



# Welcome

Welcome to the fifty-ninth issue of Type 2 and You. In this issue we have articles on 'pre-diabetes', the various types of proteins as well as a round-up of other news, especially the fact that the neuropad for self-checking any possible foot damage can now be obtained free on the NHS from your GP.

We also have good news for carers as a result of the Carers Act 2023. Carers are the unpaid group of people who care for loved ones saving the country millions of pounds. On a lighter note, we have a reminder to request your FREE copy of our booklet "Holiday Tips", full of tips about going on holiday while

staying safe and well, especially important if this is your first holiday with diabetes.

We have our usual round up of bits and pieces and the results of our latest lottery draws.

We also have an update from our contact in Ukraine letting us know how grateful the people with diabetes are for the donations of medication and equipment.



## Knowledge about Type 2 diabetes: its impact for future management

Diabetes can cause several long-term complications and knowledge about this condition plays an important role in reducing diabetes-related complications. In addition, the lack of awareness leads to misconceptions, which joined with inadequate knowledge makes proper diabetes management more difficult.

This study, published in April 2024, aimed to assess the diabetes knowledge of a group of people with Type 2 diabetes to identify major knowledge gaps, in order to prevent complications and to increase quality of life.

Although it was conducted in Portugal, the results may well apply to people with Type 2 diabetes in the UK. 1200 people were involved over 18 years old with an average age of 65 years, who had been diagnosed for at least a year and 479 were insulin-treated.

The percentage of correct answers was 51.8% for non-insulin versus 58.7% for insulin treated Type 2 diabetes – just over half! Importantly, there were three items where the percentage of correct answers was lower than 15%:

- The lowest number of correct answers was related to the identification of signs of ketoacidosis with only 4.4% of correct answers.
- The next lowest number of correct answers was 11.9% and related to the identification of which food should not be used to treat low blood glucose, where 56.9% of the sample's participants considered that one cup of skimmed milk would be the correct answer (53.1% in non-insulin patients and 62.6% in insulin treated patients).
- The knowledge of free food was 13.3% of correct answers (10.8% in the non-insulin group versus 17.1% in the insulin group).

### IDDT can Help

If you feel that you would like information on any of these topics, IDDT can send you any of the following free booklets:

- Type 2 diabetes – Management & Medication
- Diabetes Everyday Eating
- Diet and Diabetes

If you would like any of these free booklets, just contact IDDT using the details at the end of this issue

# Changes over time – aging with a chronic condition

Type 2 diabetes is a progressive disease, which means that even if you work hard to keep your blood sugar levels in check, you may need to adjust your treatment plan over time. Even if your diabetes has been well controlled for years, the condition can still worsen over time. You may need changes in your medication, diet and exercise habits as your condition progresses.

## Understanding the development of Type 2 diabetes

As you age, if your cells don't respond normally to insulin (insulin resistance), your pancreas goes into overdrive to make more insulin to try to get the cells to respond. Over time, this can damage the insulin-producing cells in the pancreas, eventually causing it to lose its ability to make enough insulin for the body's needs. This leads to a rise in blood sugar and the risk of Type 2 diabetes.

## Your body changes too

Your Type 2 diabetes changes over time but also so does your body. An example of this is that as you age, you may develop the complications of diabetes, such as nerve pain (diabetic neuropathy) or develop an unrelated condition, such as osteoarthritis, that could make exercise more difficult. Again, these kinds of changes in your body mean that there may need to be make in the way your diabetes is managed. This may mean making adjustment to your diet, exercise and your medication to deal with life changes and age-related issues. It may be a discussion with your healthcare team or your diabetes nurse will be helpful (assuming you can obtain this!). They may suggest the following:

- **Food choices** - your food choices can affect your blood sugar levels but if you cannot receive dietary advice, simply filling half your plate with plant-based foods, such as vegetables, at all meals may help. Reading labels and understanding portion sizes is important as well as the need to eat healthy carbohydrates rich in nutrients, such as fruits and vegetables, instead of highly refined, processed carbs, such as white bread, sugary drinks, cakes, and cookies.
- **Stay active** – aerobic activity and resistance training can improve insulin sensitivity, which allows your body to use insulin more efficiently. As we age, exercise can be more difficult but aiming for at least 30 minutes of physical activity at least five days a week can help and there are armchair exercises for those less mobile.
- **Aim for a healthy weight** - if you're overweight, shedding pounds can improve your diabetes control and reduce your risk of complications.
- **Monitoring your blood sugar levels** - as you get older, your target blood sugar range may change and as diabetes progresses, you may need to start or increase the frequency of checking your blood sugar levels. This is something to discuss with your healthcare team.

