DIABETES GROUP
ISLE OF WIGHT

Issue 2 - 2019
Free copy sponsored by the Island Diabetic Fund

Mission Statement

To encourage people with all types of diabetes to enhance their enjoyment of life.

Our aims

Provide support and information to people with diabetes, be a platform for discussion and raising awareness of diabetes on the Island. Campaign for excellence in the care of people with diabetes and to provide a voice for them to be heard.

DIABETES GROUP
ISLE OF WIGHT

Welcome to the Diabetes Group IOW Magazine

Welcome to the latest addition of the Diabetes Group Isle of Wight Magazine. We do hope you find it both helpful and interesting. The magazine is printed to keep health professionals and more importantly people living with diabetes, their families and carers of all age groups well informed of updates, also the latest information on all aspects of the treatment and management when living with diabetes on the Island.

The Diabetes IOW Group are working very hard with the health professionals making sure that everyone living with diabetes continues to receive excellent care and support.

The Magazine is produced by patients living with Diabetes and is funded by the IOW Diabetes Charity Fund. If you have any comments, thoughts or experiences you would like to share please contact the editor. Remember this is your voice; it's with your help that it can flourish.

Many thanks,

Ian Bast, Chairman of The Diabetes IOW Group.

Diabetes Group IOW
Website: www.diabetesiow.org.uk
Contact us: info@diabetesiow.org.uk
Facebook: Diabetes Group IOW
Call or text: 07949421184
See back page for postal address

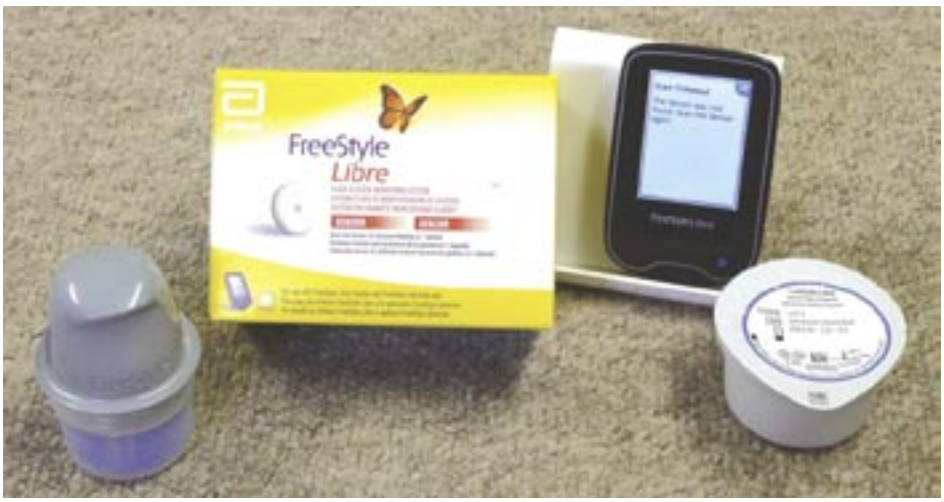
DIABETES GROUP
ISLE OF WIGHT

One of the goals of the Diabetes Group IOW is to encourage people living with diabetes to enhance their enjoyment of life. So come along to one of our events or drop-ins and meet the team.

The management team comprises of:

Chair: Ian Bast
Treasurer: Michael Beavis
Secretary: Sarah Innes
Group Organiser: Heather MacDougall
Committee member: Sam Brooks
Committee member: Angus Robertson
Editor: John Bradshaw

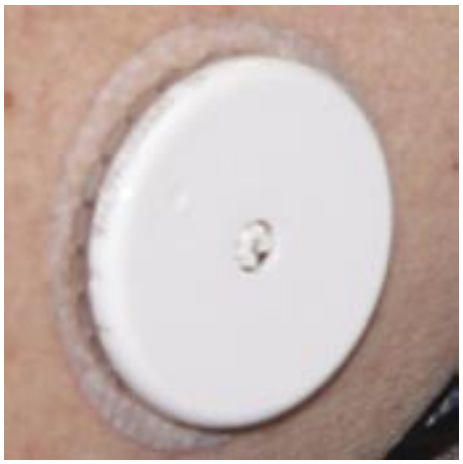
In this issue.



Flash Glucose monitoring

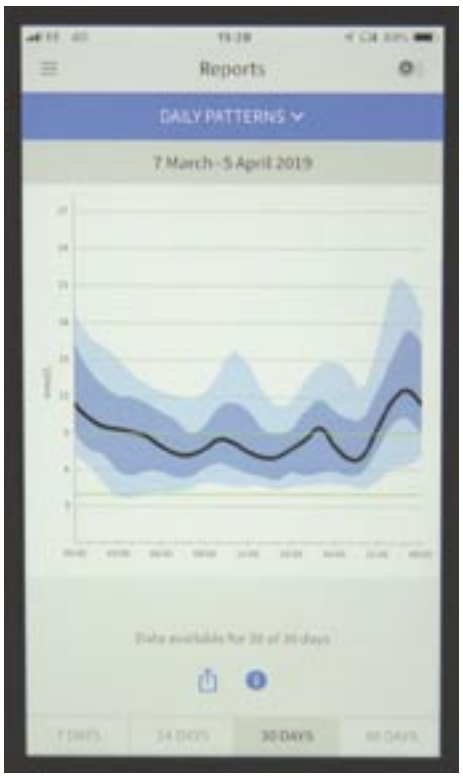
Liz Whittingstall (Lead DSN) Diabetes Centre, St Mary's Hospital

Flash Glucose monitoring is a form of continuous glucose monitoring which is available on prescription for those who meet the criteria and who have Type 1 diabetes.



The system consists of a handheld reader/meter and a sensor. The sensor is about the size of a £2 coin. The sensor is inserted easily and quickly by the person with diabetes (or their carer) using an insertion device, following the manufacturer's instructions. The sensor works for fourteen days when it then needs to be changed.

After insertion the sensor can be wirelessly read by the handheld reader. It measures the glucose in the interstitial fluid (this is fluid around cells that has left the blood stream) so it is not reading blood glucose. This is important as there is a delay between changes in blood glucose being reflected in interstitial fluid readings. This means that if the blood glucose goes up or down rapidly, the levels



in the interstitial fluid might not have changed when they are measured by the flash glucose monitoring device. On the screen of the reader a graph is showing the last 8 hours of glucose readings stored in the sensor. This can be very useful at times when the person with diabetes would not normally blood glucose test such as during the night when they are asleep or at times when they find it difficult or inconvenient to blood glucose test such as some working environments.

