



Welcome

Welcome to the sixtieth issue of Type 2 and You and the autumn issue for 2024. It may seem like early days but in this issue we have a reminder about the benefits of winter vaccinations. Perhaps something we don't talk about very much because it seems embarrassing – we have a look at the link the association between diabetes and overactive bladder. We also look at various bits and pieces and the latest news about the new weight loss drugs. As usual, we have the results of our last Lottery draws and news of the special Christmas Jackpot Draw Prizes that you can win – TOP PRIZE £1,000.

At the time of writing, we are going through the general election process, so we don't know the outcome or the future policies of any of the parties. However, we can assure you that whatever the outcome and whichever party is in power, IDDT will do our best to help people living with diabetes and to look after their best interests. Below we have a final call to book places for our Get Together "Living with Diabetes".



IDDT's Get Together on Saturday, 28th September 2024!

An invitation and copy of the programme and booking form for IDDT's Annual Event on Saturday, 28th September 2024 was sent to all IDDT members in June and the final programme is enclosed with this issue. The Event is being held at our usual venue, the Kettering Park Hotel and Spa.



We start the day with our Annual General Meeting and this is the opportunity for members to nominate new Trustees. If you would like to nominate someone, then please put this in writing to IDDT along with the agreement of the person you are nominating. We hope you will find the programme for the day interesting. It is a combination of speakers and discussion groups so should include something for everyone. We are pleased to welcome Professor Alan Sinclair, an international expert in diabetes, especially in older people. We also welcome Dr Charles Fox, again well-known and for many years the consultant physician taking care of people with diabetes in Northampton. Abban Qayyum, Senior Specialist Physiotherapist, is joining us again to help us understand the effects of physical activity on diabetes management.

Dr Mabel Blades will be leading the group to discuss diet and will be around all day for you to chat to.

We welcome back Jane Cheetham and her colleague from Abbott Laboratories who will have a stand telling us about the latest FreeStyle Libre 2 developments and will be able to answer your questions. Of course, it is also your opportunity to meet the Trustees and the staff that many of you talk to on the phone! I am sure the groups and speakers and other guests will be interesting for you. We have a lot of new members this year but whether a new or a longstanding member, we hope that you will join us on 28th September 2024! Teas, coffees and a meal at lunchtime are provided. If you have any questions or would like another booking form, don't hesitate to give IDDT a call on **01604 622837** or email **enquiries@iddtinternational.org**



NHS expands 'soup and shake' diets to more people with Type 2 diabetes

Over 10,000 more people living with Type 2 diabetes and excess weight or obesity in England are to be offered NHS soup and shake diets this year to help them lose weight and significantly improve their health.

Under a new expansion plan, the radical NHS Type 2 Diabetes Path to Remission Programme is being rolled out nationally across England. The programme will now be available in 42 local health areas, up from 21 last year so that eligible people will be able to access it in every part of the country.

The 12-month programme helps kickstart weight loss by providing participants with low calorie, nutritionally complete, total diet replacement products, such as soups, shakes and bars consisting of 800 to 900 calories a day, for the first 12 weeks.

Participants in the programme are then supported by clinicians and coaches to reintroduce healthy, nutritious food into their diet to maintain weight loss. During the programme participants are able to choose how they are supported through one-to-one in-person sessions or digitally online.

Over 20,000 people have already been offered the programme since it was first piloted by NHS England in 2020 as part of its Long Term Plan. Analysis shows that the programme is effective and can work

Participants typically lose 7.2kg (over one stone) on average after one month and an average of 13kg (over two stone) in three months. This is similar to the outcomes seen in clinical trials, showing early promise that the programme will lead to remission of Type 2 diabetes in up to half of those who complete it. Patients can benefit from the programme if they have been diagnosed with Type 2 diabetes in the last 6 years.

The referrals are made by local GPs and the programme is offered to people in the following categories:

- Are aged 18 – 65 years,
- have a diagnosis of Type 2 diabetes within the last six years, and
- have a BMI over 27 kg/m² (where individuals are from White ethnic groups) or over 25 kg/m² (where individuals are from Black, Asian and other ethnic groups)

Type 2 diabetes is a leading cause of preventable sight loss in people of working age and is a major contributor to kidney failure, lower limb amputation, heart attack, stroke and some cancers. NHS National Clinical Director for Diabetes and Obesity has said: "The rollout of this innovative programme across the NHS in England provides a holistic and compassionate way to help people living with Type 2 diabetes and overweight or obesity.

It is important for us to remember that weight loss can lead to significant health benefits, including for some, remission of Type 2 diabetes. (NHS England Press Release, May 2024)

Diabetes and Flu

Although it is still only September, the flu season is coming and people with diabetes are at increased risk of developing complications of flu and difficulties with the impact flu may have on their diabetes. Influenza, commonly known as flu, is a respiratory virus and causes symptoms such as fever, cough, sore throat, runny nose and can progress to more serious illnesses, such as pneumonia. In fact, flu is responsible for about 800,000 visits to GPs a year in England and Wales.

The flu virus infects cells at the back of the nose and throat, causing congestion and/or a sore throat. Also inflammation of the mucus membranes inside the bronchial tubes, which carry air in and out of your lungs, causing a cough. This inflammation creates an opportunity for bacteria, normally present in our throats, to infect the lungs, causing pneumonia. This can cause difficulty breathing, a cough, and chest pain, and, if not treated, it may become deadly. People with diabetes already have difficulty fighting off various infections, so they may have difficulty mustering an appropriate inflammatory response to fight off early pneumonia and are at an increased risk of developing pneumonia from an infection. So it is very important that people with diabetes get their free flu vaccination.

