

SUMMER 2025 | ISSUE 307

BALANCE

The exclusive
magazine for
Diabetes UK
members

DiABETES UK
KNOW DIABETES. FIGHT DIABETES.



A WINDOW ON YOUR HEALTH

New tool to
prevent kidney
and foot problems

'NO SHAME OR JUDGEMENT'

Stories of
life-changing
peer support

BEST DRESSED

Delicious
summer
salads

Taking the reins

How Gina got back in the saddle
after a fraught diagnosis

Dexcom ONE⁺



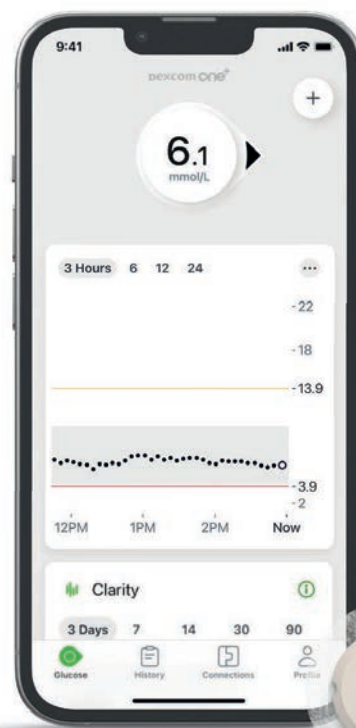
discover an easier way to manage diabetes^{†,‡,1}

introducing the new Dexcom ONE⁺

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- ✓ For type 1 and type 2 diabetes

ask your diabetes team about Dexcom
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Smart devices sold separately.[§]



Please speak to your healthcare team about the best management for you.

*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). §For a list of compatible devices, visit www.dexcom.com/compatibility. ||Optional receiver sold separately. 1Compatible smartphone required to send readings to a compatible smartwatch. 1 Dexcom. Data on file, 2022. 2 Dexcom ONE⁺ User Guide, 2023. 3 Garg SK, et al. Diabetes Technol Ther. 2022;24(6):373-380. 4 Laffel LM, et al. J Diabetes Sci Technol. 2023;17(4):962-967. 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-2600.



Welcome to your summer issue of Balance

I'll shortly be taking maternity leave, having been diagnosed with gestational diabetes at around six months pregnant. Initially, I felt frightened, overwhelmed, and even a bit guilty. I slowly adjusted my diet, got used to taking my medication, and testing my blood sugars got easier. The longer I live with gestational diabetes, the more I appreciate

all the research we have been involved in that's allowed me to have a healthy pregnancy. From the recent study that showed a low-calorie diet in late pregnancy helps reduce the amount of insulin women with gestational diabetes need, to investigations into links between gestational diabetes and type 2, it's all changing lives – including mine!

I couldn't be more grateful for the support your membership gives us and allows us to fund life-changing research into every type of diabetes. In this issue, we have the latest on some of the biggest scientific breakthroughs of the last year. From a groundbreaking new tool that will help people with type 2 get the most effective treatments to the latest on immunotherapies to treat type 1, you're helping us transform treatment and care.

Senior Membership and
Retention Manager, Diabetes UK



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



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Back on the horse: Gina
has overcome challenging
diabetes complications



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Face your peers: Support from
people who 'get' what it's like to
live with diabetes is invaluable



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Flavours of summer: Light,
bright and nutritious exclusive
seasonal recipes

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 to 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

“WHAT WOULD A WORLD WITHOUT DIABETES MEAN TO YOU?”

A message from Dr Ildem Akerman,
Diabetes UK funded researcher.

DIABETES UK
KNOW DIABETES. FIGHT DIABETES.



“If you have diabetes, then you may have imagined a world without the relentless blood sugar monitoring, hypos and injections. Or if your loved one lives with diabetes, you’ll perhaps hope for a world free from overwhelming worries about health complications.

“For research scientists like myself, a world without diabetes is one that can be realised through pioneering studies, leading to new treatments, technologies, and ultimately, a cure.

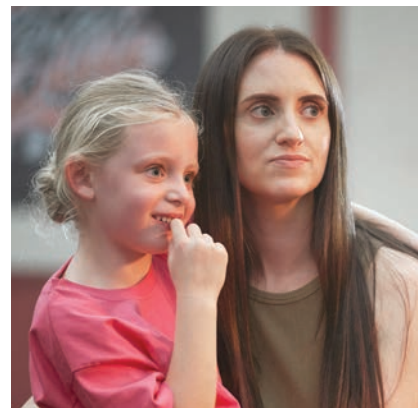
“Yet this future depends on the foresight and generosity of supporters like you.

“My team and I are making lab-grown beta cells that work better to produce insulin, taking us closer to treatments that replace destroyed

or tired beta cells with ones that make enough insulin. This could potentially help people with type 1 and type 2 diabetes to manage their blood sugar levels, protecting them against harmful complications.

“Our research and our determination are relentless. Yet this work is only possible thanks to supporters who chose to imagine a world without diabetes and included a gift in their Will to Diabetes UK to help make it a reality.

“Today, all I ask is that you request a free guide to gifts in Wills to find out more. Discover how you could help future research studies create tomorrow’s world – free from diabetes. Thank you.”



“As a family we have adjusted to Libby’s diabetes... but we still hold on to the hope that one day a cure will be found.”

Jayne, whose daughter Libby has type 1 diabetes

Request your
free guide to
gifts in Wills



Simply scan the code opposite, visit www.diabetes.org.uk/giftsinwillsguide

or call our friendly Gifts in Wills team on **020 7424 1853**



Hover your phone over the QR code to scan

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**FUNDRAISING
REGULATOR**

Get your free guide to gifts in Wills and help create a world without diabetes

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THE BULLETIN

The latest diabetes news, research and developments



Get kilted up!

EVERY YEAR, DOZENS OF OUR SUPPORTERS IN SCOTLAND

don their tartan and take part in one of the Kiltwalk events, walking miles in one of four beautiful locations to raise vital funds for people living with diabetes.

The Glasgow Kiltwalk took place over the weekend of the 26 and 27 April, and we caught up with some of our inspiring walkers, who shared why they took part:

“I want to do this event to honour some of my family members who have had diabetes: my mum, my gran, and my papa, who are no longer with me, but also to everyone who has the condition. You are all heroes!”

“I have lived with type 1 diabetes for 34 years. Things have changed massively, and I appreciate all the hard work that goes into all the research that you guys do.”

“I appreciate all the hard work that goes into all the research”

“My nephew got diagnosed with type 1 when he was just seven years old, and thanks to all the advances in medicine over the years, he’s now a strapping 6ft-something 19-year-old!”

With 121 walkers and over £24,281 raised, the weekend was a huge

success! If you’re interested in taking part in a Kiltwalk, we have two more events coming up in 2025 in Edinburgh and Dundee.

■ **Find out more at:**
diabetes.org.uk/bal-walk

Our events wouldn’t be as successful without the hard work of our volunteers who join us on the day. We’re looking for people to support our walkers and our staff, make sure everyone is safe and happy, and just join in the fun!

■ **If this sounds like you, please email our community fundraiser for the West of Scotland:**
Fiona.Stewart@diabetes.org.uk

NEWS IN NUMBERS

2,038

DIABETES UK PROFESSIONAL CONFERENCE

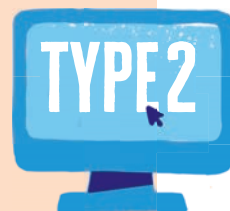
An expert-led event from the UK’s leading diabetes charity

THE NUMBER of people who attended our annual Diabetes UK Professional Conference from 26 to 28 February. More on page 12.

5 MMOL/MOL

THE AVERAGE

reduction in HbA1c after one year using a new tool that can predict most effective treatments for type 2 – see page 12.



1 IN 5

PEOPLE now living with diabetes or prediabetes in the UK, our new data shows.

25K

THE NUMBER of families who have taken part in our ELSA study, the screening programme to identify children likely to develop type 1 diabetes in the future.



Celebrate Diabetes Week with us

9-15 JUNE

Diabetes Week, taking place from 9 to 15 June, is a time to make some

noise, raise awareness and shout about the things that matter to people with diabetes. It also shines a light on what it's really like to live with diabetes, day in day out.

So, whether you're a fundraiser or campaigner, you want to share information, or order resources, there are lots of ways to get involved.

■ Find out more about our Diabetes Week plans at: diabetes.org.uk/diabetes-week.



DIABETES WEEK

Bringing vital health information to different communities



Regular diabetes health checks are essential for picking up, monitoring, and treating any potential health problems that diabetes may cause. But sometimes, people with diabetes don't get all the health checks they need. This can be due to a number of reasons, including cancelled appointments, difficulties getting to appointments, or anxiety around talking about your health.

That's why we've translated our popular 'Why diabetes check-ups matter – Easy Read' printed resource into 10 different languages to reach more people and empower them to understand which diabetes checks they need and why. These are available in:

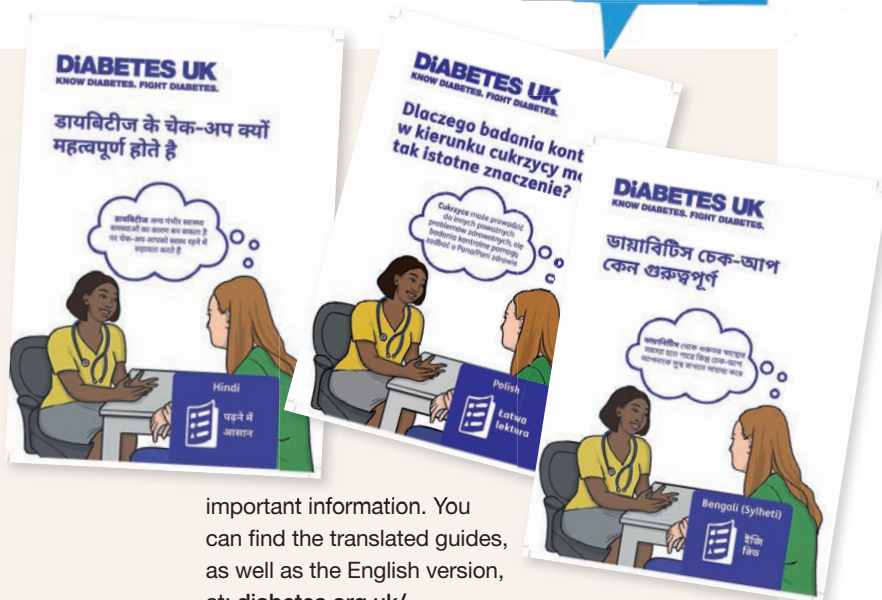
- French
- Gujarati
- Hindi
- Polish
- Bengali
- Arabic
- Romanian
- Chinese
- Punjabi
- Urdu

We worked with many people within the communities where these languages are spoken to ensure the information was accurate, understandable, and useful. Organisations such as London Bangla Housing, Caribbean and African Health Network, and North West Learning Disability Peer Support Group were instrumental in compiling this

important information. You can find the translated guides, as well as the English version, at: diabetes.org.uk/bal-shop-translations

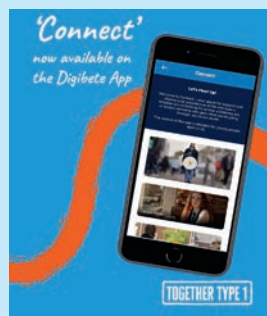
This Diabetes Week (9-15 June), we want to talk about the health checks you need when you have diabetes. We know you might feel fine or feel like you don't have the time. Or maybe you're not sure what checks you should be getting. But these regular diabetes checks are vital to keep you healthy and living life to the full.

