

Diabetes Awareness

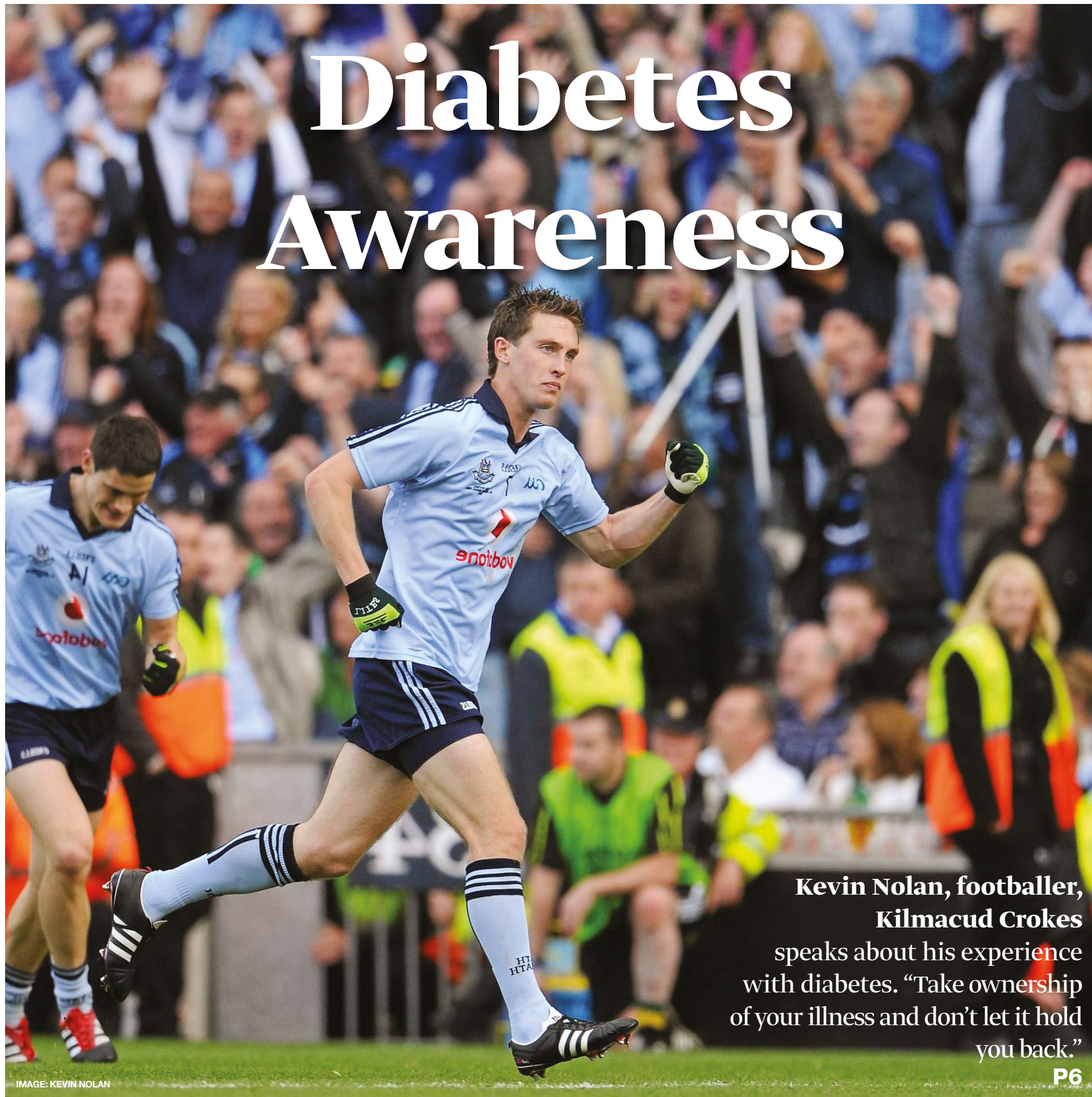


IMAGE: KEVIN NOLAN

**Kevin Nolan, footballer,
Kilmacud Crokes**
speaks about his experience
with diabetes. "Take ownership
of your illness and don't let it hold
you back."

P6



**FIGHTING
BLINDNESS**

ask the experts:

vision conference, dublin, 06.10.18

For more visit www.FightingBlindness.ie or call 01 6789 004





The fight against type 2 diabetes
Sinéad Powell from Diabetes Ireland, discusses how we can empower patients to self-manage their diabetes
P6



Low blood glucose alert from your phone
“It’s an incredible advance,” Dr Diarmuid Smith, Consultant Endocrinologist
P9



Heart disease
Adults with type 2 diabetes are most likely to die from heart disease, says Dr Maeve Durkan, from Cork Diabetes and Endocrinologist Group
P5

Don’t underestimate the seriousness of diabetes

People need to understand the factors that can lead to type 2 diabetes and the risks associated with the condition, says Dr Anna Clarke, Health Promotion and Research Manager, Diabetes Ireland.

Diabetes is a growing problem in all countries — and that includes Ireland. In fact, instances of diabetes are on the rise by 10-12,000 per year and, along with other chronic conditions, are putting severe strain on our overworked health system. People should be under no illusions about the seriousness of diabetes. If unmanaged or diagnosis is delayed, it can lead to complications like liver damage, blindness, retinopathy, heart

disease, kidney disease, amputation and early mortality.

What do we know about diabetes?

In people with diabetes, the pancreas makes too little insulin to enable all the glucose in their blood to get to their muscles and cells to produce energy. The glucose comes from the food we eat. There are various forms of the condition. Type 1 diabetes is a life-long autoimmune condition thought to affect 15,000 people in Ireland. It usually develops over days/weeks with obvious symptoms of thirst and frequent urination. Treatment is insulin by injection or infusion.

It’s important to stress that this form of the condition is not triggered by lifestyle factors, although a healthy diet and exercise regime is part of its daily management.

More people are becoming obese, which can trigger type 2

Most members of the public would probably consider type 1 diabetes to be the most serious form. However, most healthcare professionals would point to type 2 diabetes — which accounts for 85-90% of all cases— as far more troubling. Type 2 diabetes is where the person produces insufficient insulin to meet body’s demands.

