



# Greetings for Christmas and the New Year!

This is the final Newsletter of 2024 and the Trustees and Staff would like to send all our members and readers best wishes for Christmas and the New Year. We are also pleased to welcome all our new members who joined us during 2023 and 2024 following our campaign to reach out to offer help and support to people living with diabetes. At the same time, we would also like to thank everyone for their help, support and donations throughout the year, especially as 2024 has not been an easy year for many of us. We are particularly grateful for your donations as IDDT, like everyone else, is facing increasing costs.

2024 has been a busy year for IDDT and the staff and we look forward to being of help during 2025. Requests for our booklets are increasing not only from people living with diabetes, but also from health professionals to give to their patients which is a great way to provide people with the information they need! However, sadly the postcode lottery of care is still very much around and during 2024, IDDT received more calls from people with diabetes who have not been receiving the care, checks and support they need to manage their diabetes and

to prevent possible future complications. This is worrying but we do our best to listen and to help where we can, so don't forget that we are at the end of the phone.

However, Christmas is coming and is still a time to enjoy with presents and needless to say, festive food! If you or a member of your family has diabetes, it can also be a worrying and stressful time, especially if it is your first Christmas with diabetes. We hope our FREE booklet "Diabetes at Christmas" will be of help as it offers help and advice about managing diabetes at Christmas. There is a range of recipes and ideas about food and eating, allowing you to enjoy Christmas and still manage your diabetes. For your copy, give us a call on 01604 622837 or email [enquiries@iddtinternational.org](mailto:enquiries@iddtinternational.org)

### **Christmas cards and 2025 Diabetes Everyday Diary still available!**

We would like to thank everyone who has already bought IDDT Christmas cards and 2025 diaries from us and remind those who haven't that we still have diaries and cards available, they are £3.25 per pack of 10 plus 80p per pack p&p.

## WITH ALL GOOD WISHES FOR CHRISTMAS AND THE NEW YEAR!



# Christmas snacks

Christmas is a time when there is a lot of snacks and treats around and if you are looking around for a diabetes-friendly nibble then reaching for the bowl of nuts on the coffee table is a good idea.

## The benefits of nuts for people with diabetes:

- They are low in carbohydrate, high in protein, healthy fats and create a feeling of fullness
- They are good for heart-health, help to lower LDL (bad) cholesterol while raising HDL (good) cholesterol
- Being low in carbohydrate they play a role in helping to regulate blood sugar levels

However, there are a couple of caveats: nuts are high in calories, so overeating them can cause weight gain. To try to avoid this, experts recommend measuring out a portion of approximately 1oz (28-29g) rather than just digging into an open bag! Also bear in mind how they are prepared – try to avoid nuts that are coated in salt, honey-roasted or chocolate-coated but try to stick to raw nuts or dry-roasted, which are flavourful but still healthy.

## The best nuts when you have diabetes

Here are four options ranked in order of healthiness:

### Walnuts (Serving size: about 14 shelled halves)

Several studies have reported various benefits of eating walnuts. Walnuts can promote feelings of fullness thus preventing unhealthy food cravings and potentially aiding weight loss. In addition, they may also have a preventative role in developing diabetes. They contain protein, fibre and good fats that help manage hunger and regulate blood sugar. They are also a rich source of alpha-lipoic acid (ALA) which may help reduce inflammation. Inflammation plays a role in the development of diabetes.

### Almonds (Serving size: about 23 nuts)

Studies have shown that almonds help control glucose levels, reduce the risk of cardiovascular disease and may decrease body fat mass. Their high fibre content also helps with blood sugar levels and is good for digestion. Many people with diabetes are deficient in magnesium and almonds are a good source of this mineral. Magnesium is important to promote healthy bones, normal blood pressure,



blood glucose control, and good muscle and nerve function.

### Pistachios (Serving size: about 45 nuts)

As with walnuts and almonds, the pistachios' trio of fibre, protein and good fats help you feel fuller longer, making them a smarter bet than carbohydrate-heavy snacks. A review of research found that pistachios have antidiabetic properties, improve cardiovascular health, reduce inflammation, help control appetite, and reduce oxidative stress.

### Peanuts (Serving size: about 28 nuts)

Again, peanuts are an extremely satiating, diabetes-friendly snack, thanks to their high fibre and protein content. Not only do they have a low glycaemic load (a measure of how quickly a food tends to raise blood sugar), but they may help regulate blood sugar. Research has shown that they may help prevent post-meal blood sugar spikes and are associated with a lower risk of developing heart disease. Remember to avoid the common ready salted varieties of peanuts.



# And New Year...

For many of us, Christmas is a time for indulgence – perhaps we eat more unhealthy foods and take less exercise than usual. New Year is a time that we tend to make resolutions for the next year and all too often, these involve lifestyle interventions, the most common and effective one being exercise.

## Move more

Many studies in recent years have provided strong evidence that simple and achievable lifestyle changes can help us to remain healthy for longer and living an active lifestyle is a big part of this.

The American Heart Association suggests that there are 8 essential lifestyle choices that can help to slow the rate of biological aging, lengthen lifespan, and decrease the risk of developing heart issues as well as age-related health conditions. These 8 essential choices are:

- Following a heart-healthy diet
- Staying physically active
- Not smoking
- Getting adequate restful sleep
- Having a healthy BMI
- Managing your cholesterol, blood sugar and blood pressure levels

All of these things will lead to reduced weight, which allows people to be more active. Keeping an active lifestyle is not only good for the heart, but also the bones/joints. People will have fewer joint issues/muscle aches if they are consistently active on a daily basis and weight loss will take the strain off the joints as well, which will allow for even more activity.

## What kind of exercise?

A paper published in JAMA Internal Medicine analysed data from 500,705 participants for an average of 10 years. It examined the effects of exercise on mortality risk which showed that a balanced combination of exercise worked best. This study examined the effects of moderate aerobic physical activity (walking or gentle cycling) and, vigorous aerobic physical activity (running and muscle-strengthening activity, like weight lifting).

The findings showed that 75 minutes of moderate aerobic exercise, with more than 150 minutes of

vigorous exercise, combined with at least a couple of strength training sessions per week were associated with a lower risk of all-cause mortality.

Another study suggested that any amount of any form of exercise is better than none when it comes to heart health and a sedentary lifestyle.

## Messages to take away

- Exercise and longevity go hand in hand. For most people, maintaining an exercise routine can be done at any age
- Staying active helps to improve brain health, improves moods, promotes better sleep
- It also assists with weight management, increases energy, supports bone and muscle health, decreases stress, and there is less risk of dementia, heart disease and diabetes with controlled blood pressure from regular exercise



# Swimming and diabetes

Swimming is great exercise for diabetes – it is a very healthy activity and has many benefits for people with diabetes, as well as people without diabetes. It can take place at the local swimming pool, as well as outdoor places, so can be carried out regularly and with friends. However, diabetes does make swimming a bit more complicated, especially for people using insulin.

Swimmers with diabetes need to be aware of the risks of hypoglycaemia (low blood sugars) so need to be sure to check blood sugars. They also need to know how to use their electronic devices to manage their condition.

## What are the benefits of swimming for people with diabetes?

The health benefits of swimming include:

- Weight loss
- Cardiovascular health
- Stronger lungs
- Longer life span
- Improved mood and better sleep

In addition, research has shown that swimming is associated with benefits that have special relevance to people with diabetes:

- Metabolic benefits including better blood pressure, cholesterol, blood glucose levels and body fat
- Improvements in insulin resistance and improved chronic inflammation
- Improvements in blood sugar control
- Swimming is very good for the body and is recommended for people of all ages, fitness levels and shape



## Swimming and diabetes complications

### *Chronic pain, neuropathy and mobility issues*

The buoyancy of the water relieves pressure on the feet and may reduce the risk of injury to the lower extremities. Water resistance means that swimming provides gentle resistance training which can help to strengthen muscles and improve balance and overall coordination.

