

AUTUMN 2024 | ISSUE 304

DIABETES UK
KNOW DIABETES. FIGHT DIABETES.

BALANCE

The exclusive magazine for
Diabetes UK members



CARE THAT'S FAIR

We're fighting
for better
outcomes
for all
people with
diabetes

INHALED INSULIN

The results
of a pivotal
trial are in

SINGLE SERVE

Our guide
to cooking
for 1

The power of water

After 40 years with
type 1, Naomi feels like
she's 'really living'



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Automated Insulin Delivery System



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 Insulet_UK  OmnipodUK  omnipoduk

Pod is shown without necessary adhesive. Screen image is an example, for illustrative purposes only.

*The Pod has an IP28 rating for up to 7.6 metres for 60 minutes. The Omnipod[®] 5 Controller is not waterproof. **Fingerpricks required for diabetes treatment decisions if symptoms or expectations do not match readings.

[‡]The sample Pod is a needle-free Pod that does not deliver insulin. Controller is not included. [§]Bolus for meals and corrections are still needed

¹Brown et al Diabetes Care (2021) Study in 241 participants with type 1 diabetes aged 6 to 70 years involving 2 weeks standard therapy followed by 3 months Omnipod[®] 5 use with SmartAdjust™ technology
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Welcome to your autumn issue of Balance

Diabetes is relentless, and at times, it can become too much. We've got the latest on vital new research we're funding to tackle diabetes distress. This has the potential to address unmet emotional needs and transform lives, and it's all possible thanks to your membership.

We've got updates on groundbreaking global diabetes research, from a cholesterol-lowering drug that's been shown to slow the progress of retinopathy to the results of a trial of inhaled insulin.

A new season can be a time of reflection. Read how our cover star, Naomi, took her life in a buoyant new direction that transformed how she sees the world and lives with her type 1 diabetes.

We've also got a guide to brushing up on useful culinary skills. And for those blustery autumn days, our protein and fibre-packed recipes are inspired by hearty, bistro-style dishes. And, if you're feeling brave, why not give rugby a try? Our experts assess its health and fitness benefits.

Senior Membership Manager,
Diabetes UK



Become a member
diabetes.org.uk/bal-member



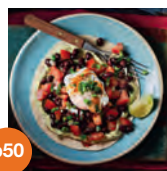
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Different strokes: Naomi found her 'happy place' below the surface



p28

We celebrate the people whose support and care is vital for those living with diabetes



p50

Full of beans: dishes full of warmth, comfort and nourishment

Q: How do I amend my direct debit details for my membership?

A member of our Customer Care team can amend these details for you. Please call us on **0345 123 2399** or email us at: **yourmembership@diabetes.org.uk** with details relating to your direct debit.

Q: Where is my welcome pack?

If you have not received your welcome pack within 21 days of signing up, please contact us at **yourmembership@diabetes.org.uk**

Q: Do you provide alternative formats of Balance?

We provide large print, audio and digital formats of Balance. If you would prefer one of these formats, please email us: **yourmembership@diabetes.org.uk**

FIND SUPPORT



Call our Helpline

Our confidential helpline is staffed by a team of highly trained advisors with counselling skills who have extensive knowledge of diabetes. Get in touch for answers, support, or just to talk. Call **0345 123 2399** 9am–6pm weekdays or email **helpline@diabetes.org.uk**
In Scotland, call **0141 212 8710** or email **helpline.scotland@diabetes.org.uk**



Talk to people with diabetes

The Diabetes UK Support Forum is our online community where you can share experiences and get information and advice. Go to **forum.diabetes.org.uk**
To meet other people with diabetes in your local community, visit one of our local groups all over the UK.
For more details, go to **diabetes.org.uk/how_we_help**



Campaign

We campaign hard for people living with diabetes, but we can't do it without your help. Join our campaigning network and help influence care. **diabetes.org.uk/bal-voices**



Contact the Balance team
balance@diabetes.org.uk



Our Address Diabetes UK
126 Back Church Lane, London E1 1FH

DiABETES UK
KNOW DIABETES. FIGHT DIABETES.

QUESTIONS ABOUT DIABETES?

We're here to talk.

If you're looking for someone to speak to about living with diabetes, get in touch by calling or emailing our helpline. We're here 9am to 6pm, Monday to Friday.

Call 0345 123 2399*

Email helpline@diabetes.org.uk



*Calls to 0345 numbers cost no more than calls to geographic (01 and 02) numbers and must be included in inclusive minutes on mobile phones and discount schemes. Calls from landlines are typically charged between 2p and 10p per minute while calls from mobiles typically cost between 10p and 40p per minute. Calls from landlines and mobiles to 0345 numbers are included in free call packages. Calls may be recorded for quality and training purposes.

The British Diabetic Association operating as Diabetes UK, a charity registered in England and Wales (no. 215199) and in Scotland (no. SC039136). © Diabetes UK 2021

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With our funding, Dr Craig Beall is nurturing a new generation of diabetes experts



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THE BULLETIN

The latest diabetes news, research and developments

Together Type 1 appointment

ON 1 JULY, IAIN FRENCH TOOK UP THE NEW ROLE OF PROGRAMME MANAGER in Together Type 1, the community for people aged 11–25 years living with type 1 diabetes.

Iain has been part of the Together Type 1 team since the community launched with funding from the Steve Morgan Foundation in 2022. Iain's commitment to Together Type 1 is rooted in his personal experience of type 1 diabetes.

"My older sister was diagnosed with type 1 before I was born," says Iain. "So I have always had it as a constant part of life. I know the challenges faced by people living with type 1 diabetes, particularly

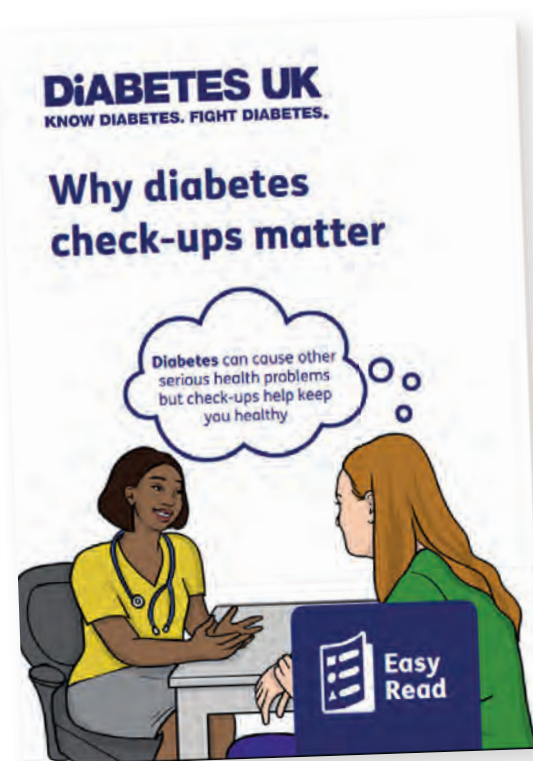
when they are the age that Together Type 1 works with.

"I also know the impact Diabetes UK can make for people. The support on offer from Together Type 1 is so important for people growing up with type 1.

"We are now heading into the third year of Together Type 1, and it's an exciting time. We are growing and scaling up what we do to reach even more people!"

■ For Together Type 1 info, visit: diabetes.org.uk/tt1 or email: type1youth@diabetes.org.uk

Why diabetes health check-ups matter



➔ To help keep people with diabetes healthy, we want to encourage them to get their diabetes health checks, sometimes called your annual review.

We've worked with an easy-read agency and people living with diabetes to create an easy-read guide called, 'Why diabetes health check-ups matter.' The 12-page A4 booklet can be downloaded from our online shop.

The booklet includes information about the different diabetes health checks, and why it's important to go to or chase up appointments.

Our booklet has been kindly funded by Lilly and Sanofi. They had no input into its contents.

You can also use our new 'Diabetes health checks planner tool' on our Learning Zone to record which checks you've had and which ones you still need. To access, you'll need to be logged in or register with our free Learning Zone platform.

■ We've updated our health checks information page on our website: diabetes.org.uk/health-checks



NEWS IN NUMBERS

**£10.7
BILLION**

THE AMOUNT THE NHS SPENDS a year on diabetes, according to our new research highlighting the need to transform diabetes care.



4



OUR DIABETES TECH CAN'T WAIT campaign in Scotland made the final four at this year's Scottish Charity Awards for Campaign of the Year.

100,000



THE NUMBER OF ADULTS living with type 1 or type 2 in England taking part in the first ever NHS National Diabetes Experience Survey.

51



THE NUMBER OF GLOBAL experts who have recognised the urgent need to end diabetes stigma and discrimination.

£20 MILLION

THE AMOUNT WE INVESTED in groundbreaking diabetes research last year.

Support across different cultures



➔ We've produced a series of video courses on key aspects of living with diabetes, such as food and diabetes basics. Here's a quick overview of the main topics:

■ **Eating Well with Diabetes** Lots of your favourite meals can be adapted or modified to help you eat well with diabetes. This video includes some tasty tips and tweaks for you to try.

■ **Diabetes Myth-busting** Separate the facts from the fiction as we bust some of the common misconceptions about your diabetes.

■ **Diabetes Basics** This video covers what you need to know about your diagnosis and signposts to the help that's available to you.

■ **Talking about Diabetes** It's not always easy to talk about diabetes, but it's

important to speak out and ask for what you need. We'll show you how.

To support and reflect our culturally diverse audience, these videos are available in several languages besides English, including Urdu, Punjabi and Sylheti.

■ **You can watch the videos on our Learning Zone platform, which is completely free to use:** diabetes.org.uk/bal-zone

Winter vaccines

➔ If you have diabetes you're at increased risk of becoming seriously ill from flu.

People with type 1 and type 2 diabetes, including those managed by diet, are eligible for the free NHS flu vaccine. If you have diabetes, you will be eligible to have other vaccines like the covid-19 vaccine, when available at certain points during the year.

Contact your GP or pharmacy to see what vaccinations you're eligible for.

■ diabetes.org.uk/bal-jabs



New DAFNE courses

➔ DAFNE (Dose Adjustment for Normal Eating) are offering two new training opportunities for healthcare professionals

and people living with type 1 diabetes. One course will focus on closed loop essentials, and the other is for healthcare professionals to understand more about insulin dose adjustment and carb counting. Talk to your diabetes team to find out more if you live with type 1 and are being considered for a hybrid closed loop, or head to DAFNE's socials for all the latest.

■ Visit: diabetes.org.uk/bal-dafne



★ Star letter



➡ Just wanted to share this picture of my 18-month-old, Emily, enjoying my Balance magazine! She will be able to look after me in no time!

**Leah Carswell,
N. Ireland**

■ Get in touch
at: balance@diabetes.org.uk



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READER OFFER T&Cs: Valid until 31st December 2024 and cannot be used in conjunction with any other discounts or offers. The code will be valid online across the entire range.

Fundraising feats

Going to great lengths for our cause

Josh Hinton, who was diagnosed with type 1 at the age of 11, took on the John O'Groats to Land's End run (known as JOGLE) to raise an incredible £9,660 for us.

Josh, who celebrated his 26th birthday during the challenge, started the run on April 1 and finished on April 27. He ran 1,600km, an average of 1.4 marathons every day, and just shy of 16,000m of uphill running.

Josh said: "The challenge was amazing. It took me to highs and lows I didn't know I could experience and really tested my resilience every running hour.

"It was also beautiful to see how the challenge directly affected people – with supporters running alongside me and finishing their own challenges. We had first half marathons, first 30Ks, first marathon distances, plus some personal best



times as well! It was a really wonderful experience.

"I've been fortunate enough to have reasonable control of the condition since diagnosis, but

doing the JOGLE run was still a challenge! I'm very lucky in that I had a lot of help with

of friends who took turns driving the support campervan.

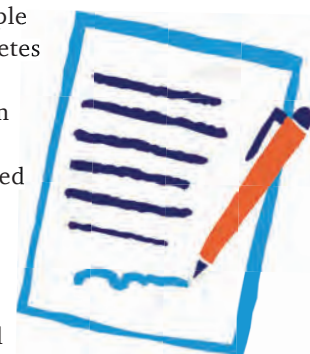
"Diabetes UK does a great job of empowering people with diabetes to manage their condition. I'm hoping that apart from fundraising, my efforts will inspire other people to push themselves."

Write your will for free

➡ Did you know, gifts in Wills make up almost 40% of our voluntary income each year?

These special gifts are vital in helping to keep up the relentless drive for better treatments and support for people living with diabetes now, and a cure for the condition in the future.

We've partnered with two expert providers – National Free Wills Network and Co-op Legal Services – to give you the opportunity to write your Will for free. Once you've taken care of your loved ones, please consider including a gift in your Will to Diabetes UK, and give hope for a world without diabetes.



■ To find out more, visit: diabetes.org.uk/freewills

Get involved

Pedal for progress

TWO WHEELS, 250 MILES, ONE LIFE-CHANGING CHALLENGE.

Get ready to get on your bike this October and take on the 250 miles, your way, in our brand new cycling event. Go the distance in one weekend, on daily rides, inside, outside, or a bit of both. However you choose to ride, every pedal pushes us closer to a world where diabetes does no harm.

Whether you're cycling for yourself



or a loved one, this is more than just a bike ride.

The money you raise will fund ground-breaking research, campaigns and

crucial support for the millions of people living with diabetes.

■ **Sign up at:**
diabetes.org.uk/bal-cycle



Walk for a happier, healthier future

DID YOU KNOW WALKING is one of the easiest and best ways to improve your wellbeing? Join us and thousands of other supporters as we walk for a healthier, happier future at our incredible **Wellness Walk London Bridges on Sunday, 29 September.**

With amazing landmarks and iconic bridges at every turn, there's no better time to join a sea of blue streaming

through the streets of London.

We can't wait to welcome you to our Wellness Walks team!

■ **For more information and to sign up, visit:**
diabetes.org.uk/bal-walk

Or, if you don't fancy walking the miles but still want to feel the buzz and excitement of event day, come and be part of our volunteer support crew.

■ **For more information on how to get involved, visit:**
diabetes.org.uk/bal-volunteer

Body weight and type 2 risk

➡ Results from a study we funded are helping to explain why having a higher body weight doesn't always equate to having a higher risk of type 2 diabetes.

Dr Hanieh Yaghootkar from the University of Lincoln has identified combinations of genes influencing where the body lays down fat. Storing fat under the skin was found

to be linked to a lower risk of type 2, while storing fat in other places – such as the liver – was linked to a higher risk. This research sheds light on the genetic reasons why some people living with a higher body weight develop type 2 diabetes and why others are naturally protected.

■ **Learn more:**
diabetes.org.uk/bal-research



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Mr S. Dec 2023 Via Trustpilot

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“I’ve completely transformed my health by changing what I eat”

When Jennifer Marshall, 42, from North Lanarkshire, was diagnosed with type 2 diabetes, she knew she needed to make a change

➔ Retail manager Jennifer had struggled with her weight since the loss of her partner in 2009.

Weighing more than 18st at her heaviest, Jennifer’s mental health was at an all-time low when she was diagnosed with type 2 diabetes.

Jennifer says: “I’ve always struggled with my weight, and after my partner died, I locked myself away and turned to food. I had very little confidence and I definitely held myself back at work and missed out on going for promotions. I stayed in my comfort zone and was so afraid of people judging me because of my weight. I tried a lot of different diets, but I just couldn’t get on with them.

“I knew losing weight was the only way to improve my health and help me to manage my type 2 diabetes.

“Some of my friends had recently joined Slimming World and were doing well, so I thought I’d tag along. I was nervous and embarrassed, but I didn’t need to worry – my Consultant, Irene, put me at ease, and among the members, I found a lovely group of people to support me. They shared their experiences with me every week and never judged mine.”



Thanks to Slimming World, Jennifer has lost almost 9st, which has put her type 2 diabetes in remission

A flexible eating plan

Since joining Slimming World in January 2021, Jennifer has lost 8st 13.5lb. She says: “I found the eating plan flexible, and I was easily able to tailor it to the advice I’d been given from my healthcare team around managing my type 2 diabetes.”

Today, Jennifer’s type 2 is in remission, meaning she doesn’t have to take medication to manage her blood sugar levels. She says: “I’ve completely transformed my health by changing what I eat. My husband cooks a lot and we enjoy my favourite dishes such as curries and spaghetti Bolognese by making healthy swaps like using lean mince and adding more vegetables.

“I have so much more

energy, and losing weight has helped me build relationships with my niece and nephew. Before, I’d shy away from taking them fun places, like go-karting, theme parks, or the trampoline park. Now, you can’t stop me.”

SLIMMING WORLD'S PARTNERSHIP WITH DIABETES UK

■ Slimming World and Diabetes UK are joining forces in a three-year partnership. Together, we’ll aim to support people living with all types of diabetes, and those at risk of type 2, to manage their weight in a way that works for them.

■ An estimated 5.6 million people are living with diabetes in the UK. Around 13.6 million are at risk of developing type 2, and many find keeping to a healthy weight a struggle.

■ For more info, visit: slimmingworld.co.uk

In partnership
DIABETES UK
KNOW DIABETES. FIGHT DIABETES.

Slimming
WORLD

THE INSIDER

The latest diabetes health news,
research and developments

Global developments



Every year, over 10,000 scientists meet at the American Diabetes Association's Scientific Sessions to share results from major new diabetes research studies. Here are

some of the exciting developments from this year's feast of groundbreaking research updates

Cholesterol-lowering drug slows retinopathy

New results from a major trial show an existing drug that's usually used to lower cholesterol can slow eye damage in people with diabetes.

Diabetic retinopathy is an eye disease that people living with diabetes are more at risk of getting. High blood sugar and blood pressure over time can damage blood vessels, including those in the back of the eye. Current treatments only work in the later stages of damage and don't work well for everyone. So scientists are searching for ways to intervene sooner.

The LENS (Lowering Events in Non-proliferative retinopathy in Scotland) trial, led by researchers at the University of Oxford, involved 1,151 adults with type 1 or type 2 diabetes who attended annual eye

screening in Scotland, and had early signs of retinopathy.

Half the volunteers took fenofibrate daily or every other day, and the other half were given a placebo. Fenofibrate is a tablet that has been used to treat people with high cholesterol for over 30 years.

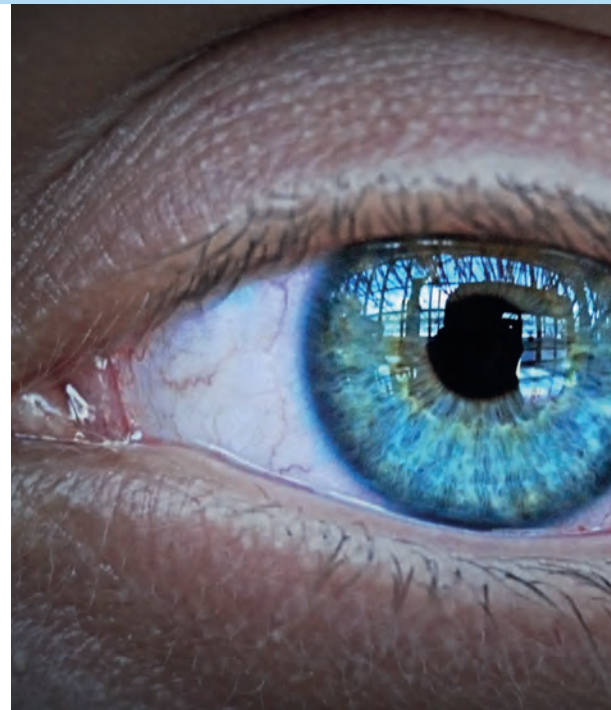


Dr David Preiss

Researchers followed the volunteers over four years. They found that people treated with fenofibrate had a 27% reduced risk of needing referral for specialist care or treatment for retinopathy compared to those who took the placebo.

