



Insulin Dependent Diabetes Trust

Type 2 and You

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Welcome to the seventh issue of Type 2 and You.

In Case You Hadn't Heard...

Changes are due to be made to the way that HbA_{1c} results are reported. The HbA_{1c} test is the blood test that measures your blood glucose levels over the past 6 to 8 weeks – not to be confused with home blood glucose monitoring.

As from June 2011, the HbA_{1c} results will only be reported in units of “mmol per mol” or “mmol/mol” not as a percentage figure as previously. This measurement is going to be international so that all laboratories will be using the same measurements.

While some of you may have already come across this new unit of measurement, many will not. With this in mind, we have published a table that allows you to compare the new figures to the old percentages

and also to see what your average blood glucose level has been for the last 6 to 8 weeks.

Old HbA _{1c} [%]	New HbA _{1c} [mmol/mol]	Average blood glucose level for this HbA _{1c} , mmol/L
6	42	7.0 (range 5.5-8.5)
7	53	8.6 (range 6.8-10.3)
8	64	10.2 (range 8.1-12.1)
9	75	11.8 (range 9.4-13.9)
10	86	13.4 (range 10.7-15.7)
11	97	14.9 (range 12.0-17.5)
12	108	16.5 (range 13.3-19.3)
13	119	18.6 (range 14.6-21.1)

So if you are aiming for an HbA_{1c} of 7%, the new reading you are aiming for is 53 mmol/mol.

You can see from the table that this would mean your average blood glucose level covered for this period would be 8.6. However this is only an average figure and in reality your blood glucose levels may have been running anywhere between 6.8 and 10.3. You should also remember that the higher the result then the greater is the risk of developing complications of diabetes.

Depression and Diabetes

It would be very difficult for anyone to argue that being diagnosed with diabetes is not a life changing event – having to learn about the condition, how to manage diabetes on a day-to-day basis, having to take medication and make lifestyle changes are all big things to take on board, not just for the person with diabetes but also their family members too. All of these things have an emotional impact that is

not always acknowledged and people diagnosed with diabetes often experience feelings of loss, maybe in relation to their health or maybe the freedom to live the lifestyle they had. For a lot of people these feelings can lead to major depression.

Depression affects 1 in 5 people over the age of 65 and 2 in 5 people over the age of 85, regardless of their state of health. For people diagnosed with Type 2 diabetes the incidence of major depression is 2-3 times higher, meaning that anywhere between 20-30% of people with Type 2 diabetes may also suffer with depression at some time.

The relationship between depression and diabetes is complicated and not fully understood but research has shown a definite link between the two conditions and certain things are known. The symptoms of depression are similar in many respects to those who display symptoms of a chronic illness. These symptoms can include tiredness and lack of energy, persistent sadness, loss of self-confidence and self-esteem, loss of appetite, physical aches and pains, avoiding other people and even close friends as well as finding it hard to function normally.

These symptoms, whether they be as a result of diabetes or depression, can have a very real impact on the health of the person with diabetes. For example, feeling tired and lethargic may mean they don't take the exercise they have been advised to and not feeling they are able to function normally or think clearly may mean that they are not able to keep to their medication regime. Similarly loss of appetite has a very obvious impact on their diabetes management, particularly if they are taking medication that can cause low blood sugar levels. Should you have any or all of these symptoms for over two weeks then you should go to your doctor.

It is for these reasons that health professionals should be alert to the link between the two conditions. Physical symptoms are more easily recognisable than those of depression but health professionals need to be aware of the possibility of both being present to ensure that the correct diagnoses can be made and the patient treated appropriately. The National Institute for Clinical Excellence (NICE) recognises the

link between depression and chronic illnesses and recommends that in order to screen for depression in people with chronic conditions, GPs should ask two simple questions:

- During the last month, have you often been bothered by feeling down, depressed or hopeless?
- During the last month, have you often been bothered by having little interest or pleasure in doing things?

