUST
Type 2 and you
Winter 2025, Issue 65
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Welcome

Welcome to the sixty-fifth issue of Type 2 & You and the final issue for 2025. In this issue we have articles to help you with Christmas food when you live with diabetes, especially suitable for this time of year we have an article about the different types of nuts. In addition, we have a reminder to request your FREE copy of our booklet "Diabetes at Christmas", packed full of tips about enjoying Christmas while staying safe and well. Then with Christmas comes winter and in this issue, we have an article about Seasonal Affective Disorder, also known as SAD, that can affect many of us during the winter months.

We have our usual round up of bits and pieces, research and the results of our latest lottery draws. Importantly, we also have the latest information for people with Type 2 diabetes from NHS England and NICE.

Diabetes at Christmas

Christmas is a mixture of many things – presents, excitement for children [and adults] and a busy time for adults. But if you or a member of your family has diabetes, Christmas can be a worrying and stressful time too, especially if this is your first time with diabetes. Celebrating Christmas is not just a time about presents but also about food! We all eat a lot more than we should and we tend to eat much more of the sort of food that is not exactly ideal for people with diabetes. It doesn't matter whether you are taking tablets and/or insulin for Type 2 diabetes, you can't take a day off from it but it is important to remember that it is a time to be enjoyed with family and friends.

If you would like more information about managing over the Christmas period ask for a copy of our **FREE BOOKLET – DIABETES AT CHRISTMAS**, using the details at the end of this newsletter. In the meantime, we include a few tips to help you with your Christmas dinner planning.

Can we just remind you that we still have 2025 Christmas cards available for you to buy and show your support for IDDT!

Error leaves 55,000 diabetes patients needing new tests

In September, it was announced that errors by machines used to diagnose diabetes mean at least 55,000 people in England will need further blood tests. Some patients have been wrongly diagnosed with Type 2 diabetes and even prescribed medication they don't need and according to NHS England, there could be more people affected. Apparently 16 hospital trusts use the machines that have produced inaccurate test results and these are made by Trinity Biotech who say they are working closely with the UK health regulator and have contacted all hospitals which use the machines.

The BBC first reported the problem in September 2024 when 11,000 patients faced retesting after a machine at Luton and Dunstable Hospital issued incorrect diabetes results. NHS England now say Type 2 diabetes diagnoses rose by 10,000 in 2024, 4% more than expected. The affected machines test HbA1c levels, which measure average blood sugar levels over the last 6 to 8 weeks and is used to diagnose Type 2 diabetes and monitor the condition.

The error has had significant effects in people with diabetes being advised to try to lose weight first, being sent for eye screening and was later being prescribed up to the maximum dose of the diabetes drug, metformin. Then those who took metformin were at risk of the side effects such as stomach issues. Dizziness and emotional distress.

Key points

- NHS trusts are already recalling patients for repeat tests and NHS England says anyone who needs a repeat test will be contacted by their GP or local hospital.
- For people who may have been wrongly diagnosed as a result of this issue, the risk is low and they would be given lifestyle advice and offered support programmes first.
- Dr Clare Hambling, diabetes national clinical director for NHS England, said potential misdiagnosis of a long-term condition like Type 2 diabetes "is understandably worrying, however the clinical risk of harm to patients following this issue is low".
- NHS England says fewer than 10% of their laboratories were affected and all have either replaced the machines or addressed calibration issues.

NICE - people need ongoing support after obesity treatment

On August 5th 2025, the National Institute for Health and Care Excellence (NICE) released updated guidance recommending that healthcare providers offer structured, ongoing support to patients after they complete obesity treatment or stop taking weight-loss medications.

Research shows that many people regain weight after stopping treatment if they don't get the right help, which can negatively affect both their physical and mental health.

This support includes regular follow-up care, tailored action plans and social support to help patients maintain their weight loss and avoid regaining weight.

New drugs raise the need for long-term support

The new guidance comes as weight-loss medications such as semaglutide (Wegovy) and tirzepatide (Mounjaro) are being introduced on the NHS. An estimated 240,000 people are expected to be offered tirzepatide over the next 3 years. The update also addresses the gap in current care which results in many people regaining weight after treatment stops if they don't have adequate support and this has consequences both physical and mental health.

In England, 29% of adults are living with obesity and 64% of adults are classified as overweight or obese. Obesity-related illnesses are estimated to cost the NHS £11.4 billion a year and have a wider economic impact of £74.3 billion.

Ensuring Continuity of Care

The guidance stresses the following points:

- Weight management is a long-term process and not a one-time solution.
- Healthcare providers should ensure continuity of care by monitoring patients for at least 12 months and offering tailored support to help maintain weight loss. The above may include NHS Better Health resources and strategies for habit change, as well as practical adjustments at home or at work.
- A shift from short-term interventions to strategies that foster lasting behavioural changes – the importance of self-monitoring and connecting patients with broader support networks, such as online communities, family-led initiatives, and local programmes.

