

# CHAT

Your Diabetes Newsletter - Issue 8, Autumn 2015



## Welcome

I hope this edition of Spirit Chat finds you well and you have had the chance to try some of our suggested exercises from the last issue – maybe even tried some of your own.

Since we last spoke, it has been incredibly busy here at Spirit Healthcare: our structured diabetes education course, **EMPOWER**, is in full swing in multiple locations across the country, the use of our **CareSens N range** and **TEE2** blood glucose meters has never been higher and the Spirit family has grown again to make sure we provide the very best service we can for you and the people who help you in the NHS.

As the nights start to get shorter, we understand that it may be difficult to keep motivated, be it with what you should be eating, or how you should best be exercising! To help battle the winter blues, we will as ever be here to help provide you with further information about how to eat and live with your diabetes!

I hope you enjoy this issue of Chat and learn something new. If there are any topics you would like us to cover or you'd like to speak to us about something else please do. **We enjoy hearing from you!**



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# Diabetes & the flu

We all know that as autumn arrives and winter looms, colds and flu become increasingly common.

**Did you know that people with diabetes are generally more at risk of complications if they catch the flu?**

The flu, known medically as influenza, is a contagious respiratory viral illness. It attacks the body by spreading through the upper and/or lower respiratory tract.

One of the most dangerous complications of the flu is **pneumonia**, which people with diabetes are at a greater risk of developing than people without diabetes. **So, what are the symptoms of flu?**



Headache



Aching around the muscle & joints



Fever



Dry Coughs



Sore throat

Your pharmacist will be able to help you in choosing the most suitable medication for you. There is a huge variety available, with some being more suitable than others for people with diabetes. For example, some medication you will get may contain non-steroidal anti-inflammatory drugs, like ibuprofen, which aren't recommended for people with diabetes. Also, some medications can contain relatively high sugar levels, which could make managing your blood sugar levels difficult - lower sugar equivalents are usually available.

Flu can cause your blood sugar levels to increase, so it is important to keep monitoring this regularly. Remember, even if you don't feel hungry or thirsty, it is really important to continue to drink regular fluids and maintain a healthy diet to help manage your blood sugar levels. You should also continue to take any medication as advised by your healthcare professional.

**The NHS considers people with diabetes to be an 'at-risk' group to seasonal flu, which means you can visit your GP and receive the flu jab to help reduce your chances of getting it! If your local surgery hasn't been in touch, don't be afraid to call and enquire, after all being in good health should be your number one priority.**

# Diabetes & Driving

Just because you may have diabetes doesn't mean you have to stop driving, it may just mean that you need to add a bit more planning into the process.

Most people driving cars and motorbikes are in 'group 1'. If you are in this group and are on insulin, you will need to inform the DVLA. Your licence will then be renewed every few years. If you are using insulin temporarily (less than three months) you do not need to inform the DVLA.

As a group 1 driver, not on insulin, for your diabetes you don't need to notify the DVLA **unless:**

- You are unable to recognise the signs of hypoglycaemia (very low blood sugar, less than 4mmol/L)
- You have experienced two or more severe hypoglycaemic episodes (completely dependent on another person to treat the episode) in the last 12 months.
- You have experienced hypoglycaemia while driving
- You have other medical conditions, or changes to existing medical conditions, that Could impair driving ability.

**The rules are slightly stricter if you are a driver of a bus or a lorry (Group 2). If you have diabetes and are a part of this group then you must inform the DVLA, regardless of how you manage you diabetes. If you use insulin, there is an annual independent medical assessment that must be taken to keep your licence. Remember you will have to provide three months of continuous blood glucose meter readings at this assessment! Any changes to your treatment or condition should be reported to the DVLA (or DVLNI if you live in Northern Ireland).**

## What to do if you have a hypo while driving:

- Stop the vehicle safely as soon as possible.
- Turn the engine off and remove the key.
- Have some fast acting carbohydrate, like sweets (e.g. 5 jelly babies), and some longer-acting carbohydrate, such as biscuits or cereal. Avoid things with high fat content such as chocolate.
- Avoid driving until 45 minutes after your blood glucose has returned to a normal range.

## Driving Tips!

- Avoid postponing or missing meals
- Plan and take breaks on longer journeys
- Keep hypo treatments in an easy-to-get-to location in your car



# Fats Explained

Currently, the UK government guidelines suggest cutting down on the consumption of all fats and, where possible, switching saturated fats with some unsaturated fats. We often see in the media that eating too much fat and sugar contributes to serious public health issues such as obesity, type 2 diabetes and heart disease. This isn't necessarily true. These issues have been attributed to eating the wrong kinds of fats and not enough 'essential fats', amongst other things.