Instances of type 2 diabetes are soaring worldwide and, overwhelmingly, it’s because populations are becoming increasingly overweight or obese and physically inactive. Take Ireland as an example. The latest figures from the World Health Organization show that around a third of us don’t achieve recommended levels of exercise, which contributes to our obesity levels and increased risk of type 2 diabetes.

We should also mention pre-diabetes — an indication that the person has difficulty clearing all the glucose from their blood — and gestational diabetes, when a woman doesn’t produce enough insulin to meet the needs of pregnancy. Whatever type of diabetes you have, it’s hard to overstate the impact it can have on your life. For instance, to take care of yourself properly you’ll need to plan your daily diet, exercise and medication.

Understanding the causes and risks of diabetes

Education and awareness of diabetes — as with any medical condition — is crucial because it can help you make an informed choice. See www.diabeteseducation.ie for online education, which will help you understand why the medical

profession puts such an emphasis on healthy eating and regular physical activity.

We want to arm people with enough information to put them in control. That might mean taking steps in order to prevent type 2 diabetes or, if they’ve already been diagnosed with the condition, finding ways to improve their medical management — and live healthier, more satisfying and more fulfilling lives.

The largest Diabetes Health and Wellbeing Exhibition takes place in Cork on November 11, see www.diabetes.ie/events for more information. Join us there. ■

Tony Greenway

See more at healthnews.ie

The silent epidemic of NAFLD in Ireland

There is a silent epidemic of NAFLD in Ireland which if left undiagnosed and untreated may lead to cirrhosis of the liver. However, awareness among patients and healthcare providers in this country is extremely low, leading to underdiagnosis, under-treatment and increased morbidity.

Non-alcoholic fatty liver disease (NAFLD) is a liver disease caused by the build-up of fat in liver cells, in the absence of increased alcohol intake, which can lead to cirrhosis of the liver. Screening for NAFLD is strongly recommended for people with type 2 diabetes.

What is NAFLD?

NAFLD, an excess of fat in the liver, may develop as:

- Simple steatosis (fat): the accumulation of fat in the liver, which may slowly progress to liver inflammation and scar tissue (fibrosis) over many decades.

- Non-alcoholic steatohepatitis (NASH): the more progressive and aggressive subtype of NAFLD, where inflammation results in cellular damage leading to fibrosis/cirrhosis.

Who is at risk for NAFLD?

Fatty liver is typically associated with:

- type 2 diabetes
- obesity
- high cholesterol
- high blood pressure
- insulin resistance

It is estimated that 25-30% of the global population have NAFLD, and 5-12% develop NASH. A recent Irish NAFLD screening initiative in

2017 of patients with type 2 diabetes mellitus (T2DM) reported that one in five had advanced fibrosis/cirrhosis.

How is NAFLD diagnosed?

Research has proven that up to 80% of T2DM patients with NAFLD have normal liver blood tests. Consequently, the European Association for the Study of the Liver (EASL) Clinical Practice Guidelines (2016), strongly recommend that T2DM patients should be screened for NAFLD irrespective of liver enzyme blood levels, since T2DM patients are at risk of liver fibrosis.

To screen for NAFLD, a unique ultrasound-based technology called *Vibration Controlled Transient Elastography* or

FIBROSCAN® is used to measure liver stiffness, a marker of liver fibrosis.

This non-invasive and painless method has the advantage of also tracking changes in liver fibrosis over time including post treatment assessments.

What is the treatment for NAFLD?

The main treatment is lifestyle intervention including diet and exercise. Studies have reported that 7-10% weight loss sustained over 48-weeks results in significant improvement in liver steatosis and inflammation. Lifestyle intervention can improve and reverse NAFLD/NASH, provided significant weight loss is achieved.

The 2016 European guidelines

recommend also that the aggressive form of NAFLD (NASH) should be identified in patients at risk – such as those with T2DM or metabolic syndrome, and over 50 years of age.

Given the potentially life threatening complications of undiagnosed liver disease, awareness of liver health in patients with diabetes is critical and should be incorporated in diabetic care pathways. ■

LIVER WELLNESS®
Tel: 01-910 8901
Fax: 01 969-5572
Email: info@liverwellness.ie
Web: www.liverwellness.ie

SPONSORED

IMAGE: GETTYIMAGES

How should patients with diabetes be monitored?

Dr Kevin Moore explains the importance of structured education for patients with diabetes and how technology can improve patients' understanding of their blood sugar and reduce their risk of complications.

Dr Kevin Moore, a Consultant Diabetologist based in Dublin and Kildare, says “HbA1c is the currency of diabetes.” The HbA1c blood test reflects blood sugar control over the last two to three months and is the main predictor of complications. Dr Moore’s job is to help patients tread the line between keeping the HbA1c low enough to avoid complications, but not so low as to cause hypoglycaemia (low blood sugar). We know that a relatively small drop in HbA1c is associated with a greatly reduced risk of complications.

Patients can lose interest in maintaining good diabetic control
There is a common pattern of an initial surge in interest and enthusiasm for keeping diabetes controlled, explains Dr Moore. His concern however is that diabetes is a “long-term game and if you don’t respect it, it’ll cause you a lot of trouble”.

As time goes by, enthusiasm for good control can lessen and he stresses the importance of diabetic control, even when patients say they ‘feel fine’. His interest is not just how the patient feels now, but how they will feel in years or decades to come if poor control has caused complications. Complications related to diabetes include, blindness, kidney failure, nerve damage and an increased risk of heart attacks and strokes. Some patients with diabetes will be diagnosed in childhood, so poor control at a

young age can set them on a path to complications by the time they reach their 20s or 30s.

Patients must be educated to make good decisions
Dr Moore has been involved in writing the new Irish guidelines for type 1 diabetes. The guidelines emphasise the importance of education. Patients with diabetes must self-manage their condition; they have to make many decisions every day that directly affect their diabetes. These patients need the knowledge to be able to make the right decisions, day in, day out. The guidelines recommend that all patients should attend a structured education course within 12 months of diagnosis of type 1 diabetes. The courses are usually run over three to five days and they help to empower the patient to self-manage their diabetes on a day-to-day basis, as well as continuing a regular dialogue with their diabetes team.