Swimming is a great way to enjoy the benefits of exercise while minimising the risk of injury.

### *Hypoglycaemia*

Swimming does increase the risk of hypos for people with diabetes treated with insulin or Type 2 drugs that can cause hypos.

Severe low blood sugar in the water, could create a drowning hazard. In addition, the act of swimming, the fatigue of exercise and the unusual aquatic environment can mask the symptoms of hypoglycaemia. Therefore, swimmers need to take special precautions:

- Pay extra attention to blood sugar levels, both before and during swimming. This may mean taking extended breaks to test or monitor readings on a continuous glucose meter
- For people who tend to go low during exercise, starting swimming with blood sugars a little higher than usual should be considered, or eat some carbs midway through the swimming session. For insulin pump users, the basal rates could be reduced before starting or if waterproof, set at a temporary lower basal rate or "exercise mode"
- Always have some fast-acting carbohydrates accessible, ideally at the pool's edge
- Consider letting the lifeguard know that you have diabetes and/or wear other forms of ID such as a medical alert bracelet
- Blood sugars may be steadier if you swim before eating breakfast and therefore before your fast-acting insulin (this also applies to other forms of exercise)
- Finally, you'll need to be clear about the capabilities of your electronic diabetes devices





### Swimming and technologies

- If you use a continuous glucose monitor, know how deep it can be submerged and for how long
- If you use an insulin pump, pumps vary in their water-resistant ratings so check the manufacturer's instructions for your particular model. If you have to disconnect your pump before getting into the water, you need to understand the risks involved with completely stopping insulin delivery – rising blood sugars. If a very long swimming session is planned, consider reconnecting to your pump every hour and delivering a bolus but you should discuss your options with your healthcare team

Having covered all this, remember that with the right safeguards in place, swimming is a very good way to get some exercise and to feel really good!



# King's Speech on health

After the General Election, it is usual for the monarch to make a speech about the intended actions of the new Government. From our perspective, health is a key part of the speech and the King set out the following changes that the Government will make:

- It will improve the NHS as a service for all providing care on the basis of need regardless of the ability to pay
- It will seek to reduce waiting times, focus on prevention and improve mental health provision for young people
- It will ensure mental health is given the same attention and focus as physical health. It will legislate to modernise the Mental Health Act so it is fit for the 21st century [Mental Health Bill]
- A Bill will be introduced to progressively increase the age at which people can buy cigarettes and impose limits on the sale and marketing of vapes [Tobacco and Vapes Bill]
- It will also legislate to restrict the advertising of junk food to children along with the sale of high caffeine energy drinks to children

The speech did not contain details of how these changes are going to take place or where the funds

are coming from to make the above changes that we all know are so necessary but time will tell... In the meantime, we hope to keep you up to date on some of the proposed changes, starting in this Newsletter.





# Update from Ukraine

Thanks to the generosity of our members and many other people, we have sent further consignments of insulin and other diabetes supplies to help people with diabetes in Ukraine.

We are all very well aware that the newspapers and news bulletins are often taken up with UK political issues, but the situation in Ukraine has not gone away, nor have the needs of Ukrainian people with Type 1 or Type 2 diabetes. So IDDT is still collecting unused, unwanted and in-date insulin, blood glucose meters, test strips, needles, lancets, pump equipment and metformin tablets for people with Type 2 diabetes.

Supplies arrive at the IDDT office on an almost daily basis and in August 40 boxes of supplies were transported into Ukraine by a volunteer going to help people in Ukraine for six months. You have responded brilliantly to our request for Type 2 tablets, so a particular thanks to people who donated unwanted metformin.

By September 2024, we had a further 100 boxes of supplies and this time, our Ukraine contact, Dmytro, came to the UK to drive the supplies the 2,000 miles back to Ukraine.

While in Northampton, Dmytro showed the appreciation of the Ukrainian people who receive all the donations you have made. He presented IDDT co-chair Jenny Hirst with a certificate and Ukrainian coin to mark how greatly the donations made through IDDT are appreciated. For Christmas presents for children in Ukraine, our 'knitters' have made teddy bears, hats, scarves, gloves and blankets

for the winter. Thank you to all of these kind people showing people in Ukraine that we are thinking about them and that we care.

We must also say a thank you to the staff at IDDT for their work packing and checking all the donated items, especially to Karl who has taken main responsibility for this work.

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**Many thanks to everyone who has helped the people of Ukraine!**

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# 'Smart' insulin hits the headlines!

In August, the newspapers carried the story about what they describe as 'smart' insulin for people with Type 1 diabetes that responds to changing blood sugar levels in real time. Its other advantage is that experts believe it only needs to be given once a week!

Researchers in the US, Australia and China have found a solution that experts say comes as close to a cure for Type 1 diabetes as any drug therapy could. The smart insulin lies dormant in the body and acts when needed, mimicking the body's natural response to changing blood sugar levels.

Standard insulins stabilise blood sugar levels when they enter the body, but once they have done this they typically cannot help with future fluctuations. However, the new insulins only become active when there is a certain amount of sugar in the blood to prevent hyperglycaemia (high blood glucose) and they become inactive again when levels drop below a specific level to avoid hypoglycaemia (low blood glucose).

The funding for this research comes from the Type 1 Diabetes Grand Challenge, a partnership between Diabetes UK, JDRF and the Steve Morgan Foundation which is investing £50m into research to help to find new treatments for Type 1 diabetes. About £3m has been awarded to six research projects that have developed different types of smart insulins in the US, Australia and China.

The projects are exciting with each of them aiming to fine-tune smart insulin to act faster and more precisely, relieving some or all of the huge burden of managing Type 1 diabetes and reducing the risk of long-term complications.

- Four of the projects are focused exclusively on testing GRIs (global reporting standards for economic, environmental and social impact)
- A fifth has developed a new ultrafast, short-acting insulin.
- The sixth project is focused on a protein that combines insulin with the hormone glucagon

## Faster insulin

Even with the fastest insulins now available, there is a delay between insulin being administered and

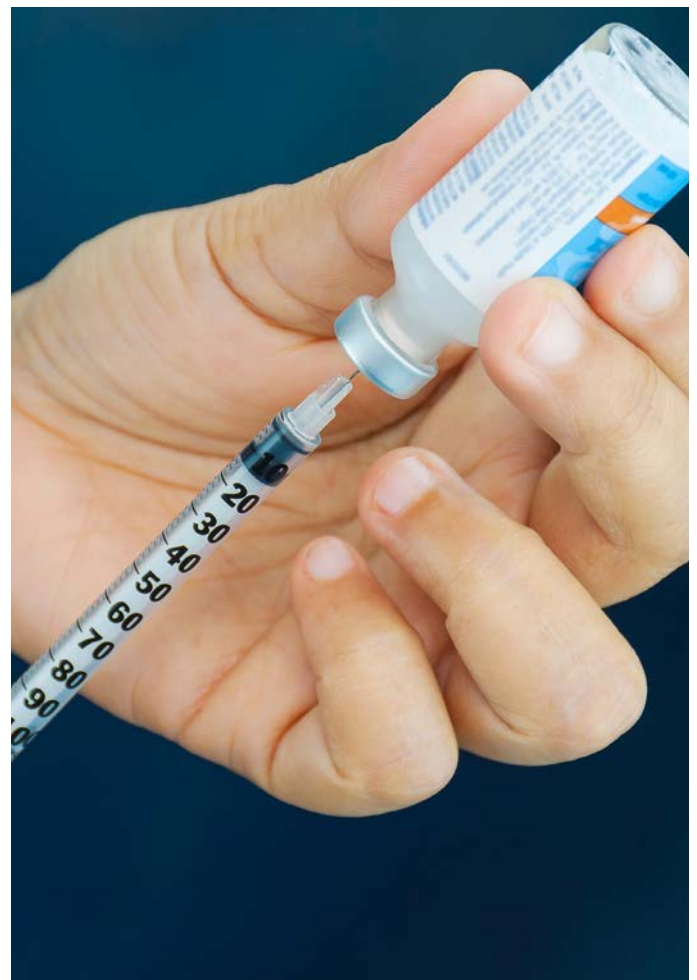
when it starts to act on glucose in the blood. This can result in blood glucose rising before insulin can act to lower it. Faster insulins are also needed to improve the function of insulin pumps and hybrid closed loop technology, a system that relies on the stored insulin responding in real-time to changing blood glucose levels.

