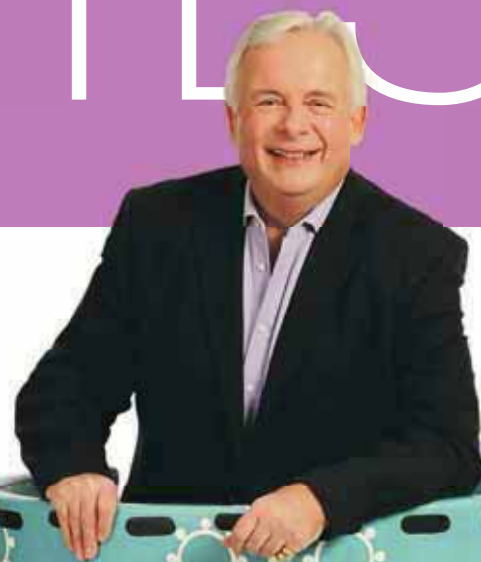
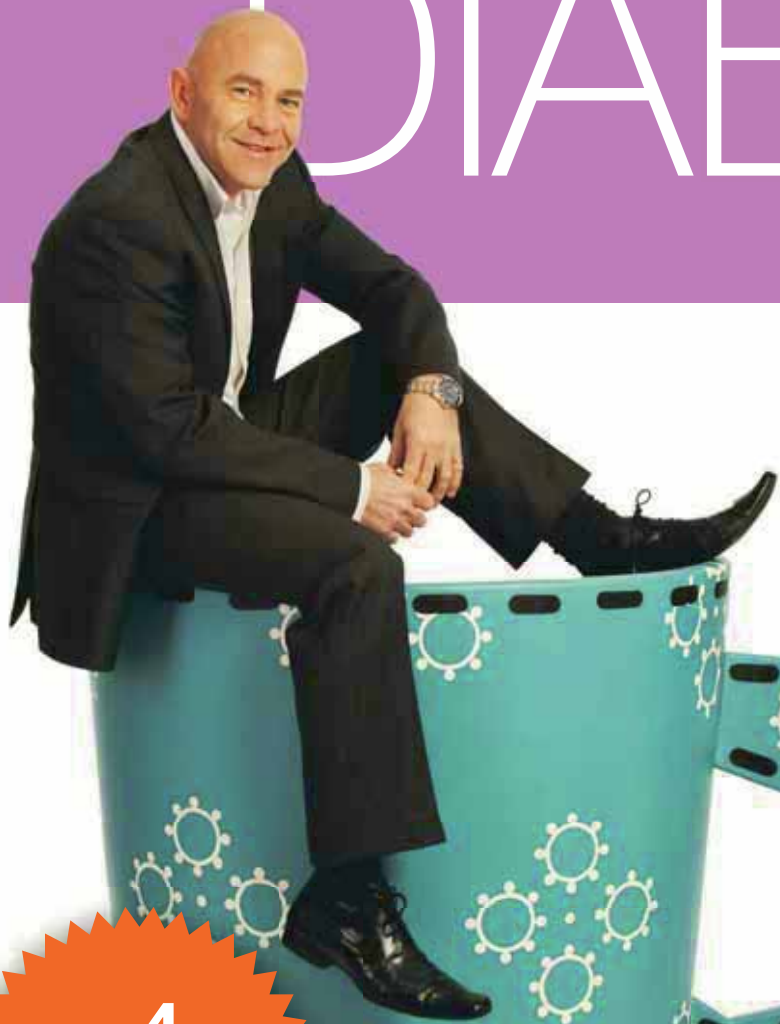


DIABETES



HAVE YOUR CAKE AND EAT IT

4

TIPS FOR
MANAGING AND
PREVENTING
DIABETES

Dom Littlewood and Christopher Biggins explain how they manage their diabetes whilst making the most out of life

Tackling obesity
Keeping your waist
under control will
reduce your risk



SHUTTERSTOCK

Your diabetes
Education and
awareness is
the key



SHUTTERSTOCK

PHOTO: DIABETES UK

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Desmond

CHALLENGES

Diabetes UK is the leading charity for the three million people in the UK with diabetes, funding research, campaigning and helping people living with the condition. Their new chief executive, Barbara Young, explains one of the biggest health challenges facing the UK

The battle ahead

Four hundred people are diagnosed with diabetes every day in the UK and, if current trends continue, the number of people with the condition is set to rise from around three million to more than four million by 2025. Globally, this serious life-long condition affects an estimated 285 million people and this figure is set to rise to a staggering 438 million by 2030.

Diabetes is a condition where the amount of glucose (a type of sugar) in the blood is too high and the body cannot use it properly. Normally a hormone called insulin is released from the pancreas to take the glucose from the blood to the cells where it is used for energy. However, in people with diabetes, the pancreas doesn't produce any or enough insulin, or the insulin that is produced doesn't work properly (known as insulin resistance).

There are two main types of diabetes:

Type 1 diabetes

1 This develops when the body is unable to produce any insulin and usually appears before the age of 40, and particularly in childhood, with peak diagnosis between the ages of 10 and 14. The condition cannot be prevented, it is not known why it develops and it is not connected with being overweight. People with Type 1 diabetes have to take insulin either via a pump or by injections several times a day to stay alive.

Type 2 diabetes

2 This type of the condition develops when the body doesn't produce enough insulin or the insulin that is produced doesn't work properly. Around 20 per cent of people with Type 2 diabetes treat their condition with diet and physical activity alone, 50 per cent with the addition of tablets, and the remaining 30 per cent require tablets and insulin injections.

If not diagnosed early enough or managed effectively, both types of diabetes can lead to devastating



Barbara Young
Diabetes UK

MY BEST TIPS**Reduce your risk**

1 To reduce your risk of Type 2 diabetes take regular physical activity and eat a healthy balanced diet rich in fruit and vegetables and low in fat, sugar and salt

Get checked

2 Check your risk of Type 2 diabetes with the new Diabetes UK Riskscore test at www.diabetes.org.uk/riskscore

complications such as heart disease, stroke, kidney failure, amputation and blindness.

Preventable in many cases, Type 2 diabetes accounts for around 90 per cent of all new diagnoses. The condition can go undetected for up to 10 years and, at the time of diagnosis, around half of people already show signs of complications.

You should ask your GP for a test for diabetes if you are over 40 years old or if you are black or Asian and over 25 years old. Other risk factors include having a close family member with Type 2 diabetes, high blood pressure, a previous heart attack or a stroke, being overweight or having a waist 31.5 inches or more for women, 35 inches or more for Asian men and 37 inches or more for all other men.

Medical and technological advances have greatly improved the lives of people with diabetes in recent years. But with more and more people being diagnosed with this serious condition every day, we still have a huge amount of work to do if we stand any chance of curbing this growing health crisis.

**WE RECOMMEND**

Christopher Biggins
Actor and television personality

PAGE 6

'I never considered it could be diabetes - never!'

