InDependent Diabetes Trust Newsletter *Type 2 and you*

March 2016 Newsletter, Issue 26

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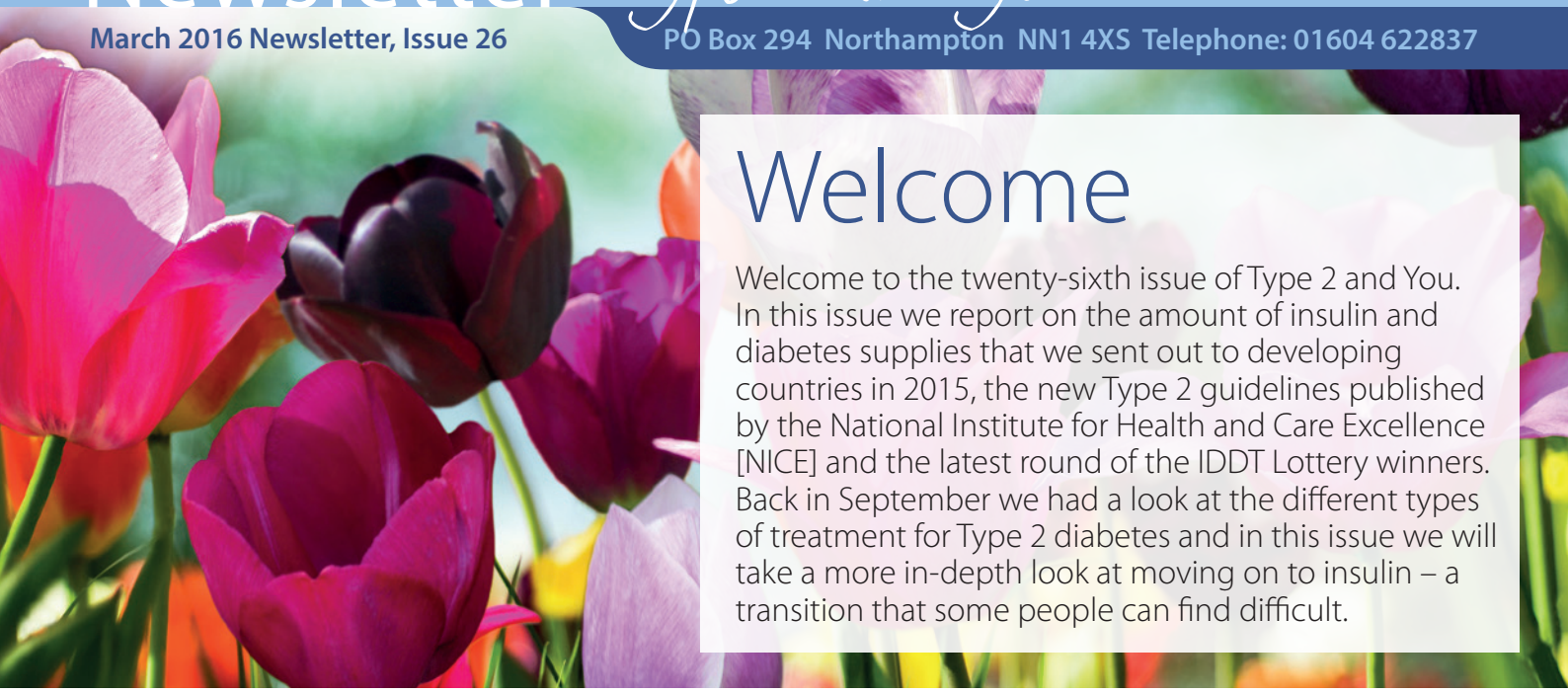


Welcome

Welcome to the twenty-sixth issue of Type 2 and You. In this issue we report on the amount of insulin and diabetes supplies that we sent out to developing countries in 2015, the new Type 2 guidelines published by the National Institute for Health and Care Excellence [NICE] and the latest round of the IDDT Lottery winners. Back in September we had a look at the different types of treatment for Type 2 diabetes and in this issue we will take a more in-depth look at moving on to insulin – a transition that some people can find difficult.