Dr Moore stresses the importance of patients attending this course, as there is evidence that this education has a significant effect on HbA1c and quality of life.

Glucose test results can be downloaded to an app almost instantly
Technology is creeping into all areas of our life and diabetes is no different. New monitors allow patients to test their blood glucose more frequently; results are downloadable and can be analysed by the patient and by their diabetes team. Dr Moore explains how this means that some patients are now checking their sugar 15-30 times a day and are able to better understand the trends in rising or falling sugars. When he sees the patient, he can download a myriad of data which helps him to analyse and improve diabetic control. As with anything though, the technology only works if you use it. A patient who only tests their

blood glucose once or twice a day won’t really benefit. In some cases, the ease of checking with newer diabetes technologies can make a huge difference. Patients still need to see their diabetologist usually twice a year. Adolescent and young adult patients should be seen three to four times a year as they often need more support. All patients with type 1 diabetes should have phone or email access to their team in between appointments and will of course also see their own GP for other medical issues, which may or may not be related to their diabetes. Type 1 diabetes is an incredibly challenging condition to live with, but education and technology are helping. Patients who work with their diabetes team and maintain good blood glucose control should expect to avoid significant complications of diabetes. ■

Toni Hazell



Dr Kevin Moore
Consultant Diabetologist
Naas General Hospital and Tallaght University Hospital

IMAGE: GETTYIMAGES

Adults with type 2 diabetes are most likely to die from heart disease

If we want to reduce the mortality of patients with type 2 diabetes, we need to look at more than just sugar control.

Dr Maeve Durkan, a Consultant Endocrinologist at the Cork Diabetes and Endocrinologist Group, says “If you look at patients with type 2 diabetes, they are dying from cardiovascular disease – that’s the predominant mortality.” “In the 1990s, a patient’s chances of surviving for seven or eight years after having had a heart attack, was about 80%. But for patients with type 2 diabetes, their survival rate was only about 20-30%. Those statistics are alarming and, according to the American Heart Association, adults with type 2 diabetes are far more likely to die from heart disease than adults without diabetes. The prevalence of

cardiac events is at least 30% higher in people with diabetes mellitus (DM) compared to those without. It’s a significant difference, which can be explained by looking at the vasculature of the heart. For someone with type 2 diabetes, if there is prolonged hyperglycemia (high blood sugars) these sugars can be toxic and, over time, can damage blood vessels by making them ‘stickier’. Cholesterol sticks to the ‘sticky vessels’ and ultimately other blood cells may stick to that cholesterol, causing plaque. This plaque buildup can damage the vessels carrying the blood to and from the heart, starving the heart of oxygen and nutrients. **Blood pressure and cholesterol also affect diabetes** The initial response from diabetologists has been to focus on

reducing mortality rates by keeping a tight rein on a patient’s blood sugar levels and targeting glucose control by targeting HbA1c levels (the three-month test that reflects overall sugar values over the preceding three months). But further research has gone a step further to show that traditional risks, such as blood pressure and cholesterol, are also significant risk factors in patients with type 2 diabetes – so treatment needs to incorporate more than simply managing blood sugars. “We have had a huge change in the last five or ten years in the way we manage diabetes. We have now moved on to say we can improve the outcomes with sugar control, blood pressure control and cholesterol control,” continues Dr Durkan. “Part of the success of the newer interventions has also been the avoidance of weight gain, (which creates a vicious circle in insulin

resistance and further difficulty in managing diabetes) and, more importantly, the promotion of weight loss, and specifically fat weight loss in the abdomen, viscera and in the liver.” **New medications provide additional benefits** Alongside these developments has come greater research into medications. Many of the older, traditional treatments in the management of diabetes incurred not only a risk of hypoglycemia, but impressive weight gain, which further compounds the problems and risks associated with heart disease. “Every new drug coming to trial has got to be seen as safe in terms of cardiovascular risk,” says Dr Durkan. “Within the last five to ten years, two new classes of drugs have come to the fore

and are not only proven to be safe from a cardiovascular aspect, but actually providing benefit. All new classes of DM drugs must now undergo cardiovascular safety trials – designed to show that they are not only safe, but that they cause no harm. Unexpectedly, we are actually seeing cardiovascular benefits that are independent of sugar lowering.” The good news is that outcomes are moving in the right direction. According to Dr Durkan, data for the last two decades shows a decline in cardiovascular mortality for both the general population and patients with type 2 diabetes. While heart disease remains the leading cause of death for patients with type 2 diabetes, there is knowledge and support available to help reduce that risk. Patients don’t have to suffer alone. ■

Kate Sharma



Dr Maeve Durkan
Consultant Endocrinologist,
Cork Diabetes and Endocrinologist Group

UNDERSTANDING TYPE 2 DIABETES AND HbA1c

Type 2 diabetes is a chronic condition that is characterized by the presence of abnormally high blood sugar levels.¹ It occurs as a result of either the body being unable to use insulin effectively and/or the body not being able to produce enough insulin.¹

415 MILLION adults are estimated to be living with diabetes worldwide¹

HbA1c is a measure of a person's average blood sugar level over the past 2 to 3 months²

The recommended HbA1c for many people with diabetes is <7%³

Blindness

Kidney Failure

Lower Limb Amputation

Heart Disease

Stroke

IMPORTANCE OF LOWERING HbA1c

Achievement of an individualized HbA1c goal may help reduce the risk of developing serious diabetes-related complications, including:⁴

FIRST THINGS FIRST

Talk to your Nurse/GP to help you understand and reach your HbA1c Goal

REFERENCES 1. International Diabetes Federation Atlas. The Seventh Edition. 2015. Available at: <http://www.diabetesatlas.org/> Accessed: February 2017 2. American Diabetes Association. A1C. <http://www.diabetes.org/living-with-diabetes/treatment-and-care/blood-glucose-control/A1C/> Accessed: February 2017 3. International Diabetes Federation. Clinical Guidelines Task Force Global Guideline for Type 2 Diabetes. 2012. <http://www.idf.org/sites/default/files/IDF-Guideline-for-Type-2-Diabetes.pdf> Accessed: February 2017 4. Centers for Disease Control and Prevention. National Diabetes Statistics Report: Estimates of Diabetes and Its Burden in The United States, 2014. Atlanta, GA: U.S. Department of Health and Human Services; 2014. <http://www.cdc.gov/diabetes/pubs/statereport4/national-diabetes-report-web.pdf> Accessed: February 2017 *The general goal of <7% appears reasonable for many adults with diabetes. More or less stringent HbA1c goals may be appropriate for other patients