They also found that treatment with fenofibrate was linked with a lower risk of developing macular oedema (swelling at the back of the eye).

The benefits of fenofibrate were similar in people with type 1 or type 2 diabetes and in people with healthy kidney function or



kidney problems.

Researchers think the treatment works directly within the eye, but they need more evidence to understand exactly how it helps slow retinopathy.

Dr David Preiss from the University of Oxford led the study. He said: "Diabetic retinopathy remains a leading cause of visual loss. Management of blood glucose is important but this is very difficult to achieve for many people, and there are few other treatments available. "We need simple strategies that can be widely used to reduce the progression of diabetic eye disease. Fenofibrate may therefore provide a valuable addition to treat early to moderate diabetic retinopathy."

Inhaled insulin shows promise in type 1 diabetes

Findings from a pivotal trial looking at the use of inhaled insulin in people with type 1 were also reported.

Everyone with type 1 needs to take insulin, either by injecting it multiple times every day, or using an insulin pump. But these methods come with challenges, so researchers



“More than half the participants said they'd like to continue using inhaled insulin after the study”

are exploring other ways insulin can be administered, including by inhaling it.

This works like an asthma inhaler. Insulin comes in a powdered form and, when you breathe it in via an inhaler, it goes into your lungs. From there, it gets into your blood.

In the INHALE-3 trial, 123 adults with type 1 diabetes were divided into two groups. One group used inhaled insulin (called Afrezza) instead of their usual quick-acting insulin injection, plus a long-lasting insulin injection, over 17 weeks. The other group kept their usual regimen – taking quick-acting insulin with injections or pumps.

The researchers found that more participants using inhaled insulin had improved HbA1c levels, compared to standard care:

■ **21% of people on inhaled insulin improved their HbA1c by 5mmol/mol (0.5%) or more. This compared to only 5% of those with standard care.**

■ **For participants who had an HbA1c of 53mmol/mol (7%) or more at the start of the study, 21% who tried inhaled insulin reduced their HbA1c to below 53mmol/mol by the end of the study. Whereas no one in the standard care group did.**

More than half of the participants said they'd like to continue using inhaled insulin after the study. But the findings also showed that inhaled insulin wasn't for everyone – 26% of those in the inhaled insulin group saw their HbA1c increase by 5mmol/mol (0.5%) or more. This compared to 3% using standard care.

Inhaled insulin has not yet been approved for use in the UK. However, these results show its potential to offer people with type 1 diabetes an alternative way of taking insulin.

Technology for type 2 diabetes

Diabetes technology, like continuous glucose monitoring (CGM) and hybrid

closed loop systems, are transforming the lives of people with type 1 diabetes in the UK. However, research to understand how they could benefit people with type 2 diabetes has been lacking.

At ADA, several studies illuminated the potential for these technologies to improve blood sugar levels in people living with type 2 diabetes. This positive impact was seen both in people who were taking insulin, or not.

A world-first study of the Omnipod 5 hybrid closed loop system, involving 305 adults with type 2 diabetes, showed the tech reduced blood sugar levels. Average HbA1c levels went from 72mmol/mol (8.2%) to 57mmol/mol (7.4%) over 13 weeks.

We also heard about real-world data from over 6,000 people with type 2 diabetes treating their condition with insulin and using CGM. Researchers compared their blood sugar levels before and after using CGM for a year.

CGM helped people reduce their HbA1c levels by around 10mmol/mol (1%). CGM use also led to a 50% reduction in hospitalisations from diabetes or other causes.

Similar positive results were found in people with type 2 who weren't using insulin. CGM meant that they spent four more hours a day in their target blood sugar range.

The next steps will be to test the technologies in different groups of people with type 2 and check whether the benefits last for the longer term.

We want to see everyone who could benefit having access to the technology they deserve. Research like this is vital to build the case.

■ **For the latest on our research and how to get involved, visit: diabetes.org.uk/bal-research**



Vital NEW research will tackle diabetes distress

We're co-funding a £2.8 million major new research project that could transform care for people with type 1 who have diabetes distress

➡ Diabetes distress is what some people feel when they're overwhelmed by the relentlessness of diabetes. This can make it even harder to manage the condition.

There's evidence that nearly half of all adults living with type 1 diabetes experience high levels of diabetes distress.

To address this, Professor Jackie Sturt at King's College London will develop and test a new programme to detect, manage, and prevent diabetes distress with funding from us and the National Institute for Health and Care Research (NIHR).

Our Diabetes Research Steering Groups (DRSGs) spoke with people with diabetes, who told us better care

for diabetes distress matters to them. Lisa Gough was one of them. She said: "Diabetes needs to be treated more holistically. It's an all-consuming,



Professor Jackie Sturt

never-ending condition. We are often treated as just our HbA1c and not a person living with this unrelenting condition. Things need to change, as without good mental health, you cannot manage your diabetes."

We currently don't have an effective treatment for diabetes distress in the UK, and we heard from care and research experts that there's not enough known about spotting diabetes distress or how best to support people with type 1 who are going through it.

Our DRSGs set about filling the

diabetes distress research gap. We asked scientists to apply for funding and come up with ideas for projects that look at how diabetes distress can be prevented, how to identify it quicker, and how to treat it better when it does happen.

To bring even more expertise and investment to the table, we teamed up with the NIHR.

Helping people with type 1 diabetes to D-stress

Prof Sturt and her team will combine the best of three existing approaches that are being used in the USA and Denmark. They've all shown promise to reduce the impact of diabetes distress but haven't been tested in the UK.

■ **Screening for symptoms and training for healthcare professionals so they can spot diabetes distress.**

■ **A tool for doctors to use during appointments to encourage open conversations about the psychological and social impact of type 1 diabetes, to prevent distress from developing or getting worse.**

■ **A group education programme for people with severe diabetes distress, to equip them with new strategies to manage it and access peer support.**

Prof Sturt's team will work closely with people with type 1 diabetes and healthcare professionals to pick aspects from these existing treatments with the most potential to form a new programme called D-stress. They'll trial it with people with type 1 diabetes to find out how much it can reduce diabetes distress and improve blood sugar levels and quality of life.

Along the way, they'll check in with people with type 1 and healthcare professionals to make sure the programme is fit for purpose and feasible to deliver. They'll also calculate if it would be cost-effective to scale up and roll out in the NHS.

Prof Sturt said: "I am excited to be leading an impressive team of national and international experts in diabetes distress. Together, we seek to develop a care pathway in the NHS to meet the everyday emotional and psychological needs of people living with type 1 diabetes. Diabetes distress is currently a priority unmet need."

TYPE 2 AND WELLBEING

■ **We're also funding research to address the emotional wellbeing of people with type 2 diabetes.** Dr Jessica Tyrrell is investigating the connections between type 2 diabetes and depression, to make sure people living with both conditions get the best possible, tailored care.

NEWS UPDATE

The latest from our research teams



Improving diversity in diabetes research

We've launched a new funding opportunity to bring more Black students into diabetes research. It's because we know Black people are under-represented in science and that Black people with or at risk of diabetes face unacceptable health inequalities. We're determined to change this.

We believe the more diverse our research community is, the more representative diabetes research will be. And that will mean a better understanding of diabetes and its care for everyone.



Professor May Ng

Early blood sugar management for people with type 2 has lifelong benefits

New findings from a 40-year landmark study, which began with our funding, show that treating type 2 diabetes early can reduce the risk of future diabetes complications and help people live longer lives.

Scientists from the Universities of Oxford and Edinburgh analysed data spanning more than four decades

from the UK Prospective Diabetes Study (UKPDS) – one of the longest-ever type 2 diabetes studies.

The latest results reveal that starting early treatment with insulin or sulphonylurea tablets led to 17% fewer heart attacks, 26% fewer complications and 10% fewer deaths.

Early treatment with metformin led to 31% fewer heart attacks and 20% fewer deaths, compared to managing type 2 diabetes with diet.

The results reinforce the importance of getting an early diagnosis of type 2 diabetes, so people can be treated to get blood sugar levels to target range sooner.

What matters to children and young people with type 1?

Life with type 1 diabetes can be difficult at any age, but children and young people face unique and ever-changing challenges, from peer pressure to puberty. Research into diabetes care and management has focused primarily on adults, often neglecting the needs of children and young people.

So, to find out what they most want from future research, our

Diabetes Research Steering Groups (DRSGs) met with children and young people with type 1 diabetes, aged 6–17 years, across the country. They led them through creative activities to draw out the challenges they face and where research could help to deliver solutions. The

young people highlighted the stigma they experience and specific difficulties with managing type 1 in different settings such as home, school, and during leisure activities.

We now hope to see these insights influence new research. Professor May Ng is chair of the DRSG focusing on young people. She explained, "By valuing and incorporating their unique viewpoints, we can better address the needs of young people and foster more impactful and meaningful outcomes in our research."

20,000 families sign up for landmark type 1 diabetes screening study



Our ELSA (EarLy Surveillance for Autoimmune diabetes) study is finding children at the highest risk of type 1 diabetes to help prepare them for a safer, healthier future

➡ The ELSA research team has been calling on families with a child aged between three and 13 across the UK to take part in their study, and we're thrilled that over 20,000 signed up. This exciting milestone is all thanks to the altruism and efforts of the diabetes community and beyond.

The ELSA team is still busy recruiting thousands more families until the end of 2024. If you've been thinking about signing up your child, or know someone who has, now's the time to get involved.

By exploring how to best screen children for type 1 diabetes, ELSA is giving us the evidence needed to see if make screening should be offered to all children in the UK. Screening can transform the way type 1 diabetes is identified and managed in its earliest stages, helping children have a safer, softer landing into life with type 1 diabetes. It also helps to identify the children that could be treated with potential therapies designed to hold off a type 1 diagnosis. ELSA is co-funded by us and JDRF.

Dr Lucy Chambers, our Head of Research Communications, said: "We

want to say a huge thank you to everyone who's got involved in ELSA so far, or helped to spread the word. Diabetes research and breakthroughs can only happen because of the people who take part.

"Each one of the 20,000 children and families are contributing to changing the future of type 1 diabetes and giving future generations hope for the day when we can prevent it altogether."

What is ELSA screening for?

Usually, proteins in our bodies called antibodies protect us from bacteria and viruses. They do this by alerting the immune system to the presence of these invaders.



Dr Lucy Chambers

However, in people living with type 1, special antibodies called islet autoantibodies mistakenly attach to insulin-making beta cells in the pancreas. In doing so, the autoantibodies tell the immune system to target and destroy the beta cells. When this happens, a person is very likely to develop type 1 diabetes in the future. Screening looks for these autoantibodies to find those who are most at risk or already on the path to type 1 diabetes.



What's next for screening?

Our ELSA researchers are still recruiting families and analysing their results. We'll make sure to keep you updated on what they've found.

A research study that screens adults for type 1 diabetes is also recruiting participants in the UK. People aged 18–70 years can take part in a similar study to ELSA called T1DRA. Over 6,000 people have already signed up, and the study is still open for recruitment. The researchers want 14,000 more people to take part.

Thanks to ELSA, T1DRA and other screening research, we're finding more and more people at high risk and in the early stages of type 1 diabetes. We need to make sure they're supported and monitored.



Words: Freya Masters. Photography: Shutterstock

So, we're also funding Dr Rachel Besser, from the University of Oxford, to make a registry of everyone in the UK who has type 1 diabetes autoantibodies.

This database will help researchers learn more about how type 1 develops. It'll also allow researchers to explore how it feels to know that you're going to develop type 1 diabetes in different people and the support people at high risk need.

The registry will help researchers match people at risk with clinical trials testing immunotherapy treatments, which could prevent or delay the development of their type 1 diabetes.

■ For more info, visit:
diabetes.org.uk/bal-elsa

How ELSA is already changing lives

We caught up with one of the amazing families who has taken part.

"We have had so much support from everyone involved and know that with close monitoring my child will transition smoothly. This experience of diabetes is a positive one."

Sian Pondevie



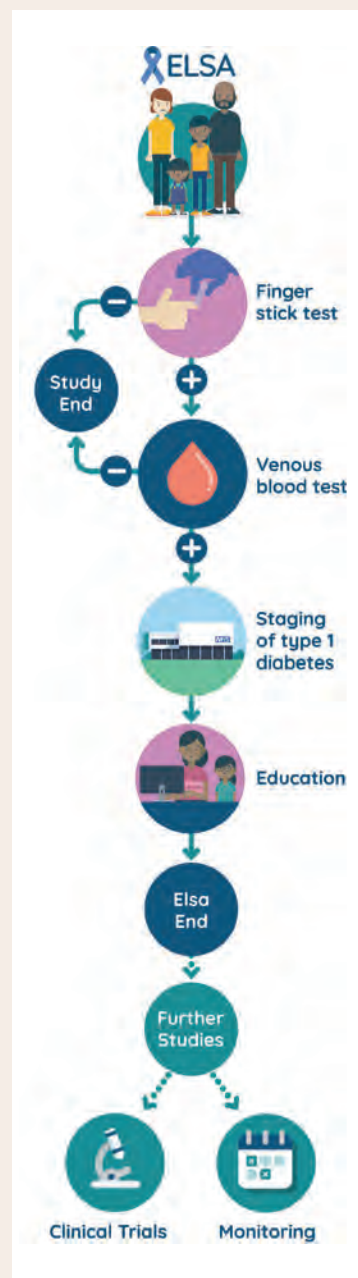
SIAN'S DAUGHTER

CAITLIN was diagnosed with type 1 diabetes at the age of 13 with potentially life-threatening diabetic ketoacidosis (DKA). "We didn't know anything about type 1 until diagnosis, and we were blind-sided. She was losing her vision, had lost weight and was in DKA. She needed to stay in hospital and our lives then changed forever," said Sian.

Through ELSA, Sian has found out that one of her other daughters, Freya, has autoantibodies and is going to develop type 1 diabetes in the future. Freya is now receiving the support she needs in the form of education, monitoring and regular calls with the research team. This means that the development of Freya's type 1 will be caught sooner. This will dramatically reduce her risk of DKA.

Sian said: "This experience of diabetes is a positive one, and hopefully, will prevent her from getting really ill like her sister.

"I would definitely recommend the study to a friend or colleague. The biggest factor for us is knowledge. Type 1 diabetes is a chronic condition so it's bittersweet as you are finding out if your child is going to live with this condition forever. However, she won't get sick like her sister. We are happy we are part of the study as this time, we have support and feel more equipped to deal with the transition when it comes."



ASK THE EXPERTS

Our team answers your questions about diet, treatment and life with diabetes

EXPERT TEAM



DOUGLAS TWENEFOUR
Head of Care: Douglas has over 20 years experience in nutrition and dietetics.



TASHA MARSLAND
Senior Clinical Advisor: Tasha has worked as a registered dietitian for 25 years.



ESTHER WALDEN
Senior Clinical Advisor: Esther worked as a Diabetes Specialist Nurse for over 18 years.

Q I was diagnosed with type 2 diabetes 15 years ago and always have a flu vaccination in the autumn. But since my wife died last year, I don't get out very much, especially in the winter. After having a flu jab each year in the past, I must be immune by now. Should I save myself time and the NHS money by not having a flu jab this year?

Julian, Alresford

Douglas says: Anyone can get flu, but it's different from and more serious than a common cold virus. If you have diabetes and get the flu, you're more at risk of being unwell for longer and developing more serious complications like pneumonia. Flu can also make it harder to manage diabetes and cause blood sugar levels to rise.

The annual flu vaccine provides protection against particular strains of the virus. These strains change over time, and new flu vaccines are produced each year that protect against the most common strains circulating in a particular year.

Unlike some other vaccinations, the flu vaccine does not give lifelong or

long-term immunity because the flu virus changes regularly.

Vaccination against flu is recommended for adults and children over six months with diabetes. This applies to all people with type 1 and type 2, including those with type 2 who manage their diabetes through diet alone. You also need to have a flu vaccination every year to protect against the particular strains circulating that year.

Healthcare professionals have discretion to provide flu vaccinations based on clinical need. So, people with other forms of diabetes such as type 3c can speak to their HCP about getting a vaccination.

It takes 10 to 14 days after vaccination for immunity to build up fully, so people are still vulnerable to flu infections during this time. Therefore, it is important to get vaccinated as early as possible. In England, flu vaccinations start in early October 2024 for eligible adults. This is slightly later

than in previous years and is based on evidence that the flu vaccine's effectiveness can wane over time in adults. So, the vaccination should still be effective in December and January, when flu is more likely to circulate. However, eligible children and pregnant women can still receive a flu vaccination from early September 2024 onwards or as soon as the vaccine becomes available.

You should hear from your GP about booking a flu vaccine. Contact them to book one if you haven't heard from them. You can also be vaccinated at your local pharmacy. If you are housebound, speak to your GP as community workers may be able to visit and give you the flu vaccine at home.

The flu vaccine is the best available protection against the virus, but it doesn't stop all flu viruses and the level of protection varies. It does not guarantee that someone will not get flu but, after





Q I've been able to manage my type 1 pretty well over the last 15 years or so, but being pregnant has presented a whole set of new challenges in terms of blood sugars. Will breastfeeding be similar? What should I know before deciding if it's best for the baby and me?

Gillian, Bromsgrove

Esther says: Everyone's experience of giving birth is different, but your blood sugar levels might be harder to manage for a while as you recover afterwards. This may make getting into a good breastfeeding routine more difficult initially. But, if you want to breastfeed, there's no reason why you cannot do this, and breastfeeding is recommended as the only source of nutrition for babies for the first six months by UK departments of health and the World Health Organization. But it is really important to know that lots of mothers do not breastfeed for many reasons. If you decide not to breastfeed or to combine it with formula feeds, that is fine – your postnatal healthcare team should support you in whatever you decide.

After the birth, you will not need to take as much insulin as during pregnancy and will need to adjust your doses. Breastfeeding uses up energy because breast milk contains lactose, a form of sugar, so this may also affect how much insulin you need to take. Ask your healthcare team for support in managing your blood sugars. In the early days, while recovering from the birth and adjusting to breastfeeding, you might be at higher risk of hypos.

So, it's really important to test your blood sugars more frequently and before each breastfeed and have a supply of healthy carb-containing snacks and hypo treatments to hand. You should also keep hydrated, eat a healthy diet and have regular meals.

Your healthcare team might have advised you to stop taking certain medications while you were pregnant. In general, all insulins and metformin can be used while breastfeeding. Speak with your healthcare team about your plans to breastfeed, as they can help ensure you will only be taking medications that are safe for you and your baby.