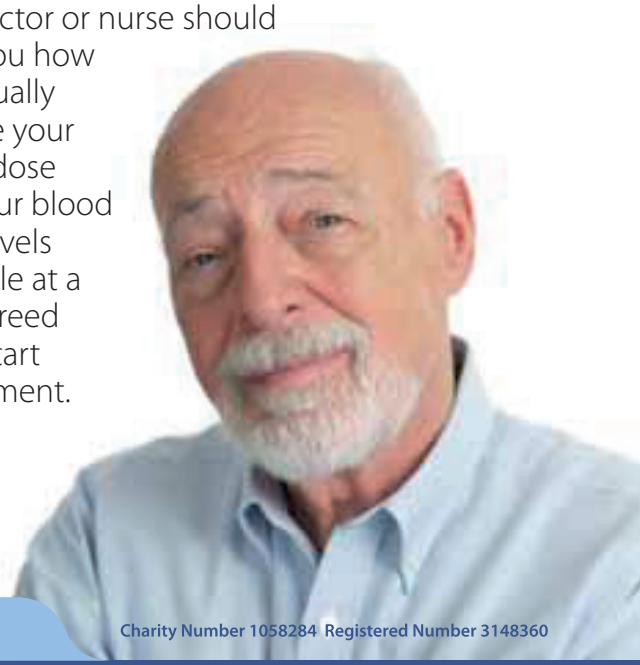
Moving on to Insulin

On average, seven years after diagnosis people with Type 2 diabetes will need to start taking insulin. The reason for this is that the tablets people have usually been taking are no longer able to control the condition. For a lot of people this can be a time of upset, anxiety and confusion. In this article we are hoping to explore some of the "hows" and "whys" of starting treatment with insulin and give you some idea of what will happen and what you can expect.

Treatment with insulin usually begins when the tablets you have been taking are no longer able to control your blood sugar levels sufficiently well. There are risks and benefits to insulin therapy and your doctor or nurse should discuss these with you before you start using insulin. The main risk is the increased possibility of low blood sugar levels (hypoglycaemia or hypos), whereas benefits include more stable blood sugar levels and an improvement in general well-being.

Before starting on insulin most people will have been taking tablets or other injectable treatments; metformin (Glucophage), is the most common tablet and increases the body's ability to use the insulin it still produces but there are many other medicines used to treat Type 2 diabetes. Because of the way in which these medicines work they can lower blood sugar levels and cause hypos. When you start taking insulin you should fully review the medicines you are taking as these may need to be altered to minimize the risk of hypos.

Your doctor or nurse should show you how to gradually increase your insulin dose until your blood sugar levels are stable at a level agreed at the start of treatment.



Regular blood testing and recording is important to avoid hypos and to stabilize your blood sugar levels as quickly as possible. If you do find you are having frequent hypos then you should discuss this with your doctor or nurse and it is likely that they will reduce or discontinue the other medication.

There are lots of different types of insulin available and they work in different ways. Long-acting or background insulins are designed to be absorbed gradually, over a long period of time. Short-acting insulins are designed to work quickly and are used to deal with the sharp increase in blood sugar levels that happens after eating a meal. Usually, your doctor or nurse will advise that you begin by taking a long-acting insulin which should be used once or twice a day, depending on the brand of insulin you are prescribed. However, different mixtures of long-acting and short-acting insulins are available. These are called pre-mixed insulins. These help your body cope with mealtimes as well as having a longer-lasting effect to help throughout the day. These are designed to be used twice a day. If you and your doctor or nurse think that one of these insulins would suit you then this should be discussed and they should tell you how often and when to inject. Another option is to inject several times a day. This is called the "basal bolus" or "multiple dose" regime and it works by taking a long acting insulin once or twice a day and a short acting insulin at mealtimes.

There are several different devices that can be used for injecting insulin, the most commonly used being an insulin "pen" but other delivery devices are available and each have their own advantages:

PEN - Many people find this to be the most convenient way to inject.

NEEDLE & SYRINGE – These are used when the insulin is available in vials. Some people prefer to use this method to inject.

INNOLET – This is a hand-held device with a large dial used to measure the required number of units of insulin. It makes an audible click when a unit is dialed. Because of these features it is particularly useful for people with visual impairment or dexterity problems but is only available for use with certain insulins.

INSULIN PUMP – This is a device that supplies a constant dose of insulin. It has distinct advantages and disadvantages and people who use a pump have to satisfy a strict set of criteria before they are prescribed one. The National Institute for Clinical Excellence (NICE) does not recommend the use of pumps by people who have Type 2 and because of this they are rarely used.

Your doctor or nurse should discuss the options that are available to you so you can decide which to try first. You should also discuss with them about the disposal of needles and blood monitoring lancets so that arrangements are in place for their safe disposal.

Below is a list of things that you should be given before you start using insulin:

- education about how to use the insulin and the injection device prescribed for you, how insulin works, how it affects the body, and how you need to think about and control what you eat and drink.
- information about hypoglycaemia, how to best avoid it and what to do if it happens.
- a blood glucose meter to check your blood glucose levels, and information about how to use it.
- how to read the results and how to use them – for example, you should have information on what to do if there are unexpected changes in your glucose levels.
- support (on the phone and face-to-face) from a doctor or nurse with training and experience in managing insulin therapy.