How the Flu Can Affect People with Diabetes

Initially the body responds to illness in the same way whether or not diabetes is present. Any infection or injury causes a stress response by increasing the levels of certain hormones, such as cortisol and adrenaline. These hormones work against the action of insulin so as a result, the body's production of glucose increases and blood sugar levels rises, which can make you feel even worse.

On top of this, high blood sugars mean that your body cannot fight infection as well as normal, so without good diabetes management, your recovery can be slower.

How to prevent Flu

These steps apply to anyone looking to prevent the flu and its complications, but they are especially important for people with diabetes.

- Get a yearly flu vaccine jab. (See below)
- Avoid physical contact with others who are coughing or sneezing.
- Wash your hands frequently.
- Flu virus can live for 24 to 48 hours on surfaces, so wash surfaces with soap or other disinfectants.
- Wear a face mask to indoor events during flu season.
- Keep tabs on influenza spread in your community, and consider staying home if cases are high.

Flu and Pneumo Jabs

We are reminding you that the flu jab is offered as a priority to people in 'at risk' groups, which includes those with diabetes, pregnant women and the elderly. People with diabetes are eligible for both the flu and the "pneumo jab" vaccines. If you are offered both vaccines it is safe to have them at the same time.

The 'pneumo' jab is a vaccination to protect against pneumonia and it is available to the following groups of people:

- children under two years of age as part of the childhood vaccination programme,
- adults who are 65 years of age or over,
- children and adults with certain chronic health conditions, including diabetes.

Getting vaccinated does not guarantee that you won't get the flu but it reduces the likelihood of people with diabetes being hospitalised by 46% and of those admitted, a 26% lower risk of being admitted to intensive care.

While talking about vaccinations, a shingles jab is available for the over 65s

Shingles is a viral infection that causes a painful rash. Shingles can occur anywhere on your body. It typically looks like a single stripe of blisters that wraps around the left side or the right side of your torso. Shingles is caused by the varicella-zoster virus — the same virus that causes chickenpox.

The shingles vaccine helps protect against shingles. It's recommended for all adults turning 65, those aged 70 to 79 and those aged 50 and over with a severely weakened immune system and is available from your GP.

NICE

New home devices for sleep apnoea



An independent NICE committee has recommended five devices to diagnose and assess the severity of obstructive sleep apnoea hypopnoea syndrome. Around 5% of the UK population live undiagnosed with the condition, which is associated with serious health problems including hypertension, diabetes, stroke and heart disease. The new devices can be used at home while sleeping, do not require cannulas inserted into the nose, or formal instructions in hospital to use and are considered less invasive, more comfortable to wear and easier to use.

- Two devices are strapped to the wrist with sensors attached to the finger and chest which measure a number of inputs including heart rate, body movement and position, snoring and chest motion.
- Another has a wireless sensor attached to the throat to record sound generated from physiological body processes including respiratory and cardiac functions.
- A fourth device is worn as a belt around the waist with a wired sensor on both the chin and forehead to measure jaw movements associated with sleep apnoea.
- A fifth device uses a wireless sensor attached to the finger to detect symptoms using oxygen saturation, body movement and pulse rate.

Some devices need internet and smartphone compatibility and the data

is downloaded after the designated monitoring period.

Other devices don't need the internet and 3 of the 5 devices are reusable. Currently people are diagnosed with home respiratory polygraphy (RP) which involves sleeping with a band around the chest and abdomen to measure movement, a small flow sensor in the nostrils and a blood oxygen monitor (oximetry) on the finger.

If home RP is unavailable, oximetry alone can be used but oximetry is not considered as sensitive a test for diagnosis and may overestimate levels of oxygen in the blood for people with black or brown skin. The Committee recommended further research is needed based on skin colour or ethnicity in current studies. The effectiveness of current equipment can be reduced by the person's discomfort wearing it or if the device becomes detached in the night and this is less likely with the new devices which have wireless sensors.

(NICE, June 2024) NICE will be making its recommendations after the consultation period.

NOTE: If you would like a copy of IDDT's booklet on the Importance of Sleep, contact IDDT on 01604,622837, email enquiries@iddtinternational.org or write to IDDT, PO Box 294, Northampton NN1 4XS

Update from Ukraine

Thanks to the help of our members, healthcare professionals and many people who have become aware of the support we give to people with diabetes in Ukraine, we are still receiving lots of diabetes items. This includes insulin, Type 2 medications, blood glucose meters and strips, lancets, needles and pump equipment. So since the last Newsletter, we have sent two consignments of diabetes items to Ukraine.

These consignments have also included Easter eggs and thanks to the support of people in knitting circles hats, scarves and teddy bears to help children in need. We would like to say a huge thank you to everyone who is helping to support people with diabetes in Ukraine. The situation in Ukraine may fall from the headlines but the needs of people with diabetes continue and our support is essential.



BITS AND PIECES

Nicotine and Type 2 diabetes

Studies have shown that smokers are 30% to 40% more likely to get Type 2 diabetes than people who don't smoke. Smoking can also make managing the condition more difficult, because high levels of nicotine can lessen the effectiveness of insulin. Such studies have focussed on the impact of nicotine contained within cigarettes, rather than alternative nicotine delivery methods and the NHS recommends that smokers with diabetes should try to quit. Prior to the announcement of the General Election, the Department of Health was exploring the research options to address evidence gaps for the proposed Tobacco and Vapes Bill.

Vocal changes may help to identify people with Type 2 diabetes!