■ If you have any questions about the diabetes check-ups you need, we've got lots more information on our website at: diabetes.org.uk/health-checks or call us on: 0345 123 2399.



TOGETHER TYPE 1 UPDATE

Young People Connect through DigiBete app



'Connect' is a new section within the DigiBete app, funded by us and developed with input from Together Type 1 Young Leaders. It connects young people with their community, wherever they live in the UK.

Freya is one of the Young Leaders who advised on the development of the 'Connect' button. She said: "The 'Connect' button is a great way to find support as you can see other people with type 1 going through similar things and sharing their experiences. It's also a good resource to connect with other people with diabetes in your local area if that is something you're interested in."

Young people can now access the DigiBete app, regardless of whether it is used in their hospital – contact Together Type 1 to find out more.

■ **To receive a download code to activate the app and get 'Connected' today, email: type1youth@diabetes.org.uk**

Wellbeing support for young people

THE TOGETHER TYPE 1 TEAMS

are delivering the Tree of Life wellbeing activity across England and Wales in a range of locations – everywhere from schools to London Aquatic Centre!

These short sessions are great fun and help build confidence and resilience.

Aniqa (left), a Young Leader from London, explains the Tree of Life in a brand new video, which you can watch on YouTube.

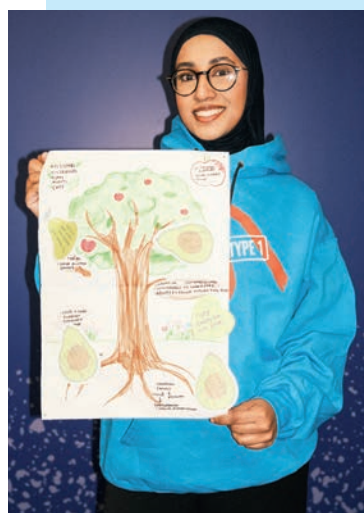
Meanwhile, in Scotland and

Northern Ireland, the established wellbeing programmes continue

to support young people with type 1 with their mental health.

■ **Find out when events are happening in your area on the new Together Type 1 events calendar! Visit: diabetes.org.uk/forms/calendar**

■ **Scan this code to watch the video**



Birthday celebrations for our local groups

OUR DIABETES SUPPORT GROUPS in Stockport, Gateshead, York, and Durham are turning 30, 45, 70 and 75, respectively. We would like to recognise their incredible achievements over the years and thank them on behalf of all the people they have supported.

Christine, Chair of the York Group, told us that campaigning for better care – which included getting a new diabetes centre for people in York – has been a highlight. Deborah, who runs a family group in Stockport, enjoys being able to help newly diagnosed children and their families.

And Brian Watson, Secretary of the Gateshead Group, and Wendy Buckham, Secretary of our Durham Group, were both given the royal seal of approval at Buckingham Palace garden parties to celebrate their commitment to helping others.

■ **To find a local support group in your area, visit: diabetes.org.uk/bal-groups**



Fundraising feats

Walking to fundraising success

A MOTHER AND DAUGHTER DUO have achieved a staggering accomplishment after organising a fundraising day full of walking, music, raffles, balloons and fun.

Kirsten and her daughter Evie, who was diagnosed with type 1 at 11 years old, organised a 15-mile walk from Bakewell to Sheffield with just under 100 people taking part, but a further 200 joining them by the time they reached the finish line.

The walk was followed by a visit to the pub, where they were joined by a singer and DJ, held a raffle that sold over 2,000 tickets, and an auction that included a signed football, darts, cricket and hockey shirts, and boxing gloves.

Reflecting on the day, Kirsten said: "We have been overwhelmed with support and care at Sheffield Children's Hospital and really wanted to give back and raise money for Diabetes UK to further research and support those living with diabetes. Our family and friends joined us and travelled



"Evie and I made a speech to educate as many people as possible about type 1"

from Sheffield, Chesterfield, Rotherham, Barnsley and Newcastle. As we were walking, we had donations from drivers passing by who were beeping their horns – it was a fantastic day! At the pub, the atmosphere was unbelievable. We had banners, balloons, cupcakes and sweet cones. The raffle prizes were contributions from small businesses around Sheffield and Rotherham. Evie and I also made a speech to educate as many as possible about type 1."

With help from their friends and family, Kirsten and Evie have raised an incredible £10,545 so far while also raising awareness of type 1 diabetes.

Kirsten said: "Evie's diagnosis hit the family hard, and we went through a rollercoaster of emotions. This is a new chapter, but we're making the best of a bad situation!"



Getting schooled on diabetes

A SECONDARY SCHOOL in Herefordshire has banded together and put on a successful fundraising day to raise awareness of diabetes.

Queen Elizabeth High School has several pupils who live with type 1 diabetes and have formed an informal support group to share advice and hypo treatments.

Julie Fisher has lived with type 1 for 36 years and is a teacher at the school. She said: "The fundraiser was a great success! Year 9 and 10 pupils took charge of painting nails blue, and a volunteer collected

£1 donations. Several members of staff, including the headteacher, took part, and we raised £82."

Julie shared that every moment of her adult life has somehow been informed by her diabetes, including her career, and said she welcomes every opportunity to share the message.



Talking about the school's future fundraising plans, Julie added: "Next year, we're hoping to expand our offering – not that I'm volunteering to paint toenails as well as fingernails, but I'm sure there's room for growth!"

We'd like to send our congratulations to all the pupils and staff at Queen Elizabeth on their fundraising success!



★ Star letter

➡ I received my spring Balance magazine yesterday. As a member, I look forward to receiving it, mainly for the articles, the crossword puzzle, and the recipes.

I was diagnosed with type 2 diabetes in July 2014, at the age of 45. It came as a complete shock to me. In July last year, I was referred to Slimming World and haven't looked back. Although my weight is still going up and down, I'm happier now than I have been for a long time.

All I have to say about Diabetes UK and the Balance team is to keep putting out great information for people who have diabetes and their carers.

Jason Smith, Northamptonshire



WIN!
FACETHEORY'S
GEOMETRY OF
GLOW SKINCARE
**WORTH
£50**



■ Get in touch at:
balance@diabetes.org.uk
Our star letter wins a
Facetheory skincare set,
worth £50.

Meet our Involvement Team

➡ FROM 31 MAY TO 6 JUNE, IT'S PATIENT PARTICIPATION GROUP AWARENESS WEEK and our Involvement Team is here to explain how they work with people living with diabetes.

"We work with individuals who have lived experience of diabetes to ensure their involvement in diabetes care is meaningful and impactful.

"We have different channels made up of people living with and affected by diabetes to bring their voices to the heart of our work. These include:

■ **Diabetes Lived Experience Advisory Committee (DLEA):** A space where we bring together the collective voice of 25 people living with diabetes, parents and carers to the heart of our plans through regular consultation.

■ **Diabetes Communities in Action (CiA):** This is where we connect with those personally impacted by diabetes to shape our charity's work.

■ **Community Organisation Advisory Committee (COAC):** This is launching

in 2025 to address diabetes disparities in Black, South Asian, and deprived communities.
■ **NHS England Involvement Contract:** This ensures that the voices of people living with diabetes shape the NHS Diabetes Programme.

"For us, involvement is about utilising personal experience to influence the design, delivery and review of a service or activity, and we aim to foster a long-term and collaborative relationship between our work and people affected by diabetes. We want to deliver activities 'with or by people' affected by diabetes, not 'to, about or for them'. We ensure involvement is meaningful and with contributions leading to clear actions and impact. We keep in touch with members of our groups through quarterly



meetings, monthly round-ups on news, surveys, available roles, and fresh ideas, and newsletters with updates on the impact these groups have had on our work."

■ We are particularly looking for people from Black backgrounds and those with type 2 diabetes to become a member of DLEA. To get involved, please email involvement@diabetes.org.uk

■ Or join our Diabetes Lived Experience Advisory Committee at: diabetes.org.uk/bal-dlea

“I feel the most confident and energetic I have in years”

Hazel James, 39, a pharmacist dispenser from Portsmouth, says finding the right support to manage her diabetes was invaluable

➡ When I was diagnosed, I was so scared and guilt-ridden about putting my health at risk, knowing the link between type 2 diabetes and weight.

It was summer 2022, and I hadn't been feeling well for months. I was thirsty, tired, and needed to wee all the time.

My GP prescribed medication and recommended I go on a weight management plan, explaining that eating healthily and losing weight would help me manage my blood sugar levels and reduce insulin resistance.

A wake-up call

Before I had my children, Demi, 20, Teddy, 18, and Pixie, 15, I danced competitively, trained five times a week and was a healthy weight.

It was hard to fit dancing around looking after my family, and crisps, cakes and chocolate kept me going.

Then the pandemic hit, and I turned to chocolate to cope with the stress of working long hours at the pharmacy at such an anxious time.

My type 2 diagnosis was a wake-up call. A friend recommended that I join my local Slimming World group, and during that first session, I was welcomed by a sea of smiles. I was given Slimming World's booklet for members living with diabetes, and my Slimming World Consultant, Chantelle, explained that I should also make my healthcare team aware of the changes I would be making.



Slimming World has given Hazel the tools to make healthier choices and regain her confidence

When I went back to the group the following week, I'd lost 4lb, yet I was eating more food than I had in years.

Each week, I picked up tips to make healthy choices. I consistently lost weight, and the kindness of my new friends and the fact that I never felt judged helped lift the guilt I'd felt around my diabetes.

Feeling supported

My group was a lifesaver. When my dad died last summer, my first impulse was to turn to cakes and biscuits for comfort. Instead, I made myself go to my group, where Chantelle and the others were on hand with hugs and encouragement to keep me on track.

In November 2024, I reached my target weight and felt ready to start Slimming World's Body Magic physical activity

support programme. Today, I feel the most confident and energetic I have in years. I hope that at my next check-up, my GP will say I no longer need to take medication for my diabetes.

