



It's a New Year and we are appealing to you

The New Year is an opportunity to thank all the members who made donations.

A new year is also an opportunity to look back over the previous year, the positives and the negatives, and a chance to plan for the coming year.

- IDDT formed in 1994 with five founding members and we now have over 21,000 members – certainly a positive. This success means that the costs of free booklets and Newsletters has increased tremendously.
- Health professionals requested over 135,000 Information booklets to give to their patients, the most popular being 'Diabetes – Everyday Eating' with GP practice nurses. This is certainly a success in that we reached more people with diabetes. However, the negative is the cost to IDDT of about £70,000 a year, a cost that surely should be met by the NHS.
- Finally, the economic climate has affected us all and charities are no exception. We received fewer legacies and the ones we do receive are taking longer to complete, resulting in a cash flow problem.

IDDT's aims have always been to help and support people living with diabetes by supplying free information through booklets, Newsletters and our website because we have always believed that this help should not be dependent on people's ability to pay. Importantly, we also provide a listening ear so people can call us and talk to a 'real' person without going through a modern telephone system!

However, we are now in a position where we are

having to dig into our reserves because our success has meant that our costs have gone up. For example, with 10,000 members we could cover our costs of printing and postage etc but with 20,000 members we can't!

While I don't like doing this, for the first time since we formed, I am having to ask for your help to secure the future of IDDT.

We can all do the sums, so can you help?

- If 10,000 people give £2 a month, this will raise £240,000 a year.
- If 20,000 people give £2 a month, this will raise £480,000 a year.
- The same sums could be raised by an annual donation of £24.
- Anything you can afford will help.



Support IDDT – We Welcome Donations

Payments can be made in the following ways; cheque, postal order, major credit and debit cards, by standing order and by bank transfer (see details below).

For alternative options please visit our website www.iddt.org

By cheque/postal order: please make payable to "IDDT"

By credit card or debit card: Visa or Mastercard.

Card No _____

Expire Date _____ Security Code _____

By Standing Order at your bank: please complete the Standing Order Mandate and return to IDDT.

STANDING ORDER MANDATE

Account to be debited.

Sort Code _____

Account Number _____

Account Name _____

Bank _____

Address _____

IDDT Bank Details

Virgin Money

Northampton NN1 1EN

Sort Code: 05-06-33

Account Number: 41121523

Account Name: Insulin Dependent Diabetes Trust

Direct bank transfers can be made to the above account.

PAYMENT DETAILS

Amount of first payment £ _____

Date of first payment _____

Amount of usual payments in words _____

When paid (monthly/annually) _____

Date of usual payment _____

PLEASE CONTINUE PAYMENTS UNTIL FURTHER NOTICE

SIGNED _____

DATE _____

Gift Aid

Choosing to Gift Aid your donation to IDDT will allow us to reclaim the basic rate of income tax paid on your donation without any cost to you. For every £10.00 that is donated, we can reclaim an extra £2.50

I am a UK taxpayer. I would like all donations I make to the InDependent Diabetes Trust to be treated as Gift Aid without further notice. I understand that if I pay less Income Tax and/or Capital Gains Tax in the current Tax year than the amount of Gift Aid claimed on all my donations, it is my responsibility to pay any difference.

Signed _____ Date _____

Hypurin® Porcine Insulin Vials and mypen®2 Insulin Delivery Pen

In October 2025, Wockhardt announced the discontinuation of Hypurin® Porcine Vials so all patients who used vials had to have their insulin prescriptions changed to Hypurin® Porcine Cartridges.

Wockhardt also offers a compatible, reusable insulin pen, the mypen®2 which is available on an NHS Prescription (see below).

If you have been using the Autopen® Classic insulin pen you do not need to change it immediately because the Autopen Classic can be used for up to two years, as stated in its instruction leaflet.

Difficulty obtaining the new mypen®2

We are aware that some people had difficulty obtaining the mypen®2 to use their Hypurin porcine insulin cartridges, often because they were told by their GP surgery or pharmacy that it was not available. This was NOT the case and with the help and advice from a pharmacist we were able to advise people how to obtain the new pen.

EMIS is the computer system used by many GP practices and it will add mypen®2 to its system after the next update.

The advice is that people should ask their GP for a handwritten prescription for mypen®2 which should then be taken to a pharmacy.

Concerns expressed to IDDT about the change

IDDT received calls from people who were concerned about the change. We made it clear that the insulin was not changing just the injection device. However, many of these people had used syringes for up to 60 years and of course, many of them continued to safely draw up long and short insulins in the same syringe, so changing to a pen was concerning.

One problem that was reported several times was that the insulin in the mypen®2 did not appear to work – this group was still injecting as they were taught 50 years ago with a long needle that was injected at 45 degrees. However, the mypen®2 came with a short (4mm) needle which needs to be injected at 90 degrees. When this injection technique was used, the insulin worked as it should and kept blood sugar levels down.

Hypurin® Porcine 30/70 Mix Insulin Cartridges – 29831/0119

Towards the end of 2025 there was a shortage of Porcine 30/70 Mix insulin cartridges, but it became available from 19th January 2026.

Wockhardt has sent the notification below to healthcare professionals:

"Please be advised that Wockhardt UK will be permanently changing the combi-seal colour of the above product, the current combi-seal is **green** and the replacement will be **violet**.

"Please note this is the same type of combi-seal and does not affect the performance of the product."

For any queries regarding the above, please contact Wockhardt UK on 01978 661261.

Obtaining Hypurin® insulin in Australia

People in Australia who use pork insulin had been obtaining it from Aspen Pharmacare Australia but from 1st October 2025, it has been supplied under the Special Access Scheme (SAS) by H L Pharma Pty Ltd.

You can contact H L Pharma Pty Ltd by emailing contact@hlpharma.com.au or calling 03 70360141.



Menopause added to NHS health checks

Menopause advice is to become a routine part of NHS health checks for the first time. NHS health checks currently aim to identify cardiovascular disease, stroke, kidney disease, Type 2 diabetes and dementia. The aim of making menopause a part of the health checks and raising awareness of its symptoms will reduce stigma and give women confidence to seek help.

The Department of Health and Social Care (DHSC) described this as a “landmark step forward,” as nearly five million women could benefit. It is expected to be in place sometime during 2026.

- Three quarters of women experience menopause symptoms which can last an average of seven years and significantly impact daily life but fewer than one in 10 women feel they have enough information to deal with it.
- Some 400,000 women in the UK will become menopausal this year but the vast majority of them will have very little knowledge of the many and varied symptoms.
- Routinely screening for menopause should empower clinicians to proactively address concerns that have often gone unrecognised, ensuring women feel heard and supported during what could be a challenging transition.