Diabetes Centre

Expert care, support & services

for people living with diabetes.

www.materprivate.ie

Moments you keep in your heart

Having type 2 diabetes increases your risk of cardiovascular disease (stroke and heart attack)¹

Talk to your doctor or nurse about diabetes medications that will lower your risk of cardiovascular disease

Questions to ask your doctor or nurse:

- How is type 2 diabetes related to my heart?
- If I am taking medicine to treat high blood pressure or cholesterol, am I still at risk?
- Can my diabetes medicine help to reduce the risk for cardiovascular disease?

Novo Nordisk Limited
First Floor, Block A, The Crescent Building
Northwood Business Park, Sandy
Dublin 9, D09 XN63, Ireland
Tel: 01 8629 710
Fax: 01 8629 725
Loc call: 1 850 660665
info@novonordisk.com
www.novonordisk.ie

Reference 1: Wong et al. Atherosclerotic cardiovascular disease and heart failure in type 2 diabetes mellitus – mechanisms, management, and clinical considerations. Clinical update: cardiovascular disease in diabetes mellitus, 2016;135:2459-2502. Changing Diabetes® and the Apple logo are registered logos of Novo Nordisk A/S. Date of preparation: August 2016. RUCAD218/001/16/1



IMAGE: GETTY IMAGES

Don't let type 1 diabetes stop you achieving your dreams



Kevin Nolan
Footballer,
Kilmacud Crokes

Kilmacud Crokes and former Dublin footballer, Kevin Nolan, was diagnosed with type 1 diabetes in his 20s and is determined not to let it restrict his personal life or sporting career.

When were you diagnosed with type 1 diabetes?
It was December 2011. I'd recently turned 23 and also been diagnosed with coeliac disease. Plus, I'd started a new job at a secondary school teaching PE and science, alongside playing for the Dublin senior football team. So, life was busy.

What were your symptoms?
I felt really tired, I lost two-and-a-half stone in weight and I was waking up six or seven times a night to urinate. I thought it was down to the pressure and stress of the new job and doing well with Dublin because we'd just won the All Ireland Championship. Because of that I didn't go to my GP for about two-and-a-half weeks after my symptoms started.

After diagnosis, were you worried it would affect your sporting career?
Yes. I always look to find the positive, but when you're trying to compete at the highest levels of sport and you're a couple of percent off your best, then it can be a problem. On top of everything else, I had to start thinking about food before training and my blood sugar level during training. But if I knew then what I know now, I would have had a much better understanding of the condition and felt more in control of it.
It wasn't diabetes that ended my inter-county career with Dublin. That happened because I sustained a couple of injuries and had an operation on my lower back.

How do you manage your diabetes?
I inject with insulin pens six or seven times a day, if not more. Also, because something out of my control is causing my blood sugar to rise, I've applied to get an insulin pump. I also use continuous glucose monitoring and have a sensor in the back of my arm that I change every two weeks and scan with my mobile phone to take a reading. Diabetes tech has advanced a lot since my diagnosis.

How important is exercise and diet?
Exercise helps reduce the amount of insulin you have to take; so, as a sportsman and PE teacher, living a role model lifestyle helps. As for my diet, being a coeliac restricts the foods I can eat anyway.

What would your advice be to anyone newly diagnosed with type 1 diabetes?
Take ownership of your illness and don't let it hold you back. Having diabetes might restrict you a bit at first; but once you get it properly under control there's no reason you can't achieve the dreams you had before your diagnosis. I'm now engaged, relocating to County Monaghan and looking to transfer to Cremartin. So, it's changing times for me — but exciting times, too. ■

Tony Greenway





IMAGE: GETTY IMAGES

How ordinary people can fight type 2 diabetes



Sinéad Powell
Regional Development Officer and Dietitian,
Diabetes Ireland

In the fight against type 2 diabetes, healthcare professionals and pharmacies are offering help to everyone by taking the prevention message into the community and empowering patients to help themselves. Here's how they can help you, and how you can help yourself.

It is estimated that 225,840 people in Ireland are living with both type 1 and type 2 diabetes. Only type 2 diabetes can be prevented. Type 1 diabetes is an autoimmune condition where the body attacks its own cells and is unable to produce insulin. It cannot be prevented and is not caused by lifestyle.
A quarter of Ireland's under-fives are overweight or obese, conditions known to increase the risk of type 2 diabetes, so rates of the condition are set to rise. By 2020, it is estimated that there will be 233,000 people living with diabetes. Most of those will be type 2, which is largely preventable.

How to deter diabetes
First, increase your awareness of the condition and find out about the help available. Sinéad Powell, Regional Development Officer and Dietitian, Diabetes Ireland, says, "If you feel you may be at risk of developing diabetes – if you are overweight for instance – don't delay taking action."
"Figures show that the risk of developing type 2 diabetes increases over the age of 40, with associated risks especially with overweight and a sedentary lifestyle. The longer you remain overweight the greater the risk."

Don't be afraid to seek help
You can get help from healthcare practitioners and pharmacists in making lifestyle changes that reduce your risk. Don't be deterred by the feeling that you may be judged.

"These days," says Powell, "instead of lecturing people, we should ask what their healthcare goals are, and how we can help them to get there."
"The HSE is encouraging healthcare professionals to open conversations with all patients about their lifestyles in their Making Every Contact Count programme, and to let them know about the support available in a non-judgemental and supportive way."