It's easy to feel overwhelmed managing your diabetes alongside a newborn baby. If you need support, reach out to your healthcare team, family and friends. Our confidential helpline, online forum and local support groups can also help.

- Call our helpline on 0345 123 2399
- To find out more, go to: diabetes.org.uk/bal-pregnancy

vaccination, flu infections are usually less severe.

Healthcare professionals responsible for administering flu vaccinations should align delivery of the flu vaccination with any other vaccinations you are eligible to have. This may include covid-19 boosters or pneumococcal vaccines if you have not previously been vaccinated or require a booster. If you're unsure if you are eligible for other vaccinations, ask your healthcare provider.

Many routine vaccinations are given into the shoulder muscle – if two vaccinations are due at the same appointment, they are usually given into different shoulders. This can cause issues for people who manage their blood sugar using a sensor worn on the arm. If you manage your blood sugar this way, your healthcare provider can ensure the vaccinations are delivered with minimal disruption to your diabetes management.

- To find out more, go to: diabetes.org.uk/bal-flu

WRITE TO

'Ask the experts,' Balance, Diabetes UK, 126 Back Church Lane, London E1 1FH, or email: balance@diabetes.org.uk

HELPLINE

To speak with a trained advisor, call: 0345 123 2399 Mon to Fri, 9am to 6pm, or email: helpline@diabetes.org.uk

SUPPORT FORUM

For information and support, chat to members of our forum at: diabetes.org.uk/bal-forum

A woman is swimming underwater in a pool. She is wearing a pink long-sleeved swim cap and yellow goggles. Her arms are extended forward, and she is looking towards the camera. The pool floor is tiled with blue and white squares. The water is clear and blue.

THE PULL OF THE POOL

Naomi DePeza, 57, from London, who lives with type 1 diabetes, says diving into a career as a swimming coach has brought a new dimension to her life

TRIGGER WARNING:

This article discusses pregnancy loss, which some readers may find distressing

Watching the swimmers at the 2012 London Paralympics cut through the water, Naomi DePeza, who has lived with type 1 diabetes since her teens, experienced a shift in her outlook.

"I'm so glad I was able to go to the Paralympics," she says. "It changed the way I view myself."

Naomi, who'd enjoyed a successful career in newspaper and magazine design, had recently taken her life in a new direction as a swimming teacher and coach.

"Coaching swimmers with disabilities puts my diabetes into context," she says. "More than anything, I have to have empathy. I need to be able to listen to them and observe what they can and can't do and then really push them to achieve their best performance."

"I'm incredibly well, but when I'm speaking to parents who have children with a disability or medical condition, I think I can quite easily be inspiring because my diabetes is always there."

"There's a basic understanding that it's tough. I think you've got to be mentally tough to live with diabetes."

Naomi was a sporty 15-year-old when she was diagnosed with type 1 in 1983. She says her symptoms were spotted quickly, partly because her dad and older sister, Nicola, also have type 1 diabetes.

"I remember the silence in the car as my mum drove home after my diagnosis," says Naomi. "I think she was quite upset that two of her three daughters had type 1."

"When we were growing up, my dad would get Balance magazine, and I remember him boiling his insulin syringes in a milk pan and leaving them on a kitchen towel to dry."

"He always disappeared to inject, but I remember the smell of insulin and bottles in the fridge and just being very conscious of food and carbs. After Nicola and I were diagnosed we were incredibly strict about counting carbs."

Naomi says having a sister who also lives with type 1 has been a huge source of support over the years.

"We're very close, probably because of our diabetes. We don't feel we have to explain ourselves when we talk

about it, and we can chat about how uncooperative our blood sugars are or how difficult we're finding things in a very honest way."

While the siblings benefitted from their mum making home-cooked meals and supplying carb-counted packed lunches, Naomi says managing diabetes in the early years was a challenge, and she would 'make up' her numbers for her diabetes check-ups.

After studying graphic design at university and embarking on a career as an art director for newspapers and magazines, things began to change.

"I had to concentrate on hitting deadlines," says Naomi. "You can't do that when you're constantly thirsty and tired. I think I was influenced by a combination of my commitment to my job and realising I couldn't lie about my blood sugars and think that was OK. I had to take responsibility for my health."

"I was grateful to discover that when you look after yourself, diabetes really can be fine."

Naomi's 20s were taken up by a busy career, dancing in her spare time, caring for her uncle, and being a stepmum to her husband Andrew's children, Laurence and Rosie.

"I didn't think I wanted children of my own," says Naomi. "Andrew wanted another child, but

he didn't realise the preparation involved for a pregnancy with diabetes."

Most women with type 1 diabetes have healthy babies. But pregnancy hormones can make it harder to keep your blood sugar levels within target range. To reduce the risks to you and your baby's health, it's important to tell your diabetes healthcare team you want to try for a baby so they can help you plan.

"My consultant was very honest and gave us the lowdown on the potential risks," says Naomi. "It was a lot to think about."

"Fortunately, I had the most amazing pre-pregnancy nurse who helped me get my blood sugars where they needed to be. Being given the green light to start trying to conceive was a huge moment."



"I was grateful to discover that when you look after yourself, diabetes really can be fine"



Naomi on holiday with her family as a child. Her dad (left) also lived with type 1



Naomi with husband Andrew and newborn Marlow, and with their strapping son today (above)



Naomi says she realised she was pregnant when she felt nauseous walking past her favourite deli. Within weeks, she began to suffer from hyperemesis gravidarum (HG) – a condition that causes severe nausea and vomiting throughout pregnancy. It's not known exactly what causes HG or why some women get it, and others do not, but there is evidence that it is linked to the changing hormones in your body that occur during pregnancy.

"Life had to go completely on hold," says Naomi. "The vomiting was nonstop, and as a result, it was extremely difficult to manage my blood sugars. At one stage, I was given medication to stop me being sick, but it really messed with my levels. I was barely eating, yet I had ketones."

Although diabetic ketoacidosis (DKA) – a potentially life-threatening complication of diabetes – usually happens when blood sugar levels are high, it can happen during pregnancy even when blood sugar levels are within normal range. It's important to have a blood ketone meter and test strips and seek immediate help if your ketones are raised or you are experiencing symptoms of DKA or feeling unwell.

Naomi also needed to be hospitalised due to dehydration. "Andrew was a huge source of support, but there were a lot of dark, ugly days," she says.

Naomi's son, Marlow, was delivered by caesarean at 37 weeks in December 2002.

"He came out hollering, and I'd been given medication

to stop me from being sick. It was amazing," she says.

"The newborn days, breastfeeding on the sofa, were an incredible time."

But when Naomi decided to try for a second child three years later, she devastatingly lost her baby 20 weeks into her second pregnancy.

"That's the darkest things have ever got," she says. "I knew we couldn't try again after that. I just didn't have the stamina to look after Marlow and run the risk of another pregnancy as I had challenges with HG and my diabetes."

"My sisters, Nicola and Mandy, had both experienced fertility issues and pregnancy loss. They were an incredible support. And I remember a doctor saying to me, 'you'll get lots of opportunities in your life to be surrounded by and give your time to more children.'"

Those words came true as Marlow grew and began swimming competitively. Naomi, also a strong swimmer, found she was occupying a new role as a 'poolside mum.'

In 2012, when the Olympics came to London, someone at her local pool suggested she train as a swimming teacher.

"They said, 'you're a natural around kids – you should consider it,' she remembers. "I jumped at the chance."

Today, Naomi is a Swim Doctor at Better, who teaches swimming and helps people who can swim improve their technique and train for events at London Fields Lido. She also coaches both nondisabled and disabled swimmers, preparing

"Thanks to my hybrid closed loop system, my diabetes kind of looks after itself"



Swim Doctor Naomi at work at the Lido and, top right, with husband Andrew, who has been an incredible source of support



them to compete at events like the London Youth Games.

“Swimming has kind of taken over, and I’ve discovered the world of being outside as well,” she says. “I loved working as a graphic designer, but I think being indoors all day wasn’t as good for my mental state.

“Now, I’m a swimming teacher, I cycle everywhere, and thrive in my active, outdoorsy life. Thanks to my hybrid closed loop system, my diabetes kind of looks after itself. I have more energy than I’ve ever had, and I feel like I’m really living.

“Having diabetes is a different world now – when I see someone at the pool with a glucose monitor on their arm and I have conversations with them, it doesn’t feel like we’re talking about a burdensome disease. It’s about being fit and well, and that really matters to me.”

Naomi feels that, for her, the power of swimming lies in its otherworldliness.

“We spend so much time looking inwards, thinking about things that are trivial and banal. But you only have to be swimming for five minutes, and you’ve forgotten the boring chores you have to do,” she says. “For me, being in the water opens up opportunities. Your life becomes massive and three-dimensional.”

■ For more on type 1 diabetes and pregnancy, call our Helpline – 0345 123 2399 or visit: diabetes.org.uk/bal-pregnancy

■ For pregnancy loss support, visit: tommys.org

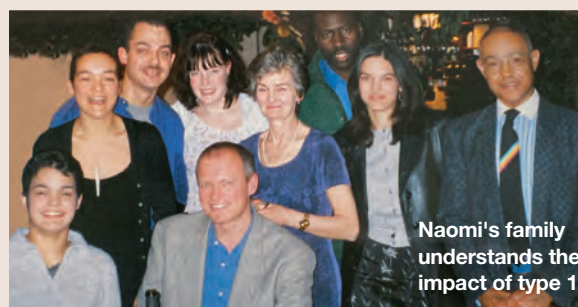
DIABETES TECH AND SWIMMING



■ You can swim with all continuous glucose monitors (CGMs) and flash sensors available in the UK to a depth of 3 feet and for

30 minutes, but some sensors may allow you to swim deeper or further than this. Check the instructions in your user guide for more information on swimming with your sensor.

■ Secure sensors with extra tape during water activities.



Naomi's family understands the impact of type 1

TYPE 1 IN FAMILIES

There’s no single gene that, if inherited, means you’re going to develop type 1 diabetes.

There are a number of genes involved in type 1 diabetes. These genes don’t ‘give’ you type 1 but increase your chances of developing it.

However, having several high-risk genes doesn’t mean you will definitely develop type 1. There are pairs of identical twins where one twin develops type 1 diabetes, and the other doesn’t. This means our risk of type 1 isn’t solely linked to our genetic make-up. Scientists believe that our environment plays a role in the development of type 1 diabetes in combination with these high-risk genes.

It’s possible to identify people who are very likely to develop type 1 diabetes by looking for signs in the blood that indicate the immune system has started to plan an attack on the pancreas. Learn about the ELSA trial, which we’re funding to try to identify children at risk of developing type 1, on page 16.



TAKE ON OUR SWIM22 CHALLENGE

From 22 March to 22 June, swim 11, 22 or 44 miles over 12 weeks – at your own pace, your way to raise funds so we can support everybody living with diabetes who needs us.

■ Register your interest for Swim22 2025 at: diabetes.org.uk/bal-swim22



LEVELLING THE FIELD

Like diabetes itself, inequality is complex and experienced by every individual differently. However, differences in outcomes for people living with diabetes are widespread and unfair. That's why we're committed to reducing the gap and ensuring no one is left behind

➔ The conditions in which you are born, grow, live, work, and age, as well as your ethnicity, can have a massive influence on how likely you are to develop type 2 diabetes and the impact living with any type of diabetes has on you.

This can be seen in many aspects of health and was highlighted during the pandemic when the stark differences in outcomes for different groups made headlines. That's why we launched a set of 'Tackling Inequality' commitments in 2020 and have made reducing the gap in risk and outcomes a core priority.

Inequalities of risk

If you are Black or South Asian or live in a more deprived postcode, you are more likely to develop both type 2 diabetes and gestational diabetes. You are also more likely to be younger when you develop type 2 diabetes.

Type 2 diabetes that starts before the age of 40 can also be called early-onset type 2 diabetes. Type 2 is a more aggressive condition when it's diagnosed at a younger age.

Concerningly, those who develop the condition at a younger age are more likely to develop diabetes complications.

Of the people currently living with type 2 diabetes aged under 40, just 8% are living in the most affluent areas, with 35% living in the most deprived areas.

"Diabetes in our family is very prevalent. So, the odds of me getting it were highly likely. Anybody with the same surname as myself has a high susceptibility of diabetes on this planet, which is a real shame."

South Asian person living with diabetes

"Of the people currently living with type 2 diabetes aged under 40, just 8% are living in the most affluent areas, with 35% living in the most deprived areas"

How inequalities affect care and outcomes

People of Black and South Asian ethnicity and those living in deprivation were previously less likely to have had their yearly check-ups for all types of diabetes. People who have developed type 2 at a younger age are still less likely to have had all their check-ups compared to someone over the age of 40 with type 2 diabetes.

Digital exclusion and confusion and a feeling of getting lost in the system were also raised as issues. Wider digital exclusion also affected people's ability to access diabetes-related technology. According to the 2021 Technology Tracker, 7% of UK adults are affected by device poverty. This means they do not own a PC, laptop, tablet or smartphone. Access to diabetes technology can be life-changing,

yet if you are from a minority ethnic background or living in deprivation, you are far less likely to be able to access it.

With good-quality care, the risk of complications can be reduced. However, people living in deprivation and/or from minority ethnic backgrounds have higher rates of many complications.

"Everything's online, and I don't have good internet access or really know how to use it"

Lived experience testimony

A person living with any type of diabetes in a deprived area is around twice as likely to have a major amputation due to diabetes-related complications.



Why is there inequality?

The reasons for inequality are complex. The Health Foundation, which has published many major reports on general health inequality, says that 90% of the causes of inequality are not about the actual care you receive, but

rather the "wider determinants of health." In other words, where you were born, your education, your job, your income, the food available to you, and the wider services around you.

In 2023, we published our Tackling Inequality Commission Report, which heard from 131 people with lived experience of diabetes inequality.

We heard about how the high costs of healthy food, the difficulties of shift work and a lack of space to exercise affect people living in deprivation. We also heard about the impact of racism and how it is harder for people who have experienced racism during school, from the police and from other services in their lives to trust the NHS. We heard about racism in one-to-one interactions with healthcare professionals and how services are often not well set up for different ethnic groups.



What's driving our work

The Tackling Inequality Commission set a series of recommendations for healthcare professionals and policymakers, and we have been working with both local and national leaders to ensure these calls are put into action.

We're working with people with lived experience, to address any inequality in how we as an organisation support all people living with diabetes in the UK. We're also calling for the wider changes in the NHS and government. If you would like to share your views, check out our Communities in Action online network: diabetes.org.uk/bal-can

We know that people of Black and South Asian ethnicity and those living in deprivation are less likely to take part in research, and this means that we may miss out on properly understanding their diabetes and priorities. In 2022, we held a workshop with researchers, healthcare professionals and people living with diabetes to explore the complex reasons behind this and develop recommendations to reduce the gap.

Since the workshop, we've published recommendations for researchers and opened a call for further research into areas where we know there is inequality, such as access to diabetes technology. We have developed the Diabetes Inclusive Engagement Community (DICE), which

supports people with lived experience to help gather insights from their communities and encourage others to be involved in diabetes research.

During our workshop, we heard how one of the major barriers for people from minority ethnic groups to participate in research is that very few researchers are from their communities.

This year, we have launched two new funding schemes for Black students in the UK to foster the next generation of Black leaders in diabetes research.

3%

of the UK population is made up of Black British citizens but only

0.8%

of UK professors identify as Black, according to 2022 Higher Education Statistics Agency figures



WASEEM'S STORY

Waseem Zaffar, 42, from Birmingham, lives with type 2 diabetes. He says:

I'm involved in the Diabetes UK Tackling Inequalities Commission, which is something that's really important to me. I want to share some of my personal challenges and some of those I've seen in my community and, hopefully, work towards a set of recommendations that decision-makers take seriously.

As an elected politician, I want to use my voice to amplify the challenges that exists at policy level but also raise awareness of the impacts that diabetes has on those deprived communities. I feel a sense of responsibility to do more. If I can help one person understand their diabetes better by talking about my own experiences, then it's worth it.

As a councillor, I come across so many young people who live with or are at risk of type 2 diabetes. I represent one of the most deprived neighbourhoods in Birmingham, where there are massive levels of health inequality.

There are neighbourhoods where you have real inequalities around cost of living, deprivation and environmental issues. And those communities are more at risk of developing conditions like diabetes. There are some real challenges around how to tackle that.

We have to factor in the social determinants of health – things like what you eat, where you eat, your job and the environment around you.

Services to help prevent type 2 diabetes should be available close to the communities that most need them.

Building trust

Our teams across the UK have identified areas in their regions most affected by inequality due to deprivation or the ethnic diversity of their population. This work involves partnering with organisations already trusted by communities to raise diabetes awareness and support people to access care. Working with these community groups also allows us to

gather insights to adapt and improve our materials to support people living with diabetes. Over two years, we've developed a series of videos for people in Black and South Asian communities, using feedback from Black and South Asian people in the Midlands that are presented by trusted healthcare professionals, including some in different languages. youtube.com/@diabetesuk/



Super clinics

Across the UK, we support local NHS services to develop new ways to reduce inequality. Our South West team supported a new type of 'super clinic' where people in a deprived area were able to access all the care they needed for their usual diabetes check-ups on one day. This new model has had overwhelmingly positive feedback, including from the diabetes teams who really enjoyed being able to offer care to those who had previously struggled to get into clinics.

"Multiple appointments are costly to get to, and many people with busy working lives told us they simply cannot get away during the week. They are delighted to get everything done in one appointment"



The need for bold action

Across the UK, we campaign alongside those with or at risk of diabetes to shine a light on the existence and impact of inequality.

Our Diabetes is Serious campaign calls on all political parties to commit to taking action to ensure everyone living with diabetes gets the care and support they need to live well and stop the rise in type 2 diabetes. Our 2023 report highlighted the inequality in accessing care felt by people living in deprivation.

Access to care is only one factor in diabetes inequality. So, we work closely with the Obesity Health Alliance to call for the policy changes needed to create better access to a healthier food system.

We campaign alongside charities such as the Joseph Rowntree Foundation to reduce the impact of poverty and ensure everyone has access to the essentials needed for a healthy lifestyle.

In November 2022, we conducted a survey

of 6,490 people across the UK to hear how the cost of living is impacting people with and at risk of diabetes, and what effect this is having on how people are managing their diabetes or risk of developing diabetes.

This helped to show the added cost of living with diabetes and how a low income can make it far harder to manage. We are also continuing to call for the right to paid time off work for medical appointments for everyone living with diabetes.

Recognising that access to tech is vital for everyone living with diabetes, we have now signed up over 11,000 people to our Diabetes Tech Can't Wait campaign. We continue to support local NHS teams to make sure there are no gaps in the numbers of people from different ethnicities accessing tech in their area. We are also making sure there is no postcode lottery in access by continuing to ensure all areas of the country have the same access to life-saving tech.



I'LL BE THERE FOR YOU

When you live with diabetes, the nature of the support and encouragement you need from your loved ones depends on many factors, and it can change over time



Photography: Charles McQuillan

➔ From encouraging healthy eating to helping with hypos or taking people to medical appointments and lending a listening ear, there are so many ways that support is given and received.

