

Diabetes Research &
Wellness Foundation

DIABETES WELLNESS NETWORK YOUR INTERACTIVE DIABETES SUPPORT SYSTEM

Diabetes Wellness NEWS

November 2018

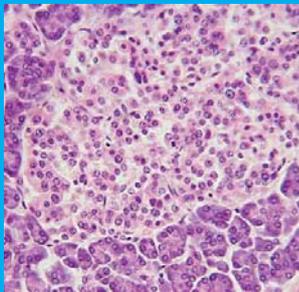
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We are here to help you

The Diabetes Wellness Network is all about bringing people with diabetes together to support each other in whatever way we can, because... together we can make a difference!

Islet insights

This month we take you on a guided tour of the Oxford DRWF Human Islet Isolation Facility.

Diabetes healthcare writer Sue Marshall reports from the DRWF-funded Human Islet Isolation Facility at Churchill Hospital, Oxford,



part of the Oxford Centre for Diabetes, Endocrinology and Metabolism (OCDEM). Sue has had type 1 diabetes since 1972 and writes about diabetes equipment.

Some people experience very difficult diabetes control, and in the case of people who have extreme hypo-unawareness it can lead to life-limiting circumstances and severely reduced quality of life.

These people have little or no symptoms that their blood sugars are dropping, and can suddenly find themselves in quite a severe hypoglycaemic state as a result.

A hypoglycaemic episode, or hypo, can happen when blood sugar levels are low. This is a dangerous way to live, as they can be alone when this happens, or out and about near traffic and so forth, which is why solutions have been sought to try and help people who have severe hypo-unawareness.

Islet transplantation

Pancreatic islet transplantation has been the subject of research over many decades, but is now available on the NHS in the UK in several centres, for people who still have extreme hypo-unawareness despite optimal conventional insulin treatment, including the use of insulin pumps and continuous glucose monitoring (CGM).

In the UK, there is currently a waiting list of around 50 people who have been deemed in need of such surgery.

Human Islet Isolation Facility at Oxford

DRWF was set up as a charity to fundraise in order to promote and develop research to help all people with diabetes. One of the projects it has funded in the UK is the Human Islet Isolation Facility based at the Churchill Hospital in Oxford, part of OCDEM (Oxford Centre for Diabetes, Endocrinology and Metabolism). This is one of two centres in England that can isolate clinical grade islets from donor organs. The other is at King's College Hospital in London.

The two sites alternate, so that one week islet cell isolation takes place at OCDEM, then the next week it takes place at King's. There is a small network of seven centres across the UK where islet transplantation can take place after the islet cells have been isolated and transported. These are Oxford, King's College London, Newcastle, Edinburgh, Manchester, Royal Free Hospital in London and Bristol.

I was invited to visit the Human Islet Isolation Facility and the Islet Research Team in Oxford by DRWF, and it was an extremely interesting and heartening experience for me. I am lucky enough that although I have type 1 diabetes, I do not qualify for this procedure as I have a healthy awareness of approaching low blood sugar levels.

While I would love to be 'cured,' the fact is that while this procedure truly restores quality-of-life to those who need it, there are factors involved which means it is not likely to be widely available. Also, there are risks involved with this, as with any transplant.

What I found on my visit was an enthusiastic, knowledgeable and dedicated team who were entirely focused on getting the very best outcomes for islet isolation and transplantation to benefit their patients.

This group of clinical researchers had plans and expectations to continue to improve not only the effectiveness of the islet cell isolation, but also of improving the outcomes of the transplants themselves.

Continued on page 6

'Staying well until a cure is found...'



Diabetes Research & Wellness Foundation

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The **Diabetes Wellness Network** was founded to enable people with diabetes to make decisions about their general health as well as their diabetes. With the **Diabetes Wellness News**, we work towards educating, informing and reminding you of the best and healthiest choices to make. We take the utmost care to ensure that all articles, products and services referenced in the **Diabetes Wellness News** are accurately represented. Source references for all medical articles can be provided on request. We advise that individuals exercise discretion as to whether information provided is appropriate for them. We always recommend that advice be sought from your GP or diabetes nurse before making any changes to medication or before using any products or services referenced by DRWF. Published articles do not necessarily represent the view of DRWF; the inclusion of advertising inserts does not indicate DRWF endorsement of the product.