If people answer yes to either of these then they are given a questionnaire to identify the extent and nature of their symptoms. A course of treatment can then be prescribed if necessary, such as cognitive behavior therapy or antidepressants. Treating depression can improve blood glucose control, so reducing the risk of complications and improving quality of life.

It is also important to see your doctor as the symptoms of depression can occur due to other physical causes.

- People who have diabetes also have an increased risk of having an under-active thyroid gland (hypothyroidism) leading to symptoms that are similar to depression. This can be identified through a blood test and is treated with medication.
- Seasonal affective disorder (SAD) is a mood disorder with depressive episodes that occurs with reduced exposure to light during the short days of the winter months. It tends to be under-diagnosed but affects about 7% of the UK population. It is treated with light therapy, exercise and in some cases, antidepressants.
- Vitamins B1 and B12 are also thought to play a role in managing depression. Deficiencies in these vitamins may lead to depression-like symptoms so vitamin supplements may help.

Finally, it is also worth noting that diabetes and/or depression does not just cause psychological distress to the person with the condition but also affects spouses and partners as well. Research has shown that spouses and partners can also show symptoms of depression. Although the causes of these symptoms are different to the person

with diabetes, the research suggests that health professionals need to pay attention to the spouse/partner as well as the person with diabetes to provide better care for them, both as individuals and as a unit.

A New Way to Recycle and Fundraise

IDDT has partnered with an organisation called Music Magpie to recycle CDs and DVDs and help fundraise at the same time. By sending us your unwanted CDs and DVDs, Music Magpie will donate 50p for each item to IDDT. Items should be in good condition and have a barcode, so please **do not** send us:

- Games
- CD singles/EPs
- Copied/Promotional discs (from newspapers, magazines etc)
- Vinyl/Tapes/Video Cassettes

If you are having a clear out this spring then send your unwanted items to us at the address at the end of this newsletter and help us to raise money to continue to help people with diabetes.

Insulin for Life

You may or may not be aware that IDDT acts as the UK arm of an organization called Insulin for Life. On behalf of the Insulin for Life campaign, IDDT collects unwanted, unopened and in-date insulin and other diabetes supplies and distributes them to clinics in developing countries, where children die for lack of affordable insulin. In developing countries the cost of insulin for one person can be as much as 50% of a family's income, meaning that poor families find it extremely difficult

to commit this amount of their income to the treatment of just one child.

Just one little girl in India:

Kalpna was a 5 year old little girl with diabetes who regularly attended her diabetes clinic. One day she was brought to the clinic in a coma and ketoacidosis. Her parents had stopped giving her insulin because they simply could not afford it and in desperation had resorted to alternative medicine. Kalpna died.

In 2010 IDDT collected and distributed over 9000 pens, cartridges and vials of insulin to those who so desperately need them. All this unwanted insulin came to a total value of over £60,000. This cost is paid for by the NHS and would have gone to waste were it not for the Insulin for Life campaign and the kind actions of those who make the effort to send us their unwanted insulin and diabetes supplies. For more information about how we help developing countries visit:

http://www.iddtinternational.org/?page_id=1747 or contact us using the details in this newsletter.

The sad thing is, this is only the tip of the iceberg, there is far more insulin simply being thrown away that could be used to help save lives.

There are three ways in which you can help:

- Perhaps you have recently changed your insulin or equipment and now have supplies that you no longer need – then send them direct to us and we will ensure that they are sent to those that need them.
- Ask for one of our “Look in Your Fridge” posters to give to your doctor and/or nurse and ask them to send us any unwanted insulin that they have.
- Consider sponsoring one of the many children whose diabetes is cared for by the Dream Trust in India. It costs as little as £2 a month

to sponsor a child. For more information on the Dream Trust visit www.dreamtrust.org or contact IDDT for more information and a sponsorship form.



IDDT Quarterly Publications

IDDT produce a wide range of **free** information leaflets, including information on Carbohydrates, Hypoglycaemia, Diet and Exercise and Exercise and your Heart. These can be sent by post or downloaded from our new website.

For more information contact us!

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www.iddtinternational.org

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