



## *Seasons Greetings*

to All Our Readers

**All the Trustees and Staff at IDDT would like to wish all our members a Happy Christmas and healthy New Year. We would also like to thank you for your help and support throughout 2015.**

Welcome to the twenty-fifth issue of Type 2 and You. In this issue we look at some tips and hints to make things a little easier over the festive season, we write about the results of the survey we carried out earlier this year and the report we have produced as a result. Firstly however, we give you the latest news about problems with some Type 2 drugs.



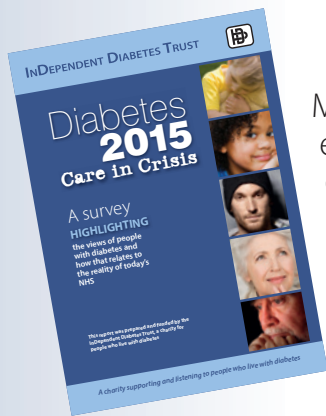
## Follow up from September **Type 2 & You**

In the June Newsletter, we reported the European Medicines Agency (EMA) is reviewing of canagliflozin, dapagliflozin and empagliflozin, which are diabetes medicines for Type 2 diabetes known as SGLT2 inhibitors. This was because of reports of diabetic ketoacidosis (DKA) in patients treated with SGLT2 inhibitors, but the DKA was not typical because it occurred with only mildly raised blood glucose levels. The FDA in the US also issued a warning about this side effect.

### **Now bone fractures!**

In September the FDA added a new warning about canagliflozin (Invokana, Invokamet) but this time related to increased risk of bone fractures and about decreased bone mineral density. Fractures can occur as early as 12 weeks after starting canagliflozin and the decreases in bone mineral density are at the hip and lower spine.

The FDA is continuing to investigate the risk of bone fractures with other drugs in the same SGLT2 inhibitor class, including dapagliflozin (Farxiga, Xigduo XR) and empagliflozin (Jardiance, Glyxambi, Synjardy), to determine if additional label changes or studies are needed. Health care professionals and patients are urged to report side effects involving canagliflozin or other SGLT2 inhibitors.



Members will remember that early in 2015, we sent out a questionnaire to investigate their views on the services they receive and their priorities for improving their care and therefore their future health. As a result, IDDT has produced

a Report entitled Diabetes 2015 – Care in Crisis to highlight that the care, education and treatment of people with diabetes varies greatly across the country. Some people are receiving excellent care but unfortunately for many people, it is less than adequate.

The report acknowledges that the proposed Diabetes Prevention Programme is important for the future, but IDDT is very concerned that many of the over 3 million people who already have Type 1 and Type 2 diabetes are not receiving the care and treatment they need and deserve. So we have prepared the report 'Diabetes 2015 – Care in Crisis', which makes recommendations for better care and better outcomes for people with Type 1 and Type 2 diabetes.

**The report has been sent to key politicians and leaders in the NHS, including David Cameron, Jeremy Hunt, Sir Simon Stevens and many MPs who have shown an interest in health and diabetes. A press release was also issued. We are including a summary of the report in this Newsletter but the full report can be viewed on the homepage of our website [www.iddtinternational.org](http://www.iddtinternational.org) or if you would like a copy, just call IDDT on 01604 622837 or email [jenny@iddtinternational.org](mailto:jenny@iddtinternational.org)**

# Diabetes

## Better care, better outcomes

the needs of people with diabetes

### The Five Year Forward Review – A Summary

The Trust recommends:

- People who are already living with Type 1 and Type 2 diabetes are recognised as a priority in the Five Year Forward Review, separately from obesity.
- As over 3 million people in the UK have diabetes, diabetes should have its own place within the NHS system in a similar way to dementia, a condition with less than a million people and a third of the number of people with diabetes.
- The now defunct NHS Diabetes should be reinstated to improve care, the outcomes for people with diabetes and the education of health professionals in order to achieve these aims.

### Education

The Trust recommends:

- Clinical Commissioning Groups (CCGs) should be strongly encouraged to follow NICE guidance to commission convenient and high-quality structured education courses for all those who wish to attend. CCGs should also offer other learning opportunities about diabetes such as peer support, group learning and online courses.
- An estimated 2.50 million people may not have received high quality structured education courses, therefore to alleviate this problem, CCGs should provide basic hard copy information in non-medical language about diet, exercise, the differences between Type 1 and Type 2 diabetes and what medications are designed to do.



