INDEPENDENT DIABETES TRUST
Type 2 and you
Spring 2025, Issue 62
PO Box 294 Northampton NN1 4XS Telephone: 01604 622837

Welcome

Welcome to the 62nd issue of Type 2 & You and the first issue of 2025. It seems quite a while since we welcomed in the New Year, but nevertheless, the staff and Trustees send good wishes to all our readers for 2025.

In this issue, there is a lot of coverage of the weight loss drugs but we make no apologies for this, there is so much we know about them but importantly, a lot we don't know that we should know! We also look at the NHS policy in relation to weight loss drugs. As usual we have some 'Foody Bits and Pieces', the key message being that porridge is a good starter to the day for people with Type 2 diabetes.

Finally, we publish the results of our New Year JACKPOT draw and send congratulations to our winners, especially our first prize winner – £1,000 is a good start to 2025!

How does Ozempic affect the face?

Can you spot celebrities who have lost weight by 'the Ozempic face'?

I thought it was just me when I started noticing celebrities on TV who quite clearly were using Ozempic or one of the other weight loss drugs. This was because their weight loss was so marked and over a relatively short time but above all, their faces changed! When I googled it, I found I wasn't the only one who had noticed this – the rapid weight loss and associated facial side effects are being called the "Ozempic face."

- The temples have a hollowed-out appearance
- Around the eyes there are signs of aging with more lines or wrinkles
- The cheeks are sunken
- There is a loss of fat around the chin which can lead to the skin becoming loose and sagging

Semaglutide, the generic name for Ozempic, is part of a class of medications known as incretin mimetics. They ensure the pancreas releases sufficient insulin

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when the blood glucose level is high. In addition, Ozempic acts as a long lasting and effective glucagon-like peptide-1 receptor agonist which means it makes a person feel fuller and delays gastric emptying, so they consume fewer calories.

Ozempic is safe to use with a doctor's recommendation, but it can cause rapid weight loss that is often more pronounced on the face.

- Facial fat serves a protective function and affects facial aesthetics and elasticity
- Weight loss can cause dermatological changes and shrinking because the fat that stretches and cushions the skin is no longer in place
- The skin of the face also loses its ability to retract after an episode of rapid weight loss due to reduced levels of elastin and collagen, which are essential for structural integrity

Preventing facial side effects

If someone takes Ozempic as a prescription medication, they may be unable to prevent facial side effects but if these are a cause for concern, a doctor may recommend:

- Reducing the dosage
- Changing to a different medication
- Drinking 1–2 litres of water every day
- Improving protein intake with a protein-rich diet
- Using dermatological fillers
- Lifestyle modifications to maintain a healthy weight

People should only use Ozempic as a doctor recommends. If serious side effects occur, the doctor may stop prescribing it and the person may have increased food cravings, an absence of side effects, blood sugar spikes and the weight that was lost may be regained.

If a person decides to stop taking Ozempic, it can take about five weeks from the last dose for the drug to clear from their system.

MHRA warns of weight loss drug side effects

In October 2024, the Medicines and Healthcare products Regulatory Agency (MHRA) issued a drug safety update intended to remind healthcare professionals to warn patients about common and serious side effects associated with glucagon-like peptide-1 receptor agonists (GLP-1RAs).

The MHRA said that GLP-1RAs are "effective and acceptably safe treatments" when used within their licensed indications but carry risks like all medicines. The following are used to treat Type 2 diabetes and obesity:

- 5 GLP-1RAs are licensed – dulaglutide, exenatide, liraglutide, lixisenatide and semaglutide
- Tirzepatide (Mounjaro), a dual GLP-1 and glucose-dependent insulinotropic polypeptide receptor agonist
- Semaglutide (Wegovy) is also licensed to reduce the risk of major cardiovascular events in patients with established disease

The MHRA drug safety update, listed the risks these drugs pose:

- Gastrointestinal side effects such as vomiting and diarrhoea for more than one in 10 patients
- In turn the above side effects can cause possible complications including severe dehydration, kidney damage, and hospitalisation
- There are less common but serious side effects that patients should be warned about – hypoglycaemia, pancreatitis and gall bladder disorders

Warning of misuse from Health Secretary

Health Secretary, Wes Streeting said weight loss drugs have enormous potential in tackling obesity but he warned: "These are not cosmetic drugs that should be taken to help get a body-beautiful picture for Instagram. They should only be used responsibly and under medical supervision. They're not a quick fix to lose a few pounds, and buying them online without appropriate assessment can put people's health at risk."

Reporting adverse reactions

Healthcare professionals and members of the public can make reports of adverse drug reactions to the MHRA Yellow Card scheme. This can be done online at https://yellowcard.mhra.gov.uk or you can call the MHRA on 0800 731 6789.

Adverse incidents involving medical devices cannot be reported by telephone so please report online or email aic@mhra.gov.uk.

Sad news to report

Written by Jenny Hirst, Co-chair

As I am Co-chair of IDDT, this is particularly difficult for me to write. Martin Hirst, who until recently has been IDDT's Chief Executive (CEO), is my son and in January 2024, Martin had a fall which caused a severe brain injury. He was initially treated in critical care but has been in a neuro rehab hospital since May 2024. After more than a year, it is clear that Martin is not likely to recover sufficiently to be able to continue in his role as CEO.

Martin joined IDDT in 2008 and has carried out many roles within the Charity and 10 years ago he became Chief Executive. He has been responsible for much of the growth of IDDT and its increasing membership, quarterly Newsletters for people with Type 2 diabetes, 'Type 2 & You'. Martin never liked being in the limelight or the centre of attention, but he was incredibly organised, and his management of the Charity enabled it to be very efficiently run with just a small team. It is thanks to his organisational skills that we have been able to pick up the pieces so easily and continue with the smooth running of IDDT.

