



Seasons Greetings to All our Readers



Welcome to the twenty-first issue of Type 2 and You. We would like to take this opportunity to send all our members best wishes for Christmas and the New Year. In this issue you will find tips on how to get through the festive period and the temptations it offers, ideas for armchair exercise and news of a new product that helps to prevent foot ulcers.

Christmas Tips



Christmas is a mixture of many things – presents, excitement for children [and adults] and a busy time for everyone. But if you or a member of your family has diabetes, Christmas can be a worrying and stressful time too, especially if this is your first time with diabetes. Celebrating Christmas is not just a time for presents but also about food! We all eat a lot more than we should and we tend to eat much more of the sort of food that is not exactly ideal for children or adults with diabetes. It doesn't matter whether you are taking insulin for Type 1 or Type 2 diabetes or tablets for Type 2, you can't take a day off from it but it is important to remember that it is a time to be enjoyed with family and friends.

Food Tips:

Try to use less sugar in your food; use sugar-free gelatin for desserts, substitute sweeteners for sugar and/or substitute sugar-free drinks in punches or other drinks.

Christmas Dinner – in terms of carbohydrate content, it is similar to Sunday lunch with some extras, such as cranberry sauce and stuffing. You aren't obliged to eat everything, so choose what you like best and pass on the rest. If you want to eat everything, do so but just have smaller portions. Take a family walk after lunch to walk

off the extras – it's good for everyone and a convenient way of lowering blood sugars without anyone else realising!

Nibbles – as well as the usual carbohydrate-containing nibbles, have plates of raw vegetables and low calorie dips around. Nuts and dried fruit are a good idea too – two tablespoons of nuts are only 10 grams of carbohydrate and half to one tablespoon of dried fruit is the same. Fruit is always good too – there are 10 grams of carbohydrate in a medium sized banana, apple, orange, two plums, two tangerines and a handful of grapes or cherries.



Ideas for Christmas 'leftovers'

By Dr Mabel Blades, Consultant Dietitian

Christmas is a time when many people buy too much food, often then eat too much, and also end up throwing food away. For environmental considerations and to save money, here are some ideas for using up some of the Christmas fare. If you cannot face doing this straight after Christmas, then freeze the leftover items and use them later.

Christmas pudding leftovers – serves 4

This is delicious but Christmas puddings are high in calories so if you can limit everyone to single helpings you should have some left for this treat. It should give some ideas for using up the pudding.

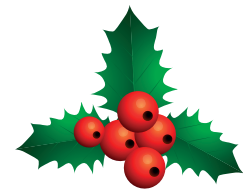
50-100g of leftover Christmas pudding
1 teaspoon oil
4 pots plain yoghurt or 4 scoops plain ice cream
1 tbsp chopped nuts, cranberry sauce or dried fruit, such as chopped dates

Break up the pudding into crumbs. Put the oil in a heavy non-stick pan, add the crumbs and cook until crispy. You can omit this step if you want. Put the yoghurt or ice cream into dishes. Add the pudding to the yogurt and then top with chopped nuts, cranberry or dried fruit.

Turkey leftovers – serves 4

300 g cold, cooked turkey meat, cubed
50g low fat mayonnaise
Half a teaspoon of curry paste (use less or more to taste)
2 sticks celery chopped
Half a small red and half a small green pepper de-seeded and chopped

Toss all of the ingredients together and serve on lettuce. If you do not have much turkey left add extra vegetables and even a little cooked rice or pasta.



Note: I have not included the nutritional content, as it may vary quite a bit.

A useful little book.....

'Carb Counter' is a very useful little book which gives the carbohydrate values of over 2000 foods – plus calories, protein, fat and fibre. It can be ordered from IDDT at the reduced price of £3.99, telephone 01604 622837.

