Insulin Dependent Diabetes Trust

Type 2 and You

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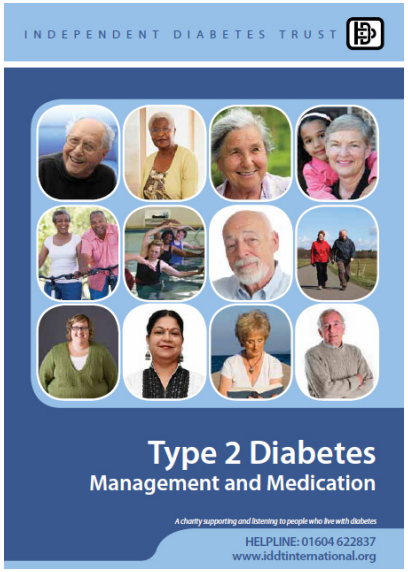
‘Type 2 Diabetes – Management and Medication’

IDDT is pleased to announce the launch of its new booklet ’Type 2 Diabetes – Management and Medication’.

The booklet has been produced to help people better understand the treatments available and the on-going management of their diabetes. The aim is to help them have a better understanding and to reduce the risks of developing long-term complications.

We know from the telephone calls we receive that many people really don’t receive enough support and information and there is a general lack of education about the progressive nature of the condition.

The booklet explains the different types of treatment and the ways in which different types of medication work, such as tablets and/or insulin. We also explain how the different insulins work, from long-acting to short-acting, and the different ways of administering insulin, from pens to insulin pumps.



‘**Type 2 Diabetes – Management and Medication**’ is available to people with diabetes free of charge, but a small postage & packing charge will be made for healthcare professionals requesting multiple copies.

Copies have been sent out with this Newsletter to people we know have

Type 2 diabetes, but if you would like a copy or a copy for someone you know, please don't hesitate to contact IDDT on 01604 622837, by email martin@iddtinternational.org or write to IDDT, PO Box 294, Northampton NN1 4XS.

Dr. Mabel's Page

Dr Mabel Blades is a freelance, consultant dietician and Nutritionist and we are delighted she has given time to

IDDT to provide some useful interesting thoughts and advice from her experiences.

Food and Happiness

With it being such a miserable summer for a lot of people with the weather and the economic issues I thought I would update something I wrote a while ago.

Richard Laynard described happiness as "feeling good and enjoying life". A study in 2001 showed that those who experienced more positive emotions lived longer than those who did not. Our diet in the UK has changed dramatically over the last 3 decades with a greater consumption of processed foods, more sugar and salt, less fibre, less vegetables and less omega 3 fatty acids.

Some researchers believe that this change in diet may have contributed to a rise in depression. Depression and stress can alter food consumption, with some sufferers avoiding food and others over eating.

So what did I find linked with happiness?

The key factors seem to be relatively simple ones:

- Eat regular meals – so this includes breakfast, lunch and dinner.
- Eat meals with companions – eat with family and friends – socialising makes us happier.
- Shop for foods and cook food – how lovely to see that cooking comes out as so important.
- Take adequate fluid – that all important 2 litres per day. A lack of fluid can lead to feelings of tiredness and a lack of mental alertness.
- Include some caffeine – so coffees, chocolate, teas and colas can be useful but only small amounts. Chocolate is associated with pleasure and happiness but not good for blood glucose levels! It contains substances such as the stimulants theobromine and caffeine.
- Include a small amount of alcohol. However, when taken in excess alcohol has the reverse effect.
- Take adequate carbohydrate, especially those with a low GI (glycaemic index).Carbohydrates stimulate the production of serotonin which is one of the mood enhancing hormones. Low GI foods also help to keep the all important blood glucose level.
- Ensure that the diet contains enough iron, magnesium and selenium. A lack of iron is well known to be associated with iron deficiency anaemia. This results in symptoms such as tiredness and apathy, which are hardly likely to precipitate a happy state of mind. A lack of the trace element selenium is thought to have a negative effect on mood.
- Take foods containing omega 3 fatty acids. Lack of omega 3 fatty acids has been associated with irritability, depression and low moods.
- Take foods containing B vitamins and vitamin D. A lack of vitamin D is associated with a low mood and depression and B vitamins are regarded as being essential for mental health.
- Try to be a healthy weight but not over slim – size 14 was found to be the happiest size for women.