*It's not too late to order IDDT Christmas cards, just give us a call on*

**01604 622837**

**or visit our website shop:**

**<http://iddt.org/product-category/christmas-cards>**



## Dietary Recommendations

- As diet is part of the treatment for both Type 1 and Type 2 diabetes and the present dietary guidelines are over 30 years old, the Trust recommends a review to produce evidence-based dietary guidelines for diabetes and the general public.

## The 9 Key Health Checks

- The Trust recommends that resources are increased to improve the care of people with Type 1 and Type 2 diabetes by ensuring that they all receive the 9 key health checks recommended by NICE to prevent diabetes complications and reduce the long-term costs of treating complications.

## Foot Care

The Trust recommends:

- Improvement in the knowledge of health professionals in primary care about foot problems and when referral is necessary, by further training.
- Increasing the numbers and availability of NHS podiatrists to provide greater access to people with diabetes and help to reduce the risk of serious foot problems.

## Children and Young People with Type 1 Diabetes

Only 16.1% of children aged 12 years and older are receiving the 7 health checks recommended by NICE and less than half are receiving some form of structured

education. Both of these are contributing to too many children with Type 1 diabetes showing early serious long-term complications.

The Trust recommends increasing resources to provide improvements in the care of children and young people with Type 1 diabetes who have to live their whole lives with the condition and therefore are at great risk of diabetic complications.

## Older People with Diabetes in Residential Care

As 27% of people in residential care have diabetes, the Trust recommends:

Good quality training for care home staff of all levels to avoid the health and quality of life of this vulnerable group suffering.

Full national implementation of the standards recommended in the Diabetes UK 2010 report 'Good clinical practice for care home residents with diabetes'

Mandatory demonstration of this as a CQC requirement in a similar way to dementia care.

CCGs to put plans in place to improve diabetes care for older people resident in care homes.

The use of the Passport for People with Diabetes in Care Settings prepared jointly by the Trust and the Institute of Diabetes in Older People.



## Skipping breakfast may be bad

A small study has suggested that people with Type 2 diabetes who miss breakfast and don't eat until mid-day may have blood sugar spikes throughout the day. When 22 people missed their breakfast, their blood sugars were 40% higher than expected after lunch and 25% after the evening meal. Missing breakfast was also associated with a reduced ability to convert blood sugar into energy.

The researchers suggest if people have missed breakfast, reducing the amount of carbohydrates at lunch and dinner will not have any effect on reducing raised blood sugar later in the day. It could be that missing breakfast delays insulin production or makes it difficult for the pancreas to produce the right amount of insulin.

The study only included people with Type 2 diabetes so it is unclear whether these effects would also happen in people without diabetes. (Diabetes Care, July 2015)

## 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 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)

# Christmas Tips

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 for 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 children or adults with diabetes. It doesn't matter whether you are taking tablets for Type 2 or insulin for Type 1 or 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.

### **Remember!**

- Excitement tends to lower blood glucose levels, this especially applies to children with diabetes.
- Stress tends to raise blood sugars.
- Eating more than usual can raise blood sugars.
- Exercise lowers blood sugars, so a walk after a big Christmas dinner will help to lower them.
- Try to keep meal times as near as possible to your usual times but if meals are later, then remember to have a snack.
- Maintain your blood glucose testing routine as far as possible and test more often if you're eating frequently or at irregular times.
- Stay active - exercise reduces stress, burns excess calories and helps control blood sugars.
- Pamper yourself – whether this is taking a relaxing bath or curling up with a book, make time for yourself as this can help to prevent holiday stress from building up. Get plenty of rest to prevent holiday tiredness.
- Planning – make sure that you have enough insulin and other medications to cover the Christmas and New Year holidays.

**If you would like a full copy of our Christmas tips then we are happy to send them. Just contact us using the details at the end of this newsletter**







# Christmas dinner

*cutting calories and carbs but not the enjoyment*

*By Dr Mabel Blades, Consultant Dietitian*

Christmas is a time for celebration and enjoying lovely food. Many people go out to several functions at this time of year when a Christmas dinner is offered.

Here are some ideas for how to cut calories and carbohydrate in an easy way. All calculations have been based on average portion sizes, so if you eat large ones, then the calories and carbohydrate will add up even more.

