

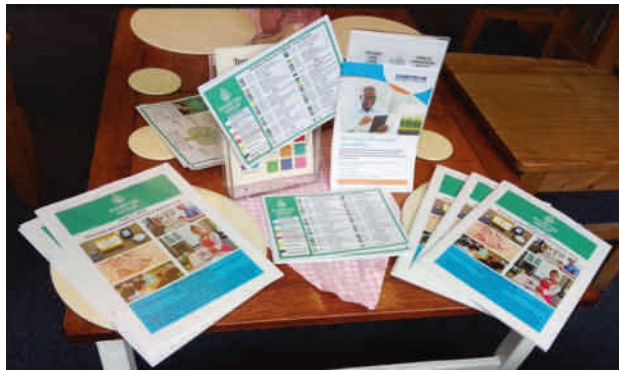


DIABETES GROUP

ISLE OF WIGHT

Issue 3 - 2020

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

I hope you enjoy this edition of the Diabetes Group magazine, and most importantly, find it useful. I would like to thank everyone who has given up their valuable time to contribute the interesting and informative articles in this edition.

If you feel that our readers would benefit from your experiences of living with diabetes, then please contact our editor. You may be a husband, wife, friend or member of the family, it is so important that we share our experiences, thus enabling us to learn from each other. Consequently, continue to improve the treatment, support and information on this ever-increasing condition. Let's campaign together to improve your wellbeing and make a difference. Remember that this magazine is your voice.

I hope you have a healthy, prosperous and happy 2020.

Ian Bast, Chairman

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

Editor: johnejbradshaw@gmail.com



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

Vice-Chair: John Bradshaw

Treasurer: Michael Beavis

Secretary: Sarah Innes

Group Co-ordinator: Cheryl Soutar

Committee member: Sam Brooks

Committee member: Angus Robertson

Editor: John Bradshaw

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Low Carbohydrate Diet for Type 2 Diabetes

*Dr. Lorena Arnez, Consultant in Diabetes and Endocrinology,
Diabetes Centre, St Mary's Hospital*

Type 2 diabetes mellitus is mainly caused by the modern way of eating (frequent meals and excess of carbohydrate over the years) and can only be improved with dietary changes. Diet is the most powerful intervention for diabetes and can lead to reduction or withdrawal of medications. Many people manage to have their diabetes on remission which means normal blood glucose levels (or “blood sugars”) without medications with nutritional changes. I believe everyone with type 2 diabetes should know this.

One of the easiest ways to improve the blood glucose levels is by reducing carbohydrates (starchy and sugary foods) as they have a direct effect on sugar levels (carbohydrate is absorbed as glucose, which is sugar).








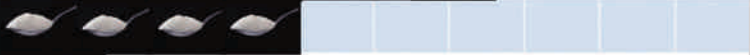


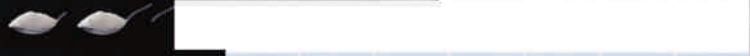
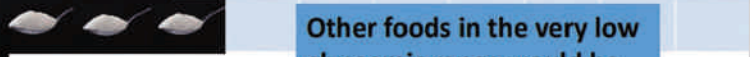
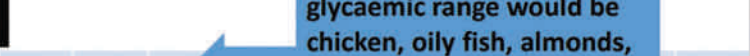

When we reduce our carbohydrate intake our blood glucose levels improve immediately, but most importantly we need less insulin (we need to produce less insulin or to inject a lower dose or no insulin). When insulin is reduced it becomes easier to burn fat and to lose weight. When we lose weight our whole body needs even less insulin to lower glucose in the blood (we become more insulin sensitive) and therefore the insulin levels reduce further and further. Lower insulin levels also reduce appetite. Most people with this approach can rely on their hunger to decide when to eat and don't need to reduce portions or be concerned about calories to lose weight and control diabetes and this can be quite liberating to many people. Low carbohydrate diet is very well tolerated for most. However, some people may feel weaker or crave carbohydrates in the beginning while they gradually adapt to use fat (instead of glucose) as the main source of energy.

It is important to understand this is only a transient phase and most people feel much more energetic and with better mental clarity once they become an effective “fat burner” or “fat adapted”.

The NICE guidelines now support a low carbohydrate diet as an effective way to manage type 2 diabetes. The infographics below, developed by Dr David Unwin, an NHS GP, was approved by NICE and points out that starchy foods are better avoided if you have type 2 diabetes. International guidelines, such as the American Diabetes Association, have also reached the conclusion that low carbohydrate is much better than low fat diet to improve diabetes.

<https://www.nice.org.uk/guidance/ng28/resources/endorsed-resource--sugar-equivalent-infographics-6725426077>

<https://phcuk.org/wp-content/uploads/2019/05/common-foods-13.05.2019.pdf>

Food Item	Glycaemic index	Serve size g	How does each food affect blood glucose compared with one 4g teaspoon of table sugar? 
Basmati rice	69	150	10.1 
Potato, white, boiled	96	150	9.1 
French Fries baked	64	150	7.5 
Spaghetti White boiled	39	180	6.6 
Sweet corn boiled	60	80	4.0 
Frozen peas, boiled	51	80	1.3 
Banana	62	120	5.7 
Apple	39	120	2.3 
Wholemeal Small slice	74	30	3.0 
Broccoli	15	80	0.2 
Eggs	0	60	0 

Other foods in the very low glycaemic range would be chicken, oily fish, almonds, mushrooms, cheese

Reducing carbohydrates is the easiest and healthiest way to improve diabetes for most, however it is not for everyone and there are other alternatives. For example, for those people that eat plenty of processed foods, switching to whole foods may be enough to reach good blood glucose levels.

Other people may choose to go on a low calorie diet by eating less (i.e.: small portions or less frequently). For a few people meal replacements are attractive (“low calorie shakes”) even though it is quite restrictive socially and nutritionally and in many occasions the transition to real foods is difficult and only possible by limiting carbohydrates anyway. Finally, others would say they cannot change their lifestyles and would either want to have medications to “control” their diabetes or to have bariatric surgery which may not be ideal but are valid approaches.