Here, friends and relatives share their experiences of leaning on each other to help lessen the load.

“When you go to the hub, it means you’re not alone”

Jean Bradshaw, 81, from Belfast, has lived with type 2 for nearly three decades and is a member of our Belfast Live Well Hub. She says:

In some ways, it was a shock when I was diagnosed with type 2 diabetes. But maybe it shouldn't have been. My dad had diabetes, and I was working and eating things on the go. I didn't really look after my diet until a few years after diagnosis. I found it hard as I didn't really understand diabetes. I now use insulin twice a day to manage it. It can still be hard sometimes, but I find the recipes in Balance help.

My sister, Dolores, has diabetes, so we keep an eye on each other. Or she keeps an eye on me and tells me off! I lean on Dolores when she comes for a visit. I lost my husband a year and a half ago, and my family is all in England, so we are each other's company.

We joined the Live Well Hub in Belfast together with our friend Miriam, and I've learned a lot. We're all close. Healthcare professionals come in to talk about eyes and feet and answer any questions – they do a lot for us.

Some of the speakers really get through to you. Sometimes my mind works overtime and I can't switch off – it goes a mile a minute, so it's good to talk with people. When you go to the hub, it means you're not alone. I enjoy everything that goes along with it.

We get together about once a month. I'm retired, and play bowls. I get into a wee rut sometimes and just want to stay inside, so I need something to motivate me. There's lots of literature from the hub, so I'll just sit and read, and it helps me.

“Now I’m just enjoying life with diabetes”

Miriam Mulholland, 75, from Newtownabbey, lives with type 3c diabetes. Miriam says:

Years after suffering from pancreatitis, I was diagnosed with type 3c diabetes at the age of 68. I wasn't feeling well, and after I had blood and urine tests at my GP, I got a call saying I needed to go to the hospital.

My blood reading was incredibly high – They couldn't believe I'd been able to walk and function. I was admitted to a ward.

At the same time, I found out my sister had collapsed and was in hospital, too. I was told she wasn't going to make it, so they brought my bed down to see her and she died the next

morning. I was in hospital for five days and put on insulin.

I've reduced my HbA1c, I watch my carbs and take plenty of exercise, so now I'm just enjoying life with diabetes. I've got a Flash glucose monitor and it's

“Sometimes my mind works overtime and I can't switch it off – it goes a mile a minute, so it's good to talk with people”



brilliant. I can drive or I can go for a walk with the dogs and I can check my readings without needing to prick my finger. I've never had a hypo because I'm so careful with it, and I've always got a bottle of orange juice with me.

Dory, Jean and I have played bowls together for 14 years, and we're competitive – on the green, we're not friends!

When I heard about the Live Well Hub, I brought them with me.

The Hub is very important. You're talking with people who have the same problem as you and you get to hear how they handle things. They bring in pharmacists and podiatrists, and you can ask them questions. You feel like you're not the only one. Elaine – Diabetes Engagement officer at Diabetes UK – is great at bringing people together and relaxing so people open up. We'll make tea or coffee and share how we're feeling.

We encourage others to keep coming – the more we get to know each other, the more supportive it will be. I get a lot of reassurance that what's happening to me is normal and nothing to be scared of, and good encouragement to seek advice when you need to.

“It makes me feel good that I'm able to help people”

Dory Patterson, 77, from Newtonabbey, lives with type 2 and is a member of our Belfast Live Well hub with her sister, Jean, and friend, Mariam. She says:

I didn't take my diabetes seriously at first. My husband lived with type 2 and managed it with tablets and injections for a long time. And my daddy lived with it, too. I was so frightened when I saw him injecting himself with the old-fashioned massive needles.

When I was growing up after the war, there wasn't much food about. There was a shop on our corner that sold eggs, potatoes and cheese. Ham was a luxury. Over time, a lot more food became available in the shops, and we saw a big change in our diet.

My daughter is 46 and was diagnosed with type 1 diabetes when she was six. Her son was also recently diagnosed with type 1. I remember when she was eight, she had a really bad hypo, and after that, for years, I would wake up at 2am to prick her finger. It was a really bad time and a terrible worry. Even today, I will ask her if she's alright and if she needs anything.

Miriam got us involved in the Live Well Hub. We were only too pleased to find out what it's all about. It's lovely, you hear from other people what they're going through. You're always picking up something, especially me. We have quite a few talks, which are interesting. We like going, and I hope it keeps on going.

When you're able to give people advice, it's reassuring. It makes me feel good that I'm able to help people. You're helping them when you're going through the same thing. They might be feeling unusual, so you can tell them they're alright and not to be frightened or encourage them to talk to their GP or their diabetes nurse.

“I get a lot of reassurance that what's happening to me is normal and nothing to be scared of”

TRIGGER WARNING:

This article discusses pregnancy loss, which some readers may find distressing.

“Never take anything for granted and expect the unexpected”

Christine Curzon, 57, from Kent, has lived with type 1 diabetes for 46 years. She says:

My husband, Mark, has always been there for me. Any time I feel down, and I've had enough, he's always there to give me that reassurance. It's a huge help. Sometimes, all you need is a hug, and I've had many of those from Mark!

I've lived with type 1 diabetes since I was 11, and I know it's impacted Mark's life too. We got married in July 1993, and four months later, I found out I was pregnant. I had pains, and it turned out the baby had died. I had to have counselling after that.

I became pregnant with my son, Daniel, a few months later. That was a really tricky time. All through the pregnancy, I had so many hypos. There were times when calling an ambulance became an almost daily event. Mark had to learn how to inject glucagon into my leg. On New Year's Eve, I'd fallen asleep on the sofa. When Mark tried to wish me a Happy New Year, he couldn't wake me. He checked my blood sugar, and the result was extremely low. Paramedics had to come and check I was ok. I was so focused on having really well-managed blood sugar levels as I didn't want to harm the baby, but the doctors treating me said I was being too strict with myself.

Daniel was born three months early, weighing just 2lb 15oz, and was placed in a special care baby unit. Mark didn't want any more children as he felt it was too high risk, but then I got pregnant with our daughter, Hannah.



Two's company:
Mark is on-hand to offer support and comfort to Christine

I think anyone who's in a long-term relationship with someone with diabetes – particularly if you want to start a family – needs to research and find out as much as they can about the condition. Ask questions and talk to the person with diabetes.

As I get older, Mark and I worry about complications. Never take anything for granted and expect the unexpected. It is hard, but just don't give up. We've been together for 31 years, and we're still here!

“We'd sit down and figure it out together”

Mark Curzon, 59, from Kent, has been married to Christine for 31 years.

Mark says:

I met Christine in 1989 at a friend's house. She was a lodger, and I took a shine to her. I hadn't known anyone with diabetes before then, and when we were dating, she just dealt with it herself.

As our relationship progressed, I found out more about diabetes, and it was a bit of a surprise initially. I asked questions and learned how to use a glucagon injection, although I was always worried I'd hurt Christine.

I worry about Christine being out, her having a hypo, and someone finding her insulin pen and injecting her with insulin! Or if she's meant to be home at a certain time and isn't. If Christine has recently been OK, I don't worry at all. But if her sugars have been up and down, then I fret.

“The first time you hear about diabetes it can sound scary”

There have been times when her diabetes has been difficult to manage, so we'd sit down and figure it out together. Most of the time, Christine does such a marvellous job.

For anyone unfamiliar with it, the first time you hear about diabetes it can sound scary. But once you know the ins and outs, it's OK. The person with diabetes is still the same person – diabetes is something that needs to be dealt with but not something that holds you back.

I don't know that comforting people comes naturally to me, but sometimes that's what's needed. I might want to be doing my own thing, then realise there's an issue, and Christine might need some support. So we'll stop for a chat and a hug.





As both a clinical biochemist and carer, Mum Kerry gave Sam a good grounding in diabetes

"I knew instantly that none of our lives would be the same"

Dr Kerry Whiting, 63, from Surrey, is a retired clinical biochemist who specialised in diabetes. Kerry says:

One aspect of my work as a clinical scientist for the NHS was to ensure blood glucose meters gave accurate results and to offer expert advice on their performance.

I'd think, 'this meter might work well in a healthcare setting but is it suitable

for use at home, or vice versa?'

I was especially passionate about my job because my husband, Tim, and sons, Sam and George, all have type 1.

Tim always said he would never let diabetes rule his life, but inevitably, it does. As a child, he hated clinics, where he saw many people who'd had amputations. As soon as Tim was independent, he stopped going to appointments.

Around the time we got married, I was getting more involved with diabetes at work and helped persuade him to start using human insulin and disposable syringes. Getting him back in the system made a huge difference.

Sam was diagnosed in 1996, aged

seven. I wonder, is knowing too much better or worse? I feel for people who don't know anything about diabetes when their child is diagnosed. It must be a massive bombshell. I knew instantly that none of our lives would be the same again. I was a real carer then, no longer an onlooker or advisor.

Shortly after, Sam was diagnosed with Asperger's. Trying to do injections for him in the early years was really hard.

Tim takes it all in his stride. I learned to cope. I was a mother first and a healthcare professional second. There's a grieving process, but eventually, it just became life. Then, in 2009, George had just finished his GCSEs when he started drinking loads of water and weeing a

lot. I think we were briefly in denial.

At 16, George was his own person. I wasn't doing any of his injections. He's much more like his father in his approach. Sam's more like me. I'm a scientist, I'm meticulous, that's why I was good at my job. Tim and George are much more laid back.

Of course, we're all very open about diabetes. It has massively impacted my life and continues to do so, but it's obviously impacted them more.

"Mum and dad had two very different takes on diabetes"

Sam Whiting, 35, from Surrey, has lived with type 1 since he was seven. Sam says:

We're lucky that Mum is an expert in everything diabetes. She's very interested in problem-solving, chipping away until she finds what works.

Dad was good at dealing with life and getting on with it. I think when I was diagnosed, I vaguely understood from him that diabetes was a massive pain. I didn't exactly understand why, but I knew it wasn't a good thing.

Mum and Dad had two very different takes on managing diabetes, but together, it was really useful.

Outside home, there wasn't much support available. If there was a school trip, I generally wouldn't go. I was a little bit introverted then, so I didn't see school trips as a priority.

I took over my own management around the start of secondary school. It was a slow passing of the torch. At first, I'd still ask my mum for advice, but as I began to be more in control of my own destiny, she wouldn't know exactly what I'd had to eat or what I'd been doing, so I had to start working out my insulin doses by myself.

Mum gave me a good grounding in

"I feel for those people who don't know anything about diabetes when their child is diagnosed"

managing diabetes. Until I got quite a lot older and started working with lots of different people, I mostly just accepted life with the condition. My childhood was pretty normal.

I don't remember having a rebellious phase with my diabetes. It annoyed me, but I never felt really defeated by it. That's probably due to my mum, dad, and brother. We're all in it together.

I was always a bit jealous of George not having diabetes. Then, I felt bad when he was diagnosed in his teens. We didn't see it coming.

I've leant heavily into diabetes tech. I'm a musician, and there are loads of unknown variables to my day. I have a flash glucose monitor and use an app on my phone that sends readings to my smartwatch, so when I'm on stage, I can easily see where my levels are. I've tried to develop a range of resources to manage them. The only downside to tech is that it can encourage me to try to micromanage things.

Recently, Mum suggested I do the Dose Adjustment for Normal Eating (DAFNE) course. Meeting loads of other people with diabetes was fascinating. Outside family, I hadn't really known anyone else with diabetes. There are communities online and support groups, but I'd never felt drawn to that. After DAFNE, I joined a WhatsApp group, and it's been cool to be able to chat to people who understand.

DAFNE helped humanise the condition. That was one of the best things about it for me.

In the past, I remember getting funny looks and even being asked, 'Could you not do that?' when I was injecting in public. People are so much more accepting these days.

I feel really privileged to have a family who either have diabetes themselves or have studied it. I know very few people are that lucky.

"I wanted to do something for myself and others"

Zahoor Bukhari, 79, from East London, has lived with type 2 diabetes for 29 years. Zahoor says:

I was diagnosed after being promoted from an active job to a management position. In a way, life got a bit too easy. I wasn't moving as much, and I was eating slap-up meals. I forgot what was good for me and what was not.

For the next 10 years, I didn't take my condition seriously enough. I managed for a while, but then I had to start taking metformin.

The turning point was when I went to a local diabetes education day. It made me think seriously about trying to prevent diabetes complications. I was worried that if I didn't start being careful, I may not be able to see my grandchildren grow up.

I was invited to start volunteering with Diabetes UK. I wanted to do something for myself and others, especially people in my community who may be struggling to get the support they need because of a language barrier.

I became a Diabetes UK Community Champion. I would go to churches, mosques and temples to raise awareness and give guidance and support. In the meantime, I was learning more about the condition. I benefited from that and could share that benefit with other people.

With the support of my family, I started doing the right things for me, and my HbA1c improved every year.

I'm so lucky to have a supportive >>

"The turning point was when I went to a local diabetes education day"

family, especially my wife, Sakina.

I was getting the benefit of that family support, and I started to share that benefit with other people.

With Diabetes UK, I've been on radio and TV, raising awareness. I used to be shy about being on camera, but it gradually became easier.

When I'm raising awareness in the community, I often meet people who can't speak English and who can't explain their difficulties to healthcare professionals. So, we set up a patient participation group where a doctor attends, and I and other volunteers help with translation.

I recently went on holiday and lost a lot of weight. I was able to reduce the amount of metformin I was taking, and I'm getting close to possibly putting my diabetes in remission.

For me, taking my diabetes seriously, eating healthy food and family support are the essence of managing my condition and living well.

"We've made healthy eating the norm in our house"

Sakina Bukhari, 79, East London is married to Zahoor and also lives with type 2 diabetes. Sakina says:

When Zahoor needed to start taking medication for his type 2 diabetes, we realised how important it was for him to eat healthily.

Our daughter-in-law, Deeba, does most of the cooking for our household, so she learned as much as she could about diabetes because she wanted to help.

In our community, when you are sitting with friends and family, they'll offer loads of food

because they want to please their visitors. Often, you're offered mithai, which are loaded with sugar and fat. Zahoor is a great example of someone who's trained himself to make healthier choices around food.

Over the years, we've had to make big changes to the way we eat. We looked at recipes and worked out ways to prepare them more healthily, or try new things.

Zahoor teaches me a lot. He tells me about what's good for general health, not just diabetes. Our new way of

eating has improved my health, too. And we've found that healthier food can be easier to prepare.

It's important to support your family's health. Everyone has to take it seriously, and then it becomes the norm. In our house, we've made healthy eating the norm.

"We looked at recipes and worked out ways to prepare them more healthily"

Zahoor shares his knowledge and experience with the diabetes community and his family



Photography: Damian Prestidge

LET'S TALK ABOUT... ACCEPTANCE

Lee Morgan is a special effects make-up artist and shares how art helped him deal with his diabetes and his passion for raising awareness



Lee raises diabetes awareness through art and as a Live Well Champion

➡ There can be a lot of negativity around diabetes, with people taking it upon themselves to tell you what you can and can't do. But everyone's journey is different.

I was seven when I was diagnosed with type 1. I was watching Match of the Day with my dad, and I couldn't stop drinking. My mum had type 1, so she knew the symptoms and said we needed to call an ambulance.

Even though it's been 39 years, I still remember the smell of the hospital, and it brings me back to

when I was that scared little boy. I was terrified. I knew my life had changed from that moment and that nothing was going to be the same.

School life was really hard. Nobody understood diabetes, and I have a phobia of needles that I haven't really got over. It's been a rollercoaster.

My diabetes team advised that doing sports would be helpful. I have two

"I'm not ashamed and I'm not afraid to express my emotions and feelings"

left feet and can't play football, but a friend did martial arts, so I got into that and became a Welsh champion. Martial arts helped me a lot with understanding my diabetes and how far I can push my body.

The emotional side of diabetes is the hardest. When my sugars are stable, it's fine. But if my sugars are up or down, then I just feel like I can't do this. Now, I'm as open as a book: I try and explain to people that I'm not diabetic, I live with diabetes. I try to get people to understand that we don't get to switch off. I've had burnout over the years, thinking about my kids and how my diabetes might affect them.

One thing that helped me cope was creating images representing depression, exhaustion and isolation, and the psychological impact of living with diabetes. They were used in the 'Too often missing: Making emotional and psychological support in diabetes care' report. A lot of people don't see us, they just see the needles.

Once, I was doing an injection in a high street restaurant, and someone said I should do it in the toilet. I still hear people saying, 'Should he be doing that in here?' But why should I be ashamed of this condition?

For me, being a Live Well Champion is all about educating and raising awareness. I'm not afraid to express my emotions and feelings about living with this condition. It's hard enough to live with diabetes without the interference and the stigma from other people. Being a Live Well Champion has made me even more enthusiastic to talk about diabetes, to raise awareness and help people with diabetes enjoy life.

■ **If you're struggling, call our helpline on 0345 123 2399. Find out more about our Live Well Champions by visiting: diabetes.org.uk/bal-live-well**

THE LOWDOWN ON HYPOS

Hypos, also called hypoglycaemia, are an inevitable part of life for many people with diabetes. But what's actually happening inside the body during a hypo? And how can people with diabetes best manage them?



“When we eat and drink foods that contain carbohydrates, our bodies break them down into a simple form of sugar. This fuels our bodies and gives us energy,” says our Senior Clinical Advisor, Katie Bareford.

When someone has a hypo, it means that their blood sugar level is too low, usually below 4mmol/l. This means that the body won't have the energy it needs to work the way it should.

Not everyone with diabetes will have hypos. People with diabetes who take insulin or certain other diabetes medications like sulphonylureas, which help the body make more insulin, are more at risk of hypos.

Insulin helps move sugar from the blood to cells in the body. If your insulin levels are too high your blood sugar levels can go too low. In rare cases, people without diabetes but with certain other medical conditions can also get hypos.

Hypos can happen if there is something not right with the balance of food you eat, the physical activity you do, and the diabetes medication you take. We don't always know why hypos happen, but some things make them more likely, for example:

- **missing a meal**
- **eating a meal with less carbohydrate than expected**

- **being unwell**
- **taking more insulin or other diabetes medication than required**
- **drinking alcohol**
- **being stressed**
- **doing lots of unplanned physical activity**

Even significant changes in the weather can make hypos more likely.

When someone is having a hypo, the body releases hormones to raise blood sugar levels. “This causes symptoms such as cold sweats, shaking and irritability,” says Katie. “These are symptoms that someone with diabetes might recognise first.”



“Recognising which symptoms you tend to feel first can help you respond as quickly as possible”

Other symptoms, like difficulty concentrating, slurred speech and headaches, are caused by a lack of sugar in the central nervous system.

Everyone’s hypo symptoms will be different. Some people experience tingling lips or blurred vision, while others will feel very hungry or notice their heart rate rise. Other common symptoms include feeling shaky, tired, tearful or confused, sweating, being

anxious or irritable, looking pale, getting a headache or finding it hard to concentrate. It’s best to check your blood sugar whenever you have symptoms or if you’re feeling strange.