Vocal changes appear to occur in people with Type 2 diabetes when compared to those without diabetes, according to a study at the Mayo Clinic in the US. Researchers investigated the potential of voice analysis as a pre-screening monitoring tool for Type 2 diabetes and voices were compared for 267 people without diabetes (79 women, 113 men) and 75 people with diabetes with Type 2 diabetes (18 women, 57 men). Significant differences were observed between voice recordings of the two groups, both for the entire groups and in an age-matched and BMI-matched sample. Overall, pitch and pitch standard deviation achieved the highest predictive accuracy along with other differences.

When combining the various features with age and BMI, the optimal prediction models achieved accuracies of 0.75 for women and 0.70 for men in the age-matched and BMI-matched sample. (Mayo Clinic Proceedings: Digital Health June 2024)

GLP-1s (semaglutide) may impact on birth control

Very few diabetes medications have received as much interest and attention as semaglutide which belongs in the class of drugs, GLP-1s.



It was first licensed in the UK in 2019 as Ozempic (an injectable) then subsequently in tablet form, called Rybelsus, then most recently as a weight loss drug, Wegovy and Mounjaro. As we know, they work by slowing down digestion which may delay the absorption of oral medications such as birth control pills which in turn, could affect ovulation and fertility. As more and more people are taking these drugs for glucose control and weight management, new side effects both good and bad, are emerging.

Positives

- A large trial of Wegovy in 17,600 adults found that Wegovy reduced the rate of cardiovascular events, including heart disease and stroke by 20%.
- This trial led to the expansion of Wegovy's label by the FDA in the US including the reduced risk of cardiovascular events in people with obesity.
- In the first study of its kind, semaglutide has been shown to have significant benefits in preventing major kidney disease, cardiovascular events, as well as mortality in patients with chronic kidney disease (CKD) and Type 2 diabetes. (FLOW trial)

Negatives

- The FDA has updated the label for Ozempic with a warning about intestinal blockages after multiple reports of this rare but severe side effect.
- Now there is concern about whether these drugs may interact with birth control pills. There is added concern that because GLP-1s slow down digestion, they could affect the absorption rate of other drugs.

It is worth remembering that it is still early days for this class of drugs.

Numbers of people are stopping using them!

As with any drug, semaglutide was launched with a recognised set of side effects, identified during trial stages but as time has gone by and the drugs are being used in more people over longer periods of time, more side effects are being identified, some scientific, some anecdotal.



However, it's not clear why half of people who were obese without diabetes quit their GLP-1 within a year of starting -- it could be related to cost or side effects, or it could simply be that their weight-loss goals were achieved. The study wasn't designed to ferret out the exact reasons.

The drugs' price tag did seem to be a factor as people living in poorer areas were more likely to stop using their GLP-1 than users in affluent areas.

People who "had new gastrointestinal adverse effects at follow-up" were also more likely to quit their weight-loss medication. According to the Mayo Clinic, side effects from using GLP-1s can include nausea, vomiting and diarrhoea. (JAMA Network Open, May 23, 2024)



And the profit for the pharma industry?

Eli Lilly and Novo Nordisk are currently leading the way in the production of these medications with drugs such as Wegovy/Ozempic (Novo Nordisk) and Zepbound/Mounjaro (Eli Lilly) leading the way. Dozens of other companies are working on similar treatments.

New research in the US shows that a sizable minority of people who start Wegovy or the other weight-loss meds stop within a few months of use. The researchers used a database of nearly 196,000 people and found that:

- by three months after starting a GLP-1 drug, just over 26% of users had already discontinued use; by six months that had risen to just under 31%, and by a year out 36.5% had stopped taking their GLP-1 drug.
- Half of the users who were obese but didn't have Type 2 diabetes had stopped taking the drugs by the end of a year.
- People who were obese but did not have Type 2 diabetes were more likely to have stopped using their GLP-1 drug by 12 months compared to those who were obese and had Type 2 diabetes (50.3% vs 34.2%).

It appears that the reasons for stopping Wegovy, Ozempic or similar drugs may include cost and/or gastrointestinal side effects. Of course, we are talking about America where the cost of drugs is huge, eg Wegovy (semaglutide) costs about \$1,300 per month!

As the market leaders, the share prices of Novo Nordisk and Eli Lilly have soared in recent months, with Novo Nordisk up 352% and Eli Lilly up 381% over one year. This year, sales of GLP-1 antagonists are projected to reach \$6 billion, with some speculating that this drug class could be the first to reach \$1 trillion in sales (source: Schroders).

Just a warning note!

Chatting to one of my neighbours, she was grumbling that she has been taking Ozempic but hasn't lost a single pound and her prescriber said the only thing to try was a stronger dose at £100 a time. I asked if she had Type 2 diabetes and the answer was no, so told her she should not have been taking it and that Wegovy is the weight loss version. So where was she getting her Ozempic? "Off someone in London on the internet."

I asked if she had considered that it wasn't actually Ozempic but just water or something with no effect and she was being conned. This possibility came as quite a shock to her!

Research and Type 2 diabetes

Early blood glucose control can minimise diabetes-related complications



This research was presented at the 67th Japan Diabetes Society meeting and has shown that intensive control of blood glucose early on can minimise the lifetime risk of diabetes complications, including heart attacks, kidney failure, and vision loss, if managed early enough.

This research, carried out at the Universities of Oxford and Edinburgh, analysed data from the UK Prospective Diabetes Study (UKPDS), a 20-year-long clinical trial in Type 2 diabetes with data from the National Health Service (NHS). Professor Rury Holman, the Chief Investigator of the UKPDS, explained: "People may have Type 2 diabetes for several years before being diagnosed as they may have few symptoms until their blood sugars become substantially elevated".