The benefits

This will be an opportunity for healthcare professionals to provide timely, evidence-based information, guiding women towards maintaining good health during the menopause transition and beyond. In addition, creating space for women to get information about menopause symptoms, support and treatments will break down barriers, reduce stigma and help many women live more happily and healthily in middle age.

Know who can prescribe for you

The UK now leads the world in giving prescribing rights to non-medically qualified allied health professionals (AHPs), with a wider range of prescribers than even many doctors may realise.

Increasingly practice nurses, pharmacists, physiotherapists, radiographers, midwives, dietitians and optometrists are filling critical gaps across healthcare. More than 90,000 AHPs in the UK, about 10% of the eligible workforce, have

completed accredited prescriber training. This qualification allows them to prescribe medicines within their scope of practice, either independently or under supplementary prescribing arrangements.

- Independent prescribers can prescribe any medicine within their competence.
- Supplementary prescribers work in partnership, typically with a doctor, to implement a specific clinical management plan for a particular patient.

These changes allow non-medical staff to lead and run services that were historically doctor-led. Some examples are:

- There are more than 54,000 nurse prescribers who can prescribe medications including controlled drugs, off-label or unlicensed medicines and private prescriptions.
- Therapeutic radiographers can now run review services to manage side effects – they have to have prescribing skills for this.
- Paramedics help to relieve GP workloads by managing minor illnesses and can prevent unnecessary hospital visits, but they cannot yet prescribe the full range of controlled drugs available to nurses and pharmacists.

This expansion of NHS workforce roles enables GPs to focus on more complex cases. AHPs are not trying to replace doctors as they prescribe within a specific and often narrow field of competence even though they have legislative authority to prescribe from the full British National Formulary, apart from certain controlled drugs.

Globally, the UK has both the largest number of non-medical prescribers and the broadest prescribing rights. Expanding non-medical prescribing remains a goal under the NHS’ 10-Year Health Plan for England, aiming to shift more care into the community and reduce pressure on GPs.

NHS improvements

- Thousands of patients have benefited from the FF20 programme with NHS England’s evaluation showing that between October 2024 and October 2025, waiting lists in participating trusts fell three times faster than the national average.
- Overall, FF20 areas recorded a 4.2% reduction in waiting lists compared with a 1.4% fall across

the rest of the country.

- Among working-age adults, the impact was even greater, with waiting lists falling more than five times faster.

What made these improvements possible?

There have been changes in how planned operations and outpatient appointments are delivered:

- Specialist teams worked alongside local staff to introduce High Flow Theatre Lists, where theatres operate continuously to maximise efficiency and allow surgeons to complete procedures more quickly.
- Trusts streamlined outpatient pathways by reducing unnecessary appointments and sending patients straight to tests cutting out multiple clinic visits and freeing up valuable capacity.

Elective care

- Since July 2024, NHS waiting lists are down by more than 225,000 despite 28.4 million referrals. The Elective Reform Plan, launched in January 2025, set out the aim to return to the target of 92% of patients waiting no longer than 18 weeks from referral to treatment.
- In addition, the Government and the NHS have expanded evening and weekend clinics, opened new and larger community diagnostic centres and surgical hubs, delivered millions of extra GP appointments, recruited thousands more frontline staff and rolled out smarter technology. As a result, the NHS has continued to exceed productivity targets, achieving 2.7% productivity growth between April 2024 and March 2025 and a further 2.5% growth in the first five months of the current financial year.

NHS faces £16 billion maintenance costs

In October 2025, experts warned that patient safety is being put at risk by “decrepit” NHS buildings as new figures showed that the maintenance bill has risen by more than 15% to almost £16 billion. This sum is greater than the total cost of running the NHS estate, which was £14 billion in 2024-2025. We now have warnings that hospitals with “flooded corridors” and “roofs at risk of falling in” are impacting care and patient safety.

The latest Estates Return Information Collection (ERIC) shows that the cost to eradicate the backlog of NHS repairs in England increased to £15.9 billion in 2024-2025, up by 15.7% on £13.8 billion reported a year earlier.

The backlog bill is a measure of how much funding is needed to restore buildings to a good state. It refers to maintenance work that should already have taken place rather than any that is planned.

‘Critical parts falling to bits’ – The chief executive of NHS Providers said: “Critical parts of the NHS are falling to bits, literally, after years of underinvestment nationally. The safety of patients and staff is at risk. We can’t keep wasting money propping up ageing buildings not fit for purpose.”

Impact in Primary Care – There are also reports of deteriorating GP practices, many of which do not meet patients’ needs today and were built in a different century. These outdated practices risk undermining the Government’s ambitions to shift more care closer to the community.

Free bikes could save the NHS millions of pounds every year

A new report assessed the impact of three pilot schemes in Birmingham, Essex and Southall, using the distribution of 12,000 bikes. A Health Impact Assessment estimated that with over 12,000 bikes, the schemes could prevent 58 new cases of diseases each year, translating to £1m of annual savings to the NHS. These included new cases of cardiovascular diseases, Type 2 diabetes, dementia and colon cancer.

Free Bikes schemes focus on removing the cost barrier to cycling for people from the most deprived areas by providing a free bike and support, such as cycle training and community rides.

The evaluation of the Free Bikes schemes shows that alongside the NHS savings, they can contribute to improving people’s access to work and opportunities, increase recipients’ physical activity and be part of the move towards Net Zero.



Abbott Laboratories issued field safety notice warning of a fault affecting certain FreeStyle Libre 3 and FreeStyle Libre 3 Plus glucose sensors

Manufacturers, Abbott Laboratories, discovered some sensors could give inaccurate low glucose readings, which could lead to inappropriate treatment decisions and potentially serious harm among people with diabetes. In a communication released in November 2025 it said the issue was limited to the FreeStyle Libre 3 and Libre 3 Plus sensors.

Abbott said: "If undetected, incorrect low glucose readings over an extended period may lead to wrong treatment decisions for people living with diabetes, such as excessive carbohydrate intake or skipping or delaying insulin doses. These decisions may pose serious health risks, including potential injury or death, or other less serious complications."

Abbott stressed this issue does not apply to any other Libre sensors, apps or readers available in the UK.

You can tell a FreeStyle Libre sensor is faulty if your reader displays an error message, the sensor has fallen off or become dislodged, or your glucose readings are inconsistent with your symptoms. To confirm, perform a fingerstick blood glucose test with a meter and compare the results. If the sensor consistently fails or readings don't match how you feel, it's likely faulty, and you should replace it and contact customer service for further assistance.