IDDT Trustee, John Birbeck, said: "Under Martin's leadership of IDDT, he has ensured that the Charity is run as an efficient organisation with all the key roles and responsibilities clearly identified and resourced. He has recruited a small multi-disciplined dedicated team who embody the aims of the Charity and are willing to go the 'extra mile'. This is clearly demonstrated by how effectively the organisation has been run in his absence, thereby leaving a lasting legacy of his time as CEO of IDDT – he will be sorely missed."

With two hats on, as Martin's mother and as Co-chair of IDDT, I have to say a huge thank you to the staff team for their support both personally and for the extra work they have taken on. I also have to thank Olly Jelley and the staff at Orange Juice Communications for taking on some of the workload, to Stuart Lacey our webmaster and Rupert Campbell-Black our IT adviser for their support and help during what has been a difficult year.

NICE – the roll out of weight loss drug tirzepatide

The medication will initially only be offered to people with the highest clinical needs. NICE (National Institute for Health and Care Excellence) recommends it for people with a body mass index of more than 35 and at least one weight-related illness.

NICE has outlined final draft guidance for the weight loss drug, tirzepatide (also known as Mounjaro made by Eli Lilly). Around a quarter of a million people living with obesity will be offered this drug along with a reduced-calorie diet and increased physical activity over the next three years. Initially, only those with the highest clinical need will be prioritised to receive the medication while at the same time, the NHS will test a variety of new services to care for people living with obesity.

Following a consultation, NHS England requested details of how to roll out the medication over 12 years and NICE published its way forward which includes:

- Prioritising people who are already receiving care in specialist weight management services. They will be able to access tirzepatide within 90 days of NICE's final guidance being published if clinically eligible
- NHS England will develop a plan detailing which other groups of patients will be offered tirzepatide in the next three years
- The licence for tirzepatide lists examples of weight-related illnesses for which the drug should be considered such as hypertension, dyslipidaemia, obstructive sleep apnoea, cardiovascular disease, prediabetes, or Type 2 diabetes

Interim commissioning guidance

NHS England plan to publish their interim commissioning guidance in early 2025 and those people with the highest clinical need, outside of specialist weight management services, will start to be offered tirzepatide from 180 days after NICE final guidance is published. In total around 220,000 people are expected to benefit in this initial three-year roll out period.

NICE's Chief Medical Officer, Professor Jonathan Benger, said:

- Tirzepatide and other weight loss drugs, such as semaglutide, will help people living with obesity to lose weight thereby reducing their risk of developing heart disease or having a stroke
- Tirzepatide is not for everybody and only those with the highest clinical need will be treated initially, so many people will have to wait. This difficult decision is to protect other vital NHS services and also to test ways of delivering this new generation of weight loss medications
- Whilst the funding variation sets a maximum of 12 years, NICE will review the situation again within three years and provide further advice on how the roll out of this medicine can be managed using the learning gained from the initial phase. This will ensure the roll out of tirzepatide reaches everyone who is eligible in a safe and effective way

Clinical trials results

- Tirzepatide has been shown in clinical trials to be more effective than diet and exercise support alone and when compared with semaglutide with diet and exercise support

- On average patients lost 21% of their bodyweight in 36 weeks during the SURMOUNT-4 trial

Costs

- Tirzepatide is injected once a week in Kwik pens which cost £122 each at the highest 15mg dose and each pen contains four doses (four weeks' supply)
- It is estimated that the drug and associated services will cost NHS England £317.2 million per year by the 3rd year of implementation
- Although expensive, NICE suggests the drug is cost-effective for some patients. When people with obesity lose weight, it reduces their risk of developing further health complications caused by obesity, so reducing costs. This reduction in cost saves the NHS money which can be reinvested in other services
- Weight loss drugs are not a magic bullet – they need to be prescribed by a healthcare professional alongside programmes that help people lose weight and live healthier lives by making changes to their diet and physical activity

Latest news

On Monday 23rd December 2024, final guidance was published. The first NHS patients will be able to start receiving the medicine after 90 days if they are already being looked after in specialist weight management services, or 180 days if they have the highest clinical priority. Guidance on service delivery and clinical priority is planned to be published in early 2025.

Fasting and diabetes

Two major religions, Islam and Christianity, have periods of fasting around this time of year (many other religions also have fast periods), so we are looking at religious fasting and its impact on the management of diabetes.

Many readers will have fasted before, so this article may be just a reminder but for those of you who have not, we look at fasting practices and general issues around diabetes and fasting and hope that we provide some helpful tips for staying safe and well during your fast.

Islam – Ramadan

Ramadan is based on the ninth month of the lunar calendar and moves forward each year by about 11 days which means the length of fasting is greater in certain years than others.

This year the fast of Ramadan will commence at sunset of 28th February / 1st March and will last until 30th / 31st March 2025. During Ramadan it is expected that Muslims who participate will abstain from food, water, beverages, smoking, oral drugs and sexual intercourse from sunrise to sunset.

Christianity – Lent / Easter

Easter Sunday is celebrated on the first Sunday following the full Moon that occurs on or just after the spring equinox. Although not followed by all Christian denominations, Lent lasts for 40 days, ending on Maundy Thursday, immediately prior to Easter Sunday.

This year, Lent is from 5th March to 17th April, with Good Friday on 18th April and Easter Sunday on 20th April. During Lent, certain days are regarded as fast days, which again has implications for people with diabetes.