For the people who don't remember the UKPDS, it involved random allocation of patients with Type 2 diabetes to either an intensive blood glucose control strategy with sulfonylureas, insulin or metformin or to a conventional blood glucose control strategy. The trial's results published in 1998, showed that early, intensive blood glucose control reduces the risk of diabetic complications. This then led to worldwide guideline changes recommending intensive blood glucose control for everyone with Type 2 diabetes.

Following this 1998 trial, 10 years later there was a further monitoring which showed:

- those initially allocated to intensive control continued to experience fewer diabetic

complications for up to 24 years after the trial ended.

- In particular, early intensive control with insulin or sulfonylureas led to 10% fewer deaths, 17% fewer heart attacks and 26% fewer diabetic complications.
- Blood glucose control with metformin resulted in 31% fewer heart attacks and 20% fewer deaths.

These results emphasised the importance of early treatment, showing that treating Type 2 diabetes early and thoroughly is crucial. Playing catch-up with blood glucose control is not sufficient. These treatments remain commonly used worldwide at low cost. (The Lancet, May 2024)

Statin Use increases the risk of new-onset diabetes diagnosis

Statins act to reduce cholesterol levels in the blood, in turn minimising the risk of cardiovascular events, such as heart attack and stroke. Previous research has suggested that there is a link between statin use and the diagnosis of diabetes. The Cholesterol Treatment Trials (CTT) Collaboration, recently set out to investigate this further.

A large analysis of 19 double-blind randomised trials with a follow up of 4.3 years was conducted comparing statins with a placebo for 123,940 participants. In addition, information from four additional double-blind trials of lower- versus higher-intensity statins were also included, with 30,724 participants followed for an average of 4.9 years.

The results

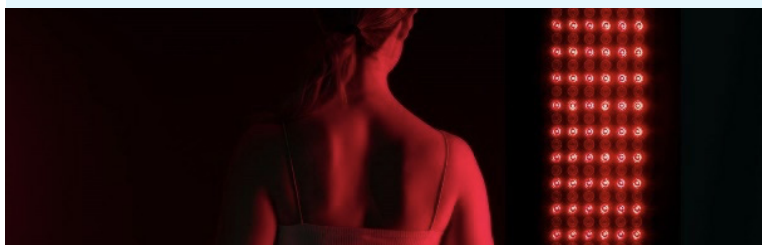
- In the 19 trials comparing low- or moderate-intensity statins to placebo, statins led to a notable 10% rise in new-onset diabetes.
- High-intensity statins showing an even higher 36% increase in new-onset diabetes.
- Comparing more intensive statin therapy to less intensive regimens, there was a significant 10% increase in new-onset diabetes.
- Most new diabetes cases (around 62%) occurred in participants with the highest baseline glycaemia levels at the start of the study, regardless of statin intensity.
- For participants with pre-existing diabetes, low- or moderate-intensity statins showed

a 10% increase in worsening glycaemia compared to placebo, while high-intensity trials saw a 24% relative increase.

The researchers concluded that these findings should further inform clinical guidelines regarding clinical management of people taking statin therapy. (The Nuffield Department of Population Health, University of Oxford, April 2024)

Red light therapy

Researchers are suggesting that red light therapy can lower post-meal blood sugars by nearly 30% in healthy people and therefore has the potential to improve diabetes control in those with diabetes. The red light therapy is a form of photobiomodulation (PBM), which uses light to stimulate living things into healing themselves.



In the trial, participants took a fasting oral glucose test at the beginning and consumed only water for at least 10 hours, then on an empty stomach drank a syrupy

5 ounce drink that contained 75 grams of sugar. Then they recorded their blood sugar levels every 15 minutes over the next 2 hours.

What did the research find?

- Exposure to a therapeutic red light lamp for 15 minutes after a meal lowered blood sugar levels by almost 30% in healthy volunteers.
- Red light therapy has been tested in other conditions, including wound healing and depression.
- It is not yet clear whether red light therapy can help people with diabetes manage their condition.

Chronic insomnia tied to ultra-processed food intake

Research shows that the consumption of ultra-processed foods, independent of lifestyle, mental health or overall diet quality, was linked to higher risks of chronic insomnia.

The study involved 38,570 adults and is the first large study to report significant independent associations between ultra-processed foods consumption and chronic insomnia among men and women recruited from the general population. (Journal of the Academy of Nutrition and Dietetics, April 2024)



Steps to lose weight if you have Type 2 diabetes

Losing weight has many benefits for people with Type 2 diabetes, including better control over blood sugar levels. Carrying excess body fat increases the body's resistance to insulin, making blood glucose management more difficult. Research has shown that the longer someone has a high body mass index (BMI), the greater their risk of developing Type 2 diabetes. This is because fat tissues actively release and respond to hormones that increase the risk of metabolic syndrome, which can include diabetes. Losing even 10 to 15 pounds can make a significant difference in improving your health and blood sugar levels.

We all know that trying to lose weight, and keeping it off, is not easy but the benefits for people with diabetes are great, but how do you get started?

- **Set small and realistic goals** and focus on goals that you can maintain over time. Don't try to do everything at once but walk 4 times a week or have a sweet at the weekend instead of everyday.