“Watch out for these symptoms if you have a child with diabetes. They might describe themselves as ‘feeling funny,’ or they might not be able to tell you they’re having a hypo at all,” says Katie. Continuous glucose monitors (CGM) can be really helpful for parents and carers to monitor their child’s sugars, and you can set alarms for highs and lows. Some CGMs also have predictive alarms that notify you before you go low.

There are also steps you can take that might help prevent hypos before they happen. Checking your blood sugars regularly, and using Flash or CGM with alarms, can help you spot when you’re going low. Recognising the signs of a hypo and which symptoms you tend to feel first can help you respond as quickly as possible to an oncoming low. Taking your medications as advised by your diabetes team, eating all your meals, planning exercise ahead of time and avoiding drinking too much alcohol can all help prevent hypos. But always carry hypo treatments with you just in case you go low.

Treating lows

If you’re having a hypo, stop what you’re doing and treat it immediately by eating or drinking between 15 and 20g of a fast-acting carbohydrate. That could be five glucose tablets, a small glass of fruit juice, or four jelly babies, for example. Children may need a different amount of carbohydrate, depending on their weight, so parents and carers can speak with their diabetes team.

You should rest for 10–15 minutes and then test your blood sugar again to check that it’s back above 4mmol/l. If it’s still less than 4mmol/l,

Hypo unawareness

Some people with diabetes experience hypo unawareness, where they don’t spot the signs that their blood sugar levels are going low. People with type 1 and those who’ve had diabetes for a long time with frequent hypos are most likely to lose their awareness.

This increases the risk of severe hypos and can harm your quality of life. If you have hypo unawareness, you must stop driving and inform the Driver and Vehicle Licensing Agency (DVLA).

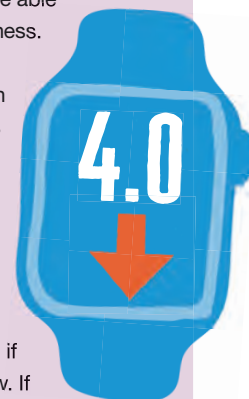
If you are finding it harder to spot hypos, speak to your diabetes team about how you might be able to improve your awareness.

They may recommend keeping a closer eye on your blood sugar levels and even temporarily relaxing your targets.

CGMs can be a big help if you can’t spot hypo warning signs at all anymore. They have alarms that can tell you if you’re going high or low. If you have type 1, you’re over 18 and live in England or Wales, NICE guidelines say you should be able to choose between a CGM and Flash glucose monitoring. If you live in Scotland, you should be offered Flash. If you have type 2, are over 18 years old and live in England or Wales, you may be eligible for flash but must meet certain criteria. For more info, visit:

diabetes.org.uk/bal-gcm

Some people who receive transplants of insulin-producing islet cells find their awareness improves. But this is not a standard treatment in the UK. Scientists are trying to find out more about hypo awareness by looking at our brains through advanced imaging techniques. Other researchers are investigating whether exercise could be used as a treatment.





“Everyone's hypo symptoms will be different...it's best to check your blood sugar if you're feeling strange”

have more fast-acting carbohydrates and re-test after 10 minutes.

Repeat as necessary. Continue to rest until you have recovered from your hypo. Some people feel more tired than usual for quite a while following a hypo. After treating a hypo, you might need to eat a small portion of slower-acting carbohydrate like a piece of toast to stop your blood sugar from dropping again later. People on insulin pumps or hybrid closed loop pumps (HCL) don't usually need to do this. Speak to your diabetes team if you're unsure what hypo treatment you need.

After treating a hypo, blood sugar levels should return to normal after about 15 minutes. But sometimes, a hypo can become more severe and can even make someone fall unconscious, which is a medical emergency. So, it's important to treat a hypo straight away, as delaying treatment can lead to a more severe hypo.

“Your blood sugar levels might go high after a hypo. This might be because you've eaten more carbohydrate than necessary to treat it, or because you've reduced your next insulin dose. But this phenomenon can also be caused by a process called counter-regulation,” explains Katie. This is the body's own attempt to reverse low blood sugar, and sometimes it can be too effective.

If you're often going high after hypos, speak to your diabetes team for advice.

Night-time hypos

People who get hypos may also experience them at night. Some people don't always notice the symptoms and wake up straight away. This can lead to prolonged or potentially severe hypos.

“Most people will produce hormones to counteract the hypo and raise blood glucose levels,” says Katie.

“Waking up in the morning feeling very tired, having a bad headache and damp sheets can all be signs that you've had a hypo at night.” If you think you might be having hypos at night, it's important to speak to your diabetes team straight away.

You may be able to prevent a night-time low by checking your blood sugar levels before you go to sleep. Some people have carbohydrate snacks before bed to stop them going low, but this isn't suitable for everyone. For example, this may increase the risk of hypos in people using HCL. Diabetes tech can also help prevent hypos at night as you can set alarms on Flash and CGM and, if you use an insulin pump, it might have a night-time mode. Speak to your team if you're not sure if your pump has this feature.

Drinking alcohol may make you more likely to have a hypo at night. Speak to your healthcare team for individual advice on how to manage

your blood sugar levels and insulin or other medications when drinking alcohol. If you inject insulin or use an insulin pump, they might suggest that you eat a carbohydrate snack before you go to bed, without the insulin you normally have when you eat. If you use HCL, having a snack without insulin could cause a hypo later on, so consider setting the pump to the temporary target, exercise or sleep mode as these aim for a slightly higher blood glucose target. Ask your diabetes team for individual advice on how to manage your blood sugar levels when drinking alcohol, and check your sugar levels regularly if you've been drinking alcohol.

Exercise can also bring your sugar levels down for many hours, so it can also lead to night-time hypos. Checking your sugar levels regularly after exercise can help prevent hypos, and you might need to adjust your diabetes medication if you take one that increases the risk of hypos, like insulin or sulphonylureas. Keeping hypo supplies by your bed is always a good idea so you can treat a low as easily as possible at night.

Day or night, hypos can sometimes become severe enough that someone else needs to step in and help. Make sure that your friends and family know what to do if you have a severe hypo. It's important not to give someone who's having a severe hypo food or drink because they may not be able to swallow and they could choke. Instead, you should put them in the recovery position, give them a glucagon injection if available, and call an ambulance if glucagon isn't available or if they haven't recovered within 10 minutes of the injection.

"Speak to your healthcare team straight away if you have a severe hypo, as you may need to adjust your insulin doses," says Katie.

"Being concerned about hypos is common," explains Katie. "But if you develop a fear that is extreme and

"If you're worried about going low when nobody you know is around, medical ID might be reassuring"

overwhelming, it's important to speak to a healthcare professional. This anxiety can affect your diabetes management, and it can impact your overall quality of life.

"Having a plan for treating a hypo can reduce anxiety, as can keeping your hypo kit with you at all times."

Making sure your family and friends know how to spot a hypo and teaching

them how to help you treat them may also help. It can be hard to explain exactly what you're feeling during a low. You might find it helpful to speak to people who've already seen them. They may pick up on changes to your behaviour you didn't notice, which can be helpful in future.

If you're worried about going low when nobody you know is around, carrying some kind of medical ID, such as a bracelet or card, or even information on the emergency screen of your phone, might be reassuring. Ambulance healthcare teams are trained to look for these kinds of IDs.

BEN'S STORY Ben Holt, 35, has lived with type 1 diabetes since he was three years old. He says:



"These days, I don't get that many hypos. But when I was younger and on a mixed-insulin regimen, I would get them more often.

"For most of my childhood, I took fixed doses of insulin every day. If you have a routine, this kind of regimen can be really good. But it means you've got to be really disciplined with yourself. You need to eat roughly the same amount at roughly the same time every day. Otherwise, you risk going low.

"When I experienced a low on this insulin, I really went low. My blood sugars could fall to 2mmol/l, and I'd be flat out.

"It's hard to remember exactly how they felt, but I do remember always getting really tingly lips. Luckily, I had really good people around me at school who could recognise when I was going low.

"Although hypos were always in the back of my mind, I mostly worried about them after doing sports. But the older I got, the easier it was to manage them and the easier the signs were to spot. I eventually changed insulin regimens and now have a long-acting injection once a day and short-acting insulin whenever I eat or need to correct.

"Now, when my blood sugars drop, it's not as dramatic as when I was younger. I know when I'm feeling low, but I can still function. I cannot remember the last time when I had to have an ambulance out for low blood sugar.

"I've got better at preventing hypos and preparing for them, which makes me worry less than I used to.

"My advice if you're worried is to always carry some hypo treatments with you. This means you're prepared.

"Trying to keep your levels as stable as possible can also help you avoid the highs and lows. I find it helps to start my day with slower-acting carbohydrates to fill me up and eat plenty of proteins like fish to keep me full without raising my blood sugar.

"At the end of the day, hypos are always going to happen, no matter what. It's being prepared for them that makes the difference."

the new dexcom one⁺

Smart devices sold separately.[§] The Dexcom ONE+ Sensor is waterproof and may be submerged under 2.4 meters of water for up to 24 hours without failure when properly installed.



Take control of your diabetes, so you can get back to doing the things you love.

Living with type 1 or type 2 diabetes can be an overwhelming balancing act that requires a lot of guesswork. But, thanks to Dexcom ONE+, there's now an easier^{†,1} way to manage your diabetes, available on prescription.

Dexcom ONE+ is a continuous glucose monitoring (CGM) system with a wearable sensor that lets you see your glucose readings at a glance, 24/7. Without finger pricks* or scanning, you can keep track of your glucose levels anytime, anywhere and manage your diabetes with confidence.

better diabetes management[‡]

Dexcom ONE+ offers exceptional accuracy, even when glucose levels are rapidly changing.²

By seeing your glucose levels and patterns as they happen, you can make informed diet, exercise, and treatment decisions in the moment.*

This also gives you a reliable 24-hour picture.* Finger pricking only gives a snapshot of your glucose levels at one point in time, but with continuous, automatic readings you get the full story at a glance.*

You can also see where you're heading as Dexcom ONE+ has customisable high and low alerts² that can give you time to take action.

as easy as 1, 2, 3

- 1 Dexcom ONE+ **connects** to a dedicated mobile app on your smartphone,[§] a Dexcom receiver,^{||} or smartwatch^{||} so you can be up and running in no time.
- 2 The sensor is **painless to apply**,^{†,2} and lasts for up to 10 days.**
- 3 You can **wear it your way** – Dexcom offers multiple wear locations^{††} so that adults can wear the sensor on their arm or abdomen for flexibility and convenience – tailored to their lifestyle.



Smart devices sold separately.[§]

insights you can act on

Dexcom ONE+ gives a more complete picture of glucose numbers and trends for better diabetes management[†] and a healthier,^{**3,4} more confident life.

With Dexcom ONE+ you will be able to see how small changes can make a big difference – the event logging feature allows you to log your food choices, exercise routines, and stress levels to help you see what affects your glucose patterns. The Dexcom Follow app^{§§} enables you to share your glucose levels, including high and low alerts, with up to 10 followers – giving you extra support and your family and friends extra peace of mind.[‡]

Dexcom CGM has proven results and has been shown to reduce time outside of range^{‡,5-7} and improve quality of life.^{||,8}



“

The anxiety I had experienced eased, my management improved.”

LUCY FOX, DEXCOM WARRIOR



Discover more about **dexcom one+**

try a free Dexcom ONE+ sample now

Request a free 10-day sensor and experience everything it has to offer for yourself. All you'll pay is a one-off £4.99 shipping charge for your order. And if you like it as much as we think you will, Dexcom ONE+ is then available to buy online from just £35 for a 10 day sensor.^{§§,‡}



So what are you waiting for?
Get your free sample now.

Terms and Conditions apply.

available on the NHS

NICE (The National Institute for Health and Care Excellence) have guidelines on funding CGM for people living with type 1 diabetes and some people living with insulin-treated type 2 diabetes.

Your diabetes healthcare team will have their own local policy in line with NICE guidelines. So, at your next appointment, why not ask what they could mean for you now that Dexcom ONE+ is available on prescription?

If you are not eligible on the NHS, you can also buy Dexcom ONE+ online from just £35 for a 10 day sensor.^{**†||}

Lucy is a sponsored spokesperson of Dexcom. Always speak to your HCP when deciding on devices. *If glucose alerts and readings from Dexcom ONE+ do not match symptoms or expectations, use a blood glucose meter to make diabetes treatment decisions. †Results obtained with Dexcom G7 study, which shares similar features and usability. ‡Compared to self-monitoring of blood glucose (SMBG). §§Smart devices sold separately. For a list of compatible smart devices, please visit dexcom.com/compatibility. ||Optional receiver sold separately. ¶Compatible device required for smartwatch connectivity. #Users reported that 94% of sensor insertions were painless. **Each Dexcom ONE+ glucose sensor can last up to 10 days, plus a 12 hour grace period. ††Dexcom ONE+ is approved for wear on the arm and abdomen, and children 2-6 years can also wear their sensor on the upper buttocks. ‡‡Based on a reduced risk for long-term complications with better glycaemic control. §§Separate app and internet connection required. Always confirm readings on the Dexcom CGM app or receiver before making treatment decisions. ||||Results obtained with a previous generation of Dexcom CGM system and are applicable to Dexcom ONE+ given similar feature sets and better performance and usability. ¶¶Prices are shown excluding VAT. If you are purchasing CGM for someone who has diabetes, you are eligible for VAT exemption on this purchase. There is an additional £4.99 shipping fee for all UK Dexcom ONE+ orders. † Data on File. Dexcom G7 UK Survey, 2022. N = 231, 92% of participants reported Dexcom G7 is overall easy/very easy to use. 2 Dexcom ONE+ user guide, 2023. 3 Lind M, et al. Diabetes Care. 2021;44(1):141-9. 4 DCCT Research Group. Diabetes 1997;46:271-86. 5 Beck RW et al. JAMA. 2017;317(4):371-8. 6 Beck RW et al. Ann Intern Med. 2017;167(6):365-74. 7 Soupal, J. "Comparison of Different Treatment Modalities in 7 years of follow-up in the COMISAIR study" Presented only at EASD 2023 in Hamburg. Study includes a non-Dexcom CGM system. 8 Polonsky WH, et al. Diabetes Care. 2017;60(6):736-41. Dexcom, Dexcom Clarity, Dexcom Follow, Dexcom ONE+, Dexcom Share, and any related logos and design marks are either registered trademarks or trademarks of Dexcom, Inc. in the United States and/or other countries. © 2024 Dexcom International Ltd. All rights reserved. Dexcom International Ltd and its affiliated European entities. This product is covered by U.S. patent. dexcom.com | +1.858.200.0200 Dexcom, Inc. 6340 Sequence Drive San Diego, CA 92121 USA | MDSS GmbH Schiffgraben 41 30175 Hannover, Germany. MAT-4605.

IT'S GOOD TO TALK

Living with diabetes means having to make so many decisions every day, and that can be exhausting and emotionally demanding. Dr Jacq Allan (PhD, DClinPs), a clinical academic psychologist at the Type 1 Diabetes and Disordered Eating Service, Norwich and Norfolk Hospital Trust, explains how talking therapy can help. Dr Allan also lives with type 1



Dr Jacq Allan

It's not uncommon for people with diabetes to experience mental health problems at some point, including

anxiety, burnout and diabetes distress because of their condition.

Talk therapy is a process of talking to a trained professional who won't judge you and can help you work through complicated feelings or patterns of behaviour. It's a process of understanding yourself better and making sense of why you are the way you are. There are different types of talking therapies, and the approach will differ from therapist to therapist.

Dr Allan says: "Talk therapy is a psychological intervention that could address a mental health issue such as anxiety or depression, psychological

trauma, a difficult situation, health condition or anything that makes life more difficult. 'Talk therapy' makes it sound like you might just have a conversation with someone, and to a certain extent, this is true. But a therapist will apply a psychological model, such as cognitive behavioural therapy (CBT), to those conversations in a way that facilitates change and hopefully allows the patient to address the issues that are affecting them.

"When you live with diabetes, there are all the extra decisions, anxieties about management, dealing with the fallout of blood sugars that won't play ball, mood changes that can accompany times of difficult management and, of course, burnout.

"Also, recent research suggests that post-traumatic stress disorder (PTSD) can follow episodes of severe hypoglycaemia and diabetic ketoacidosis (DKA). That, plus the



relentless nature of diabetes itself, means that we can benefit from professional support to process things that are particularly difficult."

Therapy can also help people cope with the everyday stress life can throw at us. Dr Allan adds, "Generally speaking, therapy is at its best when there is a change needed and for whatever reason the patient finds themselves unable to make that change on their own."

Types of therapy

There are different ways to approach talk therapy, and it may take some exploring to find out what works for you. Cognitive behavioural therapy



“Therapy can also help people cope with the everyday stress life can throw at us”

(CBT) is a common treatment for various mental health problems. It teaches you how to cope with difficult problems by focusing on how your thoughts, beliefs and attitudes influence your feelings and how you behave.

Dr Allan says: “You might not know what type works for you until you are in therapy. Diabetes psychologist Dr Rose Stewart describes a ‘toolbox’ approach,

where the therapist tailors your intervention to the issues as they appear. So, I tend to switch between models, depending on what the patient brings and what they find personally resonates.”

Finding a therapist

If you live in England and aged 18 or over, you can access NHS talking therapies services for anxiety and depression. A GP can refer you, or you can refer yourself directly without a referral.

When starting on your journey to finding a therapist, you may find that the language used can be confusing. You may see someone advertising

themselves as a ‘therapist’ and someone else as a ‘counsellor.’ Then, you may come across a professional who is labelled a ‘psychologist’ and someone else who is a ‘psychiatrist’. If you’re already experiencing poor mental health, the actual process of finding help might feel overwhelming. Your diabetes team can offer advice. Ultimately, these different titles refer to the different levels of training and education the mental health professional has gone through.

Psychotherapist, therapist and counsellor are terms that are sometimes used interchangeably. All these professionals usually help clients overcome and understand various emotional issues that are bothering them. There are different methods they may use, and you may need to do some research to find which one will be suitable for you and your needs.

A psychiatrist is someone who has had medical training and has chosen to specialise in psychiatry.

Psychiatrists are able to diagnose, prescribe medication and treat mental health conditions. You may be referred to a psychiatrist if you need to have an assessment done to establish if you have a mental health condition, as they are able to perform medical examinations and tests.

Dr Allan says: “There are some good online resources that can help you decide what sort of therapy might be useful, such as the Mind website, mind.org.uk. It’s important to ensure that the person you are talking to has professional accreditation and belongs to a regulatory body.”

Ultimately, it’s important you feel safe at your appointment and can open up to get the most out of your time together.

Trust is important, and because you are having a conversation with another human, sometimes personalities may not match.



“As part of your care, you should have a review of your emotional wellbeing and mental health needs”

You may be lucky and connect with the first person you see. If not, it's OK to try elsewhere until it feels right.

Dr Allan says: “It's natural to have some anxieties when thinking about starting therapy because you are trusting someone with the intimate details of your life and struggles.

“In diabetes, particularly, there might be trauma around opening up in front of a healthcare professional. What I would say is that we are trained to be open, nonjudgemental and validating. I find working in diabetes a real privilege, and my colleagues are passionate about improving the lives of the community.

