InDependent Diabetes Trust

Type 2 and You

Issue 17 - September 2013

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Welcome to the seventeenth issue of Type 2 and You. In this edition we look at a variety of issues, including concerns over the safety of some medicines, the latest advice from the DVLA and advice on preventing falls, as well giving you a round-up of IDDT activities over the last few months.

But First…

We would like to say a big thank you to Cat Houston who has raised nearly £800 to help IDDT to continue to send vital diabetes supplies to developing countries. Cat's daughter, Lizzie (8) has had diabetes since she was 18 months old and every year since 2007 they have held a tea party for the people of Ballater. This year had a Star Wars theme and some of the guests got into the spirit by dressing up as characters from the films. Other people enjoyed face painting, having their nails done and jumping on the bouncy castle. Cat said:

"*As always we have been overwhelmed (if not at all surprised!) by the generosity of Ballater's folk and those from round about. We were delighted*

to welcome so many familiar and new faces this year. We try to make Lizzie's Tea Party a little bit special while being open to all. People can donate as little or as much as they like to the pot and are welcome to stay five minutes or stay all day. We also make sure everyone gets their tea or coffee in a proper mug or china cup!

We simply could not do it without the support of the many folk who kindly help us out, from our Friday night marquee-raisers to the military-style kitchen hands. Particular thanks go to Hannah Johnston, Linsey Blyth, Ryan Cromar, Gillian Cassie, Dawn Fitzpatrick, David and Veronica Houston and, of course, Lesley McCracken of the Netherley Co-op. Any ideas for how we can top it next year are greatly appreciated!"

More Medication Concerns

An investigation into two drugs used in the treatment of Type 2 diabetes was shown on Channel 4's Dispatches (10th June 2013). The drugs in question are Byetta (exenatide) and Victoza (liraglutide) and the investigation was carried out by the British Medical Journal (BMJ) and Channel 4's programme Dispatches. They uncovered evidence that these drugs may contribute to the causes of pancreatic cancer.

Byetta and Victoza are increasingly popular, injectable treatments for Type 2 diabetes but should not be confused for insulin. They work by prompting the body to release insulin to control blood sugar levels. They also suppress appetite, so can help people to lose weight.

The investigation found that the manufacturers may be trying to hide potentially harmful side effects. They uncovered documents showing that the drugs increase the risk of pancreatitis (infection/inflammation of the pancreas), which leads to 1,000 deaths in Britain every year. The investigation also showed that a number of patients taking the drugs had developed pancreatic cancer, which has the lowest survival rate of all cancers.

Around 25,000 prescriptions are issued for the drugs each year but it is difficult to tell how many people are taking them as some people get monthly prescriptions while others receive longer or shorter supplies.

The European Medicines Agency (EMA) is currently investigating the information provided by the researchers to determine the need for any changes to the way these drugs are used. The Medicines and Healthcare Products Regulatory Authority (MHRA) is providing input to this assessment but as yet the EMA has not reached any conclusions on the investigation. IDDT would recommend that if you have any concerns, you discuss these with your doctor.

Shepherds pie

By Dr Mabel Blades, Freelance Dietician and Nutritionist

Although it may seem a way off yet, autumn and winter will soon be upon us so here is simple, hearty recipe for the changing season.

Serves 4

Ingredients

2 teaspoons polyunsaturated spread

1 large onion, chopped

1 large carrot, chopped

450g (1lb) minced lean lamb

100g (4oz) button mushrooms chopped

400g can chopped tomatoes

Seasoning to taste

900g (2lbs) potatoes boiled and mashed.

Method

Brown the lamb in a pan with the polyunsaturated spread, add the onions and mushrooms.

Add the chopped carrots, tomatoes and seasoning. Bring to the boil, cover and simmer for 40 minutes.

Put the mixture into an ovenproof dish or individual dishes and top with the mash. Bake in oven at 190°C, 170°C fan, gas mark 5 for 20-30 minutes.

Typical nutritional content per serving kcals 473, carbohydrate 42 g, fat 21g, saturated fat 6.4g, salt 1.1g

Preventing falls

There was an interesting article about falls in older people published by the Institute for Quality and Efficiency in Health Care (IQWiG, Germany) and the main points in the article may be useful for some of our older readers...

Many older people are afraid of falling, breaking a bone and losing their independence and as a result of this fear, may walk or move less. However, this may have the opposite effect as people who stop being physically active may have a greater risk of falling than someone who walks a lot in everyday life.

How common are falls?