**Not all fat is bad!** In fact, fat helps the body absorb vitamins A, D and E. Fat is a crucial source of energy for the body. A gram of fat can provide over twice as much energy compared to a gram of carbohydrate or protein.

## Get to know your fats!

You may have heard of 'Saturated Fats, Unsaturated Fats and Trans Fats' before, but

**What are they and how much should I be eating?**

### Saturated fats

Saturated fats can be found in many foods, mostly coming from animal sources such as meat and dairy. Some of the foods that are high in saturated fats are:

- Cheese
- Chocolate confectionaries
- Biscuits, pastries and cakes

Any type of fat in food can be turned into cholesterol, however, it's saturated fat we should really look at reducing in our diet, as we just eat too much of it. High cholesterol can lead to fatty deposits developing in arteries, increasing risk of stroke and heart disease. Most of the UK population eats too much saturated fat. On average we get 12.6% of our

energy from these fats, which is 1.6% above the recommended average. The average woman should look to have no more than 20 grams of saturated fat a day, while men can have slightly more, roughly 30 grams a day.

Sue MacGregor, one of our Clinical Educators, is often asked by patients how they can reduce their saturated fat intake. Sue's top tips to reduce your saturated fats are:

- Use semi or skimmed milk
- Try and go for lean cuts of meat and trim away extra fat or skin
- When cooking, try to use natural oils such as olive oil
- Choose lower fat cooking methods like grilling, poaching or steaming
- Limit processed and junk foods as they can be really high in saturated and trans fats
- Pay extra attention to food labels to identify the fat content.

### Unsaturated fats

If cutting your risk of heart disease is your number 1 goal, one of the best things you can do is reduce your overall fat intake and swap saturated fats for unsaturated fats. There is evidence that suggest that unsaturated fats can help to lower your cholesterol. Unsaturated fats, found mostly in oils from plants, can help to maintain healthy levels of cholesterol, reducing the risk of heart disease and stroke.

### Trans Fats

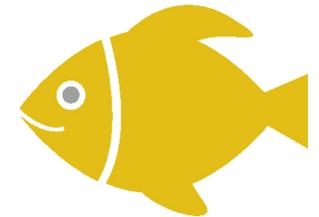
Trans fats are found at low levels in some foods, such as meat and dairy products. Another source of this kind of fat is from hydrogenated vegetable oil. Similar to saturated fats, trans fats can raise cholesterol levels. The suggested allowance for trans fats is about 2% of the energy we get from our diet, no more than 5 grams daily. Fortunately, most people in the UK don't reach this limit. On the whole, we only eat half the recommended maximum.

When looking at the amount of fat you eat it is most important to focus on reducing the amount of saturated fats as this is the one we are most likely to eat too much of.

### Healthy Fats!

A fat you may have heard of is Omega 3. Omega 3 is a fatty acid that is fantastic at protecting your heart and circulation systems. This is done in several ways:

- Reduction in blood pressure
- Reduce inflammation throughout the body, which helps prevent damage to blood vessels
- Reduce risk of blood clots
- Decreases stroke and heart failure risk Mayo Clinic



To get your Omega 3 fix, some of the best sources are in fatty fish such as salmon, lake trout, herring, sardines and tuna. If possible, try to avoid fish such as catfish and tilapia as they contain higher levels of unhealthy fatty acids (Mayo Clinic). If you aren't a fan of fish, or are a vegetarian, an alternate source of Omega 3 can be found from certain nuts and seeds, including: Soya Beans, Walnuts, Rapeseed, Chia seed and Flaxseed. everyday health

Over the past few years there has been an increase in Omega 3 supplements available in supermarkets. It is important to note that these have been found to be less effective than foods which naturally store Omega 3.

Omega 3 is especially important to people with diabetes due to their increased risk of heart disease.

# The power of education



Structured education courses that are designed to help you manage your diabetes can be extremely helpful. Since the launch of EMPOWER, Spirit Healthcare's education programme, we have had some fantastic feedback from people who have attended. In some cases, such as Terry's, **EMPOWER** has had immediate impact, improving his confidence and knowledge around diabetes.

Terry has been kind enough to share his EMPOWER experience:

"My name is **Terry** and I am **66 years old**. Like many people I have been living with **Type 2 diabetes** for some time in my case **since 2007**. Being told you have diabetes can be scary and after the initial diagnosis I had a lot of help from my doctors and nurses to help manage my condition. Until recently I had been unaware that there was more help available. I had never attended a structured diabetes education course which I was told may improve my awareness and understanding of the lifestyle changes I could make to help me self-manage my diabetes."