Living with a progressive and chronic condition such as diabetes can be challenging but taking care of yourself every day and having the necessary routine checks can help you to manage the condition.

## Good News about the neuropad®

neuropad® is a patented 10-minute screening test for the early detection of diabetic foot syndrome. The test is completely painless and is an early warning system for your feet.

Nerve damage to the feet is a common complication of diabetes but is often not noticed until it becomes quite advanced.

neuropad® helps to solve this problem with a simple colour change test.

### The good news!

For some years IDDT's website shop has sold neuropads for £14.99, and still does and this comprises of two test pads but the good news is that now neuropads are

available free for people with diabetes on a GP prescription!

### Here's how it works

Damage to the nerves in the feet can result in the sweat glands not producing enough moisture, leading to dry and cracked feet (called sudomotor dysfunction).



A neuropad® is stuck to the sole of each foot like a small sticking plaster and left in place for 10 minutes. The pad is blue to

start with and should turn pink in the presence of moisture from sweating to indicate a normal result.

If the neuropad® test patch stays blue, or turns patchy blue/pink, this indicates that you may have diabetic peripheral neuropathy and your sweat glands are not working properly because there is not enough moisture to complete the colour change.

In clinical trials, the sensitivity and specificity of neuropad® was comparable to well-established hospital-based tests.

**Note:** if you still prefer to buy one from IDDT: online at [www.iddt.org/shop](http://www.iddt.org/shop) or phone IDDT on 01604 622837.

We also supply a FREE booklet 'Looking After Your Feet' if you would like one, just ask.

# Update from Ukraine

This year so far we have sent two consignments of insulin, tablets for Type 2 diabetes and other diabetes necessities to help people with diabetes in Ukraine and we are very grateful for all the help our members and others are giving.

Here is a comment from our contact in Ukraine:

***"Together with InDependent Diabetes Trust we are able to help insulin dependent people in Ukraine who suffer due to invasion of Russian troops. Recently we delivered aid to Kherson city. We so much appreciate the help of the team of InDependent Diabetes Trust and everyone who makes donations - it is so important now!"***

Here is a comment from just one of the people your donations have helped: "I am from Zaporizhia and I got the help I needed too. Big thank you to your team for such sincere help, for supporting our lives. May God protect you and give you strength and health."

**We are still collecting to help people with diabetes in Ukraine, so if you have any unwanted, in-date Type 2 tablets or insulin, please send them to IDDT, 210 Abington Avenue, Northampton NN14PR.**



# Bariatric Surgery Superior Option for Long-Term Blood Glucose Control

This US study showed that people with Type 2 diabetes who had bariatric surgery showed favourable long-term diabetes control when compared to those receiving medical management and lifestyle interventions. Those undergoing surgery had higher rates of remission up to 12 years on.

The study combined four randomised design studies and evaluated the effectiveness of bariatric surgery against intensive lifestyle and medication therapy with oral and injectable diabetes medication, including insulin.

A total of 262 participants who were aged 18–65 years and were classed as overweight or obese according to their BMI. From the four original studies enrolled, 166 were randomised to surgery and underwent one of the three common procedures: sleeve gastrectomy, gastric bypass, or gastric banding.

The remaining 96 participants were randomised to medical and lifestyle management receiving treatment that was previously shown as effective for weight loss.

## Results after 7 years

- The surgery group had an average of 20% weight loss compared to 8% in the lifestyle group.



- There was a greater improvement in blood glucose control seen in the surgery group, with 54% of participants achieving haemoglobin HbA1c of less than 7% but only 27% experienced this in the management group.
- Superior results were also seen in terms of diabetes remission in the surgery group. These findings remained significant after 12 years.
- No difference in adverse events occurred between the groups, but there were incidences of fracture, anaemia, low iron, and gastrointestinal events in the surgery group.