Guidance Implementation

Professor Jonathan Benger, deputy chief executive of NICE is quoted as saying: that weight management *"doesn't end when medication stops or when someone completes a behavioural programme,"* adding that *"people need structured support to maintain the positive changes they've made."*

The new guidance replaces three previous standards and reflects the most up-to-date strategies for tackling obesity through the healthcare system. Healthcare services are advised to begin implementing the standard immediately, with resource impact guidance available to assist in local adaptation.

The full guidance can be found at: www.nice.org.uk/guidance/qs212

More than 800 million people around the world have diabetes

A new international study has shown that the number of people with diabetes has doubled over the past 30 years to more than 800 million worldwide. Global analysis found that rates of diabetes in adults doubled from about 7% to about 14% between 1990 to 2022, the largest increase being in low and middle-income countries.

Scientists used data from more than 140 million people aged 18 or older from more than 1,000 studies in different countries. As we know, Type 1 diabetes is an autoimmune disease and Type 2 diabetes is a metabolic disorder. **More than 95% of people with diabetes have Type 2 diabetes.**

Unlike Type 1, Type 2 diabetes can largely be prevented as being overweight, eating unhealthily, not exercising enough as well as genetic factors can increase the risk of developing Type 2 diabetes. Growing levels of obesity are fuelling what is being described as an epidemic in Type 2 diabetes.

Growing health inequalities, the facts:

- More than half of global diabetes cases were concentrated in four countries. Of those with diabetes in 2022, 212 million lived in India, 148 million in China, 42 million in the US and 36 million in Pakistan.
- Indonesia and Brazil accounted for a further 25 million and 22 million cases, respectively. In the Pacific islands, Caribbean, Middle East and north Africa, more than 25% of the female and male population have diabetes.

In contrast, the US (12.5%) and the UK (8.8%) had the highest diabetes rates among high-income western countries. Diabetes rates in 2022 were as low as 2-4% for women in France, Denmark, Spain, Switzerland and Sweden, and 3-5% for men in Denmark, France, Uganda, Kenya, Malawi, Spain and Rwanda.

Increases in obesity, alongside an ageing global population means growing numbers of people are at greater risk of developing Type 2 diabetes. The author of the study said: *"Given the disabling and potentially fatal consequences of diabetes, preventing diabetes through healthy diet and exercise is essential for better health throughout the world."*

The study highlights the widening global inequalities in diabetes

The study also showed that lack of treatment is fuelling inequalities:

- Often higher income countries have large improvements in treatment rates with more than 55% of adults with diabetes receiving treatment.
- However, for low and middle income countries the number of people receiving treatment has not improved and 59% (445 million) aged 30 and over did not receive treatment in 2022 putting younger people at risk of diabetes complications.

Making comment on the study's findings, the Director General of the World Health Organisation said: *"We have seen an alarming rise in diabetes over the past three decades, which reflects the increase in obesity, compounded by the impacts of the marketing of unhealthy food, a lack of physical activity, and economic hardship. To bring the global diabetes epidemic under control, countries must urgently take action. This starts with enacting policies that support healthy diets and physical activity and, most importantly, health systems that provide prevention, early detection, and treatment."* (The Lancet, 13 Nov 2024)

Why are Germans getting heavier?

People in Germany are getting heavier but according to Dr Thomas Ellrott, at the University of Göttingen, this does not mean that Germans are eating much more. There is a mismatch between energy intake and energy expenditure.

Germans have high energy intake but the average weight of the population can also increase if energy intake remains the same but energy expenditure decreases. Over the last 40 years there have been many changes causing a decrease in energy expenditure including:

- physical activity has been taken over by machines or transportation instead of walking
- the constant availability of food plays a role. Many people eat 3 main meals a day but fewer and fewer people are eating a hot meal every day – in 2008 this was 55% and 10 years later it was 45%. Instead, people are snacking throughout the day
- the problem with snacking is that we are often doing something else at the same time, so we are less likely to notice the signs of hunger or feeling full (satiety). In addition, the present way of life has resulted in many people not listening to their internal signals

By eating small meals constantly, there is a tendency to eat more calories and the snacks themselves are often high in calories.

Dr Ellrot suggests that acquiring the ability to control food decisions is the key to healthy eating. Exercise and sports not only directly increase energy expenditure but also have an additional benefit of influencing internal hunger and satiety regulation. He suggests that behavioural therapy is one way to help people relearn to listen to their internal signals. Having said this, he also said that to change behaviour, people do need to have the following skills:

- the ability to find information
- to be able to understand the information
- to evaluate information
- to apply information and transfer it to other situations.

Having said all of this, there are some basic steps that can be taken – good infrastructure for pedestrians and cyclists, limiting screen time and taking steps to address the sedentary lifestyle by more standing, walking and moving around.