One stop shop p. 12

1. Paving the way forward, the diabetes centre in Birmingham

Teenage diabetes p. 14

2. How Dan Hadary copes with diabetes at 15

MEDIA PLANET

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Managing Director: Willem De Geer
Editorial Manager: Katherine Woodley

Business Developer: Chris Emberson

Project Manager: Danielle Crank
Phone: 0207 665 4440

E-mail:
danielle.crank@mediaplanet.com

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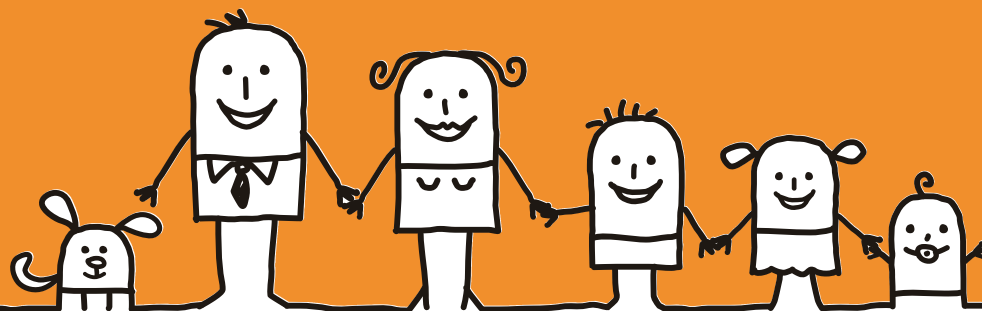
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Phone: 0207 665 4400

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INSPIRATION

Question: From scuba diving to dancing, water-skiing to flying: how does television presenter Dom Littlewood control his diabetes to enable him to get the best out of life?

Answer: He makes glucose monitoring and diabetes management an integral part of his life, allowing him to maximise freedom - and fun - elsewhere

The secrets of a full life

CHANGE

"I find that my regular injections are just like cleaning my teeth now - it's something I do automatically," says Dom, 45.

Dom recalls being diagnosed 32 years ago — and how completely different the treatment and support were then compared with today. "When I first got Type 1 diabetes, things were horrible. Diabetes is now really easy to live with once you know how to do it."

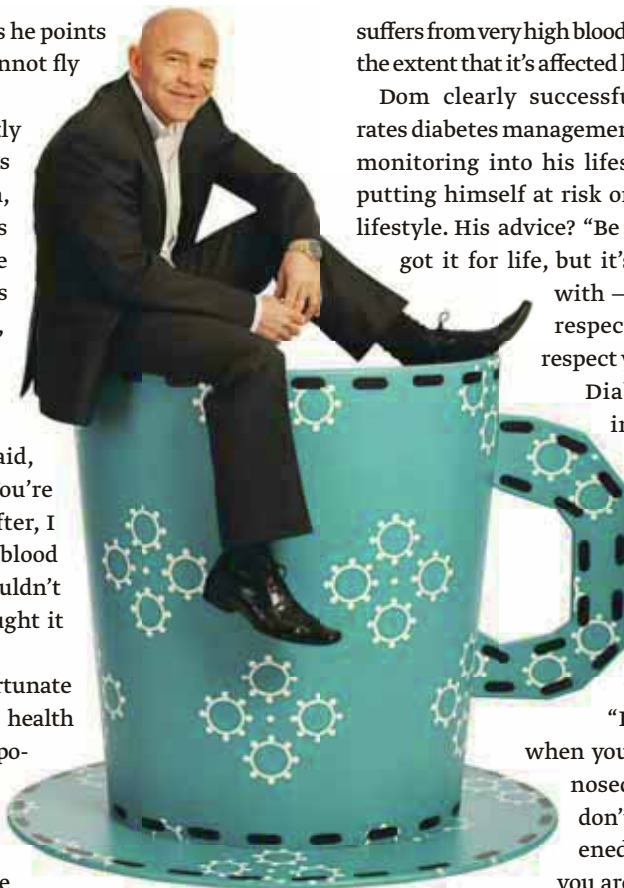
But while he now stays well on top of his diabetes, Dom says he wishes he had lived a little more healthily before: "Everything I know now, I wish I had known before. I've been a bachelor all my life and that has taken its toll on my health. I'm a prime culprit for burning the candle at both ends."

Since being diagnosed with diabetes as a teenager, he's leapt over many obstacles: from his many television roles to starring on *Strictly Come Dancing*, to gaining an advanced scuba diving certificate (possible with diabetes, though he admits this was "difficult") and a pri-

vate pilot's licence (though, as he points out, due to his diabetes he cannot fly without a co-pilot).

During practising for *Strictly Come Dancing* with his partner, dancer Lilia Kopylova, he remembers that one day his diabetes suddenly made some of his colleagues think he was a much better, more relaxed, dancer. "My eyes started to glaze over, but I carried on dancing - on autopilot I guess. The cameraman said, 'What's wrong with you? You're dancing a lot better'. Just after, I collapsed from a hypo - my blood sugar had dropped to 1.2! I couldn't believe the cameraman thought it improved my dancing!"

While Dom has been fortunate enough not to have had any health complications, he knows the potential side-effects well: "A girl I know from school has diabetes," he says. "I still keep in touch and it's a real shame she



suffers from very high blood sugar levels to the extent that it's affected her eyesight."

Dom clearly successfully incorporates diabetes management and glucose monitoring into his lifestyle without putting himself at risk or limiting his lifestyle. His advice? "Be aware you've got it for life, but it's easy to live with — treat it with respect and it will respect you."

Diabetes runs in Dominic's family - his 14-year-old nephew also has Type 1, and Dominic gives him as much support as he can. "It's difficult when you're first diagnosed. I tell him don't be disheartened - as long as you are sensible you

can live perfectly well with diabetes."

After learning more about his diabetes through a feature for *The One Show*, from which he learnt "lots of things" he previously never knew, Dom is particularly passionate that everyone should receive the same level of care and the ability to talk through their medication with a specialist on a regular basis. "I'd like specialist clinics to be open for longer, particularly outside of working hours — I find it hard with the job I do to make appointments, and I know that other people do too. Availability for evening and weekend appointments would be a great help for people managing a day-to-day condition."

Dom looks to the future with optimism: "We've already moved on from animal to human insulin and are starting to use insulin pumps or even have islet transplants", he points out. "I'm confident that diabetes will soon become a thing of the past - maybe not in my lifetime, but hopefully in my nephew's."