WARNINGS!

Insuman shortages

Insuman Basal, Comb 25 cartridges and prefilled pens are likely to be in short supply for the next eight months, according to the manufacturers Sanofi. These insulins are used by nearly 50,000 people in the UK.

Although there will be some stock in the supply chain, NHS health professionals have been told by Sanofi that there would be a 'possible supply shortage in the United Kingdom of some Insuman presentations (recombinant human insulin) from 1 December 2015 due to limited capacity at the manufacturing site. Supply is expected to return to normal in July 2016'. They warn that replacement with alternative insulin formulations is needed to avoid hyperglycaemia and serious complications.

The four specific products affected are:

- Insuman Basal 100 IU/mL
- Insuman Comb 25 100 IU/mL cartridges
- Insuman Basal Solostar 100 IU/mL
- Insuman Comb 25 Solostar pre-filled pens.

The nearest alternative insulins are as follows:

- For patients on Insuman Basal preparations the alternative human insulins are Humulin I and Insulatard,
- Those on Comb 25 products can be switched to Humulin M3.

Sanofi have said that it is difficult to estimate how many people will be affected but GP leaders have said that people cannot run out of insulin so GP practices need to get on and switch patients to an alternative insulin. If you are using these insulins, you need to discuss alternatives with your GP practice.

GlucoMen LX Sensor test strips

The Medicines and Health products Regulatory Agency (MHRA) has issued a medical safety alert about GlucoMen LX test strips made by manufacturers, Menarini Diagnostics UK.

Menarini Diagnostics has detected a few cases of inaccurate results obtained by some users of the GlucoMen LX Sensor test strips for blood glucose self-monitoring used with the GlucoMen LX PLUS. Incorrect storage of the vial after first opening could be the cause of possible overestimated results – higher results than the actual blood glucose levels..

The MHRA recommend that:

- the vial should be closed immediately after each use. If it is left open to high environmental humidity for a prolonged period of time, the test strips may overestimate the blood glucose value.
- The test strips must be stored in their original vial and the discard date should be written clearly on the label, counting nine months after opening.
- Users who obtain unexpected values must repeat the test with a new test strip and if the results continue to be abnormal or not consistent with what they feel, they must contact their doctor before taking any other action.

Beware of buying diet pills online

The pressure is on for the general public to lose weight, especially after the Christmas festivities and many people with diabetes, especially Type 2 diabetes, are no exception to this. The Medicines and Healthcare products Regulatory Agency (MHRA) has issued a warning to people about the dangers of buying diet pills online.

During 2015, the MHRA seized more than 240,000 doses of pills claiming to be for weight loss or slimming. Some of them were marketed as 'all herbal' or natural when they actually contained synthetic sibutramine which was withdrawn in Europe and the US in 2010 due to an increased risk of heart attacks and strokes associated with its use.

If you are looking to buy products online described as herbal or natural, the only safe products should display the Traditional Herbal Registration (THR) logo and a THR/PL number. This means that they have been assessed by the MHRA for quality and safety. However, the MHRA advises people not to buy slimming pills online without consulting a doctor or pharmacist.

A date for your diary

This year we are holding our bi-annual, one day Conference, entitled 'Best Foot Forward'. It will be on Saturday, October 15th 2016 at the Kettering Park Hotel, just off the A14, so easily accessible by road and there is a good train service from London. As the last conference in 2014 was so well received, the programme will be similar. There will be speakers, 'Question Time' and group discussions led by the team of nurses from Kings Lynn. Further details and a Conference Programme will be sent to you with the June Newsletter.

We hope to see many of you there, so put the date in your diary!

Pomegreat drinks now have added sugar

IDDT's logo has been on Pomegreat drinks in some of the major supermarkets and we were happy to endorse this drink because Pomegreat was sweetened with a natural fruit extract. This was shown to mitigate the effects of sugar whereas many other fruit juices contain fructose or added sugar. These are fast-acting sugars and lead to raised blood glucose spikes.

However, the company making the Pomegreat has been taken over by an American company and from the end of January 2016, Pomegreat will contain added sugar. Therefore from the end of January 2016, IDDT will not be supporting its use and our logo will no longer appear on the products.

New

NICE provides essential guidance, advice, and information to key groups including GPs, local government, public health professionals and members of the public. It provides quality standards and information services for health, public health and social care.