I'm grateful to Slimming World for giving me the tools and support to take back control of my health.

SLIMMING WORLD'S PARTNERSHIP WITH DIABETES UK

■ Slimming World and Diabetes UK have come together in a three-year partnership 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 live 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.

■ Find out more: slimmingworld.co.uk

In partnership
DIABETES UK
KNOW DIABETES. FIGHT DIABETES.

Slimming
WORLD

THE INSIDER

The latest diabetes health news,
research and developments

In pursuit of knowledge

Our Professional Conference, DUKPC, brings together thousands of experts to share the latest breakthroughs in diabetes research and care. Here are some of the stand-out developments from this year's event in Glasgow

Groundbreaking new tool accurately predicts the most effective treatments for people with type 2

Millions of people with type 2 diabetes could receive better treatment thanks to a new, simple, low-cost tool that can match each individual to the most effective blood glucose-lowering drug for them.

Developed by researchers at the University of Exeter, the tool has the potential to transform type 2 diabetes care worldwide by helping millions lower their blood sugar levels and risk of diabetes complications.

Managing blood sugar levels is challenging, and only about one-third of people with type 2 diabetes meet target levels.

In England alone, more than 3 million people with type 2 diabetes use glucose-lowering drugs to manage their condition. While metformin is the most common first treatment, five other major types of drugs are available. However, their effectiveness varies widely from

person to person, and it hasn't been possible to know which treatment will work best for which person – until now.

The new tool was created to tackle the challenge of which drug to choose after metformin. It was developed and tested using data from 1 million people with type 2 diabetes in the UK, linking GP and hospital records, and its accuracy checked with data from clinical trials.

The research found that only 18% of people with type 2 diabetes in the UK have been treated with the most effective glucose-lowering drug for them. But using the tool's treatment recommendations could reduce blood



sugar levels (HbA1c) by an average of 5mmol/mol after one year.

Importantly, these improvements in blood sugar levels could approximately double the time until people need to start taking further diabetes medications.

The tool's use was also predicted to lower risks of developing serious long-term diabetes complications, including heart attacks, strokes and kidney disease.

Using routinely collected clinical information, the tool offers a low-cost, practical, immediately usable solution that could transform the treatment of type 2 diabetes.

For millions of people with type 2 diabetes, its use would ensure they receive the best treatment to help keep their blood sugars in target range and minimise their risk of developing complications.

Dr John Dennis, Associate Professor at the University of Exeter who led



Healthcare professionals, researchers and scientists gathered at the event

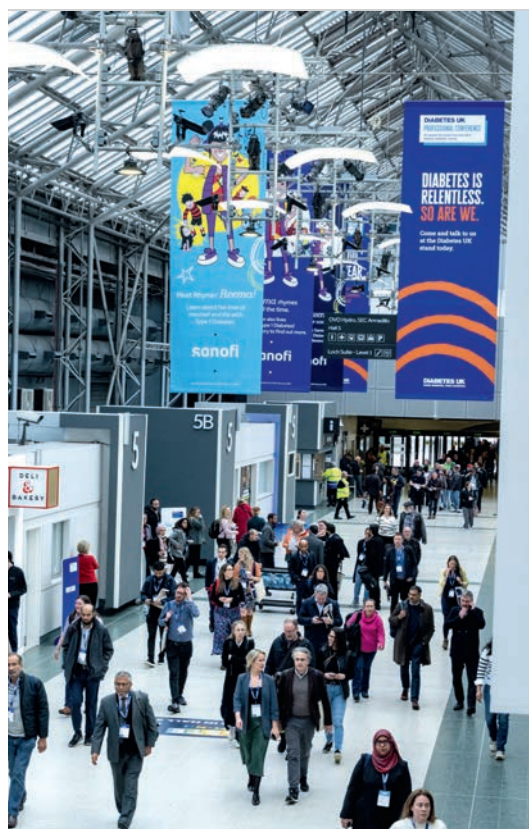


We heard from leading diabetes experts

the study, said: “We have developed a completely new personalised approach for diabetes treatment that could benefit everyone with type 2 diabetes in the UK and worldwide.

“For the first time, our model allows people living with type 2 diabetes to quickly identify the best treatment to manage their blood sugar levels, helping reduce their risk of diabetes complications. This offers a major advance on the current approach to choosing diabetes medications.”

Professor Andrew Hattersley, from the University of Exeter, added: “Critically, our model can be implemented in clinical care immediately and at no additional cost. This is because it uses simple measures such as sex, weight and standard blood tests, which are performed routinely. We hope that



Dr John Dennis

we can roll out the model quickly to make it available to help people with type 2 diabetes in the UK and across the world.”

Researchers are testing the tool’s performance in clinical practice with 22,500 people with type 2 diabetes across Scotland. This will guide its roll-out across the UK and globally, enabling a new era of personalised treatment for people with type 2.

Dr Elizabeth Robertson, our Director of Research and Clinical, said, “If shown to be effective in practice and widely adopted by health services, this tool could mark the most significant advance in type 2 diabetes care in more than a decade, improving outcomes for millions.”

Dave Pomfrey, 67, from Hampshire, was diagnosed with type 2 diabetes 27 years ago. He said: “The prospect of taking medication, potentially for life,

along with the threat of complications, was worrying. But having seen the impact of health complications faced by my relatives, who also had type 2 diabetes, I was willing to try anything.

“Over the years, I have experienced many changes to my medication to keep my blood glucose levels within range. Getting the most appropriate treatment as early as possible and reducing the back and forth of trying different medications could have such an impact on a person’s wellbeing.”

This research was funded by the Medical Research Council, Wellcome and NIHR Exeter Biomedical Research Centre, and supported by us.

AI can predict kidney disease from routine eye screening

New research revealed that using artificial intelligence (AI) to analyse photos taken during routine diabetes eye screenings can predict whether people with type 2 diabetes are likely to develop kidney disease years before symptoms appear or current tests can detect problems.

This could allow people at risk to get the right care and treatments earlier, helping to slow or prevent kidney damage.

Around one in three people living with diabetes develops kidney damage during their lifetime. Kidney disease can progress silently for many years before being detected.

In a new study presented at DUKPC, researchers explored whether AI analysis of eye screening photos could help act as an early warning system to identify those who are likely to develop kidney disease.

The team, led by Dr Alexander Doney at the University of Dundee, developed the AI tool using nearly 1 million eye screening photos from almost 100,000 people with type 2 diabetes in Scotland.

They linked the photos with data on people's kidney health and trained the AI tool to distinguish between images from people with or without kidney disease. They then checked if the tool worked with data from almost 30,000 other people with type 2 diabetes.

Results showed that the AI tool detected people with existing kidney disease with 86% accuracy. In people without kidney disease, it was also able to predict who would go on to develop it in the next five years with 78% accuracy.

Critically, the AI outperformed traditional kidney function tests, detecting future kidney disease risk in individuals where standard testing provided no warning.

The researchers hope that using AI to unlock hidden clues within eye screening images could transform how kidney disease is detected. By spotting those at-risk years before symptoms or current tests, the new tool could allow for earlier interventions that could help millions avoid its devastating effects.

Dr Doney explained what the AI is looking for. "The retina at the back of the eye is the only place where the fragile network of blood vessels, critical to the health of all organs throughout the body, can be conveniently visualised and photographed.

"AI can be trained to 'see' very early features and patterns within these photographs that humans are unable to. These can indicate declining health in other organs, such as the kidney in this case, before conventional clinical tests are informative. This provides doctors with an additional earlier opportunity to act on this information before permanent kidney damage has occurred."



Dr Elizabeth Robertson, our Director of Research and Clinical, said, "Through harnessing the power of AI, this approach could transform diabetic eye screening into a versatile tool for predicting and preventing other diabetes-related complications."

We're also funding research to find out if eye screening photos and AI could identify people at high risk of foot problems. And to find out about how people with diabetes feel about the use of AI to predict complications, and how they'd want results on their risk to be communicated.



Dr Elizabeth Robertson

Outcomes improving in adults living with type 1, except in most deprived communities

New research revealed stark and worsening inequalities in type 1 diabetes outcomes. The analysis shows that while there have been marked improvements in blood sugar levels among adults living in the least deprived areas in recent years,

those from the most deprived areas have seen no progress.

Researchers from Imperial College London analysed data from the National Diabetes Audit (NDA), a major clinical audit conducted by NHS England in partnership with Diabetes UK. The team looked at trends in HbA1c levels from 2007 to 2023 in adults living in England with type 1 diabetes.

For most people with diabetes, an ideal HbA1c is 48mmol/mol or below. Having an HbA1c higher than 58mmol/mol increases the risk of serious long-term complications.

The new findings highlight that while the overall percentage of adults with an HbA1c above 58mmol/mol has declined from 72% in 2007 to 68% in 2023, not everyone is benefiting equally.

■ In the most deprived areas, the percentage of adults with type 1 with HbA1c levels above 58mmol/mol increased from 69% in 2007 to 70% in 2023.

■ Meanwhile, in the least deprived areas, this figure dropped from 65% to 56% over the same 16-year period.





The event covered key issues in diabetes today

This means that by 2023, 70% of adults with type 1 diabetes in the most deprived areas had markedly high blood sugar levels, compared with 56% in the least deprived areas.

While the prevalence of type 1 diabetes is similar across all social groups, inequalities exist in how the condition impacts long-term health. A study of the Scottish type 1 diabetes population estimated that those living in the most deprived areas would develop diabetes complications five years sooner and die eight years earlier than those living in the least deprived areas.

Many factors are likely to contribute to the deprivation gap in type 1 diabetes outcomes. For example, recent NDA analysis showed adults with type 1 in the least deprived areas were more likely to receive all eight essential diabetes care checks and to use diabetes technology than those in the most deprived communities.

Dr Naomi Holman, Research Fellow in Epidemiology and Intervention Effectiveness at Imperial College

London, said, “This highlights the need to look beyond high-level figures and investigate how care and outcomes change across different sections of the population, and to consider how changes in policy or healthcare delivery may improve or widen existing health inequalities.”

To help all people with type 1 live longer, healthier lives and avoid devastating complications, we’re calling for improved access to comprehensive diabetes care, including fair access to technology.

Helen Kirrane, our Head of Policy and Campaigns, said: “This new analysis lays bare the stark and widening inequalities that persist for adults with type 1, with those from more deprived backgrounds being left behind.

“Last year, the Darzi Review highlighted the unacceptable inequalities in access to essential

care for people with type 1 diabetes. The government must take action to address this issue in the NHS’s forthcoming 10-year health plan.”

Finding type 1 diabetes early

We know type 1 diabetes doesn’t develop overnight – scientists can detect early signs of the condition by looking for markers in the blood, called autoantibodies, long before symptoms appear.