Treating a Christmas hypo

The standard treatment for a hypo [hypoglycaemia, low blood glucose] is a glass of orange juice but if it is a mild hypo and you are able to eat and drink, then have chocolate as a treat. Chocolate contains more fat which slows down the action of its sugar content, but it is Christmas after all! [See IDDT Leaflet 'Hypoglycaemia' for general advice on hypoglycaemia.]

Then there's alcohol!

When you drink, your liver decreases its ability to release glucose so that it can clean the alcohol from your blood. Because glucose production is shut down, hypoglycaemia [low blood sugar] becomes a risk for people with diabetes, particularly if you drink on an empty stomach or shortly after taking insulin or glucose-lowering tablets. It takes two hours for just one ounce of alcohol to metabolise and leave your system so the risk continues long after your glass is empty.

Facts about alcohol and diabetes:

- Alcohol lowers blood glucose levels so increasing the risk of hypoglycaemia [low blood sugars] not just while drinking but also over the next 24 hours or longer.
- Alcohol impairs judgement, so you may not realise that you are hypo and will not treat it with sugary food. You may also be mistaken for being drunk by others around you and so they will not offer help. Both of these situations could lead to severe hypoglycaemia.
- The alcohol we drink may contain carbohydrates but these do not offset the blood sugar lowering effect of the alcohol, so they should not be counted as part of your overall carbohydrate consumption. [Remember that while Pils is a low sugar lager, it has a higher alcohol content, so it is not a good drink for people with diabetes.]

Having diabetes does not mean that you cannot drink but there are some golden rules that people with diabetes should follow:

- Only drink in moderation – sensible advice whether or not you have diabetes.
- Learn by experience how alcohol affects you – everyone is different.
- Take the appropriate steps to prevent a hypo

and if necessary lower your insulin dose at the meal prior to going out for a drink.

- The best time to drink alcohol is with a meal. If you are not having a meal with your alcohol then it is a good idea to nibble carbohydrate [e.g. crisps] throughout the evening.
- Never drink alcohol before a meal.
- Have an extra bedtime snack before going to bed. Remember that alcohol could lower your blood glucose during the night while you are asleep, resulting in a night hypo. The alcohol may also make you sleep more soundly so that the hypo warnings may not wake you.

Remember!

- Excitement tends to lower blood glucose levels; this especially applies to children with Type 1 diabetes.
- Stress tends to raise blood sugars.
- Eating more than usual can raise blood sugars.
- Exercise lowers blood sugars, so a walk after a big Christmas dinner will help to lower them.
- Try to keep meal times as near as possible to your usual times but if meals are later, then remember to have a snack.
- Avoid keeping extra food around as this will tempt you to eat what you want, when you want.
- Maintain your blood glucose testing routine as far as possible and test more often if you're eating frequently or at irregular times.
- Stay active - exercise reduces stress, burns excess calories and helps control blood sugars.
- Pamper yourself – whether this is taking a relaxing bath or curling up with a book, make time for yourself as this can help to prevent holiday stress from building up. Get plenty of rest to prevent holiday tiredness.
- Planning – make sure that you have enough insulin and other medications to cover the Christmas and New Year holidays.

For a full copy of our Christmas tips get in touch with us using the contact details at the end of this newsletter and remember:

Don't let diabetes spoil your day!

IDDT's Position Statement on 'pre-diabetes'

The term 'pre-diabetes' has crept into our language and there is debate about its use. People who are at risk of developing Type 2 diabetes are now being classed as having 'pre-diabetes' or 'borderline diabetes'. In 2010 the American Diabetes Association expanded the diagnostic categories to include a definition of 'pre-diabetes' as being when blood glucose levels are on the high side of normal but not high enough to be classed as diabetes.

Pre-diabetes is being 'diagnosed' if test results are as follows:

- Fasting glucose levels of 5.5 mmol/l to 6.9 mmol/l
- HbA1c levels of 42 to 47 mmol/mol (between 6 and 6.5%).