- **Get active.** While diet is key to losing weight, research does show that people who increase physical activity lose more body fat. Aim for 150 minutes of moderate exercise per week, or 30 minutes per day at least 5 days a week. Fitness doesn't necessarily have to involve hours at the gym. Try to find ways to stay active throughout the day.
- **Schedule your meals including breakfast.** Skipping breakfast is thought to lead to overeating later in the day, which can spoil weight loss plans and cause blood sugar levels to fluctuate. People who eat breakfast may also have more energy to stay more active throughout the day.
- **Cutting calories** is key to losing weight. Eating too many calories and too much fat can raise blood glucose levels.
- **Fibre**, the body can't break down fibre, a plant-based carbohydrate, so it slows the digestion process as it moves through the system, which helps control blood sugar levels. This helps people to feel fuller for longer. In addition, foods high in fibre tend to be lower in calories.
- A few quick tips: keep track of your progress so you are aware if your diet goes a bit off track. Connecting with others can provide the emotional support you need to avoid giving up. Fill up on low-calorie foods first so that by the time you get to the other foods, you won't be so hungry. If you are idle, you'll be more prone to eating when you're not really hungry so take up hobbies like walking, knitting, doing crosswords or gardening.

It's important to continue to eat healthily and exercise regularly even after reaching your weight loss goal. The healthy habits you initiate to lose weight should last a lifetime so you can keep the weight off.

Type 2 diabetes-friendly ways to satisfy a sweet tooth

Having Type 2 diabetes doesn't mean you have to give up desserts altogether. With some planning, there are ways you can satisfy your wish for something sweet from time to time. According to the American Diabetes Association (ADA), if you have diabetes, you can include sweets and desserts in your diet, as long as they're part of a healthy eating plan and you don't overindulge.

When you eat or drink carbohydrates, such as sugar, starch and fibre, your body breaks them down into glucose, raising glucose levels in your blood. However, if you have Type 2 diabetes, your body can't use insulin efficiently so this glucose can't move from your blood into cells to be used for energy. So it's important to take steps to make sure your glucose levels don't spike too high. It's also important to eat healthy foods that are nutritious and high in vitamins, minerals and fibre, and avoid or eat only small amounts of foods that contain unhealthy ingredients such as added sugar, high amounts of sodium and unhealthy fats.

Many sweets, including cakes, cookies, and candy, tend to be highly processed and chock-full of added sugar, refined flour and saturated fats, which is why they should be enjoyed in reduced portion sizes as an occasional treat.

Tips to include treats in your healthy eating plan

- **Allow yourself the occasional treat.** Completely eliminating treats from your diet may backfire, and you may end up craving those foods more.
- **Plan ahead.** Consider how many carbs you're getting in your meal, not just in your dessert and you should use this total number when you are planning what days you will eat a dessert or sweet snack. Your meal should be balanced with other foods so cut out carbs from the main dish and save them for dessert eg skip bread, pasta or potatoes.
- **Be aware of sugar-free foods.** Choose foods that don't list sugar in the ingredients and have sugar substitutes instead but be aware that these foods are often still made with flour and other carbohydrates.
- **Whole grains can prevent or help to manage.** Replacing refined, simple sugars with more complex carbs leads to better blood sugar management.
- **Watch what you drink.** As we know, many drinks, sports and energy drinks and juices are loaded with sugar and can raise blood sugars. In addition, these sugary drinks

can contain as many as several hundred calories in just one serving. Healthier options to help you stay hydrated while still giving your taste buds a treat include water with slices of lemon or lime or water infused with fruit.

- **Swapping ingredients.** Use whole-grain flours, such as wheat, oat, or versions made from nuts eg almond flour, to help with blood sugar control. You can also look for recipes that use fruit or fruit puree to reduce or eliminate sugar.
- **Focus on fruit.** Fruit can satisfy your sweet tooth and is healthy, but has the advantage of having fewer carbs and no added sugar compared with processed sweets. Fruit has fibre, helpful as it takes longer to digest and is less likely to cause a rapid rise in blood sugar. Nevertheless, it's still important to watch portion size and sugar content when eating fruit. If you're making a smoothie, for instance, you'll want to stick to about 4 to 6 ounces rather than drinking a giant tumbler of it. If you are snacking on dried fruit or using it in a recipe, make sure you take into account how much sugar it contains - just 2 tablespoons of raisins can contain 15 grams of carbs.

A smoothie made with fresh fruit is a good way to satisfy a sweet tooth, but you should still watch portion sizes.



Here are a few practical tips to help you

- Decide on a sweet treat day that is best for you and your diabetes – how many days per week or per month.
- Pick something you really like rather than settling for something that you might not like as much just because it's labelled low sugar, eat smaller portions of something you love.
- Take a few bites and make them last or split a piece of cake with a friend. Eat more slowly and savour the taste.
- Keep temptation out of sight eg store ice cream at the back of the freezer and don't put sweets in front or at eye level in the cupboard.
- Identify your cravings and be aware of things that may spark a craving eg certain TV shows or adverts and try to avoid them.

Finally, don't be too hard on yourself and allow yourself the occasional indulgence.

Follow up on the good news about the neuropad®

In the last issue we explained that 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 because nerve damage is a common complication of diabetes but is often not noticed until it becomes quite advanced.

For several years IDDT's website shop has sold neuropads but the good news we gave readers is that now neuropads are available free for people with diabetes on a GP prescription!

However, we found that many people were still contacting IDDT to purchase neuropads for £14.99 rather than going to their GP for free ones. Asking why, some people told us that the GP refused or had never heard of it but the majority told us that it was so much easier to pay for one than try to see their GP.

Doesn't this say everything about our NHS! One man, let's call him Mr X, was determined to beat the system and when he was refused the neuropad by his GP, he argued and took a copy of our article to the surgery and guess what? He got it free on an NHS Prescription. Well done to MR X for his persistence, not just with getting the neuropad as he rightly pointed out, but on the time taken to get a GP appointment!