In the US, Covid greatly increases the risk of Type 2 diabetes in children and young people

The US is searching for ways to reduce the number of young people diagnosed with Type 2 diabetes and a new prevention pathway is emerging - avoiding Covid-19.

New research suggests that teenagers and adolescents were much more likely to be newly diagnosed with Type 2 diabetes within 6 months of having Covid-19 compared to young people of the same age who were diagnosed with other respiratory infections.

Researchers analysed data from electronic health records for 613,602 people ages 10-19 years who had Covid or another respiratory infection documented during the years 2020, 2021, or 2022. Only people without a previous diagnosis of Type 2 diabetes were included in the analysis. Half of the people in the study had a COVID diagnosis, and the remaining half had a diagnosis of flu, pneumonia, or another acute respiratory infection. The results were as follows:

- the risk of being diagnosed with Type 2 diabetes increased from the 1st month post-Covid mark up to the 6th month mark
- at this 6th month point, those diagnosed with Covid were more than 50% as likely to be diagnosed with Type 2 diabetes compared to those who had other respiratory illnesses
- the levels of risk were similar when researchers looked only at obese and overweight young people

The researchers concluded that this was a huge spike and meant that these young people would have a chronic condition for their lifetime.

It is worth noting that the researchers were not able to look into whether being vaccinated for Covid-19 impacted the likelihood of a new diabetes diagnosis but by mid-November 50% of people under 18 had received at least one dose of the vaccine.

Health tech company has created a smartphone test for Type 2 diabetes risk

A Cambridge company has developed the PocDoc test which uses a finger-prick blood sample and smartphone app to measure HbA1c levels, a biomarker for diabetes. It was designed to deliver results in minutes rather than weeks, so patients could understand their risks sooner and make any necessary lifestyle changes.

The lead product manager at PodDoc is quoted as saying: *"Our test aims at helping people figure out whether or not they are at risk of diabetes and help them to take steps to prevent diabetes in the future."*

Referred to as the "Diabetes Health Check", it is being piloted in the North East of England and North Cumbria as part of an NHS project.

As part of the testing, patients provided a blood sample which they placed on a microfluidic assay (MFA), which is a small, portable system used to perform analytical tests. Patients then scanned the MFA and received their results on their smartphone almost instantly.

According to the company, this test is different in that it measures certain bio markers and the results are available the same day on your smart phone and then that result will get sent to the person's GP for a follow up. It is really possible that you can take the action to reduce your blood sugar levels so you are not at risk of developing diabetes.

EU issues Warning!

The European Medicines Agency has issued this warning about the sharp rise in illegal medicines marketed as GLP-1 receptor agonists such as semaglutide, liraglutide and tirzepatide for weight loss and diabetes.

Authorities have identified hundreds of fake Facebook profiles, adverts and e-commerce listings, many of which are hosted outside the EU. Some fraudulent websites and social media adverts misuse official logos and use false endorsements to mislead consumers. Illegal suppliers are being actively monitored by national authorities and actions include ordering product withdrawals, blocking websites and cross-border collaboration with enforcement officers and other international partners.

GLP-1 receptor agonists are prescription medicines for diabetes and obesity which should be taken under medical supervision. People who think they might benefit from treatment with GLP-1 receptor agonists should talk to a doctor and should not buy them without a prescription or from sources other than legitimate retailers. (September 2025)

Should children be prescribed anti-obesity drugs?

With eating unhealthy food rising and physical activity declining, the World Obesity Federation predicts that between 2020 and 2035, there will be a 61% increase in obesity among boys and a 75% increase among girls in Europe and Central Asia. So the question is: What is the best approach to treat this chronic disease in this age group?

As we are all aware, GLP-1 agonists to treat obesity have become very popular.

In some parts of Europe, several of these drugs are already approved for use in adolescents aged 12 years or older. These are liraglutide (Saxenda), semaglutide (Wegovy) and orlistat (Xenical). However, liraglutide could soon be available for children aged 6-11 years, after the manufacturer, Novo Nordisk, applied for regulatory approval for this age group in Europe and the US.

In a trial involving children aged 6-12 years there was a 5.85% BMI reduction but 80% of those who received liraglutide experienced gastrointestinal side effects. So should these drugs be used in children when there are other ways to tackle this problem and what are the concerns?

- The possible long-term effects of GLP-1 agonists on growth, puberty, fertility and especially mental health (and anxiety, depression, behavioural changes) and lifelong health.
- Drugs don't fix the unhealthy food environment, car dependency, poverty or school systems that drive obesity.
- The long-term safety of these drugs in children under 12 years is not known and there are ethical concerns about medicalising children.
- Will children continue to eat unhealthy food while on these drugs if they continue to be marketed and if so, what about the nutritional quality of children's diets while on these drugs? Could children on these drugs face a higher risk for malnutrition and have more vitamin deficiencies?

At the same time for many children with severe obesity and other related illnesses, these drugs could be life changing but their use should be limited, monitored and treated with caution. Many of the experts advise that 'there is no magic bullet for weight management in childhood'.