This definition has resulted in a third of adults in England fitting into the category of having 'pre-diabetes'. According to Diabetes UK, 18 million people in the UK fall into this category. (Diabetes UK press release 16.07.14) The situation is similar in many other countries such as China where 50% of adults could be classed as having 'pre-diabetes'.

This group of people have no symptoms of ill health but they are being labelled as having a medical condition of 'pre-diabetes'. This in itself brings with it a new set of problems including anxiety about future health problems (which may never occur), issues associated with self-image, insurance and employment.

Professor John Yudkin of University College London, has stated that for 'pre-diabetes', the risk of developing diabetes is probably 10%-20% over 10 years and that "*pre-diabetes is an artificial category with virtually zero clinical relevance*".

Professor Yudkin and colleagues at the Mayo Clinic in Minnesota, writing in the British Medical Journal, also stated that current definitions of 'pre-diabetes' risked unnecessary medicalisation and created unsustainable burdens for healthcare systems.

They also said:

- no studies have examined the effect of lifestyle or drug interventions in these newly added subcategories
- there is no evidence of benefit from treating people in these categories with diabetes drugs before they develop diabetes, especially as many of them would not go on to develop diabetes.

(BMJ 2014; 349 doi: <http://dx.doi.org/10.1136/bmj.g4485> Published 15 July 2014)

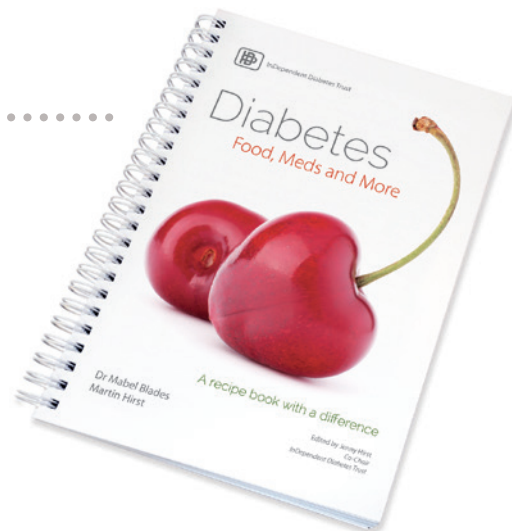
The term 'pre-diabetes' is not recognised by the World Health Organisation and the National Institute for Health and Care Excellence (NICE) has stated to BBC News that it does not believe there should be a separate category of 'pre-diabetes'.

There have always been people who are at risk of developing Type 2 diabetes and those at risk have been advised to change their lifestyle – a healthy diet and plenty of exercise, which can either slow down or prevent the development to Type 2 diabetes. They have been diagnosed as having:

- **impaired fasting glucose**, when blood glucose levels are higher than normal after fasting
- **impaired glucose tolerance**, when blood sugars are higher than normal sugar levels after eating.

The Position of the InDEPENDENT Diabetes Trust

- 'Pre-diabetes' is not a medical condition and using this term can do more harm than good.
- Some people are at risk of developing Type 2 diabetes and lifestyle interventions have been shown to be beneficial in slowing down or preventing the development of Type 2 diabetes but there is no such evidence for the wider group of people now being classed as having 'pre-diabetes'.
- There is no evidence that treating this newly widened group of people with diabetes drugs has any beneficial effects or will improve mortality and morbidity.
- The increase in overweight and obese people, and therefore the increased risk of Type 2 diabetes, is a public health issue and the development of effective public health interventions should be treated as a matter of urgency.



Diabetes

Food, Meds and More

The recipe book with a difference
– a good present for Christmas!

For the first time, IDDT has published a book entitled '*Diabetes – Food, Meds and More*'. It is a recipe book with a difference for people with Type 1 and Type 2 diabetes and for those at risk of diabetes.

The book was co-written by Martin Hirst and Mabel Blades, the authors of '*Diabetes – Everyday Eating*' - IDDT's most popular booklet, nearly 160,000 copies of which have been supplied in less than two years.