Just to remind you: 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



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.

Note: if you still prefer to buy one from **IDDT:** online at 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.

The Diabetic Eye Screening Team raising awareness for how diabetes can impact the eyes

The Diabetes Eye Screening Team (DESP) took part in a sponsored walk on Saturday 15th June 2024 to raise awareness for people living with diabetes of the impact it can have on their eyesight but also to highlight the importance for people to attend their eye screening appointments. Of course, to also raise money for The InDependent Diabetic Trust.

The Team run clinics from 10 different sites across County Durham and Darlington. The team consists of a very productive and dedicated programme manager, a clinical lead ophthalmologist, 2 optometrists, 8 retinal screeners/graders and 4 administrative staff, who together ALL play a vital part and work extremely hard to ensure they provide a friendly, effective and efficient service for their patients.

As part of this service they give IDDT booklets to their patients, not just about eyes but about various aspects of looking after or managing their diabetes because they are very aware that the better diabetes is looked after, Type 1 and Type 2, the less risk there is of diabetes retinopathy developing. IDDT is very happy to send them booklets so that more people can learn about and understand their diabetes.

Here's the Team braving the weather!

They trekked Catbells walking route, which is nestled within the magnificent landscapes of the Lake District, offering spectacular panoramic views! IDDT says a huge thank you to the whole team for supporting our charity and we are glad to hear they enjoyed the day too!



Perhaps this is an opportunity to remind you about Eye Screening

Over a prolonged period of time, having high blood sugar levels can damage the blood vessels inside a part of the eye called the retina. It causes the tiny blood vessels within the eye to become damaged, get blocked and bulge, leak fluid or bleed. Diabetic retinopathy does not usually affect the vision until it has reached an advanced stage, so early detection, diagnoses and treatment is crucial to keeping the eyes healthy.

The diabetic eye screening programme provides free eye screening for everybody who has diabetes, from the age of 12. It's a very quick and simple appointment, which involves having drops put into the eyes and having a digital photograph of the back of the eyes, this enables the team of screeners to have a more detailed look and detect any signs of diabetic retinopathy. This makes a positive difference to people's lives.

Study shows diabetes is linked to overactive bladder

According to a recent study, markers of diabetes are positively associated with overactive bladder (OAB).

The researchers used information from over 23,000 US participants and found that in those with diabetes overactive bladder was 77% higher than in those without diabetes. The association was between diabetes-related markers - HbA1c, fasting glucose and insulin - and overactive bladder, with HbA1c being the most important indicator.

The researchers suggest that based on the analysis results of the association between OAB, diabetes, and systemic inflammation is that diabetes may increase OAB risk by promoting systemic inflammation. (Frontiers in Endocrinology, 2024)

What is an over active bladder?

Overactive bladder is a collection of symptoms that may affect how often you urinate and more frequently, there may be uncontrollable urges to urinate, experience of incontinence and have to go to the loo in the night. Causes include abdominal trauma, infection, nerve damage, medications and certain fluids. Treatment includes changing some behaviours, medications and nerve stimulation.

Overactive bladder is most common in people 65 and older. Women may have it at a younger age, usually around 45. It is common, affecting as many as 30% of men and 40% of women but the numbers may be higher as many people do not seek help due to embarrassment.

Overactive bladder symptoms can cause stress and affect the quality of life and it doesn't go away on its own. If you don't treat it, the symptoms can get worse, the muscles in the bladder that help control when you urinate can become weak and your pelvic floor tissues can get thinner.

The symptoms of overactive bladder

Symptoms of overactive bladder is a collection of symptoms which include:

- **Urinary urgency** - a sudden, uncontrollable need to urinate and once you feel the need to pee, you have a short amount of time to get to a loo.
- **Frequent urinating** – a need to urinate more than usual.
- **Urge incontinence** – a sudden, uncontrollable need to urinate and there may be a leak of urine.
- **Nocturia** – this is the need to get up to go to the loo at least two times each night.

Causes of overactive bladder

Conditions or injuries that affect your detrusor muscle cause overactive bladder.

Your detrusor muscle is a collection of smooth muscle fibres in the wall of your bladder.

These conditions may include:

- **Abdominal trauma.** Pregnancy and childbirth can stretch and weaken your pelvic muscles. Your pelvic muscles are the muscles and tissues that support the organs in your lower abdomen. Your bladder may sag out of its normal position if your pelvic muscles weaken.
- **Nerve damage.** Sometimes your body sends signals to your brain and bladder to urinate at the wrong time. Certain diseases and trauma can cause nerve damage.
- **Medications, alcohol and caffeine** – all of these can dull your nerves, which affect signals to your brain and cause your bladder to overflow. Diuretics and caffeine may cause your bladder to fill rapidly and potentially leak.
- **Infection** - an infection, such as a urinary tract infection, can irritate your bladder nerves and cause your bladder to squeeze without warning.
- **Extra weight** - having overweight or obesity can put extra pressure on your bladder, which can cause urge incontinence.
- **Oestrogen deficiency after menopause** - hormonal changes may cause urge incontinence. Vaginal-only oestrogen therapy can help.

Diagnosis and tests

A healthcare provider may order tests to help diagnose overactive bladder which may include:

- A urine test that examines the visual, chemical and microscopic aspects of your urine looking for red blood cells, white blood cells and bacteria. If any of these are found, there may be an infection present that causes overactive bladder.
- Urodynamic tests that measure how much urine remains in the bladder after going to the loo, the quantity of urine output, the speed of urination and the pressure on your bladder as it fills with urine.
- An ultrasound that allows a healthcare professional to look at the bladder.
- Other tests include a CT scan and cystoscopy to look inside the bladder from the urethra.