However, prevention is the ideal so addressing some of the root causes that lead to overeating such as better diet, lack of physical activity or therapies such as cognitive behaviour to address possible distress at school or at home, all may be safer that drug treatment. (Medscape, September 2025)

Vitamin B12 and metformin

Metformin is the first-line treatment for many people with Type 2 diabetes, but studies show that the drug creates a risk of vitamin B12 deficiency. Your clinician should test your B12 levels regularly and monitor for symptoms of this side effect.

If your levels are low, taking vitamin B12 supplements is an easy and safe way to treat or prevent B12 deficiency. In some cases, injections of vitamin B12 may be recommended to rapidly replenish your reserves of this essential nutrient.

Metformin and Vitamin B12

Metformin is prescribed to people with Type 2 diabetes to help manage their blood sugar levels. Adverse effects include muscle pain, numbness of your extremities, difficulty breathing and upset stomach. Vitamin B12 deficiency is another significant side effect. It is not known exactly why this happens but a study published in 2022 suggested that metformin can block the absorption of vitamin B12 in the intestine.

This side effect occurs in about 7% of people who use metformin and it is more likely on higher doses and after prolonged use. Most people do not experience serious symptoms.

Though this side effect is well established, it is still under recognised although there are recommendations that there should be annual B12 screening for people who have diabetes and use metformin but many clinics fail to test B12 levels every year.

Symptoms of vitamin B12 deficiency

The symptoms of vitamin B12 deficiency often develop slowly and gradually strengthen over time, but in some cases they may come on quickly.

Symptoms include:

- Tingling or numbness in the extremities
- Difficulty walking, loss of balance and falling
- Brain fog
- Swollen tongue
- Tiredness
- Weakness

Vitamin B12 is essential for many body functions, including creating new red blood cells and converting food into energy, so a deficiency can lead to anaemia because a lack of the nutrient impairs your body's ability to make red blood cells. B12 anaemia can also lead to gastrointestinal issues such as nausea and increased heart rate.

Sources of vitamin B12

The most important source of vitamin B12 for most people is food - found in meat, seafood, eggs and it is sometimes added to fortified foods such as breakfast cereals. While many people get enough vitamin B12 naturally from their diet, vegetarians and vegans will often need a supplement due to their diet.

B12 deficiency is also more common in people who are over the age of 50, who are pregnant, or who have medical conditions that inhibit nutrient absorption, such as coeliac disease and Crohn's disease.

People with diabetes who have an enhanced risk of vitamin B12 deficiency may wish to ask their doctor if they should be using a B12 supplement, and they can ask for their levels to be checked regularly.

Can Aloe Vera help with Type 2 diabetes?

Most of us have heard of aloe vera and recognise it in the context of its purported health benefits. We may choose to complement the three cornerstones of diabetes management - diet, exercise and medication - with natural supplements, and aloe vera may be one to consider. In this article we take a closer look at aloe vera, the benefits and risks for people with diabetes and how to introduce it into your treatment plan.

What is aloe vera?

The aloe vera plant has been used for centuries for its health, beauty, medicinal and skin care properties. It is a succulent with fleshy leaves and very short, or more commonly, no stems which may grow to about 12–19 inches (30–50 centimeters) in length. It is thought to have originated in the Arabian Peninsula but is widely distributed across the dry regions of Africa, Asia, Europe and America. In the UK it is usually grown as a houseplant.

There are two substances from aloe vera that are used in health products: a clear gel that's commonly applied to the skin to relieve burns and psoriasis and a yellow latex that can be taken by mouth as a remedy for constipation.

What are the claimed benefits of aloe vera?

- **It has antioxidant and antibacterial properties** - antioxidants are important for health. Aloe vera gel contains powerful antioxidants belonging to a large family of substances known as polyphenols. These polyphenols, along with several other compounds in aloe vera, help inhibit the growth of certain bacteria that can cause infections in humans.
- **It accelerates wound healing -** people most often use aloe vera as a topical medication, rubbing it on to the skin rather than consuming it. It has a long history of use in treating sores and particularly burns, including sunburn. There are studies that have found aloe vera could reduce the healing time of burns by around 9 days compared with conventional medication. It also helped prevent redness, itching and infections but the evidence for aloe vera helping heal other types of wounds is inconclusive.
- **It reduces dental plaque -** tooth decay and gum diseases are very common problems. One of the best ways to prevent these conditions is to reduce the buildup of plaque on the teeth. A study of 300 healthy people compared 100% pure aloe vera juice with the standard mouthwash ingredient chlorhexidine. After 4 days, the aloe vera mouth rinse appeared to be just as effective as chlorhexidine in reducing dental plaque. Aloe vera is effective in killing the plaque-producing bacterium Streptococcus mutans in the mouth, as well as the yeast Candida albicans.
- **It helps treat mouth ulcers -** many people experience mouth ulcers which usually form underneath the lip and inside the mouth and last for about a week. Aloe vera treatment can accelerate the healing of mouth ulcers but studies have shown it does not outperform the conventional ulcer treatment: corticosteroids.

