



Welcome

Welcome to the 61st issue of Type 2 and You and the final issue for 2024. In this issue we have articles to help you with Christmas food when you live with diabetes. In addition, we have a reminder to request your FREE copy of our booklet "Diabetes at Christmas", packed full of tips about enjoying Christmas while staying safe and well. Then with Christmas comes winter and in this issue, we have an article about Seasonal Affective Disorder, also known as SAD, that can affect many of us during the winter months.

We have an update on our deliveries to help people with diabetes in Ukraine and Jenny accepting an award of gratitude from Dmytro our Ukrainian contact. She accepted this on behalf of all the generous people who have donated diabetes supplies through IDDT.

We have our usual round up of bits and pieces, research and the results of our latest lottery draws and the report on IDDT's Annual Get Together.



Diabetes at Christmas

Christmas is a mixture of many things – presents, excitement for children (and adults) and a busy time for adults. But if you or a member of your family has diabetes, Christmas can be a worrying and stressful time too, especially if this is your first time with diabetes. Celebrating Christmas is not just a time about presents but also about

food! We all eat a lot more than we should and we tend to eat much more of the sort of food that is not exactly ideal for people 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. In the meantime, we include a few tips to help you with your Christmas dinner planning.

Christmas tips

Traditional dinner with a few reductions – saves over 300 calories

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

Christmas pudding and custard made with skimmed milk

Mince pie

Two small glasses of wine but drunk as three glasses as a spritzer

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

Traditional dinner without mince pie or wine saves a further 400 calories and halves the amount of fat

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

Christmas pudding and custard made with skimmed milk

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

Further reductions can be made by:

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

Then there are buffet ideas to get the taste buds flowing!

These recipes are about inspiration, not ones to be followed slavishly but ideas to get the Christmas taste buds flowing. If you think they are too different from your normal recipes then adapt them a little but still move towards a lower fat type of recipe.

So often buffets feature sausage rolls, sandwiches, mince pies and other such rich fat nibbles. There is nothing wrong with them other than they are a bit higher in fat and salt and can be a bit boring, so here are a few low-fat ideas. All are calculated out so they will give you some idea as to how to fit them into your diet.

Hot and tasty potatoes (Portions – 12 depending on the size of the potatoes)

450g of salad potatoes or baby potatoes cut into wedges

Chopped thyme and parsley or any other herbs you fancy

10ml light soya sauce

10ml sesame oil

Method

Put all the ingredients into a plastic bag and shake well.

Place potatoes on a baking tray, lightly oiled or onto grease proof paper and bake at the top of a hot oven.

Typical nutritional content per portion:

35kcal, 6g carbohydrate, 1g fat, 0.2g saturated fat, 0g salt

Vegetable Kebabs (Portions – 12 kebabs)

4 large carrots
24 cherry tomatoes
1 large cucumber

Method

Slice the carrots into thin strips using a cheese slicer or you may have a food processor that does this – watch your fingers!

Chop the cucumber into chunks (you could also make the cucumber into very thin slices).

Thread the slices of carrots onto skewers, making loops of them, interspersing them with cherry tomatoes and cucumber.

Typical nutritional content per kebab:

26kcal, 5g carbohydrate, 0g fat, 0g saturated fat, 0g salt

Variation

You can use other vegetables or fruits or slice up the vegetables and eat with a dipping sauce.

Cucumber pockets (Portions – 12)

1 large cucumber – choose a straight one
50g/2oz low fat Philadelphia or other low fat soft cheese

Paprika – about half a teaspoon

Method

Cut the cucumber into 12 pieces.

Hollow out a small piece on one side and fill with the cheese.

Sprinkle with paprika.

These look really pretty and are virtually carbohydrate free as well as less calories.

The idea was suggested by Philadelphia and we have adapted it.

Typical nutritional content per pocket:

11kcal, 1g carbohydrate, 0g fat, 0g saturated fat, 0g salt

Variation

Fillings like houmous or paté can be used as an alternative.



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.



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.

During Dmytro's visit to Northampton, he shared the appreciation of the Ukrainian people who receive all the supplies you have made and kindly donated. 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.

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



Diabetes and Alcohol

With Christmas celebrations coming, many people like to have a drink and people with diabetes are no exception but having diabetes makes drinking alcohol especially complicated. Alcoholic drinks can cause both blood sugar rises and blood sugar drops, making it important to think carefully and plan ahead. Medical experts have determined that even moderate drinking increases health risks for everyone, but for people with diabetes it holds unique short- and long-term risks.