If you want more information about how to reduce carbohydrates to improve type 2 diabetes, I would strongly advise this website: www.dietdoctor.com . It has plenty of helpful tips, visual guides, recipes, videos, etc. Please keep your diabetes nurse or doctor informed about the dietary changes you make as the glucose levels can decrease quite fast and therefore they will need to reduce your medications accordingly.



So what should I eat to help control my T2 diabetes?

The problem with having diabetes is your metabolism *can no longer deal with sugar*, which becomes almost a poison; its consumption needs cutting back dramatically.

Reduce starchy carbs a lot...



Remember they are just concentrated sugar. If possible cut out the '*White Stuff*' like bread, pasta, rice - though porridge, new potatoes and oat cakes in moderation may be fine. *Sugar - cut it out altogether*, although it will be in the blueberries, strawberries and raspberries you are allowed to eat. Cakes and biscuits are a mixture of sugar and starch that make it almost impossible to avoid food cravings; they just make you hungrier!

All green veg/salads are fine...



Eat as much of these as you can. So that you still eat a good big dinner, try substituting veg such as broccoli, courgettes or green beans for your mash, pasta or rice - still covering them with your gravy, Bolognese or curry! Tip: *try home-made soup* - it can be taken to work for lunch and microwaved. Mushrooms, tomatoes, and onions can be included in this.

Fruit is trickier...



Some tropical fruits like bananas, oranges, grapes, mangoes or pineapples have too much sugar in and can set those carb cravings off. Berries are better and can be eaten; *blueberries, raspberries, strawberries, apples and pears too.*

Eat healthy proteins...



Such as non-processed meat, eggs (three eggs a day is not too much), fish - particularly oily fish such as salmon, mackerel or tuna -are fine and can be eaten freely. Plain fullfat yoghurt makes a good breakfast with the berries. Processed meats such as bacon, ham, sausages or salami are not as healthy and should only be eaten in moderation.

Fats are fine in moderation...



Yes, fats can be fine in moderation: olive oil is very useful, butter may be tastier than margarine and could be better for you! Coconut oil is great for stir fries. Four essential vitamins A, D, E and K are only found in some fats or oils. Please avoid margarine, corn oil and vegetable oil, **Beware 'low fat' foods.** They often have sugar or sweeteners added, to make them palatable. Full fat mayonnaise and pesto are definitely on!

Cheese only in moderation...



It's a very calorific mixture of fat, and protein. *Snacks: avoid, as habit forming.* But un-salted nuts such as almonds or walnuts are OK to stave off hunger. The occasional treat of strong dark chocolate 70% or more in small quantity is allowed.

EATNG LOTS OF VEG WITH PROTEIN AND HEALTHY FATS LEAVES YOU PROPERLY FULL IN A WAY THAT LASTS.

Sweeteners can trick you...

Finally, about sweeteners and what to drink - sweeteners have been proven to tease your brain into being even hungrier, making weight loss more difficult - drink tea, coffee, and water or herb teas.

Alcohol is full of carbs...

I'm afraid most alcoholic drinks are full of carbohydrate - for example, beer is almost '*liquid toast*' hence the beer belly! The odd glass of red wine is not too bad if it doesn't make you get hungry afterwards - or just plain water with a slice of lemon.

Useful websites:

www.dietdoctor.com - www.diabetes.org.uk

The Low Carbohydrate Diet

A Personal Experience by Ced Wells



I have lived with Type 1 diabetes for 27 years. To be completely honest it is a condition that I have struggled with, sometimes ignored and it hasn't always been well controlled.

But in March 2019 I discovered something life changing. I embarked on a low carbohydrate diet that has radically improved my blood glucose levels, cut out most of my daily injections and given me an energy that

I haven't experienced since I was much younger.

The change has been remarkable. I clearly remember the day I was first diagnosed aged 15. It was a Friday afternoon during the summer holidays. Mum had just returned home from the doctor's surgery with results from a urine sample they'd requested from me. She said nothing but I knew something wasn't quite right. She tearfully told me I had diabetes.

About four weeks previous we'd been camping in the New Forest as a family. The weather had been hot and muggy and one evening I was walking to the shower block when a bolt of lightning hit a nearby tree and I was knocked to the floor. I was shaken but I pulled myself up and returned to the tent. What happened in the following weeks was peculiar but I didn't think much of it. I lost two stone in two weeks and I had an unquenchable thirst. I would drink pints of water only to see it pass right through me. I felt weak and delirious and finally my mum called the doctor who requested a urine sample.

There was no family history of diabetes and it was put down perhaps to the shock of the lightning strike. I was referred to the newly opened Dr Baksi clinic at St. Mary's Hospital who educated me in what diabetes meant and how I was going to have to control it from then on.

Initially, I took it all in my stride and rather enjoyed the challenge. Finger prick tests, balancing carbs with insulin and all with an understanding I could eat most things providing I gave myself the correct dosage of insulin.

I started keen and was reasonably well controlled for the first few months but the novelty soon wore off. I was young and entering my second year of GCSEs. Student life was busy and I quickly forgot to look after my body.

Over the years I have had short periods of tighter control but I have never found a method or diet that has lasted more than a few weeks. My average HbA1c would sit anywhere between 9-14%. I remember my all time best was 7.4% after following a particularly strict diet and regime of yoga. It didn't last.

While small changes may have helped me control my HbA1c slightly from time to time nothing lasted and it never seemed to suit my lifestyle. I tried many things but ultimately, I buried my head in the sand. I would return again to old habits and my badly-control state. I had a constant feeling of guilt and shame at not being able to control my levels. As I entered my 30s I found I lacked energy and found it difficult to concentrate. My fluctuating glucose levels left me feeling foggy and tired.

It was in the Autumn of 2018 when I came down with a particularly nasty bout of the flu. It knocked me for six and I took weeks to recover.