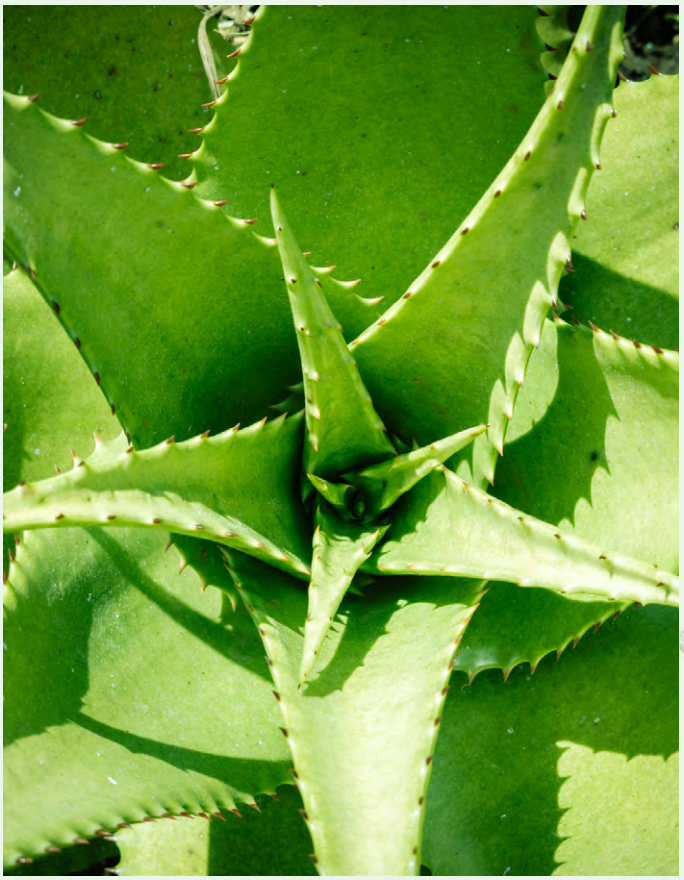
- **It reduces constipation -** aloe vera may help to treat constipation but it is the latex in the leaves, not the gel, that provides the benefits. The latex is a sticky yellow residue just under the skin of the leaf. The key compound responsible for this effect is called aloin, or barbaloin, which has well-established laxative effects, but concerns have been raised about safety with frequent use. Contrary to popular belief, aloe vera does not appear to be effective against other digestive conditions, such as irritable bowel syndrome or inflammatory bowel disease.
- **It may improve skin and prevent wrinkles** - there is some evidence that topical aloe vera gel can slow aging of the skin. A study of 30 females over the age of 45, taking oral aloe vera gel increased collagen production and improved skin elasticity over a 90-day period. Reviews also suggest that aloe vera could help the skin retain moisture and improve skin integrity, which could benefit dry skin conditions.

What are the benefits for people with Type 2 diabetes?

For people with Type 2 diabetes there is some evidence of beneficial effects of taking aloe vera supplements because it may improve insulin sensitivity and help improve blood sugar management. It is thought that aloe vera supplements may lower the absorption of sugar into the gastrointestinal tract following a meal, stimulate the breakdown of sugar and prevent sugar production. However, the quality of the existing studies is not ideal, so further studies are required to provide stronger evidence of the beneficial effect of aloe vera.

What are the risks of aloe vera for people with Type 2 diabetes?

Generally, aloe vera is regarded as a safe remedy with few known side effects but it isn't a risk-free solution for lowering blood sugar in people with Type 2 diabetes. In fact, the blood-sugar-lowering effects of aloe vera can come with other consequences. For people who take medication to lower blood sugar levels, there is a risk that also taking aloe vera may lower blood sugar levels too low, causing hypoglycaemia. In addition, because aloe vera has been shown to have laxative effects, it may lower the absorption and therefore the effectiveness of other oral medications.



How to add aloe vera to your diabetes treatment plan and how much?

In a study in Plant Medica, participants with Type 2 diabetes who took 300mg of aloe vera gel capsules once every 12 hours for two months saw improvements in blood sugar (HbA1c), total cholesterol and LDL cholesterol, without side effects.

However, a review published in the Journal of Clinical Pharmacy and Therapeutics reported a higher risk for bad reactions when participants took doses above 600mg per day. Raw, crushed aloe vera leaves, aloe vera juice and aloe vera gel capsules were also associated with negative side effects, including diarrhoea, abdominal pain, cramping and muscle weakness.

⚠ Warning!

It is worth remembering that, as a supplement, aloe vera does not go through the same rigorous testing as prescription medicines so, if you experience any unusual or unexpected effects then you should discontinue use. If you do decide to start taking it as a supplement, you should buy it from a reputable supplier and, at least initially, increase your blood glucose monitoring.