The researchers suggest that the investigation is expected to guide diabetes treatment in the near future, promoting use of surgery. (5th March 2024)

## Antiseptic mouthwash reduces periodontitis bacteria in people with Type 2 diabetes

There is growing evidence that ongoing inflammation in the mouth, like with gum disease, is associated with serious diseases, Type 2 diabetes being one of them. Researchers have identified an easy way to fight bacteria that might cause such problems.

The researchers reported that when people with Type 2 diabetes gargled with an

antiseptic mouthwash, the numbers of periodontitis-related bacteria decreased. Interestingly, some people with reduced bacteria also achieved much better blood glucose control, suggesting promising future clinical applications.

There are three highly virulent bacterial species that are linked to periodontitis, or diseases of the tissues surrounding the teeth.

The researchers decided to see if they could reduce these three species in people with Type 2 diabetes using a mouthwash containing the antiseptic chlorhexidine gluconate.

The researchers took monthly or bimonthly saliva and blood samples from 173 patients over a year. With the saliva, the researchers noted the presence or absence of the three bacterial species, and with the blood samples, they measured HbA1c levels as a marker of blood-sugar control.

Importantly, for the first 6 months of the study, the patients gargled with water, whereas for the second 6 months they gargled with the antiseptic mouthwash. In this way, the research team could see whether gargling itself was effective for reducing bacteria, or whether mouthwash was more effective.

#### The results:

- Gargling with water had no effects on bacterial species or HbA1c levels.

- There was an overall reduction in bacterial species when patients switched to gargling with mouthwash as long as they were gargling twice a day.
- Although there were no overall changes in HbA1c levels when patients gargled with the antiseptic mouthwash, there were large variations in individual responses. When they looked at the people in the groups and split them into younger and older patients, younger patients had greater reductions in bacterial species and significantly better blood-sugar control with the mouthwash compared with water.

#### Conclusions

As poor oral health is linked to serious disease, simple methods to improve oral hygiene have important ramifications. If researchers can identify patients who are likely to respond well to antiseptic mouthwash, this easy-to-use treatment may improve the lives of people with periodontitis-linked diseases such as diabetes, dementia, cardiovascular disease, and respiratory tract infections. (Osaka University, Scientific Reports. 14 Feb 2024)

## Thank you to Melvyn

Mervyn Heath has raised funds for IDDT in memory of his friend, Maurice Staples who passed away in February 2024. Maurice was a long-standing Type 1 member of IDDT living on Shetland.

Maurice and Melvyn had planned to go on a motorcycle tour of Italy, so Mervyn decided to raise money in Maurice's memory by touring Italy going between Park Runs in different locations with the plan of completing 15 park runs, including Rome. He left Shetland on 19h March with the plan of ending his journey with a Park Run in Shetland in April.

While on his trip, Melvyn sent IDDT this message: ***"I've been bowled over by the welcome I'm receiving from the parkrun regulars and officials here, but that welcome hasn't been restricted to people connected with parkrun. Also I have been placed on the parkrun Italy cover photo for their Facebook page. See what I mean about the welcome?"***



At the time of writing this Newsletter, Mervyn had raised over £1,500 and we are very grateful to him for helping IDDT, and people with diabetes in this way.

So, Melvyn, congratulations on your achievements and many thanks for helping IDDT and people with diabetes!

# 'Pre-diabetes' phone calls to IDDT

At IDDT we receive a lot of calls from people who have been told they have 'pre-diabetes' or as we prefer to define it, at risk of Type 2 diabetes.

One of the reasons we are very concerned is far too many of these people have not been given any information on what to do. In addition, we are also very concerned for many who are anxious or frightened by what they consider to be a diagnosis, especially when they do not receive any help or support, so they turn to IDDT.

We try to offer some reassurance by giving information:

- Informing them that only 1 in 10 people who are told they have 'pre-diabetes' actually go on to develop Type 2 diabetes,
- We send them our information booklets on Type 2 diabetes, exercise and diet to help them understand what is happening and what may help them to avoid developing Type 2 diabetes.
- In addition, we discuss target blood sugars and send people the NHS HbA1c

## What is the HbA1c test?

The HbA1c test measures the amount of blood sugar (glucose) attached to the haemoglobin in the blood. This is the part of your red blood cells that carries oxygen from your lungs to the rest of your body. The HbA1c is an important blood test that gives a good indication what your blood sugar levels have been for the last 6 to 8 weeks and, if you have diabetes, how well it is being controlled.