This then gives the ability to see what has been happening so, that treatment or management of the condition can safely be adjusted. This may include adjusting the basal insulin to control the fasting readings without the fear of inducing hypoglycaemia during the night. It can also show the effect of food eaten and lifestyle changes. The screen also shows the glucose level at that moment in time in the interstitial fluid and an arrow indicating which direction the glucose is travelling in. For example if the reader states the level is 4.5mmol/l and there is an arrow pointing directly downwards then this means that the glucose in the interstitial fluid is 4.5mmol/l and that the level is falling quickly (more than 0.1mmol/l per minute). This information can then be used to prevent a hypoglycaemic episode by taking evasive action. There is a time lag of approximately 5 minutes between the glucose in the interstitial fluid and blood glucose under normal circumstances and up to 20 minutes when the blood glucose level is changing quickly.

Using a flash glucose sensor has the advantage of being able to reduce the number of tests being performed with blood glucose testing strips and is more convenient and less painful. Without this piece of equipment then some people with Type 1 diabetes would be testing at least 7 times a day and often sometimes even more frequently than this. The reader is also a blood glucose and ketone meter so that only one piece of equipment is needed.

When the glucose level is changing quickly there can be a 5-20 minute time lag between the glucose in the interstitial fluid compared to the blood glucose. Therefore there are times when capillary blood glucose testing is still required, these times are:

- During sporting activities when the glucose levels can be changing rapidly.
- During times of illness when the glucose levels can be changing rapidly.
- Driving and Vehicle Licensing Authority (DVLA) now acceptes the Flash Monitor and CGM for driving but it applies to car and motorcycle drivers who treat their diabetes with insulin. The requirements for glucose testing for bus and lorry drivers remain the same (finger prick blood testing).
- When the scanned glucose results do not correspond with symptoms
- When having a hypo/hyperglycaemic episode due to rapidly changing glucose levels in the interstitial fluid.
- After treating a hypoglycaemic episode

Flash Glucose monitoring such as the Freestyle Libre® is recommended by the Regional Medicines Optimisation Committee NHS England (2017) for use in people with Type 1 diabetes and those with Type 2 diabetes who are pregnant and who fulfil one or more of the following criteria:

- Patients who are required to undertake intensive monitoring with 8 or more finger prick blood tests a day.
- Those who meet the current NICE criteria for insulin pump therapy (HbA1c >69.4mmol/mol) or disabling hypoglycaemia as described in NICE TA151 (2011) where a successful trial of flash glucose monitoring may avoid the need for pump therapy.
- Those who have recently developed impaired awareness of hypoglycaemia, when it may be used as an initial tool in its management.
- Frequent (>2 per year) hospital admissions with diabetic ketoacidosis or hypoglycaemia
- Those requiring third parties to carry out monitoring or where conventional blood testing is not possible.

The person with diabetes should have previously been through an advanced insulin self-management education course, or an intense one to one education programme with a Diabetes Specialist Nurse. They would also be expected to go through a further course of education on the use of the system and interpretation of the readings and complete e-learning modules available on the Flash Glucose Monitoring website.

The Training/education session on the use of the system will include:

- Conditions of supply
- The difference between interstitial glucose and blood glucose and the time lag
- When to test blood glucose levels
- Interpreting the results, trends and graph
- Sites to insert the sensor
- Education regarding how the sensor works, how to set it up and how to insert the sensor and when to change the sensor.
- How to obtain further supplies
- Consent form and audit data

The patient's GP is then subsequently asked to prescribe the monitoring sensor packs in the community for people who meet the above criteria and who have been approved by the specialist team at the Diabetes Centre. Overall this can lead to a reduction in use of prescribed blood glucose testing strips. Regular attendance of diabetes appointments is also expected to ensure the best use is made of the sensor to improve diabetes control and quality of life. There should be active management of the glucose levels and progress towards achieving and maintaining their individual treatment targets.

The use of the system by the individual is then reassessed after the six months trial period and improvement must be shown in one or more of the following ways:

- Reductions in severe/non severe hypoglycaemia
- Reversal of impaired awareness of hypoglycaemia
- Reduction in the episodes of diabetic ketoacidosis
- Reduction in admissions to hospital
- Reduction in HbA1c by more than 0.5%
- Blood glucose testing strip usage reduced
- Quality of Life changes using validated rating scales
- Commitment to regular scans and their use in self-management

The information is collected and audited as part of the Association of British Clinical Diabetologists national audit.

This can be a really useful piece of equipment but not everyone finds it of benefit hence the trial. If you think you may benefit from the Libre then please discuss it with your surgery who can then refer you to the Diabetes Centre for assessment.

References

Association of British Clinical Diabetologists 2018 Nationwide Freestyle Audit. Available at http://www.diabetologists-abcd.org.uk/n3/freestyle_libre_Audit.htm

Diabetes UK Consensus Guideline for Flash Glucose Monitoring. September 2017 Diabetes UK

Driving and Vehicle Licensing Agency (DVLA) (2016) Assessing Fitness to drive: a guide for medical professionals. DVLA Updated March 2017. https://www.gov.uk/government/ publications/assessing-fitness-to-drive-a-guide-for-medical-professionals

NICE Guidance on the use of continuous subcutaneous Insulin infusion for diabetes.

National Institute for Clinical Excellence. 2011 Technology Appraisal Guidance No.TA 151

Regional Medicines Optimisation Committee Position Statement for Flash Glucose Monitoring. October 2017 NHS England

Lisa Thain
The Hampshire and Isle of Wight Diabetic Eye Screening Programme (DESP)

Programme Background

Eye screening is a key part of your diabetes care to check for diabetic retinopathy, a condition that can lead to sight loss if it's not detected early and treated. The eligible population for diabetic eye screening, which is everyone with type 1 or type 2 diabetes aged 12 and over, will receive an annual invitation to screening. This is not an alternative to a sight test, so please still attend your Opticians.

How it Works

Photographs are taken of the back of your eye (the retina) by a qualified Retinal Screener, the pictures are then assessed by a specialist Grader for any signs of diabetic retinopathy. You will receive your results in the post plus a copy is sent to your GP. If further assessment is required a referral will be made directly to the Hospital Eye Service (HES), who will then be in touch directly with an appointment.

We have ensured that quality assurance is completely integrated into our processes. The programme is required to work within timescales set by the National Screening Programme and is required to report any breaches to the NHS England commissioning team for investigation.

The First Two Years

The Hampshire and Isle of Wight Diabetic Eye Screening Programme (DESP) was formed on 1st April 2017, by merging three existing services; Southampton & Isle of Wight, Salisbury and Portsmouth & South East Hampshire.

The programme currently has over 110,000 registered patients and has increased uptake to achieve 90%.
As you all have experienced, there were some changes to the way the service ran on the Isle of Wight as well as in the other areas, for example visiting static locations within GP surgeries and community centres. As happens with all changes, some of you were not sure about the new screening locations, but from the feedback we believe you are now happier and that we have added/changed venues when they have not been quite right in response to your feedback.
To us, the NHS Friends & Family Feedback card is our most valuable resource of information. So please complete the feedback cards at your appointment, as we really do want to hear what you think.