The best nuts for diabetes

Nuts are a satisfying diabetes-friendly snack because they are low in carbs and high in protein, fibre and healthy fat creating a feeling of fullness.

The healthy fat in nuts protects the heart which is important because people with diabetes are more likely to develop heart disease than those without it.

Heart-healthy monounsaturated and polyunsaturated fats found in nuts can lower your LDL (bad) cholesterol and at the same time, nuts also raise levels of HDL (good) cholesterol. This prevents plaque buildup in the arteries but while nuts have benefits for the heart, they are still high in calories and fat. Experts suggest servings of 1 ounce (oz).

Walnuts

Serving size: About 14 shelled halves

Walnuts may promote feelings of fullness, potentially aiding weight loss and may also contribute to a reduced risk of Type 2 diabetes. The fibre, the protein and the good fats help manage hunger and blood sugars. Walnuts are also a rich source of alpha-lipoic acid (ALA) and may help reduce inflammation.

Almonds

Serving size: About 23 nuts

Almonds can help you manage your blood sugar levels and reduce your risk of cardiovascular disease. Almonds may also decrease body fat mass.

They are also a good source of fibre, with nearly 4 grams (g) in a 1 oz serving, which makes you feel full, keeps blood sugars more stable and is good for digestion. One more reason almonds are good for people with diabetes: A 1 oz serving offers almost 80 milligrams of magnesium, which is about 25% of the recommended dietary allowance for women and nearly 20% for men. Many people with diabetes are deficient in magnesium which helps to promote healthy bones, normal blood pressure, blood sugar management and good muscle and nerve function.

Pistachios

Serving size: About 49 nuts

Pistachios contain fibre, protein and good fats which help keep you fuller longer, making them a carbohydrate-heavy snacks. They also have antidiabetic properties, improve cardiovascular health, reduce inflammation, help control appetite and reduce oxidative stress.

Peanuts

Serving size: About 28 peanuts

Peanuts are an extremely satiating, diabetes-friendly snack, with a high fibre and protein content. Not only do they have a low glycemic load, which is a measure of how quickly a food tends to raise blood sugar, but they may help regulate blood sugar, too. There is research showing that a small amount of peanut butter added to a meal prevented post-meal blood sugar spikes. Peanuts can effectively reduce LDL cholesterol.

Hazelnuts

Serving size: About 21 nuts

These tree nuts are great for heart health, with their rich source of heart-healthy fats (mostly mono- and polyunsaturated, which helps lower LDL cholesterol. In fact, a 1 oz serving of hazelnuts has 13 g of monounsaturated fats. Palmer recommends including hazelnuts in savory dishes, mixed into veggie patties or loafs, roasted vegetable dishes, pastas, and on top of green salads.

Cashews

Serving size: About 19 nuts

In addition to being a source of heart-healthy fat, cashews contain many minerals. A 1 oz serving of cashews supplies 67% of your daily value for copper, 18% of your daily value for magnesium, 15% for zinc and 9% for iron. These minerals are all involved in blood sugar metabolism and regulation in the body. For people with diabetes, cashews contain fibre, protein and healthy fats.

Pecans

Serving size: About 19 nuts

Pecans fit well in a diabetes-friendly diet with a 1 oz serving containing 4 g of carbs and 1.6 g of fibre. They're also rich antioxidants which is important for diabetes management. Pecans contain more phenols, or plant compounds with antioxidant properties, than all other tree nuts.

So we can conclude:

- Nuts can be a diabetes-friendly snack because they're high in protein, healthy fats and fibre and they're low in carbs, all of which can help with blood sugar management.
- Cashews and almonds are rich in magnesium, a nutrient that people with diabetes often are deficient in. Magnesium can support healthy blood pressure and blood sugar levels.
- Walnuts, pistachios and peanuts, in particular, can help you feel full longer, potentially helping with weight management.

When shopping for nuts, try to stick with dry-roasted or raw versions without the added salt or sugar. Chocolate-covered varieties, for example, tend to have excess calories and fat, which can negatively affect blood sugar.

Foody bits and pieces

Goat's milk

In the summer issue of Type 2 & You, we had an article about various milks but one of our members has rightly pointed out that we omitted to mention goat milk, so we are making amends with this information.

Goat's milk is a naturally nutritious alternative to cow's milk that is high in protein and packed with calcium, vitamins and minerals. It is delicious in hot and cold drinks, poured over cereal and as a cooking ingredient in various recipes. It is available in whole and semi-skimmed.

Nutrition facts of goat's milk

69 Calories - 100 grams

Nutrient	Amount	Daily value based on a 2,000 calorie diet
Total Fat	4.1 g	6%
Cholesterol	11 mg	3%
Sodium	50 mg	2%
Potassium	204 mg	5%
Total Carbohydrate	4.5 g	1%
Protein	3.6 g	7%

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 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)

Diabetes-friendly fruits

The Government guidelines for the general population include advice to eat 'plenty of fruit and vegetables' but the guidelines do not emphasise that some fruits are a lot healthier than others. This is especially true for people with diabetes because of the sugar/carbohydrate content.