Diabetes and fasting

People with diabetes of either faith may be exempted from fasting but the majority of people with diabetes do fast so run increased risks of health adverse effects, such as hypoglycaemia, hyperglycaemia, diabetic ketoacidosis and dehydration. Most of these are as a result of a reduction of food and fluid intake and the timing of meals.

If you have diabetes, fasting can cause complications in managing the condition, some arguably more serious than others. The best first step is to speak to your doctor or diabetes nurse to discuss the potential risks and problems associated with fasting. This will help you to formulate a plan to manage the period of your fast.

Things you may want to think about and discuss could include:

- Complications of diabetes, such as poor vision or heart or kidney disease, can be aggravated by fasting and you may want to consider whether to fast or not
- If you take insulin and / or certain tablets, you may need to think about changing the amount and timing of your insulin dose to control blood sugar levels. You may also need to change the type of insulin you are using, for example, pre-mixed insulins are not recommended during fasting

Research has shown that both education about the effects of fasting and relevant advice can dramatically reduce the likelihood of problems occurring with either low or high blood sugar levels.

High blood glucose levels can develop during a fast if you do not take prescribed medication or if you are less physically active than normal, which, in turn, could lead to diabetic ketoacidosis (DKA) – a serious condition requiring hospital treatment.

If you are still happy to proceed with your fast then there are some simple, common-sense tips and tricks to help manage your diabetes:

- Before starting the fast, you should eat foods containing slowly absorbed carbohydrates, such as rice, dhal, potatoes and pasta, along with fruit and vegetables
- You should check your blood glucose levels more often than you normally would
- When you break the fast, have only small quantities food and avoid eating only sweet or fatty foods
- Try to eat just before the break of dawn, when you commence the next day's fast
- At the end of fasting, you should drink plenty of sugar-free and decaffeinated fluids to avoid being dehydrated

Looking after your feet

Here is a second article by the podiatrists at Randalls Footcare in Aylsham, who 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.

Understanding diabetic neuropathy

Diabetic neuropathy is a form of nerve damage that occurs in people with diabetes, often leading to a range of debilitating symptoms. Understanding the different types of diabetic neuropathy can help in managing it as well as reducing their effects. There are four main types of neuropathies, each affecting different parts of the body.

1. Peripheral Neuropathy (Distal Symmetric Peripheral Neuropathy)

Peripheral neuropathy is the most common type of neuropathy among people with diabetes. It primarily affects the feet and legs, and later the arms and hands. Symptoms include:

- **Numbness or reduced ability to feel pain:** this can lead to unnoticed injuries and infections
- **Tingling and burning sensations:** often described as pins and needles, these sensations can be uncomfortable and persistent
- **Sharp pains and cramps:** these can occur suddenly and may be severe
- **Muscle weakness:** this can affect mobility and balance
- **Extreme sensitivity to touch:** even light touches can cause pain
- **Serious foot problems:** initial issues may be development of corns, hard skin areas, and blisters. However, these can go on to include ulcers, infections, and bone and joint damage, often requiring immediate medical attention

2. Autonomic Neuropathy

Autonomic neuropathy impacts the nerves that control involuntary functions, such as heart rate, digestion, and bladder function. Symptoms include:

- **Lack of awareness of low blood sugar levels:** this can be dangerous as it prevents timely treatment
- **Drop in blood pressure upon standing or sitting:** this can cause dizziness and fainting
- **Bladder and bowel issues:** these can include incontinence or difficulty with bowel movements
- **Slow stomach emptying:** this condition, known as gastroparesis, can cause nausea and vomiting
- **Difficulty swallowing:** this can lead to nutritional deficiencies and weight loss

3. Proximal Neuropathy

Proximal neuropathy affects the nerves in the thighs, hips, and buttocks, usually impacting one side of the body. Symptoms include:

- **Severe pain in the buttocks, hips, or thighs:** this can be debilitating and affect daily activities
- **Weak or shrinking muscles:** muscle atrophy can occur, leading to further weakness
- **Difficulty rising from a sitting position:** this can significantly impact mobility and independence

4. Mononeuropathy

Mononeuropathy refers to damage to a specific nerve, often in the face, arm, or leg.

Symptoms include:

- **Difficulty focusing or double vision:** this can occur if nerves controlling eye muscles are affected
- **Pain in the shin or foot:** this pain is often sharp and sudden
- **Weakness causing difficulty lifting the front part of the foot:** known as foot drop, this condition can lead to tripping and falls
- **Numbness and tingling in the hands or fingers:** this can affect fine motor skills and daily tasks

Managing Diabetic Neuropathy

Understanding these types of neuropathies can help in managing and limiting their effects. Early detection and intervention are crucial in preventing further damage.

If you experience any of these symptoms, it's essential to consult with your podiatrist or other healthcare provider. They can help develop a comprehensive treatment plan tailored to your specific needs, including medications, lifestyle changes, and regular monitoring to manage symptoms and improve quality of life.

If you suffer from diabetic neuropathy or just generally struggle to keep your feet in good health, arrange an appointment with your local HCPC registered podiatrist.

BITS AND PIECES

Staying up late linked to greater risk for Type 2 diabetes

Adults who have a late chronotype, that is those who go to bed late and wake up late, have a 46% increased risk for developing Type 2 diabetes, according to a study. A late chronotype can be out of sync with societal schedules and "can lead to circadian misalignment, which we know can lead to metabolic disturbances and ultimately type 2 diabetes," according to the lead study author.