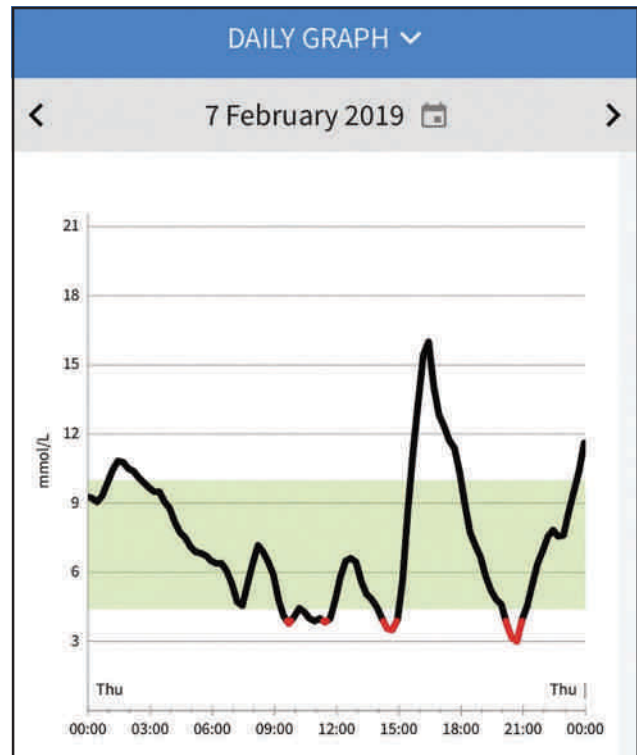
I felt, I really needed to change something and in December 2018 I was put on a trial for the Freestyle Libre to help monitor my levels.



Almost immediately, I could see what was happening when I ate: a spike in blood glucose after consuming carbs followed by a crash dropping to Hypo levels.

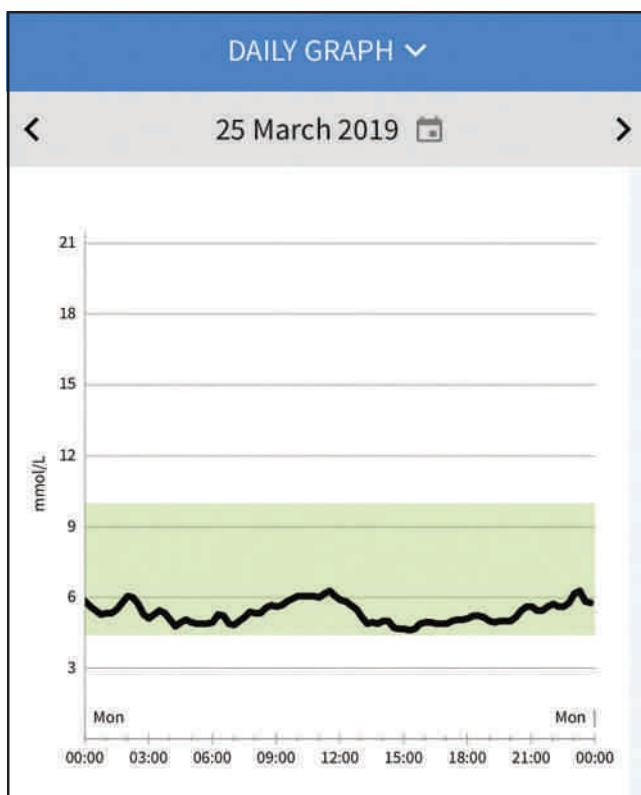
My blood glucose was yoyo-ing all day every day. Whilst I knew this was happening to a certain extent I had no idea it was this extreme.

I had heard about the low carb diet online and investigated it some years earlier but had never had the courage to try it and so stuck to what I knew. But then I had a couple of conversations with Dr Arnez at The Diabetes Centre which planted a seed. It was while away on business in France I happened to pick up the only English book in the Air B&B we were staying in: *Dr Bernstein's*



Diabetes solution. The book talked about a low carb diet. It seemed so obvious. Eat less carbs, inject less insulin and avoid the spikes. Dr Bernstein is a Type 1 diabetic who was diagnosed at 12 and went through many years of ill health before developing the diet and turning around his control reversing many of the effects it had had on his body. He is now well into his 80s and has built up a wealth of knowledge on the subject. As I read through a section of testimonials from his patients on low carb diets I was struck by how similar some of the stories were to my own. I started thinking If it worked for them then surely it could work for me.

On my return to England I decided to bite the bullet and cut the carbs. With direction from the team at The Diabetes Centre. I carefully reduced my short acting insulin (**Novorapid**) while retaining my long acting insulin (**Tresiba**). The first few days felt strange but the effects were almost immediate. With fewer carbs in my body and a no short acting insulin my levels plateaued. The spikes all but disappeared. Over the following six weeks my body started to adjust to normal glucose levels and burning fat for energy rather than using carbs. The sensation was unusual to start with. I felt a little light headed but overall had more energy. My brain fog lifted and I suddenly felt clearer in my head. I lost weight. Not vast amounts but enough to feel lighter and more energised.



The diet itself means I consume no more than 20g of carbs a day. This cuts out bread, pasta, root vegetables, many fruits and of course any sugar. But the diet does include meat, eggs, cheese, nuts and fats and green veg (*the general rule with veg is if it grows above ground and is green you can eat it!*) On the surface it sounds restrictive and while it does take a time to adjust I find

food is much taster and I don't get hungry or have cravings like I would when eating carbs. I will now sometimes only eat 2 meals a day simply because that's all I feel like.

Eight months since starting the diet I can genuinely say I have never felt better. I inject just once or twice a day (*long acting Tresiba with a very small occasional top up of Novorapid*). Physically I feel great with a spring in my step.

I can concentrate for longer periods and I feel clearer in my head. From a mental health perspective I feel much more positive and generally more relaxed. My HbA1c is now averaging just above 6%.

There are naturally still things I'm working out. Eating out can be tricky but providing I stick to simple dishes it's usually not a problem. Thankfully many restaurants these days cater more for those with dietary requirements. Also when exercising I find my blood glucose will rise slightly so I need to ensure it is on the lower side before starting out.

My only regret is I didn't discover this way of eating sooner. Giving up bread and pasta is a small price to pay compared to how much better I feel and I can happily say I'm no longer ashamed of living with diabetes.

Resources that have helped me:

First and foremost it is important to speak to your doctor or nurse at the Diabetes Clinic if you are thinking of embarking on a low carb diet.