Projects

Health Equity Audit

Hampshire and Isle of Wight DESP's biggest project for the last 12 months has been the Health Equity Audit, which is designed to identified where the inequities are within the programme.
The findings from the audit were very interesting, it shows that the programme is performing well but analysis of the data (mostly taken from before the old programmes merged) highlighted some actual and potential inequities depending on where the people live and to which GP Practice they are registered. The report was run on patients that have not attended the programme for 5 consecutive years or more.
The inequalities were highlighted in people between 20-59 (working age); females; and those in some ethnic groups. Inequity is particularly marked in individuals with learning disabilities and those who live in the most deprived areas.
61.6% of people identified in the audit were successfully contacted by phone to:

- Identify the reasons for non-attendance
- Offer support and a chaperone
- Offer the oportunity to speak to clinical staff to discuss concerns
- Book an appointment

We used it as an opportunity to take the time to listen. After three unsuccessful attempts to contact some of our more elusive individuals, we shared the information with their GP Practice.

The Island is performing well, but we are always looking for new ways to improve accessibility including; hunting for a new location in Ryde and beginning to work with the Homeless services and potential traveller sites.

Learning Disabilities

Inequalities for individuals with learning disabilities were identified through the Health Equity Audit; a project was implemented to improve access to diabetic eye screening.

Our main action was to recruit an expert panel to advise on reasonable adjustments, from this we have implemented specific training for Screeners and equipped venues with packs which include Kay picture charts, storyboards, easy read leaflets and feedback questionnaires.

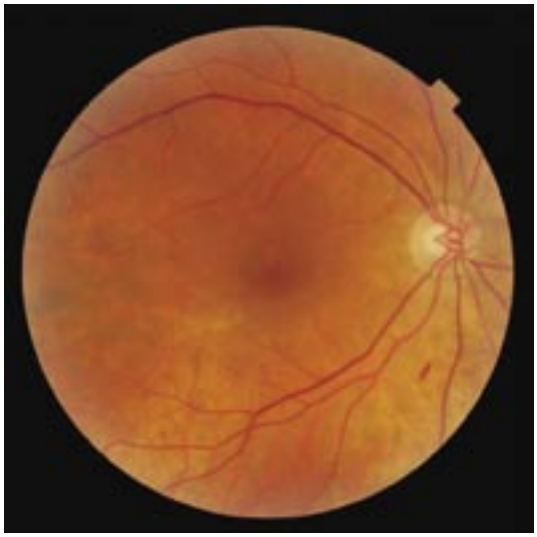
Again, we are always looking to improve the accessibility to our service, so we will keep striving to ensure everyone who attends feels informed and happy.

What is Diabetic retinopathy?

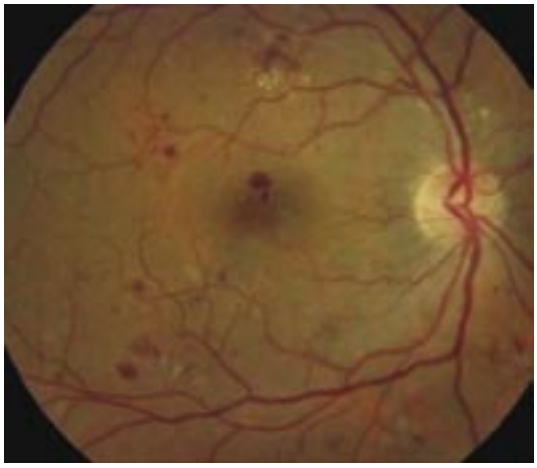
Diabetic retinopathy is a complication affecting the retina, which lines the back of the eye and detects light like the film in a camera, and sends the visual information to the brain, where the image is constructed. The retina is full of small blood vessels and capillaries which are progressively damaged by raised blood glucose levels. Over time, high blood sugar can make the vessels weak and leaky, so they are less able to deliver oxygen to the retina. When this happens, the retina produces a hormone which makes new blood vessels grow. It is these new vessels which put you at risk of sight loss.

What your results mean?

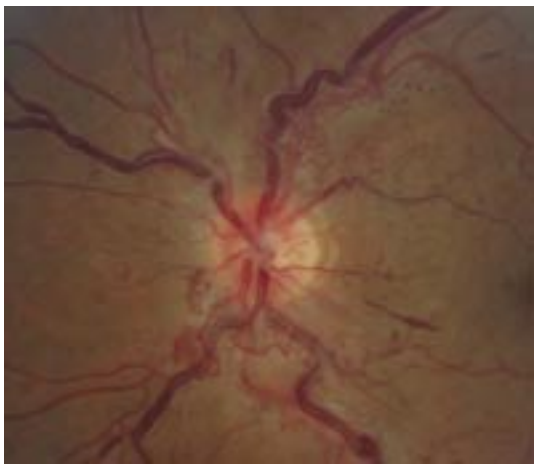
No Diabetic Retinopathy – this is a normal, healthy looking retina. There are no visible signs of blood vessel damage. Your vision is not affected, and you will be invited to screening again in one year.



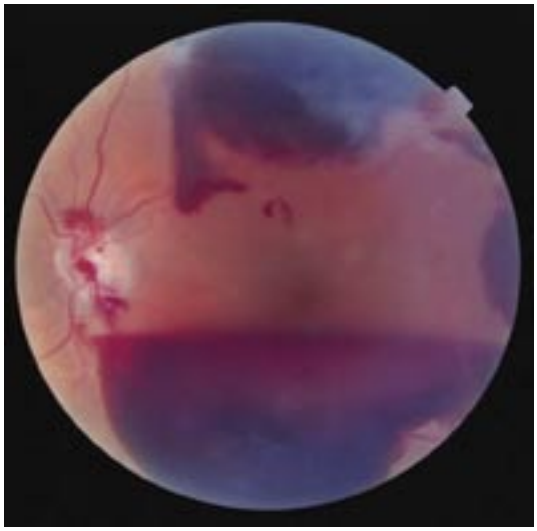
Background Diabetic retinopathy - This means there are early signs that the smallest blood vessels are becoming weak and leaky. We might see bulges in the capillary walls, called microaneurysms, or small bleeds. These changes don't affect your sight and don't need any treatment. Sometimes background retinopathy can come and go, and it is quite common. You would be re-invited to screening in one year. Good control of blood sugar levels, blood pressure, and quitting if you smoke, will reduce the risk of it getting worse.