EMILY DAVIES

info.uk@mediaplanet.com

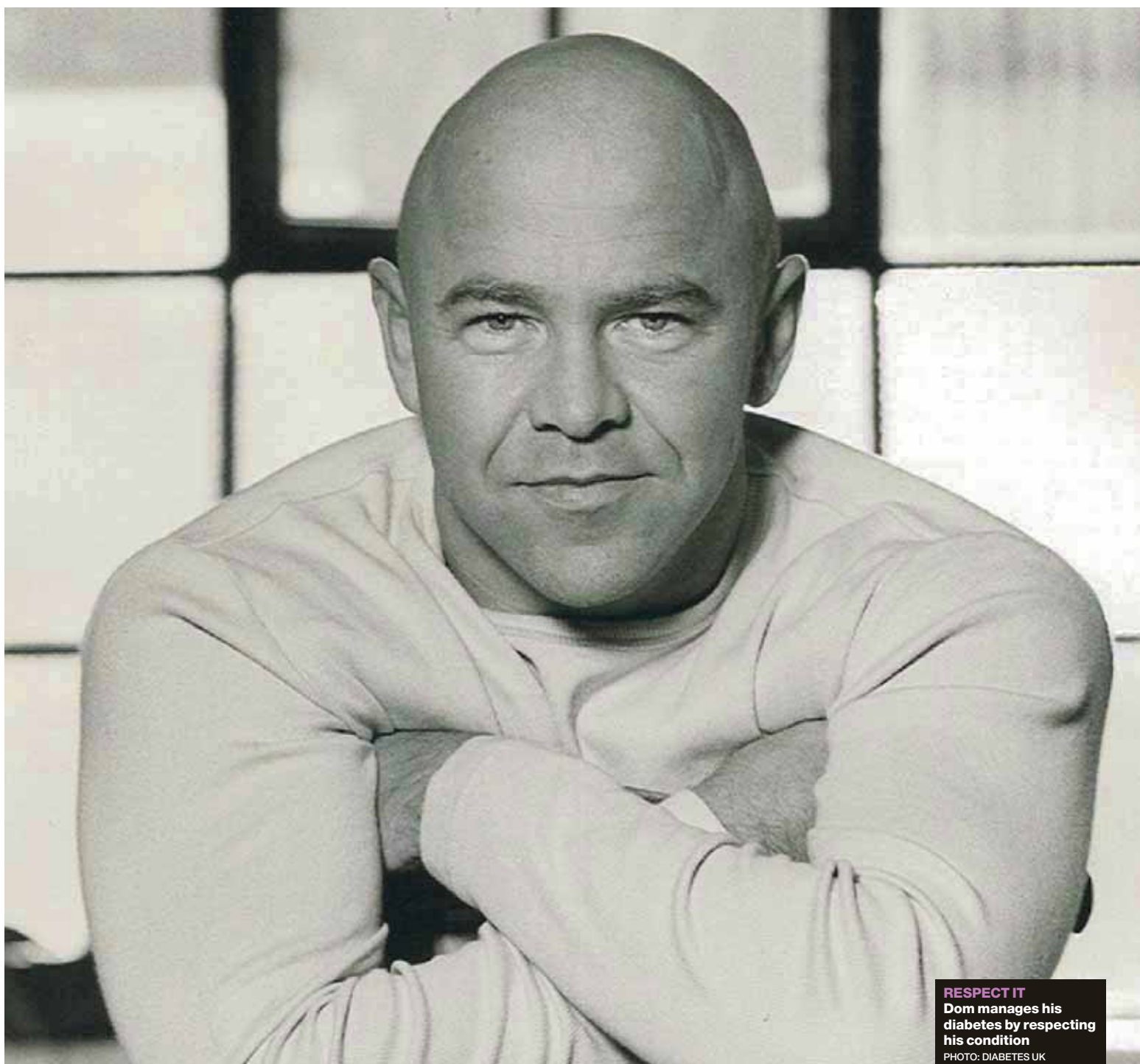
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RESPECT IT
 Dom manages his diabetes by respecting his condition
 PHOTO: DIABETES UK

Diabetes UK: importance of glucose management

In the short term, poor glucose management can lead to hypoglycaemia (a 'hypo') or diabetic ketoacidosis (DKA)

Hypos occur when the blood glucose levels fall too low. If left untreated the person having a hypo may, eventually, become unconscious.

If a person with diabetes consistently lets their blood glucose levels run too high they risk diabetic ketoacidosis (DKA). When the body begins to use stores of fat as an alternative source of energy because glucose cannot enter the cells to be used, harmful acidic by-products, ketones, are produced. Ketones are toxic and if levels continue to rise, DKA develops. Untreated dehydration and high ketone levels lead to coma — hospital treatment is vital as DKA can be fatal.

In the longer term poor glucose management can lead to heart disease, stroke, kidney failure, amputation and blindness.

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* Study performed by an independent research agency in March 2009 on behalf of LifeScan. Sample consisted of a randomised sample of 591 OneTouch® UltraEasy® users. Type 1 patients aged between 18 and 45, registered in LifeScan database in the UK (200 patients), in France (190 patients) and in Spain (201 patients). Data on file. LifeScan, LifeScan Logo, OneTouch® and OneTouch® UltraEasy® are trademarks of LifeScan Inc. © LifeScan UK and Ireland 2010. 10-090

INSPIRATION

Balancing the sweet and sour

Question: Christopher Biggins, 61, was diagnosed with Type 2 diabetes three years ago, after starting to feel unwell. How does he manage the demands of his diabetes with those of his work and life?

Answer: With heightened awareness, good knowledge and organisation, Christopher keeps his diabetes under control and still lives the life he desires

HOW I MADE IT

"I first noticed something was wrong in the summer of 2007 while rehearsing a play for the Edinburgh Festival," Christopher explains. "It was very peculiar. I felt lethargic and generally under the weather, and couldn't concentrate or learn my lines and I kept nodding off. I'd never felt like it before."

When the tiredness continued for a week he visited his GP — and after tests to measure the amount of glucose in the blood and in the urine, he returned for the results a few days later to a diagnosis of Type 2 diabetes. "It was a big shock as I'd only felt a bit tired and I never considered it could be diabetes — never!

"I was beside myself — I thought, that's it, my life is over," he recalls. "I

really thought oh, I'm going to be injecting myself for the rest of my life, go blind and lose a leg."

Christopher panicked so much that he left the play he was doing — so stressed was he by it all. Yet as he soon found, when you get down to the nitty-gritty, as he puts it, "it's not that bad" — "You hear terrible stories of diabetes sufferers and implications — but I've since discovered I have nothing to worry about, as diabetes can be easily controlled."

He takes four tablets of metformin daily and monitors what he eats — but that doesn't mean avoiding things he likes, as he explains: "I'll often have something I like but just a little of it to satisfy the urge — I don't often finish things, and after a while it's easy enough to eat like that. The other day I couldn't resist the clotted cream tea on offer at my hotel in Liverpool, but I had just one scone instead of two or three.

"It's definitely made a difference to how I live and eat — I eat healthily as best as I can despite the nature of my business and the odd hours I work, which make you more subject to eating odd things," he says with a wry smile. "But on the whole things are pretty good. And I love a glass of champagne or red wine, but I rarely

drink much: I think the last time I got paralytically drunk was a couple of years ago on *Celebrity Come Dine*

With Me
after

being plied with many drinks at dinner!

"In my opinion it's a question of finding the right balance for you. I firmly believe you have to have certain things in your life that you enjoy — without which life wouldn't be worth living, and life is short enough as it is. Stay as healthy as possible and enjoy what you like in small amounts — stay on top of what your body needs."

5

CHRIS'S BEST TIPS

1 As a diabetic it's vital to be aware and alert of your health, from what you're eating to how and when you're eating, and your activity level — much of good diabetes management is about keeping healthy, which often comes down to common sense.

2 I do think common sense is the secret to much of a health-giving lifestyle, whoever you are — the needs and aims of anyone trying to be healthy are to eat well and healthily and this is especially paramount for a person with diabetes.

3 A great deal of pressure can often be put on people about their condition, leading them to overestimate the impact and restrictions it can place on their lives. It scares them unnecessarily and is not fair. Yes, you have to be careful, but it is better to think about it simply as a certain way of life.