The NHS chart also classifies HbA1cs into the following categories:

- **Excellent** – 31 to 40 mmol/mol (5.00 to 5.8%)
- **Good** – 41 to 52 mmol/mol (5.9 to 6.9%)
- **Poor** – 53 to 60 mmol/mol (7.00 to 7.5%)
- **Less than poor** – 60 to 70 mmol/mol (7.7 to 8.6%)
- **Very poor** – 72 to 119 mmol/mol (8.7 to 11.9%)

## Perhaps we need to look at the targets?

- **What is the NHS normal range?**  
Below 42 mmol/mol (below 6%)
- **What is the NHS pre-diabetes range?**  
In pre-diabetes, the Hba1c is between 42 and 47 mmol (6.0 to 6.4%).
- **When is diabetes diagnosed?**  
When the HbA1c is 48 or higher.
- **Ideal diabetes** control is 42 to 53 mmol/mol (6.00 to 7.00%)
- **Acceptable diabetes**  
Control is 53 to 58 mmol/mol

**Note** – these definitions can vary from country to country eg the UK and the USA.

## HbA1c tests are not flawless

There are factors that can be misleading if HbA1c results are treated as 100% accurate because they are not flawless. There are a number of reasons that could cause people to be told they have pre-diabetes when this may not be the case. Here are some examples:

- A spike in blood sugar levels before the test can overshadow the levels in the weeks before the test, so distorting the results.
- Some illnesses can cause a temporary rise in blood sugar levels such as kidney dysfunction in older people, B12 and iron deficiency, and impaired spleen function, so HbA1c test results may not fully reflect the average blood sugars in older people.
- Pregnancy may lead to inaccurate HbA1c results and people with anaemia often have abnormally low test results.
- Age and gender affect HbA1c levels – they are higher in men than women and increase with age, so it is important to consider age and gender in categorising people as having pre-diabetes. For example, a study by Hovestadt et al has shown that in 2455 healthy children and adolescents, HbA1cs were higher in males and increased with age and stated

that there was a post-childhood gender difference in healthy people.

- A study of 135,893 people showed that HbA1c level was higher in men than in women in the 20-59 age group. In the study of Huang et al. HbA1c levels were significantly higher in men in the 30-49 age group than in women.

During menstruation, lower HbA1c levels may result in these being lower than in men in this age group.

Although HbA1c levels in women increase with age, there is no gender difference after age 50.

## Conclusion

As we can see from the above, there are quite a few reasons why HbA1c results may be higher which may not mean that you have pre-diabetes so just a single test result without considering other factors, may mean that people are told they have pre-diabetes, when they actually don't!

We are also left with a question: as only 1 in 10 people go on to develop Type 2 diabetes, at what point are people told they no longer have pre-diabetes?

## Dietary Matters Foods high in protein that are good for Type 2 diabetes

Living with Type 2 diabetes doesn't mean you have to give up all the foods you love although there will be some things that you will want/need to cut out, or limit them, from your diet. You can enjoy a wide range of foods and still manage your diabetes. An eating plan for Type 2 diabetes should include a variety of healthy carbohydrates, fats, and proteins.

It is also advisable to choose foods that are naturally rich in nutrients to help to keep your blood sugar levels within a healthy range and prevent wide swings that can cause high blood sugars (hyperglycaemia) cause a range of symptoms, such as frequent urination, thirst, fatigue, dizziness, headaches, and mood changes caused by low blood sugar (hypoglycaemia).

### So in this issue, let's look at proteins

Proteins are an essential part of the diet for everyone and for people with Type 2 diabetes, proteins that are low in saturated fat are recommended.

### List of best proteins:

- Fish high in omega-3 fatty acids, such as salmon, sardines, tuna, mackerel, and rainbow trout
- Shellfish, including clams, crab, imitation shellfish, lobster, oysters, scallops, and shrimp
- Skinless chicken
- Skinless turkey
- Beans and legumes
- Cottage cheese

- Nuts and nut spreads – perhaps in moderation, see note below
- Tofu
- Whole eggs

### Notes:

#### 1. Just a warning about nuts!

Nuts and nut spreads are good sources of proteins for people with diabetes, but they are high in fat and calories, so it's important to keep serving sizes in check. For example, according to the American Heart Association, the ideal portion of whole nuts, is 1.5 ounces — a small handful but if you eat that amount of unsalted almonds, for example, you'll be consuming 255 calories and over 22 g of fat.