“I would advise finding a specialist diabetes or a clinical health psychologist if the issues you are considering taking to therapy relate to your diabetes. Thankfully, this is quite common in paediatric services now and becoming more common in adult clinics, too, so it's worth asking either the GP or someone at your diabetes clinic to help find a diabetes specialist.”

Accessing therapy

As part of the care you're entitled to when you live with diabetes, you should have a review of your emotional wellbeing and mental health needs and be referred to mental health services if you need support. Talk to your diabetes team to find out what your options are.

You might want to go private if you can't get the therapy you need from the NHS. Unfortunately, paying for private therapy can be expensive, and many of us can't afford it. But if you're exploring this option, the Counselling Directory has a list of over 22,000 qualified counsellors:



IMPORTANT

Get advice from 111 or ask for an urgent GP appointment if you need help for a mental health crisis or emergency.

JENNI'S STORY

Jenni Mohammadi, 26, from London, has lived with type 1 since she was 12 years old. She says:



Managing my diabetes as a child whilst being shuffled through various foster care placements was

overwhelming. Each carer and social worker had different levels of understanding and brought their own stereotypes and stigma around diabetes.

My therapy journey began with Child and Adolescent Mental Health Services (CAMHS) when I was 14. At 22, I was referred to the Type 1 Diabetes and Disordered Eating service at King's College Hospital for specialised psychotherapy. I more recently used eight counselling sessions available through my employer. Now, I'm about to start private therapy.

Therapy has been a transformative experience. It provided a safe space to be open and vulnerable, helping me understand how my past experiences shaped my current mindset. Being actively listened to and having my feelings validated was healing. One major takeaway has been learning to use words to communicate my emotions and needs, rather than relying on my blood sugar levels.

counselling-directory.org.uk/

Many hospitals offer a diabetes psychology service that you can attend by yourself or with a loved one to increase your skills in managing and coping with your diabetes. They can provide 1:1 appointments with therapists and also groups. The service can support you with a wide range of worries, from adjusting to your diagnosis, diabetes distress and anxiety to more severe things like PTSD and issues with eating. Your diabetes team may refer you, or you can contact the department yourself. They may send you a questionnaire to complete and arrange an appointment either face-to-face or online, whichever one suits you best. Interpreters can also usually be arranged if needed.

Ask your diabetes team for more information or search online for your local NHS trust and 'Diabetes Psychology Service' to check whether there's a service near you.

■ **Call our confidential helpline – 0345 123 2399 – to talk to our highly trained advisors who have counselling skills and extensive knowledge of diabetes. They can provide information about the condition, take the time to talk things through and explore emotional, social, psychological or practical difficulties. You don't need a question about diabetes to call us.**

LESSONS FROM...

A DIABETES RESEARCH VETERAN



Professor Kamlesh Khunti CBE is Professor of Primary Care Diabetes and Vascular Medicine at the University of Leicester. With Professor Melanie Davies CBE, he established the globally recognised Leicester Diabetes Centre, which employs over 280 researchers and education team members. During the pandemic, Prof Khunti led research into the effects of Covid in people from minority ethnic groups and those with diabetes

1 We should have better anticipated those most at risk from coronavirus

On 1 April 2020, I posted a tweet: 'Just had a message from a colleague that they are seeing many young south Asians being admitted with severe #Covid19. Can people share their experiences quickly?'

Many replies said I was scaremongering. But days later, intensive care data showed for the first time that minority ethnic groups were disproportionately affected.

Teams from the Centre for Ethnic Health Research, the National Institute for Health and Care Research (NIHR), Applied Research

Collaboration East Midlands and the University of Leicester worked with colleagues from the Office of National Statistics, University of Oxford and University College London to compare the rates of people dying of Covid from different ethnic groups. We wrote in the British Medical Journal about what the reasons for the higher death rates might be. People from these groups came from more deprived backgrounds and had jobs that put them at a higher risk, for example in transport or in restaurants. They were more likely to be living in multigenerational houses, and had higher rates of heart disease and diabetes. If you look at previous flu outbreaks, these populations also had increased risk.

2 A complex mix of factors

If we put efforts into improving the wider social determinants of health, such as education, working environments and housing, there's no reason why we can't reduce rates of type 2 diabetes within a generation.

We are not currently doing enough to educate people about obesity and diabetes. It is a very complex area. Data shows that we're not treating people from minority ethnic groups equally either, once they have diabetes. They are less likely to get organ protective, novel therapies at an early stage.

3 A more holistic approach is needed

We're living longer, but this also means we become more likely to be affected by multiple long term conditions (also known as multimorbidity) and the care we get is often fragmented. We need to think about a different model, where people are managed more holistically.

I'm involved in MiFoot, a Diabetes UK and NIHR-funded research project, that has shown this approach can be very effective. People with type 2 and foot ulcers are at very high risk of heart disease, and we want to reduce this and improve their quality of life.

We have therefore developed a 'one-stop shop' assessment, and they get tailored exercises and an education programme specially developed for them. The feedback we've had is incredible. That's why we need much more emphasis on supportive self-management programmes as part of treatment for people with type 2 diabetes.

■ To get involved with the MiFoot study, visit: mifoot.org.uk



Rugby is a hooligan's game played by gentlemen, or so the saying goes. Don't let that put you off. The professional game may have crushing scrums, cauliflower ears, and feats of strength, agility and camaraderie aplenty, but the adage doesn't really do rugby justice.

For starters, it's not just for 'gents', and there are several versions of the sport. Male and female teams compete in thriving leagues of the two main types – rugby union and league – across the UK. For those in their later years or living with disabilities, there's walking, touch and visually impaired rugby. There's even wheelchair rugby, although that one's not

"It's great for your physical health, coordination and flexibility"

for the faint-hearted. So, why not get stuck in?

Diabetes certainly shouldn't be a barrier. "Rugby union professionals like former England international Chris Pennell and Wales' Amy Evans have proven that people with diabetes can make it to elite levels," says our Senior Physical Activity Advisor, Neil Gibson.

"But even if you're not looking to play at the highest levels, there's still a rugby for you. Rugby is open to people of all abilities and ages and there are so many benefits to getting involved. It's great for your physical health, coordination and flexibility – and being part of a team that meets regularly is great for your social and mental wellbeing."

Nevertheless, there are precautions that people with diabetes should take before diving headfirst into a scrum. Any physical activity can have an impact on blood sugar levels, so Neil advises people to speak to their diabetes healthcare team before getting started.

"Each game will be different, so it can be very difficult to predict how your blood glucose levels will react," he explains. "You might expect them to fall





RUGBY EXPLAINED

Forms of rugby, like the people who play it, come in all shapes and sizes. While all feature people chasing an odd-shaped ball around a pitch, they're not all distinguished by the carnage viewers of the Six Nations may be used to seeing. Here's our rundown of rugby's different forms, which are open to men and women...

■ RUGBY UNION

As played at the Six Nations, this is probably rugby's most familiar form. Teams of 15 (or seven in Rugby Sevens) compete to score tries by touching the ball down beyond the opposition's goal line (five points) and drop and penalty goals by kicking the ball between the opposition's posts above the cross bar (three points). After each try, a further two points can be scored through a conversion kick.

■ RUGBY LEAGUE

League split from Union in 1895 after teams in Yorkshire and Lancashire began paying players' missed wages on match days, contravening Union's amateur principles. Today it's mostly played in the North and has evolved to have several differences to Union. These include league's 13-player teams and the value of tries (four points), penalty kicks (two points), and drop goals (one point).

■ TOUCH RUGBY

Touch rugby is a minimal contact version of the sport that's widely used to train the fundamentals of rugby. There's no tackling, scrums, rucks or mauls. Instead, players must place the ball on the ground if an

opponent touches them while they're in possession. Teams of six compete to score tries worth a point each. It's great for building fitness, agility and coordination – and great fun, too!

■ WALKING RUGBY

As the name suggests, this is a more sedate form of rugby with no running, scrums, rucks, mauls or passing above shoulder height but plenty of fun. Taps replace tackles, and teams of between five and seven play on half pitches and compete to score tries worth a point each. Teams compete every week across the country, and the sport is particularly popular with older people.



■ WHEELCHAIR RUGBY AKA 'MURDERBALL'

Wheelchair rugby's nickname says it all: mixed gender squads of 12 battle it out in courts to carry the ball across the opposition's try line. Contact between wheelchairs is permitted, and injuries are common, but it's not quite no-holds barred. Hitting opponents' chairs behind the rear wheels results in penalisation, as does making physical contact with opponents.

■ For more on the above, visit: englandrugby.com

- wru.wales
- scottishrugby.org
- ulster.rugby

in a full game of two 40-minute halves, but this is a contact sport with lots of short bursts of energy and tackles, which can cause adrenaline spikes as the body prepares for fight or flight. This can cause levels to rise and then fall.”

If you manage your diabetes with insulin or other blood-glucose-lowering medications such as a sulphonylurea, it’s crucial to keep a close eye on your levels before, during and after a game, as well as during training. It’s also important to ensure that people with you know that you have diabetes and what to do if you have a hypo.

It’s best to have hypo treatment and insulin with you and make sure your coach and teammates understand that it needs to be easily accessible if you need it,” continues Neil. “Make sure you stay well hydrated and think about what to do with your diabetes kit like insulin pumps and Flash or continuous glucose monitors (CGMs). They may need to be



Rugby union professionals like former England international Chris Pennell and Wales’ Amy Evans have proven that people with diabetes can make it to elite levels



taken off or strapped up, depending on your activity, to avoid damage.”

It’s also worth remembering that not all types of rugby involve the tackling, scrums, rucks and mauls that can be seen during professional matches. Touch and walking rugby require all the skill and agility of rugby union and league, but these versions of the sport do not feature the full-contact elements that may put some people off.

“That really is the beauty of rugby,” says Neil. “People of any age or ability can still get the buzz of playing a physical game of skill and agility without risking a cauliflower ear or bloody nose.

Joining a local walking or touch rugby team can help you stay healthy and happy and manage your diabetes better, while giving all the social benefits of being in a team.”

JUDE’S STORY

Jude Nolan-Day, 17, from London, was diagnosed with type 1 diabetes – a condition that contributed to the early death of his Uncle Seamus, aged 14, in 1976. Today, Jude proudly wears the number-seven shirt for the Champion School’s National Cup-winning rugby team. He says:



“Playing rugby with type 1 takes discipline, and you have to make sacrifices to get the benefits. But it’s worth it. I have to think about how I use nutrition and longer-lasting carbs to benefit me and my game. It’s also about learning about how my body reacts during games.

I’m a flanker, which ultimately means you have

to be a good, well-rounded player; good on the ball and on your feet, confident at passing under pressure and being able to steal the ball and tackle. It’s also quite technical because it’s me that does the throwing in the lineout. The only peace I get is during the scrum as my position is on edge – but that never lasts long!

In the morning before the gym, I have two slices of wholemeal bread and eggs, which keeps me energised. I also eat a lot of bananas to keep my levels up while I exercise. I also make sure I

eat after games to avoid my sugars coming crashing down. I have hypo treatments to keep my levels OK until dinner.

I use a hybrid closed loop insulin pump system. Before games, I take the pump off and strap up my continuous glucose monitor with RockTape so that it doesn’t get ripped off. That’s been a recurring problem. Obviously, I’d be going through too many if I took them off for every game and started a new one after. The other issue is that when I sweat, the tape can start coming off.

It’s not always been plain sailing. I’ve had seizures due to severe hypos resulting in ambulance crews giving me glucagon. I’ve learned how to avoid this, and it’s not enough to put me off.

I’m so grateful to have been born into a generation that can have diabetes and play sport. I know that’s not always been the case. Although I’ve had my ups and downs, if I have problems,

“I’m so grateful I was born in a generation that can have diabetes and play sport”

I know I have a great team to support me. I’m going to Australia on a rugby tour soon and I’m really looking forward to it. I have aspirations to run marathons in the future. It’s all up from here!

WIN

Win a luxury stay at one of Harrogate's oldest and most cherished Victorian hotels

TO THE MANOR BORN

➔ Classic Lodges is offering one lucky reader the chance to win a luxury one-night stay at The Old Swan Harrogate, one of the spa town's most famous hotels.

This fantastic prize includes a delicious three-course dinner and breakfast the following morning.

Situated in the heart of Harrogate, this hotel combines Victorian splendour packed with stunning period features and an elegant contemporary style. Once a popular spa, it was the highway haven for Agatha Christie when she famously disappeared in 1926.

Classic Lodges is a collection of hotels that all have their own charming character, whether that's a peaceful country getaway or a city centre stay. With restful rooms that all feature Classic Lodges' signature style and comfort and delicious dining, inspired by the freshest locally sourced produce.

■ To book a stay with Classic Lodges, please visit: classiclodges.co.uk/specialoffers or classiclodges.co.uk/murder-mystery/ for Murder Mystery events across the hotel collection.

Terms and conditions: The one-night stay is based on two people sharing a deluxe room at The Old Swan, Harrogate. Opening date is 11 September 2024. Closing date is 15 November 2024.

The prize includes a three-course dinner and a full English or continental breakfast the following morning. The prize can be redeemed six months after the winner is notified (prize blackout dates include Christmas, New Year, and Bank Holidays) and must be booked via the Central Reservations line on 01257 238730.

The prize is subject to availability and is not transferable and cannot be exchanged for a cash value. Winners will be chosen at random and the Editor's decision is final.



"This hotel combines Victorian splendour packed with stunning period features and an elegant contemporary style."



CLASSIC  LODGES®
the sign of a great hotel

PRIZE

LUXURY HOTEL STAY INCLUDES:

- A one-night stay for two at The Old Swan in a double bedroom.
- Three-course dinner and a full breakfast the following morning.

To enter, scan the QR code using the camera app on your phone or tablet, or go to: diabetes.org.uk/bal-comp



Huevos rancheros

Serves 2 | Prep: 5-10 mins |
Cook: 5 mins

GLUTEN-FREE | VEGETARIAN

- 2tbsp low-fat quark
- ½ avocado, diced
- juice of 1 lime
- ½ a 400g can black beans, rinsed and drained
- 1 large beef steak tomato, diced
- 2 spring onions, trimmed and finely chopped
- 2tsp chilli hot sauce of your choice
- freshly ground black pepper
- 1tsp white wine vinegar
- 2 medium eggs
- 2 mini corn tortillas

1 Place the quark, avocado and 1tbsp lime juice into a food processor and whizz to a smooth puree.

2 Mix together the black beans, tomato, half the spring onions and half the hot sauce and season with freshly ground black pepper.

3 Fill a medium pan with water and add the vinegar. Bring to the boil and then turn down the heat. Break the eggs into separate cups and carefully tip away any runnier egg white. Stir the hot water to get it swirling, then add the eggs one at a time. Cook for 3–4 mins until the white is set, then remove with a slotted spoon and drain on kitchen paper.

4 Toast the tortillas in a hot, dry frying pan for 30–40 seconds on each side and spread with the avocado mixture. Scatter over the black bean mixture and place the egg on top. Scatter with the remaining spring onion and drizzle with the remaining hot sauce to serve.

PER SERVING 323g

CARBS
16.7g

CALS
278

Sugars	Fat	Sat Fat	Salt	Protein	Fibre
4.5g	13.6g	3.3g	0.52g	17.3g	10g

1.5 portions of fruit and veg

Spill the beans

There are many varieties to choose from, but they're all high in protein and fibre, cheap and versatile – they even count towards your five a day. These nutritious, seasonal dishes have all been devised to celebrate the humble bean

COOK'S TIP

Be careful, chilli hot sauce is hot, and you only need a small amount. There are many different varieties with different flavours and heat – stay clear of Thai chilli sauce, as this has a very high sugar content. Mexican and Jamaican hot sauces tend to be the best for this style of recipe.



Bean arrabbiata with spinach and fennel salad

Serves 4 | Prep: 15 mins | Cook: 40-45 mins

GLUTEN-FREE | VEGAN

- 2 red peppers, 350g whole weight, deseeded and quartered
- 20g fresh basil
- 2tsp olive oil
- 3 garlic cloves, thinly sliced
- 2 red chillies, deseeded and finely chopped
- 2 x 400g can plum tomatoes
- 1 x 400g can butter beans, rinsed and drained
- 1 x 400g can borlotti beans, rinsed and drained
- 225g cherry tomatoes
- 80g bag fresh spinach, rocket and watercress leaves
- 1 small bulb fennel, trimmed and very thinly sliced
- 2tsp lemon juice

1 Heat a chargrill pan until smoking, then arrange the peppers skin side down and cook for 3–4 mins on each side until pleasantly charred. Place into a food bag and seal, or into a large bowl and cover with a plate – this will allow them to steam and make peeling off the skins easier. Set aside for at least 15 mins. Discard the skins and roughly chop the flesh.

2 Remove the leaves for the basil and set aside. Finely chop the stalks. Heat the olive oil in a large saucepan, add the garlic, chilli and basil stalks and sauté for 1–2 mins. Add the tomatoes and chopped peppers and break up with the back of a wooden spoon. Bring to the boil, cover and simmer for 20–25 mins until thickened and reduced. Stir in half the basil leaves, the beans and the cherry tomatoes, and simmer for 5 mins or until the tomatoes start to pop and the beans are warmed through.

3 Toss together the spinach salad, fennel and lemon juice and pile onto a plate. Spoon over the arrabbiata beans and serve immediately.

PER SERVING 551g

CARBS
30.2g

CALS
229

Sugars	Fat	Sat Fat	Salt	Protein	Fibre
14.5g	3.1g	<0.1g	0.78g	13.1g	13.8g

5.5 portions of fruit and veg

Zingy kale salad with spicy roasted beans

Serves 4 | Prep: 10 mins |
Cook: 30 mins

VEGETARIAN

- 400g can chickpeas, rinsed and drained
- 1tbsp olive oil
- 1 garlic clove, crushed
- 1tbsp homemade za'atar spice mix (see cook's tip)

FOR THE SALAD

- 125g fat-free natural yogurt
- ½tsp English mustard

- 2tbsp fresh chopped coriander
- ¼ red chilli, deseeded and very finely chopped
- Squeeze fresh lemon juice, about 2–3tsp
- 200g kale, roughly torn, woody stalks removed
- 1 large carrot, peeled and finely shredded
- 1 small avocado, stone removed, peeled and diced
- 4 radishes, trimmed and thinly sliced
- 2 kiwi fruit, peeled, halved and thinly sliced

1 Preheat the oven to 200°C/fan oven 180°C/gas 6. Tip the chickpeas onto kitchen paper and pat them as dry as possible before spreading them out into a single layer on a baking tray. Drizzle with the olive oil and toss with the two-thirds of the garlic and homemade

za'atar spice mix until the chickpeas are well coated. Roast for 15 mins. Shake the tray, stir, and roast for a further 15 mins until crispy.
2 While the chickpeas are cooking, mix together the yogurt, mustard, coriander, chilli and lemon juice. Tear in the kale and mix until evenly coated. Pile onto a serving plate. Scatter over the carrot, avocado, radishes, kiwi, and crispy chickpeas and serve immediately.