Sign up to receive DRWF's monthly E-news for the latest diabetes updates at: www.drwf.org.uk



Charity Christmas cards available to order now

Send Christmas cheer to friends and family this festive period with charity cards from DRWF.

NEWS UPDATE



In the digital age, we've all succumbed to sending an email or social media message to family and friends at special times of year. It's quick and easy to do.

All good, but a study by Royal Mail in December 2016 found that 12% of people who celebrate Christmas, would prefer to receive a printed card.

It seems that a personally handwritten greeting still means so much to many and the traditional Christmas card certainly adds to the festive decoration of our homes.

So, we have come a very long way since the 1840's when the first 'Penny Post' postal deliveries began and the custom of sending Christmas cards took off.

Today, charity Christmas cards are a wonderful way to stay in touch with our nearest and dearest at this special time of year, whilst making a contribution to the good works of your chosen group.

DRWF Christmas cards are available to order now and by choosing to support the charity in this way you will be helping to raise awareness and making a contribution to all of our charitable activities.

£2.18 from the sale of each pack comes directly to DRWF to support all of our awareness, educational support programmes and research funding commitments.

We do not receive any government funding - so you really will be supporting every aspect of our work. For example, money raised can help cover the cost of someone with type 1 or type 2 diabetes attending one of our **Quality in Care Diabetes award-winning Diabetes Wellness Days**, which provide vital information to support good self-management of the condition.



Choice of 6 different designs

Each set of cards comes in a pack of 10 with envelopes. Designs include:

- Robin on snowy fence
- Poinsettia
- Bethlehem
- Harbour at Christmas
- Pheasants on snowy path
- Three wise men on camels

The message inside each card reads:

Merry Christmas and a Happy New Year

The cards cost **£3.50** per pack (with an additional £1 P&P).

We have a **special offer** on: **3 packs at £10** with free P&P. Or **6 packs at £18** with free P&P.

Download an order form to complete and return at: www.drwf.org.uk/sites/default/files/filefield_paths/xmas_card_order_form_2018.pdf

Alternatively, to order/pay by card please call: **023 9263 7808**

Thank you for supporting DRWF!

New smart insoles could prevent diabetes-related foot ulcers

Pressure-sensing technology connected to a smartwatch can raise alert.



A newly available smart insole for shoes could prevent people with diabetes from developing diabetes-related foot ulcers.

Researchers at Manchester Metropolitan University have tested the early warning system on clinical trial participants with diabetes who were at a high risk of developing foot ulcers. Following tests they found wearing the insoles could reduce cases of foot ulcers from developing or recurring by more than 70%.

The SurroSense Rx smart shoe insole system works when pressure sensing inserts detect clinically dangerous foot pressure, a vibratory and audio alert is transmitted wirelessly to a smartwatch prompting the device user to offload the pressure from a particular region of their foot.

Participants in the trial learned from these warnings which activities or times of day were most problematic for them – such as while driving – and which areas of their feet were the most prone to harm. The trial volunteers could use the information to avoid harmful damage to their feet.

Neil Reeves, Professor of Musculoskeletal Biomechanics and previously DRWF-funded researcher, led the study, working with the research team at Manchester Metropolitan University, said: "Foot ulceration is a serious health concern for people with diabetes and a major burden for global healthcare systems. Studies of this nature are very challenging, but invaluable for advancing the treatment and management of people with diabetes."

Peripheral neuropathy, is a common complication for people with diabetes, where the loss of sensation caused by nerve damage can make it difficult for people to feel when their foot is at risk of skin breakdown.

People with diabetes in care homes 'vulnerable to poor health'

High numbers of older people with type 2 diabetes leading to concerns care staff not equipped to help manage the condition.

Diabetes services for older people are "too fragmented" leaving them "vulnerable to poor health" in the later stages of their lives – according to a leading diabetes professor:

Professor Alan Sinclair, of the Foundation for Diabetes Research in Older People and Diabetes Frail, is a recognised specialist in the field of diabetes among older people.