The risk of developing type 2 diabetes increases over the age of 40

Taking the message to communities
Powell and her colleagues are also delivering simple messages in workplaces, schools and community initiatives about how movement and diet can reduce the risk of diabetes.
"In workplaces, we are often addressing people with no current problems, but we tell them that lifestyle changes in the present can help avoid diabetes in the future," she says.
She and her colleagues have also been talking to groups in Men's Sheds – the Men's Sheds movement offers a space for men to pursue practical interests and socialise.
"Many of the men are over 60, so we encourage them to know more about diabetes prevention and advise on how often to get their blood glucose levels tested."

Movement and diet changes
"Simple changes to increase your level of movement help. We offered the Men's Sheds group pedometers and encouraged them to increase their daily number of steps. Most of the men lost weight," says Powell.
The HSE advises that 30 minutes of exercise that increases the heart rate, five times a week, can reduce

the risk of type 2 diabetes by up to 50%.
Increased movement combined with dietary changes tackles diabetes on two fronts.
"For most people, weight gain revolves around snacking, portion size, eating as a habit or late at night."
"We encourage people to make one small change at a time, such as taking the stairs rather than the lift, and becoming more aware of portion sizes at mealtimes."

Practical help
Diabetes Ireland encourages people with type 2 to join one of the three HSE-supported structure education courses. These are community-based courses and Diabetes Ireland run the CODE diabetes education programme.
"These group courses provide people with education and support to plan and achieve goals around their diabetes management. They have the additional benefit of the support of others, which can improve outcomes," says Powell. Course participants can find out where to get good care, and what they can expect.
An annual review can vary depending on location but should involve an HbA1c test to check average blood glucose level, retinal screening, foot health checks, and more. Course participants get booklets explaining what the test results mean and how they can be improved. Powell says: "In the fight against type 2 diabetes, people power is a huge weapon." ■

Linda Whitney

See more at healthnews.ie



Sarah Keogh
Consultant Dietitian

Less sugar, more fluids: two keys to better health

SPONSORED





Kieran O'Leary
CEO,
Diabetes Ireland

A diet including excess sugar consumption and poor hydration can impact health, both for those with and without diabetes. Sugar-free hydration is just as important as sugar-free foods in the management of diabetes, says charity Diabetes Ireland. Partnering with MiWadi has been crucial in helping this charity build education and support around diabetes.

Whether you have diabetes or not, it pays to monitor your intake of sugar and water. Many people do not realise how much sugar they are consuming or how little water they are drinking. For many, reducing sugar and increasing hydration at the same time can benefit health.
"Most people, particularly children, are consuming far too much sugar, so it's wise to monitor your intake," says Consultant Dietitian, Sarah Keogh, who attends events with Diabetes Ireland alongside other healthcare practitioners and has worked with drinks brand, MiWadi.
For people with diabetes, sugar-free hydration is especially important – not just to hydrate the body without aggravating

their condition, but also to counterbalance the dehydrating effects of high blood glucose levels, or excessive urination that high blood glucose causes.
50,000 more people expected to have diabetes by 2030
Unhealthy diets, lack of exercise and being overweight are all risk factors for developing diabetes. Diabetes is linked with increased risk of heart attack and stroke and can also lead to blindness and, in some cases, amputation, if it is not well-controlled. Yet, in Ireland, the number of people with diabetes is expected to rise by a quarter by 2030 – equating to more than 50,000 extra people with the condition.
So why do people still avoid the healthy lifestyle challenge? "Denial, lack of understanding, education and the impact on your social life all play their part," says Kieran O'Leary, Chief Executive of Diabetes Ireland.
Spotting sources of sugar
"There is no need to ban all sugar; so long as you are consuming a balanced diet, but it is worth being aware of sugar in many of the foods that we eat and drink. As well as obviously sugary foods, food products with 'hidden' sugar can add calories to your daily diet and

take a toll on your teeth. It pays to read the labels on food products, especially if you are watching your weight."
When it comes to nutritional content Keogh says: "Anything with less than 5gm of sugar per 100gm of food and less than 2.5gm per 100ml for drinks is low-sugar according to EU guidelines."
For people with diabetes, it is important to keep blood sugar levels steady. Excess sugar consumption can raise blood glucose levels. "Long-term raised blood glucose can lead to medical issues such as an increased risk of heart disease and kidney problems," says Keogh.
Are you dehydrated?
"Our bodies are 55-60% water. This water is essential for our health and plays a role in keeping our bodies and brains healthy and functioning. This is true for people of all ages," says Keogh.
For most people, including people with diabetes, the recommended intake is around two litres of fluid (that's about eight glasses) daily. "Water is best for hydration, but other good sources include low-fat milk and herbal teas. Adding a cordial, such as MiWadi, can make it easier to drink more water," says Keogh.
Don't wait until you feel thirsty – you can be 1-2% dehydrated before the feeling of thirst kicks

in," says Keogh. "Ensure you drink throughout the day, rather than leaving it until the evening. People tend to be a little dehydrated in the morning, as they have lost water through the breath and skin overnight."
Balancing sugar intake
Watch out for drinks with added sugar and try to avoid adding it to hot drinks. Keogh advises: "Look for drinks with no or low sugar. Plain water is best of course but you could try adding slices of fruit or herbs such as mint or consider sugar-free drinks such as MiWadi 0% Sugar."
What about sweeteners? "They are a substitute for sugar in some low- or no-calorie foods and drinks, giving a sweet taste but without the added sugar or extra calories," says Keogh.

Industry support for national healthcare
Ireland must act on the risk its population faces. Currently, there are 225,000 patients with diabetes, with a further 30,000 suspected to be left undiagnosed. Diabetes care is "significantly under-resourced," says Kieran O'Leary.
There is only so much awareness-raising that charities can do alone, though. In its first two years, Diabetes Ireland's partnership with MiWadi 0% Sugar has enabled Mr O'Leary to further develop the

charity into a go-to resource for all people affected by diabetes.
The charity has been able to expand its online resources including sugar-smart food and drink recommendations, information and resources for children affected by diabetes, and it has improved its community outreach and visibility in workplaces and at public exhibitions. Mr O'Leary emphasises the importance of collaboration by saying: "Proactive partnerships are a way of helping people in a way we could never do on our own. The more support we have, the more we can do."
This year, MiWadi has introduced a new range of 0% sugar Super Fruity tasting flavours, a fusion of delicious new flavours from real fruit*, combined with added vitamins and zinc. ■

Linda Whitney
Ailsa Colquhoun

Diabetes Ireland and MiWadi:
In April this year Diabetes Ireland signed up for a third year of partnership with the MiWadi brand (which is owned by Britvic Ireland Ltd).
See more at facebook.com/miwadiireland

NEW

0% SUGAR

100% SUPER FRUITY TASTE



MiWadi
0% SUGAR
Blueberry & Passion Fruit

MiWadi
0% SUGAR
Cranberry, Apple & White Grape



MiWadi
0% SUGAR
Supporting Diabetes Ireland

MiWadi 0% Sugar contains 10% fruit juice from concentrate as sold. Dilute your MiWadi as per instructions of use.