Abbott offered the following advice to customers who may be affected by this:

- People using FreeStyle Libre 3 and FreeStyle Libre 3 Plus sensors should call Abbott Customer Service on 0800 170 11 77 to confirm if their sensors are impacted. If their sensor is impacted, they will be instructed to provide their contact information so a replacement product can be sent to them at no cost. Contact Abbott Customer Service at 0800 170 11 77, Mon – Fri (8.00 – 20.00) Sat, Sun & Bank Holidays (9.00 – 17.00).
- If someone is currently wearing or has a FreeStyle Libre 3 or FreeStyle Libre 3 Plus sensor that has been confirmed as affected by Abbott Customer Service, they should immediately discontinue use and dispose of the affected sensors.

- People can continue to use FreeStyle Libre 3 and FreeStyle Libre 3 Plus sensors that are not impacted.

Important reminder: People should use a blood glucose meter such as the built-in meter in the FreeStyle Libre 3 Reader to make treatment decisions when sensor readings do not match symptoms or expectations.

Abbott also confirmed that the Medicines and Healthcare products Regulatory Agency (MHRA) has been notified about this issue.

In the US the following statement has been made:

Certain glucose monitors from Abbott Diabetes Care are providing users with incorrect glucose readings, an error that has been linked with the deaths of at least seven people and more than 700 serious injuries worldwide, according to an alert from the US Food and Drug Administration.



Changes in Scotland

Extra £6.9 million by Scottish Government for closed loop systems

An additional £6.9 million Scottish Government funding is expanding access to closed loop systems, prioritising children and adults who health boards believe will benefit the most.

Closed loop systems use a blood glucose sensor linked to a pump to automatically calculate how much insulin should be delivered, reducing the need to work out dosages and take injections. Training, education and support is given remotely by health professionals including specialist nurses and dietitians.

Public Health Minister Jenni Minto said: "Expanding access to closed loop systems will have a life changing impact on those living with Type 1 diabetes. These technologies greatly reduce the risk of long-term complications and remove much of the burden of managing the condition on a day-to-day basis."

Thousands of the poorest Scots to receive free weight-loss jabs in trial

This is part of government-funded research in which 3,000 to 5,000 people will take weight-loss injections as part of a study led by the University of Glasgow.

The aims of the study are:

- To test how weight loss medicines can be delivered effectively and fairly in everyday NHS care.
- To measure the level of weight loss and improvements in quality of life, particularly for patients in disadvantaged areas.
- To examine the impact on obesity related illness, NHS use, and overall healthcare costs.
- To explore whether better health through weight loss can help people stay in work, reduce sick leave and take a fuller part in society.

If successful, the findings could lead to a wider rollout of the injections throughout the country. The UK government has provided an initial £650,000 for the Scotland CardioMetabolic Impact Study.

DVLA updates regulations for Group 2 drivers with diabetes

A change in the Motor Vehicles Regulations came into effect on 7th November 2025 and it specifically affects lorry and bus (Group 2) drivers who have diabetes treated with insulin.

- Under the changes, Group 2 drivers will have the option to use Continuous Glucose Monitoring Systems (CGMS) as an alternative to finger-prick blood glucose testing. The DVLA says that this shows the progress in diabetes technology and this change means that Group 2 drivers now come under the same rules as car and motorcycle (Group 1) drivers.
- The requirement to check glucose levels within two hours before and every two hours during driving remains unchanged. The CGMS allows these checks to be carried out in a less invasive and more convenient way.
- These changes apply across England, Wales and Scotland, however, Group 2 drivers who either relocate abroad and exchange their GB licence or temporarily drive in another country must ensure that they understand and comply with local regulations regarding the use of CGMS and other medical devices.

Reminder: You must tell the DVLA about your diabetes if you use insulin or certain tablets (sulfonylureas/glinides) for Group 1 (car/motorcycle) or any tablets/non-insulin injections for Group 2 (lorry/bus) licences, but not if controlled by diet alone; the key is the treatment type and the risk of severe low blood sugar (hypoglycaemia), which needs reporting if it impairs your driving or if you've had repeated severe hypos.

Further information: The DVLA provides updated guidance in leaflets INF294 and INS186 which are available on GOV.UK at www.gov.uk/dvla



Keeping active, staying safe: a guide to exercise and footcare for people living with diabetes

Staying active is one of the most powerful things you can do to support your health when living with diabetes. Regular exercise helps improve blood glucose control, supports heart health, boosts mood and energy levels and reduces the risk of long-term complications. But while movement is essential, it's equally important to look after your feet – particularly as diabetes can increase the risk of foot problems.

With the right approach, you can enjoy the benefits of exercise while keeping your feet healthy and protected. Here's what you need to know.

Why your feet need extra care

Diabetes can affect the feet in two key ways:

- Reduced sensation (peripheral neuropathy) – damage to nerves can make it harder to feel pain, heat, rubbing or small injuries. This means blisters or cuts may go unnoticed.
- Reduced circulation – poor blood flow can slow healing, making even minor injuries more likely to develop into more serious problems.

Because of these factors, a proactive approach to footcare is essential – especially if you're increasing your activity levels.

Choosing the right exercise

The best exercise is the one you enjoy and can maintain, but some activities place more pressure on the feet than others. Below are some points to consider.

Low-impact options – These are ideal if you have neuropathy, balance issues or a history of foot problems.

- Walking (with supportive footwear)
- Cycling
- Swimming
- Chair-based exercises
- Pilates or yoga

Higher-impact activities

Running, court sports, gym classes and hiking can all be enjoyed safely – provided your footwear is suitable and your feet are checked regularly. If you already have active foot problems, speak to a podiatrist before starting higher-impact exercise.

Footwear matters more than you think

Good footwear is one of the most important tools in preventing complications.

What to look for:

- A secure fit – not too tight, not too loose
- A deep, roomy toe box to stop rubbing and pressure
- Cushioning and shock absorption for comfort
- Laces or straps for stability
- Breathable material to reduce moisture
- A supportive heel counter for improved alignment

If you're unsure whether your shoes are right for you, consider bringing them to your next podiatry appointment. A professional can check the fit, wear pattern and suitability.

Daily foot checks: A non-negotiable habit

When you're exercising regularly, daily foot checks are essential. Look for:

- Redness or pressure marks
- Blisters or callus
- Cracks or dry skin
- Cuts, sores or areas of warmth
- Changes in nail colour or shape

If you struggle to see the soles of your feet, use a mirror or ask a family member for help.

Seek medical advice immediately if you notice:

- An open wound
- A blister that is not healing
- Swelling, increasing redness, or heat
- Sudden changes in sensation
- Any injury that doesn't improve within 24 hours

Prompt attention prevents small issues becoming serious complications.