4 As much as you can, try to take it in your stride and make good diabetes management part of your life: diabetes can now be very well managed, not just by drugs and injections but by the power of your own knowledge and awareness.

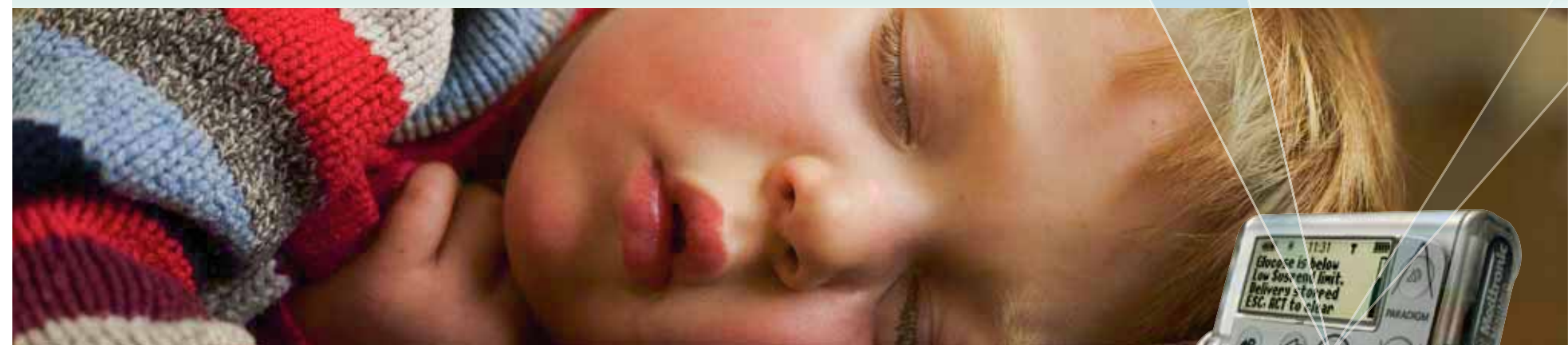
5 There are worse conditions and diseases to have, and I think you have to come to terms with it the best that you can.

TIP

1

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YOUR DIET

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Diabetes Facts For Dummies

Why should I worry about diabetes?

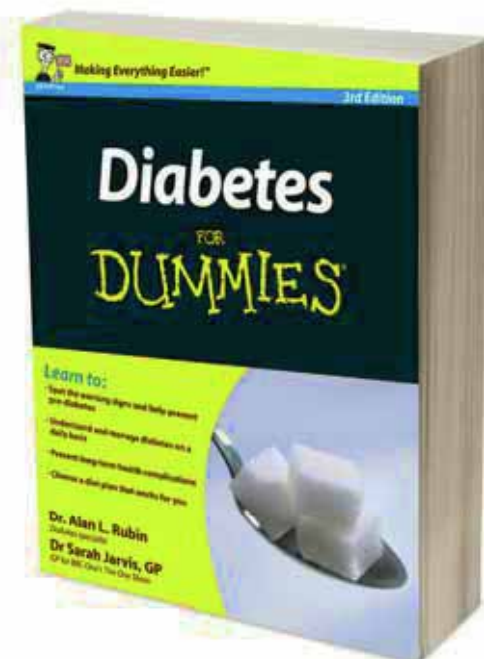
While diabetes has never been a rare condition, it is getting more common by the year. In the UK, there were about 400,000 people with diabetes in 1960; 800,000 in 1980; 1.8 million in 2004; and over 2.6 million in 2010. By 2025, it's likely that there will be more than 4 million people in the UK with diabetes. The incidence of diabetes is rising faster in the UK than almost any other country in Europe, largely because our incidence of obesity is also rising faster. Type 2 diabetes accounts for about 95% of cases of diabetes. Type 2 diabetes, in particular, is closely related to obesity; the proportion of people classified as obese in the UK has risen from 13% in 1993 to 25% today. A study funded by the Department of Health suggests that by 2050, that figure will have risen to a staggering 50%.

How do I know if I'm at risk?

- **Are you an 'apple' rather than a 'pear'?** If excess weight tends to accumulate around your stomach, your risk of diabetes is higher.
- **Does diabetes run in your family?** Did you have 'gestational diabetes' when you were pregnant? Are you of south-Asian origin? All these factors increase your risk.
- **Do you exercise regularly?** This reduces your risk of developing diabetes.
- **Do you eat a balanced diet?** Contrary to urban myth, your risk of diabetes is not dependent on how much sugar you eat – although if your weight increases in direct proportion to your chocolate intake, this will make a diagnosis of diabetes more likely!

How can I reduce my risk of diabetes?

- ✓ **Make time for exercise.** We all (doctors included) make excuses for not exercising, usually citing our busy lifestyles. Half an hour of aerobic exercise (the kind that makes you mildly breathless – swimming, an aerobics or step class, cycling, jogging, etc) five times a week is ideal. However, you can build up to this gradually, and brisk walking, taking the stairs rather than the lift or even getting off the bus one stop earlier every day will reduce your risk of diabetes. Is golf a 'sport'? Not, perhaps, in the same way that circuit training is, but if it's the one exercise you enjoy, it will do more good than a gym membership you never use.
- ✓ **Watch your diet.** In people at high risk of diabetes, restricting fat intake to less than 30% of total calorie intake, saturated fat to under 30% of fat intake and increasing dietary fibre (along with regular aerobic exercise) reduced progression to diabetes by 58%.
- ✓ **Keep your waistline under control.** Not all fat is equal, at least as far as diabetes is concerned. Intra-abdominal fat, which accumulates inside your stomach cavity, is metabolically active – it predisposes you to diabetes as well as to heart disease and high blood pressure. Subcutaneous fat (the 'inch you can pinch') doesn't exert the same direct effect, although it can have an adverse impact on your health in other respects.
- ✓ **Read *Diabetes For Dummies!*** The third edition, due to be published on 25th February 2011, has been completely updated and includes a whole new chapter on 'pre-diabetes' and reducing your risk of getting diabetes. It's relevant not just for everyone with diabetes but for anyone who might be at risk of it – which is pretty much anybody who has ever let anything more unhealthy than a tofu burger cross their lips!



Dr Sarah Jarvis has been a GP for 20 years. She has also been involved in medical writing and broadcasting for many years. She is the resident doctor on both BBCs *The One Show* and on Radio 2, as well as writing regular columns for *Good Housekeeping* and *My Weekly* magazines. She has also been the ITN lunchtime news doctor and takes part regularly in interviews on BBC 1, Sky News, BBC Radio 4 and BBC Radio 5 live.

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NEWS

SELF-MANAGEMENT IS THE KEY TO CUTTING COSTS



■ **Question:** Just how important is education and awareness in successful management of diabetes?

■ **Answer:** Being informed on all aspects of treatment and care enables a smart strategy and the best decisions for each individual

The universal consensus is that the key to good management of diabetes is adept self-monitoring, combined with good awareness, for both those with Type 1 and Type 2 diabetes. As Diabetes UK points out, 95 per cent of diabetes care is self-care — and the foundation of that is education.

Diabetes is a life-long condition, and can have a profound impact on lifestyle, relationships, work, income, health, well-being and life expectancy. Clinical trials have demonstrated the value of tight glycaemic control to reduce the risk of costly and life-threatening complications;

prolonged raised blood glucose levels are extremely detrimental to health, as they are associated with increased risk of heart disease, stroke, blindness, amputation and kidney disease.