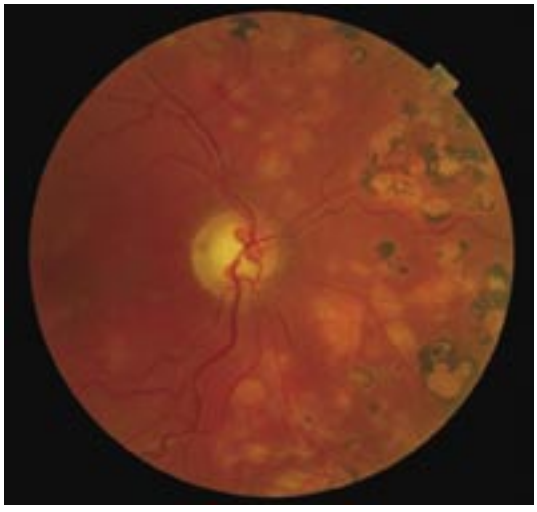
Routine referrals – As the blood vessels get more damaged, the retina starts to suffer from the lack of oxygen and we start to see features such as bleeds, enlarged capillaries, or white deposits left by leaking blood plasma. We call these Pre-proliferative Retinopathy and Maculopathy. Either of these will cause you to be referred (routine referral) to the Hospital Eye Service. They will see you within 13 weeks for more in-depth imaging, which will show if any treatment is needed. Your sight could still be unaffected at this stage, but Maculopathy can cause blurred vision.



Urgent Referral: Proliferative Diabetic Retinopathy - If your retina gets so oxygen starved that it starts to grow new vessels, we call this Proliferative Diabetic Retinopathy. This type of retinopathy needs an urgent referral to the Hospital Eye Service, where you should be seen within 6 weeks. We find Proliferative Retinopathy in less than 1% of people screened each year, but the risk increases the longer you have diabetes.



The reason this is an urgent referral is that the new blood vessels are abnormal, fragile and carry a high risk of causing sight threatening bleeds. You wouldn't see the vessel itself, but they can cause a sudden loss of vision. You can get bleeds in front of the retina or in the jelly in the middle of the eye. Over time new vessels can turn to scar tissue which can pull and tear the retina, and even cause a retinal detachment causing permanent and irreversible sight loss.



The risk of sight loss can be greatly reduced with early treatment of the new vessels at the Hospital. A laser is used to stop the retina producing the hormone that makes them grow, and to stabilise the existing vessels.

X-PERT Health

Educating for better health

Do you require insulin to control your diabetes?

'X-PERT Insulin' is a 6 week group education programme which will enable you obtain the latest information about current treatments, help you better manage your diabetes, and result in improved health and quality of life

Take charge of your diabetes *NOW* before it takes charge of you

Attend the X-PERT Insulin Programme

This education programme is for people with Type 1 Diabetes, to enrol on the course please contact Helen Pascoe on 01983 534248.

There is a similar education programme for type 2 diabetics. Learn to manage the day-to-day issues associated with living with diabetes, To enrol in this programme you need to contact your local GP for course details and availability.

50 years with diabetes
by Jenny Bridge

My diabetic story started just over 50 years ago when I was 10 years old. It was 1968 and my father was stocking up on treats for Christmas. We had a larder where everything was stored and I can remember becoming extremely thirsty and craving the sweet, fizzy drinks he had bought, so much that I would sneak into the larder and get some when I thought no-one was looking. But no matter how much I drank I couldn`t quench this insatiable thirst. It was horrible. I then became very tired, with the constant need to go to the loo. By the New Year all I was doing was sleeping, waking up to go to the toilet and have another drink, then it was back to sleep again. My poor mum knew something was wrong but I didn`t want to see the doctor, I was terrified of him! In the end he got her to collect a urine sample from me. It must have been bad as I was told I would have to go straight to hospital. There was no hanging around. My father came home from work that afternoon and took us to the Royal I.O.W County Hospital in Ryde where I was examined by Sister Volweiler, a German lady who was quite strict but very clever. Within a few days she had me injecting insulin into my thigh. I learnt on an orange to begin with, drawing up water into a syringe first. My mum couldn`t believe it when I told her I had done my own injection. She had to learn as well, just in case I ever couldn`t manage. On one occasion I was purposely given a little too much insulin so that I could experience a hypo before I went home. To counteract it I was given two fruit pastilles! I also remember one tea time in hospital when the food trolley was wheeled in. All of the other children had a lovely pudding, tangerine jelly with pieces of tinned orange set in it. I had prunes and junket!

After two weeks I came home. I wasn`t allowed back to school for about a month and had home education. A lovely lady called Mrs Hathaway came a few times a week to teach me.
Once back at school I found life fairly easy. Instead of buying sweets with my friends on the way home I bought peanuts or savoury biscuits. I don`t ever remember feeling resentful of this. My meals were spaced out during the day and the times had to be strictly adhered to…8am, 10am, 12pm, 3pm, 5pm and 8pm. The amount of carbs at each meal was strictly controlled as well. I was allowed out of lessons to eat my morning and afternoon snacks (to the envy of my classmates!) as my eating times didn`t coincide with school breaks.
There came a time when I had been injecting into my legs for so long that they couldn`t take it anymore. Mum bought a gadget which was called 'the gun'. It was a metal frame shaped like a real gun. A loaded syringe was clipped on top where the barrel would be. You then pulled the syringe back somehow until the device clicked. It was then ready to be fired by pulling a trigger. The needle would go into your muscle and then you pressed the plunger in the syringe to administer the insulin. It all sounds quite barbaric now but at the time it was a godsend. It meant Mum could inject into my bottom swiftly and painlessly, which was a lot more comfortable for me.
When I reached sixteen and became more independent I started going for my diabetic check-ups on my own. This was when I first met Dr.Baksi. It wasn`t long before he introduced

me to disposable syringes and needles which had just come on to the NHS. Until then we were using a glass syringe with screw-on hypodermic needles. These were used in the morning and Mum would have to sterilise them by immersing them in boiling water. They were then transferred to an oblong enamel dish with a lid which had been lined with lint and filled with surgical spirit, ready for the next morning. I was also doing urine tests 4 times a day. This consisted of a test tube into which were put 5 drops of urine and 10 drops of water. Then a 'Clinitest' tablet would be dropped into the tube and it would all fizz away until eventually it settled and would turn either dark blue (no sugar), mid green (1/2 % sugar), beige (1%) or bright orange (2% sugar). At that time it was considered right if it was 1/2%. Nowadays we don`t want any sugar in our urine. I can remember Dr.Baksi asking me to do a test for him once. It meant collecting all the urine that I passed over 24 hrs. This seemed OK until I realised it meant taking a large plastic bottle with me on my date to the cinema. I never found out what the test was all about!

Around the time of the millennium I was offered the chance to change to an insulin pump. It is the best thing that has happened to me diabetes wise and I feel very lucky to have been given the chance to use it. My mother is sadly no longer with us, but she was able to see for a few years just how it changed my life for the better. Who would have thought back in 1969 that I would be able to give myself insulin without the need for an injection, that I could exercise without risking low blood sugars and not have to eat regular amounts at regular times.