The immediate effect of alcohol in people with diabetes

The most important thing to know is that alcohol consumption can cause a significant blood sugar drop (hypoglycaemia). Every person at risk of hypoglycaemia should be aware of this dangerous side effect. This includes everyone with Type 1 diabetes and all those with Type 2 diabetes who use insulin or other medications that can cause low blood sugars (Metformin is the only Type 2 medication that does not cause hypos).

This is caused by alcohol interrupting the liver from doing its regular work of releasing stored glucose into the bloodstream. When the liver is forced to deal with alcohol, it slows or stops releasing sugar so leading to lower blood sugar levels. At the same time,



alcohol also may increase insulin sensitivity making hypoglycaemia more likely.

Be warned of the delayed effect!

This alcohol-induced hypoglycaemia may have a delayed effect and the hypo may happen after you've stopped drinking and possibly after you've fallen asleep, or even during the next day. In addition to this, the feelings of being tipsy and those of being hypo are similar – they can both make you feel woozy, wobbly, hungry, tired, or confused. If you are a little drunk, you may well not recognise that you are hypo and people nearby may just assume you are drunk, not hypo! Alcohol is a factor in many hospital admissions for hypoglycaemia.

- While light or moderate drinking is not likely to create an undue risk of hypoglycaemia, heavy drinking (and binge drinking) can be very dangerous. Young adults, especially college students, may be at an especially high risk, given their tendency to engage in risky drinking behaviour
- Going to sleep drunk is particularly risky, as you may be unable to perceive the symptoms of hypoglycaemia which would normally wake you up. Finally, alcohol may make glucagon rescue medication less effective, this is the drug that is used to treat hypoglycaemic emergencies

The morning after

The glucose-lowering effect of alcohol is not restricted to the peak of drunkenness, it actually peaks hours later. There is research that shows that alcohol caused blood sugars to drop but what was surprising was how long that effect took to show up – hypoglycaemia showed up about 12 hours after drinking, all between 10am and noon the next morning.

The use of rapid insulin could make the morning-after hypoglycaemia even more extreme.

Alcohol and carbohydrate content

Drinking alcohol gets more complicated because of the immediate impact that carbohydrates in the beverages have on your blood sugar levels. Here is a rough guide:

- Alcohol by itself has few or zero carbohydrates
- Many spirits (vodka, tequila etc) have only trace amounts of carbohydrates
- A glass of wine probably has only a few grams of carbs
- A can of light beer may have only a few grams of carbohydrates; a regular beer about a dozen. Moderate alcohol consumption, therefore, does not need to result in large carb counts

Some sweet wines and beers have more carbs than others, and the sugars in cocktails, hard seltzers and similar drinks can make the drink extremely high carb. These drinks may cause a large and rapid blood sugar spike, necessitating the use of insulin (for those who use insulin before meals).

The effect of insulin is always at least unpredictable and there is also the need to consider the blood sugar lowering effect of alcohol, so it may be safer to avoid sugary alcoholic drinks, or even avoid alcohol!

How to make drinking a bit safer

People who use insulin and glucose-lowering drugs, should aim to keep very aware of their blood glucose levels while drinking and for up to 24 hours afterwards, but here are some other suggestions:

- Practice moderation – the less you drink, the better
- Check your blood sugar frequently, both while you're drinking and the day after. A continuous glucose monitor (CGM) can be extremely helpful

- Think about what you are eating – it may be possible to prevent hypoglycaemia with a snack
- Stay aware of the carbs in your drinks
- Be especially cautious about exercising during or after drinking, which includes both dancing and sex – a workout can significantly drop your blood sugars
- Have a sober friend with you who understands how alcohol affects your blood sugars and who can help in a hypo emergency
- Remember that hypoglycaemia and being drunk can feel very similar and if you are drunk, you might find it difficult to recognise the early subtle signs of a hypo
- Wear a medical alert bracelet, so that a paramedic will be able to diagnose hypoglycaemia more quickly and not assume the symptoms are due to being drunk

The takeaway message

Drinking carries some real immediate risks. It is particularly important to be aware of low blood glucose. Hypoglycaemia is a frequent and substantial problem after alcohol consumption, in people with both Type 1 and Type 2 diabetes. The risks are greater for people who take insulin or medications that are known to cause hypoglycaemia.



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 Guiseppe 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. 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 is a Clinical Specialist Physiotherapist with 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 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.

[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 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.



Research

Dehydration may affect Type 2 diabetes management and risk

While more studies are needed, it seems clear that inadequate water intake can make blood sugar control more difficult. Hydration should be a priority in Type 2 diabetes management, but it is unclear whether dehydration is a risk factor for prediabetes.