Professor Sinclair spoke out following a recent investigation into diabetes services carried out in care home settings, highlighting that people with type 2 diabetes need more attention paid to help in their management of the condition.

Professor Sinclair said: "Our review of research findings are quite worrying because we've found the level of diabetes care remains fragmented, which means many older people are becoming far more vulnerable to poor health than they should be.

"We believe more than a quarter of care home residents have type 2 diabetes, and it's imperative those with the condition – at whatever age or domicile – carry out proper management. If the patient fails to control their diabetes, it can lead to frailty, dependency, disability and reduced life expectancy. There is also the added strain on the NHS as frequent hospital admissions to treat diabetes-related complications are costly, not to mention unsettling for the patient and family."

At this year's Diabetes Professional Care conference Professor Sinclair will discuss the benefits of individualising diabetes care for older people.

Professor Sinclair added: "High-quality individualised care for older people with diabetes would be hugely beneficial. Multiple comorbidities associated with ageing, combined with the increased prevalence of geriatric syndromes and frailty, contribute to the complexity of managing diabetes in older people.

"If healthcare professionals and care home teams recognise these unique challenges then we can begin finding solutions, addressing the declining diabetes health of this vulnerable sector of people who deserve the best possible level of care."

Professor Alan Sinclair is among the speaker's at the Diabetes Professional Care conference at London's Olympia on 14th and 15th November, which is supported by DRWF as registration sponsor. Visit our stand C5 throughout the event.
www.diabetesprofessionalcare.com



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It should be assumed that, unless otherwise stated, authors have declared no conflict of interest

Top tips for looking after yourself with

Whether you have type 1 or type 2 diabetes there are number of complications related to the condition. With good management it can be possible to reduce the risk of these developing. Here are some tips to help you stay active and to look after your eyes and feet.

Feet



Top tips for healthy feet

By Emma Howard, Specialist Podiatrist and Team Leader, Oxford Health NHS Foundation Trust and member of the DRWF Editorial Advisory Board.

Diabetic foot complications develop as a result of raised blood glucose levels over time and are of two main types.

Ischaemia happens when small blood vessels in the feet become partially blocked leading to reduced blood supply to the feet.

Diabetic neuropathy occurs in people with type 1 and type 2 diabetes and is the commonest cause of loss of feeling in the leg.

Damage to the nerves results from erosion of the protective sheath surrounding the nerves. This can result from raised blood glucose levels disrupting the structure and function of the nerve, or reduced flow in small blood vessels supplying nerves in the feet.

Neuropathy can affect nerves throughout the body but due to the long length of the nerves to the foot, damage occurs there first.

- 1. Check your feet daily** - If you have poor sight, ask a family member or carer to help. Look for colour change, swelling, damage to skin, heat, redness, discharge, and pain/discomfort.
- 2. Hard skin (callus)** - Never try to treat corns or hard skin yourself. A trained podiatrist will remove the callus or corn thereby reducing pressure on the area. If not treated the pressure may lead to ulceration. Never apply corn plasters or acid preparations.

They can burn the skin and cause a wound. Neuropathy or ischaemia makes you especially susceptible.

- 3. Nail care** - If you can easily cut your toenails yourself, do not let diabetes stop you. Trim them straight across and file rough edges. If you suspect a deformity, infection or ingrown nails consult a podiatrist.
- 4. Footwear** - Always wear footwear for protection; feet are easily damaged when bare. Check shoes and socks for foreign objects which cause skin damage and purchase well-fitting shoes.
- 5. Heat** - Check the temperature of water and avoid hot water bottles. Heat sources can burn the skin if neuropathy is present and a wound can develop.
- 6. Skin care** - Wash your feet daily and dry well between the toes to avoid athlete's foot. Skin can get very dry; apply moisturising cream daily, except between the toes.
- 7. Holidays** - Apply sun cream to prevent burning and protect the soles of your feet from heat by wearing sandals. Take a small first aid kit to treat wounds and seek advice on your return if they don't heal.