IDDT Annual Conference, 'Diabetes is More than Medications'

Saturday, October 13th 2012
Kettering Park Hotel, Kettering, Northants

Just to remind you that we are holding our Annual Meeting at the Kettering Park Hotel in Kettering, Northamptonshire, on Saturday, October 13th 2012. Enclosed with this Newsletter is another booking form and the details of the programme which we hope will be of interest.

If you want to stay overnight at the Kettering Park Hotel on Friday and/or Saturday, you can book directly with the Hotel, Telephone 01536 416666 but do mention that you are with IDDT for a discounted rate. The Hotel has a large car park and for those coming by train, the station is only a few minutes away by taxi. I do hope that you come and join us.

We will be holding our AGM at the end of the Meeting. If you would like to nominate someone for election to the Board of Trustees, then please contact IDDT for details of the role and responsibilities of Charity Trustees for the person you wish to nominate. The closing date for nominations is October 10th.Nominations must be accompanied by a letter of agreement from the person you are nominating and seconded by another member of IDDT.

There will be lots to learn and plenty of time to meet other people with diabetes and their partners in a friendly and informal atmosphere. It is also an opportunity to meet the Trustees and our staff so that we are not just voices at the end of the phone.

If you have any queries about the day, please do give Rita a call on 01604 622837 or e-mail rita@iddtinternational.org

Dream Trust

Following the last round of Dream Trust updates a heartwarming offer of help was made by one of the Trust's sponsors. Sayli Bhute normally walks to school and had said in her update that she would like to buy a bike so that she could cycle to school and thus spend more time on her studies. One of her sponsors contacted us to ask if they could contribute towards the cost of a bike for her. We spoke to the Dream Trust about this, who informed us that cost of a bicycle would be £45, information that we passed on to her sponsor. Within a week we received a cheque for the full amount which we passed on to the Dream Trust who arranged for the purchase of a bicycle. As you can see from the picture Sayli is clearly delighted and sent a letter of thanks to her sponsor for this very kind and generous gift.

This is just one example of the kindness of the Dream Trust sponsors and we would like to say a big thank you to those who continue to support the Dream Trust – we know that the gifts that have been sent are always very gratefully received.

Time to meet IDDT and time for honesty

Just a handful of people started IDDT and for the reasons many people start organisations, we were driven! We were driven by the needs of people with diabetes, we were driven by power of the pharmaceutical industry to simply withdraw a type of insulin some people needed and we were driven by the lack of consideration shown to people who needed animal insulin. We were amazed and appalled at the influence the pharmaceutical industry had over prescribers but perhaps most of all, we were shocked that the experiences of people with diabetes were ignored and counted for nothing.

We set up IDDT with no real plans for the future, except to fight the battle to retain animal insulin for those people who needed it. However, underlying this was another more subtle battle – a fight for the respect people with diabetes deserve and to have their experiences and knowledge recognised as valid.

IDDT founding principles
In setting up IDDT, there were principles or standards that we had to adopt.

- **Trust** - we knew that we had to be an organisation that people could trust.
- **Reliability** – we knew that we had to provide information that was unbiased and based on evidence, not assumption or opinion.
- **Honesty** – we knew that we had a duty to be honest with people with diabetes, even if sometimes that honesty meant taking risks.

It goes without saying that these principles mean that IDDT cannot, and does not accept any pharmaceutical industry funding, unlike other diabetes associations both here and abroad.

At the same time, we are very much aware that this lack of industry sponsorship restricts what IDDT is able to do especially in view of our other overriding belief:

- **Free information** – we believed that information should be free to everyone so that ability to pay does not deny anyone the information they need to enable them to have a truly informed choice of treatment.