(European Association for the Study of Diabetes, September 2024)

Higher BMI tied to severe infection risk

A study has found that higher body mass index (BMI) was associated with increased rates of severe infection, especially for people with diabetes. The data showed a 30% rise in the risk of severe bacterial infections and a 32% rise in the risk of severe viral infections with every five-point increase in BMI.

(European Association for the Study of Diabetes, September 2024)

NHS installs 'Boris-bike style' wheelchairs in hospitals which must be hired by the hour

Patients who are unable to walk around A&E at King's College Hospital are being pointed to wheelchairs. They are in a hiring dock locked by a credit card machine which will cost patients £2 an hour, although the first four hours are free.

The NHS has installed the 'Boris-bike style' wheelchairs which are being run by a private healthcare service. A similar service was recently installed at Hillingdon Hospital in Uxbridge and is being rolled out at other hospitals. It is part of an expansion plan by healthcare service Wheelshare, but patients have criticised it as part of a system to make

going to hospital even more expensive.

People who regularly visit hospitals, either as patients or visitors are already paying a lot in car park charges, especially if they have long waits – people may have to wait up to 12 hours in struggling A&E departments – now the cost of a wheelchair will add to it.

Last year, MailOnline revealed NHS trusts saw their car parking profits jump by up to 60-fold in 2022. Across the whole of England, hospital patients and visitors were forced to pay £146 million for car parking last year, equivalent to £400,000 every day. The overall sum was up 50% on the £96.7 million taken one year earlier and triple the £47.9 million logged two years previously.

Campaign groups also warned 'sky high' prices could put people off seeking care or deprive them of the support they get from visitors.

(Published: 9th October 2024)

Poor arm position may significantly affect BP readings

Hypertension affects approximately one billion people globally. A study has shown that common arm positions for blood pressure (BP) measurements that stray from guidelines led to substantial overestimation of hypertension, which in turn, can lead to unnecessary patient follow-up and overtreatment.

Guidelines for BP measurement recommend arm support on a desk with the midcuff at heart level. This study has widespread implications given the number of settings where BP checks are carried out and the increased numbers of people who are advised to take their own BP readings at home.

- Supporting the arm on the lap overestimated systolic BP (SBP) by 3.9 mm Hg and diastolic BP (DBP) by 4.0 mm Hg
- When the arm hung unsupported at the side, readings overestimated systolic BP by 6.5 mm Hg and diastolic DBP by 4.4 mm Hg, with consistent results across subgroups

The researchers also noted that different arm positions not recommended by guidelines could potentially result in underestimation of hypertension.

Incorrect BP readings are common for many reasons

Incorrect measures are common given the number of settings and number of providers and patients taking blood pressure some with training, certification in the method and educational materials. However, much of the time blood pressure is taken in busy primary care situations or by the patient themselves who has had no training. In addition, many times just one reading is taken which is not necessarily accurate.

It was concluded that more education is needed for patients as well as providers as patients may be monitoring their own BP at home. Patients should also know they can ask for a measurement to be repeated, know the correct arm position recommended by guidelines, and the implications of incorrect readings. (JAMA Internal Medicine, October 2024)

Although this study was carried out in the US, it received publicity in the UK on various news broadcasts showing how important this is.

NHS News

Unemployed could receive weight-loss jabs to return to work

Weight loss jabs could be given to people to help them get back to work, according to Health Secretary, Wes Streeting. He has proposed that unemployed people could be offered weight-loss injections, such as semaglutide (Wegovy) or tirzepatide (Mounjaro), to help them return to work. He stressed that rising obesity levels are placing strain on the NHS and suggested these medications could help ease both healthcare costs and worklessness.

At the same time, pharmaceutical company and manufacturer of Mounjaro, Eli Lilly, announced a £280 million investment at an international investment summit hosted by the Prime Minister. Lilly's investment will fund real-world trials in Greater Manchester to assess the impact of Mounjaro weight-loss jabs on employment and NHS service use, in other words whether these drugs can reduce worklessness and ease the financial burden on the health service. The Health Secretary did note the importance of personal responsibility and that people must take "healthy living more seriously".

Here are some facts:

- The increase in waistlines is costing the NHS £11 billion a year, even more than smoking
- Obesity-related illnesses cause people to take an average of four extra sick days per year and many are forced out of work entirely

However, not everyone agrees with these proposals and there are alternative views involving ethical, financial and efficacy issues. In addition, there are questions about the feasibility of providing drug treatments to millions of people, many of whom could be eligible for the NHS specialist weight management services which currently only treat 49,000 people per year.

While the long-term benefits of these drugs could be monumental in tackling obesity, the costs of these drugs must be compared to managing weight loss in other ways. We also need to know what happens when people stop using them.

NHS trial to boost health and support people in work

The effectiveness of health measures in getting people back into work or keeping them in work is to be trialled by the NHS during 2025 backed by £45 million. In this trial, the NHS will create 'Health and Growth Accelerators' in South Yorkshire, the North East and North Cumbria and West Yorkshire, the areas of the country most affected by economic inactivity driven by ill health.

What will the trial look into?

- Boosting people's health and tackling the conditions that most impact on people's ability to work, ranging from cardiovascular issues and diabetes to back pain and mental health problems
- NHS England and the Office for National Statistics assessing the economic benefits of several health interventions including talking therapies, bariatric surgery, endometriosis treatment and the NHS Type 2 Diabetes Prevention Programme
- Analysing the impact on waiting times, employment rates, earnings and the effects on labour market effects

The broader priority is to shift from treating sickness that leads to people dropping out of work, including diabetes, heart attacks and stroke, to prevention. This could include

more support for people to manage their blood pressure or diabetes, more action to find people at risk and supporting people to make lifestyle changes.