Remember: Diabetic foot complications can be prevented, but without care will progress with time. The following measures help prevent complications:

- Control diabetes as effectively as possible.
- Attend foot screening.
- Seek treatment for foot problems such as corns and hard skin.
- Don't trust the nerves in your feet if they are damaged; trust your sight and your instincts!

Exercise

Why exercise is important for someone with diabetes

By Andrea Cameron, Head of the School of Social and Health Sciences at Abertay University and member of the DRWF Editorial Advisory Board.

Unlike medication, exercise is low cost and side-effect free. Those with diabetes who don't exercise are three times more likely to have poor diabetes control and more likely to suffer related complications.

Exercising regularly also improves sensitivity to a range of metabolic hormones and the body becomes better at transporting glucose. This happens because exercise stimulates the body's muscles.

Exercise also reduces the level of fat in the body and it is thought that mobilisation of the body's fat stores by exercising that might improve blood glucose control. Less glucose in the blood, because it's now stored in the body's muscle, means the blood flows better and some of the blood vessel complications associated with diabetes, may be avoided.

Top tips to get started

- Check with medical personnel that your diabetes is presently stable enough to allow you to begin an exercise routine.
- Start with small bouts of exercise of low intensity and build up gradually. Start with 5-10 minutes of activity per day for the first week, then add on 5 minutes per day until the target goal of 150 minutes (2 1/2 hrs) of moderate activity is reached.
- Find an exercise partner – this could be a family member, children or grandchildren, or a work colleague and make it fun.
- Choose something you enjoy, as you are more likely to stick with it.
- Find out if any of the following schemes are locally available: Health-led walks or exercise on referral/prescription schemes.

Top tips to exercise safely

- Build up slowly.
- Don't ever try to lift maximum weights and never breath-hold when doing any weight or resistance-based exercises.
- Don't try to do too much, stick to

With diabetes

condition - but with good self-help you get started on a more



moderate intensity exercise.

- If new to exercise it may be best for you to monitor your blood glucose before, during and after exercise until a routine is established. If doing any prolonged exercise or activity, check blood glucose during the activity and adjust medication and/or food as necessary.
- If your diabetes is controlled by diet alone, then you don't need to adjust your food intake when exercising, unless undertaking for example, a marathon.
- Don't exercise when you are feeling ill, you are vomiting or have an infection.
- Ensure that your footwear won't cause blisters and practice good foot care.
- If you've been diagnosed with retinopathy you may need some additional advice about the safest types of exercise for you.
- If you've been diagnosed with autonomic neuropathy you may need to have your pulse and blood pressure monitored during exercise. Weight-bearing exercises may have to be avoided if you have peripheral neuropathy. Check first with your healthcare professional.

To have all the benefits of exercise you must do it regularly and stick with it, so make sure you find something which is enjoyable and fun, it is not supposed to be a chore. Taking up exercise or becoming more active won't just benefit your diabetes it can also impact on any other disease and age-related problems you may have or could be at risk of.

Tips for managing diabetes:

- Maintain a healthy weight
- Be physically active
- Keep blood glucose levels under control
- Know your cholesterol level
- Have your blood pressure checked regularly
- Do not smoke

Eyes

Effects of diabetes on the eyes

By Dr Deborah M Broadbent, Honorary Senior Lecturer Department of Eye and Vision Science at the University of Liverpool and member of the DRWF Editorial Advisory Board.

Diabetic retinopathy is a sight-threatening long term complication of diabetes. The retina lines the inside of the eye and acts rather like the film in a camera. The macula is the small central part of the retina you use to see things clearly and is the part you are using now to read this leaflet. The rest of your retina is used to view the world around you and to see in the dark. Specific changes in the eye develop as a direct effect of raised glucose levels on the small blood vessels in the part of your eye called the retina and are known collectively as 'diabetic retinopathy'. Changes to these retinal blood vessels can damage your sight.