The ELSA study, funded by us and Breakthrough T1D, is exploring a screening programme in the UK to identify children who have ‘early-stage type 1 diabetes’ or a high risk of developing type 1 in the future.

ELSA lead, Professor Parth Narendran at University of Birmingham, said over 25,000 children have already taken part. The families they’ve spoken to say screening is simple and valuable, though some have felt anxious while waiting for results.

Dr Rachel Besser from Oxford University also spoke about the need for the right follow-on support and monitoring to make sure the benefits of screening are realised.

With our funding, she’s setting up a new registry that will track children and adults who’ve tested positive for autoantibodies. It will help us understand the best way to care for people with early-stage type 1, and help them access cutting-edge trials of immunotherapies, which hope to slow down the advancing immune attack.

In the US, the first such immunotherapy, teplizumab, was approved in 2022. Dr Kimber Simmons shared insights on its real-world use there, and got us excited about its future potential in the UK.



Dr Rachel Besser

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

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 My child starts secondary school this year and I'm worried there will be restrictions on mobile phones. My child has type 1 diabetes and uses a continuous glucose monitor (CGM) that's linked to their phone. I'm not sure what to do if they can't bring their phone into school?

Grace, North London

Esther says: Mobile phones are often used with diabetes technology and for children with diabetes using CGM or insulin pumps, it is a vital treatment device.

Using a mobile phone for CGM also allows parents/carers to receive glucose levels on their mobile phones – a feature that isn't available if you use CGM with a reader.

Starting a new school can be a stressful experience for children and their families, and we appreciate how concerned you must be about possible restrictions to mobile phone use and the implications this would have for your child. In early 2024, the government in England published new guidance for schools on restricting mobile phones.

The government says the guidelines are intended to



“minimise disruption and improve behaviour in classrooms”. It's important to note, however, that this guidance is non-statutory, which means that it's advisory, not a legal requirement. This guidance includes the need for adjustments for pupils with medical conditions, and diabetes is mentioned specifically.

We have been engaged with the Department for Education on this topic to ensure the needs of children with diabetes are acknowledged.

The guidance explains that schools have a duty under the Equality Act 2010 to make reasonable adjustments to avoid discriminating against students with disabilities, including those with a long-term condition like diabetes. Additionally, all maintained schools and academies have a duty under the Children and Families Act 2014 to have arrangements in place to support pupils with medical conditions. The guidance on restricting mobile phones in school says that where

their use allows pupils to manage their medical condition effectively, it would not be reasonable for a school to prevent this. It gives the example of a pupil with diabetes needing to use a mobile phone to monitor glucose levels from a CGM device to illustrate this point.

Speak with your child's school before they start in September to ensure that they know why your child needs to use a mobile phone to manage their diabetes and that this is in their individual healthcare plan (IHP).

All children with diabetes should have an IHP which should include details of the technology and equipment they need to manage their condition, including if they need to use their mobile phone to receive readings from a CGM.

■ If you need any further support, or would like to discuss any of these aspects in greater detail, our helpline team is available Monday to Friday 9am to 6pm on 0345 123 2399, or via email at: helpline@diabetes.org.uk

Q Are sweeteners a good alternative to sugar, and how good for you are they? What do people with diabetes need to consider when it comes to consuming them?

Marc, Selby

Tasha says: There's an important distinction between naturally occurring sugars, such as those found in fruit and vegetables (fructose), dairy products (lactose), and those that are added into the food manufacturing process or by yourself at home. These types of sugar are known as 'free sugars' and are found in foods such as cakes, biscuits, chocolate, sweets, sauces and sugar-sweetened soft drinks. They are also found in unsweetened fruit and vegetable juices, smoothies, syrups, and honey. 'Free sugars' are the sugars we all need to cut down on.

Sugary foods and drinks can have a lot of calories, and this can lead to weight gain and obesity. Living with overweight can make it difficult to manage diabetes, and it increases the risk of other serious health problems. Free sugar is also one of the main causes of tooth decay. Understanding where free sugars are coming from in our diet by looking at nutrition labels can be a great first step in reducing our intake.

Sugar added to food can appear in the ingredients list as sucrose, fructose, glucose, syrup or honey. The more of an ingredient there is in a product, the earlier it will appear in the list.

Sugar is a type of carbohydrate, and because all carbohydrates affect blood glucose levels, reducing free sugars in the diet can help manage blood glucose levels. It is important to reduce our intake of foods high in free sugars (e.g. cakes, pastries, sweet spreads, confectionery) and replace them with fruits, vegetables, unsweetened milk and yogurts, and unsalted nuts, which are important for a healthy diet, as they contain useful nutrients.

Non-nutritive sweeteners are sometimes called 'artificial sweeteners' and are usually found in 'sugar-free' or 'diet' products. They can also be found in some yoghurts, desserts and soft drinks. You may have seen these listed on nutrition labels as aspartame, used in Canderel, sucralose, used in Splenda, or saccharin, used in Hermesetas, as a few examples. Manufacturers can sometimes use two different types of artificial sweeteners in products. You can also use them as table-top sweeteners for drinks like tea and coffee or within the baking process if you bake.

Non-nutritive sweeteners can be one way to reduce some of these 'free sugars' and calories found in foods and drinks. Plain water is the best drink to choose but some people can find it hard to switch from sugary drinks to water. 'Sugar-free' or 'diet' drinks can be a helpful alternative for some people as part of a gradual approach to reducing their free sugar intake.

The question of safety with artificial sweeteners has been and still continues to be debated by consumers. The reality is that these products undergo rigorous safety testing before being approved to be included in food products or for sale, and manufacturers must provide evidence from safety studies showing they do not cause any adverse effects to the consumer. As part of the approval process for artificial sweeteners, an acceptable daily intake (ADI) is set. The ADI is an estimated amount per kilogram of body weight that a person can consume, on average, every day over a lifetime without risk.

These ADIs are set 100 times less than the smallest amount that may cause health concerns, so it's quite difficult for most people to reach these limits. The current levels of intake of artificial sweeteners in the UK are safe, although people with phenylketonuria (a rare metabolic disorder) are advised to avoid sweeteners containing aspartame.

Having too much free sugar is just one factor that affects body weight and health, and it is important to follow dietary patterns that lower intakes of free sugars, saturated fats and salt, choosing nutrient-rich foods like fruits, vegetables, wholegrains, beans and pulses, fish, unsweetened dairy, nuts and seeds.

It's a personal choice whether you decide to use sweeteners or not. If you're unsure, speak to your diabetes healthcare team for individual advice, and check labels and ingredients on food packaging to help you make informed choices.



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

RIDING WITH THE PUNCHES

Community nurse and mum of three Gina Owston, 53, from Devon, developed blurred vision which affected her eyesight after she was diagnosed with type 2 diabetes. With treatment and support, she is back in the saddle

Gina is embracing life while also looking after her health

C

antering across rolling green fields as the sun sets, Gina Owston feels a particular sense of peace. Riding her horses is a way of escaping the strains of work, family life and diabetes.

“Being on a horse is my happy place,” she says. “Even just feeding them a carrot over the fence provides me with a bit of relaxation and stress-free time.

“Looking after the horses can be physically demanding. I find that if I’ve spent a day in the stables throwing bales of hay around, my blood sugar will drop quite rapidly.”

Gina has lived with type 2 diabetes for 12 years. She’d previously developed gestational diabetes during her pregnancies with daughters Lucy, 25, Katy, 22, and son Oliver, 14.

Gestational diabetes can develop during pregnancy and usually goes away again after birth, but there is a risk you could develop type 2 diabetes. Your baby also has a greater risk of developing type 2 later in life.

“It was frightening, particularly with my first baby, because you want to do everything right,” says Gina.

“I listened to the advice from healthcare professionals, and there were lots of hospital trips and extra scans to make sure everything was OK. I was more worried about my baby than my own health. I knew I needed to look after myself for her.

“With my second baby, I was more prepared and knew what to expect.”

When Gina was expecting her third child, she had to start using insulin to manage her gestational diabetes.

“That was quite a challenge,” she says. “I was working in the medical world at that point and knew a bit more about diabetes, but it was still difficult. I just wanted to enjoy my pregnancy without the worry.”

Gina started her working life as a medical receptionist before studying to become an adult nurse through the Open University. Today, she works as a community nurse in the intermediate care team, supporting people in crisis

to stay at home and avoid a hospital stay.

“I love working in the community, visiting people in their own homes. You get to know them better than in a hospital environment and can build up a rapport with them,” she says.

If you have gestational diabetes, you should have your blood sugar checked between six and 13 weeks after the birth, followed by an annual check-up. This is called an HbA1c test and measures your blood sugar levels over the previous two to three months. If you’re not invited for these tests, speak with your GP and ask to arrange them, as they’re really important.

Gina’s blood sugars returned to normal range after the birth of her youngest child, but a few years later, she started losing weight, feeling excessively thirsty and feeling tired all the time – all symptoms of diabetes.

When her GP did an HbA1c test, her result was 108mmol/mol. If you have diabetes an ideal HbA1c level is 48mmol/mol or below. But everyone’s different. So your healthcare team may give you an individual target level that takes into account

your current level and when your next test is, so you can bring it down in stages and it isn’t a sudden big drop.

Gina was prescribed metformin to bring her blood sugar levels down and a few days later, she was attending an appointment at her GP surgery where she found parking her car more difficult than usual.

“The next morning, my eyesight was very blurry,” she remembers. “I thought it might be a side effect of metformin. My husband took me to the surgery, and my GP explained that the high blood sugars had inflamed my eye lenses.”

Sometimes, if blood sugar levels are high, even for a short time, your eyesight can become blurry temporarily. Consistently high blood sugar levels increase the risk of diabetes complications,

including serious eye problems like retinopathy.

Gina had to take six weeks off work. Taking insulin was also made more challenging because of the changes to her vision.

“Trying to dial up a dose on my insulin pen was difficult,” she says. “I was dependent on other people to help me.”

It was five worrying weeks before Gina’s eyesight began to return to normal.



“The security my CGM provides – especially when driving – is absolutely amazing”





“I played it down as I didn’t want my kids to worry, but it was a scary time,” she says.

“It took longer than expected for my eyesight to return to normal and it wasn’t obvious that it was getting better as the weeks progressed. That was the hardest part,” says Gina.

“I struggled to cope with the disruption to my life. After around five weeks, when my vision was almost back to normal, I arranged to go back to work. Fortunately, my work was hugely supportive and we arranged for me to go on visits with a colleague while I still wasn’t able to drive.”

Gina was relieved to be able to stop using insulin to manage her diabetes a few weeks after her eyesight returned to normal. But after a few years of managing her condition with metformin, she had to start taking insulin again and now manages her condition with multiple daily injections and a continuous glucose monitor (CGM).