National guidelines and frameworks, as set out by the National Institute for Health and Clinical Excellence (NICE), set the standards of care that people with diabetes should expect and prioritise information, education, training and support to enable people to manage their diabetes themselves. Self-monitoring blood glucose, by blood and/or urine testing, combined with education, provides information for people with Type 1 and Type 2 diabetes to make day-to-day decisions about food, physical activity and treatment to maintain control of blood glucose.

Cutting costs

Considerable cost savings and improvements in quality of life are to

be made from supporting people with diabetes to self-care, in line with health policy, including improved health and well-being, prevention of unnecessary hospital admissions, and reduced frequency of support from the NHS, claim Diabetes UK.

Helping patients learn

In the US, conversation mapping tools are visual and cognitive aids which engage patients in learning about diabetes and improving their awareness and self-management, of healthy eating and meal planning, blood glucose targets, potential long-term complications and how to delay or reduce those complications.

The conversation mapping is in partnership with more than 10,000 healthcare professionals who are specifically trained and equipped, and conversation mapping can be used on an individual basis or as a group tool.

EMILY DAVIES

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MEASURE UP
 Making good day-to-day decisions about food and exercise are vital
 PHOTO: SHUTTERSTOCK

Understand the enemy

Diabetes, particularly when it has been present for some years, causes arteries to become diseased, narrowed and blocked, resulting in poor delivery of oxygen and nutrients. This has a devastating effect on the nerves, leading all too often to permanent damage

The loss of sensation which results from nerve damage means that patients are at risk of injury - which, crucially, they might not notice, says Dr Trevor Cleveland, consultant vascular radiologist and clinical director, University of Sheffield Vascular Institute.

“This may be relatively minor trauma, which in a person who does not have the nerve damage would be noticed and be allowed to heal (for example, something as simple as skin abrasions from a shoe rubbing) but the environment of poor sensation, often high glucose and poor blood supply in a person with diabetes is one that is not conducive to

healing and where bacteria are able to multiply and cause significant infections,” he points out. The blood supply needed to heal an ulcer is significantly greater than that required to maintain an intact limb.

“Good control of diabetes can help – there is little that can be done to reverse the nerve damage once it has occurred,” says Dr Cleveland. “However, there is often treatment that can be considered to try to improve the blood supply by treating the narrowed or blocked arteries.”

This is where vascular intervention is helpful, Dr Cleveland says – either by opening up the arteries (using balloons [angioplasty] or stents) or by bypassing the blocked arteries. The blood flow can often be improved to either reduce the risk of ulcers or to improve the environment to allow ulcers to heal. The angioplasty and stent procedures are less invasive, and are usually performed by interventional radiologists such as Dr Cleveland whereas the bypasses are a bigger, more open surgical procedure and are performed by vascular surgeons. For people with diabetes, access to early consultation with vascular services is vital.



Dr Trevor Cleveland
 University of Sheffield Vascular Institute

EMILY DAVIES
 info.uk@mediaplanet.com



QUESTION & ANSWER



Fiona King
 49, lives in Canterbury, Kent. She was diagnosed as a Type 1 diabetic at 19 whilst undertaking ballet training at Rambert Dance Company

■ Why is foot care so vital?

! I ran very high blood sugars throughout my career as a classical dancer, resulting in kidney failure in 2004. After two years of dialysis I received a combined kidney/pancreas transplant effectively ‘curing’ the diabetes. Unfortunately, as I also had extensive neuropathy in my feet as a result of high sugars, I was prone to infection and after contracting MRSA developed a very serious ulcer under my heel, which resulted in a partial amputation of my right foot. It has rendered me quite disabled and I walk with great difficulty.

■ What would you advise others?

! What shocked me was the rapidity of the deterioration of my foot which started simply with a bit of dry skin – which within six weeks led to a complete disintegration of my heel and hospitalisation for four months. I cannot stress how important it is to look after a diabetic foot, to regulate blood sugars properly and to attend clinic for check-ups.



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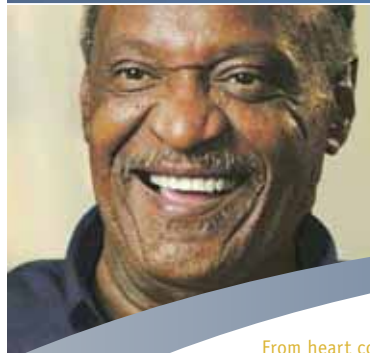


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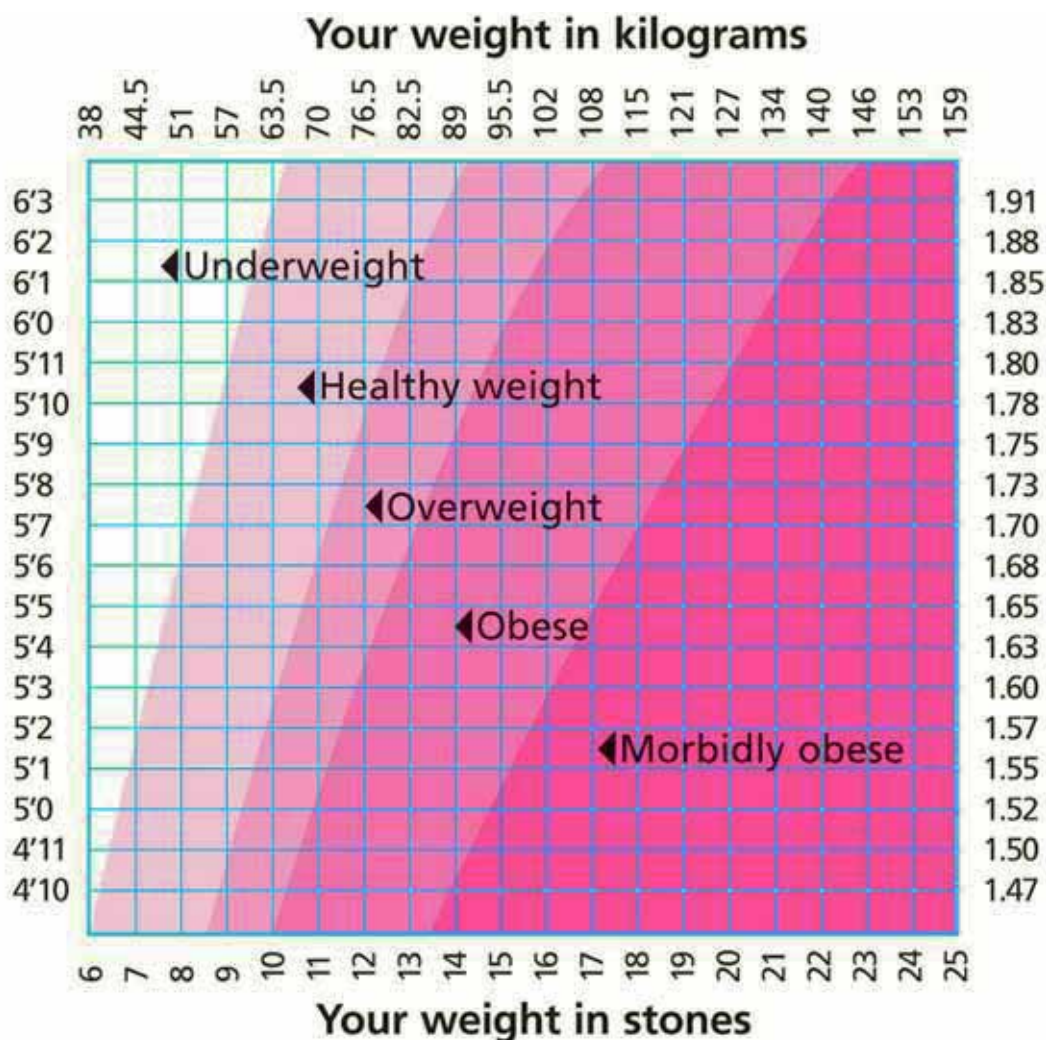