PER SERVING 274g

CARBS
24.4g

CALS
278

Sugars	Fat	Sat Fat	Salt	Protein	Fibre
8.8g	13.3g	2.2g	0.57g	10.9g	8.4g

2 portions of fruit and veg

COOK'S TIP

Ready-bought za'atar spice mixes are often high in salt – make your own by warming 2tbsp cumin seeds in a dry frying pan for 30–40 seconds until fragrant and blitz in a spice grinder to a fine powder. Stir in 2tbsp sesame seeds, 2tbsp dried oregano and 2tbsp sumac. Store in an airtight jar and use within 1 month.

Try roasting different kinds of beans using the same method above. Some beans may take 5–10 mins longer as they have a higher water content.

Make me vegan....

Replace the natural yogurt with unsweetened plant yogurt.

Creamy parsnip and leek crumble

Serves 4 | Prep: 20 mins |
Cook: 50 mins

VEGETARIAN

- 2 leeks (about 400g) trimmed and sliced
- 1tbsp olive oil
- 4 large parsnips, (about 500g) peeled and roughly chopped
- 1tsp paprika
- Small handful fresh thyme
- 3 whole garlic cloves
- 200g low-fat quark (see cook's tip)
- 1tsp horseradish sauce
- 200ml skimmed milk
- Finely grated zest of 1 lemon
- 150ml hot vegetable stock

- 250g edamame beans, defrosted
- Freshly ground black pepper

For the crumble topping

- 50g jumbo oats
- 25g Flora light spread
- 45g wholemeal plain flour
- 1 carrot, peeled and finely grated
- 2 spring onions, trimmed and shredded
- 25g Parmesan cheese, finely grated

1 Preheat the oven to 200°C/fan oven 180°C/gas 6. Trim the leeks and discard the root ends. Cut into 1-inch slices and wash to remove any grit. Heat the oil in a large deep frying pan and add the parsnips, paprika, thyme, 200ml water and garlic. Cover and cook over a low heat, stirring occasionally for 10 mins until the parsnips and leeks are tender. Discard the garlic skins and mash the flesh with a fork, stir into the veg and tip

into a 1.5 litre ovenproof dish.

2 Whisk together the quark, horseradish sauce, milk, lemon zest and stock. Pour over the veg and stir to coat. Scatter over the edamame beans and sprinkle with freshly ground black pepper.

3 In a large bowl, rub together the oats, spread and flour, until the mixture comes together but is still crumbly. Stir in the carrot and spring onion and scatter over the leek mixture to cover. Scatter over the parmesan cheese and bake for 30 mins until bubbling and golden.

PER SERVING 459g

CARBS
41.1g

CALS
443

Sugars 15.1g	Fat 15.7g	Sat Fat 3.7g	Salt 0.67g	Protein 24.8g	Fibre 19.2g
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4 portions of fruit and veg



COOK'S TIP

Quark is a soft, low-fat smooth curd cheese made using skimmed milk. It is readily available in most large supermarkets and is a great low-fat alternative to cream cheese and crème fraîche.





Squash beanotto

Serves 4 | Prep: 15 mins |
Cook: 30 mins

GLUTEN-FREE

- 2tsp olive oil
- 1 small butternut squash, about 700g peeled, deseeded and finely chopped
- 1 large red onion, peeled and finely chopped
- 2 garlic cloves, crushed
- pinch dried chilli flakes
- 1tsp smoked paprika
- 2 large sprigs rosemary, leaves only, finely chopped
- 200ml low-salt vegetable stock,

made using ½ stock cube

- 75g kale, woody stalks discarded and finely chopped
- 400g can flageolet beans, rinsed and drained
- 400g can cannellini beans, rinsed and drained
- 2tbsp half-fat crème fraîche
- freshly ground black pepper
- 2tbsp finely grated Parmesan cheese

1 Heat the oil in a large frying pan. Add the butternut squash and red onion, cover and fry over a low heat, stirring frequently for 20 mins until softened and beginning to brown. Stir in the garlic, chilli flakes, smoked paprika and rosemary and fry for a further 2 mins until fragrant.

2 Pour over the stock, stir in the kale, and simmer for 4 mins. Add the beans and cook for 2–3 mins, stirring occasionally until warmed through. Stir in the crème fraîche. Season to taste with freshly ground black pepper and serve scattered with Parmesan cheese.

PER SERVING 432g

CARBS		CALS	
29.9g		241	
Sugars	Fat	Sat Fat	Salt
8.4g	5g	1.7g	0.47g
Protein		Fibre	
14.7g		8.5g	

3.5 portions of fruit and veg

Green grain and bean salad

Serves 4 | Prep: 10-15 mins |

Cook: 3 mins

VEGAN

- 300g tenderstem broccoli
- 200g fine green beans, trimmed
- 2 large oranges
- 1 tsp Dijon mustard
- 250g pouch Merchant Gourmet glorious grains
- 1 small red onion, trimmed and thinly sliced
- 60g bag wild rocket

- 400g can mixed bean salad in water, rinsed and drained
- 250g mixed cherry tomatoes, halved
- Freshly ground black pepper
- Small handful basil leaves (optional)

1 Cook the broccoli and green beans in boiling water for 3 mins. Drain well and refresh in cold water if serving cold. If serving warm, simply drain and scatter over a platter.

2 Peel the oranges, removing as much white pith as possible. Hold the oranges over a bowl to catch the juices and segment between the membranes. Squeeze any additional juice from the membrane and discard.

3 Whisk the mustard into the orange juice until well combined. Cook the

grains according to the pack instructions, then tip into the orange juice mixture. Stir in the red onion, wild rocket, mixed beans and tomatoes and stir well. Season with freshly ground black pepper and spoon over the broccoli and beans. Scatter over the basil leaves to serve if liked.

PER SERVING 466g

CARBS
32.8g

CALS
221

Sugars
11.8g

Fat
2.9g

Sat Fat
0.6g

Salt
0.62g

Protein
10.4g

Fibre
11g

4 portions of fruit and veg

COOK'S TIP

This salad is delicious served warm or cold, which makes it ideal to eat hot one day and then cold the next, served with grilled fish or lean meat. If serving warm, simply cook the broccoli and green beans as above and do not refresh in cold water.

Back to basics

Our guide to
cooking skills that
you can turn to
again and again



BAKE A POTATO

Potatoes are a starchy carbohydrate food and a great source of energy, fibre, B vitamins and potassium.

Different types of potatoes and cooking methods will have different effects on blood sugar levels due to different rates in how the carbohydrates are digested and absorbed. Mashed potato has a higher glycaemic index (GI) than boiled baby potatoes. This means that boiled baby potatoes are digested more slowly and raise blood sugar levels more slowly than mashed potatoes after eating them. Portion size, plus what you serve with the potato, will have the biggest effect on your blood sugar levels.

Sweet potatoes and white potatoes, when boiled, baked or steamed and eaten as part of a balanced diet, provide an array of nutrients.

In the oven

1 Preheat the oven to 200°C/180°C fan/

gas 6. Scrub the potatoes and pat them dry with a kitchen towel. Then, prick with a fork a few times to create small holes across the surface.

2 Spray with 1 pump low-cal spray oil and season with black pepper. Place them on the baking sheet and transfer to the hot oven.

3 Bake for 45–60 mins, until the skins are crisp, you can easily pierce the potatoes with a fork and the inside of the potatoes is soft all the way through.

4 Allow the potatoes to cool for a few mins before slicing them open, fluffing up their insides, and topping them with your favourite fillings.

In the microwave

The only downside to cooking potatoes in the microwave is that you won't get the crisp skin you'd get from oven baking. But once cooked, you could pop it in the oven for a few mins to crisp up.

1 Give the potato a good scrub and dry it with a paper towel.

2 Using a fork, carefully poke several small holes all over the potato. This allows it to release steam as it cooks.

3 Microwave on high for 4–5 mins, remove the potato from the microwave – take care as it will be hot – turn them upside down, then microwave for another 4–5 mins, then turn again. Keep cooking in 1–2-min bursts until it feels soft all the way through and the skin is wrinkled. Take out and cool.

In the air fryer

1 Preheat the air fryer to 200°C.

2 Wash the potatoes and pat dry. Pierce a few times with a fork, spray with 1 pump low-cal spray oil and rub to coat. Season with black pepper.

3 Put the potatoes into the air fryer and cook for 20 mins, then turn and cook for another 10–15mins, until a fork goes through easily and the inside of the potato is soft.

4 Lift out of the air fryer and allow to cool for 5 mins. Cut the top and push the sides in to fluff the potato in the centre.



EGGS

Eggs provide us with protein and other important nutrients. Although some people may have concerns about including eggs in their diet, research shows that the cholesterol in eggs does not significantly affect the level of cholesterol in your blood. Eggs can be part of a healthy, balanced diet.

IMPORTANT

'At-risk' groups such as infants, children, pregnant women, the elderly and those who are unwell should avoid soft or lightly cooked and raw eggs, unless they are marked with the British Lion stamp. This advice does not apply to individuals who are severely immunocompromised and require medically supervised diets.



Boil an egg

Do you put the eggs in the water once it's already boiling, or do you put it in cold water, and then bring it to the boil? The British Egg Information Service says: "The consensus seems to point towards boiling the water first, instead of starting cold. This may be down to the slowly warming water causing the membrane to stick to the shell, making peeling more difficult. One thing we will say: When lowering the egg into the pot, be careful or the egg will crack!"

- 1 Fill a small pan with boiling water. Carefully lower the egg into the water and place the pan on a high heat.
- 2 When the water is almost boiling, gently stir the egg, and boil it for around 8 mins, depending on the softness or hardness of egg you require.
- 3 Reduce the heat slightly to keep water bubbling but not fast-boiling and stir the egg once more.
- 4 Once cooking time is complete, remove the egg from the pan with the slotted spoon.
- 5 After boiling, submerge the egg in cold water, this will cause it to contract slightly, making it less likely that the egg will stick to the shell.

Peel a hard-boiled egg

- Tap each end of the egg with a metal spoon until it cracks. This releases pressure, which will make peeling easier.
- There is a small air pocket between the shell and the egg itself, so peel from the bottom of the egg with the side of your thumb to make the shell easier to remove.

Poach an egg

Poaching – gently simmering ingredients in water – is a great, low-fat way of cooking eggs, because it doesn't require any oil or butter to cook.

How long to boil an egg?

- 6 mins for hard boiled with lightly soft yolk
- 8 mins for firmly hard boiled



TIP

Eggs that are within their best-before date but slightly older, are easier to peel.



- 1 Fill a large saucepan with water and add 1tsp of white wine vinegar. As soon as the water starts to boil, turn the heat down to a simmer.
- 2 Using the handle of a slotted spoon, swirl the simmering water to create a whirlpool or vortex (this will help the eggs to hold their shape). You can skip

this step if cooking multiple eggs (see tea strainer method below).

- 3 Crack the eggs, one or two at a time, directly into the centre of the whirlpool. Keep the water simmering so that the egg won't stick to the bottom of the pan.
- 4 After 3 mins, or when the egg white is cooked, remove from the pan using the slotted spoon and drain on kitchen paper.

MAKE A TOMATO SAUCE

Tomatoes are rich in vitamin A, vitamin C and antioxidants such as lycopene, which gives tomatoes their red colour. These nutrients contribute to their health benefits, including reducing the risk of heart disease. One portion, which is 80g, counts as one of your five a day and makes them an excellent addition to a healthy diet. Making your own tomato sauce means you won't be consuming added salt and free sugars that can often be found in shop-bought varieties. It can be used on pasta, as a base for Bolognaise, curries or stews, or on homemade pizza bases.

Serves 4

Prep 5 mins

Cook 10 mins

- 2tsp olive oil
- 1 red onion, finely chopped
- 2 cloves garlic, sliced
- 400g tin tomatoes

- 1tbsp tomato purée
- 1 heaped tsp dried oregano
- good pinch black pepper
- 5–6 fresh basil leaves

1 Heat the oil in a pan, add the onion and cook for 2 mins, then add the

garlic and cook for a further 1–2 mins.

2 Add all the other ingredients and simmer gently for 5 mins.

3 Blend to a smooth consistency and serve.



COOK'S TIP

- To make the sauce thicker for a pizza, just simmer gently for an extra 5–10 mins, stirring regularly to cook off more of the liquid.
- Try adding a finely chopped red pepper with the onions to boost the veg content.
- Freeze in freezer-safe glass or plastic containers with airtight lids.



MAKE A LOW-SALT ONION GRAVY

Ready-made gravy can have added salt, oil and sugar, so choosing reduced-salt gravy granules and making up a gravy at home is a healthier choice. It is also much cheaper.

- 2 red onions, finely sliced
- low-cal cooking spray
- 4tsp reduced-salt gravy granules made with ½ pint (285ml) water

- 1tsp wholegrain mustard
- 1tbsp finely chopped fresh chives

1 Heat a non-stick pan, add the onions with 3 sprays of low-cal cooking spray and fry over a moderate heat until the onions start to brown.

2 Add ½ pint of cold water and stir. Mix the gravy powder in a separate jug with 2tbsp cold water and stir into the pan.

3 Simmer gently to thicken, adding more water if required, then stir in the mustard and chives.

SPICE UP YOUR NIGHTS

If you're searching for a meal that will get your tastebuds tingling, then look no further! The latest recipe selected in partnership with Slimming World is full of flavour and a perfect autumnal meal. It serves four, so whether you're cooking with family or friends we know this will go down a treat

Easy Chicken Curry

Serves 4 | Prep: 10 mins
Cook: 30 mins

- Low-calorie cooking spray (4 pumps)
- 1 onion, finely chopped
- 2 garlic cloves, finely chopped
- 4 skinless and boneless chicken breast fillets, cut into bite-sized pieces
- 1tbsp korma curry powder
- 6tbsp tomato purée
- 200g passata with onions and garlic
- 400ml hot low salt chicken stock
- Small handful of fresh coriander, roughly chopped, reserving some to serve
- 400g thin-stemmed broccoli
- 400g green beans
- 1tbsp tandoori curry powder

1 Spray a non-stick saucepan with a couple of pumps of low-calorie cooking spray and place over a medium heat. Stir-fry the onion and garlic for 5 minutes, or until soft and starting to colour. Add the chicken and stir-fry for a further 5 minutes, or until browned.

2 Add the curry powder, tomato purée, passata and stock, season with pepper and stir. Bring to the boil, cover tightly and turn down the heat to low. Simmer, stirring occasionally, for 15–20 minutes, or until the chicken is cooked through when you cut into it and juices run clear and no pink flesh is visible.

3 Meanwhile, blanch the broccoli and green beans for 2–3 minutes, drain well and return to the pan. Spray with a



COOK'S TIP

When choosing your spice blends check for added sugar, salt, flour or oil. Where possible, we recommend choosing ones made from herbs and spices only.

couple of pumps of low-calorie cooking spray and add the curry powder. Preheat a griddle pan over a high heat. Cook the broccoli and green beans on the griddle for 2 minutes.

4 Remove the curry from the heat and stir in the coriander. Serve with the broccoli and green beans, sprinkled with the remaining coriander.

■ You can find the recipes we've selected together via the recipe finder on our website:
diabetes.org.uk/bal-recipes
Or visit: slimmingworld.co.uk

PER SERVING 550g

CARBS
17g

CALS
301

Sugars	Fat	Sat Fat	Salt	Protein	Fibre
12g	5.3g	1g	0.61g	40g	11g

3 portions of fruit and veg

In partnership
DIABETES UK
KNOW DIABETES. FIGHT DIABETES.

Slimming
WORLD



1 WAY OR ANOTHER

Cooking for one can be just as satisfying as feeding many mouths. Here are our tips for easy, nutritious meals, and keeping waste to a minimum



It can feel more challenging to shop and prepare meals for just yourself. Many supermarket packs are designed

for families or groups of people, which could lead to food waste and make it harder to get portion sizes right. And if your portion sizes are too big, it can affect your blood sugars or lead to weight gain over time.

If you buy ready prepared foods and drinks, check the food package to see how many it serves. Have one serving and save the other servings in the fridge or freezer for another day. However bear in mind that the manufacturer's definition of a portion or serving size may be different from

“Recipes online have the function to increase or decrease servings depending on your needs”

yours and you may need more or less depending on your individual nutritional needs.

If you are cooking a meal at home and following a recipe, many recipes online and on cooking apps have the function to increase or decrease servings depending on your needs. This automatically changes the quantities of ingredients so you know how much of an ingredient to use. This reduces overall food waste and helps you get your portion size right.

There's no one-size-fits-all way of

eating, but we've put together a handy, nutritionally balanced meal plan for those who cook for one. It's designed to save you time, money and food waste. It's calorie and carb counted, and contains at least five portions of fruit and veg per day.

We've included the value for fibre too. We know lots of people in the UK aren't eating enough fibre, so it's important to try and include good sources such as fruit, vegetables, nuts and pulses, in your diet every day.

TIP

Please speak to your diabetes healthcare team before making any significant changes to your diet.