Dr. Bernstein's Diabetes Solution - A complete guide to achieving normal blood sugars.

Learn from the master! An excellent resource. He also has a brilliant channel on Youtube.

www.dietdoctors.com - This has been a lifesaver! It talks you through a low carb or *Ketogenic Diet* and covers many of the questions you may have. It also features 100 recipes with suggested meal plans. The food is tasty and - best of all - when you create a meal plan it will automatically create your shopping list. Easy!

Facebook Type One Grit Forum: Fellow diabetics following the low carb diet.

Facebook The Diet Doctor Group: Extra recipes, questions and some good testimonials

WINTER FOOT CARE FOR PEOPLE WITH DIABETES

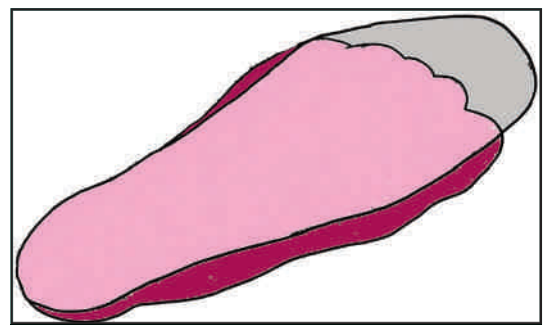
Stephen Taylor
Deputy Head of Podiatry /MPTT
Isle of Wight NHS Trust



Autumn is here again: the swallows have flown south, the leaves are already beginning to fall and the nights are drawing in. But there is still much to look forward to: frosty mornings, the bright winter constellations, the festive season and even the possibility of snow. This article follows our Head of Department - Steph Stanley's article "*Summer Foot Care.*" Steph's article discussed summer foot problems like: sunburns, dry heels, foot fungus, barefoot walking injuries etc. The changing of the seasons and coming of the cold weather presents new problems for people with diabetes. This is particularly true for people with diabetes who have reduced circulation to their feet (peripheral vascular disease) or nerve damage (peripheral neuropathy) in their feet.

In colder weather people return to wearing closed in shoes. Shoes can protect neuropathic feet from injuries, but if the toe-box of the shoe is too narrow or shallow then corns and callous can form around the bony prominences of the toes. Corns and callous can become the focal points for ulcers to develop especially in neuropathic feet. When choosing shoes you should have your feet measured and shoes properly fitted (especially if you have neuropathy). Day shoes should be flat with a broad, deep toe box. They should have laces, buckles or velcro straps. Soft leather is preferable to prevent rubbing of the toes or blister formation. Shoes should not be too tight or too loose and if you suffer from neuropathy it is advisable to break in new shoes carefully.^{2,3,4}

The Diagram opposite shows a shoe which is too narrow for a person's foot. Corns/callous will often form around the toes when shoes are too narrow.



Winter also brings more wet and slippery conditions. This can be a particular problem for people with diabetes who have neuropathy. Neuropathy can make it difficult to properly feel the ground they are walking on. Elderly people are also often more unsteady when walking due to frailty and balance issues. Sometimes people with neuropathy will say it feels like walking on bubble wrap or a board. This may cause slips and trips injuries. To prevent this it is advisable to avoid high heels, especially if the heels of the shoes are narrow. If you are unsteady when walking, a walking stick (or two) can be used to increase your base of gait and make you more stable. Taking shorter strides in slippery conditions can also prevent falls. If you are concerned about falling, you can contact your GP for a falls review.

Cold weather can also cause chilblains, particularly in feet with peripheral vascular disease. When your skin gets cold, the small blood vessels, just below the skin surface narrow. The body does this to maintain its core temperature. Less blood and oxygen flows to the skin cells, but the skin cells are cold and their metabolism is slow, so the cells do not miss the oxygen. As result of this our skin looks pale in cold weather. When our skin warms up the cell metabolism speeds up again and the small blood vessels widen and the blood flow increases again. However, in people with chilblains the blood flow does not increase quickly enough to meet the needs of the skins metabolism and blue/red blotches appear on the skin especially around the tips of the toes, particularly if the person tries to warm their feet up to quickly. You should avoid warming your feet up too quickly (e.g. putting your feet on a radiator or hot water bottle) especially if your circulation is weak. People with neuropathy also need to be careful not to burn their feet. Bathwater temperature should be checked using the person's elbow or a thermometer (45°C). If you are susceptible to chilblains you should always wear warm socks (or two layers of socks) in cold weather. You should also make sure your footwear has enough space to accommodate the extra thickness of your socks allowing space to wiggle your toes in the toe-box of your shoes. Chilblains can also be treated by rubefacient creams from the chemist (creams to increase in blood circulation) e.g. creams that contain oil of wintergreen or menthol.^{5,6,7}

In 2008 the mountaineer Alan Hinkes gave a talk on the Isle of Wight. He had climbed the 14 highest mountains in the Himalayas and endured extremely cold conditions on all of them. He began his talk by showing off his toes. Unlike many of his fellow climbers he had never suffered from frostbite. He spoke of the importance of good nutrition and particularly hydration (in his case hot cups of tea). He also discussed the importance of hydration in his book (2013)

“Dehydration can be a killer. At altitude it can cause your blood to become more viscous, which can lead to thrombosis and even death. A cup of tea could be a lifesaver.”⁸ Alan’s advice complements the NHS advice to people who are susceptible to the cold (e.g. children, elderly, heavy drinkers and drug users). When outdoors you should stay warm by: planning the activity in advance, dressing for the weather conditions, bringing extra layers in case the weather gets colder, not being far from help and having warm non-alcoholic drinks.^{8,9}

In conclusion I would finish with a quote from Steph Stanley’s “Summer Foot Care” article. “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”. Whatever the season there are some basic foot care tips that people with diabetes should follow to avoid injuries and ulcers.¹⁰

- ◆ *If you cut your own nails, cut them straight across and file them to the shape of the toe.*
- ◆ *Don’t walk barefoot.*
- ◆ *Check your feet daily.*
- ◆ *Dry skin on the feet (especially the heels) can be treated with moisturiser cream.*
- ◆ *If you develop an open wound/ulcer on your foot, cover it with a sterile dressing and contact Podiatry as soon as possible.*

Isle of Wight NHS Trust Podiatry services operate Monday to Friday. The service is provided at the community clinics on the next page. For an emergency appointment please telephone at 9.00am or contact the Podiatry Department at St. Mary’s Hospital.