- It is estimated that 30 out of every 100 men and women over the age of 65 have a fall once a year.
- People who have already had one fall are at a higher risk of falling again.
- The rate in people who live in nursing homes or residential care is higher than that in people living in their own homes.

Hazards that increase the risk of falling

It is important to recognise hazards that may cause a fall and try to find ways to avoid them.

Hazards around the house include:

- loose rugs or carpets
- electric cables
- slippery floors and bath mats that slip
- walking to the bathroom in just socks on wooden floors.

Some of these are avoidable and there are things that can be done to help to avoid falls – remove or ask someone to help to remove the tripping hazards from your home.

Health problems may also put people at greater risk of falls and these include:

- for people with diabetes the most obvious risk of falls is hypoglycaemia, especially at night. Neuropathy and other foot problems related to diabetes also increase the risk of falls
- problems with vision
- occasional circulatory problems or dizziness caused by blood pressure being too low or too high
- conditions that affect balance eg ear infections
- medications that affect concentration and reflexes, such as certain types of sedatives, and interactions between different drugs can also increase the risk of falls.

Preventing falls when there are health problems involved is not so easily solved and will depend on your health conditions. For example, if hypos occur in the night, make sure that sugary options are available by the bed so that you don't have to wander to the kitchen to find something. Other things that may help include exercise programmes, walking aids, a new pair of glasses and having discussions with your doctor about whether the medications you are using could be a cause and could be changed.

Health consequences of falling

- The vast majority of falls end up being quite minor, even in people over the age of 65, and do not lead to any serious health problems, just a bruise or scrape.
- Fewer than one in ten falls lead to a broken bone. If a bone breaks, it is usually the forearm that is affected. Hip or thigh fractures can also cause serious complications and restrict activities. They can result in longer hospital stays and older people are especially at risk of needing nursing care as a result of a serious fall.

Nevertheless, it is important to remember that the majority of falls are minor and the best way to avoid them is to stay as physically active as possible.

Revised BMI for people of South Asian descent

The point at which the level of body fat becomes a risk to health varies between ethnic groups and people from Black, Asian and other minority ethnic groups are at a higher risk of developing Type 2 diabetes than White Europeans. Members of Black, Asian and other minority ethnic groups are at an increased risk of chronic health conditions at a lower Body Mass Index (BMI) than the white population (below BMI 25 kg/m2), including Type 2 diabetes. People of South Asian descent are up to 6 times more likely to develop Type 2 and black African and African-Caribbean 3 times as likely. Type 2 diabetes is also more common among Chinese people.

The National Institute for Health and Care Excellence (NICE) has revised the guidelines '**Preventing type 2 diabetes: risk identification and interventions for individuals at high risk**' to give new thresholds for healthy BMI for British Asians. The new lower thresholds to indicate increased risk of Type 2 diabetes are that a 5ft 11in (1.8m) Asian man should weigh below 11st 11lb (75kg) and an Asian woman who is 5ft 3in (1.6m) should weigh less than 9st 4lb (59kg).

In order to help with the prevention of Type 2 diabetes and other health conditions, NICE want health professionals and people from ethnic groups to be aware that the risks are greater at a lower BMI for these groups.

Can I drink alcohol?

We are told that quite often people are not given a definitive answer to this question but it is an important question

There is no need for people with diabetes to give up alcohol simply because of their diabetes, especially as this may affect your social life. Alcohol does have an effect on blood sugar levels but with a few precautions people with diabetes can enjoy a drink.

In fact, diabetes alcohol guidelines are the same as for the general population which is 2-3 units for women and 3-4 units for men. However, it is worth being aware how many units a drink contains. Sometimes a glass of wine will contain 2 units and a pint of beer can even reach 3 units.

One unit (approximate measure):

- 1/2 pint of standard strength beer, lager or cider
- 1 pub shot/optic/measure (50ml) of sherry or vermouth
- 1 pub shot/optic/measure of spirit (25 ml), eg gin, vodka or whisky.

People with diabetes need to be extra careful with alcohol

The tendency to low blood sugars (hypoglycaemia) after alcohol can be within 4-6 hours but blood glucose levels can remain low for 24-36 hours after significant alcohol consumption. The carbohydrates that the drink may contain do not offset the blood sugar lowering effect of the alcohol, so do not count these as part of your carbohydrate consumption and assume you will be OK.

In addition to the risk of hypos, alcohol impairs your judgement and so if you have diabetes, this means that you may not realise that you are having a hypo and so you will not treat it with sugary food. Furthermore, your friends may not realise that you are hypo and may simply assume that your 'odd' behaviour is because you are drunk. This can be an unsafe situation leading to a severe hypoglycaemic attack.