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NEWS



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Your height in metres

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 - Healthy weight: a BMI of 18.5-24.9, Asian adult 23-24.9
 - Overweight: a BMI of 25-29.9, Asian adult 25-34.9
 - Obese: a BMI of 30-39.9, Asian adult 25-34.9
 - Morbidly obese: a BMI of 40 or more, Asian adult 35 or more

To calculate your BMI: $BMI = \frac{\text{weight (kg)}}{\text{height (m)} \times \text{height (m)}}$

For example, if you are 1.80m tall and 95kg, your BMI would be

$$\frac{95}{1.8 \times 1.8} = \frac{95}{3.24} = 29.3$$

one foot = approx 0.3 metres
one pound = approx 0.45 kilograms

BMI CHART
Follow your weight until it meets your height on the chart to find out your body mass index
PHOTO: © DIABETES UK. THESE DIAGRAMS HAVE BEEN REPRODUCED BY MEDIAPLANET WITH THE KIND PERMISSION OF DIABETES UK

QUESTION & ANSWER

Cathy Moulton
clinical advisor, Diabetes UK, advises how best to avoid diabetes through lifestyle choices

How can the risks of developing diabetes be avoided where possible?

Know your risks: genetic risk can play a huge role, from having a close relative with diabetes to your ethnic background – Afro-Caribbean, South Asian or Middle Eastern origins will increase the risk of developing diabetes – and while you can't change your genes, knowing your increased risk enables you to make helpful decisions about lifestyle. Age is also a factor; we used to say that over 40 increased risk but now even children are being diagnosed with Type 2 diabetes, linked to being overweight.

Those with cardiovascular issues and high blood pressure also have a greater risk as do women who have had gestational diabetes during pregnancy, which increases your risk of developing diabetes subsequently by 50 per cent.

Obesity is obviously a problem in the UK. What's the best approach?

Improve your diet and make changes to your lifestyle as much as possible - this will help reduce the risk of developing diabetes and if you have diabetes, it can reduce the risk of long-term complications.

Firstly, be more active, taking regular exercise as much as possible. Watch what you eat and stick to a healthy balanced diet, with an abundance of fruit and vegetables and fewer processed foods.

Living healthily can push back the risk of developing diabetes in the next ten years by 60 per cent.



Why we should fight the fat

Question: How can diet and lifestyle help in the fight against diabetes?
Answer: Being overweight or obese will considerably increase the risk of developing diabetes - living a healthy lifestyle can reduce its onset, while managing your weight is important if you already have diabetes

Being overweight or obese is not only the risk factor for Type 2 diabetes, the most common form of diabetes – other factors, such as ethnic background, age and a family history, are also significant – but it is the one factor you can do something about, points out Cathy Moulton, clinical advisor at Diabetes UK.

“Obesity is a problem with relation to diabetes when the fat sits around the middle of the body,” explains Cathy. “Extra body fat, especially fat around the middle, cre-

ates insulin resistance – the fat cells make hormones that keep insulin from working at its best.

The larger your fat cells, the more of these hormones you will produce, and the more insulin resistant you will become.” And the other problem is that the pancreas is already working harder in those who are overweight, placing it under additional increased strain.

Waist circumference is key – white and black men should measure below 94cm (37 inches),

FACTS

- **Type 2 diabetes** develops when the body can still make some insulin, but not enough, or when the insulin that is produced does not work properly (known as insulin resistance).
- **Insulin acts** as a key unlocking the cells, so if there is not enough insulin, or it is not working properly, the cells are only partially unlocked (or not at

Asian men should be below 89cm (35 inches), white, black and Asian women should be below 80cm (31.5 inches).

“We know that people can have Type 2 diabetes for up to ten years without realising it and symptoms don't develop suddenly as in Type 1 – so people make allowances, because the symptoms can be subtle and can be easily dismissed as something else or related to lifestyle,” says Cathy. “For instance, lethargy, frequent urination,

all) and glucose builds up in the blood.

- **Type 2 diabetes** accounts for between 85 and 95 per cent of all people with diabetes and is treated with a healthy diet and increased physical activity. In addition to this, medication and/or insulin is often required.

blurred vision, wounds that don't heal as quickly as they should, and recurrent infections such as urinary tract infections and thrush.”

It is thought that around a million people in the UK are living with undiagnosed diabetes – and sometimes they do not know they have it until they have the heart attack or stroke that diabetes can cause.

People with diabetes can control blood glucose levels for a long time through diet and lifestyle – sometimes months and sometimes years, simply depending on their own blood glucose levels and their symptoms. “Unless a person with newly-diagnosed diabetes is very symptomatic, improved diet and lifestyle for at least three months are the first-line treatment, not medication,” says Cathy.

EMILY DAVIES
info.uk@mediaplanet.com

Diabetes can affect anyone, anytime



Within the UK there are more than **2.8 million** people living with diabetes and by 2025 it is estimated that over 4 million people will have diabetes. Most of these cases will be type 2 diabetes, because of our ageing population and rapidly rising numbers of overweight and obese people.¹

It is estimated that there are currently **1 million** people living with diabetes in the UK who are not aware of it.²

Could you be at risk?

Diabetes in the family?

Overweight* and inactive?

*(or waist of 31.5 inches or over for women; 35 inches or over for Asian men and 37 inches or over for white and black men)

High blood pressure or circulation problems?

Over 40?

Or over 25 with an African Caribbean or South Asian background?

A yes to any of the above could increase your risk of type 2 diabetes. The more that apply to you, the greater your risk.³

Visit www.changingdiabetes.co.uk for more information.

changing diabetes[®]

References: 1. Diabetes UK, no with diabetes rises http://www.diabetes.org.uk/About_us/News_Landing_Page/Number-diagnosed-with-diabetes-rises/ Accessed 27.10.10 2. One million people in the UK unaware they have type 2 diabetes, Diabetes UK http://www.diabetes.org.uk/About_us/News_Landing_Page/One-million-people-in-UK-unaware-they-have-Type-2-diabetes/ Accessed: 02/07/10 3. Diabetes UK, Causes and risk factors. Type 2 diabetes. http://www.diabetes.org.uk/Guide-to-diabetes/Introduction-to-diabetes/Causes_and_Risk_Factors/ Accessed 02/07/10 Corporate Affairs UK/DB/1010/0389 Date of preparation: October 2010


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EASIER ACCESS
Professor Anthony Barnett supports a 'one stop' clinic where all diabetes requirements are met
PHOTO: NAME SURNAME

The power of the pump

Insulin pump therapy offers greater freedom for many people with diabetes

Insulin pumps are small devices that deliver insulin via a tiny tube under the skin and provide a continuous supply of insulin which can be adjusted based on meals and other activities. "We run a multi-disciplinary insulin pump clinic — it is particularly useful for people with problems of blood glucose control, especially where there are erratic swings in blood sugar which can lead to hypoglycaemia," explains Dr Anthony Barnett, Professor of Medicine at The University of Birmingham. "Hypoglycaemia is a regular nuisance for many people and for some, frankly dangerous as in the more extreme cases it can lead to drowsiness, confusion, erratic behaviour and even coma or death," he says.