Socks and insoles: small details, big difference

Choose soft, seam-free socks that wick moisture away from the skin. Change them daily and avoid tight elastic tops that restrict circulation.

For those experiencing pain, pressure points or recurring callus, a podiatrist may recommend

custom insoles. These help redistribute pressure and support your foot mechanics – particularly helpful for walking or running.

After exercise: caring for your feet

A few simple habits can keep your feet healthy post-exercise:

- Wash and gently dry your feet, especially between the toes
- Apply a moisturising cream to prevent dry skin (avoid between toes)
- Check your feet again for any signs of irritation
- Air out footwear and change socks

When to see a podiatrist

Even if your feet feel fine, having regular podiatry check-ups is vital. A podiatrist can assess:

- Sensation and circulation
- Joint mobility
- Pressure distribution
- Footwear
- Overall risk level

If issues are identified early, you can often prevent more serious problems.

Exercise and excellent footcare go hand in hand for people living with diabetes. With the right footwear, regular checks and professional support where needed, you can stay active confidently and safely.

Your feet are your foundation – look after them, and they'll support you to stay strong, healthy and active for years to come.

With thanks to Randell's Footcare in Norwich for this very helpful article.



AI update in healthcare

In 2025 there was a series of artificial intelligence (AI) developments that indicate meaningful change across UK healthcare. Only 21% of UK doctors reported using AI at work with many expressing ethical and practical concerns – 33% described AI as unreliable and only 23% said they trusted it, their worries being confidentiality, accuracy and patient safety. There were also concerns about data protection, consent, professional liability and defence society cover with many doctors calling for clearer guidance and stronger oversight.



GPs' top 10 AI concerns

As a follow-up from previous Newsletters, we report the details of a review of queries received by the Medical Protection Society (MPS) highlighting the top concerns of GPs about the increasing use of AI in medical practice. This showed that all AI-themed queries came from GPs with no queries from hospital doctors.

The assessment showed the 10 main areas of concern for GPs:

- Patient safety
- Data protection
- Patient consent
- Liability
- Indemnity
- Transcribing tools
- Generation of fit notes
- Clinical prompts
- Processing of laboratory results
- Generative AI

GPs wary of AI risks

While MPS members are keen to adopt AI, calls to the medicolegal advice line showed that they are wary of potential risks, particularly liability and defence society cover, safety for patients, data protection and patient consent. A survey by Medscape also showed similar concerns with one in five respondents being apprehensive about using AI in clinical practice. Also of concern were the legal implications of using AI for transcribing patient consultations, generating fit-to-fly letters or fit notes, using clinical prompts and processing laboratory results.

Conclusions

- If AI is to help fulfil its promise to improve patient care, further clarification is needed on issues like regulation and professional liability. The Royal College of GPs' statement included the following: "AI use is not without potential risks and its implementation must be closely regulated to guarantee patient safety and the security of their data."
- Technology will always need to work alongside and complement the work of doctors and other healthcare professionals and it can never be seen as a replacement for the expertise of a qualified medical professional.
- Where a practice has purchased an AI system, the GP using it would remain potentially liable for any harm that results from its use. In order to mitigate the risk of a complaint or claim, doctors should assure themselves that any system they are using is fit for purpose and appropriate for the patients that they are seeing.

And what do patients think?

Many people see AI as a valuable tool capable of streamlining administrative processes but a US survey showed that people thought doctors who used AI were less competent with therapeutic use giving the lowest ratings. In addition, physicians' trustworthiness and empathy were lower if they used AI in practice. The responses indicated that participants were significantly less likely to make appointments with physicians if they were made aware they used AI in any context.

(Artificial Intelligence, July 2025)

AI chatbots fall short in health advice study

As healthcare costs rise and waiting lists grow, many people turn to AI chatbots, like ChatGPT, for medical advice but a new UK study suggests chatbots may not improve and could even hinder health decision-making. People using AI models often missed key health conditions or underestimated their severity. The study showed:

- Users struggled to provide complete information to chatbots and sometimes received confusing, mixed-quality responses.
- AI chatbots performed no better than traditional methods like online searches or personal judgment.

While tech giants like Apple, Amazon and Microsoft push AI-driven health tools, professionals remain wary of applying such technology to serious medical decisions and the American Medical Association advises against using chatbots for clinical decision-making.



When GLP-1s are stopped there is rapid weight regain and loss of health benefits

These are new drugs (weight-loss drugs) and not many of the clinical trials continued to study people after the medication ended so what happens after this is limited. It is very important that researchers look at emerging information to find out what happens in the longer term. The key points of the study are:

- People return to their baseline weight and lose all cardiometabolic benefits in less than two years after stopping semaglutide or tirzepatide.
- Observations estimate that 50% of people with obesity discontinue GLP-1s within 12 months.

The review involved 9,341 participants in 37 studies of all types of weight-loss medications including older ones and showed:

- The return to baseline weight occurred in an average of 1.7 years overall.
- The average monthly weight regain was 0.4 kg, about four times faster than after behavioural interventions regardless of the amount of weight initially lost.
- Cardiometabolic benefits were projected to return to baseline even sooner after stopping GLP-1s.

In a separate subset analysis of 1,776 participants in six studies of semaglutide and tirzepatide, the average weight loss was 14.7 kg, regain was 9.9 kg at a rate of 0.8 kg/mol, with a projected return to baseline at 1.5 years.

All cardiometabolic outcomes measured, including HbA1cs, fasting glucose, systolic and diastolic blood pressure, total cholesterol, and triglycerides, were also projected to return to baseline within 1.4 years after stopping the medications.

By comparison, a previous study of the same group on weight regain after behavioural weight-loss



programmes showed less weight loss, 5.1 kg, but also much slower weight regain, 0.1 kg/mol and longer return to baseline, 3.9 years. However, there was no evidence that the rate of weight regain differed with or without behavioural support, during or after treatment

What do the experts say?

Co-author Susan Jebb, PhD, OBE, professor of Diet and Population Health: "These drugs (GLP-1s) are highly effective and a valuable tool in obesity treatment, but obesity is a chronic relapsing condition. I think it's important that these drugs are considered as one option within the wider obesity treatment portfolio. This is not the only way to treat obesity."

Qi Sun, MD, associate professor of medicine: "GLP-1 receptor agonists should not be relied on as a magic cure for obesity. While considerable weight loss, even if temporary, may still bring some health benefits for those with obesity, people using GLP-1s should be aware of the high discontinuation rate and the consequences of stopping the medications. Healthy diets and lifestyles should remain the foundation for obesity treatment and management, with medications such as [GLP-1s] used as adjuncts."