Management and treatment

There are different treatments which may include changing certain behaviours, medications and nerve stimulation. It is also important to manage conditions that may cause overactive bladder such as diabetes or UTIs.

Here are other suggestions:

Keep a diary eg of what you eat and drink and how often you go to the loo.

Monitor your diet – stop or cut back on foods and drink that may cause bladder symptoms.

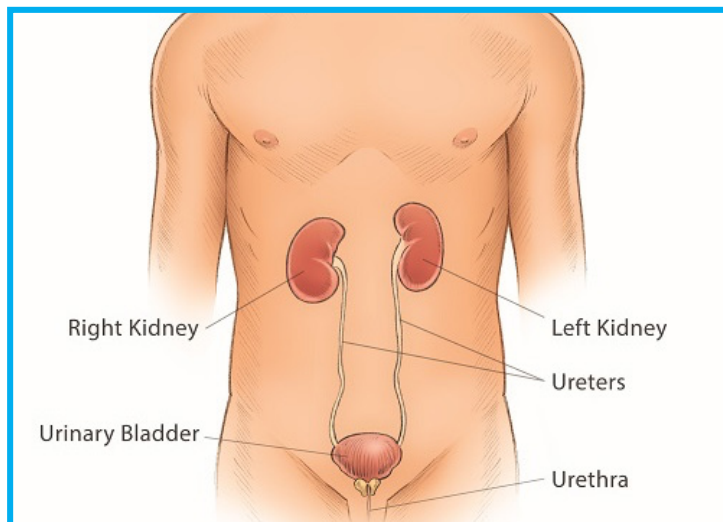
This may include:

- Tea, coffee, alcohol, caffeinated soft drinks, fruits and fruit juices.
- Tomatoes and tomato-based products.
- Chocolate.
- Spicy and acidic foods and drinks.
- Foods and drinks containing artificial sweeteners.

Maintaining bowel regularity

Constipation can place pressure on your bladder and affect your bladder function, so:

- Increase fibre intake.
- Incorporate foods such as beans, pasta, oatmeal, bran cereal, whole wheat bread, fresh fruit and fresh vegetables into your diet.
- Drink two to four extra glasses of water each day.
- Exercise regularly.



Managing your weight

Having overweight can put pressure on your bladder, which may contribute to bladder control problems. Maintaining a weight that's healthy for you can reduce pressure on your bladder.

Stop using tobacco products

Cigarettes and other tobacco products can irritate your bladder muscle. Coughing spasms due to smoker's cough can also cause leakage.

Bladder retraining

In overactive bladder the bladder muscles can be retrained so that you may hold your urine better and this can be discussed with a healthcare professional.

Nerve stimulation can help improve overactive bladder but it is only recommended if other treatments fail.

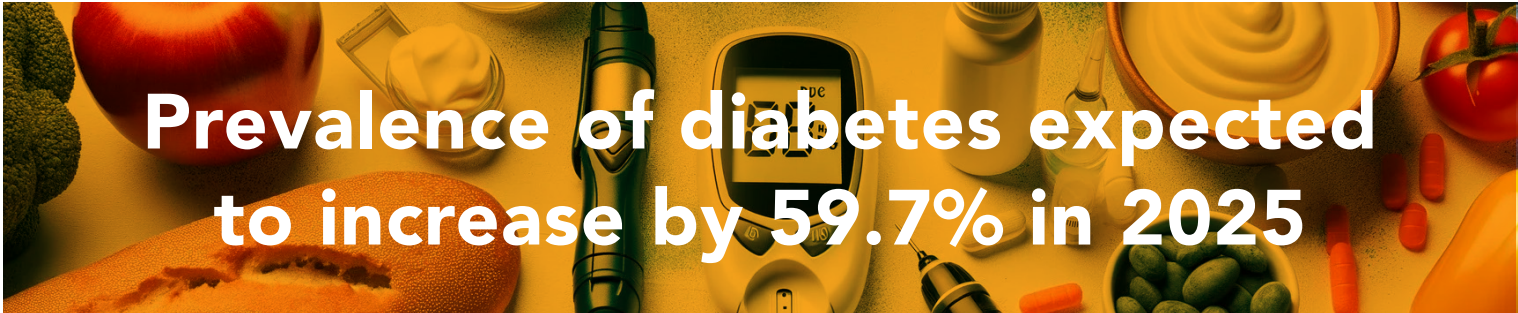
How soon will treatment be effective?

Pelvic floor exercises and lifestyle changes may take six to eight weeks before you start to see results. Many medications start to relax your bladder muscles after a few hours, but they may take up to a month to work fully.

When should you see a healthcare provider?

See a healthcare provider if you experience any symptoms of an overactive bladder. Age-related overactive bladder may develop gradually and slowly worsen over time.

If your symptoms develop suddenly and you have heavy leakage, this may be a symptom of another condition, such as an infection or a neurological issue. It is better to have these symptoms checked sooner rather than later.



Prevalence of diabetes expected to increase by 59.7% in 2025

The increase in diabetes worldwide has been occurring due to the rise in obesity, the main driver of Type 2 diabetes being obesity. This highlights the need for prevention and controls Type 2 diabetes according to an article in *The Lancet*. The authors said that understanding the differences in risk factors and the burden of diabetes in various populations can help to develop public health strategies.