Insulin pumps work by delivering a varied dose of fast-acting insulin continually throughout the day and night, at a rate that is pre-set according to a person's needs. As insulin pumps involve more work, they require a high degree of motivation from the user. Their advantage is that for some they can help improve diabetes control, and minimise the frequency of hypos.

Insulin pumps are underused in the UK compared to continental Europe and the US, says Dr Brian Karet, a GPSI (GP with special interest) in diabetes, and The Royal College of General Practitioners' Clinical Lead for Diabetes. As well as reducing the frequency of hypoglycaemic events, they bring improved patient satisfaction, he says. "They are more widely used in children and young people and in pregnant women," says Dr Karet, and adds that "it should be noted that pumps do not remove the need to do finger testing — reliable closed loop (testing and injecting) pumps are now coming on the market though it is not known how pricing will affect access."

EMILY DAVIES

info.uk@mediaplanet.com

Paving the path to the future

Question: What's the way forward for diabetes care?

Answer: The most productive and efficient future for diabetes treatment lies in a multi-layered approach from technological innovation to changes in access to services for patients

Progress comes in many forms — especially for a condition as complex as diabetes.

"In recent years there have been dramatic developments in both methods of insulin delivery and other new therapies," points out Professor Anthony Barnett, Professor of Medicine at The University of Birmingham and who heads one of the biggest diabetes/endocrine units in the UK at the Heart of England NHS Foundation Trust, Birmingham. And as Professor Barnett points out, progress in diabetes care is about more than medication.

"The key person involved in the efficacy of delivery of diabetes care is the patient themselves and we have evidence that better patient engagement, with the individual having choice about how their diabetes is managed, is much more



'The key person involved in the efficacy of delivery of diabetes care is the patient themselves'

Dr Brian Karet
The Royal College of GPs

important than how many different drugs are available," says Dr Brian Karet, the Royal College of GPs' Clinical Lead on diabetes.

"Given that diabetes may be present for decades and can affect any system in the body, excellent education and support is vital and

this is ideally provided through a multi-professional team with the diabetes patient at the heart," points out Professor Barnett. "Other important team members include the hospital specialist, GP, diabetes specialist nurse (nurse educator), practice nurse, dieti-

DIABETES CARE AND NURSES: NHS COSTS

■ **Approximately 10 per cent** of NHS spending goes on diabetes — which equates to £9bn per year or £1m an hour.

■ **The cost** of tablets for people with diabetes in England is around £130m.

■ **Introducing Diabetes Specialist Nurses (DSNs) into hospitals'**

Emergency Medical Units could reduce the NHS deficit (£623m) by almost £100m.

■ **In 2006**, 28.4 million items to treat diabetes were prescribed at a cost of £561.4m. Diabetes prescribing now accounts for seven per cent of all prescription costs.

SOURCE: DIABETES UK

cian, pharmacist, chiropract and an expert shoe fitter and clinical psychologist. Other specialist involvement may include an eye specialist, vascular surgeon, cardiologist and kidney specialist."

Integrated solutions provided by a multi-professional team are key, says Professor Barnett. "This ideally includes provision of a 'one stop' clinic where all requirements can be met. For example, in our own clinic, all support services, including multi-disciplinary education, are provided through our Diabetes Centre.

The nurses have an important role to play in helping patients with day-to-day management of their medicines, including adjustment of insulin and starting new and innovative therapies. They also help in screening for the earliest signs of diabetes-related eye and kidney disease as well as looking for evidence of nerve damage and working with the patient and doctor in cardiovascular risk reduction."

EMILY DAVIES

info.uk@mediaplanet.com

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1. International Diabetes Federation.
IDF Diabetes Atlas, Fourth edition. 2009
COM.DIA.10.10.01

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PERSONAL INSIGHT

Dan Hadary, 15, from Golders Green, North London, was diagnosed with Type 1 diabetes eight years ago. Here, he explains the ways in which his diabetes affects his life - and the ways in which it doesn't

How I do it my way

“I find it hard to imagine living without diabetes, but whenever I do, I often think what a relief it would be, to be free of all the machines and needles, and to feel more human.

“As a result of diabetes, I feel it's made me — usually! — the most mature out of my friends, and always the responsible one. However, I feel as if this isn't who I wanted to be, and I feel as if I didn't get the full say in the person I'm becoming.

“I feel diabetes can also leave you feeling very insecure. At my age, I think that having diabetes is even harder. As a teenager, I do have to do reckless things with my friends! But, my maturity and the fact that I have to look after myself often makes me have to withdraw from this fun, and makes me feel very different to my friends.

“I do enjoy discussing my problem, as I feel I get more of an understanding from other people, but it can also make me think about how different I am due to my diabetes, and how much harder my life can

be. Although I generally like being asked about my diabetes, sometimes I feel as if the questions are quite basic ones. For example, one of my friends asked me once ‘Were you fat when you were younger?’ This can annoy me sometimes, as I don't like the idea of people thinking of me as fat or unhealthy.

“I suppose I am quite lucky, as my classmates are genuinely interested in my condition and are always curious to know more about it. This really helps, because it makes me feel less different. The NHS has almost always been there for us, and my teachers have always not only worried for my safety, but have also taken an interest in my condition, which I always found very nice and supportive.

“Occasionally, my friends joke around about my condition. I let them do this because my feeling is that if I don't, I'm only making it harder to laugh at my condition. In reality, it's a condition one has to take seriously, and although my friends would never mean to hurt me, occasionally they do not understand that diabetes is a serious condition that can be very hard to hear jokes about.



Dan Hadary
Type 1 diabetes sufferer

‘I think it would help if they would understand how diabetes makes diabetics feel, which would help many people like me become more confident’

“Also, whenever I feel sad, I generally think about my diabetes: I blame diabetes for many of my psychological problems, such as being shy and not as confident or perhaps as reckless as I could be. One example of that experience is when I used to use the insulin pen in public, for example in restaurants: I would always feel very different, and as if everyone was watching me.

“It would help if people understood the condition as I do. Better yet, I think it would help if they would understand how diabetes makes diabetics feel, which would help many people like me become more confident. I would like for more of the emotional side of diabetes to be known, as well as what diabetes means — I feel if everyone understood that diabetes could leave people feeling isolated, then it would be that much easier to tackle the problems it can cause.”

The Diabetes UK Children's Charter calls for an end to discrimination, good support in schools and high quality emotional support. More information can be found at:

www.diabetes.org.uk/childrenscharter.