- People with diabetes may occasionally develop double vision due to paralysis of the muscles that control eye movement. This is usually temporary and resolves by itself.
- There is a relationship between diabetes and the development of open angle glaucoma. Glaucoma is a condition causing a rise in the pressure within the eye leading to damage to the delicate nerves at the back of the eye. If untreated this results in loss of vision. Glaucoma is usually treated with eye drops.
- People with diabetes are also at increased risk of developing blocked blood vessels in the eyes. This is rather like having a stroke in the eye. In some circumstances this causes a sudden and dramatic drop in vision. In other cases the vision is not affected.

More information

Updated versions of the DRWF diabetes information leaflets **Diabetes and exercise**, **How can diabetes affect my eyes?** and **How can diabetes affect my eyes?** are now available.

Audio and large print versions are also available on request.



The risk is higher if the blood pressure is also high. Blood thinning drugs, such as aspirin and clopidogrel, reduce the chance of further attacks.

- Probably the most common eye condition that people with diabetes develop is cataract. A cataract is cloudiness of the lens of the eye and leads to progressive blurring of vision. As we get older it is common for all of us, with and without diabetes, to develop cataract. If a cataract affects your quality of life or prevents a good view of the retina it can be treated by simple keyhole surgery.

Top tips for healthy eyes

The following measures can help to reduce your risk of developing diabetic retinopathy and to slow the progress of sight-threatening changes if they do develop.

- See your doctor regularly to check, and treat, your blood pressure.
- Control your blood glucose as effectively as possible.
- Keep your regular screening appointment.
- For your eyes and general health, you should also have your cholesterol levels checked regularly.
- You are advised not to smoke.

Remember: Always get advice if you have a problem with your sight.

The new versions of the leaflets can be downloaded at: www.drwf.org.uk/understanding-diabetes/information-leaflets.

Copies can be ordered by calling: **023 9263 7808**, or emailing: enquiries@drwf.org.uk.

Like to fundraise for DRWF? Visit: www.drwf.org.uk/get-involved/fundraising



Islet insights

Continued from page 1

Isolating islet cells

Pancreatic islet cells ('islets') manage blood glucose in people who do not have diabetes by producing insulin and other important hormones.

For islet transplantation islets need to be extracted (isolated) from the donor pancreas, and the donor pancreas needs to be matched with candidates from the waiting list in terms of various criteria, including being of a compatible blood type.

For someone who makes it onto the waiting list, the time that they wait can vary from a few months to over a year, depending on this compatibility factor.

After the donor organ arrives at the facility, the isolation process takes place while the waiting list is checked for the most ideal candidate.

The isolation process takes place after the waiting list has been checked for the most ideal candidate.

The pancreas is transferred to Oxford from whichever hospital the donor was within the UK.

The steps involved to do the islet isolation take around 24 hours to complete and include the cells being screened for overall viability, tested for infections, checked for purity, as well as being counted.

There needs to be a minimum of 5,000 islet cells per kg of the candidate's bodyweight for a transplant, so often in the region of 350,000 cells is required.

With isolated islet cells on hand and a patient having been identified, they are brought in and prepped for the surgery and started on anti-rejection drug therapy.

How the transplant procedure works

The transplant procedure does not involve open surgery, instead a needle is inserted under local anaesthetic into the main vein going into the patient's liver (the portal vein). The islets are then drip-fed into the recipient.

It is clearly a highly complex and exact procedure. One factor that has huge influence on the outcome is the knowledge and experience of the team undertaking the process.



Professor Paul Johnson, Director of the DRWF Human Islet Isolation Facility

"The main indication for an islet transplant is to try to reverse life-threatening hypo-unawareness in the patient. We have shown that this procedure is very successful at achieving this"

– Professor Paul Johnson

Professor Paul Johnson, Director of the Human Islet Isolation Facility, has been involved in islet isolation for almost 30 years and is responsible for the development of the Isolation Facility in Oxford.

Professor Johnson said: "We use the liver as it is easily accessible and the liver structure, is like a honeycomb, which means the islets quickly get trapped in there when they pass through in the bloodstream and then set up their new home there. The liver acts like a filter, which means the islets don't end up elsewhere in the body.