Diabetes Federation Discover

1 in 2

PEOPLE CURRENTLY LIVING WITH DIABETES REMAIN UNDIAGNOSED

DIABETES CONCERNS EVERY FAMILY

“My daughter has diabetes. She’d had it for a while before she was diagnosed. I wish we’d known the warning signs.”
Lee from Singapore

world diabetes day
14 November

SYMPTOMS CAN INCLUDE

EXCESSIVE THIRST

FREQUENT URINATION

LACK OF ENERGY

BLURRED VISION

SLOW HEALING WOUNDS

NUMBNESS IN FEET AND HANDS

Symptoms can be mild or absent in type 2 diabetes

“I make sure my family, friends and colleagues know that diabetes is serious and what to look out for.”

DIABETES IS A LEADING CAUSE OF

HEART DISEASE

STROKE

BLINDNESS

KIDNEY FAILURE

LOWER LIMB AMPUTATION

#WDD2018

Could you spot the warning signs in your family?

www.worlddiabetesday.org/discover

IMAGES: GETTYIMAGES

Diabetes concerns every family; governments could and should do more

Professor Nam H Cho
President,
International Diabetes Federation

Today, diabetes is a concern for every family – from the parents of children with diabetes to the relatives caring for an adult family member living with the complications of diabetes. Our current projections suggest the number of people with diabetes will increase to 522 million over the next decade, equivalent to one in ten people.

In 2017, diabetes was responsible for an estimated four million deaths, according to figures from the International Diabetes Federation (IDF). Many of these could have been prevented or delayed.

With the rising healthcare and societal costs associated with diabetes – USD727 billion in direct medical costs alone in 2017 – we must think about how the increasing prevalence of diabetes, type 2 in particular, can be slowed down and, hopefully, reversed.

We all have a role to play but governments in particular need to do more to ensure people with diabetes have access to the medicines and care they require to stay healthy and help us protect family members from developing type 2 diabetes and its life-threatening complications.

Government action to support families
IDF recently asked people across the globe to evaluate the governmental

response to diabetes. Globally, 44% of people believe their government has a responsibility to provide diabetes care. But only 17% think their government is doing enough.¹

If governments were to do more, such as providing guidance to the one-in-five health professionals who have not received postgraduate training on diabetes, they would support the prevention, early diagnosis and treatment of diabetes and its complications, which would help to build a more sustainable future. As a consequence, governments would spend less money on treating people with diabetes when it’s already too late. This could be money saved and misery avoided.

Prevention through education
Of the estimated 425 million people living with diabetes, around 10% have type 1 diabetes. At present, there is no way to prevent type 1 diabetes. If untreated, the diagnosis of type 1 diabetes is a death sentence.

This leaves around 90% with type 2 diabetes. In many cases – up to 80% according to some figures – type 2 diabetes can be prevented through regular physical activity and healthy eating habits. Governments can help stop the rise in type 2 diabetes by focusing on education initiatives and establishing policies that

support improved lifestyle and dietary choices. They need to help identify people who are not yet diagnosed and those at high risk, so the medical community can intervene early, before people are left needing treatment for diabetes complications.

Stop the epidemic in its tracks
We firmly believe people with diabetes, and their families, should have regular and affordable access to the care, education and support that is required for them to live a full and healthy life with the condition.

Diabetes is a serious global problem and it is at the point of becoming uncontrollable. Governments can make a significant impact in preventing the unnecessary deaths and disabilities of millions of people across the world. We need to work together to make the changes today that will protect the health of families tomorrow. ■

See more at
healthnews.ie

Know your levels with the latest diabetes tech

Dr Diarmuid Smith
Consultant Endocrinologist, Beaumont Hospital, Dublin,
Honorary Clinical Associate Professor at Royal College Surgeons Ireland (RCSI),
Honorary Secretary of the Irish Endocrine Society

Glucose levels can now be checked continuously, thanks to the latest diabetes technology. For patients with type 1 diabetes, this has been a major breakthrough.

Over the years, technological innovations have revolutionised the treatment and management of type 1 diabetes, says Dr Diarmuid Smith, Consultant Endocrinologist at Beaumont Hospital, Dublin, and Honorary Secretary of the Irish Endocrine Society.

“Since I started to specialise in diabetes, around 1997, we have had numerous advances in the care of diabetes. We now have better blood glucose testing devices, which will give you a blood glucose result within three seconds, improved insulin injection pens, new insulins, which are helping people with

diabetes achieve better diabetes control, which are more flexible to use, and we also have significant improvements in insulin pump therapy. More recently, we have developed continuous glucose monitoring systems that allow glucose levels to be checked constantly, day and night. These monitors show trends and patterns on whether blood glucose levels are falling or rising and can alert the patient if their blood glucose levels are low.”

You don’t need to finger prick test all the time
There are two continuous glucose monitoring technologies. Continuous glucose monitoring (CGM) is a sensor typically inserted subcutaneously underneath the skin of the belly for 7 to 10 days at a time, which continuously measures interstitial glucose (an equivalent of blood glucose) and can then immediately relay information about blood sugar

levels to the person’s smart phone, or to their insulin pump. “You can even set an alarm to alert you if your blood sugar is low,” says Dr Smith.

“This technology doesn’t completely do away with the need for a finger prick test (a way to self-check blood glucose levels), because it’s necessary to calibrate the monitor – and it is still currently a requirement to check your blood glucose (finger prick) before you drive if you are on insulin therapy.