Diabetes UK ***50 year medal***

Summer Foot Care for People with Diabetes

Stephanie Stanley- Consultant Podiatrist , Head of Podiatry /MPTT

Isle of Wight NHS Trust

Most people look forward to going barefoot on the beach or wearing sandals during summer months. But for people with diabetes, who often have changes in their circulation (ischaemia) and nerve damage (peripheral neuropathy) in their feet, simple activities like these can be problematic. This can mean foot injuries don't heal as well as they might, and you may not even notice if your foot is sore or injured. With these increased risks, small injuries can turn into even larger complications, so it's vital you stay in control of your feet!

Over 100 amputations are carried out every week on people with diabetes because of complications connected with their condition. Up to 80 per cent of these are preventable.[1]

These changes may be very gradual and you may not notice them at all; that is why it is important that you attend your annual Diabetes feet assessment at your GP surgery. The podiatrist will assess your feet; check your sensation, circulation and dermatological status. They will then give you targeted education and a risk status dependent on the result of this examination. Appointments should automatically be offered by your GP surgery on an annual basis.

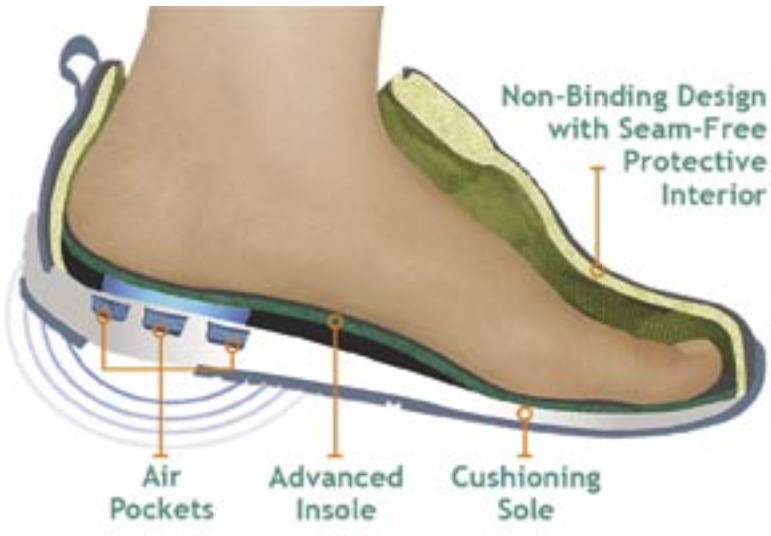
1 N. Holman & R. J. Young & W. J. Jeffcoate (2012); Variation in the recorded incidence of amputation of the lower limb in England. Diabetologia: 55:1919–1925.

Patients with diabetes have to pay close attention to taking care of their feet, even in the typically carefree days of summer. Fortunately, this doesn't have to mean a summer in trainers. With a few extra precautions, you can still enjoy sandal weather, even with diabetes.

Follow the suggestions below to enjoy the summer months while still protecting your feet:

ROUTINES

- Check your feet daily. Look for any redness, swelling, blisters, cuts, or soreness. If you can't see the bottom of your feet, use a mirror or ask someone to help.
- Wash your feet daily to help keep them free from infection. Dry them thoroughly, especially between the toes.
- Walk frequently and be more active to help increase blood flow to your feet. Speak to your healthcare team about the suitable amount of exercise.
- Trim toenails when needed, straight across without cutting them too short. File the edges with an emery board or nail file.
- When using lotions to the feet, always apply a thin coat and avoid the area between the toes. Excess moisture can cause fungal infections.
- ***Do Not*** use talcum powder. It contains silica, which can be abrasive and cause problems with the skin.



FOOTWEAR

- Never walk barefoot, even on the beach or in your garden, to avoid cuts. It can be tempting to take a walk through the sand, but seashells, broken glass, and ocean debris can puncture the skin of your feet and cause infection. Hot sand or pavements can also cause burns on your feet, so always wear shoes when you're going to be outside.
- If you go into the water, wear some form of footwear to protect your feet.
- Wear comfortable shoes that fit well and protect your feet.
- Avoid sitting with your legs crossed so you don't restrict your blood circulation.
- Check inside your shoes before wearing them. Make sure the lining is smooth and there are no objects inside.
- Do not buy new shoes just before going on holiday. Make sure that they are broken in and do not rub.
- Long journeys can make your feet swell. Try to walk every half an hour if possible - even a short distance will help. This helps to keep the circulation moving and keep swelling down.
- Heat may cause feet to swell, so ensure that your shoes are not too tight.

PREVENTION

- Avoid extreme temperatures to the bottoms of your feet. Protect them from hot and cold temperatures. Don't put your feet into hot water. Always test the water before putting your feet in it just as you would before bathing a baby. Be very cautious of using hot water bottles, heating pads, or electric blankets. You can burn your feet without realising it.
- Avoid smoking, as smoking increases the risk of long term complications.
- Seek the assistance of a podiatrist or foot care specialist if you develop corns, calluses, ingrown nails or other foot care related issues - do not wait!
- Take a First aid kit with you containing sterile gauze dressings, tape and some antiseptic wipes. Contact medical assistance if required whilst you are away.
- Protect your feet (including the soles) from sunburn with a high factor sun protection cream (Factor 30 or above), or keep them covered.
- Stay hydrated by drinking plenty of water throughout the day. Drinking water will not only help with overall health, but will also minimize any foot swelling caused by the heat.
- Most importantly, take care of your diabetes. Work with your healthcare team to keep your blood glucose within your target range.

Podiatry clinics are located in

East Cowes 552532

West Cowes 290583

Freshwater 758998

Arthur Webster/Shanklin 862367

Ryde 618444

St Mary's 534935

Clinics are open 0830-1630. Not all clinics are open every day, so please ring the clinic if you have an emergency and they will offer you an appointment to attend to assess the problem.

Diabetes Research Charity Shop

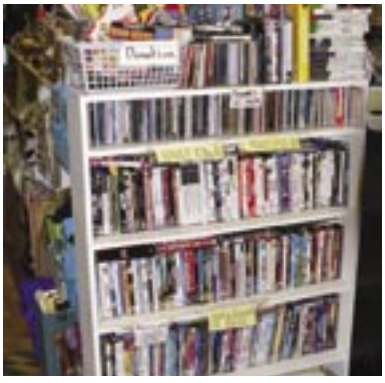
18 High Street
Ventnor
Isle of Wight
PO38 1RZ
Tel: 01983 856857

Open 7 Days a week
Monday to Saturday
9.30 am to 4.00 pm
Sunday
10.00 am to 3.00 pm

A warm welcome and a bargain awaits you in our shop. Browse through the huge range of:

- Clothes for women, men and children.
- Jewellery,trinkets and silverware.
- Household items.
- Books, CDs and DVDs.
- Bedding and curtains.
- Knitted garments and wool.