Adam Collins, PhD, University of Surrey, England: "... as soon as you withdraw this GLP-1 'fix,' appetite is no longer kept in check and overeating is far more likely. Going cold turkey is a real challenge which is made worse if the person has relied solely on GLP-1 to do the heavy lifting during weight loss, ie, artificially suppressing their appetite without them establishing any dietary or behavioural changes that would help them in the long run."

Cost-effective for the NHS?

The UK's National Institute for Health and Care Excellence (NICE) considers the use of the weight-loss drugs to be cost effective for certain groups of people – those with a BMI of 35 or above and one or more comorbidities. However, these new findings suggest that weight regain may be quicker, which could change the cost-effectiveness calculation.

(*BMJ*, 7th January 2026)

Research

High glucose levels in people with diabetes linked to tripling of eye disease risk

Older people with diabetes who do not keep blood sugar levels low are three times more likely to develop eye disease compared to those who have reduced blood sugar levels, according to a new study. The study looked at results of a survey of 5,600 people aged 52 and over in England over 14 years. The findings were:

- People with “uncontrolled” diabetes (defined as when blood sugar levels are high at the start of the study) had a 31% chance of developing diabetic eye disease over the 14 years.
- People diagnosed with diabetes whose blood sugar levels were found to be within a “normal” range at the start of the study had a 9% chance of developing the disease over the same time.
- The group with diabetes who had high blood sugar levels (HbA1c levels above 6.5% or 48mmol/mol which reflects blood sugar levels over two months) were also more likely to develop two other eye diseases – glaucoma and macular degeneration.
- People with undiagnosed diabetes had a higher risk of developing eye disease than those who had been diagnosed and had reduced their blood sugar levels.
- Specifically, people with undiagnosed diabetes were 38% more likely to develop macular degeneration over the 14 years than those with controlled diabetes. They were also 23% more likely to develop diabetic eye disease.

The study findings show how important it is that people with diabetes are diagnosed and are supported in managing the condition, as this will reduce their chance of potentially debilitating eye disease. It is particularly important that people have eye examinations, especially in older people.

Diabetic eye disease usually refers to diabetic retinopathy, where high blood sugar levels damage the retina but people with diabetes are also at increased risk of glaucoma, macular degeneration and cataracts. It has been pointed out that the link between diabetes and the other diseases may be due to people with diabetes having their eyes checked more frequently than the general population.

(BMJ Open, October 2025)

Type 1 diabetes is worse in the young – here's why

Scientists have discovered why Type 1 diabetes is more severe and aggressive when it develops in young children. As we know, Type 1 is caused by the immune system attacking cells in the pancreas that control blood sugar levels. Researchers have shown that the pancreas is still developing in childhood, particularly under the age of seven, making it far more vulnerable to damage. They say newly developed drugs could buy patients time for the pancreas to mature, delaying the disease.

It has been a mystery why children diagnosed young (especially under the age of seven) have a more aggressive disease than those diagnosed in their teens or later. This study shows it is down to the development of the beta cells in the pancreas, the cells that release insulin when blood sugar levels rise after we eat.

The researchers studied pancreas samples from 250 donors, allowing them to see how the beta cells formed normally as people got older and in Type 1 diabetes.

Results

Earlier in life the beta cells were shown to exist as small clusters or as individual cells, but as we age they grow in number and mature into larger groups known as Islets of Langerhans.

After the immune system turned against a patient's own beta cells:

- Beta cells in small clusters were picked off and destroyed so they never had the chance to mature.
- Those in larger islets were still attacked but were more durable allowing patients to still produce low levels of insulin which reduced the severity of their disease.

Conclusions

This is a significant finding for Type 1 diabetes as it shows why the disease is more aggressive in children. It also means the future is brighter for children diagnosed with Type 1 diabetes now for the following reasons:

- There is the possibility of screening healthy children for the disease.
- The development of new immunotherapy drugs

to delay or even prevent the onset of Type 1 diabetes in young people.

The UK has licensed teplizumab which is an immunotherapy that can stop the immune system attacking beta cells and may be able to give them time to mature. Teplizumab is not available on the NHS.

(Journal Science Advances, November 2025)

Type 1 diabetes risk higher for young people with pre-existing autoimmune disease

Research showed that adolescents and young adults with pre-existing autoimmune disease are more than twice as likely to develop Type 1 diabetes than those without an autoimmune disease. Therefore, researchers suggest that this group of people should be screened for Type 1 diabetes autoantibodies.

Unlike in children, diagnosing Type 1 diabetes in adulthood is challenging, and up to 40% of adults diagnosed with Type 1 diabetes are being misdiagnosed as having Type 2 diabetes. This is because Type 2 diabetes is very common in adulthood and risk factors that used to be attributed to increased risk for Type 2 diabetes (eg obesity) are now also highly common among people with Type 1 diabetes and may even increase the risk for developing Type 1 diabetes.

Researchers obtained information from 1,426,362 adolescents and young adults aged 16 to 19 years without diabetes who underwent a medical evaluation prior to military service in Israel. They were followed for the development of Type 1 diabetes which was defined as having positive autoantibodies, actively being treated with rapid-acting insulin, if insulin started within one year of diabetes onset and if insulin was the only glucose-lowering medication being used. The results were as follows:

- At the start of the study, 2.7% of the study group had an autoimmune disease.
- Adolescents and young adults with an autoimmune disease were more likely to develop Type 1 diabetes than those without an autoimmune disease.
- Those with autoimmune thyroid disease or coeliac disease had a higher risk of new-onset Type 1 diabetes than people without those disorders.

In a sub-analysis of those diagnosed with Type 1 diabetes with at least one islet autoantibody detected, those with autoimmune diseases

continued to have more than double the risk for Type 1 diabetes than those without an autoimmune disease. Those with autoimmune thyroid disease or coeliac disease also had a higher risk for islet autoantibody-diagnosed Type 1 diabetes than adults without those diseases.

Based on the above findings, the researchers suggest that people with autoimmune diseases should undergo autoantibody screening for Type 1 diabetes. They also added: "We need to remember that Type 1 diabetes may develop at any age ... and that overweight and obesity do not exclude Type 1 diabetes diagnosis."

(Diabetes Care, 2025)

Video consultations for pump users with Type 1 diabetes

Over one year, video consultations for patients with Type 1 diabetes treated with insulin pumps resulted in no meaningful change in time in range compared with normal face to face visits. Patients who received video consultations reported better treatment satisfaction and lower HbA1c levels but poorer diabetes-specific quality of life.