Precautions

- Only drink in moderation, sensible advice whether you have diabetes or not.
- Do not drink on an empty stomach.
- Learn by experience how alcohol affects you – everyone is different.
- Take the appropriate steps to prevent a hypo and if you are treated with insulin consider lowering your insulin dose at the meal prior to going out for a drink.
- The best time to drink is with a meal.
- If you are not having a meal with your alcohol, then it is a good idea to nibble carbohydrate [eg crisps] throughout the evening. If a large amount of alcohol is consumed, then even chips or pizza may be considered.

- Have an extra bedtime snack before going to bed to try to avoid a night hypo.

The DVLA reminds motorists when they should tell them they have diabetes

In June the DVLA issued a statement to remind motorists of the driving licence requirements if they have diabetes. It can be confusing, so here is what the DVLA said:

Group 1 - cars and motorbikes

- Motorists who control their diabetes by diet or tablets do not normally need to tell DVLA, but they do if they are on insulin.
- Motorists do not need to notify DVLA if they are on any non-insulin medication unless they have suffered from 2 episodes of severe hypoglycaemia within the last 12 months, developed impaired awareness of hypoglycaemia or suffer visual problems.

Group 2 - buses and lorries

- Motorists need to tell DVLA if they have any form of diabetes for which you take medication.
- If Group 2 motorists are on insulin, they need to:
  [i] provide 3 months of continuous meter readings every time they apply for a licence,

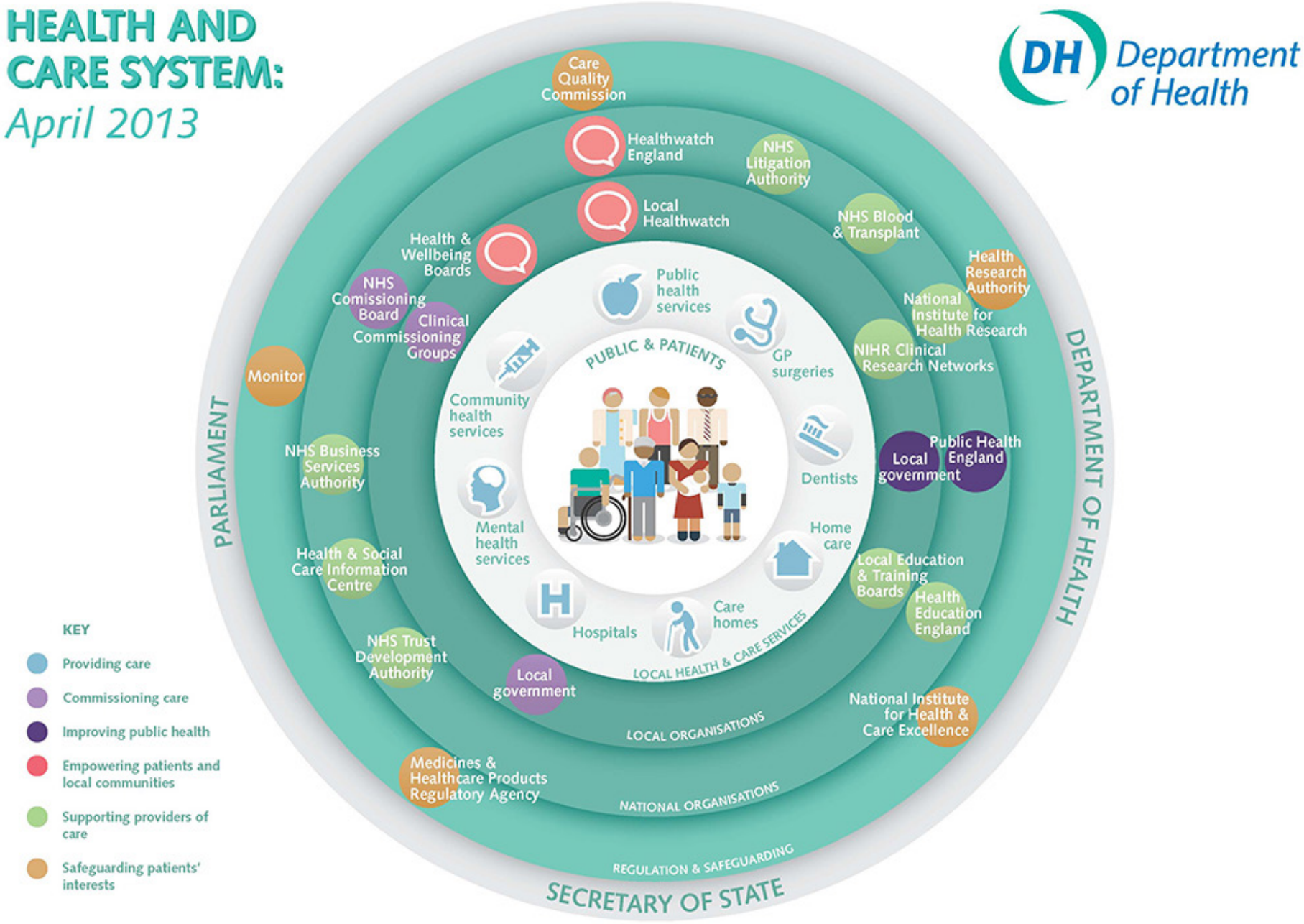
  [ii] test their blood glucose no more than 2 hours before the start of their first journey of the day and every 2 hours while driving.