The key points about the new guidelines for adults with Type 2 diabetes are as follows:

- Healthcare professionals should involve people in decisions about their care.
- The guidelines stress the need for individualising care and include new recommendations on managing blood glucose levels, effective drug treatment and lifestyle.
- People with Type 2 diabetes and their families or carers should be offered a diabetes education course around the time of diagnosis.
- The sequence of drug treatments that can be offered.

Adopting an individualised approach

Healthcare professionals should take into account a person's:

- personal preferences
- comorbidities (other conditions in addition to diabetes)
- risk of polypharmacy (taking many drugs)
- the ability to benefit from long-term interventions because of reduced life expectancy.

The needs and circumstances of each person should be reassessed at each review, along with both the healthcare professional and the patient considering stopping any medicines that are not effective.

NICE Guidelines

for adults with Type 2 diabetes

Managing HbA1cs

The HbA1c is a measurement of average blood glucose levels over the previous 2 to 3 months. Again, NICE says that people with Type 2 diabetes should be involved in decisions about their individual HbA1c target. They should be encouraged to achieve and maintain this target unless there are any adverse effects, such as hypoglycaemia or there is an impaired quality of life.

NICE recommends that the aim should be to achieve an HbA1c 48mml/mol (6.5%). If the drug being used can cause hypoglycaemia then the aim should be to achieve an HbA1c of 53mmol/mol (7%).

If HbA1cs are not adequately controlled by a single drug and rise to 58mmol/mol (7.5%) or higher then healthcare professionals should:

- reinforce advice about diet, lifestyle, advice and the need to take drugs as prescribed,
- support the person to aim for an HbA1c of 53mmol/mol (7%) and
- intensify drug treatment.

How often should HbA1cs be measured?

- 3 to 6 monthly intervals until the HbA1c is stable without changing treatment,
- 6 monthly intervals once the HbA1c is level and the blood glucose lowering treatment are stable.

New advice on drug treatment

The new guidelines say that standard release metformin should be offered as the initial drug treatment and the dose should be gradually increased over several weeks to minimise the risk of gastrointestinal side effects. However, if these side effects occur, then a trial with modified release metformin should be offered. The guideline also includes a pathway for other blood glucose lowering drugs.

The full guidelines can be found online at www.nice.org.uk/guidance/NG287

PUBLICITY
can increase stigma

In August, Diabetes UK was on TV and their press release was covered by many newspapers highlighting the increase in numbers of people with diabetes and the cost to the NHS. As usual, there was very little differentiation between Type 1 and Type 2 diabetes which at best, leads to widespread confusion and misinformation but it very much seemed like blaming people with diabetes for the costs to the NHS.

This resulted in many angry people contacting IDDT.

This type of publicity helps to raise awareness of diabetes, and the organisation itself, but even when used with the best of intentions, such campaigns can have adverse effects of increasing the stigma that people with diabetes can experience. This is not helped by the media and in this case, one fairly respected newspaper had the appalling headline: 'It's not over until the fat lady stops eating biscuits!'

This made me collect possible causes of Type 2 diabetes from recent studies which can account for an increase in the condition which have little to do with eating biscuits and for which people shouldn't be blamed:

1. Greater use of antibiotics and the use of statins and steroids.
2. The children of mothers with gestational diabetes are more likely to have diabetes in adulthood.
3. Family history.
4. Women who are obese at conception are 6 times more likely to have children who have Type 2 diabetes as adults.
5. Pesticides.
6. High blood pressure.
7. Psychological distress
8. Diuretics increase the risk of Type 2 diabetes by 25-30%.
9. Smoking and passive smoking leads to a 22% increased risk.
10. Sleepiness and naps during the day increase the risk of Type 2 diabetes by 56% and 46% respectively compared to those who weren't extremely sleepy or took no or shorter naps.

The stigma experienced by many people with diabetes

Stigma is a negative judgement of people, in this case, based on their medical condition of diabetes. A multinational survey found that one in five people with diabetes has experienced stigma and forms of discrimination which can lead to blame, rejection, loss of respect and stereotyping. The stigma associated with Type 1 diabetes is different from that experienced with Type 2 diabetes.

Without doubt, there is stigma attached to Type 2 diabetes which focuses on blame and shame because of the link with being overweight or obese. However, as we have said in many of our Newsletters, this is inaccurate, unhelpful and oversimplifies the nature and causes of Type 2 diabetes. It is not a simple matter that people eat too much, there are many other factors involved as more recent research is showing.

At the same time, people with Type 1 diabetes are angry because they are being tarred with this same brush. While anger is understandable, it is important that people with Type 1 do

not add to the stigma felt by people with Type 2 diabetes.