St. Mary's Hospital Clinic - 534933

Ryde Health Clinic - 618444

Arthur Webster Clinic (Shanklin) - 862367

Cowes Health Clinic - 290583 or 290979

Brookside Clinic (Freshwater) - 534933

East Cowes Health Clinic - 552532

On weekends please contact: Accident and Emergency.

¹ <https://www.thedailybeast.com/could-hygge-help-cure-your-trump-anxiety-the-calming-lifestyle-trends-for-2017>

² Marcovitch K, Black's Medical Dictionary 42nd Edition. London: A & C Black Publishers Ltd 2010: 103 & 120

³ <https://bnf.nice.org.uk/treatment-summary/warts-and-calluses.html>

⁴ <https://www.nhs.uk/conditions/corns-and-calluses/>

⁵ Sharma R, Then Element Family Encyclopaedia of Health Shaftesbury. Dorset: Element 1999: 128

⁶ <https://cks.nice.org.uk/chilblains>

⁷ <https://www.nhs.uk/conditions/chilblains>

⁸ Hinks A. (2013) 8000 meters Climbing the Worlds Highest Mountains Cumbria

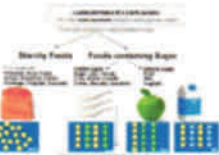
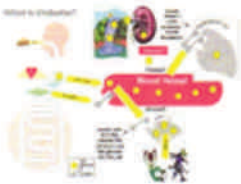
⁹ <https://www.nhs.uk/conditions/Hypothermia>

¹⁰ N. Holman & R. J. Young & W. J. Jeffcoate, Variation in the recorded incidence of amputation of the lower limb in England, *Diabetologia*: 2012 55:1919–1925.

An Education Programme for Type 1 Diabetes



www.xperthealth.org.uk



Goal Setting



Activity	Completed	Not Completed
1. Read the 'Inspiration' booklet	✓	
2. Complete the 'Goal Setting' sheet	✓	
3. Complete the 'Feelings, Anxiety and Worry' sheet	✓	
4. Complete the 'STOP and Think' sheet	✓	
5. Complete the 'Biggest Concerns' sheet	✓	
6. Complete the 'Diabetes Management Plan' sheet	✓	
7. Complete the 'Diabetes Management Plan' sheet	✓	
8. Complete the 'Diabetes Management Plan' sheet	✓	
9. Complete the 'Diabetes Management Plan' sheet	✓	
10. Complete the 'Diabetes Management Plan' sheet	✓	

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.

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:

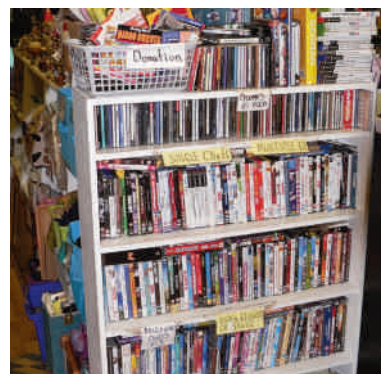
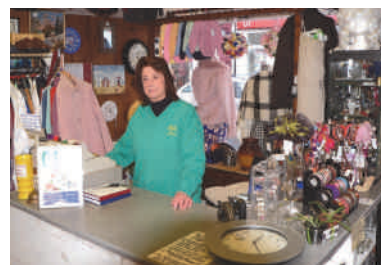
- ◆ Clothes for women, men and children.
- ◆ Jewellery, trinkets and silverware.
- ◆ Household items.
- ◆ Books, CDs and DVDs.
- ◆ Bedding and curtains.
- ◆ Knitted garments and wool.

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 Bakshi, 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.bakshi@iow.nhs.uk

This academic study is supported by the IOW Diabetic Fund, a registered charity. For donations contact the team on 01983 534455.



DIABETES GROUP

ISLE OF WIGHT

Volunteering with The Diabetes Group Isle of Wight

Being a volunteer means that you are offering something that is not required nor an obligation. ... Most of the time, to volunteer means that you are working side by side with others. This connects you to other human beings as you are working toward a common goal. When you volunteer, you are making connections.

Diabetes Group IOW is a charitable organisation, supported by the Charity IOW Diabetes Fund. Our aim is to help the more than 9,000 people with diabetes on our Island. We need more volunteers to help us to get our message out to as many people with diabetes as we can. You do not need to be a diabetic to volunteer, just a desire to engage and help others. There are several areas of our work that need extra help.

The magazine, full of professional information, published twice a year needs to be distributed and maintained on display in every GP surgery, several locations at St. Mary's Hospital and some Pharmacies. We only expect volunteers to look after just their own GP surgery.



Drop-ins around the Island



Throughout the year we hold drop-in meetings. These provide an opportunity to meet and discuss diabetes with a member of the Diabetes Group and others in three areas of the island, Newport, Ryde and Freshwater, (see page 28)

These meetings are valuable talks by diabetes professionals and provide an opportunity to learn and ask questions.

Events



We have other events with expert speakers which provide an opportunity to learn and to ask questions.

These are held regularly at the Riverside Centre. We hold general events in different parts of the island.

Committee

We are a small committee of volunteers and we always look for new committee members to bring new ideas to help meet our aims.

Charity Shop in Ventnor

This very popular charity shop, run by The IOW Diabetes Fund, always welcomes volunteers to help out in this busy shop. (see page 21)

Diabetes Research

This valuable research into Type 2 diabetes, conducted by Dr Arun Bakshi is looking for participants. (see page 22)

We look forward to hearing from you and joining the Group. See page 2 for contact details and also the back page.

Your 15 Diabetes Healthcare Essentials

When you have diabetes, you are entitled to certain checks, tests and services every year to help you get the care you need. You might know this as your annual review.

There are 15 different checks and services you are entitled to. So we call this package of care your 15 Healthcare Essentials. Having all these essential diabetes checks helps you reduce your risk of serious diabetes complications, like losing your sight or having dangerous problems with your feet.