## Glucagon

While insulin helps to lower blood glucose, glucagon stimulates the liver to release glucose when glucose in the blood runs low. The aim is that having the two hormones in one formulation could prevent high and low blood glucose levels.

## The future

If successful, these could change the daily challenges of living with Type 1 diabetes and improve the long-term physical and mental health of those living with the condition. We have to wait and see...



# The importance of looking after your feet

We are pleased to report that the podiatrists at Randell's Footcare in Aylsham, have offered to write regular articles about various issues relating to diabetes and feet. We consider this so important that we will be printing the same article in both the Newsletter and Type 2 & You.

## Diabetes – choosing shoes

Diabetes in the UK is currently at its all-time high with an estimated 5.6 million living with diabetes. Diabetes UK suggests that around 4.4 million live with Type 2 while the remaining 1.2 million people live with Type 1. There is also a high number of people who live day to day undiagnosed thus suggesting that the number of people with diabetes could be higher than what is currently reported. One of the major complications of diabetes is nerve damage in the feet and legs. So, the question is *how do people with diabetes protect their feet and how do they choose shoes?*

The main aim when choosing shoes is to prioritise comfort, support and protection. Here are features to look out for:

- Proper Fit – Shoes should not be too tight or too loose. Shoes should have a wide toe box to prevent pressure on the toes
- Seamless Interiors – To avoid sores and friction, shoes should be seamless and soft on the inside to reduce the risk of blistering
- Breathable Material – Materials like perforated leather and mesh help keep feet dry and reduce moisture retention. They also aid in temperature regulation to keep a comfortable foot temperature
- Supportive Soles – Cushioned soles help absorb shock and reduce pressure on the feet especially the heels and the ball of the foot. This reduces the risk of developing corns and calluses and foot pain



- Firm Heel Counter – A firm heel counter provides stability and support, reducing the risk of foot injuries
- Non-Slip Soles – Shoes with a non-slip, sturdy sole provide good traction, thus preventing and reducing the risk of falls
- Adjustable Closures – Closures like Velcro and/or laces allow for adjustable fitting and accommodate foot swelling that can occur throughout the day
- Low Heels – Choose low or moderate heels to ensure even distribution of body weight across the foot
- Regular Monitoring – Inspect shoes for wear and tear and make sure shoes still provide adequate support
- Custom Orthotics – Orthotics provide additional support and cushioning tailored to individual needs. This helps maintain proper foot alignment and reduces strain on the feet and ankles

While the above points assume that the person in need of shoes is healthy and without any foot complication due to diabetes, the next point is dedicated to those with complications.

*Bespoke shoes with specialised designs* are available to patients through the NHS. The process is a bit long and includes sending the patient to an orthotist for measurements and drawing out any abnormality and specifications needed in the shoes. These shoes are specifically designed to minimise foot injuries and often include features like extra depth and seamless construction – these can be found in the NHS.

Choosing the right shoes is crucial for diabetic patients to maintain foot health and prevent complications like ulcers or infections. Regularly checking the feet and shoes is also important in managing diabetes-related foot issues. If you have any concerns about your feet, you should visit your local HCPC registered podiatrist for treatment and advice.

**Randell's Footcare, Aylsham.**



# Pharma News

## **Boss of AstraZeneca named highest-paid CEO in Britain**



Pascal Soriot was top of a list of top earners compiled by the High Pay Centre published on 8th August 2024. The bosses of Rolls Royce and HSBC were also included in the top 10.

The CEOs of Britain's biggest firms received record levels of compensation last year, according to the High Pay Centre. Average pay for the boss of a FTSE 100 firm rose to £4.19m (€4.90m), a 2.2% annual jump. Pascal Soriot's salary is 482 times the pay of the average UK full-time worker!

## **US not to licence once-a-week insulin, Icodec**

Although receiving approval in Europe, Canada, Japan and Australia, the licensing authority in the US, the FDA, has refused approval for Icodec, the once-a-week insulin for people with Type 1 or Type 2 diabetes. The FDA rejected it due to concerns about its potential to cause low blood sugars and that the risks did not outweigh the benefits for adults with Type 1 diabetes.

Icodec is a once weekly insulin made by Novo Nordisk and sold under the brand name of Awiqli. Novo Nordisk has said that they do not expect to resolve the issues this year. (July 2024)

## **Microwave technology saves diabetic patient from double amputation**

A man with diabetes has had both legs saved from amputation by 9 months of treatment with a new microwave technology. Barry Mayled, aged 74, has Type 2 diabetes and watched his foot ulcers steadily worsen during the Covid pandemic until surgeons said they had no choice but to amputate.

However, his "severely ulcerated" feet were treated using Swift, a microwave technology developed by Stirling-based company, Emblation. It uses low energy doses of microwaves to stimulate the immune system.

Barry credits Tracey Davies, of Toetal Footcare in Cardiff, for identifying the problem. He was treated by Ms Davies and received seven applications of the Swift microwave technology on five areas of his right foot and three on his left. Ms Davies said Mr Mayled received excellent wound care from the NHS but Swift provided an alternative way to address the problem.

Ms Davies and her business partner, both registered podiatrists for over 40 years, have been using Swift microwave to treat warts and verrucas on the soles of feet with successful outcomes, so believed it was worth a try in Mr Mayled's case. They were amazed at the "remarkable turnaround".

The Swift device has been used by podiatrists across the world to treat verrucae and plantar warts with medical testing being carried out to test its use in treating other conditions and lesions, like basal cell carcinoma.

This could be far-reaching in the treatment of non-healing foot ulcerations to prevent unnecessary amputations. (BBC, 9 July 2024)

## **Inhaled insulin shows promise for adults with Type 1 diabetes**

Researchers found that more participants using the inhaled insulin regimen experienced significant improvements in HbA1c levels versus usual care. According to recent research, inhaled insulin used by adults with Type 1 diabetes is associated with improved HbA1c levels over 16 weeks when compared to their usual care.

A randomised trial was conducted which compared the efficacy of an inhaled insulin regimen (Afrezza) plus degludec insulin (Tresiba) to usual care for 17 weeks among adults with Type 1 diabetes treated at 19 US centres.

The researchers found that more participants using the inhaled insulin regimen experienced significant improvements in HbA1c when compared to their usual care.