"Although the operation is quite quick, taking less than an hour, the patient is kept in for a couple of days after it takes place. Initially they remain on a very tight insulin regime so that the islet cells are able to settle in, as we have learned that if we expect the cells to perform too quickly they tend to become overwhelmed and fail. Then we put the patient back on their previous insulin doses while we carefully monitor the glucose levels as the islet cells start to work. We also keep a close eye on whether the cells are looking like they are being rejected.

Investing in the future

The OCDEM building at The Churchill Hospital was designed to accommodate basic research and teaching facilities, a ward for clinical trials of new diabetes drugs and treatments, and the regular diabetes ward and clinics.

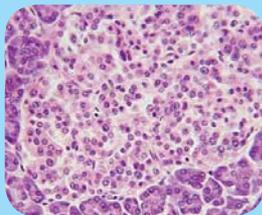
The building design means that all scientists working in OCDEM have to walk to their offices or laboratories past the central patient waiting area to be reminded why they are doing the work and of the urgent need for them to find a cure.

When the DRWF funding was confirmed in 2004, unused space in the undercroft of this new building was identified as being available for the isolation unit to be housed.

DRWF donated £1.2m and the lab was built in 2005 with the state-of-the-art

facilities officially opening in January 2006.

Professor Johnson has been Director of the Oxford Islet Transplant Programme since 2003. He performed his first islet isolation procedure in 1989.



Professor Johnson said: "It is not like following a rigid cookery recipe, as all donor pancreases vary. It relies heavily on experience to be

able to isolate islets from the full range of available pancreases.

"Islet transplantation has been going for many years. During the 1990s, almost 500 islet transplants took place. However, only about 11% of recipients achieved insulin-independence.

"In 2000, a new clinical protocol was developed (the Edmonton Protocol) which helped transform islet transplantation to a treatment with much higher success. Today it is an option for those who meet the right criteria."



DRWF Human Islet Isolation Facility; and Stephen Hughes, Lab Manager at facility in Oxford

“After about a month, we do a glucose tolerance test to check how much insulin the patient is now producing by themselves, and use that as a measure of how well the islet cells are working. Hopefully we have started to reduce the patient’s insulin by then and some patients stop their insulin altogether.”

A numbers game

Approximately 45 islet transplants take place in the UK each year. The reason why these are so limited are down to a few factors.

First, there is the lack of donor organs. Second, there are the anti-rejection drugs that need to be taken, as their use can carry some risks. Third, there is the life expectancy of transplanted islet cells, which currently stands at no more than seven or eight years.

Anyone who does have an islet cell transplant may need to have ‘top ups’, and over time these become less effective and it is likely that the patient will end up back on insulin.

Professor Johnson said: “While this is not currently a permanent cure, for the period of time that it does work for the patient, it’s the nearest thing to a cure that they can have. The transplanted islet cells not only secrete insulin but also produce glucagon which helps refine glucose stability by acting in partnership with insulin. That means the insulin brings down blood glucose levels, but if blood glucose levels

drop, the islet cells can also address that problem by promoting the production of glucagon to raise the level again without the patient needing to take extra sugar by having food or drink.

“The main indication for an islet transplant is try to reverse life-threatening hypo- unawareness in the patient. We have shown that this procedure is very successful at achieving this. After the transplant, more than 90% of patients no longer have severe hypos without warning.

“Islet transplantation can also result in more than 50% of people coming off insulin after the treatment. Islet cells have advantages over insulin pumps. However, pumps and continuous glucose monitoring are improving each year and are now a much better option than ever before. I see all these therapies as being complementary to each other, rather than in competition.

“Treatment decisions must always be about what is best for the individual patient. In fact, we have many patients who have had an islet transplant, but fine-tune their glucose control by continuing to use an insulin pump and get amazing results.”

Developing research

Another important upshot of the clinical islet isolation programme is that if the process is undertaken but not enough islet cells are isolated to do a transplant, then, provided there is research consent, the precious human islets are distributed to different diabetes research groups around the country for them to undertake vital studies to try to understand the causes of type 1 and type 2 diabetes in order to develop other novel treatments that eventually truly cure these conditions.