This changed for **Terry** in March 2015 when he attended an **EMPOWER T2i course**. A course available to people with established Type 2 diabetes and those using insulin.

One of the most interesting areas on the **EMPOWER** course for **Terry** was the sections covering diet, in particular glycaemic control, something **Terry** has found challenging in the past. **Terry** has always been confident with the exercise requirements to maintain a healthy lifestyle with diabetes, but "struggled" with the perceived strict diet requirements. He found the way the information on diet was delivered during the course and the section on diet was "**very enlightening**"; boosting his confidence in food choices he can make to balance his blood sugar levels.

**Terry's** favourite aspect of the **EMPOWER course** was the group interaction, which helped with his struggling motivation on diet. Now more confident than ever, **Terry** has described **EMPOWER** as being "**very comprehensive**" and "**a good little course**:"

**Everyone who has been diagnosed with type 1 or type 2 diabetes should be offered the chance to attend an education course. If you haven't, then see what is available in your area, you never know what you might learn and it help you better self-manage your diabetes.**

# To drink or not to drink?

As we approach the festive season, one of the questions that is asked a lot is "how will drinking alcohol affect me and my diabetes?" The simple answer is that there is no need for people with diabetes to completely give up alcohol.

It is important to recognise that alcohol does have an effect on your blood sugar levels, because of this it would be wise to make some simple precautions to ensure you enjoy your drink while maintaining healthy blood sugar levels.

Alcohol consumption can increase the risk of hypoglycaemia, so a moderate amount of alcohol can be fine before, during or soon after a meal. Drinking on an empty stomach can quickly increase the amount of alcohol in your bloodstream.

*Avoiding sustained drinking or binge drinking is important due to the increased risk of hypoglycaemia.*



You should always have some breakfast the morning after you have had a particularly heavy evening, even if you don't want any. This will help your blood glucose control and might (only might) help with the oncoming hangover!

Different alcoholic drinks have different effects on your blood sugar. Having a small drink may not have a huge effect on your overall blood sugar, but having several can raise your levels of blood sugar. Typically wines, sherries, liqueurs, beers and lagers can have this effect.

However, alcohol inhibits the liver's ability to turn protein into glucose, which means *the risk of a hypo is greater* once your blood sugars start to come down. This means that you can expect to see a steady decline in your blood glucose levels a number of hours later, often whilst asleep.

Alcoholic drinks often have a high calorific content, which can lead to weight gain. Drinking in high quantities can lead to an increase in blood pressure as well as exacerbate neuropathy by increasing pain and numbness.



Drinking moderately should definitely not be ruled out. Some alcohol, such as red wine, may even offer health benefits...

*That doesn't mean you should take up drinking though!*

# NEWS



Recently, NICE published guidance outlining stricter blood glucose guidance for people with type 1 and type 2 diabetes. **The three main changes are:**

Lower HbA1c target for type 1 diabetes - Adults with type 1 diabetes aim for a target HbA1c level of 48 mmol/mol (6.5%) or lower. Previously this was 58mmol/mol (7.5%) or lower.

Children with diabetes should have HbA1c targets near normal range - Children with type 1 or type 2 should aim for a HbA1c target near normal range, and nearly normal daily blood glucose readings (48mmol/mol or 4-7mmol/L respectively).

Diabetic foot treatment - If somebody has a limb-threatening or life-threatening diabetic foot problem, they should be referred immediately to acute services. A multidisciplinary foot care service should also be informed so an individualised treatment plan can be put in place.

For all other diabetic foot problems, people should be referred within 1 working day to the multidisciplinary foot care service for assessment within 1 further working day. **Don't forget, always discuss any changes you plan to make with your healthcare professional to make sure they are right for you.**

## An end to injections?

The end of daily injections for diabetes sufferers could be in sight after scientists at the University of California and Yale showed it is possible to restore insulin production for up to a year by boosting the immune system. Not only does the treatment stop the need for regular insulin injections, but it prevents the disease progressing which could save sufferers from complications in later life. The new procedure increases the number of T-reg cells (found in the blood) to "re-educate" the immune system. An initial trial has shown the therapy is safe.

**"This could be a game-changer,"** said Dr Jeffrey Bluestone, Professor in Metabolism and Endocrinology at the University of California. **"We expect T-regs to be an important part of diabetes therapy in the future."**

Watch this space...

<http://stm.sciencemag.org/content/7/315/315ra189>

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