In case you are confused by the term non-insulin medication, IDDT assumes that this phrase is being used to not only cover tablets but also the newer injected drugs for Type 2 diabetes, Byetta and Victoza. These are injected but they are not insulin. Hypoglyceamia is defined as having a blood sugar level of below 4 mmols/l and severe hypoglcaemia is defined as an episode where assistance is required. However, the official line is "**Below Five – Don't Drive!**"

Healthcare Reforms

Almost no-one can have missed the fact that the health care sector has been undergoing radical reform and re-structuring and this has left many of us confused. What are CCGs? What is the CQC? How do all these things fit together?

Helpfully, the Department of Health has developed the diagram below to illustrate who is who and their different roles and relationships. We felt it was very helpful and hope you do too.



Introducing Jim Young

IDDT is pleased to announce that it is now working with Jim Young a renowned diabetes healthcare writer. Jim qualified as a nurse before going on to molecular biology research at the Medical School, Swansea and now concentrates on healthcare writing. He is editor-in chief of Glycosmedia, a diabetes news service, and writes the healthcare professionals weekly news service for diabetes.co.uk.

Ironically, Jim was recently diagnosed with Type 2 diabetes and wrote a short essay about his experiences of diagnosis as a health professional. We thought you might like to read it.

"I sat opposite my GP for the results of some blood tests that I had requested to explore the unlikely scenario of a calcium / vitamin D dysfunction being the cause of some longstanding muscular skeletal pain. (OK, I blame Googling for that long-shot). Luckily my GP glanced at my concurrent ringworm infection and my 64 year old countenance and ordered a full gamut of tests. But as a "fit", normal weight (no car), fish eating "vegetarian", who swims in the sea all year around I was not expecting any embarrassment to the smug edge that I thought I had on our familial longevity. But lo and behold! My fasting blood sugar was 7.7 (7.6 on repeat), my lipids 7.0, and my TSH 7.0 (although T4 was normal). Gulp! So I am not immortal after all! Although the HDL of 1.8 might help.

My lifestyle needed little adjustment other than cutting out the lovely butter and cheese etc. So it was time to take the pills - with Metformin and Simvastatin being prescribed as the entré.

So should I now read the papers in the Journal Watch with an obsession born of anxiety or do I (as a self-defence mechanism) scan read them as of no immediate pertinence to me? But The Relationship between Type 2 Diabetes Mellitus and Related Thyroid Diseases < **http://www.hindawi.com/journals/jdr/2013/390534/** *> for example, interestingly confirms a genetically base for a cohort of signs and symptoms - be it one over which I have no control. So perhaps it is advisable to take the pills, review in three months, and to revaluate treatment in light of target achievement. There will be time enough to investigate choices at the bifurcations in the treatment algorithm when glycaemic control and possible / probable sequelae demand it. But is it not interesting to consider the dichotomy between the "self delusion" of relishing the third person singular of the clinical paper and one's irrepressible academic interest in the latest research, with the investigation of one's own signs, symptoms and treatment choices, such as taking advantage of the National Retinal Screening Programme.*

In future essays I will explore the realities of the interface between my clinical evaluation of the disease process and the subjective experience of the symptoms and treatment. The Metformin for example did not result in the gastrointestinal disturbance that I thought might have .I have a whole hour booked with the diabetic nurse this month - I guess for a head to toe assessment. The tricky problem that I now have is how to explain my reasonably good understanding of the pathology of diabetes whilst ensuring that my need for education as a patient is not overlooked. After all it is a new experience for me. I may even get a blood meter to test my ability not to obsess with post prandial readings - after all my HbA1c was 51mmol/mol before starting treatment. But I do miss the bread and honey that I had for breakfast for the past thirty years - although this muesli stuff isn't half as bad as I thought."