The research was carried out in Denmark and people treated with insulin pumps for at least six months were randomly assigned to receive either video consultations or face to face care for 52 weeks.

Results

- After a year there was no clinically meaningful difference in time in range between the two groups.
- The video consultation group reported higher treatment satisfaction but a worsening of diabetes specific quality of life.
- HbA1c levels were lower in the video consultation group than in the standard care group.
- Serious adverse events occurred in three patients: two in the video consultation group (one had diabetic ketoacidosis, and one had hypoglycaemia) and one in the standard care group, who had hypoglycaemia.

Conclusions

The researchers suggest that changing some of the consultations from in-person to video might be possible while still providing sufficient glycaemic management and possibly increasing treatment satisfaction.

(Diabetologia, November 2025)

Research continues on the next page.

This needle-free insulin may be speedier than injections

Researchers suggest that a material that slips through skin might someday make needle-free insulin possible for people with diabetes. In mice and mini pigs, attaching the permeating polymer

to insulin and applying the resulting compound like a cream normalised blood glucose levels almost as quickly as injecting insulin. This is called transdermal delivery and could allow people to manage diabetes using patches rather than injections.

(Nature, 19th November 2025)

Programme available to universities to offer students support in living independently with Type 1 diabetes

If you or your teenager has Type 1 diabetes and considering going to university, the ADAPT programme offers care and support and an easily accessible diabetes service to university students with Type 1 diabetes. It was developed in collaboration with NHS primary care, universities and specialist diabetes care services with the aim of helping students with Type 1 diabetes live independently, make university life easier and improve diabetes self-management.

The service runs monthly diabetes clinics and invites a specialist diabetes team and academic staff for pastoral care, a group lunch and diabetes education in both the clinic and lecture halls.

This has increased patient engagement and physical and mental wellbeing.

Since starting at the University of Essex, the programme is expanding in the UK and has been disseminated internationally.

Key features of the ADAPT approach for supporting students with Type 1 diabetes include:

- **Age-appropriate** interaction with emerging adults
- **Diabetes education** on campus
- **Academic support** in line with challenges of living with diabetes
- **Psychological support**
- **Togetherness** of different teams and students with diabetes

The ADAPT team maintain that in the UK it is estimated that there are more than 10,000 university students with Type 1 diabetes, out of a total student population of 2.8 million.

Diabetes self-management is challenging and it can be harder by the need to adjust to an often

stressful and erratic student life. There may be new challenges including those related to cooking, relationships and time schedules. Additional obstacles might include a reluctance to disclose a diagnosis of diabetes or the exploration of risk-taking behaviour characteristic of young adulthood.

More than half of 584 surveyed university students with Type 1 diabetes in the UK found it harder to manage diabetes while away from home or experienced frequent hypoglycaemia and one in four were hospitalised for diabetes during their studies. However, 91% never or rarely contacted university support services.

The ADAPT approach aims to create a better university life for students with Type 1 diabetes and it is hoped that this will help to lower the risks for preventable hospitalisation and increase the quality of life of students by improving their skills and confidence in diabetes self-management as well as raising awareness among those responsible for their wellbeing."



More to discuss about weight loss drugs – pregnancy

Weight-loss drug use linked to lower risk of gestational diabetes but...

A study has shown that women who used weight-loss drugs (GLP-1 receptor agonists), before pregnancy had a significantly lower risk of gestational diabetes but a higher incidence of pre-eclampsia. Researchers found that 11% of women who used GLP-1s before pregnancy developed gestational diabetes, compared with 53% who did not. However, 68% of GLP-1 users experienced pre-eclampsia, versus 32% non-users.

(Obesity Week, November 2025)

As prescriptions of GLP-1 receptor agonists for women increase, so do the number of unexpected pregnancies

Australian research has shown that as the prescribing of GLP-1 receptor agonists for women of reproductive age increased there was a rise in unexpected pregnancies (often referred to as Ozempic babies).

Fewer than one in four women are using contraception at the time of treatment initiation. As there are concerns that the use of GLP-1 receptor agonists during pregnancy could be harmful, the researchers looked into whether contraception recommendations are being followed when prescribing the medication.

One of the authors commented: "Anecdotal reports of unplanned pregnancies in women using GLP-1 receptor agonists are increasing, but robust data on their use, contraception use and pregnancies among Australian women of reproductive age are not available."

The reasons for the low coverage level of effective contraceptive coverage among women could be related to limited awareness of the risks associated with GLP-1 receptor agonist use during pregnancy, or perceptions of reduced fertility in women with Type 2 diabetes, polycystic ovary syndrome or obesity.

In addition, as modest reductions in weight can improve fertility, the risk of unintended pregnancy is significant if effective contraception is not used.

Clearer practice recommendations needed

The researchers stated that information on the safety of GLP-1 receptor agonists use during pregnancy is still limited. Concerns about short and long term effects on foetal growth and metabolic health are related to reports of increased risk of small for gestational age babies among women who lose weight while pregnant.

This suggests that rapid weight loss itself, immediately prior to, or during early pregnancy, may increase the risk of adverse pregnancy outcomes.



The researchers recommend that clearer recommendations are needed for women with Type 2 diabetes and also for those with polycystic ovary syndrome or obesity, with appropriate emphasis on ensuring concurrent contraception – good advice but it doesn't take into account women who obtain their supplies online!

One thought is: "Contraception is crucial when prescribing weight loss drugs for women."

(Medical Journal of Australia)

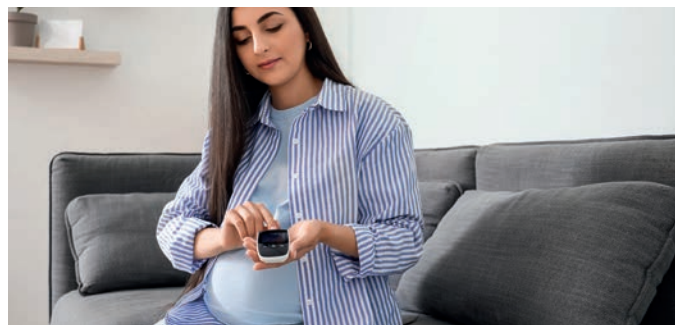
Weight-loss drugs (GLP-1s) may affect libido – an overlooked adverse effect

GLP-1s have been associated with shifts in sexual desire in some patients, so it is important that we understand the effects of these drugs on the brain and hormones.

The gastrointestinal adverse effects of GLP-1s are well known but their effect on patients' libidos may go unnoticed. Some patients report a noticeable change in sexual desire which may be tied to how these drugs affect their brain chemistry.