Well, all that was nearly 20 years ago and our principles and beliefs have never changed, but it is time for some more honesty – honesty about IDDT and our financial position.

Is it possible to be too successful?
From the small group of people who started IDDT as volunteers, we have grown so that our quarterly Newsletters go to over 24,000 people.

- We have over 10,000 health professionals on our database who receive our Newsletters and who order our various booklets and leaflets in bulk to give to their patients – people with diabetes, the very people we want to reach.
- We continue to develop our booklets and leaflets in response to what people tell us they need. We have sent out over 50,000 requested copies of our booklet ‘Diabetes – Everyday Eating’ , not to mention our other key publications, ‘Understanding Your Diabetes’, ‘The Hospital Passport’ and our most recent booklet, ‘Type 2 Diabetes – Management and Medication’.
- We run a successful website.
- Above all, we run a helpline where people are listened to and maybe helped to come to decisions that are right for them.
- We collect and send to developing countries unwanted, in-date insulin and other supplies which costs us over £5,000 a year.

And finally, to cope with all of this, we have had to increase the number of people we employ and this means the costs of the bureaucracy involved. Do I need to say more than the dreaded Health & Safety Regulations? Fire extinguishes, lighting etc all cost money – it grieves us, but we have to comply with the law.

Who are the people that do all this?
The answer is 5 staff, a student one day a week and me, the Co-Chair. As you can imagine, they all work incredibly hard and although they all have job titles and job descriptions, actually it is a question of

everyone mucking in to make sure everything happens as it should.

Left to right: Bev, Kevin, Caroline, Martin and Rita on one of this year's sunny days.

As Co-Chair, I can say that IDDT does a fantastic job – the ever increasing membership and demand for our publications is proof of that. The praise we receive from you, our members, tells us so.

Quote from Australia:
"*Thank you from my heart for your fantastic contribution in keeping diabetics all over the world informed of developments. You have provided invaluable information and I cannot begin to imagine the stress and frustration this must have caused you when dealing with bureaucracy and intractable producers of insulins.*"

Yes, in a funny way we have been too successful.
Could we have foreseen such growth? Could we have foreseen the demand for our publications? Our success has meant ever rising costs, in a difficult economic climate. To forgo our core principles of trust, reliability and honesty, is not an option for us because we would be letting down our members and people with diabetes and their families.

We are extremely grateful to those of you who make voluntary donations to IDDT, without you we could not exist. We always vowed that we would not be a charity that was forever begging from our members, and we never have but maybe there are ways in which you could help.

- **Could you receive the Newsletters by email? This costs us nothing.**
- **Could you make a £2.00 monthly donation by standing order? If 1000 readers did this it would increase our income by £24,000 a year - a fantastic help to IDDT!**
- **Could you buy our Christmas cards? The order form is with this Newsletter and if everyone bought just one Pack, it would be great.**
- **To healthcare professionals, please understand that while our leaflets are FREE we have had introduce a delivery charge for bulk orders.**
- **Do you have contacts with organisations or businesses that would make a donation to IDDT?**

Do you have any ideas for raising much needed funds? If so, please contact me, jenny@iddtinternational.org or call me on 01604 622837.

I can only say again, that we are grateful for your help and donations but this is a heartfelt plea for your help.

IDDT – HERE TO HELP!

Last year IDDT expanded its work to include Outreach & Development with the aim of helping more people to access IDDT's information booklets and leaflets and our listening service. As part of this project IDDT has developed a new promotional leaflet, 'Diabetes – Here to Help'. This can be placed in any public place to let

people know how we can help and how they can get in touch with us. I am sure nearly all of us have experienced talking to people about diabetes and a statement quickly follows, 'My uncle, brother, cousin, mother, work colleague or neighbour has diabetes'. In fact, we sometimes wonder if everyone knows someone with diabetes. For this reason, we are asking for your help to make sure our 'Diabetes – Here to Help' leaflet is in as many public places as possible.

It is a three fold seized leaflet which can be easily displayed in places of work, surgeries, community centres and reception areas. The more leaflets we can display, the more people we can support. IDDT wants to continue to support and inform people with diabetes and we hope that you can join us by getting involved in helping others with diabetes.