#### 2. If you are vegan or vegetarian

If you are following a vegan or vegetarian diet, you can rely on beans - dried, canned or bean products such as hummus or tofu.

### Now there is a list of the worst proteins!

- Bacon
- Deli meats (with the exception of turkey), including ham, roast beef, and salami
- Meat-based jerky
- Processed meats, such as hot dogs, pepperoni, and sausage
- Sweetened or flavoured nuts, such as honey roasted or spicy
- Sweetened protein shakes or smoothies

**Don't forget... IDDT is happy to supply free copies of our two booklets about diet and meal plans, 'Diabetes Everyday Eating' and 'Diet and Diabetes'. Just contact us using the details at the end of this issue.**

# BITS AND PIECES

## Early exposure to tobacco tied to developing diabetes

We all know that smoking is bad for everyone but a new study has shown that exposure to tobacco smoke in the womb or picking up the cigarette habit in childhood or adolescence greatly increases the risk of developing Type 2 diabetes in adulthood. The early research involved 400,000 adults in the UK Biobank.

- Participants who had a genetic predisposition to Type 2 diabetes and started smoking in childhood or adolescence had the highest risk of developing the condition.
- Tobacco exposure in adulthood is a well-known risk factor for Type 2 diabetes with previous research uncovering that cigarette smokers are 30% to 40% more likely to develop Type 2 diabetes than nonsmokers.

The findings emphasise the importance of preventing tobacco exposure in early life stages, including during pregnancy, especially for people with high genetic risk for Type 2 diabetes. (American Heart Association, March 2024)

## Vitamin D deficiency may raise peripheral neuropathy risk

A recently published study linked vitamin D deficiency to a greater risk of diabetic peripheral neuropathy in older patients with Type 2 diabetes. Vitamin D deficiency was also more likely to affect large nerve fibre lesions. (Diabetes Research and Clinical Practice, March 2024)

## Processed and sugary foods and artificial sweeteners

Processed and sugary foods are unhealthy carbs, so should be limited in your diet. This includes fizzy drinks such as cola, sweets, confectionary and packaged or processed snacks, such as tortilla chips and crisps.

Although artificial sweeteners (such as those in diet fizzy drinks) won't necessarily raise your blood sugar like white sugar does, they can still affect your blood sugar — and even alter your body's insulin response.

A study published in July 2023 in *Diabetes Care* found that people who consumed high amounts of artificial sweeteners, such as aspartame and sucralose, had an increased risk of developing Type 2 diabetes. Another study, published in September 2022 in the journal *Cell*, found that artificial sweeteners may alter the gut microbiome, which may lead to raised blood sugar levels.

More research is needed to determine how artificial sweeteners affect people with diabetes.

## Metformin linked to lower overall cancer risk

A review of 166 studies showed the Type 2 diabetes drug, metformin, was associated with lower overall cancer risk. This particularly applies to the risk of developing gastrointestinal cancers. (The Journal of the National Cancer Institute, March 2022)

## Useful practical information

### Changes Covid 19 testing from 1st April 2024

In April, Health Minister, Maria Caulfield announced updates on Covid-19 in England. Here are some key points she made about testing:

- Starting April 1, 2024, England will discontinue routine provision of free COVID-19 Lateral Flow Device (LFD) tests for managing outbreaks in high-risk settings.
- However, free testing for acute respiratory infection outbreaks will persist in these settings, decided by local UK Health Security Agency (UKHSA) teams.
- Routine asymptomatic LFD testing upon discharge from hospitals into care or hospice settings will also cease, though NHS Trusts may reintroduce it as clinically appropriate.



- Limited testing, including symptomatic testing for specific staff and individuals eligible for COVID-19 treatments, will continue.
- Guidance for individuals in the community with COVID-19 symptoms or respiratory illnesses remains unchanged.

### **This may help you – BT free priority fault repair**

Under this scheme, BT show understanding of how important a working landline and/or broadband service is to people who rely on them for mobility or health reasons. Under the scheme BT give priority over standard faults by dealing with them as a matter of urgency, every day of the year, including Christmas Day.

Having said this, there are circumstances outside BT's control, such as bad weather, when engineers cannot carry out repairs eg to overhead cables. To make sure that the services reach the people who need it most, there is a rigid set of criteria.