These are the 15:

- ◆ **Blood glucose test (HbA1c test)**
- ◆ **Blood pressure check**
- ◆ **Cholesterol check (for blood fats)**
- ◆ **Eye screening**
- ◆ **Foot and leg check**
- ◆ **Kidney tests**
- ◆ **Advice on diet**
- ◆ **Emotional and psychological support**
- ◆ **Diabetes education course**
- ◆ **Care from diabetes specialists**
- ◆ **Free flu jab**
- ◆ **Good care if you're in hospital**
- ◆ **Support with any sexual problems**

All these checks are provided by your GP and if any are missing make an appointment with your GP to discuss. It means you know what appointments you should be having with your healthcare team, but also what you should be doing to manage your diabetes in between appointments.

X-PERT Programme for Type 2 Diabetes

The X-PERT Diabetes programme has been designed by Dr Trudi Deakin to help people with type 2 diabetes self-manage their condition, health and quality of life. The education programme meets the key criteria identified by the Department of Health, Diabetes UK and the National Institute for Health and Clinical Excellence (NICE).

How will the X-PERT Programme benefit me? You will have the opportunity to explore and learn about the prevention or management of diabetes and the up-to-date treatments and approaches. There will be the chance to address concerns that you have with your lifestyle such as your dietary intake and physical activity levels.

The aim of X-PERT is **not** to *tell* you what you should and should not do, but to help you identify what you would like to do and how you would like to do it. You will be supported in setting your own realistic goals. The programme will help you to:

- ◆ **reduce blood glucose levels**
- ◆ **reduce blood pressure and improve the ratio of fats in the blood**
- ◆ **lose weight and reduce your waist size**
- ◆ **adopt a healthier dietary intake whilst also increasing enjoyment of food**
- ◆ **become more active**
- ◆ **reduce the risk of developing further health problems**
- ◆ **increase your confidence and ability to look after your health**
- ◆ **reduce depression and improve quality of life**
- ◆ **reduce prescribed medication**

X-PERT Prevention & Management Subjects for the Six Section Course

Section 1: What is pre-diabetes and diabetes?

Digestion, carbs and blood glucose control
The seven lifestyle factors for optimal health
Health results - what do they mean?
Medications for diabetes
Setting goals: health results

Section 2: Weight management

Energy balance - what is it?
Eating for good health - food groups/portions
Addressing the myths and misconceptions
Physical activity - what, when and how?
Options for weight loss
How to assess what I am eating
Setting goals: eating and activity

Section 3: Carbohydrate awareness

Carbohydrate and blood glucose levels
Assessing the *amount* of carbohydrate
Considering the type of carbohydrate
How good am I at estimating carbs?
What is my daily intake of carbs?
Setting goals: the right carbohydrate for me

Section 4 Understanding food labels

Nutritional information on food packaging
"A lot" and "A little" per portion
The traffic light system
Reference intakes (Ris)
Nutritional claims - what do they mean?
Setting goals: the foods I buy

Section 5 Health check

Low and high blood glucose levels
How could diabetes affect my long-term health?
Prevention of complications
Importance of regular check ups
Work, driving, insurance, travel and sick days
Setting goals: to reduce risk

Section 6: Leave the best to the last!

Recapping with the X-PERT Game
What resources are available to help me?
Revisiting my health profile
Have my needs been addressed?
More confidence to self-manage my health?
Setting goals: self-management in the future...

To enrol in this programme you need to contact your local GP for course details and availability.



Newport Library
44 Orchard Street
PO 30 5BD
on Saturday
10.30 am to 12.30 pm.

Freshwater Sports Centre, Moa Place
Freshwater, PO40 9XH
on Wednesday
10.30 am to 12.30 pm

Ryde Library, George Street, Ryde, P033 2JE
on Saturday
10.30 am to 12.30 pm.

Ryde Monkton Arts Centre, 1 East Street
Ryde, P033 1JP
On Friday
2.00 pm to 4.00 pm

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

The Riverside Centre, The Quay, Newport, P030 2QR
Wednesday
6.00 pm to 8.00 pm

Diary of Events & Drop-ins

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 experts and provide an opportunity to learn and ask questions. For the very latest information, please go to our website: Diabetesiow.org.uk.

January 2020

- 18th Ryde Library drop-in.
- 25th Newport Library drop-in.
- 29th Freshwater Sports Centre drop-in.

February 2020

- 7th Ryde Monkton Arts Centre drop-in.
- 12th Riverside Centre AGM + speaker.
- 26th Ryde Library drop-in.
- 29th Newport Quay Arts Centre drop-in.

March 2020

- 7th Ryde Library drop-in.
- 25th Freshwater Sports Centre drop-in.
- 28th Newport Library drop-in.





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Diary of Events & Drop-ins

April 2020

- 3rd Ryde Monkton Arts Centre drop-in.
- 25th Newport Quay Arts Centre drop-in.
- 29th Freshwater Sports Centre drop-in.

May 2020

- 2nd Ryde Library drop-in.
- 16th -17th Hullabaloo, Sanddown Bay.
- 19th "Diabetes and Children" meeting
- 27th Freshwater Sports Centre drop-in.
- 30th Newport Library drop-in.

June 2020

- 5th Ryde Monkton Arts Centre drop-in.
- 24th Freshwater Sports Centre drop-in.
- 27th Newport Quay Arts Centre drop-in.
- 28th Royal Isle of Wight County Show.



Managing exercise and diabetes, my personal experience

by Sean Furmidge



I was in my final year at university when I was diagnosed with Type 1 diabetes in December 1998, two days before Christmas.

My diabetes nurse was excellent and encouraged me from day one to take control of my condition rather than let it control me. I therefore elected to spend Christmas at home with my family but my nurse kept in touch with me 3 or 4

times a day via the phone over those first few days until I was able to begin taking control for myself and since then, I have never looked back.