- This included 21% of those on inhaled insulin

with HbA1c improvement less than 0.5% vs 5% for those receiving standard care

- Among participants with HbA1c level 7% or greater at baseline, 21% of those on inhaled insulin achieved the HbA1c goal of less than 7%, while no participants receiving standard care achieved the goal
- Among participants who switched from using an automated insulin delivery system to using inhaled insulin plus degludec, 19% achieved an HbA1c improvement less than 0.5%. However, 26% of the patients in the inhaled insulin group

had a worsening of HbA1c greater than 0.5% vs 3% receiving standard care

The research lead stated: "The INHALE-3 study's findings will impact diabetes management by providing healthcare providers and patients with an alternative insulin delivery method. These results will assist in better informing clinical decisions and tailoring treatment plans to individual patient needs, potentially improving adherence, patient satisfaction, and overall outcomes." (American Diabetes Association, June 2024)

Note: inhaled insulin is not available in the UK.

# Seasonal Affective Disorder (SAD)

Seasonal Affective Disorder (SAD) is a mood disorder that causes people who have normal mental health throughout the year to show depressive symptoms at the same time each year. These symptoms are most commonly associated with winter but can also occur in summer. Symptoms can include:

- Oversleeping or difficulty waking up
- Nausea
- Overeating with a craving for carbohydrates

This last symptom can have major implications for people with diabetes. Symptoms of the condition in summer can include heightened anxiety.

Initially experts were sceptical about the existence of SAD but it is now recognised as a common disorder. Officially called SAD it is also commonly called winter depression, winter blues, summer depression or seasonal depression.



## What are the causes of SAD?

- One theory is that it is an evolutionary response to the lack of food during the winter months. The theory postulates that many animals, including us, reduce their levels of physical activity during winter to preserve the energy reserves they have, increase levels of sleep etc. The extreme of this is hibernation
- On a more biological level, there is a theory that SAD is caused by reduced levels of the enzyme, serotonin. Serotonin is responsible for feelings of well-being and happiness. Lowered levels of serotonin have been shown to result in depressive behaviour and treatment with anti-depressants, such as fluoxetine, can prove to be effective
- A second theory is that SAD is caused by an excess production of another enzyme, melatonin. Melatonin is produced under dim light or dark conditions. If identified, treatment can be with artificial bright light therapy lamps (lightboxes) or by simple advice, such as spending more time outdoors, providing you use a UV sun cream blocker

There are several treatments that may be suitable and used in isolation or in conjunction with other therapies. These include:

- Physical exercise
- Vitamin D supplements
- Treatment with modanafil

As always, speak to your health professional if you think that SAD becomes an issue for you or someone you support with diabetes.



# Diabetes and uncommon conditions

## Insulin Autoimmune Syndrome (Hirata Disease)

Following the article on page 11 in the September Newsletter which states that autoantibodies against beta cells are the cause of Type 1 diabetes, one of our members from Germany wrote the following:

*"I don't have any autoantibodies against beta cells. Instead, I have very high autoantibodies against insulin, which is the cause of my Type 1 diabetes. As a result I have insulin autoimmune syndrome. Insulin autoimmune syndrome, which is largely only known in Japan, had only been described in 380 sufferers worldwide in 2009, and I was diagnosed with it in 2004."*

## So, what is Insulin autoimmune syndrome (IAS), also called Hirata's disease?

It is a rare condition which shows as hypoglycaemic episodes due to the presence of high levels of insulin autoantibodies (IAA). IAS is a form of immune-mediated hypoglycaemia, which develops when a triggering factor, such as a medication or a viral infection, acts on an underlying predisposing genetic background.

Insulin autoimmune syndrome pathogenesis, the process by which an infection leads to disease, involves the formation of insulin autoantibodies that induce glycaemic alterations with a double-phase mechanism:

- Insulin autoantibodies prevent insulin binding to its receptor in the postprandial phase, possibly resulting in mild hyperglycaemia
- Thereafter, insulin is released irrespective of blood glucose concentrations, thus inducing hypoglycaemia

## Diagnosis and treatment

The diagnosis of IAS is challenging. It requires excluding other causes of hyperinsulinaemic hypoglycaemia. The definitive diagnosis is the finding of insulin autoantibodies in a blood sample. IAS varies and can go into remission so its management mostly consists of supportive measures, such as dietary modifications, aimed at preventing the development of hypoglycaemia.

Pharmacological therapies may occasionally be necessary for patients presenting with severe

manifestations of IAS. Available therapies may include drugs that reduce pancreatic insulin secretion and immunosuppressive agents.

## The future

There has been a collection of information about insulin autoimmune syndrome in the 50 years after its first discovery in 1970 but there are still unknowns about the condition, its development and management. So, more information is necessary. (Diabetes Metab Syndr Obes. 2020).

## Stiff-person Syndrome

Originally known as Stiff-man Syndrome (SMS), this is a rare neurological disorder. The symptoms are painful contractions and spasms of voluntary muscles, especially those of the back and upper legs. The spasms can be spontaneous or due to a trigger, such as loud noise, being touched, cold temperatures or stress.

Patients typically present with initial symptoms between 40 and 60 years, although the onset has been reported in patients who are younger than 40 years and older than 60 years.

It is thought to be an autoimmune condition. However, SPS is rare and its symptoms overlap with other common conditions, such as Parkinson's disease, so it can be misdiagnosed for years before a correct diagnosis is made.

## Prevalence

This is difficult to estimate because doctors often think that the symptoms are psychological or due to depression. Fifty per cent of people with SPS also have Type 1 diabetes but the link between the two conditions has not been proved scientifically.

## Treatment

The drug diazepam, a muscle relaxant, provides improvement in most cases, as do some other drugs. Physiotherapy may also be helpful for some people.

In 2023, in a small study, it was shown that a gluten-free diet showed great results in patients with SPS. In a study including 20 patients with SPS, the patients were recommended to adopt a gluten-free diet.

*Note: in our next Newsletter we will write about Type 3 diabetes.*

On 28th September 2024, IDDT was delighted to welcome 70 delegates to this year's Get Together. Lots of people said how good it was to meet others living with diabetes, how much they valued being able to ask personal questions of "experts" and of course, lunch was highly praised!

This brief write-up is for members who were unable to attend in person – we hope we can encourage you to do so next year. We have already booked the same venue for 4th October 2025.



## Annual General Meeting

A brief formal AGM was held in line with Charity Commission guidelines. Our co-chair Dr Matt Kiln came over from Australia to chair the meeting with Trustee John Birbeck. Jenny Hirst and the staff were thanked for their work, as were those providing professional support – Tina Loughran, IDDT's accountant and Oliver Jelley for being in charge of audio-visuals, our media link, the organisation of IDDT's external conferences for health professionals and the large part he played in our advertising campaign, VERA.

The accounts were presented and approved. Trustees who wish to continue in their role were thanked and re-elected. Updates were given on Ukraine and the success of our targeted campaign to reach more people with diabetes who might value the charity's support and information.

## Continuous Glucose Monitoring – is it important?

This was addressed by Professor Alan Sinclair with input from Dr Giuseppe Maltese and Sarah Page from Abbott Laboratories suppliers of the Freestyle Libre.

The advantages were presented:

- Less finger pricks

- Alarms when going low or high (though a delegate remarked carer observations can pick up hypo signs before the machine – or the person using it)
- Can be used with some pumps in a hybrid closed loop system (automatically increasing background insulin if going high, or decreasing it if going low)
- The ability to monitor time in range (TIR), now known to be very important as swings in blood glucose can increase vascular problems and therefore health/survival, especially in older adults

The disadvantages were also discussed:

- The expense (unless getting on prescription)
- Difficulties with insertion of sensors if mobility issues
- Alarms being so frequent they get turned off
- People with cognitive impairment might struggle to use them, as might those with visual impairment or those with poor digital literacy. Some healthcare providers might unfairly think there are too many barriers to prescribe to older people. It was highlighted that hospitals are reluctant to let you keep using your CGM on admission – this may be because the hospital staff are inexperienced in their use

Sarah from Abbott explained that the Libre 2 sensor is being upgraded to Libre 2-plus, a 15-day sensor and users should ask for their prescription to be updated in line with this. You won't need to update your app or reader. Children from the age of 2 can now have a Libre 2-plus sensor and this can be linked to an Omnipod closed loop pump so that optimal blood glucose levels can be obtained. The Libre 3 sensor is not an upgrade but a different sensor for use with a different pump. Sarah asked us to let you know that anyone, even those self-funding, can sign up for the free Abbott training on the Libre and how to get the most out of it. Contact the Customer Careline on [0800 170 1177](tel:08001701177) to find out more.