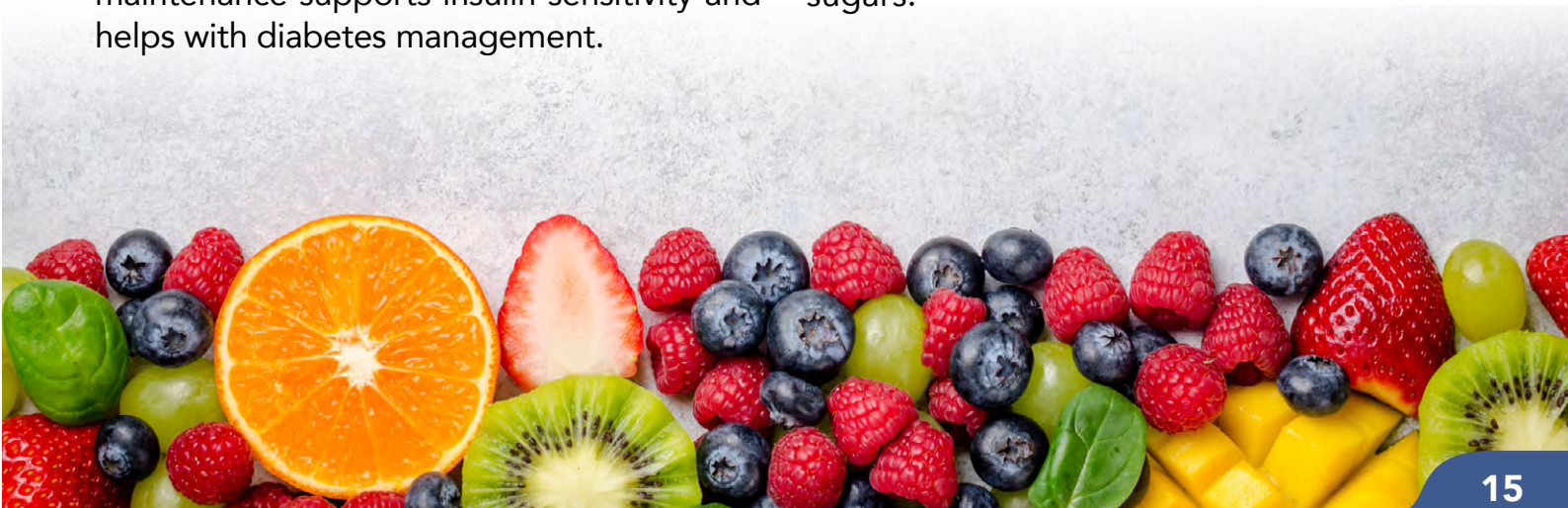
Fibre

Many types of fruit are loaded with vitamins and minerals, as well as fibre which can help to regulate blood sugar levels and can decrease the risk of developing Type 2 diabetes. Fibre can also be found in some of the best vegetables for diabetes and in whole grains and it can further benefit your health by promoting feelings of fullness and curbing cravings and overeating. Healthy weight maintenance supports insulin sensitivity and helps with diabetes management.

Choosing healthy fruits

The idea that fruit is unhealthy has been disproved in many studies such as in PLoS One in April 2017 and the Journal of Clinical Endocrinology & Metabolism in 2021. Some forms of fruit, like juice, can be bad for diabetes but whole fruits like berries, citrus fruits, apricots and apples can be a healthy way to satisfy a sweet tooth.

As with any food in your diabetes diet, carbohydrates have to be counted and it is recommended that one serving of fruit should not be more than 15gms of carbohydrate. Fruit should be eaten whole in its natural form avoiding fruit in syrups or any processed fruits with added sugar because the will cause a spike in blood sugars.



Tips for choosing the best fruits for diabetes:

Berries

Berries can be eaten indulgently because they are packed with antioxidants and fibre. Whether you love blueberries, strawberries, or any other berry, experts have given you the all-clear to indulge. For example, one cup of fresh blueberries has 84 calories and 21 g of carbohydrates.

Cherries tackle inflammation

One cup of cherries has 52 calories and 12.6 g of carbs. They may be especially good against inflammation due to their antioxidants, which help to fight heart disease, cancer and other diseases.

Peaches

Fresh peaches can be included in your diabetes-friendly diet. One medium peach contains 59 calories and 14 g of carbohydrates and it also has 10 milligrams (mg) of vitamin C. It is also a source of 285 g potassium. Vitamin C does everything from helping your body form blood vessels and cartilage to aiding your body's healing process while potassium acts as an electrolyte, helping normalise the cell fluid levels.