Results of the study

- Diabetes has been steadily increasing worldwide reaching 6.1% in 2021 and affecting over 529 million people. This is estimated to reach 9.8% by 2050.
- In 2021, 485 million people worldwide had diabetes and they were between the ages of 20 and 79 years old compared with 321 million in 2010 aged 18 and older with diabetes.
- Type 2 diabetes is the main driver of the global diabetes burden (96%) and disability adjusted years (DALY). One DALY is the equivalent of the loss of one year of full health.
- High body mass index is the leading risk factor for Type 2 diabetes globally contributing to over half of the Type 2 related DALYs, dietary risks accounted for 25.7%, environmental or occupational risks for 19.6% and low physical activity for 7.4%.

Conclusions

Between 2021 and 2050 the global prevalence of diabetes is estimated to increase by 59.7%, from 6.1% in 2021 to 9.8% in 2025, which is around 1,31 billion people with diabetes in 2025. It is expected that this is to be driven by Type 2 diabetes rising from 5.9% in 2021 to 9.5% in 2050, more than 1,27 billion people. (*The Lancet*, June 5th 2024)



Higher blood concentrations of testosterone associated with reduced risk of developing Type 2 diabetes in men under 65

Testosterone appears protective against developing Type 2 diabetes in men who are overweight or obese and under age 65, but not in men over that age.

The researchers analysed data from the MAILES Cohort, a group of 1,315 men aged 35 to 85 years living in Adelaide. None of them had diabetes, cancer or testosterone treatment at the beginning of the study but after five years, 110 of the men had developed Type 2 diabetes (8.4%).

After correcting for known factors that affect Type 2 diabetes risk including age, waist circumference, blood sugar levels, family history of diabetes, smoking, alcohol intake, self-reported physical activity and medication use, the researchers found that

blood testosterone concentration was associated with the risk for developing Type 2 diabetes.

They found that in men under age 65, the higher a man's blood testosterone level, the lower their risk of developing Type 2 diabetes. In contrast, there were no detectable effects of blood testosterone levels on diabetes risk in men over age 65.

How to maintain a normal testosterone level

Maintaining a healthy weight, exercising regularly and avoiding alcohol helps maintain a normal testosterone level in most men and also helps prevent Type 2 diabetes.

(Presented at ENDO 2024)

IDDT membership

We are very grateful for the kind donations people make to IDDT because it all helps to enable us to carry on with our work. Having said this, sadly the cost of living crisis has affected some people and they feel they have to stop receiving the Newsletters and/or Type 2 & You because they cannot afford to donate. This worries us because one of our main aims has always been that people living with diabetes receive the information they need to manage their condition and hopefully having this information enables them to live a more stress free life. This is especially important with the NHS as it is now and people are not getting appointments and the information they need.

So, while we are certainly extremely grateful for donations, we do want to remind you that we don't want anyone to feel they have to stop getting the Newsletters or Type 2 & You because they have been affected by the present economic climate.

Membership of IDDT is FREE and donations are entirely voluntary.

Just a final few words: if you receive a membership renewal letter regardless of whether or not you are donating, please do fill it in so that we have your up to date address and also what Type of diabetes you have. For example, you may have had your Type 2 diabetes treated with tablets and then moved on to insulin in which case, we send both Type 2 & You and the Newsletter, which has more appropriate information for people using insulin.



LOTTERY JACKPOT!

As a thank you to our members and Lottery players and as a celebration that 2025 is 30 years since IDDT formed, we are having JACKPOT Lottery draw.

THE PRIZES WILL BE:

- First prize: £1,000
- Second Prize: £750
- Third prize: £500
- Fourth prize: £250

The Jackpot Draw will take place in early January 2024. If you are already a Lottery player, then you will automatically be entered into the JACKPOT. However, if you would like to join the Lottery to have a chance of winning the JACKPOT, you still have time to set it up, just contact IDDT.

Contact IDDT for a Lottery form by calling IDDT on 01604 622837, email karl@iddtinternational.org or write to IDDT, PO Box 294, Northampton NN1 4XS



Just a few reminders!

Holiday Tips

For those who are likely to take your holidays a bit later, don't forget you can have a free copy of our Holiday Tips booklet. This will help you with tips for travelling and staying safe while you are away.



Be prepared for Christmas!

Christmas is a mixture of many things – presents, excitement for children (and adults) and a busy time for adults. It is also a time when you can support IDDT by buying IDDT Christmas cards and other seasonal goods many of us. The order form, Thinking About Christmas, is enclosed with this issue so just fill it in and return it to IDDT. We very much appreciate your help to help to raise funds to help IDDT to continue with our work.



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. It doesn't matter whether you are taking tablets and/or insulin for Type 2 diabetes, you can't take a day off from it but it is important to remember that it is a time to be enjoyed with family and friends. If you would like more information about managing over the Christmas period ask for a copy of our **FREE BOOKLET – DIABETES AT CHRISTMAS**, using the details at the end of this newsletter.

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 Or visit our website: www.iddt.org



IDDT Lottery Results WINNERS OF THE APRIL 2024

DRAW ARE:

1st prize of £479.52

goes to Anon from Chepstow

2nd prize of £359.64

goes to Trevor from Halifax

3rd prize of £239.76

goes to Raymond from Darlington

4th prize of £119.88

goes to Scott from Cardenden

WINNERS OF THE MAY 2024

DRAW ARE:

1st prize of £476.16

goes to Robert from Glasgow

2nd prize of £357.12

goes to Rosalyn from Middlesbrough

3rd prize of £238.08

goes to Anon from Swansea

4th prize of £119.04

goes to Julie from Torfean

Note: The winners of the draws for June, July, August and September 2024 will be announced in our December 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