But, the benefit of CGM is that you don’t need to finger prick test all the time and increasing data suggests that the more a person uses the CGM the more likely they are to have an improvement in their diabetes control.”

The other type of monitoring innovation, known as flash glucose monitoring, is a sensor the size of a 20-cent piece, which sits in the upper arm, again for two weeks at a time. “A person’s blood sugar level is revealed when they swipe

a reader over the sensor,” says Dr Smith. “They can see if their level is rising or falling – and how quickly or slowly the glucose level is rising or falling – or if it’s steady.”

As with CGM, the sensor is simply applied and easily replaced. “An advantage for the flash sensor, for example, is for the parent of a child with type 1 diabetes; the child does not need to be woken up in the middle of the night to have a reading taken.

The comfort this gives parents with children with type 1 diabetes is indescribable, says Dr Smith. “It’s an incredible advance.”

Early data from flash sensors is also showing an improvement in diabetes control, a reduction in hypoglycaemia and significant improvement in quality of life for people with diabetes. However, at present, flash sensing technology won’t alarm when the glucose level is low, unlike CGM.

Availability of innovations
Unfortunately, glucose monitoring technology is not free in Ireland in the majority of cases. “Diabetes medication and insulin therapy is paid for by the state,” says Dr Smith. “The flash sensor is available for free for anyone under 21 with type 1 diabetes; everyone else currently has to pay for the flash sensor.

“Typically, CGM monitors also have to be paid for by the patient – although the government may provide this technology free in some instances for patients who have severe, recurrent hypoglycaemia.” Dr Smith encourages the government to ensure that these new technologies are available free to all patients with diabetes on insulin as soon as possible. ■

Tony Greenway

See more at
healthnews.ie

INTRODUCING THE NEW DEXCOM G6.®

ZERO* FINGERSTICKS.

Always know your glucose level and where it’s heading with just a glance at your smartphone or watch!†

Dexcom.com

CONTINUOUS GLUCOSE MONITORING

ACCURATE REAL-TIME GLUCOSE READINGS‡

SMARTPHONE COMPATIBILITY†

SMALL SENSOR

SIMPLE AUTO-APPLICATOR

10-DAY SENSOR WEAR

ALERTS AND ALARMS

SHARE GLUCOSE DATA§

AGES 2 YEARS AND UP

*If your glucose alerts and readings from the G6 do not match symptoms or expectations, use a blood glucose meter to make diabetes treatment decisions.

† More details on accuracy: Shah VN, et al. Diabetes Technol Ther. 2018. ‡ For a list of compatible devices, visit www.dexcom.com/compatibility. § Internet connectivity required for data sharing. Following requires the use of the Follow App. Followers should always confirm readings on the Dexcom G6® App or Receiver before making treatment decisions. ©2018 Dexcom UK & Ireland. Dexcom UK (Distribution) Limited, Watchmoor Park, Camberley, GU15 3YL (10040080), VAT 241 2390 40. LBL016788 Rev001.

IMAGE: GETTYIMAGES



“Diabetic foot disease is one of the most common complications of diabetes, and tends to be one patients fear most,”

Diabetic foot: signs, support and education

Ronan Canavan
Consultant Endocrinologist,
St Columcille's Hospital and St Vincent's University Hospital
and HSE National Diabetes Programme Lead (2013-2016)



Year on year, the number of people in Ireland requiring hospital treatment for diabetes-related foot complications is increasing. What can be done to stop this worrying trend?

There are over 225,000 patients with diabetes in Ireland and around 300 patients require amputations each year. “Diabetic foot disease is one of the most common complications of diabetes, and tends to be one patients fear most,” says Dr Canavan, Consultant Endocrinologist. “If left untreated and mismanaged, it is associated with severe health complications and devastating outcomes, of which patients may not be aware.”

The National Diabetes Foot Care Programme by the HSE began in 2010 and today employs 22 podiatrists. Dr Canavan believes Ireland requires 120 podiatrists to effectively provide local screening and early intervention to the diabetes community. This is why identifying high-risk patients is critical to early intervention and effective treatment from Ireland's stretched specialist services.

What is diabetic foot?

Diabetes can cause nerve damage and blood vessel disease in the feet. This can cause skin and tissue breakdown, which can develop into non-healing wounds (ulcers) and an increased risk of infection.

“Patients with both nerve damage neuropathy and circulation issues are at much greater risk of a small cut or lesion to develop into an ulcer, then to an infection, which, if left untreated, can risk the whole viability of the limb,” says Dr Canavan. “It is important to note you tend to have diabetes for some time before nerve damage and circulation issues are introduced,” he says.

Identifying the disease early

Dr Canavan warns of the difficulty of self-identifying the early signs of diabetic foot and recommends patients with diabetes seek annual assessment. Key signs are frequently missed such as losing sensation in the foot, as it does not disturb sleep or cause pain, and can even lead to more damaging behaviours.

“One of the side effects of having a loss of sensation is patients look for shoes that are tighter, so as to

achieve the sensation of tightness between shoe and foot. This can introduce ill-fitting footwear, injuring the foot further,” he says.

Diet, exercise, body weight, and cessation of smoking are the first steps to avoiding diabetic foot,”

A simple, two-minute check with simple instruments can check the sensitivity of the foot to pressure – assessing the sensation response of the limb along with an assessment of circulation by examining skin colour and health along with feeling for the main pulses in the feet. This should be undertaken by your GP or diabetes team. Once this assessment has taken place, referral to podiatrist for further risk-assessment and potentially treatment plans can be initiated.

How to avoid complications

Patient education on the importance of blood glucose control and modifiable cardiovascular risk factors such

as diet, exercise, body weight, and cessation of smoking are the first steps to avoiding diabetic foot.

“There are a number of good education programmes around the country for patients. Xpert is a widely available community diabetes education programme and provides information on how to look after your feet and how to look after your diabetes in general,” says Dr Canavan.

Regular foot check-ups and ‘staying vigilant’ with your own foot health is also recommended to avoid developing further foot complications. “If you are in a high-risk category and you get an ulcer on your foot, treat that as an emergency and seek review from your GP, specialist podiatrist or diabetes clinic within 24 hours,” says Dr Canavan.