#### **Who can apply?**

The free priority repair line and/or broadband is with BT repair scheme is available and your household includes someone at risk who meet the following criteria which are:

- Classified as disabled under the Equality Act 2010. You are considered disabled under this act if you have a physical or mental impairment that has a substantial and long-term negative effect on your ability to do normal daily activities.
- Incapacitated and therefore housebound, due to chronic long-term illness or disability which prevents you from leaving the house without the assistance of another.
- A severely sick child.

The scheme does not cover:

- Your line supplied by another service provider.
- You have a BT line and live in warden-controlled premises, residential nursing home, care home or similar type of property.
- Alarm monitoring stations, control rooms etc.

#### **How to apply**

If you have a printer, print off the form from the website [bt.com/help/her-for-you](http://bt.com/help/her-for-you), complete in black ink and capital letters. All applications must be countersigned by a doctor or hospital consultant, with a doctor's or hospital stamp included. The doctor also needs to confirm their General Medical Council (GMC) number. Send the form to: BT Plc, Po Box 334, Sheffield S98 1BT. If you don't have a printer, an application form can be obtained by calling: 0800 800 150.

### **Chronic health conditions - carers are an important aspect of healthcare management – Carers Leave Act 2023**

There are many forms of carers – parents, guardians, friends and live-in support but their role and influence is often overlooked. There are 5.7 million carers across the UK today, but unfortunately many of these don't receive the right support for their own health and wellbeing. People with diabetes are no exception and can be in need of family carers.

The value of unpaid care in England and Wales is £162 billion, almost equivalent to a second NHS. The UK's health and social care system would collapse without unpaid carers but many carers face huge pressures caused by the current cost of living which is causing additional anxiety.

#### **Carers Act**

- If you're over 18 and provide regular unpaid care for someone, you're entitled to a carer's assessment under the Care Act. This is an opportunity to discuss your needs with the local authority.
- Carers should also register with their GP as a carer to be included in conversations and decision making about the person they care for.
- If you spend at least 35 hours a week caring for someone with an illness or disability, you may be eligible for financial support via Carer's Allowance.

## Carer's Leave Act 2023

On 6th April 2024 millions of people who have unpaid caring responsibilities and are in paid employment are being recognised in law and receive the right to five days unpaid leave through the Carer's Leave Act 2023.

The legislation will cover employees in England, Wales and Scotland and will include:

- to be entitled to the provision, employees need to be providing long term care
- the leave will be able to be taken in half or full days, up to and including taking a block of a whole week of leave at once.
- the notice period an employee needs to give to take the leave is twice the length of time that needs to be taken in advance of the earliest day of leave.
- an employee does not need to notify their employer in writing regarding their request to take Carer's Leave, although they can do so if they wish to.
- importantly, employees taking Carer's Leave will have the same employment protections as associated with other forms of family related leave. This includes protection from dismissal or detriment as a result of having taken the leave.

**Information about receiving a carer's assessment, as well as Carer's Allowance and additional financial support is available on the Carers UK website: [www.carersuk.org](http://www.carersuk.org)**



# Holiday Tips

If you are going on holiday this summer, it may be the first time you have travelled since your diabetes was diagnosed.

Whether you are staying in this country or going abroad, for people who live with diabetes, going on holiday means more planning and taking a bit more care when you are away.

IDDT has a booklet on Holiday Tips which contains information and useful tips for holidays whether at home or abroad. It covers things like:

- Travelling by air and jetlag
- Dealing with heat
- Medication safety
- Diabetic Holiday Foot Syndrome

If you would like a copy of this handy FREE booklet, then please contact IDDT using the details at the end of this newsletter. Alternatively, the Holiday Tips are also on our website: [www.iddt.org](http://www.iddt.org)

### A little something from us...

If you are going away, you may find one of our **FREE Tote Bags** useful. Measuring 35cm x 40cm, made from environmentally-friendly, unbleached cotton and displaying our logo, they are ideal for carrying beach towels, sun cream and other holiday essentials.

For your **FREE Tote Bag** simply contact us again using the details at the end of this newsletter.



# Research

## **NHS introduces 15-minute weight-loss capsule with water-filled balloon**

NHS patients have begun receiving a type of weight-loss pill which is a capsule that contains a gastric balloon filled with water. The treatment is designed to make people feel fuller so they eat less and can be delivered in 15 minutes.