YOUR COOKING FOR ONE PLANNER

Meals marked ● can be found at diabetes.org.uk/recipe-finder



	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
Breakfast	Banana porridge – made with 27g oats, 150ml whole milk, 100ml water, 85g sliced banana and 10g flaked plain almonds 329 kcal • 44.2g carbs • 4.2g fibre 11g protein • 1 fruit and veg (F&V)	2 shredded wheat pillows, 200ml whole milk, 50g Greek yogurt and 40g blueberries 355 kcal • 48.5g carbs • 7g fibre 13g protein • 0.5 F&V	2 shredded wheat pillows, 200ml whole milk, 50g Greek yogurt and 40g blueberries 355 kcal • 48.5g carbs • 7g fibre 13g protein • 0.5 F&V	Omelette – 2 eggs, 1 tomato, 40g spinach and 4 mushrooms cooked with 1.5tsp olive oil 268 kcal • 2g carbs • 3g fibre 13g protein • 2 F&V
Snack	2 x 80g satsuma and 1 slice 30g malt loaf 136 kcal • 28g carbs • 3g fibre 4g protein • 1 F&V	2 oatcakes, 30g peanut butter and 1 medium 140g orange 310 kcal • 24g carbs • 6g fibre 10g protein • 1 F&V	2 x 80g satsuma and 1 slice 30g malt loaf 136 kcal • 28g carbs • 3g fibre 4g protein • 1 F&V	2 oatcakes and 30g peanut butter 272 kcal • 16g carbs • 4g fibre 9g protein • 0 F&V
Lunch	Stuffed pitta – 1 wholemeal pitta, 2 tbsp houmous, 4 cherry tomatoes, 20g rocket, 65g coleslaw 373 kcal • 37g carbs • 6g fibre 12g protein • 1 F&V	Sardines on toast – 100g sardines in tomato sauce, 2 medium slices wholemeal toast, 1tsp veg-oil based spread and 4 cherry tomatoes 364 kcal • 32g carbs • 5g fibre 26g protein • 1 F&V	Chicken and soya bean salad ● 390 kcal • 11.3g carbs • 7.6g fibre 43.8g protein • 2 F&V	Ploughman's sandwich – 2 slices wholemeal bread, 25g cheddar cheese, 1tbsp pickle, 30g houmous, 1 tomato and 20g salad leaves 373 kcal • 39g carbs • 6g fibre 14g protein • 0.5 F&V
Snack	2 crispbread, 2 tbsp houmous and 35g avocado 221 kcal • 18g carbs • 7g fibre 5g protein • 0 F&V	125g Greek yogurt and 1 kiwi fruit 191 kcal • 11g carbs • 1g fibre 8g protein • 0.5 F&V	2 crispbread, 2 tbsp houmous and 35g avocado 221 kcal • 18g carbs • 7g fibre 5g protein • 0 F&V	2 x 80g satsuma, 2 crispbread with 1 tomato and 25g cheddar cheese 219 kcal • 26g carbs • 7g fibre 10g protein • 1.5 F&V
Dinner	Mushroom ragu ● with 105g cooked wholewheat spaghetti 330 kcal • 41.5g carbs • 12.2g fibre • 15.4g protein • 4 F&V	95g grilled chicken breast no skin, 40g cucumber, 80g cherry tomatoes, 20g salad leaves, 160g sweet potato mashed with 2tsp veg-oil based spread 373 kcal • 36g carbs 6g fibre • 32g protein • 2.5 F&V	Fruity mince served with 130g new potatoes and 80g broccoli ● 399 kcal • 53.8g carbs • 11.7g fibre 23.8g protein • 5 F&V	Bang Bang chicken salad (serves two, save second portion for lunch next day) ● 317 kcal • 24.6g carbs • 7.7g fibre 29.7g protein • 3 fruit and veg
Pudding	125g Greek yogurt with 40g blueberries 182 kcal • 10g carbs • 1g fibre 7g protein • 0.5 F&V	3 squares dark chocolate and 40g raspberries 92 kcal • 12g carbs • 2g fibre 2g protein • 0.5 F&V	125g Greek yogurt with 40g raspberries 176 kcal • 8g carbs • 1g fibre 8g protein • 0.5 fruit and veg	125g Greek yogurt with 40g raspberries 176 kcal • 8g carbs • 1g fibre 8g protein • 0.5 fruit and veg
Milk	225ml whole milk 142 kcal • 10.3g carbs • 0g fibre 7.5g protein • 0 F&V	225ml whole milk 142 kcal • 10.3g carbs • 0g fibre 7.5g protein • 0 F&V	225ml whole milk 142 kcal • 10.3g carbs • 0g fibre 7.5g protein • 0 F&V	225ml whole milk 142 kcal • 10.3g carbs • 0g fibre 7.5g protein • 0 fruit and veg
Totals	1712.9kcal • 189g carbs • 33.4g fibre 61.9g protein • 7.5 F&V	1826.5 kcal • 173.8g carbs • 27g fibre • 98.5g protein • 6 F&V	1818.5 kcal • 177.9g carbs • 37.3g fibre 105.1g protein • 9 F&V	1767kcal • 125.9g carbs • 28.7g fibre • 91.2g protein • 7.5 F&V

TOP TIPS

Stock up on frozen fruit and veg

Fresh produce can sometimes spoil before you have time to use it. This can be especially true if you're cooking for one. If you have your freezer stocked with frozen veg, you can use what you need without worrying about waste. Frozen veg can be roasted, boiled, steamed, or added to recipes – and frozen fruit is great in porridge or with plain unsweetened yogurt for a tasty breakfast.

Batch cook

For tasty, homemade ready meals, foods such as soups, stews or

“Have some dishes that are tasty, nutritious and easy to prepare, like omelettes, salads and stews”



meatballs can be cooked in a batch and portioned up, then stored in a container so you can defrost for an instant supper.

Most baked goods such as bread or buns are ideal for batch cooking, as it's usually just as easy to make double the quantity and freeze one batch for

another time. Store baked items separately, e.g. sliced or in single portions, so you can use just one portion if you wish. It may seem a hassle at the time, but adding a label will make it easy to identify what the food is, and if you include the date it was frozen, you'll know when it should be eaten before.

Use leftovers

Freezing leftovers is a great way to have ready-made meals to hand.

Try to cool food as quickly as possible to prevent bacterial growth before putting it into the freezer. Remember, if you refrigerate the food, ensure it is cool enough so it doesn't raise the fridge temperature when it



FRIDAY	SATURDAY	SUNDAY
Banana porridge – made with 27g oats, 150ml whole milk, 100ml water, 85g sliced banana and 10g flaked plain almonds 328.9 kcal • 44.2g carbs • 4.2g fibre • 10.9g protein • 1 F&V	2 shredded wheat pillows, 200ml whole milk, 50g Greek yogurt and 40g blueberries 355 kcal • 48.5g carbs • 7g fibre • 13g protein • 0.5 F&V	Omelette – 2 eggs, 1 tomato, 40g spinach and 4 mushrooms cooked with 1.5 tsp olive oil 268 kcal • 2g carbs • 3g fibre • 13g protein • 2 F&V
2 x 80g satsuma, 2 crispbread with 1 tomato and 25g cheddar cheese 219 kcal • 26g carbs • 7g fibre • 0g protein • 1.5 F&V	2 oatcakes and 30g peanut butter 272 kcal • 16g carbs • 4g fibre • 9g protein • 0 F&V	2 x 80g satsuma, 2 crispbread with 1 tomato and 25g cheddar cheese 219 kcal • 26g carbs • 7g fibre • 0g protein • 1.5 F&V
Leftover Bang Bang chicken salad ● 317 kcal • 24.6g carbs • 7.7g fibre • 29.7g protein • 3 F&V	Kale and green lentil soup ● (freeze remaining), 1 wholemeal roll and 2 x 80g satsuma 322 kcal • 52.7g carbs • 13.4g fibre • 15.4g protein • 4 F&V	Pasta in brodo ● 463 kcal • 60.4g carbs • 15g fibre • 15.8g protein • 4 F&V
3 squares dark chocolate and 40g raspberries 92 kcal • 12g carbs • 2g fibre • 2g protein • 0.5 F&V	2 x 80g satsuma, 2 crispbread with 1 tomato and 25g cheddar cheese 219 kcal • 26g carbs • 7g fibre • 10g protein • 1.5 F&V	125g Greek yogurt with 40g raspberries 176 kcal • 8g carbs • 1g fibre • 8g protein • 0.5 F&V
1 breaded fish fillet, 160g sweet potato baked chips with 1.5tsp olive oil, 80g peas, 2 tbsp tartare sauce 606 kcal • 78g carbs • 12g fibre • 20g protein • 2 F&V	Chicken and lentil curry ● 349 kcal • 36.2g carbs • 6.6g fibre • 35.8g protein • 3 F&V	Roast mackerel with curried coriander crust ● 398 kcal • 29.4g carbs • 8.2g fibre • 30g protein • 1 F&V
Fruity chocolate tray bake ● 93 kcal • 10.5g carbs • 0.9g fibre • 1.1g protein • 0 F&V	Warm exotic fruit salad ● 112 kcal • 24.2g carbs • 3.9g fibre • 0.9g protein • 2 F&V	Apple, blackberry, oat and seed crumble ● 194 kcal • 31.8g carbs • 5.2g fibre • 5.8g protein • 1 F&V
225ml whole milk 142 kcal • 10.3g carbs • 0g fibre • 7.5g protein • 0 F&V	225ml whole milk 142 kcal • 10.3g carbs • 0g fibre • 7.5g protein • 0 F&V	225ml whole milk 142 kcal • 10.3g carbs • 0g fibre • 7.5g protein • 0 F&V
1797.9 kcal • 205.6g carbs • 33.7g fibre • 80.6g protein • 8 F&V	1770 kcal • 213.9g carbs • 91.6g fibre • 91.6g protein • 11 F&V	1860 kcal • 167.9g carbs • 39.4g fibre • 90.1g protein • 11 F&V

is placed inside. Make sure that you defrost the leftovers properly before reheating – place them in the fridge overnight, or in the microwave if you plan to use them immediately.

Have some easy go-to recipes

It's a good idea to have some dishes that are tasty, nutritious and easy to prepare, like omelettes, salads and simple stews. Plus, these recipes are adaptable, so you can usually throw them together using any ingredients you need to use up. Things like leafy green veg, tins of pulses and microwaveable packs of grains are great store-cupboard staples that can help you prepare a quick, tasty meal.

Make the most of a roast

If you're cooking for one, a roast chicken or turkey can be the basis of meals for the following two days if you store the cooled leftovers in the fridge. Add it to stews, curries, stir-fries or add to salads. Leftover meat can also be frozen and used within three months. To freeze meat, cool it down quickly (ideally within an hour), divide into portions, wrap well or place in an airtight container, label, freeze and use within three months for best quality. Defrost in the fridge, ideally overnight, and use within 24 hours after defrosting. Reheat in a microwave or covered in foil in the oven, heating thoroughly until piping hot.

Freezer favourites to make food last longer

- Frozen food remains safe indefinitely but the quality may deteriorate over time.
- Soups and stews can be frozen for up to three months for optimal quality and taste. They will remain safe to eat beyond this period, but their texture and flavour may begin to degrade.
- Bread generally freezes well. Sliced bread can be toasted from frozen.
- Butter and margarine can be frozen, as can hard cheese. If you grate it first, it can be used straight from the freezer.
- Milk freezes well. Ideally, defrost it in the fridge and shake well before using as it will separate.
- Blackberries or blueberries are great frozen. They can be used from frozen and last up to a year.



► FEELING FRUITY

Robust citrus eco gift set, £19.50

An eco gift box with fragrant palm-free soaps and a hand rolled clementine & prosecco bath melt.



▼ BOX CLEVER Vintage rose gift set,

£23.50 Gentle on the skin and good for the planet, it includes a vintage rose mini favour soap, a vintage

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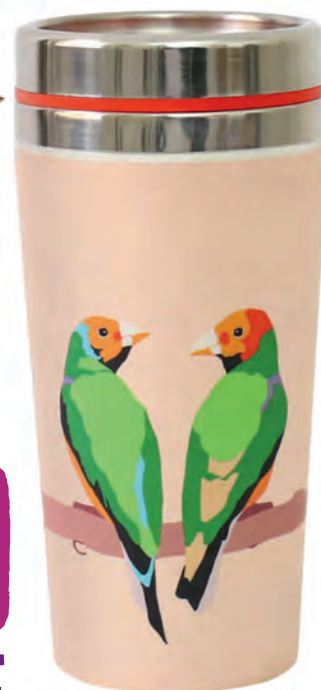


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Our eco range lets you shop with your conscience while contributing to a world where diabetes does no harm. Visit: diabetes.org.uk/bal-shop

▼ TIME FOR TEA Bird bamboo mug, £15.99

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▼ COMING UP ROSES

Vintage rose eco gift set, £19.50

This handmade, natural and palm-free soap is hand blended with 100% natural essential oils and enriched with cocoa butter to gently soothe and moisturise skin.



► POTS OF STYLE

Lilac Iona Buchanan meadow fabric pot, £14.99

Made from 100% recycled plastic bottles, these pots have been designed in collaboration with wildlife artist Iona Buchanan, a botanical artist whose style is characterised by careful observation of the natural world around her.



CROSSWORD

TO ENTER:

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See T&Cs, below.

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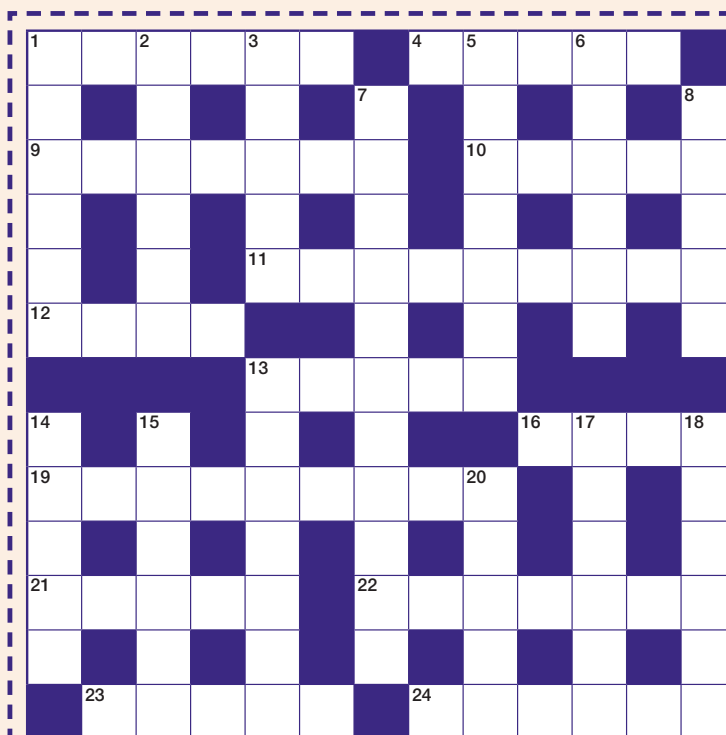


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READER OFFER T&Cs: Valid until 31st December 2024 and cannot be used in conjunction with any other discounts or offers. The code will be valid online across the entire range.

ACROSS

- 1 Clasp; bend (6)
- 4 Group of musical notes (5)
- 9 Lever's pivot point (7)
- 10 Defamation in print (5)
- 11 Yearning, yen (9)
- 12 Gull-like bird (4)
- 13 Homer's tale of the Trojan War (5)
- 16 Corrosive substance (4)
- 19 Wind instrument; type of bean (9)
- 21 Asian spice, star ____ (5)
- 22 Region of ancient England held by the Vikings (7)
- 23 Upper part of leg (5)
- 24 Filter (phone calls, eg) (6)



DOWN

- 1 Self-service meal (6)
- 2 Neck of garment (6)
- 3 Deciduous conifer (5)
- 5 Combined spear and battleaxe (7)
- 6 Instructions at the head of a document (6)
- 7 Medium dry Spanish sherry (11)
- 8 Mournful poem (5)
- 13 Variety of lettuce (7)
- 14 Liver and kidneys as food (5)
- 15 District surrounding a church (6)
- 17 Lord Byron poem, ____ Harold's Pilgrimage (6)
- 18 Capital of Australia's Northern Territory (6)
- 20 Pick-me-up (5)

Name _____

Address _____

Postcode _____

SOLUTION for last issue's crossword:

ACROSS: 4 Heresy, 7 Sodium, 8 Emmental, 9 Slur, 10 Abyss, 12 Epic, 18 Horace, 19 Willow, 20 Cone, 23 Ovine, 27 Lien, 28 Dividend, 29 Icarus, 30 Cicada. **DOWN:** 1 Folly, 2 Libra, 3 Emery, 4 Humus, 5 Range, 6 Swami, 11 Buck, 13 Pole, 14 Cowl, 15 Chic, 16 Iron, 17 Mien, 21 Oribi, 22 Evita, 23 Omega, 24 India, 25 Elgar, 26 Venus.

T&Cs: 1. Opens 11 September 2024. 2. Closing date is 15 November 2024. 3. The prize is a voucher for Hayloft Plants, worth £50. 4. Open to UK residents aged 18 and over. 5. Promoter: The British Diabetic Association operating as Diabetes UK (English charity no 215199 and Scottish charity no. SC039136), Wells Lawrence House, 126 Back Church Lane, London E1 1FH. 6. Go to diabetes.org.uk/bal-comp-terms for full T&Cs.

MEET THE DIABETES RESEARCHER

DR CRAIG BEALL

From the early stages of his career, we've supported Dr Craig Beall from the University of Exeter Medical School. His research looks at how the brain controls blood sugar levels and how blood sugar levels impact the brain. We asked him about the difference our funding has made



➡ Dr Beall first became interested in diabetes by studying how the body uses energy.

In 2013, we awarded him an RD Lawrence Fellowship. This funding helps the best and brightest scientists develop the skills to become research leaders. His project discovered a way to activate a fuel gauge in the brain. This opens the door to new treatments that harness the brain's energy supply to help people with diabetes avoid hypos or regain the ability to recognise signs of low blood sugars. These advancements could make living with diabetes easier by reducing anxiety and preventing the potentially serious consequences of hypos and hypo unawareness.

He says: "One of the biggest challenges for researchers, particularly at that early career stage, is transitioning from short-term contracts to securing a permanent job. The RD Lawrence Fellowship really gives people a platform to build those five years of funding, providing the scope to explore your research more broadly. It gives institutions and universities confidence that you can lead a team and drive the research.

"By the end of the five years, I transitioned to an independent group leader. I had a research assistant, multiple PhD students, and postdoc researchers. This fellowship really was the launchpad for my career. I still do the same work that was based on that fellowship, allowing me to expand on that work and continue doing what I love – hopefully, benefiting people with diabetes."

FUN FACTS

■ Outside of work, our two-year old son keeps us busy as does our eight-year old Swiss Jura hound, Errol.

■ I set up the Hatherleigh Science Group, with a friend Josie Lloyd. The aim is to bring cutting edge research out of the city into the more rural communities.



Nurturing the next generation

When asked about the most rewarding aspect of his career, Dr Beall said: "At Exeter, we have a wonderful team. I enjoy mentoring and helping others succeed. My first PhD student, whom I recruited during my RD Lawrence Fellowship, is now a lecturer. Seeing them achieve their career goals is wonderful, and I strive to make that journey easier for them. I still mentor now, and it's truly fulfilling."

With the mentoring skills gained from his fellowship, Dr Beall is guiding and encouraging up-and-coming scientists, ensuring the future of diabetes research is in safe hands. His current PhD student, funded by us, is studying the effect of metformin on the brain and why some people with type 2 diabetes stop responding to it over time. This research could help identify those who need additional treatments and explore new ways to keep the brain healthy in people with diabetes.

Dr Beall says: "The breakthroughs that come from Diabetes UK's funding have really made an impact in terms of saving and extending lives. It has fundamentally allowed us to bring life-changing treatments to people sooner."

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S.S. April 2024



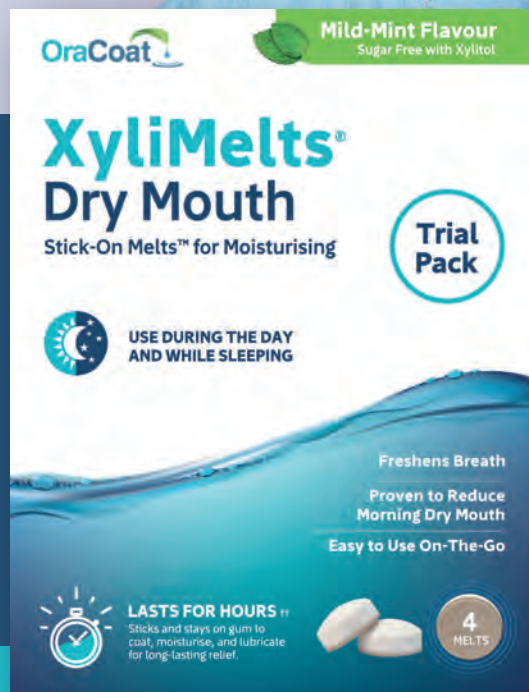
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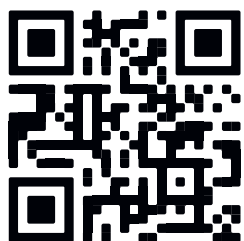
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