## Small discussion groups

Dr Mabel Blades led one of her popular Diabetes Everyday Eating sessions which was very participant focused and had tips on changing to higher fibre, complex carbohydrates and lower glycaemic index foods to optimise blood glucose. Informally



participants commented on having learned more from Mabel over the years than from any professional they have been lucky enough to see in clinic or general practice!

Ken Heard led a session on Type 2 and You. The points raised were:

- Delegates stressed that upon diagnosis they did not receive helpful information nor were they signposted to where they might get information and support
- Vague comments from GPs such as “cut out sugars and carbohydrates” and “eat well” were unhelpful, hence people find IDDT information so useful
- Some had not been allocated a diabetes specialist, such as a diabetic nurse, and were not aware of the key checks
- Some were not receiving results of their diabetic eye screening tests

On a positive note, one delegate was successfully managing his diabetes by switching to a Mediterranean diet – a struggle at first but he has now adapted to it. Another delegate has started an online petition, [Living with diabetes](#), campaigning for all those with diabetes to receive free CGMs as this will save the NHS money in the long run by enabling people to better manage their condition. The petition has 46,000 signatures so far – it needs 100,000.



Professor Alan Sinclair led a discussion on the importance of maintaining muscle bulk and balance to avoid falls and complications in older age.

Dr Charles Fox led a session entitled “There are no silly questions”. He was thrilled to meet a nursing student of his from 30 years ago and a patient he had treated whose baby, now 40, he had held many moons ago! Participants received highly personalised advice:

- Dr Fox discovered people not knowing if they had Type 1 or Type 2 diabetes
- He explained that people with Type 2 usually need insulin 7-8 years after diagnosis because the pancreatic beta cells have failed
- He gave some helpful advice on useful medications and he confirmed that injecting insulin leads to weight gain
- He also uncovered a worrying lack of education around the basics such as carbohydrates, dose adjustment for meal size, minimising complications’ risk and was concerned one participant was not getting help with neuropathy

Abban Qayyum led his session on Diabetes and Primary Care. Again, the main concerns raised were that GPs were not providing enough timely information. Abban gave an explanation on the GP role and how they can improve the consultations by potentially signposting more and covering the basic fundamentals. It’s near impossible for a GP to diagnose, discuss diabetes at length and signpost given the pressure, clinical demands and time constraints.

**After a delicious lunch, we returned to the main hall for our afternoon speakers.**

Oliver Jelley gave a more detailed update, with a video, on just how many supplies have been donated and delivered to the Ukraine. He also told us more about the membership drive campaign (VERA) which has been highly successful. It has also been good value for money as over 3,000 people have signed up to become IDDT new members which means that at least 3,000 more people living with diabetes are receiving the information and support they need.

**The Impact of Physical Activity on the Management of Diabetes – Abban Qayyum, Clinical Specialist Physiotherapist**

Abban has a specialist role in Primary Care where he often sees older patients with multiple problems in addition to their diabetes, some may be on six or more medications. His team tries to look at the psychological and social impact of ill health, not just the physical impact. He helps patients become more involved in shared-decision making and



[Physical activity videos - Make Your Move | Age UK](#)

[Chair-based pilates video workout - NHS](#)

[Chair based home exercise programme - Later Life Training](#)

[Strength exercises - NHS](#)

[Lose weight - Better Health - NHS](#)

### **Person-centred Care – Dr Charles Fox**

Charles gave a presentation on work he does with professionals to help them support people with diabetes and enable them to achieve their health goals. He pointed out that 98% of diabetes care is self-care – we in the audience knew that, but apparently most professionals don't!

Thanks were given to the staff for providing so much information, support, direction and assistance during the day.



he takes a pragmatic approach when advising on symptoms' management. He trains primary care workers in how to optimise the care they give in the limited time available.

Moving onto physical activity – he confirmed that an exercise programme and other lifestyle changes can prevent or delay the development of Type 2 diabetes when someone presents with moderately elevated blood glucose levels (sometimes called pre-diabetes). He described the different kinds of exercise:

- Aerobic, which works the large muscles and is good for cardiovascular health. It includes high intensity interval training – short bursts of intensive exercise within a longer session
- Hypos may be avoided in Type 1 by doing resistance exercises first, by carb loading and by reducing insulin before, during and after the exercise
- Flexibility training helps the joints, resistance training with weights and elastic bands and balance exercises help gait and prevent falls. Tai Chi and Yoga combine these in a gentle way

For people newly diagnosed with Type 2, sensible advice is to cut down on carbs and start an activity routine, perhaps with others. Some useful videos for home exercise can be accessed from the links on the right, but it is also worth finding out if gym, swimming sessions or walking groups can be accessed in your area on a social prescription.



We all rely on the NHS for our healthcare, whether we have diabetes or not or any other condition, so we are all hoping to see improvements and the ways in which treatment and care can change. Here are some of the issues that have been raised over the last few months that may help us to understand the NHS as it stands presently.

## **Healthcare checks in workplaces**

The UK government is launching a health check programme in workplaces nationwide. The aim is to protect over 130,000 people from diseases like heart disease, kidney disease and diabetes. These quick and easy checks assess cardiovascular risk and shift the focus from treatment to prevention. It will be available to employees in various sectors, including building, hospitality, transport and social care. This initiative is part of the Health and Social Care Secretary's plan to improve public health and boost economic growth, while at the same time also reducing NHS waiting times by saving thousands of NHS appointments.

In addition, a new digital version of the NHS Health Check will be piloted in 2025. Available through the NHS App it will allow users to complete their checks at home and have the results automatically entered into their GP electronic health record, within a few clicks.

The digital checks will be piloted in Norfolk, Medway, and Lambeth, and are expected to deliver around one million checks in the first four years, with plans for national availability alongside the traditional face-to-face checks.

Over 16 million people are eligible for an NHS Health Check, but currently only around 40% of those invited went on to complete one. Men are less likely to get early help but are more likely to develop cardiovascular disease at an earlier age than women. This new programme aims to reach more people through their place of work and make it more convenient for people to understand and improve their cardiovascular health.

## **How the NHS works at a local level**

### **What are primary care networks (PCNs)?**

Primary care networks (PCNs) are groups of GP practices that work together, and with other health and care providers, to deliver a wider range of services to the local population than might be

possible within an individual practice.

Many GP practices have worked with others over many years as part of the NHS Long Term Plan. The five-year framework for the GP contract, published in January 2019, formalised this way of working through an optional extension to the national GP contract. This extension is known as Directed Enhanced Service (DES) and provides funding specifically for services delivered through a primary care network.

### **What are Directed Enhanced Services (DES)?**

They are nationally agreed services that holders of almost all GP contracts can provide if they choose to opt in and PCNs have been formed by the Network Contract DES.

Although GP practices are not mandated to join a network, over 99% of general practices have signed up to the DES and are part of a PCN.

In England, there are around 1,250 PCNs covering populations of 50,000 people on average. This can vary significantly, with more than a third of PCNs covering more than 50,000 people. In some cases, a single practice that has met the size requirements of a network is also able to function as a network. Most networks are geographically based.