Apricots

Apricots are a sweet summer fruit with one apricot containing just 17 calories and 4 g of carbohydrates. Four of the small fresh fruits provide 134 micrograms (mcg) of your daily vitamin A requirement which is important for your vision and immune system. Apricots are also a good source of fibre with 3 g in the same group of four.

Apples

We have always said that an apple a day really might keep the doctor away and they are a healthy option. A medium-size apple is 95 calories and 25 g of carbs. Apples are loaded with fibre, about 4 g per medium apple and they also have 8.37 mg of vitamin C. You shouldn't peel your apples because the skins are nutritious as much of the fibre and heart-protective antioxidants are gained from the skin.

Oranges

Eating one medium orange provides you with nearly all the vitamin C you need in a day (63 mg). A medium orange has 16 g of carbohydrates and 65 calories and also contains folate (24 mcg), which helps red blood cells form and potassium (238 mg), which may normalise blood pressure. Other citrus fruits, like grapefruit, are also good choices for people with diabetes.

Pears

Pears are an excellent source of fibre with one medium pear containing nearly 5.5 g. Unlike most fruit, pears actually improve in texture and flavour after they're picked and they should be stored at room temperature until they're ripe and ready for eating.

Kiwis

One kiwi is an excellent source of vitamin C and also contains a little potassium and fibre. One kiwi also has about 48 calories and 11 g of carbohydrates. Kiwis will last in the refrigerator for up to seven days.

What can we conclude?

Whole fruits are a great option for a diabetic diet as they are packed with various nutrients and they can satisfy a sweet tooth in a healthy, natural way.

What's new?

Once-weekly combo diabetes jab wins EMA recommendation

A weekly, fixed-dose combination of basal insulin and a GLP-1 receptor agonist is one step closer to approval in Europe. It is called Kyinsu and is insulin icodec with semaglutide made by Novo Nordisk and received a positive recommendation from the European Medicines Agency's (EMA) Committee for Medicinal Products for Human Use in September. The new treatment is intended for adults with Type 2 diabetes whose glycaemic control remains inadequate despite treatment with either basal insulin or a GLP-1 receptor agonist. It is to be used with diet, physical activity and oral antidiabetic drugs.

Kyinsu combines two active agents with complementary mechanisms to enhance glycaemic control. Insulin icodec, a basal insulin analogue, regulates glucose metabolism via insulin receptor activation, while semaglutide, a GLP-1 receptor agonist, modulates insulin and glucagon secretion in a glucose-dependent manner.

The studies showed that the most frequent adverse effects with Kyinsu include hypoglycaemia, nausea and diarrhoea.

If approved by the European Commission, Kyinsu will be in a prefilled pen containing a fixed-dose combination of insulin icodec (700 U/mL) and semaglutide (2 mg/mL) for subcutaneous injection. Designed as a once-weekly treatment, it aims to simplify treatment and reduce the challenges of daily basal insulin, particularly injection burden and poor adherence.

More details for Kyinsu use will be in the summary of product characteristics, which will be published once the European Commission grants marketing authorisation.

Research

Study to test if wall squat exercise can lower blood pressure

Research in the British Journal of Sports Medicine has found that a wall squat is one of the most effective exercise types for lowering blood pressure. A squat is a strength exercise where you lower your hips from a standing position and then stand back up. It's a fundamental movement that strengthens the legs, glutes, and core. Squats can be done with or without weights and are a great way to improve lower body strength and overall fitness.

The research team has launched a new trial, the largest of its kind, to explore whether static isometric exercise, such as a simple wall squat exercise, can be undertaken independently at home to effectively reduce mild to moderately high blood pressure.

More research is needed on new ways to lower blood pressure. Recommendations for treatment of hypertension with exercise are currently based mainly on traditional aerobic or 'cardio' exercises such as cycling or running.

The new wall squat exercise programme involves completing three individually-tailored isometric exercise wall-squat sessions per week. The team are looking for people to take part, especially those from under-represented groups or communities.

The trial (called SOFITTER) is being led by researchers from Canterbury Christ Church University, the University of Kent in partnership with East Kent Clinical Trials Unit and a large number of NHS services across England and Wales. The hope is that this simple and accessible activity proves to be an effective lifestyle change that will be used by adults of all ages to help keep blood pressure under control and reduce associated health risks.

This is the biggest study of its kind to date and it will enable people to be involved in finding new ways to empower those with mild to moderately high blood pressure to manage their condition through simple exercises at home without any direct involvement from a healthcare professional.

Switching from diet soda to water can have benefits

Switching from diet soda (diet pop in the UK) to water may aid weight loss and diabetes remission in women with Type 2 diabetes, according to a recent study. Participants who made the switch lost an average of 15 pounds, compared with 10.6 pounds for those who continued drinking diet soda. (Presented at the American Diabetes Association's 85th Scientific Sessions, June 2025)

InDependent Diabetes Trust

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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

A charity supporting and listening to people who live with diabetes