Hydration makes us feel sluggish, cranky and generally rotten, but in this state the body is unable to pump enough blood to the heart, brain, kidneys and muscles. As a result, the organs don't run well. One review even provides some evidence associating mild to moderate dehydration with impaired blood vessel function and blood pressure regulation, even in healthy people.

Health risks of dehydration for people with Type 2 diabetes

For people with Type 2 diabetes, dehydration can cause particular difficulties because it causes blood pressure to fall and the body to secrete stress hormones, such as adrenalin which may raise blood sugars. As we know, high blood sugars can contribute to further dehydration!

More research on the effects of chronic dehydration is needed but in the meantime, people with diabetes are encouraged to consume six to eight glasses a day, 1.2 litres in total. Some of this can come from water-rich foods like fruits and vegetables.

Tips for staying hydrated if you are managing Type 2 diabetes

- Have some salt, but not too much. Too much salt can be bad for blood pressure but you do need some to maintain proper hydration. Salt helps to stabilise your electrolytes helping you to stay hydrated (these are charged substances that regulate essential functions in your body). If you already have high blood

pressure, talk with your doctor about how much salt to consume

- Check your blood glucose levels in very hot weather and drink water if they are raised – when it's hot, it's easier to become dehydrated
- You can use hydrating snacks if you're hungry e.g. a cold piece of melon or a few frozen grapes

Diabetes drug metformin may slow the aging process

Internationally researchers are investigating how very cheap medication may help people, with or without diabetes, to live longer, healthier.

Apart from lifestyle choices such as avoiding ultra processed foods and taking exercise regularly, there are no magic pills that have been shown to slow the aging process. However, there are a few drugs that hold promise for increasing healthy lifespan. This includes metformin, a widely used drug that lowers blood sugar in people with Type 2 diabetes by making the body more sensitive to insulin, so lowering blood sugars. It also has the advantages of being widely available, inexpensive and safe. Metformin's proposed benefits come from reducing oxidative stress and inflammation, so it may not have much benefit for younger people – typically, the benefits are more likely in middle-aged and older people.

The advantages of metformin

- Metformin has been used extensively for decades and has a good safety profile with the most common side effects being nausea and diarrhoea.
- Other drugs appear to target aging or disease via a single mechanism but metformin appears to positively impact many key pathways.

- Studies have already shown that metformin can delay aging and improve health in animals so it may also influence fundamental aging factors in multiple age-related

Fifty-three research studies found the use of metformin lowers the risk of cancer, cardiovascular disease, stroke, and death. They concluded that metformin may reduce all-cause mortality and diseases of aging, independent of its effect on diabetes.

Interestingly, people with diabetes taking metformin have a lower risk of death than both those with diabetes who are not taking metformin or taking other Type 2 drugs and those without diabetes.

More research is needed because the present available information makes it very difficult to separate the beneficial effects of metformin in reducing Type 2 diabetes from all the other health benefits, including anti-aging. Until there is more evidence, whether or not metformin increases lifespan remains controversial.

Can metformin benefit people who don't have diabetes?

In the US Diabetes Prevention Program study, participants without diabetes were prescribed exercise, metformin or placebo to delay diabetes. At the end of the study, metformin appeared to reduce the incidence of diabetes by 30%. As a result, metformin is allowed to be given to people at risk of Type 2 diabetes (pre-diabetes).

Just a warning...

Unless you are taking part in a clinical study, it is not advisable to use metformin except to treat Type 2 diabetes or polycystic ovary syndrome (PCOS), despite metformin being a generally well-tolerated and safe drug. You should always obtain advice from a health provider before taking any medication. In addition, metformin is not available over-the-counter, it has to be prescribed.

Patients receiving steroids are more than twice as likely to develop diabetes

According to a new study, patients who are being treated with systemic glucocorticoids are more than twice as likely to develop diabetes as those not receiving the treatment.

Glucocorticoids, often referred to as steroids, fight inflammation and are used to treat a wide range of inflammatory and autoimmune conditions, including asthma, rheumatoid arthritis and cancers. While they can be very effective in decreasing inflammation, glucocorticoids have many adverse effects, including increasing blood sugar levels and causing diabetes. This is more likely when people use glucocorticoid tablets or injections than when used as inhalers, creams or drops.

The study investigated how commonly patients being treated with glucocorticoids can develop new-onset diabetes. The study found that patients receiving systemic glucocorticoids were 2.6 times more likely to develop diabetes compared to those not receiving the treatment.