GLP-1s mainly act in the gut but also affect the reward pathways in the brain. Research suggests that dampening dopamine signalling and enhancing serotonin, may reduce cravings for sex as well as food.

Influence on hormones – GLP-1s shift hormone levels that can affect libido as a result of which, men with low testosterone levels or women who



are menopausal may experience a reduced sex drive. While some people may lose interest in sex, others may have the opposite experience as weight loss can boost mood, self-esteem and hormonal balance, which in turn could improve sexual desire.

The way forward – To address libido changes, patients and their clinicians should discuss treatment strategies, which may include adjusting the dose, managing fatigue or nausea and optimising hormone levels. In most cases, libido-related adverse effects are reversible once the drug is stopped.

While GLP-1s can affect patients' libido through their effects on the brain and hormones, the impact varies and the advice is that doctors should explain to patients the reason for such changes and adjust medication if needed.

(October 2025)

Note: IDDT has a booklet entitled 'Sexual Dysfunction in Men and Women' and if you would like a free copy call IDDT on 01604 622837 or email enquiries@iddtinternational.org

Dream Trust and the 'T1D Longevity Project'

At the end of last year Dr Sanket Pendsey at Dream Trust sent us good wishes for the festive season and 2026. He also sent us news of the work he and his team are doing for children and young people with Type 1 diabetes. We have to say a big thank you to IDDT members who have supported children at Dream Trust over many years.

Here are Dr Sanket's reflections:

As we reflect on the past year, it has been a great one for me and my entire team. Over the last year, we have enrolled **81 new children** with Type 1 diabetes at Dream Trust.

One of the new initiatives that we have started is the **T1D Longevity Project**, through which we are providing comprehensive blood investigations free of cost for all children below 21 years of age. To

date, more than 525 children have benefited from this initiative, and our goal is to extend this service to 1,200 children. We believe this program will significantly improve awareness of diabetes-related complications while enabling early detection and timely intervention. We have also used continuous glucose monitoring (CGMs) in 68 children.

It was also a pleasure to host Mr Roy De Boise from the UK, a documentary filmmaker who works exclusively with charities worldwide. He supported us by creating several short videos and capturing powerful patient stories that help bring our mission to life.

Your unwavering and generous support for children of Dream Trust continues to inspire us. We are deeply grateful for your commitment and partnership.

IDDT donated supplies get to Ukraine

Again, we have to thank everyone who has sent unwanted diabetes supplies to IDDT to help people with diabetes in Ukraine.

Our latest collection was made just before Christmas and the picture shows them being delivered to a hospital for distribution to people in need. We also have to thank our knitters for all the hats, scarves and toys they have made – these have been given to children in orphanages.

A huge thank you for the supplies you are sending!



Making your will for free

Each year we write to you about the importance of making a Will, in order to protect the future of your loved ones.

We also explained about how important it is to consider leaving a gift to charity and how reliant IDDT is on the generosity of people who have remembered us when drafting their Will.

With this in mind, IDDT has joined with The Goodwill Partnership to offer members the opportunity to draft a new Will at no cost to themselves. The Goodwill Partnership is a well-established

the Goodwill Partnership

organisation that currently works with over 150 charities to assist their supporters to make their Will at no or reduced cost. All Wills are drafted by fully qualified solicitors.

In recognition of the value IDDT places on the support it receives from its members, we are not making this offer open to the

general public, unlike other charity schemes you may have seen advertised on television.

If you are considering making or updating your Will, we do hope you will take us up on this offer and possibly give us favourable consideration when you do so.

To discuss making your Will for Free further, please call The Goodwill Partnership on 01492 437005 or visit www.thegoodwillpartnership.co.uk/iddt/ to arrange an appointment. If you have any questions, you can call IDDT on 01604 622837.

IDDT booklets updates

We have recently updated the following booklets:

- Looking After Your Feet
- Gestational Diabetes
- Diabetes and Pregnancy
- Holiday Tips

If you would like copies of any of these updated booklets call IDDT on 01604 622837, email: enquiries@iddtinternational.org or write to IDDT, PO Box 294, Northampton, NN1 4XS.



IDDT Get Together October 2025

"It's Never Too Late to Learn"

Summary of the day, written by Anne Aubin

Members, staff and speakers arrived at the Kettering Park Hotel and Spa on a glorious and colourful autumn morning. After informal chats over coffee, we started with the Trust's annual general meeting.



AGM

Jenny Hirst, co-chair, welcomed everyone and reminded us that we have been getting together since 1994 when the Trust was formed to fight for continuing availability of animal insulin – which we still have, thanks to lobbying. The Trust's focus remains supporting anyone living with diabetes and one way in which it does this is by annually sending out 135,000 printed leaflets to healthcare professionals to pass to their patients. However, this is very costly to the charity so needs to be kept under review. The Trust also continues to collect donated diabetes supplies and knitted treats to send to Ukraine.

The meeting went through the formal AGM business with approval of the annual accounts which showed an overall decreased income but next year's accounts will show the eventual receipt, after 20 years, of a sizeable legacy. Fundraising has doubled and costs

were lower last year as the massive advertising campaign was wound down. The existing Trustees and new Trustees, Karen Merrey and Mabel Blades, were voted in. The floor congratulated the Trust on achieving so much with so few dedicated staff, and Jenny affirmed that the key is good teamwork and staff being happy to be adaptable and take on new challenges.

During the day

There were discussion groups where a variety of topics relating to living with diabetes were discussed.

The following healthcare professionals made presentations:

- 50 Shades of Diabetes – Tamsin Fletcher-Salt, Diabetes and Endocrinology Nurse Clinical Lead
- Diabetes and Eyes – Dr Rebecca Thomas
- The importance of diabetes foot screening and assessment – Gemma Andrews
- The GP Perspective on Treating Diabetes – Professor/Dr Sam Seidu

If you would like to receive the full write-up of the day and the talks, please contact IDDT by calling 01604 622837 or email enquiries@iddtinternational.org

A date for your diary – IDDT's Get together for 2026

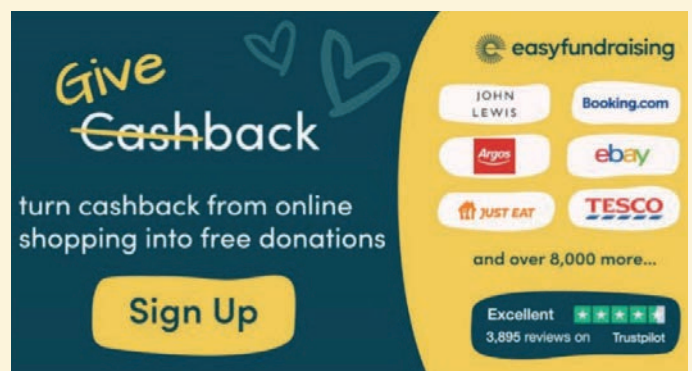
It may seem a long way off but our Get Together for this year will be on Saturday, October 3rd at the same venue, The Kettering Park Hotel and Spa. Keep the date free if you would like to join us!