I have always had new situations to deal with and some strange readings have occurred but there is usually a very good explanation that either myself or nurse can identify. I have always managed to stay mostly in control of the condition but my HbA1c stayed around 9%. During this time I have tried, insulins, diets and different exercise regimes but have continually been just above recommended target levels. Amateur sport has always been a large part of my life, so learning how to deal with managing my glucose levels before during and after a match or run has been interesting and sometimes a little bit hit and miss. One of the biggest issues I have faced was in 2006 when I ran my first ever London marathon.

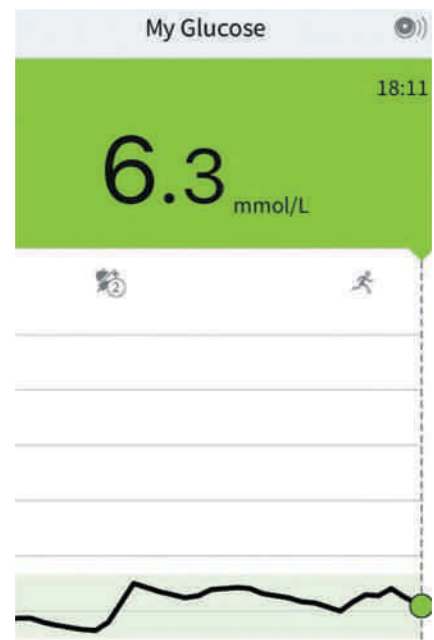
Gradually increasing mileage is the best way to cope and learn how your body reacts and finding a regime that works for you can be quite simple but the increased finger pricking is literally a pain whilst out running. However, I managed it, finished in under four hours and have lived to tell the tale.

Normally athletes lose weight as they increase their marathon training and mileage, however I was shovelling in the chocolate bars and piling on the pounds. Not good. Therefore when I trained for my next marathon the following year, I had moved onto bottles of energy drinks that were strategically placed around my training route the night before to save me carrying 6 bottles all the way around with me. This time, I didn't increase my weight, survived again and was becoming an expert and my HbA1c reading was around 8%. I have now completed a total of four London marathons with my personal best time of 3hr 27 minutes achieved in 2009.

I have continued to stay active and have run many half marathons, played football, cycled and undertaken strenuous exercise 4 or 5 times a week and my HbA1c stays around 9%, until April 2019.

What happened then?

In April 2019 I followed the 6 week X-PERT course run by the island Diabetes Centre at St. Mary's hospital and it has literally turned my life around. During discussions it was felt that my overnight insulin was not lasting long enough to keep my glucose readings level throughout the day, and I also found out about the Libre sensor to monitor those readings. It has been brilliant for me as now I can measure my glucose as



many times as I wish throughout the day so I can also tell which direction my levels are going by seeing the graph as the Libre is constantly measuring. Before this, if I tested my blood levels and received a reading of e.g. 6.3mmol/L then I could not see if the trend was upward or downwards but now I can see. This is great because I can manage my diet and insulin levels accordingly.

However the single best thing that I learned about was the low carbohydrate diet. After having 20 years of trying to balance carb intake versus exercise and insulin and always staying above my targets, my HbA1c has dropped dramatically to 6.5% almost overnight. For the past 7 months I have been limiting my carb intake to around 20 to 30 grams per day, no matter what exercise I am doing and the results for my blood glucose have been phenomenal. The logic, which now seems so obvious, is that without high levels of carbohydrate in my system, I take less insulin, so have less spikes to correct.

I have set my own targets in the Libre system app on my phone to figures that suit me and as it stands today I have spent 60% of the last 90 days within target and 77% of my time under 10.0mmol/l resulting in that 6.5% HbA1c result at my latest blood test.

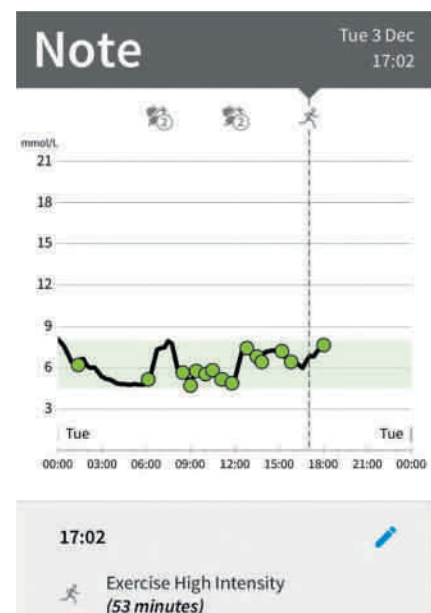
I personally have not strictly followed the Keto diet as I have not gone too overboard with high intakes of fat which has helped me to maintain my cholesterol levels at 5.58 with LDL at 3.32.

As an aside, I have indeed lost just over a stone in weight and am down to government recommended weight for my height.

For the first six weeks or so of the diet it was a little difficult regulating insulin to food intake but my Libre helped me monitor far more regularly than when I was finger pricking. My energy levels were also a little sluggish however I am now back to 'normal' and being lighter, my times have even improved to what I was running many year ago.

I do not have extra carb intake prior to exercise and my glucose levels still stay fairly level as shown in the graphs.

More than anything, my mental health has improved as I know my long term glucose is well within recommended levels so I know my long term physical health is better and for the first time in over 20 years I am not worried about my diabetes. I'm not quite cured but it feels pretty close to it and is certainly the next best thing.



4 Ingredients Keto low carb recipes 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 Keto low carb recipes* is just one of these.

What is Keto?

The Ketogenic Diet is a strict regime of High Fat Low Carb that turns your body into a state of Ketosis, where you burn fat instead of carbohydrates for energy. As a rule a Keto Diet is a **Fat:Protein:carb ratio of , 75:20:5.**

You will see that not all recipes follow this exact rule, as many people will add sides and sauces.

As with all new diets consult a specialist before you start.

Email: info@4ingredients.com.au

Web site: www.4ingredients.com.au

The *4 Ingredients Keto* book can be obtained, post free, from: www.bookdepository.co.uk

Other useful websites:

www.dietdoctor.com - www.diabetes.co.uk/lowcarb

Facebook: The Diet Doctor Group: Extra recipes, questions and some good testimonials.

Herbed Omelette

4 Ingredients Keto Low carbohydrate recipe by Kim McCosker

Makes 2

Rise and Shine! This is a sensational way to start your day.