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DAN'S TIPS FOR DEALING WITH DIABETES

Talk about it

1 Don't be afraid to talk about your diabetes with people you trust. Keeping it to yourself just makes it harder to cope with.

You're still human

2 Being diabetic doesn't mean you are any different. You can still do sport, play an instrument, or be with friends just like anyone else. You're still a normal human being.

Treat yourself early

3 I know that teenagers especially don't want to worry themselves with their condition, and will often neglect checking their blood levels, or using needles in front of their friends. I understand how horrible it can be to have to do this, but neglecting it will only make things worse. If you don't treat yourself earlier on, you're just making it into a bigger deal for later.

Live your life to the full

4 Never be afraid to do new things! I always love doing exciting things when I'm with my friends or on holiday, and I think this makes you realise that diabetes won't stop you from living life to the full. It's up to you to experience it.

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Optimising early diagnosis in diabetic eye disease

The leading cause of blindness in adults under 65 in Britain is a common complication of diabetes. It is known as diabetic retinopathy and the longer a person has diabetes, the more likely it is to occur.



“The benefits of the Optomap Retinal Exam are clearly seen by patients both in terms of them being actually able to see what is going on in their retina and in adding an extra dimension to the depth of the eye exam.”

Simon Barnard, PhD FCOptom
FAAO DipCLP, DipClinOptom,
Barnard Levitt Ltd, London

“Optomap has become an established integral part of the eye examination at my practice. It is a wonderful screening tool for retinal examination and patient education providing peace of mind for both optometrist and patients.”

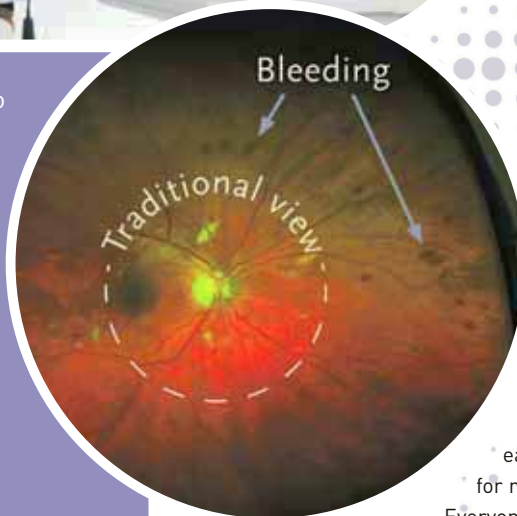
Coral Allan, BSc Dip SV MC Optom,
John Trotter and Co, Edinburgh

“I wholeheartedly believe that the Optomap Retinal Exam is a unique clinical tool and essential for every optometric practice.”

Brian Tompkins, BSc FCOptom, Tompkins
Knight & Son, Northampton

“The Optomap Retinal Exam provides benefits to both the patient and the practice including early detection of retinal pathology, reduced chair time and reduction of patient discomfort.

Walter West, OD FAAO, Medical Editor,
Optometric Magazine



Approximately 40 per cent of people with type 1 diabetes and 20 per cent of people with type 2 diabetes have diabetic retinopathy. According to NHS statistics, within five years of developing diabetes, a quarter of people will have the eye condition and if they take insulin the percentage soars to 40 per cent.

In diabetic retinopathy the tiny blood vessels in the retina at the back of the eye can bulge or rupture causing bleeding and leaking which eventually affects vision. The retina is a crucial part of the eye which converts the light a person sees into a picture which is sent down the optic nerve for the brain to interpret.

But an estimated 500,000 people with diabetes in the UK are undiagnosed and sometimes the first time diabetes is seen is by the optometrist in an eye examination when someone decides they need glasses. By this time permanent damage may have been done.

However when detected early, diabetic retinopathy can be treated easily through tighter dietary control or, for more advanced retinopathy, with a laser. Everyone with a diabetes diagnosis is advised to have their eyes checked regularly.

As with many diseases the earlier the problem is detected the better. But the patches on the retina that indicate diabetic retinopathy may not always be seen by standard equipment especially when they occur in the periphery, the outer edges of the retina. This means a person with diabetic retinopathy may not have any sight affecting symptoms until the disease is advanced.

If left untreated 50% of people with advanced retinopathy may lose their sight within two years and 90% after 10 years. Correct treatment and after care can reduce their risk of blindness by 95%.

The **optomap**® ultra-wide digital retinal scan generates an approximate 82% view of the retina in a single capture, and which takes less than a second to capture. The image can be printed and reviewed by the optometrist and patient together. This is compared to traditional manual exams or using a standard optical camera, which respectively capture only 5% and up to 12% of the retina.

While dilation of the pupil, which requires drops that usually make vision blurred, is always a decision of the eye care professional, it is not required with the **optomap** Retinal Exam.

Simon Browning, an optometrist who uses **optomap** in his daily practice in Bedford, believes that in a lot of cases, diabetic retinopathy can be missed by conventional screening.

“By only viewing the central area, much pathology in the periphery will go unobserved thereby losing that vital detective and diagnostic edge,” Mr Browning said.

“On many occasions I have observed diabetic patients’ retinas that, whilst appearing normal in the central region viewed with a retinal camera (approximately 12% of the retina), actually show many background diabetic changes in the periphery with the **optomap**.”

Mr Browning added: “Whilst these changes may not be immediately threatening, they do tell an important story as to the health of the peripheral vascular system which relates directly to the health of the feet and the kidneys.”

The technology that generates the **optomap** image was designed by Douglas C. Anderson, a Scottish engineer, after his son Leif, who was five years old at the time, went blind in one eye because of an undiagnosed retinal detachment. Mr Anderson set out to design a patient-friendly device that would take an ultra-wide digital image of the retina in a single capture and one which was easy, non-invasive and comfortable for the patient. This would allow the optometrist the best chance of catching the earliest signs of eye diseases. To date about 26 million **optomap** examinations have been carried out across the world.

optomap retinal images can show eye conditions like diabetic retinopathy, retinal tears/ detachments, glaucoma and macular degeneration as well as other systemic diseases, such as high blood pressure, risk of stroke, and some cancers, all of which can present and exhibit in the retina.

For diabetes patients it is good news. As signs of diabetic retinopathy can appear in the periphery of the retina without being noticed by the patient, optomap gives the optometrist a fuller picture thereby allowing them to make an early diagnosis. This means the patient can be quickly referred for treatment which will stop deterioration and maintain a person's sight.

To find **optomap** locations go to www.optomap.com and search in Find a Provider

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FOR
DIABETES



Improve your testing experience with FreeStyle Lite blood glucose meters

This Sunday, November 14th, is annual World Diabetes Day, a global event that aims to increase awareness about diabetes. This year's theme is all about taking control of diabetes.

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- Now new FreeStyle Lite test strips have ZipWik tabs, designed to improve the testing experience and make blood even easier to apply
- Nearly twice as many people with diabetes found it easier to apply blood compared with OneTouch Ultra ($p=0.0365$).¹

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- Large clear display

If you want to know more about FreeStyle Lite meters and blood glucose monitoring, please visit www.abbottdiabetescare.co.uk

1. Among patients who expressed a preference. Competitive Home Use Study (DOC18166 Rev. A).

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