It was approved by the National Institute for Health and Care Excellence (NICE) in 2020 and differs from some other gastric balloons as no surgery, endoscopy or anaesthesia is needed to place it. Now the first two NHS patients have been treated at Musgrove Park Hospital, part of Somerset NHS Foundation Trust.

### **How it works**

The balloon is tucked inside a capsule. The patient swallows the capsule which is attached to a thin tube. An X-ray confirms the correct placement in the stomach and 550ml of water is put into the balloon via the tube. A second X-ray is then taken to check the balloon is full and sitting well in the stomach. The tube is then removed.

After around 4 months, a time-activated release valve automatically opens, allowing the water-filled balloon to empty and pass naturally through the gastrointestinal tract.

### **Results**

- Data suggests the device helps patients lose an average of 10-15% of their body weight after 16 weeks.
- People managed to keep 95% of their weight off for a year after treatment. A nutrition and lifestyle programme is provided by the manufacturers to help keep people on track.

It is expected that this treatment for severe obesity will be widened over the coming months and years.

## **Reduction of kidney disease progression and major cardiovascular events with semaglutide in Type 2 diabetes**

The double-blind trial compared injectable semaglutide (Ozempic) 1.0 mg with placebo as an adjunct to standard of care for prevention of progression of kidney impairment and risk of kidney and cardiovascular mortality in people with Type 2 diabetes and chronic kidney disease (CKD). The trial enrolled 3,533 people with Type 2 diabetes and CKD.

The trial demonstrated a statistically significant and superior reduction in kidney disease progression, major adverse cardiovascular events (MACE) and death of 24% for people treated with semaglutide 1.0 mg compared to placebo. In the trial, semaglutide 1.0 mg appeared to have a safe and well-tolerated profile in line with previous semaglutide 1.0 mg trials.

Approximately 40% of people with Type 2 diabetes have chronic kidney disease, so the positive results from this trial show the potential for semaglutide to become the first GLP-1 treatment option for people living with Type 2 diabetes and chronic kidney disease. Novo Nordisk expects to seek regulatory approvals of a label expansion for Ozempic® in the US and EU in 2024. (5th March 2024, Novo Nordisk)



## IDDT Event 2024 – 'Living with Diabetes'



We are holding an Event for you again this year. It will be held at the Kettering Park Hotel on Saturday, 28th September 2024 and there is an event booking form accompanying this Newsletter.

The day will start with our Annual General Meeting and then it will be an interesting day with speakers and group discussions. The title is '**Living with Diabetes**' to reflect some of the issues that are important to people living with diabetes.

We are pleased to tell you that we are being joined as speakers by Professor Alan Sinclair, Dr Charles Fox and Abban Qayyum who along with Dr Mabel Blades and Mr Ken Heard will lead groups on topics of your choice.

So, something for everyone and we hope that you and your family - the spouses, the partners and the parents of those with diabetes, will be able to join us at the event. Just complete the form and return it to IDDT. Remember, the date for your diary is 28th September 2024!

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

InDependent Diabetes Trust (IDDT), PO Box 294, Northampton NN1 4XS  
Tel: 01604 622837 email: [enquiries@iddtinternational.org](mailto:enquiries@iddtinternational.org) Or visit our website: [www.iddt.org](http://www.iddt.org)



### **Winners of the January 2024 draw are:**

- 1st prize of **£478.56** goes to Ruth from Gloucester
- 2nd prize of **£358.92** goes to Anon. from Treharris
- 3rd prize of **£239.28** goes to Terry from Romford
- 4th prize of **£119.64** goes to Anon. from Halifax

### **Winners of the February 2024 draw are:**

- 1st prize of **£476.16** goes to Frances from Chester
- 2nd prize of **£357.12** goes to Sandra from Kettering
- 3rd prize of **£238.08** goes to Anon from Southport
- 4th prize of **£119.04** goes to Anon from Worcester

### **Winners of the March 2024 draw are;**

- 1st prize of **£477.12** goes to Anon from Thornton Heath
- 2nd prize of **£357.84** goes to Anon from Stratford on Avon
- 3rd prize of **£238.56** goes to Bethany from Doncaster
- 4th prize of **£119.28** goes to Janet from Biggar

**Note: The winners of the draws for April, May and June 2024 will be announced in our September 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](mailto:karl@iddtinternational.org)