We are always glad to receive any clothes or other items you no longer want. We will arrange to collect from your home.
Volunteers are welcome to join our team.
Remember every donation of clothes and other items and every purchase from the shop helps people with diabetes and especially those on our Island, through our support of the IOW Diabetes Fund.
There is a car park nearby and buses 3 &6 take you close to the shop door.



Diabetes Research needs your help

Do you have Type 2 Diabetes?

The Isle of Wight is undertaking an academic study in partnership with Portsmouth University.

This study will not involve taking any trial drug, nor will it require you to attend clinics.

Who can take part?

If a new drug or an injectable form of treatment of Type 2 diabetes has been recently given to you or is planned, we will be delighted to hear from you.

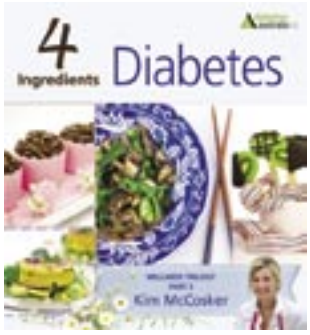
This is a quality of life questionnaire-based study, requiring just two events in six months.

Consultations will be over the telephone at a time to suit you.

Please contact Dr. Arun Baksi, Vectasearch Clinic, St Mary's Hospital, Newport on 534455 (please leave your name and contact number if calling out of hours) or email him on arun.baksi@iow.nhs.uk.

4 Ingredients Diabetes by Kim McCosker

Many people are put off cooking some recipes as they have a long list of ingredients. Twelve years ago Kim McCosker created the 4 Ingredients philosophy to home cooking.
4 Ingredients aims to simplify all forms of cooking by creating quick, easy and delicious recipes, which are made with ingredients easily found in your local supermarket. They are written to save time and money in the kitchen.
Success of the philosophy has been very well accepted as there are now over twenty 4 ingredients cook books written. 4 Ingredients Diabetes is just one of these. This recipe book has the approval Diabetes Australia Victoria.



Email: info@4ingredients.com.au
Web site: www.4ingredients .com.au
The Diabetes 4 Ingredients book can be obtained, post free, from:
www.bookdepository.co.uk
eBooks from: www.kobo.com/gb/en

Not-So-Sweet Chilli Sauce

In a saucepan, combine 100g roughly chopped red chillies, 2 tablespoons each of cider vinegar and sugar, and 200g diced tomatoes. Bring to the boil, reduce the heat and simmer, stirring occasionally for 7 minutes or until the sauce thickens slightly. Remove from the heat, cool and serve, or store in a jar in the refrigerator for up to 3 weeks.

Note: The National Health and medical Reseach Council (NHMRC) suggested daily intake of sodium is less than 2,300mg per day for adults. This is about 6 grams of common salt or 1 ½ teaspoons.

Breakfast Wraps

4 Ingredients Diabetes by Kim McCosker

Serves 4

Ingredients

4 Large eggs
60g semi-dried tomatoes, chopped
120g English spinach
4 wholegrain tortillas (40g each)

Analysis per serving

Energy 234 calories
Total fat 10.5g
Saturated fat 3g
Sodium 488.5mg
Carbohydrate21.13g
Fibre 4.5g

Method

In a large bowl whisk the eggs, add the semi-dried tomatoes, spinach and season with cracked pepper.

Heat a non-stick frying pan to medium, add egg mix and stir well, "scrambling" until completely cooked. Meanwhile, heat a grill pan to moderate heat. Cook each tortilla, turning once until warm and soft. Divide the egg mixture between the tortillas, roll up to enclose completely. *Serve with the delicious Not-So-Sweet chilli sauce. See page 24.*

Salmon & Chive Quiches

4 Ingredients Diabetes by Kim McCosker

Makes 6

Ingredients

300g sliced smoked salmon
8 eggs
1 tablespoon finely chopped chives, plus extra for sprinkling
50g grated, reduced fat cheddar cheese

Analysis per serving

Energy 188 calories
Total fat 11.3g
Saturated fat 3.2g
Sodium 822.8mg
Carbohydrate 0.6g
Fibre 0g

Method

Preheat the oven to 180°c. Using a non-stick (or silicone) muffin tray (or a regular muffin tray lightly oiled), line 6 cases with the salmon. Whisk the eggs, add the chives, and season with cracked pepper. Pour the mixture evenly into the salmon lined cases. Sprinkle each with the cheese and more chives. Bake for 15 to 20 minutes or until set.

Sweet Potato & Pesto Pies

4 Ingredients Diabetes by Kim McCosker

Makes 8 (Serves 4)

Ingredients

650g mashed sweet potato
2 eggs
2 tablespoons (50g) basil pesto
75g grated, reduced fat cheddar cheese

Analysis per serving

Energy 227 calories
Total fat 6.8g
Saturated fat 2.1g
Sodium 409.5 mg
Carbohydrate 26.7g
Fibre 5.3g

Method

Preheat the oven to 180°c. In a large bowl, mash the sweet potato. Add the eggs, pesto, and three-quarters of the cheddar cheese and whisk to combine. Spoon the mixture evenly among 8 holes of a silicone (or other non-stick) muffin tray. Sprinkle with the remaining cheddar and lightly dust with cracked pepper. Bake until golden, about 20 minutes. Oh soooo good!

Note: When entertaining or on a special occasion, serve these with with a smidgen of basil pesto dolloped on top and studded with a shard of shaved Parmesan.

Butter Bean Crumble

4 Ingredients Diabetes by Kim McCosker

Serves 4

Ingredients

2x 400g cans of butter beans, drained
100g reduced fat cream cheese
2½ tablespoons fresh chopped chives
35g multigrain breadcrumbs

Analysis per serving

Energy 267 calories
Total fat 5.7g
Saturated fat 2.7g
Sodium 664.8mg
Carbohydrate 29.8g
Fibre 17.3g

Method

Heat the butter beans in a saucepan over medium heat, stirring for 1 to 2 minutes. Remove one quarter of the beans and set aside. Mash the remaining beans with the cream cheese and chives and season to taste. Return the reserved beans to the mixture and cook for 2 minutes to heat through. Preheat the grill and transfer the mixture to an ovenproof dish (or individual ramekins). Sprinkle with the breadcrumbs and cracked pepper and grill for 1 to 2 minutes or until golden.

Mediterranean Prawn Bake

4 Ingredients Diabetes by Kim McCosker

Serves 4

Ingredients

500g large green prawns, peeled
2 teaspoons fresh oregano
690g jar of tomato and herb pasta sauce
100g reduced fat feta cheese

Analysis per serving

Energy 227 calories
Total fat 4.9g
Saturated fat 2.7g
Sodium 1,052.3mg
Carbohydrate 10.7g
Fibre 0.1g

Method

Preheat the oven to 180°c. Spread the prawns evenly in a medium oven proof dish and season well with cracked pepper. Sprinkle with oregano, spoon the pasta sauce over the prawns, and top with the crumbled feta cheese. Bake, uncovered, until the prawns are cooked and the feta cheese is golden, about 20 minutes.