Sarah Tutton, DRWF Chief Executive, said: “Donors to the charity can see tangible and fruitful outcomes of their generous efforts though the results being seen at the isolation facility which they have funded.”

More information

Read the DRWF booklet ‘**Islet Cell Transplants – What you need to know**’ at: www.drwf.org.uk/research/funded-research/islet-cell-transplants

About the author

Sue Marshall is a freelance journalist with type 1 diabetes. She is the editor of **Desang Diabetes Magazine** and designer of the Desang range of kitbags.

To find out more visit: www.desang.net

Support and tips for healthy living with diabetes

DRWF support Diabetes and Healthy Hearts event in Portsmouth.



Azmina Govindji with one of the delegates cooking Rainbow Rice

An educational day offering support for people with diabetes was held in Portsmouth recently at the John Pounds Centre.

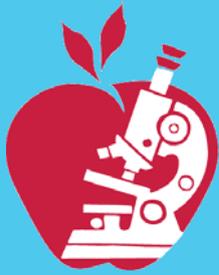
The *Diabetes and Healthy Hearts* event is now in its second year and was attended by around 80 people, with healthcare exhibitors and diabetes healthcare professionals.

A live cooking demonstration was hosted by Azmina Govindji, Registered Dietitian and member of the DRWF Editorial Advisory Board, who provided a step-by-step guide to making a dish called Rainbow Rice.

DRWF Event Coordinator Lee Calladine, who has type 1 diabetes, was among the guest speakers, and held a presentation and Q & A session on the work of DRWF and his experiences of living with the condition.

Rebecca Spencer, Healthy Living Coordinator at the John Pounds Centre, said: “The purpose of event was to provide people living with these conditions information, ideas, and the chance to share their views and experiences in a friendly and community environment.”

For more about upcoming DRWF events visit: www.drwf.org.uk/news-and-events/events



Diabetes Research & Wellness Foundation

Diabetes Wellness NEWS

Share your diabetes story

Do you have a story about living with diabetes you would like to share with readers?

If so we would love to hear from you!

Please contact the Editor at newsletter@drwf.org.uk.

Submissions should be 500-600 words long for consideration of publication in a future edition of *Diabetes Wellness News*.

Contact us:

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I'm 30 and being kept alive by insulin

Schoolteacher Nicola Blofeld, who has type 1 diabetes, recently raised £242 for DRWF by setting up her own fundraiser on Facebook. She set a target of £150 - which was reached in just 5 hours.

“ This year I turn 30, an age where I expected to be at ease with adulthood, but there is a giant thing that came along and changed my life quite drastically many years ago. I have type 1 diabetes and it won't ever go away.



I was diagnosed late as I couldn't get a GP doctor at University and I missed the small signs. It was only when I began working full time that my body really started to struggle. I lost over 5 stone in weight and people would comment on how amazing I looked and ask what I was doing but the truth was I couldn't stop eating or drinking fizzy drinks. I have never had thirst like it and it was unquenchable. I was really very ill and although I didn't know it at the time, I was risking my life by living for work and putting my job before my health.

My life changed forever when I was diagnosed. You are thrown into a world of numbers and daily injections that can seem so very isolating and confusing. It's

like walking on a tightrope while having to continue with daily life. If you take too much insulin you could have a hypo and too little can leave you having a hyper. You have a small range that you desperately try to get your blood sugar levels at, but it is hard. Counting carbs and injecting is tiring, but the worst thing I find is when you are trying your best and outside factors impact on your levels that you just can't control like stress, heat and menstrual cycles! Rock and Roll!

I'm so very lucky though to have my life thanks to charities such as DRWF, that push the treatment and development of medications to make our lives a little easier. I estimate having 2,184 injections this year and 2,912 pricks on my fingers, a painful reality of my condition. Next year I hope for less as technology improves.

For my birthday this year, I asked for donations to DRWF Diabetes. Their mission means everything to me and other people living with diabetes, and I wouldn't be here celebrating this big birthday without them.”

For more information about fundraising for DRWF on Facebook email: fundraising@drwf.org.uk

TALE END



Controlling diabetes with Artificial Intelligence