Then what?

A pilot scheme involving the accelerators in the above areas run by the ICB and the Department of Work and Pensions has already helped nearly 2,000 people back to work. Similar progress was made in other areas.

There is a strong link between good health and a good job and vice versa. Having a job, a steady income and feeling useful make a big difference to people's health. So far, almost one-third of patients seeing an advisor have successfully got back to working life. If the trials are successful in boosting health and impacting local employment, they could be rolled out by the NHS on a wider scale.

(NHS England press release, 6th December 2024)

House of Lords committee report on food, diet and obesity

This committee has declared a public health emergency on obesity and diet-related diseases and also recommended a tax on junk foods. It noted the following worrying concerns:

- Two-thirds of adults are now overweight, of whom nearly half are obese
- One in five children start primary school overweight or obese, rising to more than one in three by the time they leave
- Unhealthy diets are the primary driver of obesity, with people in all income groups failing to meet dietary recommendations

The Lords acknowledged that there has been an utter failure to tackle this crisis despite nearly 700 wide-ranging policies to tackle obesity in England over the last 30 years! They called for a new strategy "to fix our broken food system".

However, they noted that reducing obesity

by 2030 using weight loss drugs such as semaglutide would cost £16.5 billion a year, and put pressure on the NHS. Instead, it called on the Government to implement a comprehensive new legislative framework including:

- Giving the Food Standards Agency independent oversight of the food system
- Introducing a salt and sugar reformulation tax on food manufacturers, building on the success of the Soft Drinks Industry Levy (sugar tax) and considering using the revenue to subsidise healthier food
- Banning junk food advertising:
  1. After the 9pm watershed (already planned)
  2. In paid-for online ads in October 2025
  3. Across all media by the end of the current parliament
- Commissioning further research into links between ultra-processed foods and adverse health outcomes, and reviewing dietary guidelines accordingly
- Exclude businesses deriving significant sales from less healthy products from any discussions on policy on food, diet, or obesity prevention.

(25th October 2024)

Foody bits and pieces

Porridge – the best start to the day for Type 2 diabetes

Porridge is a good start to the day as part of a diet for people with Type 2 diabetes. Oats are rich in fibre containing essential minerals, such as magnesium, potassium, calcium, phosphorus, zinc and iron. Not only are oats nutritious and filling but they can also offer specific benefits for people with Type 2 diabetes.

Adults with Type 2 diabetes may benefit from eating whole grains like oats, due to their potential glucose and cholesterol-lowering effects. In addition, the soluble fibre in oats may help you achieve your blood sugar targets and keep your weight in check.

Balancing your carbohydrate intake is key to a healthy diabetes diet. Although oatmeal is high in carbohydrates, the less processed it is, the more slowly digested and metabolised it is, resulting in a lower rise in blood sugar.

Fibre is important for all adults, but especially for people with diabetes. Not only does fibre help with regularity, but it increases the time it takes to digest, so slowing down the release of glucose in the small intestine, in middle aged adults with Type 2 diabetes.

Another benefit of high-fibre foods like oats is their ability to help keep you feeling full for longer, making it less likely that you'll overeat which can help promote weight loss. High-fibre foods also tend to be lower in calories, helping to create a daily calorie deficit that may help you lose or maintain your weight. If your fibre intake is currently low, make sure you drink plenty of water to avoid constipation and let your digestive system get used to a higher fibre intake.

Porridge also has anti-inflammatory properties, one of the body's natural defence mechanisms. For example, when you are injured or become ill your body releases inflammatory cells to help you heal. However, too much inflammation can occur as a result of disease (such as Type 2 diabetes) or from long-term stress, poor diet and sedentary lifestyle. Ongoing inflammation places undue stress on your organs, contributing to complications such as diseases of the heart and brain.

Heart disease is a known complication of Type 2 diabetes because high blood glucose levels can damage nerves and blood vessels connected to your heart. Fibre-rich, anti-inflammatory foods like oats, along with following other healthy habits, can contribute to lowering the chances of heart problems over the long term.

There is also evidence that oats can decrease high cholesterol levels, another risk factor for heart disease. An examination of trials in people with Type 2 diabetes found that the fibre from the oats not only helped regulate glucose levels, but participants also saw reduced levels of low-density lipoprotein (LDL or "bad") cholesterol and lower total cholesterol levels.

Toppings for your porridge for people with diabetes

If you want a sweet bowl of porridge and some toppings, opt for fresh fruit over dried fruit. The latter tends to have a much

higher glycaemia index, a way of ranking carbohydrate-containing foods based on how slowly or quickly they are digested and increase blood glucose levels usually over a two hour period of time. In addition, with a dried fruit topping portion sizes tend to be smaller and less filling.

Nuts such as almonds and walnuts are also good for those with Type 2 diabetes and add fibre, protein and healthy types of fat to your meal. However, you should keep portions small, as these are high in calories and fat – about the size of the palm of your hand.

If you must use sweeteners other than fruit, the following are suitable:

- Stevia (Truvia)
- Aspartame (Nutrasweet)
- Saccharin (Sweet 'n Low)
- Sucralose (Splenda)

A final word about porridge as a healthy breakfast for Type 2 diabetes

When it comes to oatmeal, cooking methods matter too. As a rule of thumb, the longer it takes to cook your oats, the better they are for you. Properly prepared oats may take a little more time, but the potential benefits for Type 2 diabetes are worth it – better blood sugar control, decreased cholesterol and inflammation, and help with weight management.

Dark chocolate: a remedy for Type 2 diabetes?