An easy way to raise funds for IDDT – hence the name 'easyfundraising'

Sign up to easyfundraising and when you shop online with your favourite retailers, they'll donate to us.

It's free and your shopping won't cost you any extra - the retailers you shop with will donate, not you!

Create an account at <https://tinyurl.com/4bj46uxa>



easyfundraising

Give Cashback

turn cashback from online shopping into free donations

Sign Up

JOHN LEWIS Booking.com

Argos ebay

JUST EAT TESCO

and over 8,000 more...

Excellent 3,895 reviews on Trustpilot

From our own correspondents

Recycling pens

Dear Jenny,

I have been trying to find out how to dispose of my pens. I asked the staff at my local pharmacy however, they were unable to help. I could not find an answer on my council website and nor could Novo Nordisk Customer Services help.

I resorted to another internet search and discovered the following message:

'To recycle your pens, you can take them to Household Waste Recycling Centres (HWRCs), designated in-store collection points at larger retailers, or use kerbside collections for small batteries placed in a clear bag on top of your general waste bin.'

You will be pleased to hear that having put them in a clear bag with a note saying '**contains lithium batteries**' they were subsequently collected.

I just thought you would like to know in case you wish to advise other readers of your magazine or website.

Many thanks for taking the time to correspond.

By email

Newsletter is incredibly valuable!

Dear IDDT,

I am a pharmacist currently undertaking the Independent Prescribing programme, with a particular interest in diabetes care.

I have had the opportunity to read your magazines through the diabetes nurse I am currently shadowing and I've found it incredibly valuable. Moving forward, I would love to stay updated on the latest developments, research and best practices in diabetes management. Could you please sign me up to receive paper copies of your magazine or advise me on how best to subscribe?

Thank you very much for your time and the great work you do.

By email

Remission

Thanks to your leaflets I quickly put my diabetes into remission!

A Facebook comment

IDDT Lottery Results

WINNERS OF THE OCTOBER 2025 DRAW:

- 1st Prize of £453.60 goes to Sharon from Rochester
- 2nd Prize of £340.20 goes to Anon from Stratford-upon-Avon
- 3rd Prize of £226.80 goes to Rosemary from Newtownabbey
- 4th Prize of £113.40 goes to Mark from Leeds

WINNERS OF THE NOVEMBER 2025 DRAW:

- 1st Prize of £448.32 goes to Patrick from Durham
- 2nd Prize of £336.24 goes to Anon from Colchester
- 3rd Prize of £224.16 goes to Suzie from Peterborough
- 4th Prize of £112.08 goes to Pauline from Doncaster

WINNERS OF THE DECEMBER 2025 DRAW:

- 1st Prize of £446.88 goes to Anon from Newcastle upon Tyne
- 2nd Prize of £335.16 goes to Robert from Southgate
- 3rd Prize of £223.44 goes to Anon from Darlington
- 4th Prize of £111.72 goes to Michael from Bradford-upon-Avon



Note: The winners of the draws for January, February and March 2026 will be announced in our Summer 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

Sugar rationing in utero in early childhood may benefit heart health

People exposed to sugar rationing in utero and during their first two years of life had lower risks of cardiovascular disease and related conditions after age 40, according to an analysis of data from World War 2 when sugar rationing was common. The study, compared people who experienced sugar rationing with those who had not and it suggested that diabetes and hypertension may account for 31% of the link between sugar rationing and cardiovascular disease, with birth weight linked to 2.2%.

(BMJ, October 2025)

Closed-loop insulin system shows benefits in pregnancy

The Circuit Trial found that a closed-loop insulin delivery system helped pregnant women with Type 1 diabetes spend more time in the pregnancy-related glucose range compared with standard care. The study found that women using the system spent 65.4% of time in the target range compared with 50.3% of those receiving standard care.

(JAMA, October 2025)

Fitness apps can be counterproductive

Researchers have reported that using fitness apps can cause feelings of shame, frustration and disappointment when goals set by the apps are not achieved and can result in users being demotivated. Researchers analysed nearly 14,000 social media posts about five popular fitness apps and found evidence of shame, irritation, annoyance and skepticism. The researchers suggested that fitness apps take a more holistic approach and focus on overall well-being.

(British Journal of Health Psychology, October 2025)

Mental health – worrying impact of smartphones before age 13

The US Global Mind Project shows that owning a smartphone before 13 years is linked to significantly poorer mind health outcomes in young adulthood. The online survey analysed 2 million participants from 163 countries and found that 18 to 24-year-

olds who received their first smartphone at age 12 or younger had lower scores on a self-assessment tool that measures social, emotional, cognitive and physical well-being. The symptoms most strongly linked to earlier smartphone use were suicidal thoughts, aggression, detachment from reality and hallucinations. Researchers warned that this trend could affect the next generation and called for precautionary, state-level policies to limit early access.

In the US, Indiana attorney general sues Lilly over insulin prices

The Indiana Attorney General has filed a lawsuit against one of the state's most prominent companies, Eli Lilly, alleging that the drugmaker participates in a scheme with other insulin manufacturers, Novo Nordisk and Sanofi, and pharmacy benefit managers (PBMs) to inflate insulin prices. In the 1990's insulin cost as little as \$20 per vial since when some insulins have increased by over 1,000%.

(Indianapolis Business Journal, 6th January 2026)

Lose weight or lose your jobs, offshore workers told

Industry body Offshore Energies UK (OEUK) said the maximum clothed weight for a worker heading offshore should be 124.7kg (19.5st) so they can be winched to safety in an emergency. More than 2,200 workers were currently above the weight limit, and jobs could be lost in the worst-case scenario.

The 249kg (39st) maximum Coastguard rescue helicopter winch load is made up of that figure plus the average 90.3kg (14st) weight of a rescue worker, a 29kg (4.5st) stretcher and the 5kg (0.8st) kit.

One offshore worker, who was managing to lose weight, said that the fear of losing his job is an added motivation. OEUK said the average weight of offshore workers had risen by almost 10kg (1.5st) since 2008. Graham Skinner, the health and safety manager at OEUK, said it was hoped the new safety policy would not lead to job losses, but he could not rule it out. The mandatory implementation of the new policy will be from November 1st 2026.

(Published November 7th 2025)