If you would like to help to distribute the new 'Diabetes - Here to Help' leaflet, please get in touch with Bev on 01604 622837 or email on info@iddtinternational.org

Many thanks in anticipation!

A Recipe for Autumn - Beef Casserole

Serves: 4, Prep Time: 10 minutes, Cook Time: 2 hours

This is a good warming recipe. It has mustard in it for extra flavour but if you do not like it, just leave it out or just use a pinch and see how you like it and then add more on other occasions to suit your taste. It is also easy to cook in a slow cooker

Method

1. Preheat the oven to Gas mark 3, 170°C, 325°F.
2. Heat the oil in a pan and cook the beef cubes for 4-5 minutes until browned. Transfer to an ovenproof casserole dish and add the celery, carrots, swede, and parsnips. Pour over the stock and the english mustard. Cover and place in a preheated oven for approximately 2 hours, until the beef is tender.
3. Ten minutes before the end of cooking time thicken the casserole with the gravy granules. Cook uncovered for remaining cooking time.

Ingredients

450g/1lb lean braising or stewing beef, cubed
15ml/1tbsp oil
2 sticks celery, cut into chunks
½ small swede, peeled and cut into chunks
2 carrots, peeled and cut into large chunks
2 parsnips, peeled and cut into large chunks
600ml/1pint stock
15ml/1tbsp English mustard
30ml/2tbsp gravy granules

Typical nutritional content per portion

Energy 1063kJ/254kcal
Fat 11g
Saturates 2.6g
Carbohydrates 11g
Sugars 7g
Protein 27g
Salt equivalent 2.1g

Recent Research

Many readers of Type 2 and You will be aware that very often metformin, on its own is not sufficient to control Type 2 diabetes. When this is the case it is common practice to add in a second medication from the class of drugs called sulphonylureas. However, these medicines are associated with weight gain and hypoglycaemia.

A study recently published in The Lancet reported the results of

research comparing the efficacy and safety of a sulphonylurea, glimepride (Amaryl), compared to a DPP-4 inhibitor, linagliptin (Trajenta). The study found that although there was no significant overall difference in HbA1c (the test for blood glucose levels over the last 6 – 8 weeks), people prescribed the linagliptin experienced fewer episodes of hypoglycaemia than those taking glimepride. However, they did find a significant difference in the number of cardiovascular events experienced by the two groups, with the group prescribed glimepride experiencing a greater number of such events.

The study goes on to suggest that the findings could improve clinical decision making when treatment with metformin alone is no longer sufficient. However, given that the cost of prescribing linagliptin is thirty times more than that of glimepride, it would seem unlikely that there will be a wholesale change in the current prescribing guidelines which specify sulphonylureas as the first choice of treatment under these circumstances.

More Holiday Tips!

Every year in our summer newsletter we publish our Holiday Tips article and every year we try to make improvements so that you can enjoy a safe and happy holiday. In response to the article this year two of our members contacted us with their own experiences and tips and we thought we should pass them on to you.

One of our members and her husband regularly fly abroad to Italy and France and although she does require to carry any medical equipment relating to her diabetes, her husband has a medical condition that requires him to carry equipment that includes a small pair of scissors. As advised he carries a letter from his GP, as should anybody

carrying insulin pens, syringes blood testing equipment etc. This had proved to be fine when flying into major airports. However, recently they flew into a more provincial airport where the customs officers did not understand the letter as they could not read English, resulting in an unpleasant and unnecessary search both his body and luggage. On their return home, they were talking to their son about the experience and he advised that they use Google Translator (http://translate.google.co.uk/?hl=en&tab=wT) to get French and Italian versions of the letter.

Since then they have flown to several provincial airports and have had no further problems. So, if you are travelling abroad and taking diabetes supplies with you then get the letter you have from your GP translated into the relevant language to avoid any potential problems.