“I was really worried about having hypos, particularly because my job involves a lot of driving,” she says. “In the early days, I was finger pricking so many times a day my poor fingers were raw. When I found out about CGM, I didn’t qualify on the NHS because I have type 2 diabetes. I bought some sensors because they were so helpful, but I couldn’t afford it every month.”

CGM is used by an estimated 90% of people with type 1 in England and Wales. But there is still a way to go before people with type 2 who can benefit from CGM have broad access. Adults with type 2 who use two or more insulin injections a day should be offered CGM if they meet certain criteria.

“The security my CGM provides – especially when I’m driving – is absolutely amazing,” says Gina.

“Trying to manage your blood sugar levels all the time is a lot to think about, and it gets quite tiring. The healthcare professionals I see are great, but there can be conflicting advice about how best to manage my condition.

“I’ve since been told that I’ve essentially stopped producing my own insulin altogether, and in some ways, that has drawn a line under things. Now I feel that while I need to manage my condition carefully, I also need to live.”

Gina has also had to come to terms with the stigma that people living with all types of diabetes often experience. Our research has found that over 50% of people living with diabetes miss healthcare appointments at least sometimes due to stigma and that 80% have received negative attitudes because of their diabetes.

“People tend to look at you in a different way, and they might question you – why have you got diabetes, why have you mistreated yourself?” says Gina. “Diabetes is a condition that a lot of people don’t know much about until they experience it first-hand. These days I’m much less hard on myself. I’ve gradually got over the fears and worries about diabetes, and I just want to be happy.

“Living with diabetes helps me as a nurse, as I can empathise with others living with the condition. Sharing my experiences with other people has been really helpful. I’m very open and honest about it. It makes them feel a little bit more confident.”



"I've gradually got over the fears and worries about diabetes, and I just want to be happy"

Diabetes and eye problems

■ Diabetes is one of the main causes of preventable sight loss in the UK. But if diabetic retinopathy – a complication of diabetes that occurs when high blood sugar levels damage the retina at the back of your eye – is diagnosed in the early stages and treated, sight loss can be prevented.

Steps to keep your eyes healthy:

■ Attend your

eye screening appointments.

■ Tell your doctor about any changes to your eyesight.

■ Try to keep your blood sugar levels in target range.

■ Aim to keep your blood pressure and cholesterol in target range.

■ Eat a healthy, balanced diet and be as physically active as you can.

■ Stop smoking if you smoke.



As a community nurse, Gina can empathise with others living with diabetes

Tech access for type 2

■ In England, Wales and Northern Ireland, adults with type 2 who use two or more insulin injections a day should be offered CGM if:

- They have recurrent or severe hypos.
- They have impaired hypo awareness.
- They have a condition or impairment (including a learning disability or cognitive impairment) that means they can't monitor their own blood sugar but could use a scanning device, or someone else could scan for them.
- They would otherwise be advised to do a finger-prick test at least eight times a day.
- They would otherwise need help from a care worker or healthcare professional to monitor their blood sugar.

■ In Scotland, people who manage their diabetes (including type 2) with multiple daily injections or insulin pump therapy should have access to intermittently scanned (or Flash) glucose monitoring.

■ There is a growing base of evidence from research trials showing the benefits of the tech for more people with type 2 beyond those who meet the criteria set out in current national guidelines.



MAN TO MAN

Men's Health Week, which runs from 9–15 June, is an annual event that raises awareness of the information and services men need to live healthier, longer and more fulfilling lives. Here, we examine the impact diabetes can have on men's wellbeing

➔ Did you know that diabetes can affect men and women in different ways? Although everyone living with diabetes is at risk of complications, certain issues are more common among men, while others tend to progress more quickly. But being aware of the risks – and knowing when to seek medical help – can help you stay healthy. From heart disease to sexual health, here's everything you need to know about men's health and diabetes.

Different trends

Living with overweight or obesity raises most people's risk of type 2 diabetes. But some research suggests that weight gain may happen sooner for men than for women.

"Men tend to be diagnosed with type 2 at a younger age and often at a lower body mass index (BMI) than women," says Esther Walden, our Senior Clinical Advisor. "One possible reason is that men are more likely to have visceral fat, which means storing fat in the abdomen around their organs."

Men and women also face different risks when it comes to complications of diabetes. Although women are more likely to be diagnosed with diabetes-related chronic kidney disease, kidney complications tend to progress more quickly in men. Men are also more likely to experience cardiovascular disease and may be more likely to develop serious foot problems that lead to lower limb amputation. This gender difference

could be related to the fact that women are more likely to visit the doctor earlier than men.

When to go to the doctor

It can be a hassle to find the time for GP appointments, especially if nothing feels physically wrong. But for people with diabetes, it's important to attend any appointment you're offered, even if you're feeling healthy. That's because lots of diabetes complications don't cause symptoms in the early stages when they're usually easier to treat.

Essential checks like your annual diabetes review and eye screening can help you stay healthy. These may involve taking time off work, but finding and managing health



“Men and women face different risks when it comes to complications of diabetes”

problems sooner can save you time off in the future. They can help you stop complications in their tracks.

It's also important to speak with your GP or diabetes team if you feel something might be wrong. Certain complications can make you feel unwell, even if they don't seem like an illness. When you live with diabetes, seemingly insignificant symptoms such as numbness and tingling in the feet or blurred vision, may actually be early signs of serious diabetes complications, so it's

important to get them checked out as soon as possible.

Foot problems can progress very quickly, so try to get these checked out right away. If you injure your foot, see a doctor or your foot protection team as soon as you can to ensure the wound is healing properly.

GPs and other healthcare providers are using technology to make it easier to speak with a doctor without having to wait on the phone or even attend in person if it's not necessary. Your GP may offer online consultations and telephone clinics, while your healthcare team may be contactable by email. Many pharmacists can also provide checks like blood pressure and offer advice on a range of health issues, often without an appointment.

If you'll miss out on income because you need to take time off work for your diabetes appointments, it's worth looking into whether you are eligible for a benefit called Personal Independence Payment (PIP) to help some people with diabetes cover the cost of missed work. For more info, visit: diabetes.org.uk/bal-benefits

Sexual health and diabetes

Men with diabetes are three times more likely to experience erectile dysfunction. This is particularly common in men with type 2 diabetes over 40. High blood sugar levels may gradually damage your blood vessels and nerves, which can reduce the amount of blood that reaches your sexual organs. This can make it harder to get and maintain erections.

If you experience changes in erectile function, like fewer early morning erections or difficulties maintaining erections during sex, it's important to see your GP or attend a sexual health clinic. Clinicians will be able to advise you on potential treatments and check

TO A MAN: Information and support

■ **Tough Enough to Care** supports men of all ages in feeling comfortable talking and opening up about their emotions to those close to them, instead of bottling them up until they reach breaking point: toughenoughtocare.help

■ **Men's Sheds** runs hundreds of community spaces across the UK where men can enjoy practical hobbies, make friends and share skills: menssheds.org.uk

■ **Campaign Against Living Miserably (CALM)** provides resources and support to people struggling with their mental health. It has specific resources for men: thecalmzone.net

■ **Movember** provides information and advice on men's mental health and organisations that can support with specific challenges: uk.movember.com

■ **The NHS** has an online support resource, Every Mind Matters, with practical ways to ease anxiety, manage stress, lift your mood and sleep better through proven approaches like cognitive behavioural therapy (CBT): nhs.uk/every-mind-matters

■ If you want to lose weight, drink less alcohol, get active or quit smoking, there are lots of free tools and support through the NHS's Better Health resource: nhs.uk/better-health

■ Contact our free Helpline to speak with our highly trained advisors for support, advice or just a chat. You don't need a question about diabetes to call: **0345 123 2399**

■ Our support forum is an online community where you can share knowledge and experiences with people with diabetes, family and carers: diabetes.org.uk/bal-forum

whether these changes are related to other health issues.

Even if erectile dysfunction isn't limiting your sex life, it could be a sign you're at risk of other complications, such as kidney or heart disease. Diabetes puts extra pressure on your cardiovascular system, increasing the risk of things like heart disease and high blood pressure, as well as potentially affecting your sexual health.

Erectile dysfunction can also be linked to levels of a hormone called testosterone, which can gradually decrease over time from the age of about 40 in some men. Men with type 2 diabetes sometimes develop lower testosterone levels in later life

than men without diabetes, and this can cause symptoms like lower libido, fatigue, decreased physical strength and reduced self-confidence. But many other physical and mental health issues can cause these symptoms, and researchers are still trying to work out how common low testosterone is in men with type 2 diabetes.

It's best to speak with your GP if you're concerned about your testosterone level. They have access to most of your medical records and take a holistic view of your health and what might be causing your symptoms. If they think it's appropriate, you may be offered a blood test to check your testosterone level.

Feeling anxious, stressed or depressed can also make it harder to get and maintain erections. And sexual dysfunction itself can affect your mental health by influencing how you feel about yourself and your relationships with other people.

If you have a partner, talking openly with them about sexual health can help prevent these kinds of issues from affecting your relationship. It gives you an opportunity to discuss other ways of being intimate – sexual or not – and can reassure your partner that they aren't doing anything wrong.

It might be difficult to have these conversations at first, but for many people it's worth it in the long run.

Sexual health issues aren't inevitable

Male mental health and diabetes

It's really common to experience mental health problems, and diabetes can add an extra psychological burden to daily life. Men are less likely to seek help for mental health, but like physical health problems, mental health issues can get worse if they're left alone.

It's natural to occasionally feel unhappy, stressed or angry. But if you're experiencing feelings like this often, they may be becoming a bigger problem. Perhaps stress about work or diabetes is affecting your relationships with family members. Or maybe you're finding you've lost interest in things you used to enjoy.

"If there are changes in your mood, if you're tired all of the time or if you're less inclined to go out or engage with your friends, it might be a good idea to try and get some support," Esther says.

Talking with people who are close to you can help you understand how you're feeling and make you feel less isolated. Your friends and family may be able to offer advice and



understanding if you're experiencing things like stress, anxiety or depression.

You may be able to access confidential counselling through your employer, regardless of whether you're concerned about work or something else. Lots of

"Friends and family may be able to offer advice and understanding if you're experiencing stress, anxiety or depression"



“Men with type 2 diabetes sometimes develop lower testosterone levels later in life”

for men living with diabetes, and there are several ways to help prevent erectile dysfunction and other sexual problems. Smoking, drinking alcohol and inactivity are all linked to erectile dysfunction, so stopping smoking, limiting alcohol intake and keeping physically fit can help. Keeping your blood sugars within or close to your target range can help reduce damage to your nerves and blood vessels. Eating a balanced diet can even help repair early nerve damage.

companies have employee advice programmes or wellbeing services that staff can access by phone.