A recent study has shown that consuming five or six servings per week of dark chocolate is associated with a lower risk of Type 2 diabetes compared with infrequent or no consumption. However, a higher consumption of milk chocolate does not significantly affect the risk of Type 2 diabetes although it may contribute to greater weight gain.

Chocolate is rich in flavanols which are natural compounds known to support heart health and lower the risk for Type 2 diabetes. However, the link between chocolate consumption and diabetes risk is uncertain, with research results varying and not always distinguishing between dark or milk chocolate.

Researchers conducted a prospective cohort study to investigate the associations between dark, milk, and total chocolate consumption and the risk for Type 2 diabetes in three long-term US studies of female nurses and male healthcare professionals with no history of diabetes, cardiovascular disease or cancer.

Results

Total chocolate consumption and the risk of diabetes was investigated in 192,208 people using questionnaires every four years from 1986 onward. During 4,829,175 person-years of follow-up, 18,862 people

developed Type 2 diabetes in this total chocolate analysis group.

Information on chocolate subtypes was assessed from 2006-2007 onward in 111,654 people. During 1,270,348 person-years of follow-up, Type 2 developed in 4,771 people. Having at least five servings per week of dark chocolate was associated with a 21% lower risk for Type 2 diabetes, while milk chocolate consumption showed no significant link. The risk decreased by 3% for each additional serving of dark chocolate consumed weekly.

People self-reported Type 2 diabetes through biennial questionnaires. Additional questionnaires also collected glucose levels, HbA1cs, symptoms, treatments and self-reported their body weight at baseline and during follow-ups. People who did not change their chocolate intake, those who had an increased milk chocolate intake had greater weight gain over four-year periods but dark chocolate showed no significant association with weight change.

Conclusions

Even though dark and milk chocolate have similar levels of calories and saturated fat, it appears that the rich polyphenols in dark chocolate might offset the effects of saturated fat and sugar on weight gain and diabetes.

(The BMJ, 5th December 2024)

Eating red meat could increase the risk of Type 2 diabetes

High red meat intake has been associated with many health risks, including Type 2 diabetes, coronary heart disease, some types of cancer and overall mortality. The high amounts of saturated fat and cholesterol with minimal amounts of polyunsaturated fat may well contribute to risk, but other factors may also contribute to adverse outcomes. Processed red meat can add further to some of these risks.

A recent analysis of studies was carried out at the University of Cambridge and it included nearly 2 million people from 20 countries. The researchers found that the consumption of red meat and processed meat was associated with increased risks for Type 2 diabetes development and mortality – even poultry was implicated as a possible cause of increased risk.

How much is too much?

If red meat and processed meat do raise the risk for diabetes, it is not being suggested that we should we abstain from these foods, but recommended quantities differ in different studies, so people should be aware of the potential consequences of eating them.

The principal author of the analysis, made the following points:

- Regular consumption of each additional 50 grams of processed meat a day, equivalent to two slices of ham or bacon, or one small sausage, was associated with a 15% higher risk of developing Type 2 diabetes in the next 10 years
- The impact of unprocessed red meat was less as each additional 100 grams of unprocessed red meat a day was associated with a 10% higher risk

A different study showed the following:

- Reducing the consumption of processed meat by around a third could prevent more than 350,000 cases of diabetes in America over 10 years. This would mean people cutting out the equivalent of around 10 slices of bacon a week
- Reducing unprocessed red meat intake alone by 30%, equivalent to eating around one less quarter-pound beef burger a week, resulted in more than 732,000 fewer diabetes cases

The authors suggest that finding that more diabetes cases were prevented by reducing unprocessed red meat compared

with processed meat was due in part to the higher average daily intake of processed vs unprocessed meat (47 g/day vs 29 g/day, respectively).

What about poultry?

Chicken, turkey or duck are often viewed as an alternative to processed or unprocessed red meat, but there has been little research to look at the association between poultry consumption and Type 2 diabetes compared to other meats. The analysis found that habitual consumption of each additional 100 grams of poultry a day was associated with an 8% higher Type 2 diabetes risk, but more research is necessary.

Is there a risk difference if the meat is "organic?"

There is little research looking at this, but the answer is possibly. One study compared the nutritional composition of organic and conventional beef meat sold at retail and found that organic beef had a higher nutritional value than conventional beef. This resulted in a better-balanced lipid and bioactive compound content, but this does not necessarily mean that organic beef is less likely to contribute to Type 2 diabetes risk.

Does the way meat is prepared make a difference in risk?

It "probably doesn't alter the health impacts appreciably," commented the researcher. "We have had concerns that the carcinogens created by cooking red meat at a high temperature, such as grilling, may increase cancer risk, but this has been difficult to document in human studies."

Another suggestion is swapping vegetable oil for butter during preparation to reduce saturated fat consumption. A reduction of saturated fat intake in general is part of a healthy diet. Based on studies in animals and humans, high saturated fat intake can induce insulin resistance, promote increased food intake, and induce inflammation.

These effects can have negative health consequences in the long term.

Shift to plant-based protein

Recent research seems to support a shift to plant-based protein for optimal health with good evidence that shifting to a diet that emphasises healthy plant foods such as nuts, beans, and soy food instead of red meat will have important health benefits.

- Substituting one serving daily of nuts and legumes for total daily red meat led to a 30% lower risk for Type 2 diabetes
- Substituting for processed red meat led to a 41% lower risk
- Substituting for unprocessed red meat led to a 29% reduction in Type 2 diabetes risk
- Substituting one daily serving of dairy for total, processed, or unprocessed red meat was also associated with a significantly lower risk

We have to also remember that advocates for moving away from meat have said that in addition to the health benefits, it will be better for the planet.