Method

In a bowl, combine the eggs and parsley plus 1 tablespoon (30ml) of water.

Season with sea salt and cracked pepper and whisk until frothy.

Heat a 20cm non-stick frying pan over medium heat; add the oil, swirling to coat the pan base.

Pour in the eggs and sprinkle with Parmesan cheese.

Cook for 2 to 3 minutes, or until the base is set, then lift the omelette over itself and let it cook for another 1 to 2 minutes, or until completely set.

Cut in half to serve, sprinkled with a few shavings of Parmesan cheese and fresh herbs.

Ingredients

4 eggs (48g each).

2 tablespoons (10g) flat-leaf parsley.

2 teaspoons (10g) garlic flavoured olive oil

50g freshly shaved Parmesan cheese.

Analysis per serving

Calories 171

Kilojoules 715.7

Total Fat 11.8g

-Saturated Fat 5.3g

Sodium 432.4mg

Carbohydrates 0.3g

-Sugar 0.3g

Fibre 0.3g

Protein 15.6g

Keto Crackers

4 Ingredients Keto Low carbohydrate recipe by Kim McCosker

Makes 32



Method

Preheat oven to 180°C. Line a large baking tray with baking paper. In a large microwavable bowl, add the cheese, then the almond flour. Micro-wavable for 30 seconds or until the cheese is Stir mixture until a smooth dough forms.

Cool for 5 minutes until just warm.

Add the egg, stir to combine.

Place the dough on top of a sheet of baking paper, place another sheet on top of the dough.

Use a rolling pin to roll out the dough as thinly as possible, 1 to 2 mm thick (the thinner the dough, the crispier the cracker).

Use a knife to cut the dough into squares and place on the baking tray.

Bake for 5 minutes turn the crackers over for another 5 minutes, or until golden and crispy.

Allow to cool slightly before eating.

Keep crackers in airtight container in the fridge.

Reheat in the oven to re-crisp crackers.

Ingredients

200g grated mozzarella cheese.
3 tablespoons (60g) cream cheese.
100g almond flour.
1 large egg (51g)

Analysis per serving

Calories 45.8
Kilojoules 191.5
Total Fat 3.9g
-Saturated Fat 1.5g
Sodium 42.5mg
Carbohydrates 0.2g
-Sugar 0.1g
Fibre 0.3g
Protein 2.4g

Greek Lamb Meatballs

4 Ingredients Keto Low carbohydrate recipe by Kim McCosker

Serves 4



Method

Into a large bowl, add all the ingredients (this is optional, add a clove of garlic, crushed and freshly chopped parsley).

Season with cracked pepper and stir to combine.

Roll tablespoons of mixture into balls.

In a large frying pan over a medium high heat, cook the meatballs, turning, for 6 to 7 minutes, or until browned and cooked through.

Serve with a fresh Greek salad.

OPTIONAL: Serve with this fabulous Keto Tzatziki: into a bowl place 2 baby cucumbers (25g each) that have been diced, 300g natural coconut yoghurt, 1 clove of garlic, crushed and 1 tablespoon finely chopped fresh dill. Season with sea salt and cracked pepper and add a little lemon zest.

Ingredients

500g lamb mince.
1 Large egg (51g).
2 teaspoons (10g)
lemon zest.
100g feta cheese,
crumbled.

Analysis per serving

Calories 267.8
Kilojoules 1119.3
Total Fat 15.5g
-Saturated Fat 7g
Sodium 357mg
Carbohydrates 0.1g
-Sugar 0.1g
Fibre 0.3g
Protein 31.6g

Green Chicken Curry

4 Ingredients Keto Low carbohydrate recipe by Kim McCosker

Serves 4

This recipe is from a cookbook I wrote called 4 Ingredients More Gluten Free Lactose Free. It is endorsed by Coeliac Australia and is a cookbook for anyone wanting to be healthier following a gluten and lactose free diet.



Method

Heat a large non-stick frying pan over a medium heat.

Add the chicken and sauté for 3 to 4 minutes or until just golden.

Add the curry paste and fish sauce and toss to coat the chicken.

Reduce the heat, add the coconut milk.

Simmer for 10 minutes, stirring occasionally until cooked. Season to taste.

OPTIONAL: This is a fabulous veggie recipe. Add all sorts of seasonal vegetables, in particular green beans, snow peas and strips of red capsicum (pepper), carrots and zucchini (courgette). Similarly, stir through some bamboo shoots right at the end so they are warm.

Ingredients

3 tablespoons (84g)
green curry paste.
2 tablespoons (12g)
fish sauce.
400ml coconut milk.
700g skinless chicken
breast, diced.

Analysis per serving

Calories 362
Kilojoules 1515.8
Total Fat 20.2g
-Saturated Fat 15.4g
Sodium 723mg
Carbohydrates 3.5g
-Sugar 2.6g
Fibre 1.0g
Protein 41.3g

Salmon BLT

4 Ingredients Keto Low carbohydrate recipe by Kim McCosker

Serves 4

This recipe is truly a dinner party worthy.



Method

Cook the bacon over medium heat in a large non-stick frying pan until crispy. Remove and set aside.

Add the salmon steaks and season with sea salt and cracked pepper, cook for 3 minutes each side.

Serve each steak on a plate, topped with the spinach, crispy bacon and sautéed tomatoes.

OPTIONAL: Serve with a dollop of homemade Lemon Mayonnaise: Mix together $\frac{1}{4}$ cup (80g) mayonnaise, juice and zest of $\frac{1}{2}$ a lemon and $\frac{1}{4}$ teaspoon cayenne pepper – YUM

Ingredients

4 slices (200g) bacon, chopped.
4 salmon steaks (198g each) skinless.
12 cherry tomatoes (17g each)

Analysis per serving

Calories 433.9
Kilojoules 1813.7
Total Fat 26g
-Saturated Fat 5.6g
Sodium 825.8mg
Carbohydrates 1.9g
-Sugar 1.6g
Fibre 1.8g
Protein 47.1g



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.

A large dashed rectangular box containing several horizontal dotted lines, intended for writing a question.