### **What do primary care networks do?**

PCNs were designed to support general practices and to bring them together with other primary care and community services. The aim is to improve primary care through the introduction of additional services and an expanded multidisciplinary workforce.

The DES funding enables PCNs to provide a more extensive range of primary care services to patients, mainly by funding a wider set of staff roles than might be feasible in individual practices e.g. first contact physiotherapy, enhanced support to care homes and social prescribing.

When PCNs were created, it was proposed that they would be responsible for the eventual delivery of a set of seven national service specifications (with two more subsequently added). The latest contract for 2024/25 has changed this to a simpler overarching specification, with a separate specification for enhanced access services.

PCNs are focused on service delivery and

commissioners and integrated care systems (ICSs) are responsible for the planning and funding of services. PCNs also strengthen primary care representation within ICSs with clinical directors from each network being the link between general practice and the wider health and care system in the area.

### **How does funding for primary care networks work?**

The DES contract is held between the integrated care board (ICB) and individual GP practices, providing they are part of the network.

The key provisions from this funding are:

- Recruitment of 34,000 patient-facing staff
- Extended hours services
- Financial incentive schemes e.g. rewards for delivering high quality care

GP practices are accountable to their integrated care board for the delivery of PCN services. Practices sign a legally binding network agreement setting out how they will carry out the network's responsibilities.

### **What are virtual wards?**

Virtual wards provide hospital-level care to patients in their own homes. There are many different models of virtual wards. Some cover specific conditions such as frailty, acute respiratory infections and heart failure, while others have a much broader range of patients.

In April 2022, NHS England launched its national virtual ward programme with the long-term aim of

providing 40 to 50 virtual ward beds per 100,000 people in England. So far, every integrated care board has introduced virtual wards. The programme also aims to include improving patient choice and experience, avoiding risks associated with inpatient stays and improving hospital flow by reducing lengths of stay and freeing up beds.

Virtual wards have the potential to improve outcomes for both patients and the health care system but high-quality data, careful monitoring and robust evaluations are necessary to understand if this is the case and for which patients. It is not yet clear if virtual wards reduce pressure on hospital beds. In December 2023, there were 11,800 virtual ward beds across England and 8,600 of those were occupied. Current national virtual wards data only provide limited patient information. NHS England is developing a national minimum dataset for virtual wards that will allow better analyses.

### **Diabetes-related complications: a toll too high?**

An article in the Lancet in August asked this question and it is clear from some of the figures that the cost is certainly high! The research was carried out by the York Health Economics Consortium who looked at the potentially preventable diabetes-related complications of Type 1 diabetes, Type 2 diabetes, and gestational diabetes. The costs are as follows:

- The cost to the UK NHS – £6.2 billion in the period 2021–22
- Diagnosis and treatment of diabetes costs a further £4.4 billion
- Total direct costs for diabetes accounted for 6% of the overall UK health budget





## The costs of diabetes-related complications fell

In 2012, the total cost was 80% but fell to 60% by 2021–22 due to improvements in glycaemic control. However, overall costs are rising and the costs of complications are projected to reach £10.3 billion by 2035 along with total direct diabetes costs of £18 billion.

While this seems and indeed is high, direct diabetes costs account for even higher proportions of health care expenditure in other countries such as the USA (7%) and Germany (10%).

## The effects on people with diabetes in the UK

Regardless of the costs, diabetes-related complications, macrovascular and microvascular, have devastating effects on the 5.6 million people living with any form of diabetes (this includes 1.2 million with undiagnosed Type 2 diabetes).

Diabetes-related complications are estimated to be responsible for:

- 2,990 cases of heart failure
- 930 strokes
- 660 heart attacks and
- 184 amputations every week

Diabetes-related complications contribute to diabetes-related deaths, which, at 141,000 in the UK in 2021, was the third highest figure in Europe.

## And globally...

In 2021, there were 537 million adults living with diabetes around the world – three quarters of them living in low-income and middle-income countries. This total figure is projected to rise to 643 million by 2030 and the number of people with diabetes-related complications will inevitably grow.

## And the future...

The research points out that reducing the health and economic burden of diabetes-related complications is crucial if unnecessary suffering is to be prevented and if they are not to overwhelm health systems, and cripple economies. Preventative care has to be more important than crisis care. It will enable people with diabetes to have better lives and also reduce costs.

Ways of tackling this situation to try to reduce diabetes and its complications are:

- More vigorous tackling of the drivers of Type 2 diabetes, such as obesity
- Recognising a concerning rise in the numbers of people under 40 being diagnosed with Type 2 diabetes

- Preventing prediabetes progression to Type 2 diabetes
- Ensuring people with diabetes get the right care at the right time. Regular health checks, essential care, access to technology and medications to maintain good glycaemic control are just some of the actions that should be prioritised to reduce diabetes and diabetes-related complications

The present Government must recognise the need for prevention as the way forward to reduce pressure on the NHS and improve the health of the population. (The Lancet Diabetes & Endocrinology, August 2024)

## Just a bit of information – JustGiving!

We are very grateful for your donations, however you make them, they are much appreciated! We wonder if people are aware that for every donation made through JustGiving, there is what JustGiving call a 'processing charge'. This 'processing charge' has recently been increased to 2.9% + 20p and this is taken from the donation you make to IDDT.

JustGiving is an easy way to make a donation but making a call and donating using a credit or debit card is easier and means that IDDT gets a greater proportion of your donation. Of course, paying by standing order or by cheque (if you still have a cheque book!) means that IDDT receives all of your donation.

## Sick day rules – correction

We made an error in the last Newsletter in an article about people with Type 2 diabetes taking SGLT2 inhibitors – the 'flozins'.

The newsletter stated: "Continue taking your insulin or if you have Type 2 diabetes, your tablets even if you are vomiting and having trouble eating or drinking...."

However, this is not correct in regard to the 'flozins' as continuing to take Empagliflozin/Dapagliflozin/Canagliflozin when dehydrated can lead to a risk of DKA.. Therefore, the advice is to stop them if at risk of dehydration/vomiting and restart 24-48 hours after being able to eat and drink normally again.

# Research

## Diabetes and mental health disorders – a bi-directional relationship

New evidence from US research suggests that people who have experienced chronic complications of diabetes are more at risk of developing a mental health disorder. People with mental health problems are at higher risk of chronic diabetes complications such as a stroke, nerve damage and a heart attack.

The study involved more than 500,000 adults with diabetes and 350,000 adults without and showed:

- The participants with chronic diabetes problems were three times more likely to have anxiety or depression compared with those with no complications
- Adults with diabetes became more at risk of mental health complications as they got older
- The participants with mental health disorders were 2.5 times more at risk of experiencing severe diabetes complications

The authors suggest that a possible reason for this bi-directional relationship may be that having a diabetes complication or mental health condition has direct effects on developing the other complication. For example, a stroke causes detrimental effects on the brain, which may directly lead to depression and having a mental health condition and diabetes may affect a person's self-management of their condition – like poor glycaemic control or not taking medications – which, in turn, may increase their risk of diabetes complications.

### Recommendations

The lead author of the study said: "We wanted to see if chronic diabetes complications led to mental health disorders or if mental health disorders led to those diabetes complications – but we found that both relationships are true.

"The findings highlight a need for clinicians to actively screen for mental health disorders in people with diabetes in addition to screening for chronic complications, which is the recommended standard of care in diabetes."