Research

Sweet tooth linked to increased risk of depression, diabetes and stroke

We often talk about having a sweet tooth, but it can cause problems because it tempts us to eat sweet things that we know we really shouldn't. The problems range from bacteria and plaque eroding the enamel on our teeth contributing to tooth decay to excess sugar and fat spoiling appetites before the next meal and also contributing to obesity and Type 2 diabetes.

A study of over 180,000 anonymised volunteers enrolled in the UK Biobank suggests that people with a sweet tooth are at an increased risk of developing depression, diabetes and experiencing a stroke.

The researchers used artificial intelligence (AI) to group the participants into three general profiles:

- A health-conscious group that prefers fruits and vegetables over animal-based and sweet foods
- An omnivore group that likes most foods, including meats, fish, some vegetables, as well as sweets and dessert
- A sweet tooth group that prefers sweet foods and sugary drinks and is less interested in healthier options like fruit and vegetables

Using blood samples, 2,923 proteins and 168 metabolites from the participants were measured to investigate how the levels had changed in each of the three groups. They also examined the differences between the three groups in standard blood biochemistry testing.

What did the study find?

The foods that you like or dislike seem to directly link to your health. If your favourite foods are cakes, sweets and sugary drinks, then the study results suggest that this may have negative effects on your health. The researchers found:

- The sweet tooth group are 31% more likely to have depression
- This group also had higher rates of diabetes and vascular heart conditions when compared to the other two groups
- The health-conscious group has higher dietary fibre intake, as well as lower risks for heart failure, chronic kidney disease, and stroke compared to the omnivore group which had moderate health risks
- The sweet tooth group had higher levels of C reactive protein, which is a marker for inflammation
- The blood results also show higher levels of glucose and poor lipid profiles, which is a strong warning sign for diabetes and heart disease

The researchers concluded that processed sugar is a key factor in many people's diets and the above results provide more evidence that as a society we should do all we can to think before we eat.

(Journal of Translational Medicine, October 2024)

AI tool identifies diabetes using voice analysis

Researchers at the Luxembourg Institute of Health Deep Digital Phenotyping Research Unit have developed a voice-based artificial intelligence (AI) algorithm capable of accurately detecting Type 2 diabetes. This non-invasive and cost-effective method could make diabetes screening accessible to millions of people and could be a major step in diabetes care.

Combining AI with digital phenotyping, means welcoming in a more inclusive and cost-effective approach to early diagnosis and prevention. The ability to screen for diabetes using a simple voice recording could dramatically improve healthcare accessibility for millions of people around the world.

The study analysed speech recordings of over 600 participants in the US. Detection rates were noted to be better in key demographics, including women over 60 and people with hypertension.

The researchers have developed an original approach that relies on distinguishing subtle changes in the voice. Using advanced machine learning techniques, the team identified vocal biomarkers that correlate with Type 2 diabetes. Using artificial intelligence (AI) algorithms, the team achieved a predictive accuracy comparable to the risk score widely used by the American Diabetes Association.

In the future, the researchers aim to refine the algorithm for early detection of prediabetes and undiagnosed Type 2 diabetes cases. Plans are also underway to expand the programme to other populations and languages.

(PLOS Digital Health, December 26th, 2024)

Latest life expectancy data

Life expectancy in large areas of Britain is still below pre-pandemic levels:

- Compared with 2017-19, male life expectancy in 2021-23 was just over half a year lower for men and a quarter of a year lower for women
- Over the same period, male life expectancy was lower in over 80% of local areas and female life expectancy was lower in 70% of local areas
- At 79 years for males and 83 years for females in 2021-23, life expectancy in England is lower than in most western European countries where, by 2023, it had recovered to pre-pandemic levels or was slightly higher

Life expectancy in both males and females is highest in areas of southern England and lowest in some northern areas:

- The gap between areas with the highest and lowest life expectancy is now 10.3 years for males and 0.8 years for females. This is wider than it was in 2021-23
- Males and females in Blackpool continue to have the lowest life expectancy in England, six and four years lower than the national average respectively

The Government has an ambitious goal of improving healthy life expectancy and halving the regional gap but this looks increasingly challenging.

The Government will need to take bold action to reduce the prevalence of preventable conditions like cardiovascular disease and diabetes. Tackling the wide geographical inequalities in ill health and premature mortality, and the socio-economic factors that drive them, must be a core part of these strategies if the goal of reducing the 2.8 million people unable to work because of long-term sickness is to be achieved.

(5th December 2024)

Information on drugs commonly used in people with Type 2 diabetes

There are several drugs that are commonly prescribed for people with Type 2 diabetes and yet, we may not know why or even how they work, so in this issue we hope to provide some information about statins, steroids and DPP-4 Type 2 drugs. We start with statins…

Are statins misunderstood?

Many people believe there are problems or adverse reactions to statins so let us look at some of them.

Statins are not bad for the liver

When lovastatin first became available for prescription in the 1980s, frequent monitoring of transaminases was recommended which meant frequent liver tests to monitor for statin toxicity. Even now, some healthcare professionals still obtain liver function tests for this purpose.

What's the evidence?

Over 112,000 people enrolled in the West of Scotland Coronary Protection trial which found that the percentage of people with any abnormal liver function test was similar for those taking pravastatin (1.4%) and for those taking a placebo (1.4%). A panel of experts concluded that statin-associated transaminase elevations (enzymes that are a sign of liver damage) were not indicative of liver damage or dysfunction.