Taking care of your feet

Many specialists recommend regular, or daily, foot checks, to identify changes in levels of sensation, coloration, lesions or shape. If you do notice any changes, contact your healthcare professional.

“A special type of nerve damage – called autonomic neuropathy – prevents sweating, thus causing hard,

cracked skin where ulcers and infections can develop. If you think this is happening, contact your podiatrist; they can recommend specialist moisturisers to keep the skin supple,” he says.

If your feet are at risk, with established neuropathy or circulation problems, it is recommended that you seek a professional podiatrist with any foot care, including nail cutting and the removal of dry skin. “The analogy is you wouldn't be expected to pull out your own teeth or do your own dentist work,” says Dr Canavan.

The future implications of diabetic foot are dependent not just on furthering investment in specialist services but also on patient participation, awareness and understanding. Through taking precautions with good glycaemic control, regular foot assessment, appropriate footwear, patient education, and early referral for pre-ulcerative lesions – cases of this debilitating diseases can be reduced. ■

Alex van den Broek

Visible results in 24 hours

Just a single daily application makes **Dermatronics Once Heel Balm** the easy regime for diabetes sufferers to maintain excellent foot hydration

- Once a day treatment for Dry, cracked and calloused heels and feet
- Suitable for Diabetics
- Care for your feet in the best possible way

For more information on the benefits of using Dermatronics Once Heel Balm, or to place an order visit our website

www.pamex.ie

or call

094 – 9024000

Available without
prescription
from your local
Pharmacy

ADVERTISEMENT

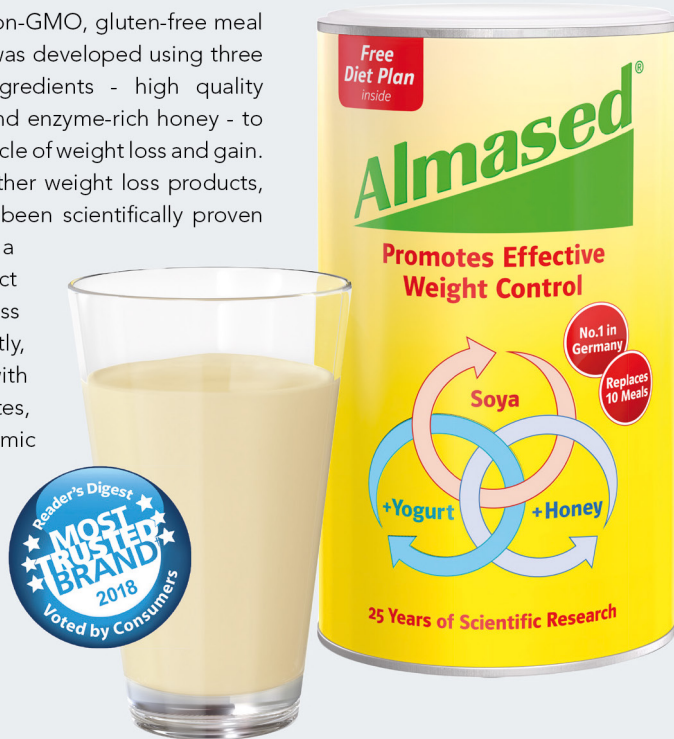
A WEIGHT LOSS SOLUTION FOR TYPE 2 DIABETES

Germany's No.1 Meal Replacement¹ not only supports weight loss but can also help people with Type 2 Diabetes lose weight.

For overweight people with Type 2 diabetes, losing weight is an essential part of managing the condition, however difficult this may be. Today, a scientifically proven meal replacement can provide safe and effective weight loss which is easy to follow and can be used by anyone suffering from Type 2 diabetes*.

What is Almased®?

Almased®, a non-GMO, gluten-free meal replacement, was developed using three wholesome ingredients - high quality soya, yogurt and enzyme-rich honey - to help end the cycle of weight loss and gain. Unlike many other weight loss products, Almased® has been scientifically proven to have a positive effect on weight loss and importantly, for those with Type 2 diabetes, improve glycaemic control.



...simply because it works

How Almased® can help people with Type 2 diabetes lose weight

Almased® contains a high proportion of plant based protein and a reduced carbohydrate content which results in the product having a low glycaemic index (27) and an extremely low glycaemic load (4). Foods with low GI and GL are slowly absorbed into the body and ensure blood glucose levels are only raised slightly while the body's requirement for insulin is reduced. As a result of this lower insulin requirement, fat stores are utilised for energy making it easier to lose weight.

Almased® can help people with Type 2 diabetes lose weight and furthermore, maintain weight after weight is lost. Our clinically tested 12-week plan is simple and easy to follow and can support your weight loss goals. Once this has been achieved, Almased® can be used once a day for the purpose of weight maintenance. **IT IS CLEAN WEIGHT LOSS IN EVERY SENSE** - Almased® contains NO artificial flavours, fillers, preservatives or stimulants.

For many people with Type 2 Diabetes, Almased® combined with a balanced diet and regular exercise, can help with any weight loss goal. You can replace any meal, by mixing 50g of Almased® with 200-350ml of water or 200ml of low-fat milk and 2 tps of oil rich in essential fatty acids (olive, rapeseed, walnut or flaxseed). To flavour your Almased® shake, you can add cinnamon, unsweetened cocoa powder or extracts such as vanilla or almond.

FIND OUT MORE

Visit www.almased.co.uk, email nutritionist@almased.co.uk or call 00 44 207 969 1886

Download your **FREE** Almased® Figure Plans at almased.co.uk/your-plan



Almased UK



@AlmasedUK

*HELPFUL ADVICE

Please consult your healthcare professional before starting any weight loss programme such as Almased®. Almased® is a meal replacement which can be used to replace up to two of your daily meals. Depending on how your diabetes is treated, you may require support to a) start checking your blood glucose levels/to check them more regularly, b) to make changes to your medications.

1. Euromonitor International(2018) † Reader's Digest. Trusted Brands 2018. Germany



let's feel good

Available in your local Boots pharmacy