Speaking with others going through similar things can also be really helpful, whether in person or online. Lots of people with diabetes, or with partners or family members with diabetes, share their experiences on our support forum: diabetes.org.uk/bal-forum. You may find someone there with the same worries as you.

Your GP may be able to signpost you to community groups like men's support groups, diabetes groups or sports clubs that can provide a place to connect with other people, potentially over an activity you already enjoy. They can also refer you to more specialist services, such as a counsellor or psychologist.

It can be tempting to drink alcohol or eat more than usual for comfort, but this can make you feel worse physically and mentally.

“Mindfulness and physical activity can help to boost your mood and reduce stress,” says Esther. “And talking through your problems can help you feel better in the long term.”

BENEDICT'S STORY **Benedict Thompson, 21, from London, has lived with type 1 diabetes for 12 years. He says:**



Diabetes is always in the back of my mind. When your blood sugars aren't stable, you have to deal with the physical effects of that, but there's also the mental side. Managing diabetes takes a portion out of your day, and that can be quite irritating.

Over the years, I've had problems with anxiety about my blood sugars going too high or too

low. The daily grind of keeping up with everything can be a real challenge.

When I first got diagnosed, having diabetes made me feel different to other people around me. That gave me a complex, and I would try to hide my condition. Even now, it can be hard to talk about my diabetes because not many people understand it.

Being able to talk about diabetes with my friends and family has been hugely helpful for my mental health. My best friend at school also had diabetes, so we could talk about it and share tips on how to manage it.

For me, carrying on doing 'normal' stuff helps me feel mentally resilient, as does physical activity. Playing football and going for runs with my friends is a huge stress relief.

Having to do injections had a big impact on my mental wellbeing, so being able to use an insulin pump has really eased that burden. It's helped bring a sense of normality back to my life.

“Carrying on doing 'normal' stuff helps me feel mentally resilient, as does physical activity”

CROSSWORD

TO ENTER:

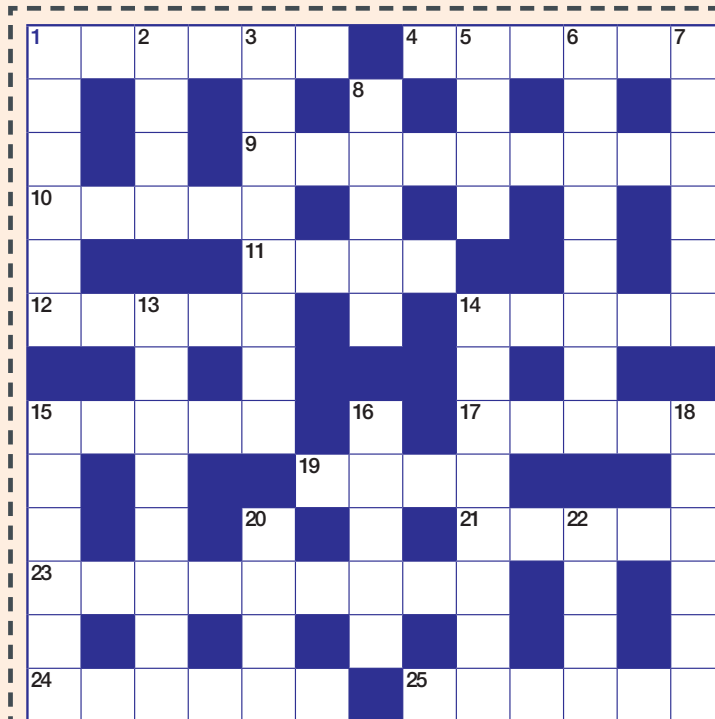
Send the grid to the Balance
address – Diabetes UK, 126 Back
Church Lane, London E1 1FH.
See T&Cs, below.

WIN!
FACETHEORY'S
GEOMETRY OF
GLOW SKINCARE
WORTH
£50



ACROSS

- 1** Tyre variety (6)
- 4** Distinctive stamp,
or prestige (6)
- 9** Airstream moving
towards equator
(5,4)
- 10** Robert ___, 17th-
century chemist who
established that air
has weight (5)
- 11** Derelict building (4)
- 12** Arm bones, or
bicycle spokes, e.g.
(5)
- 14** Not the best man
to look after a
horse? (5)
- 15** Paper used to light a
candle, or upset (5)
- 17** Release from military
service, informally (5)
- 19** Big cat (4)
- 21** Ancient artefact (5)
- 23** Greek philosopher
(9)
- 24** Hebrew prophet
carried up to heaven
in a fiery chariot (6)
- 25** Receptacle in which
fish are cooked (6)



DOWN

- 1** Series of bridge
games (6)
- 2** Brewery cart (4)
- 3** Relating to major
roads (8)
- 5** Maple genus (4)
- 6** Family hand-me-
down (8)
- 7** Latin hymn sung at
matins in the Roman
Catholic Church (2,4)
- 8** Craze, frenzy (5)
- 13** Cocktail made with
rum and lime juice (8)
- 14** Rushing headlong,
like the Biblical
swine (8)
- 15** Abrasion, or
predicament (6)
- 16** Rationed quantity (5)
- 18** Belt fastener (6)
- 20** Sicilian volcano (4)
- 22** Booty (4)

Name _____

Address _____

Postcode _____

SOLUTION for last issue's crossword:

ACROSS: 1 Gruyère, 5 Pagan, 8 Umber, 9 Let-up, 10 U-boat, 14 Netsuke, 16 Topaz, 17 Aglet, 18 Ukulele, 22 Flair, 25 Icen, 26 Eider, 27 Skiff, 28 Inferno. **DOWN:** 1 Gluten, 2 Umbo, 3 Ecu, 4 Ettore Bugatti, 5 Pelt, 6 Goth, 7 Nape, 11 Aster, 12 Folly, 13 Gall, 15 Edge, 19 Embryo, 20 Bias, 21 Yeti, 22 Fief, 23 Reef, 24 Oder.

T&Cs: 1. Opens 4 June 2025. 2. Closing date is 13 August 2025. 3. The prize is a Geometry of Glow skincare set, 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.

LEARNING ZONE

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Kirsty says
re-engaging
with peer support
was the start
of her 'second
diabetes life'

FACE YOUR PEERS

For many people living with diabetes, having people around you who understand what it's like to walk in your shoes is as much a fundamental part of managing their condition as education and technology. Here, five people explain the power of peer support

"There's no judgement with peer support"

Kirsty French, 32, from Glasgow, has lived with type 1 since the age of 18 months. She says:

My dad ran our local Diabetes UK family group, so I've grown up with people around the same age as me who live with the condition. That is such a privilege – so many people in my position have never met or spent meaningful time with someone else with type 1. That blows my mind.

The family group was a special, fun thing that I got to go to. I'd even take friends who didn't have diabetes!

As a teen, I stopped going to the family group and just didn't look after my diabetes properly.

In my early 20s, I got involved with the charity again. That's when my second 'diabetes life' began.

I started going for coffee once a month with people around my age. It inspired me to start looking after myself again. When you're around others who also have the condition, they just get it. There's no shame or judgement with peer support.

During the pandemic, I facilitated

a weekly Zoom meeting for young people with type 1. We were able to help each other through the fear and uncertainty of that time.

In 2021, I joined the Tech Collective – a community of people campaigning for fair and equal access to diabetes technology across Scotland. It connected me with lots of people who were well versed in diabetes technology. I remember scribbling notes at our first meeting thinking, 'This is the future'.

I was on one of the best pumps available, but was still struggling with unstable blood sugars. Learning that life didn't have to be like that really changed my outlook.

My relationship with my diabetes is ever-evolving. I certainly don't love the condition, but it's mine, and I live with it. Since I've started caring again about my diabetes, I've built a really good relationship with my diabetes team, and that has been invaluable. I used to feel that going to a clinic appointment was like school, where I'd be told off.

The people I've met through the

"So many people in my position have never spent meaningful time with someone else with type 1"

Tech Collective are so smart, and they've introduced me to different online communities that have really changed my life. As our activity ramped up, I was invited to speak at the Scottish Parliament on World Diabetes Day about how the closed loop system had changed my life. Last year, the Scottish Government awarded £8.8 million for diabetes technology – that was an incredible thing to have been part of.

Today, I'm a senior peer supporter as part of the national onboarding programme for people going onto closed loops. Since last summer, we've onboarded 1,100 people across Scotland from all ages and socio-economic backgrounds.

I share tips and tricks to manage the closed loop system with them. I feel that it's really important to tell people that it's OK to feel overwhelmed if you're struggling to get to grips with this incredible thing.

Mainly I talk about the logistics of the pump – ways to manage skin irritations and site problems. A big question that comes up at every session is how to manage blood glucose levels when you eat pizza!

I think peer support is crucial – it bridges the gap between patient and healthcare professional and encourages honesty.



"The first meeting felt daunting, but I met great people"

Sara Hayes, 45, from Kent, is secretary of our Maidstone and Area Parents Support Group. Her son, Ethan, was diagnosed with type 1 aged two. She says:

When Ethan was diagnosed in 2016, my husband and I thought we knew a bit about type 1 diabetes because my brother-in-law lives with the condition. But we quickly realised we didn't really have a clue. The early days were tougher on us than on Ethan; he was so little he just got on with things. He's always been a trooper.

I was invited to a coffee morning at my local Diabetes UK parent support group. Going to that first meeting felt daunting, but I met some great people.

We started going on outings with the group, and it was so important for Ethan to meet other children with type 1. One day, we went to the zoo with the group, and when everyone sat down to have lunch, Ethan was hypo, so he had some fast-acting sugar. He wanted to eat his lunch, but I told him he'd have to wait until his blood sugar came up. He was really glum because he didn't want to have to wait. Then we noticed another girl who looked fed up as well. She told us she was also hypo and waiting to be able to have lunch. I could see just by looking at Ethan how much it meant for him to realise he wasn't the only one in that situation.

Peer support is brilliant for allowing you to talk with others about issues they've encountered with diabetes and how they've overcome them.

At one stage, Ethan was having skin reactions to the adhesive on his continuous glucose monitor (CGM) sensor. I asked the other parents in the group for advice, and one mum said her son had experienced a similar



Sara wants to reciprocate the support she received in the wake of her son's diagnosis

problem and told me what had helped them. She made a video for our Facebook page to help other people who might be having similar issues.

About a year after I joined, I was asked to take over as group secretary. I felt that I'd got so much support from the group in the early months after Ethan's diagnosis, and I was worried that if I didn't step up and nobody else could, then the group might fold. Having your child diagnosed with diabetes can be such a daunting time, and it can feel really isolating. I wanted to be there for other families as they had been for us.