## **Traditional dinner**

Portion of roast turkey, chipolata wrapped in bacon, stuffing, roast potatoes, brussel sprouts and gravy

Christmas pudding and brandy butter

Mince pie

3 small glasses of wine

123g carbohydrate, 83g fat, 33.6g saturated fat and 4g salt, 1736kcal

## **Traditional dinner with a few reductions - saves over 300 calories**

Portion of roast turkey, chipolata wrapped in bacon, stuffing, roast potatoes, brussel sprouts and gravy

Christmas pudding and custard made with skimmed milk

Mince pie

2 small glasses of wine but drunk as 3 glasses as a spritzer

145g carbohydrate, 51g fat, 13.0g saturated fat and 3.7g salt, 1450kcal (Note the carbohydrate increases as the milk in the custard has more carbohydrate than the brandy butter but less calories and fat.)

## **Traditional dinner with no mince pie or wine saves a further 400 calories and halves the amount of fat**

Portion of roast turkey, chipolata wrapped in bacon, stuffing, roast potatoes, brussel sprouts and gravy

Christmas pudding and custard made with skimmed milk

114g carbohydrate, 39g fat, 13.0g saturated fat and 3.2g salt, 1040kcal

## **Further reductions can be made by:**

- Cutting down on the potatoes and dry roasting them.
- The chipolata wrapped in bacon can be omitted.
- The plate can be filled up with extra vegetables, such as carrots or brussels.
- The Christmas pudding can be home made to a lower calorie recipe.
- Fruit salad can be substituted for the Christmas pudding.





# Fruit, Sugar and Carbs

**T**here has been a long-running debate about whether or not people with diabetes should eat fruit and, if so, how much?

In short the answer is yes, but in moderation. Fruit contains vitamins and minerals that are essential for everybody, whether they have diabetes or not. However, they can also contain a significant amount of sugar, so eating too much can make it difficult to control blood glucose levels. In this article we look at the different types of fruit we commonly eat and the sugar and carbohydrate content of each. The values given are for the sugar content and then total carbohydrate content contained in 100 grams of each type of fruit. So which types of fruit have the highest and lowest sugar content? We'll start with the highest first.

**Dates** (63g sugar per 100g/75g total carbohydrate). Despite their health benefits dates are loaded with sugar, so people with diabetes should only eat a few at a time and some people may want avoid them altogether.

**Grapes** (16g sugar per 100g/18g total carbohydrate). 10 red grapes weighs about 100g, so while high in sugar, there are other significant health benefits. Red grapes contain anthocyanins which have been linked to lower levels of "bad" (LDL) cholesterol, higher levels of "good" (HDL) cholesterol and a lower risk of insulin resistance.

**Mangos** (14g sugar per 100g/17g total carbohydrate). The same advice applies to mangos as to pomegranates. The average mango weighs about 200g, so 28g sugar but also the total amount of vitamin C you need in a day.

**Pomegranates** (14g sugar per 100g/17.1g total carbohydrate). Again, pretty high in sugar so don't eat too much. However, 100g of pomegranate will provide 30% of the recommended daily amount of vitamin C.

**Bananas** (12g sugar per 100g/22.8g total carbohydrate). Pretty high in sugar content, the average banana weighs about 120g, so people with diabetes should probably not eat more than one a day. That said, bananas are a good source of vitamin C, potassium, protein, magnesium and fibre.

These are the worst culprits for having high sugar content. Citrus fruit, apples, pears, plums, berries and so on are relatively low in their sugar and carbohydrate values by comparison. However, they do still contain sugar and carbohydrate and there will be variation in these values according to which variety you choose to eat – moderation is the key.

**A Word of Warning:** There is a known interaction between grapefruit and statins that can result in serious side effects, such as muscle disorders and liver damage.

If you are taking statins then it is best to avoid grapefruit altogether, however, if you really want to eat grapefruit then you could talk to your doctor about alternative medicines. There are statins that do not produce these potential side effects and these include rosuvastatin, fluvastatin and pravastatin.



# Oral Health and Diabetes

by Dr Mabel Blades



## Introduction

Smiling indicates to people you are happy! Even if you are feeling a bit down in the dumps a smile causes the brain to release endorphins which, after a few minutes, do lift your mood.

But smiling brings attention to the teeth and mouth, so oral health is extremely important and having dental problems or a sore mouth really impacts on what you can eat and how you feel. For those with diabetes this can be of even more concern. Oral health is an important component of general health and risk factors in oral disease are often the same as those implicated in general diseases.

## Risk factors

The main risk factors for oral disease are

- Sugars
- Acids
- Not cleaning teeth

For people with diabetes the risk of both tooth decay and gum disease can be increased due to the higher levels of glucose in saliva.