For a well-balanced meal, serve this delicious dish with 100g of cooked risoni pasta per person, drizzled with fresh lemon juice and cracked pepper – or alternatively – with warmed wholemeal wraps and sliced cucumber on a platter for friends to help themselves.

Crème Caramel

4 Ingredients Diabetes by Kim McCosker

Makes 4

Ingredients

1 tablespoon = 15g custard powder
250ml almond milk
60g agave nectar (or rice malt syrup)
2 large eggs

Analysis per serving

Energy 106 calories
Total fat 4.95g
Saturated fat 2.5g
Sodium 61.75mg
Carbohydrate 18.9g
Fibre 0.2g

Method

Preheat the oven to 180°c. Whisk together the custard powder, almond milk, half the agave and the eggs until well combined. Into 4 small ramekins divide the agave to cover their bases. Then gently pour the egg mix in over the nectar. Place the ramekins in a deep baking dish. Pour boiling water into the baking dish until halfway up the sides of the ramekins. Bake for 30 minutes or until just set. Remove the baking dish from the oven. Remove the ramekins from the water. Set aside to cool. Refrigerate overnight then, when ready to serve, run a thin knife around the edge of each dish. Turn out onto plates to serve.

Diabetes Myths

Source Diabetes UK

Knowing the facts about diabetes is important when it comes to managing the condition. There is so much information out there, but it is not all true. It is often difficult to know what is right and what is not. This section aims to help dispel some of the most common myths about diabetes - let's have a look at some of them.

Myth: Type 2 diabetes is a mild form of diabetes.

There is no such thing as mild diabetes. All diabetes is serious and, if not properly controlled, can lead to serious complications.

Myth: People with diabetes cannot have sugar.

Having diabetes does not mean you have to have a sugar-free diet. People with diabetes should follow a healthy balanced diet - that is low in fat, salt and sugar. You should still be able to enjoy a wide variety of foods, including some with sugar.

Myth: People with diabetes should eat 'diabetic' foods.

'Diabetic' labelling tends to be used on sweets, biscuits and similar foods that are generally high in fat, especially saturated fat and calories. Diabetes UK does not recommend eating 'diabetic' foods, including diabetic chocolate, because they still affect your blood glucose levels, they are expensive and they can give you diarrhoea. So, if you are going to treat yourself, you should go for the real thing.

Myth: People with diabetes eventually go blind.

Although diabetes is the leading cause of blindness in people of working age in the UK, research has proved you can reduce your chances of developing diabetes complications - such as damage to your eyes - if you:

- control your blood pressure, glucose, and blood fat levels.
- keep active.
- maintain your ideal body weight.
- give up smoking.

Diabetes Myths

Myth: It's not safe to drive if you have diabetes.

Providing you are responsible and have good control of your diabetes, research shows that people with diabetes are no less safe on the roads than anyone else. Nevertheless, the myth that people with diabetes are not safe persists.

Diabetes UK is working with the Driver and Vehicle Licensing Agency (DVLA) in England, Scotland and Wales and the Driver and Vehicle Agency (DVA) in Northern lreland to ensure that the process for applying and re-applying for driving licences is fair, safe and transparent.

Myth: People with diabetes can't play sport.

People with diabetes are encouraged to exercise as part of a healthy lifestyle. Keeping active can help reduce the risk of complications associated with diabetes, such as heart disease. Steve Redgrave, Olympic gold medal-winning rower, has achieved great sporting achievements in spite of having diabetes.

However, there may be some considerations to take into account before taking up a new exercise regime. Talk to your healthcare team for more information.

Myth: People with diabetes are more likely to get colds and other illnesses.

Not true. While there is some medical research that may suggest people with diabetes are at higher risk of developing illnesses, there is nothing to prove this conclusively. But there are certain illnesses that are more common in people with diabetes, and diabetes may also alter the course of an illness - for example, a person with diabetes may become more unwell or be unwell for longer than a person without diabetes.

Diabetes Myths

Myth: People with diabetes can't wear flight socks.

Many flight socks carry the warning that they are not suitable for people with diabetes. lf you have any circulatory problems or complications with your feet, such as ulcers, then speak to your GP before using them. If, however, your feet and legs are generally healthy and you are normally active, using flight socks is unlikely to do you any harm.

Myth: People with diabetes can't eat grapes, mangoes or bananas.

People sometimes think that if they have diabetes they can't eat grapes and bananas as they taste sweet. But if you eat a diet that includes these fruits, you can still achieve good blood glucose control. In fact, grapes and bananas, like all fruit, make a very healthy choice.

Fruit is high in fibre, low in fat and full of vitamins and minerals. It helps to protect against heart disease, cancer and certain stomach problems.

Myth: People with diabetes can't cut their own toe nails.

Not true: the general advice on toenail cutting applies to everyone. If you have diabetes you should keep your nails healthy by cutting them to the shape of the end of your toes. Don't cut them straight across, curved down the sides, or too short. Remember, your nails are there to protect your toes.

It is safest to trim your nails with a pair of nail clippers and to use an emery board to file the corners of your nails. If it is difficult for you to care for your nails, you should seek help from a podiatrist.

It is important to realise that there is a lot of misinformation out there.

Make sure you get your information from reliable sources, such as your diabetes healthcare team or Diabetes UK.

Diabetes Myths

Myth: People with diabetes must follow a special diabetes diet.

There's no such thing as a standard diabetic diet. Some people with diabetes count carbs; others don't. If you're overweight, one of your main goals may be to slim down, and there are endless ways to do it.

"Many popular diet plans - such as Weight Watchers or The Zone - can help you lose weight. And the more you lose, the more you'll improve your blood sugar levels," says Michael Dansinger, MD, director of Tufts Medical Center's Lifestyle Coaching Program for Diabetes and weight loss and the nutrition doctor for NBC's "The Biggest loser."

Myth: "Diabetes-friendly" and "sugar-free" foods are good for you.

That box of sugar-free cereal might not be any better than the regular cereal on the shelf next to it - though the so-called diabetic version probably costs more.

Sugar-free foods often contain plenty of calories and even carbs, so always check nutrition labels closely. You'll also want to scan ingredients lists for sweeteners such as sorbitol, mannitol, and xylitol, which may upset your stomach, says Carolyn Brown, RD, a nutritionist at Foodtrainers in New York.

ln general, it's best to limit all processed foods, instead, fill up on a variety of fruits and vegetables, lean beef, poultry, fish, and low-fat dairy products.

Myth: People with diabetes can't eat any sweets.