Knowing that we're not going



"Ethan's a typical young boy who would rather not have to think about diabetes"

through this alone and that there's always someone you

can get in contact with who's experiencing the same thing is so important. When Ethan was little, I took him to every event going. He's now a typical 11-year-old boy who would rather not have to think about diabetes. He's got other interests, and that's fine; I'm not going to push him. Just to know that support is there if he wants it means everything to us.

“Young people can share ideas and have fun”

Lucy Batty, 18, from Bedfordshire is a Young Leader with our Together Type 1 programme, offering peer support to other young people living with type 1. She says:

When I was diagnosed with type 1 diabetes aged 11, I felt very supported by my healthcare team. But there wasn't much support in a non-clinical setting. For the first couple of years, I felt quite alone with my condition. I thought I was the only person out there who had it! I would have loved the opportunity to join a group chat like the ones I run now.

In September 2023, when I was 17,

my mum persuaded me to join a virtual get-together for 16 to 25-year-olds with type 1. I felt so nervous beforehand, as I'd never spoken to anyone else living with diabetes until that moment. A few minutes into the call, I felt so comfortable. Then I couldn't stop talking! Afterwards, my mum received a message from someone at Diabetes UK saying I'd make a great Young Leader for the Together Type 1 programme. I'd be trained and supported to create spaces online and in the community where young people can chat together, share ideas, raise issues and have fun.

I love giving presentations as a Young Leader because not only am I helping others, but I learn a lot by doing research for them!

I often see the kids talking to each other and making connections in the chat after my presentations and that's really nice to see. It's also great to hear the feedback afterwards.

I also run group chats for 11 to 15-year-olds with type 1, which is a space where they can chat about their diabetes and know people are there to listen. Everyone shares their ideas and topics that they want to talk about, so we know we're discussing things that are important to them.

Last year, I went on a residential trip with other young people on the programme, which was my first time meeting everyone in real life. It was nice to talk with people who know exactly what you're going through.

As a Young Leader, my confidence has grown. Diabetes can be a lonely condition sometimes, especially if you don't talk to other people who also have it. It takes up so much mental space that it can be difficult to reflect on how far you've come with it, and being a Young Leader has allowed me to think about diabetes in a more positive light.

■ **For more info about Together Type 1, visit: diabetes.org.uk/bal-tt1**



Becoming involved in peer support has made Lucy feel less isolated with her condition

Photography: Jane Russell. Words: Lucy Evans

“It’s the person with the condition who is the expert”

Carole Michaelides, 75, from London, was diagnosed with LADA 15 years ago. She says:

I was initially diagnosed incorrectly with type 2 diabetes, I think because of my age. Three years later, after an auto-antibody test, I was re-diagnosed with what is called Latent Autoimmune Diabetes in Adults (LADA). It is similar to type 1 in that it’s autoimmune, but the symptoms normally come on more slowly over months, not days or weeks.

Diabetes had always been in my life. My brother was diagnosed with type 1 aged 11, and he tragically died from complications aged 52.

Our father was told he had type 2, which he managed with insulin, and both my brothers’ sons were diagnosed with type 1 in their teens.

After my brother died, I was terribly upset about the fact that he hadn’t had great support with his diabetes. When I started to be involved with Diabetes UK, it wasn’t so much about looking for support for myself, it was more that I wanted to support the cause. The loss of my brother was such a tragedy, and I questioned why it had happened. I decided if I could do anything to help or raise awareness, that’s what I’d do.

It’s through volunteering that I’ve discovered the importance of peer support. The more I volunteered, the more I realised where the gaps are in diabetes care

Carole’s local group enjoys regular in-person get-togethers

and how much peer support matters. I’ve learned so much from other people with diabetes that has helped me. I’ve met amazing healthcare professionals, but they recognise that the person with the condition is the expert.

In 2017, I got involved in my local Diabetes UK group, Hammersmith and Fulham, where I’m now secretary.

I think peer support became more important than ever during the pandemic. People with diabetes felt so vulnerable during that time because we were at higher risk.

Online meetings could connect us

with others who were not local, but when restrictions were over, we were one of the first groups to get back to in-person meetings. Now, we’re trying to make some a hybrid of in-person and online to widen access.

Over the years, our group has gone from strength to strength. As well as being its secretary, I very much enjoy doing speaker events or running awareness stalls for Diabetes UK.

With diabetes, every day is a real puzzle; no matter how well you manage your condition, it’s always there.

“Through volunteering, I discovered the importance of peer support”

Photography: Damian Prestidge. Words: Louise Zecevic





Peer support helped Sarah get through the challenges of the Path to Remission programme

“Having that community made all the difference”

Sarah Gallear, 43, from Greater Manchester was diagnosed with type 2 diabetes in 2023. She says:

My diagnosis was a shock. I received a lot of paperwork from the nurse at the GP surgery and remember feeling very confused about it all. I was suddenly being sent for foot and eye tests when, before I was diagnosed, I didn't know diabetes could affect all these things.

I was told to manage my condition

with healthy eating and exercise and that there was a chance I could put it into remission. I lost 12.7kg (2st) and got my HbA1c from 51mmol/mol to 48mmol/mol all on my own. A couple of months later, my nurse recommended the NHS Path to Remission programme, and I decided to give it a try.

I have mobility issues, so I opted for the digital version of the programme, which meant I attended meetings virtually and could talk to my coach directly through an app. There was so much information on the app, and I was also given workbooks to go through. I learned a lot about reading food labels and eating healthily.

I joined a Facebook group where I

could talk to other participants in the programme. It's a great community where people can share tips, ask questions, and pass on information they've learned from their coaches. I was given different products during the programme and people in the Facebook group advised that you can change the flavours of them using essence. People would share loads of tips and different things they'd tried throughout the programme which were all really helpful. Having that community and being able to talk with my coach via the app made all the difference and helped me get through the programme.

Even though I had a positive experience overall, there were still challenges. Getting used to being on 800 calories a day wasn't easy. After the first week, seeing how much my blood sugar levels had already improved motivated me to keep going.

My family was also really supportive and helped me with my food shopping and cooking my meals. Now I know more about food, I'm a better cook!

I finished the programme in August 2024, but I still keep in touch with my coach, and I still post on the Facebook group to support others. I recently shared before and after pictures to show how much the programme had helped me, and got loads of comments from people saying I was inspiring them to keep going. If I can encourage others, then I'm happy to do it. If I'm ever struggling, I feel like I can reach out to people from the group for a chat.

Since finishing the programme, I've put my diabetes into remission. I don't think I could've done that without the support from my coach, my peers, and my family and friends.

■ If you have certain health conditions, the Path to Remission programme might not be suitable for you. Speak to your GP who can give you more information on this.

➔ We still have a lot to learn about how best to support people with type 2 to put their diabetes into remission. But we know that remission offers many people hope for a future without diabetes medication and less chance of developing serious problems with their eyes, feet, or heart.

The strongest evidence we have suggests that type 2 diabetes is mainly put into remission by weight loss, but working towards and staying in remission can mean making big changes to your life. This can be mentally and emotionally challenging, so understanding the different psychological factors that play a part in moving towards remission can be helpful.

An ongoing challenge

Type 2 diabetes remission is when your blood sugar levels return to a safe, non-diabetes level long term, without the need for glucose-lowering medication, so having an HbA1c below 48mmol/mol or 6.5% for at least three months.

By going into remission, you're reducing the risk of long-term complications of diabetes. Things such as heart attacks, strokes and sight loss are some of the complications diabetes can cause if your blood sugars are too high over a long period of time. Losing weight, if you need to, can reduce your blood pressure and cholesterol levels – these can all affect your everyday health and wellbeing, and long-term health. Even if you don't go into remission, a reduction in your blood sugar levels, blood pressure, weight and cholesterol levels can reduce your risk of complications.

Being in remission doesn't necessarily mean you've 'reversed' your type 2 diabetes. You'll still need to go to your appointments for your checks and are still at risk of type 2. Any time spent in remission with



REMISSION AND MENTAL HEALTH

Expert advice and support on managing your emotional wellbeing during the challenges of type 2 diabetes remission

blood sugar levels below the diabetes range can have lasting benefits to health. However, we don't yet know enough about the impact of remission on the long-term risk of diabetes

complications. That's why it's important anyone in remission from type 2 diabetes should continue to have an annual diabetes review with regular checks such as diabetic eye

screening to identify and treat any new or existing complications.

Some people are in remission for years, while others may find their blood sugars rise again and they come out of remission.

Your healthcare professional can monitor your blood sugar levels and help you take action if they notice they are rising.

Sometimes, it is just not the right time in your life to lose weight. But things may change in the future, and it may be right for you to try.

We know that the chances of remission are better the sooner you try after your type 2 diagnosis. So, it's important to talk with your healthcare team soon after you're diagnosed if remission is something you're thinking about.

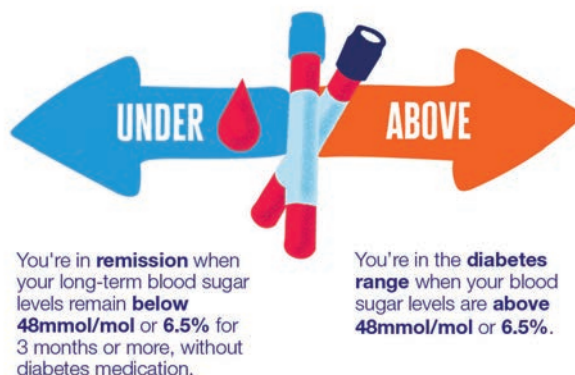
That's not to say you can't try to go into remission if you've lived with type 2 for a while; with the right guidance and support, it may be possible. We have lots of information and advice on our website. To find out more, visit our remission hub:

diabetes.org.uk/bal-remission

Managing expectations

Many people who have tried for remission have gone into it. Some people who have tried haven't gone into remission, and understandably, you may feel disappointed. We're still learning how to support everyone with type 2 diabetes to go into remission. But remember, whether you go into remission or not, working towards it and losing weight brings about many other health benefits. We know it is helpful for people to view remission as an opportunity and focus on the smaller steps needed initially to help prevent feeling too overwhelmed. People have said if healthcare

TYPE 2 DIABETES REMISSION



professionals emphasise the work involved, this can be demotivating.

And, if you were in remission but have come out of it, you may feel disappointed and upset.

We know staying in remission is hard, and time and weight regain can mean some people come out of remission. It may be that what's worked for you in the past isn't anymore and you may need to change things up. And if you have regained weight, you can get the support you need to help you lose this again. Recognising that one type of dietary approach to lose weight is not working for you is a positive step, and another approach may be more suited to you.