Systems of care need to be in place to help provide mental health care when needed and should include mental health screening and both physician and patient education programmes. This new research provides further evidence that this action needs to occur now. (Diabetes Care, 2024)

## Small pancreas size linked to faster progression to stage 3 of Type 1 diabetes

A multicentre, longitudinal study, co-led by investigators at the Vanderbilt Diabetes Research and Training Center, has discovered that a small pancreas size predicts a faster progression to stage 3 Type 1 diabetes. Stage 3 is the point at which clinical diagnosis occurs.

The team also found that using pancreas volume measurement combined with validated metabolic Type 1 diabetes risk measures can more accurately predict disease development than either method alone.

These findings show that pancreas size is an early marker of risk for Type 1 diabetes progression and that pancreas imaging can have a benefit in tracking disease development and recruitment for preventive and therapeutic trials. By the time a person has developed stage 3 Type 1 diabetes, there is significant beta cell loss and symptoms are usually present. The lead author commented: "If we can better predict the progression to stage 3, our hope is that we can better identify and apply therapies to slow or even stop the advance of the disease, even before diagnosis." (Diabetes Care February 2024)

## New stem cell therapy reduces need for injections in Type 1 diabetes

A new form of stem cell therapy is helping 12 Type 1 diabetes patients to produce insulin naturally and has drastically reduced or eliminated the need for manual insulin injections. It is still in early-stage trials. Those who have undergone the therapy say that its ability to eliminate blood sugar lows and manual insulin injections is life-changing.

VX-880, a form of stem cell therapy by the pharmaceutical company Vertex, could offer a simpler lifestyle. As we know, in Type 1 diabetes there is an attack on islet cells, the specialised group of pancreatic cells that produce insulin. VX-880 consists of islet cells grown from embryonic stem cells, which can be nudged to transform into any type of cell. When transplanted via infusion into the bloodstream of someone with Type 1, the islet cells within VX-880 take on the role of the person's lost islet cells, creating insulin that regulates the body's blood sugar.

In the clinical trial, 12 people with Type 1 diabetes



received a single infusion each of VX-880. Three months later, all 12 people were found to be creating insulin that naturally managed their blood sugar levels. Several people were able to stop using insulin injections or pumps, while others needed them far more sporadically than before.

### **VX-880 – not a perfect solution**

The therapy's success relies on immunosuppressants, which must be taken for life to prevent their bodies from wiping out the islet cells delivered via VX-880. Immunosuppressants come with their own lifestyle changes, most of which revolve around avoiding otherwise innocuous illnesses that the body might struggle to fight. Following Vertex's Phase 1/2 trial, two VX-880 recipients died from post-surgical infections that, had they not been on immunosuppressants, might have been survivable.

If VX-880 eventually is given the go ahead for broader clinical use, people with Type 1 diabetes will have to make a choice – deal with the risks and round-the-clock inconveniences inherent to diabetes management or take a chance with a weakened immune system.

### **Trial results show an existing drug usually used to lower cholesterol can slow eye damage in people with diabetes**

People treated with the drug fenofibrate at the

first signs of eye damage were less likely to need specialist care or treatment for diabetic retinopathy compared to people who took a placebo tablet. Fenofibrate is a tablet that has been used to treat people with high cholesterol for over 30 years.

Retinopathy happens when high blood sugar levels over time cause damage to blood vessels at the back of the eye. Current treatments tend to work in the later stages of damage and don't work well for everyone, so scientists are searching for ways to intervene sooner.

The LENS trial involved 1,151 adults with Type 1 diabetes or Type 2 diabetes who attended annual eye screening in Scotland and had early signs of retinopathy. Half the participants took fenofibrate daily or every other day and the other half were given a placebo.

### **The research findings**

Researchers at the University of Oxford led the trial and followed the participants for four years.

- People treated with fenofibrate had a 27% reduced risk of needing referral for specialist care or treatment for retinopathy compared to those who received the placebo.
- Treatment with fenofibrate was also linked with a lower risk of developing macular oedema (this is swelling at the back of the eye in the area of the



macula which is responsible for fine vision, such as reading)

The benefits of fenofibrate were similar in people with Type 1 diabetes or Type 2 diabetes and in people with healthy kidney function or kidney problems.

Researchers think the treatment works directly within the eye, but they need more evidence to understand exactly how it helps to slow retinopathy. They suggest that simple strategies are needed to reduce the progression of diabetic retinopathy and fenofibrate may be a valuable addition to treat people with early to moderate diabetic retinopathy. (LENS, Lowering Events in Non-proliferative retinopathy in Scotland, trial, the American Diabetes Association Scientific Sessions, 2024)

### **Short steroid treatment may raise diabetes risk**

People who received systemic glucocorticoids during short hospital stays were more than twice as likely to develop new onset diabetes than those who didn't. The diabetes trials unit at the University of Oxford carried out an observational cohort study, using information from electronic healthcare records of patients admitted between January 2013 and October 2023. They looked for patients who didn't have a diabetes diagnosis at the time of admission and who were not taking a steroid.

- About 1.8%, or 316, of the 17,258 patients who received systemic glucocorticoids (tablets, injections, or infusions) during their hospital stay developed new-onset diabetes. This compares with 3,430 of the 434,348 (0.8%) who did not receive systemic glucocorticoids
- The median length of stay was three days (two to eight) for the group of patients who took steroids, compared with one day (one to three) for those who did not
- Further analysis showed that, when age and sex were factored in, patients receiving systemic glucocorticoids were more than twice as likely (2.6 times) to develop diabetes as those not receiving the treatment

Glucocorticoids have for decades been used for managing acute and chronic inflammatory diseases. The link to diabetes has been previously reported in smaller studies and in ones linked to specific conditions such as respiratory disease and rheumatoid arthritis.

It was highlighted that while it has been known for some time that this was an issue, it was good to be able to know numerically how significant it is from this large study. (Presented at annual meeting of the EASD, Madrid, September 2024)





# From our own correspondents

## Thank you for your care

Hi IDDT,

Your Information Pack arrived as you promised. It's very generous and I am very grateful because it's so comprehensive. When I got my diagnosis I didn't get much concrete signposting you could rely on, or an anchor you can hold on to, or to keep touching base when there is a problem. Your newsletter shows this is real not just in my imagination; but now there is another place I can go to for support which is a huge comfort.

Thank you for you and your organisation's care.

By email



## You are on the ball!

Dear Jenny,

I would also like to take this opportunity to say how helpful I find it to know that there is somewhere that I can call for specific information regarding my diabetes. Unfortunately, on the odd occasion that I have needed to reach a diabetic nurse for clarification on a point I have had to leave voicemail messages which have sometimes taken four days to prompt a response. I have had diabetes for 64 years yet find myself being spoken to as though I know nothing at all about my condition and have the intelligence level of a five year old. I also enjoy reading the newsletters that you send out which are always on the ball about current, and sometimes worrying, events in the diabetic world. You always seem to be able to make a sensible stand on behalf of people with diabetes who need to use animal insulin.

By email

## Gluten-free food in hospital

Hello Jenny,

I would just like to let you know of my experience in my local hospital. I had a hip replacement last May, a week later I damaged my hip so was taken to the local hospital by ambulance. I was there all day waiting to be seen.

I also have coeliac disease as well as diabetes and other auto immune diseases, but the hospital did not have any gluten-free food. I could feel my blood sugar dropping and started to feel a hypo coming on. I gave the hospital plenty of warning that I was feeling unwell however, they said they didn't have any gluten-free food and they could give me only yoghurt. They decided to put a cannula in and give me glucose. I told them I DID NOT need glucose. I just needed food. This was a terrible situation and I wouldn't wish anyone else to experience this.

I should've possibly prepared food before I was taken to hospital, but I could not stand because of my hip.

By email

## Meet the staff

The Get Together in September was an opportunity for those attending to meet the staff and those who work under contract to enable IDDT to be the organisation it has become. If you have called IDDT at any time, you will most likely have spoken

to one of the staff in this picture!