Stigma associated with Type 1 diabetes occurs for many reasons which are often blame – if sugars are high being told they must be eating wrongly, being blamed for having hypos, not checking their blood sugars or the slap on the wrist at the clinic for 'poor' control after trying really hard.

The two conditions are very different, but it would be so much better if people with Type 1 and Type 2 diabetes could pull together to fight for better care for everyone with diabetes and to try to avoid negative, harmful publicity which helps no one.

At the same time, IDDT calls for diabetes organisations to take into account the effect of their publicity and ensure that it does not have a negative impact on the very people they purport to care about and that it does not mislead or misinform the public or the media.

Changed messages again

A review of existing research involving over 300,000 people, suggests that for healthy people, a reasonable amount of saturated fat in the diet does not pose a health risk. However, trans fats which are being removed from all foods were associated with an increased risk of death from any cause, death from cardiovascular disorders and a diagnosis of coronary heart disease.

Saturated fats are in animal products like butter, egg yolks and salmon and the general recommendations are that they should make up no more than 10% of daily calories. Saturated fat intake was not linked to coronary heart disease, cardiovascular disease, stroke or Type 2 diabetes, but its link to the risk of death from coronary heart disease was unclear so the researchers suggest that there should be more research.

One of the researchers commented that the study shows that focusing on reducing saturated fats as the primary goal in eating well is not quite right and that eating well means replacing saturated fats with polyunsaturated fats rather than carbohydrates, especially refined and processed carbs, which is what usually happens. (The BMJ, online August 11, 2015)

A couple of thank-yous

Christmas Cards

We would like to say a big thank you to all of you who bought our Christmas cards last year. We sold over 750 packs and every pack sold raises funds that help us continue our work. We will be selling cards again later this year and hope you will buy your cards from us again.

Helping Developing Countries

As you may be aware IDDT acts as the UK arm of an organisation called Insulin for Life, collecting unwanted insulin and diabetes supplies and sending them out to developing countries. In 2015 we sent out over 3,800 pens, vials cartridges etc. of insulin worth over £32,000, along with nearly 40,000 items of various diabetes supplies – so a big thank you to all of you who donated items.

We would also like to say thank you to all of you who continue to sponsor a child looked after by the Dream Trust in India – last year you raised over £7,800!

InDependent Diabetes Trust

A new glucose monitoring device aims to help lorry drivers and other professional drivers to manage their diabetes. It combines real-time glucose monitoring and messaging technology with medical health coaching support.

The device, created by Connect Health Solutions, is expected to increase patient adherence, prevent future health complications, lower costs and reduce the risk to road safety. It is currently being tested by bus drivers at First Bus in Halifax.

As Type 2 diabetes is increasing so is the number of professional drivers with the condition and the manufacturers say that the device is ideally suited to the management of Type 2 diabetes for professional drivers as it will provide support and confidence to both drivers and employers.

For more information about driving and diabetes visit: https://www.gov.uk/government/publications/information-for-drivers-with-diabetes

Enter the IDDT Lottery now!

The **winners** of IDDT's lottery draws!

We are delighted to announce the winners of the lottery draws for the last 3 months. They are as follows:

Winners of the November 2015 draw are:
1st prize of **£247.68** goes to Christine from Oakham
2nd prize of **£185.76** goes to Jill from Solihull
3rd prize of **£123.84** goes to Anon from Bradford
4th prize of **£61.92** goes to Anon from Ashford

Winners of the December 2015 draw are:
1st prize of **£258.24** goes to Ann from Birmingham
2nd prize of **£193.68** goes to Anon from Crewe
3rd prize of **£129.12** goes to Graham from London
4th prize of **£64.56** goes to Hilda from Stoke on Trent

Winners of the January 2016 draw are:
1st prize of **£274.56** goes to Brian from Gloucester
2nd prize of **£205.92** goes to Paul from Northampton
3rd prize of **£137.28** goes to Anon from Southampton
4th prize of **£68.64** goes to Chris from Bugbrooke

Note: the winners of the draws for February, March and April 2016 will be announced in our June Newsletter or will be available on our website.

Thank you to everyone who joined in IDDT's lottery.

Special Prizes for June Lottery draw!

In recognition of Diabetes Week in June and for that month only, we are doubling the prize money for all 4 prizes, so the First Prize will be over £500!

If you would like a chance to win for just £2.00 per month, then complete the form with this Newsletter, give us a call on 01604 622837 or email tim@iddtinternational.org

If we can be of help in any way, please contact:
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Tel: 01604 622837 email: enquiries@iddtinternational.org Or visit our website: www.iddtinternational.org

A charity supporting and listening to people who live with diabetes

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