Yes, you can order dessert! Of course, it's not wise to end every meal with chocolate cake or indulge in ice cream daily, but it's perfectly fine to have a small serving of sweet food in an otherwise healthy eating plan, as long as you take into account the calories and carbs you ate that day.

Continued on next page.

Diabetes Myths

"You'll go crazy if you limit yourself too much," Brown says. She urges her clients to satisfy their sweet tooth with fruit on a daily basis but says it's OK to splurge a little once a week, as long as you get right back on track.

Dansinger agrees. He notes that most weight-loss plans allow for some wiggle room. "You can be strict 90% of the time," he says. "All of my patients eat some sugar and some starch. Living life to the fullest has to include some treats."

Myth: People with diabetes shouldn't eat potatoes.

They're high in carbs, but you can still enjoy them in moderation. You can also eat other carb-rich foods, such as pasta, bread, and rice - just don't go overboard.

"A serving of potatoes should be the size of your fist," Brown says. Since many spuds are large, plan to eat half at a time. Baked potatoes are healthy, but sweet potatoes are even better: "They have more nutrients, including beta-carotene, which gives them their colour," she says.

Eat the skin, which is a great source of fibre. When it comes to grains, choose whole ones (such as brown rice or whole wheat pasta), and remember that they shouldn't take up more than one-quarter of your dinner plate.

Myth: Alcohol is off-limits.

Moderate drinking - meaning no more than 14 units per week for everyone - is safe for most people with diabetes. But it's a good idea to talk it over with your doctor first.

Some medications, like insulin or those that help increase insulin levels, can make you prone to hypoglycemia (low blood sugar). Alcohol may make that worse.

Also, your body digests alcohol differently from sugar, and the effects aren't always felt right away. "A drink you had at night could make your blood sugar drop the next morning," Brown says. Don't drink on an empty stomach, and remember that calories count. As Brown says, "You're drinking your dessert."

Frequently Asked Questions

Can I still travel if I have diabetes?

Of course. People with diabetes travel all over the world - you do not need to choose special holidays or curb your wander lust. The key is making the right preparations to minimise any potential problems and have an enjoyable safe trip.

Will I need extra support and where can I get it?

Managing your diabetes can at times seem incredibly demanding and some people find that support and encouragement can be really beneficial in helping them cope. Support should ideally come from someone you have regular contact with, maybe your partner, a friend, or someone from your healthcare team.

Ask your healthcare team about any support groups in your area:

Diabetes Group IOW
Website: www.diabetesiow.org.uk
Contact us: info@diabetesiow.org.uk
Facebook: Diabetes Group IOW
Call or text: 07949421184

What education is available?

NHS guidelines recommend that people with diabetes be offered patient education programmes, known as structured education. All people with diabetes should receive the education and support they need to equip them with the necessary information and skills to manage their diabetes. Discuss with your healthcare team about suitable courses available in your area.

Quay Arts Centre, 15 Sea Street, Newport, PO30 5BD on Saturday 10.30 am to 12.30 pm.

Freshwater Coffee House, School Green Road, Freshwater, PO40 9AJ on Saturday 3.00 pm to 4.00 pm.

Aspire,Trinity Buildings, Dover Street,Ryde, PO33 2BN on Wednesday 10.30 am to 12.30 pm.

The Hill Room, Riverside Centre, The Quay, Newport, PO30 2QR on Tuesday 7.00 pm to 9.00 pm.

Planned Walks.

Miscellaneous Events.

Diary of Events

Drop-in events provide an opportunity to meet and discuss diabetes with a member of the Diabetes Group and others in your area. Meeting events are valuable talks by diabetes professionals and provide an opportunity to learn and ask questions. For the very latest information, please go to our web site: Diabetesiow.org.uk

May 2019

- 1st Aspire drop-in.
- 11th & 12th Hullabalo - Sandown Bay.
- 25th Quay Arts drop-in.
- 25th Freshwater Coffee House drop-in.
- 29th Aspire drop-in.

June 2019

- 5th Aspire drop-in.
- 11th Know your carbohydrates meeting.
- 26th Aspire drop-in.
- 26th Freshwater Coffee House drop-in.
- 29th Quay Arts drop-in.
- 30th Royal Isle of Wight County Show.

July 2019

- 3rd Aspire drop-in.
- 16th West Wight walk, Yarmouth Car Park. 6.30 pm. 1 hour walk.
- 27th Quay Arts drop-in.
- 27th Freshwater Coffee House drop-in.
- 31st Aspire drop-in.

DIABETES GROUP
ISLE OF WIGHT

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Planned Walks.

Miscellaneous Events.

August 2019

- 31st Wolverton Manor Garden Fair.

September 2019

- 1st Wolverton Manor Garden Fair.
- 4th Aspire drop-in.
- 20th Autumn walk from Riverside - 10.00 am.
- 25th Aspire drop-in.
- 25th Freshwater Coffee House drop-in.
- 28th Quay Arts drop-in.

October 2019

- 2nd Aspire drop-in.
- 8th Looking after your eyes meeting.
- 26th Quay Arts drop-in.
- 26th Freshwater Coffee House drop-in.
- 30th Aspire drop-in.

November 2019

- 6th Aspire drop-in.
- 14th World Diabetes Day.
- 27th Aspire drop-in.
- 27th Freshwater Coffee House drop-in.
- 30th Quay Arts drop-in.

December 2019

- 3rd Christmas Party meeting.
- 4th Aspire drop-in.

Can We Help?

The Diabetes Centre has offered to answer questions about managing your diabetes. You may either send your questions by email to **info@diabetesiow.org.uk** or write your question in the section below and mail it to the address on the back page.

We will do our best to get the answers for you. Those questions and answers selected for publication in the magazine will be anonymously printed. Those not published will be either emailed to the member or sent by post.

Please write your question about diabetes and mail it to Diabetes Group IOW. See over for mailing address.

The number of people living with diabetes on the Isle of Wight has increased from **3,500 to 9,500** in the last few years.

Type 1 numbers have remained the same.

Type 2 numbers have increased dramatically.

Diabetes Group IOW are here to campaign for you. Our Group want to get the care and services that you need and to offer support for everyone living with diabetes on the island. We can't do this without your help. We are looking for new members who can help organize mini events, contribute to the magazine and help with focus groups type 1 and type 2. **Please sign up and join our Group**.

Your personal data will be held on a secure database and will be used solely for the purposes of the Diabetes Group IOW. The information will never be supplied to an outside agency or party.

Please either email your details to: info@diabetesiow.org.uk or cut out the form below and mail it to: Diabetes Group IOW, 3 Linstone, Colwell Road, Totland Bay, Isle of Wight, PO39 0AH

I would like to join the Diabetes Group Isle of Wight.

Title: First Name: Surname:

Address:

Post Code: Email:

Diabetes Type 1 Type 2 How Long:

Questions about diabetes. See the reverse page for your questions.