From left to right here are Karl, Keith and Matt who work together as a team to ensure that IDDT helps people with diabetes in whatever way we can. Firstly, and unusually in this day and age, when you ring IDDT a real person actually answers the phone and this will be Keith or Karl. When you request Information Packs or booklets, Matt will have sent these out to you!



# BITS AND PIECES

## Insulin tied to greater risk for serious injury

A recent study has found that people with Type 2 diabetes treated with insulin had a 65% increased risk for injuries serious enough to be hospitalised, and the risk was higher for those with Type 1 diabetes. The study author suggested that people with diabetes, health professionals and policymakers need to be aware that muscle weakness and frailty are important parts of management, alongside blood glucose management and poor eyesight in people with diabetes. (Diabetes Care, July 2024)



## Post-meal insulin reduces risk of hospital hypoglycaemia

Switching insulin from before meals to after reduced the risk for hypoglycaemia for hospitalised patients and did not significantly increase severe hyperglycaemia or increase the length of hospital stays, according to a study. The author reported that the most common cause of inpatient hypoglycaemia revolves around the dosing of mealtime insulin, especially in people on a diet of decreased caloric intake. (Diabetes Care and Clinical Practice, July 2024)

## Voice pitch may be useful for blood glucose monitoring

Researchers found that increases in blood glucose levels were associated with increases in voice frequency. By establishing a significant positive association between glucose levels and fundamental frequency, the study provides compelling justification for more research on using voice to predict and monitor glucose levels. (Scientific Reports, 25 September 2024)

## How to calculate your insulin-to-carb ratio

Determining your insulin requirements may seem difficult, but it is actually quite easy.

Understanding these calculations means that you can make informed decisions about your insulin doses, which can improve your overall health and wellbeing. Your insulin-to-carb ration is how much insulin you need to cover a given amount of carbohydrate.

Determining your insulin-to-carb ration is quite individual and therefore this will need to be determined by your diabetes team.

Here is an example:

- Let's say that your doctor tells you to take one unit of rapid-acting insulin for every 15 grams of carbohydrate you eat
- Let's also say that the meal you are going to eat has 44 grams of carbohydrate, then divide 44 grams of carbs by 15 and you get 2.9
- This means that you'll need to take 2.9 units of rapid-acting insulin to cover your meal

It is that easy!

## Type 1 diabetes risk higher if father has the condition

A study presented at a meeting of the European Association for the Study of Diabetes found that adults are 1.8 times more likely to develop Type 1 diabetes if their father had the condition than if their mother did. Maternal diabetes before childbirth appears to have a protective effect against the disease into adulthood. (EASD, September 2024)





# LOTTERY JACKPOT!

As a thank you to our members and Lottery players and as a celebration that 2024 is 30 years since IDDT formed, we are having a JACKPOT Lottery.

## 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 2025. If you are already a Lottery player, then you will automatically be entered into the JACKPOT. 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](mailto:karl@iddtinternational.org) or write to IDDT, PO Box 294, Northampton NN1 4XS



## IDDT Lottery Results

### WINNERS OF THE JUNE 2024 DRAW ARE:

- 1st prize of £474.24 goes to Frederick from Hutton Cranswick
- 2nd prize of £355.68 goes to Patrick from Durham
- 3rd prize of £237.12 goes to Michael from Bradford on Avon
- 4th prize of £118.56 goes to Raymond from Helensburgh

### WINNERS OF THE JULY 2024 DRAW ARE:

- 1st prize of £458.40 goes to Lesley from Derby
- 2nd prize of £343.80 goes to Paul from Worthing
- 3rd prize of £229.00 goes to John from Farnborough
- 4th prize of £114.60 goes to Veronica from Glasgow

### WINNERS OF THE AUGUST 2024 DRAW ARE:

- 1st prize of £464.16 goes to Anon from Doncaster
- 2nd prize of £348.12 goes to Alan from Coed Eva
- 3rd prize of £232.08 goes to Julie from Henllys
- 4th prize of £116.04 goes to Anon from Leighton Buzzard

Note: The winners of the draws for September, October, November and December 2024 will be announced in our March 2025 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 £2per month, then give us a call on 01604 622837 or email [karl@iddtinternational.org](mailto:karl@iddtinternational.org)





## SNIPPETS

### **Semaglutide may be more effective with very low-calorie diet**

A study examined the effectiveness of semaglutide (e.g. Ozempic and Wegovy) and a very low-calorie diet on improving diabetes management for 30 adults with Type 2 diabetes and a BMI of 27.50. The study found that the combination of semaglutide and a very low-calorie diet is more effective than semaglutide alone in reducing insulin resistance and improving the function of pancreatic beta cells. (Clinical Nutrition, July 2024)

### **Semaglutide linked to lower risk of kidney events**

Research has shown that people with chronic kidney disease and Type 2 diabetes who took the weight loss drug semaglutide had lower risks of clinically important kidney disease events and cardiovascular-related deaths compared with the placebo group. The study followed about 3,500 patients in 28 countries and was funded by semaglutide manufacturer, Novo Nordisk. (New England Journal of Medicine, May 2024)

### **Diabetes, alcohol and Ozempic**

While some diabetes drugs are especially hazardous when combined with alcohol, the world's most popular diabetes and weight loss drugs may help curb compulsive drinking. A real-world study found that people who use semaglutide (Ozempic, Wegovy) and tirzepatide (Mounjaro, Zepbound) drink less alcohol. Most users reported "craving reduction, decreased desire to drink," and other similar effects. It's not just drinking – drugs in this class are now being investigated for their apparent potential to reduce a broad range of compulsive behaviours.

Nevertheless, it would be wise for GLP-1 users to remain careful with alcohol. Drugs in the GLP-1 family, including semaglutide and tirzepatide, are known to provoke vomiting — just like excessive drinking.

### **Choose your friends!**

A study by psychologists at Birmingham University has found that people who are choosing unhealthy dishes from a restaurant menu can influence the people they are dining with. Apparently, people

unconsciously mirror the eating habits of the people they are with, even if they are trying to diet.

The researchers said that this may explain why a group of friends often put on weight at the same time. It is also why some women complain that they get heavier when they have a boyfriend – they start to copy his eating habits! It can sometimes be seen that members of a family put on weight, because they tend to eat the same food.

Recognising that this effect is real could help people to watch what they eat. For instance, they could look at the menu first and try to choose before their friends do so that they are not influenced.

### **Short-acting insulin market to cross \$9billion by 2030!**

A report on the global market for short-acting insulin showed that it is projected to be over \$9billion by 2030. This is being driven by the rising rates of diabetes as well as advancements in technology and healthcare policies. The development of insulin analogues and improved delivery devices, such as insulin pumps and pens, has enhanced the efficacy and convenience of insulin therapy. In addition, innovations in insulin formulations and delivery systems are expected to expand the range of options available to patients.

### **Cutting out meat could cut diabetes rates**

A new study from the University of Edinburgh in Scotland and the University of North Carolina suggests that in the US, people cutting out meat resulted in nearly 1.1 million fewer cases of diabetes, 382,400 fewer cases of heart disease and 84,400 fewer cases of colon cancer. In addition, just cutting Americans' intake of processed meat alone by 30% could prevent more than 350,000 cases of diabetes over 10 years, along with 92,500 cases of heart disease and 53,300 cases of colon cancer.

The researchers also pointed out that cutting consumption of meat has been recommended by national and international organisations to reduce greenhouse gas emissions, including the Climate Change Committee here in the UK, so this is a win, win for people and the planet. (University of Edinburgh, July 2024)