The study involved 451,606 adults admitted to Oxford University Hospitals NHS Foundation Trust between January 1, 2013 and October 1, 2023. All were free from diabetes at the start of the study and none were taking systemic glucocorticoids but:

- 17,258 (or 3.8%) of these patients were treated with systemic glucocorticoids, e.g. prednisolone, hydrocortisone, dexamethasone, while in hospital, most commonly for autoimmune and inflammatory diseases and for infections. Of these patients, 316 (1.8%) developed diabetes while in hospital
- This compares with 3,430 of the 434,348 patients (0.8%) who did not receive systemic glucocorticoids

Patients were typically admitted for less than a week. Until now, existing information

was based on small studies but these latest results give a better estimate of how likely new diabetes is to occur and could make GPs aware of prescribing for conditions such as asthma and rheumatoid arthritis so they too are aware of the link. (European Association for the Study of Diabetes in Madrid, September 2024).

Asthma and Type 2 diabetes have bidirectional relationship

A systematic review and meta-analysis reports have shown that there is a bidirectional association between asthma and Type 2 diabetes and that asthma severity, rather than duration, is linked to an increased risk for Type 2 diabetes.

Emerging evidence suggests the relationship between asthma and Type 2 diabetes may be more complex than originally believed but this topic has been relatively understudied. Researchers conducted a systematic review of four databases through October 31, 2023, to identify studies evaluating the

relationship or causation between asthma and Type 2 diabetes in 17 million individuals from 14 studies, a majority of whom were aged between 50 and 70 years.

- The researchers concluded that there is a bidirectional association between asthma and Type 2 diabetes
- People with Type 2 were 83% more likely to develop asthma than those without it whereas those with asthma were 28% more likely to develop Type 2 diabetes than those without asthma
- The severity of asthma but not its duration, was associated with an increased risk for Type 2 diabetes

These findings have important implications for clinical practice as they emphasise the need for greater awareness of the association among patients with Type 2 diabetes or asthma and their healthcare providers. (European Association for the Study of Diabetes 2024 Annual Meeting)



BITS AND PIECES

Metformin before meals may optimise its effects

According to a study taking metformin before meals may be optimal for improving postprandial glucose control. Metformin improves glucose-induced insulin secretion and decreases plasma glucose levels when administered at 60 or 30 minutes before meals compared to being taken with meals. (Diabetologia, July 2024)

Metformin may offer kidney protection in addition to glycaemic control

One of the oldest drugs to treat Type 2 diabetes, metformin, has been linked to a reduced risk of renal function decline when compared with other antidiabetic drugs. The researchers suggest that metformin may be useful in managing renal function in patients with Type 2 diabetes. The findings in the observational study were based on information from 316,693 people. (The Journal of Clinical Endocrinology and Metabolism)

Delaying diabetes onset cuts health risks

Researchers have found that delaying the onset of diabetes through diet and exercise can significantly reduce the risk of death and cardiovascular events among people with prediabetes. The findings showed that maintaining a non-diabetic status for at least four years after prediabetes diagnosis gave substantial health benefits. (PLOS Medicine, July 2024)

Laughter for Dry Eyes?

Recently published research has shown that laughter exercise practiced four times a day was non-inferior to 0.1% sodium hyaluronic acid in alleviating the symptoms of dry eye disease, improving tear film stability and the function of the meibomian gland. The

meibomian glands produce the oil (meibum) that makes up the oily outside layer of the tear film. There's also a watery layer in the middle and a mucus layer inside.

Researchers aimed to assess the effectiveness and safety of laughter exercise in patients with symptomatic dry eye disease by conducting a two-arm clinical trial. They included 299 patients aged 18 to 45 years (74% women) with symptomatic dry eye disease who were randomly assigned to receive either laughter exercise or eye drops with 0.1% sodium hyaluronic acid four times daily for eight weeks. Participants in the laughter exercise group watched an instructional video and were requested to repeat the phrases "Hee hee hee, hah hah hah, cheese cheese cheese, cheek cheek cheek, hah hah hah hah hah hah" 30 times per five minute session.

- Laughter exercise led to a more significant improvement in the noninvasive tear breakup time than the use of eye drops
- No adverse events were reported in either of the groups during the study period

The researchers concluded that as a safe, environmentally friendly, and low-cost intervention, laughter exercise could serve as a first-line, home-based treatment for people with symptomatic dry eye disease and limited corneal staining. (The BMJ, September 11, 2024)



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 the picture below!

From left to right 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 have requested Information Packs or booklets, Matt will have sent these out to you!



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 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 £2 per month, then give us a call on 01604 622837 or email karl@iddtinternational.org

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

Visit our website: www.iddt.org