Another of our members regularly flies to Thailand and he advises notifying airports in advance that he will be carrying medication and sharps. His second piece of advice applies to anyone travelling to hot countries, which is to purchase a digital thermometer that not only tells you the current temperature but also records the highest and lowest temperature. This can then be placed in the fridge alongside supplies of insulin and used to adjust the temperature of the fridge to ensure it is running at the optimum temperature for storing insulin.

Amendment – NICE Quality Standards for adults with diabetes

In the NICE Quality Standards for diabetes, statement number 10 said:

“People with, or at risk of, foot ulceration should receive regular reviews by a foot protection team. Those with a foot problem requiring urgent attention should be referred to a foot care team within 24 hours.”

This has now been amended because as originally written, it did not separate out the care of people ‘**with**’ foot ulceration from care of those

'**at risk**' of foot ulceration. People **with** foot ulceration require urgent medical attention and referral to and treatment by a multidisciplinary foot care team. As the statement was originally written, there was a risk of people with foot ulceration being inappropriately reviewed and referred. Quality statement 10 has therefore been amended to deal only with those 'at risk' of foot ulceration, and a new quality statement 11 has been included on 'foot problems requiring urgent medical attention'.

The key points to remember are:

- **People with diabetes at risk of foot ulceration receive regular review by a foot protection team in accordance with NICE guidance.**
- **People with diabetes with a foot problem requiring urgent medical attention are referred to and treated by a multidisciplinary foot care team within 24 hours.**

The amended quality standard is now available on the NICE website:

http://www.nice.org.uk/guidance/qualitystandards/diabetesinadults/diabetesinadultsqualitystandard.jsp

Grapefruit and Statins

In the last quarter's news we discussed fruits and their sugar content but one of our members rightly pointed out that we should have mentioned the interaction between grapefruits and statins.

Grapefruit juice stops the production of a substance in the small intestine that helps to break down quite a few different medications, including some of the statins, such as simvastatin and atorvastatin. If grapefruit juice is drunk while taking statins too much of the drugs active ingredient can enter the blood stream which could result in serious side effects such as muscle disorder or liver damage. This interaction can occur up to 3 days after drinking grapefruit juice, so the time you drink the grapefruit juice does not reduce the risk of these side effects. So for example, you cannot drink grapefruit juice in the morning and take your statin later in the day.

There are several options available to you:

- You can cut out grapefruit from your diet and eat other fruits.
- If you really want to continue to eat/drink grapefruit, you could talk to your doctor about using an alternative medication.
- There are statins that do not interact with grapefruit juice and these are rosuvastatin, fluvastatin and pravastatin.

Driving and the EU Law – updated June 2012

DVLA issues new driving guidelines

On June 21st 2012 the DVLA issued new guidelines aimed at making it easier for drivers with diabetes treated with insulin to understand the new driving rules to comply with the European Directive introduced in 2011.

The DVLA makes it clear that hypoglycaemia is classed as blood glucose levels below 4 mmols/l and the new form now asks the following questions relating to hypoglycaemia:

- If you have NOT experienced an episode of hypoglycaemia, are you aware of what the symptoms are?
- If you have had an episode of hypoglycaemia, do you get warning symptoms? If yes, are you always aware?
- Have you had more than one episode of severe hypoglycaemia in the last 12 months? Please only count episodes where you needed help. Do NOT count episodes where you were given help but cold have treated it yourself.

Further points to clarify some of the questions that IDDT has been asked are:

- You MUST sign the declaration that you will test before and every two hours when you drive. [This is to let the DVLA know that you understand that you have to test while driving.] This is a legal requirement and a licence will not be issued if this declaration is not signed.
- For numerous short journeys you do not have to test before each journey as long as you test every two hours while driving.

Type 2 diabetes and are treated with diet only

If you receive the medical assessment for [Diab 1] and you are treated with diet only, then you do not have to complete section one. You should send the form back to the DVLA with a covering letter explaining your treatment is diet only.

However, if you have had laser treatment in both eyes [or the one remaining eye if you only have one eye] then you need to fill in Section 2 of the Diab 1 form.

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