Techy Tips for visual impairment

Quite a few of us experience visual impairment that can often make using a computer screen difficult or uncomfortable, so here are a few tips to make things a little easier.

The first is probably the easiest. Move the cursor over the document/ webpage etc that you are trying to view, then hold down the ctrl key and rotate the mouse wheel forward. This will enlarge whatever you are trying to view. Similarly, by rotating the mouse wheel backwards you can reduce the size.

Next, if you are viewing a document that is a pdf file then you can get the computer to read the text to you. Open the document and click on view. This will open a drop down box, at the bottom of which is an option, Read Out Loud. Click on this and then click on Activate Read Out Loud. This will start the computer reading the document.

The final tip is a bit more complicated but is arguably the most helpful. By following the steps below you can set your screen to high resolution, which changes the background colour of the screen, text colour and size of icons.

- Click on start and then go into the control panel.
- Next click on the accessibility options icon, select the display tab and tick the high contrast box.
- To personalize your high contrast options, click on the settings button and you will see a drop down box that allows you to select from a wide range of high contrast options – just simply select the one that suits you best.
- Finally, in the same dialogue box, you will see a tick box that gives you an option to select a shortcut to turn on and off the high contrast option. By ticking this box and then pressing the left alt and shift keys, and the print screen key simultaneously, you can quickly and easily turn on and off the high contrast option.

IDDT's Annual General Meeting 2013

As members are aware from previous Newsletters, we unable to afford to hold a Conference this year but we do have to hold an Annual General Meeting to comply with charity law. So we are holding an afternoon meeting on Saturday, October 12th 2013 at the Hilton Hotel, Northampton [just off Junction 15 of the M1]. We hope that as many of you as possible will be able to join us – it is your opportunity to meet the Trustees and staff and of course, each other.

The programme for the afternoon will be as follows:

12 noon – Arrival

12.15 to 1.30 – free sandwich lunch

1.45 - Annual General Meeting

3.00 - Tea and biscuits

3.30 - Dr Gary Adams, 'Low blood glucose levels in Type 1 and Type 2 diabetes, shared experiences'

4.30 - Farewell

The AGM

If you would like to nominate someone for election to the Board of Trustees, then please send nominations to IDDT by October 4th with a letter of agreement from the person you are nominating and seconded by another member of IDDT.

Please let us know!

For catering purposes, places must be pre-booked by September 20th. Please contact IDDT by telephone on 01604 622837, Rita by email **rita@iddtinternational.org** or write to IDDT, PO Box 294, Northampton NN1 4XS. Rita will then send you confirmation and a map to find the Hilton Hotel.

The Hotel address

The Hilton Hotel, 100 Watering Lane, Collingtree, Northampton NN4 0XW

Can You Help IDDT By Making A Small Monthly Donation?

STANDING ORDER MANDATE FORM

(PLEASE USE BLOCK CAPITALS)

TITLE: Mr / Mrs / Ms / Miss / Other: _____ FIRST NAME(s): _____

SURNAME: _____ TELEPHONE NO: _____

ADDRESS: _____

POST CODE: _____

Gift Aid your membership donations to IDDT

Choosing to Gift Aid your donation to IDDT will allow us to reclaim the basis rate of income tax paid on the cost of your donation. If UK tax is deducted from any of your income, all you need to do is sign the declaration in the box below and we will do the rest. For every £10.00 that is donated to IDDT in this way we can reclaim an extra £2.80, making your donation go further.

I am a UK taxpayer. I would like all donations I make to the Insulin Dependent Diabetes Trust to be treated as Gift Aid until further notice

Signed _____ Date _____

STANDING ORDER MANDATE

ACCOUNT TO BE DEBITED

Sort Code: _____

Account Number: _____

Account Name: _____

Bank: _____

Address: _____

BENEFICIARY DETAILS

BARCLAYS BANK

CAMARTHEN SA31 1WS

SORT CODE: 20-18-54

ACCOUNT NUMBER: 00433160

NAME: INSULIN DEPENDENT DIABETES TRUST

PAYMENT DETAILS

AMOUNT OF FIRST PAYMENT £ _____ DATE OF FIRST PAYMENT _____

AMOUNT OF USUAL PAYMENT (IN WORDS)

£ _____

WHEN PAID (monthly, annually) _____ DATE OF USUAL PAYMENT _____

PLEASE CONTINUE PAYMENTS UNTIL FURTHER NOTICE ☐ YES

MEMBERS SIGNATURE _____ DATE _____

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