## Tooth decay (dental caries)

Over 30% of adults in the UK have some form of tooth decay and as most people know, it is due to acid erosion of the teeth which causes demineralisation and decay. Culprits in causing this are acid items like fruit juices and sugars on which bacteria thrive. The bacteria multiply in a film called "plaque" which sticks to the surface of the teeth and when too much plaque builds up, problems arise as the bacteria produce acids which attack the teeth.

## Sugars

The more sugar that is present in the mouth, the more the bacteria multiply so for people with diabetes, the higher level of sugars can encourage the bacteria in the mouth to multiply.

The type of sugar that is more harmful is added sugar, which is sometimes called extrinsic sugar as it is easily released in the mouth during

eating or drinking. Intrinsic sugars are those found locked inside fruits and vegetables which are not released to any extent until they begin digestion, so they have a lesser effect.

Examples of added sugars seen on food labels are sucrose (ordinary table sugar), glucose and syrups to name but a few.

It is recommended that added sugars shouldn't make up more than 10% of the energy (calorie intake) you get from food and drink each day - about 70g for men and 50g for women, with a teaspoon being about 4-5g of sugar. Recently it has been recommended that sugar should not make up more than 5% of the energy in the diet. This is a halving of the amount and fits in well with a reduction of carbohydrates for people with diabetes.

## Looking at sugar on food labels

- (Total) Sugars  $\leq 5.0\text{g}/100\text{g}$  LOW
- $> 5.0\text{g}$  and  $\leq 22.5\text{g}/100\text{g}$  MEDIUM
- $> 22.5\text{g}/100\text{g}$  HIGH

## For drinks it is

- (Total) Sugars  $2.5\text{g}/100\text{ml}$  LOW
- $> 2.5\text{g}$   $\leq 11.25\text{g}/100\text{ml}$  MEDIUM
- $> 11.25\text{g}/100\text{ml}$  HIGH

## Acids

These are found in items like fruit juices which also contain sugars because in making the juices, the intrinsic sugars are released from the whole fruit so become the more harmful extrinsic sugars.

Soft drinks generally contain acids, even the low calorie ones or ones without added sugar.

Therefore water, milk and hot beverages like tea (without sugar) are preferable.

## General advice

To prevent decay clean teeth regularly with a fluoride toothpaste – remember to spit out the residue but not rinse the toothpaste out after brushing as this removes the protective fluoride. See your dentist every six months for advice.



## Charities working together

*thanks to Lynwood Newman*

Lynwood is one of our supporters and is also a health professional and here is a picture of him at a community show in Weymouth. He says, "I enjoyed it because I was able to offer some solutions to people and was able to provide practical support to people with diabetes. I was able to fit the right things with people visiting the stand. It was great to be able to demonstrate the usefulness of your Hospital Passport and Passport for Diabetes in Care Settings. It was great to work with IDDT and the Diabetes Research and Wellness Foundation (DRWF) and it was a pleasure to individualise products with complete neutrality."

**This is a wonderful example of charities with a common cause being able to work together to help people with diabetes or at risk it.**

## 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 August 2015 draw are:

- 1st prize of £182.40** goes to Ann from Coleford
- 2nd prize of £136.80** goes to anon. from Nottingham
- 3rd prize of £91.20** goes to William from Tonbridge
- 4th prize of £45.60** goes to Gwyneth from Bridgend

### Winners of the September 2015 draw are:

- 1st prize of £212.16** goes to John from Carmarthen
- 2nd prize of £159.12** goes to John from Bournemouth
- 3rd prize of £106.08** goes to Ian from Gravesend
- 4th prize of £53.04** goes to Herbert from Exeter

### Winners of the October 2015 draw are:

- 1st prize of £240.96** goes to Sylvia from Stoke-on-Trent
- 2nd prize of £180.72** goes to Glenys from Coleford
- 3rd prize of £120.48** goes to Eric from Nantwich
- 4th prize of £60.24** goes to Anon from Belfast

**Note: the winners of the draws for November, December 2015 and January 2016 will be announced in our March Newsletter or will be available on our website.**

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

**If you would like to join in for just £2.00 per month, then give us a call on 01604 622837 or email [tim@iddtinternational.org](mailto:tim@iddtinternational.org)**

**If we can be of help in any way, please contact:**

InDependent Diabetes Trust (IDDT), PO Box 294, Northampton NN1 4XS

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