'**Diabetes – Food, Meds and More**' is not a typical recipe book, as it aims to cover real life, the day to day situations that happen. It not only includes everyday meals but also what to eat if you are ill, when you are taking exercise, if blood glucose levels are low, if you are travelling or if you are having a party. It also has sections for people with diabetes and coeliac disease, a lifestyle essential, and for vegetarians and vegans with diabetes, lifestyle choices.

The book aims to cover:

- **Management** – the different types of diabetes and information on lifestyle issues.
- **Medication** – the ways Type 1 and Type 2 diabetes are treated, including information on different types of meals and how these link with insulin, medication and physical activity.
- **Meals** – recipes and ideas for meals and snacks, including those for special occasions.

Thanks go to the people living with diabetes who have asked our charity for more information about food, drink and meals that they can eat safely. They and their needs are the inspiration for this book.

'*Diabetes – Food, Meds and More*' costs £8.99 but is available to IDDT members for £7.99.
To order your copy, write to IDDT, PO Box 294,
Northampton, NN1 4XS, telephone on 01604 622837
or order online at www.iddt.org/iddt-shop

We need your help!

Research being carried out at the University of Nottingham and led by Dr Gary Adams, is asking for volunteers who are: (1) currently using an insulin pump and have (2) experienced lack of hypoglycaemic warnings. If you would like to be part of this research project, please contact:

Dr Gary Adams
Insulin and Diabetes Experimental Research Group
Faculty of Medicine and Health Science
University of Nottingham
Clifton Boulevard
Nottingham
NG7 2RD
Or email Gary at Gary.Adams@nottingham.ac.uk



Insoles to prevent foot ulcers in people with diabetes

Foot ulcers can be a very serious problem for people with diabetes and now some help seems to be at hand. Simple liquid gel shoe insoles are now available on an NHS prescription to help to prevent diabetic foot ulcers. The Liqua-Care Flowgel insoles prevent foot ulcers by evenly spreading a patient's weight, reducing peak pressure and promoting better circulation. The simple, liquid gel inserts slide into person's own shoes.

It is expected that the insoles could save the NHS over £200 million a year by preventing diabetic related foot ulcers. An average of 300 new foot ulcers are diagnosed every day and a single foot ulcer costs the NHS about £5,500 to treat and the cost of one pair of insoles is one third of 1% of that cost - £17.00 per pair to the NHS.

Liqua-care Diabetic FlowGel Orthotics can be requested with your GP or are available to purchase at www.autonomed.co.uk / www.liqua-care.co.uk.

Recycle Charity

Along with this newsletter you will find a freepost envelope that you can use to recycle old mobile phones and used inkjet printer cartridges, so if you or someone you know gets a new mobile phone, please consider recycling it and raising money for IDDT. Each inkjet cartridge recycled raises £1 and each mobile phone can raise up to £30. So far, with your support, we have raised nearly £7,000!

For more details of the scheme you can visit their website at www.recycle4charity.co.uk/Register/C6505

or you can contact IDDT directly.

If you have difficulty standing or walking, it doesn't have to mean exercise is out of the question.

We all know that being physically active is good for us, but not everyone can take part in activities like walking, cycling or aerobics classes. If that's the case for you, but you want to keep active, then chair-based exercise could be just what you're looking for.

You can use chair based exercises if you have trouble getting up and about, or even if you just want a change of activity on days you can't get outdoors.

If you have a heart condition, check with your GP before you start. There are specific exercise programmes for people with a heart condition that your GP, cardiologist cardiac team can help you with.

Chair-based exercise can be done at home or in small groups and is easy to fit in to your daily routine. Set realistic goals for yourself. For example, you could aim to do 10 to 20 minutes every other day for two weeks. Then, if you achieve that and don't get too tired, you could plan to do more or carry on for a few more weeks and then reassess your goal.

Even a small amount of activity can be a tremendous boost to your wellbeing and help you to tone and strengthen. So why not give it a go? You might be surprised at just how good it makes you feel.