Statins do not cause muscle pain in most people

Most muscle pain occurring in patients on statins is not due to the statin, although patient concerns about muscle pain are common. In an analysis of 19 large statin trials, 27.1% of participants treated with a statin reported at least one episode of muscle pain or weakness during an average of 4.3 years, compared with 26.6% of participants treated with placebo. Muscle pain for any reason is common, and patients on statins may stop therapy because of the symptoms.

What's the evidence?

A survey of past and current statin users about muscle symptoms found that 60% of former statin users and 25% of current users reported muscle-related side effects.

A series of trials involved 200 patients who had stopped or were considering stopping statins. In the trials, the participants spent periods of time on statins or a placebo before rating their muscle symptoms. Results showed no difference in muscle symptom scores between the statin and placebo periods.

Statins are helpful in the very elderly

Previously, it was thought that statins should not be given to the very elderly due to a lack of evidence as people in their 80s often were not included in clinical trials.

Where's the evidence?

A recent study compared outcomes for patients who were treated with statins for primary prevention with a group who were not. In those aged 75-84 there was a risk reduction for major cardiovascular events of 1.2% over five years, and for those 85 and older the risk reduction was 4.4%. Importantly, there were no significantly increased risks for myopathies and liver dysfunction in either age group.

(This information was taken from an article by Dr. Paauw, University of Washington. He had no conflicts of interests.)

Short steroid treatment may raise diabetes risk

For decades, glucocorticoids have been used to manage 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.

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. A University of Oxford observational study used information from electronic healthcare records of patients admitted between January 2013 and October 2023 to look 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 during their hospital stay developed new-onset diabetes. Only 0.8%, or 3,450, of the 434,348 who did not get these drugs, developed diabetes.

The average length of hospital stay was three days for the group of patients who took a steroid compared with one day in those who did not.

Further analysis showed that when age and sex were taken into account, patients receiving systemic glucocorticoids were 2.6 times more likely to develop diabetes than those not receiving the treatment.

(Presented at annual meeting of the EASD, Madrid, September 2024)

Type 2 drugs class tied to slower cognitive decline in dementia

While it is not clear whether dipeptidyl peptidase 4 (DPP-4) inhibitors directly prevent the worsening of dementia, researchers suggest this should be studied.

DPP-4 inhibitors are prescribed to people with Type 2 diabetes to help lower blood sugar and are used when metformin is not suitable. Examples of DPP-4 inhibitors, also referred to as gliptins, are:

- Januvia (sitagliptin)
- Trajenta (linagliptin)
- Onglyza (saxagliptin)
- Vapidia (alogliptin)
- Galvus (vildagliptin)

DPP-4s block incretins (hormones produced naturally by the body when we eat) which causes the body to produce more insulin and lower blood glucose levels. People with diabetes have been shown to have a higher risk of Alzheimer's disease, possibly due to high blood sugar levels, which has been linked to the build-up of amyloid beta in the brain.

At the start of the study, participants with Alzheimer's had brain scans to measure the accumulation of amyloid plaque, or abnormal protein deposits in the brain which are associated with memory decline. They also administered cognitive tests and repeated assessments every 12 months over an average follow-up period of 2.5 years. There were three groups:

- 70 people with diabetes treated with DPP-4 inhibitors
- 71 people with diabetes who didn't take DPP-4 inhibitors
- 141 people without diabetes

After the researchers adjusted results for age, sex, education, cognitive status, and a mutation of the APOE-4 gene associated with Alzheimer's disease, the brain scans showed that people on DPP-4 inhibitors had a lower amyloid level than the other two groups in the study. People with diabetes also experienced smaller declines in global cognition and memory recall when they took DDP-4 inhibitors.

Several studies have been carried out which confirm that the average cognitive function declined less in people with Type 2 diabetes who took DPP-4 inhibitors. However, researchers have also said that while everyone with Type 2 diabetes should still take medications as needed to lower their blood sugar, including DPP-4 inhibitors if they're prescribed, people should not be on this medication just because they think it might help to prevent dementia.

LOTTERY JACKPOT!

As a thank you to our members and Lottery players and as a celebration that 2024 was 30 years since IDDT formed, the December Lottery was a JACKPOT Lottery.

THE WINNERS ARE:

1st prize of £1,000 goes to Nina from Wolverhampton
2nd prize of £750 goes to Andrew from Brighton
3rd prize of £500 goes to Andrew from Brighton
4th prize of £250 goes to Anne from Grantham

The JACKPOT Draw took place on January 3rd 2025. All Lottery players were automatically entered into the JACKPOT. We have to say well done to Andrew who won second and third prizes proving that it is the luck of the draw.

IDDT Lottery Results

WINNERS OF THE SEPTEMBER 2024 DRAW:

1st prize of £460.32 goes to Patrick from Durham
2nd prize of £345.24 goes to Jean from Old Felixstowe
3rd prize of £230.16 goes to Andrew from Stanwix
4th prize of £115.08 goes to Lorraine from Goodwick

WINNERS OF THE OCTOBER 2024 DRAW:

1st prize of £460.32 goes to Lyn from Deal
2nd prize of £345.24 goes to Patrick from Norwich
3rd prize of £230.16 goes to Andrew from Carlisle
4th prize of £115.08 goes to Terry from Romford

WINNERS OF THE NOVEMBER 2024 DRAW:

1st prize of £465.12 goes to Susan from Hinton
2nd prize of £348.84 goes to Peter from Bromsgrove
3rd prize of £232.56 goes to Mrs Clark from Orpington
4th prize of £116.28 goes to Anon from Swanley

Note: The winners of the draws for January, February and March 2025 will be announced in our June 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

www.iddt.org PO Box 294 Northampton NN1 4XS enquiries@iddtinternational.org