Remember, any lowering of your blood sugar levels and body weight can have a big impact on your diabetes and overall health. Even if you feel frustrated, think about the changes you feel – no matter how small – in your body. Are you sleeping better at night? You may be trying different foods or spending more time being physically active. Remission may be the end goal, but think about all the smaller wins along the way. It's sometimes helpful to reflect on where you started and how things look today.

Try not to compare yourself to others and just concentrate on your

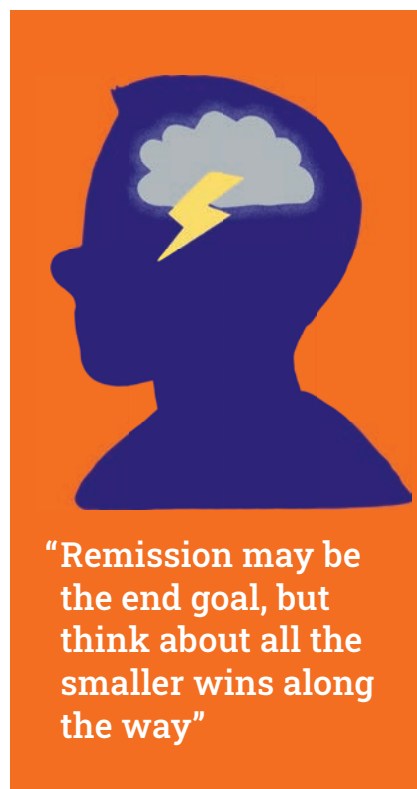
own health and wellbeing. Remission may be a long process, which can be off-putting, so just think about the smaller goals instead of the big picture.

Getting support

Leaning on others when we need some advice, guidance, or someone to just listen, can be really beneficial when making big changes to your health. Support groups can be motivating. Search online, or contact your local council and ask about clubs and

activities in your area.

■ **We have a new area on our online community forum where people can discuss all things remission. Ask questions and learn what has worked for others: diabetes.org.uk/bal-forum**



■ If you can, making space in your day to relax can help if you feel stressed or worried. And it can allow you to refocus. Mind has lots of great tips for trying to relax when you're feeling overwhelmed, whether that's a breathing exercise, trying a new hobby or walking in the countryside. Visit: mind.org.uk/information-support/tips-for-everyday-living/relaxation

■ You might find it helpful to join one of our local support groups so you can connect with others living with diabetes. Visit: diabetes.org.uk/bal-groups

■ You can also contact our Helpline for support. Visit: diabetes.org.uk/support-for-you/helpline or call 0345 123 2399 or 0141 212 8710 if you live in Scotland, Monday to Friday, 9am to 6pm.

IMPORTANT

Speak with your healthcare team about going into type 2 remission – it isn't right for everyone, and you may need to make changes to the medications you take.

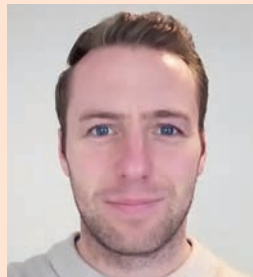
For more info: diabetes.org.uk/bal-remission

Maintaining weight loss

While there's no evidence that exercise alone can lower blood sugar levels enough to put type 2 into remission, we know activity has many health benefits, including helping to maintain any weight you have lost. It's important to speak with your healthcare team before starting to get more active. They'll be able to give you guidance on what's right for you.

Keeping motivated can be challenging, so it's crucial to set realistic and manageable goals rather than focusing on the big end goal of remission.

You could say, 'Instead of meeting my friend for a coffee, I'm going to suggest we go for a walk,' or, 'Instead of taking my grandchildren to the cinema, I'll suggest bowling or a trip to the park.' You can then slowly build on these activities. Having a gym or walking buddy can also help you stick to your goals.



Our Senior Physical Activity Advisor, Neil Gibson, shares some top tips for getting your fitness routine started:

1. Set some realistic targets and expectations. This could be a 10-minute walk after a meal, rather than expecting yourself to meet NHS physical activity targets overnight.
2. Don't be hard on yourself if there are days you feel tired and unmotivated. Sometimes, you need a break or time to relax, and it's OK to do that.
3. Think ahead and forward plan to fit being more active into your lifestyle and daily routine. This could include ways of moving

more at home, at work, or when you travel. Also, being prepared with suitable clothes for the weather and the activity you will do is important.

4. Find things you enjoy. That way, it won't feel like exercise. No matter how good the health benefits are, if you are doing something you really dislike, the likelihood is that you will soon stop doing it.

5. Breaking up long periods of sitting or lying down regularly can help lower your blood sugar levels. So, for example, you might stand up for a while every 30 to 45 minutes or make phone calls standing up.

- Find the full list and download free resources at: weareundefeatable.co.uk/ways-to-move/how-to-get-started/
- You can download a free activity planner from our online shop to help map out your goals

and make comments about how you're feeling, which may help if you're overwhelmed. Visit: diabetes.org.uk/bal-shop



Thanks to the NewDAWN research programme. Your membership has helped fund their research to develop a nationwide NHS support service that offers a range of weight loss diets for people with overweight or obesity and newly diagnosed with type 2 diabetes.

LESSONS FROM...

A CONSULTANT HEALTH PSYCHOLOGIST



Niall Anderson is a Consultant Health Psychologist specialising in diabetes at Derbyshire Community Health Services (DCHS). He's worked across the UK to make psychological services routine in diabetes care

1 People with diabetes are resilient

I love working with people with diabetes, but I think the condition can be misunderstood. I've learned so much from people's resilience in dealing with the condition, and I learn from my patients with every session. Covid was a terrible time for society in general, but I think one of its consequences was an increased awareness of the challenges that some people living with long-term health conditions face. With my patients, I often see the burden of managing diabetes with the amount of monitoring and mental arithmetic that is required. Seeing what people have to do just to have a good quality of life is impressive. Sometimes, it's important not to get caught up in the numbers and instead reflect on how far you've come.

2 The physical and the psychological can't be separated

Historically, mental and physical health were viewed separately. If people living with diabetes wanted to access psychological support, this was only through mental health services not linked to their diabetes care. What we're seeing now is that, for people with long-term health conditions, you can't separate the mental from the physical. Physical and mental wellbeing are interlinked, and if people get specialist support for both, it can be life-changing.

It means all clinicians can learn from each other to provide holistic care to patients. Physical and mental wellbeing are interlinked and if you can improve one, it will benefit the other.

3 Living with diabetes involves a huge workload

I usually see patients weekly over a period of three to four months and I always say most of the work we do comes from them. I just support them on their journey. I can't give the patients their injections or check their blood sugars for them, but I can help them develop ways of coping. Seeing the improvement people can make with the right help and support is brilliant.

4 Health psychology should be integrated into diabetes services, not an add-on

From my experience, health psychology services work better when they're integrated as part of routine diabetes care instead of separately. As health psychology services sit within physical healthcare systems, funding can be tricky and commissioners may view it as an 'add on', but it's absolutely essential. Services for other long-term health conditions, such as cystic fibrosis, have a very specific criteria for how many psychologists are needed within the service, and that has been down to incredible lobbying work. There is growing evidence about the benefit of health psychology for people physically and psychologically, which ultimately makes services more effective and saves the NHS money. Part of my role is to build this evidence to make psychological services a routine and integrated part of diabetes care.



Earlier this year, Sue Cleaver filmed her final scenes on Coronation Street's cobbles.

"Eileen is back in the prop cupboard," says Sue. "The door is open for me to return, but I'm 61, and it's important to try new things."

Leaving her role was a pivotal moment, but Sue is no stranger to life events taking her out of her comfort zone. After the birth of her son 30 years ago, she was diagnosed with type 2.

"It was a really unsettling time, and I just didn't understand the condition. It took me a couple of years to get used to the idea that I was someone living with diabetes," says Sue.

The State of Type 2 Report was commissioned by Dexcom in 2024 to offer insights into the realities of living with the condition. It found that 70% of people didn't know how much type 2 diabetes would impact their lives when they were first diagnosed.

"In the early years, I was checking my glucose levels with finger pricking and trying to manage my condition with my diet, but it was quite complicated. I felt a bit lost," says Sue. "The finger pricking was unpleasant, and I quickly got lax about doing it."

The show must go on

Working long, unpredictable days on set made managing diabetes a challenge for Sue.

"Sometimes, when you're filming, you don't know when you're going to get a break. That's really hard when you're relying on finger pricking to check your glucose levels. And if I got drops of blood on my costume from testing, I'd have to change, and that would hold things up. It wasn't easy to stay on top of managing my levels."

Continuous glucose monitoring (CGM) measures glucose levels in real-time, so people with diabetes don't always need to prick their fingers to know what their glucose levels are.



A NEW STAGE OF LIFE

After spending a quarter of a century playing Corrie legend Eileen Grimshaw, Sue Cleaver is embracing a fresh start

Dexcom's research reveals that 67% of people believe that a CGM would reduce the stress of managing their glucose levels, and 60% agreed that it would improve their mental health.

Keen to find more convenient, effective ways to manage her diabetes, Sue discovered that Dexcom was producing CGM systems. She decided

to self-fund one of the devices.

"Once I started using my Dexcom CGM, I could just glance at my phone and see which way my glucose levels were going," she says. "Then I could take action to see me through to the next break in filming. It gives you a huge sense of security and has made life a lot easier."



The DEXCOM ONE+ has helped Sue power through *Corrie* scenes – and the jungle!



CGM because it would have meant endless finger pricking,” says Sue. “I’m sure the show’s medical team would have insisted on very regular blood glucose checks, which would not have been fun.”

Knowledge is power

Today, Sue says she’s experienced a shift in her mindset when it comes to living with diabetes.

“The more you learn, the easier it gets,” she says. “Using the Dexcom system has made me really aware of the foods that trigger a spike in my glucose levels, and I’ve been able to adapt what I eat because of that. I would not have that insight if I was relying solely on pricking my fingers. It has taken the

pain out of managing the condition day to day and has made my life so much better.”

Sue says her Dexcom ONE+ can be worn on the back of her arm or on her abdomen, measuring her glucose levels seamlessly so she can focus on other things that matter to her.

“When the device is on my arm, it often starts conversations with others about diabetes,” she adds. “I’m very happy to talk about my condition, and I wear my CGM with pride.”

“I’m all about living fearlessly, and I believe we can reinvent ourselves at any time. So I’m embracing new challenges, and I’m looking forward to exciting new adventures. My condition does not stop me from doing any of those things. I don’t live with diabetes, my diabetes lives with me.”

■ Sue is a Dexcom ambassador and received a fee to be interviewed. All opinions are her own.

A new era

In the UK, 53% of doctors believe that better access to CGM technology would positively help people with type 2 to manage their condition.

Currently, the National Institute for Health and Care Excellence (NICE) recommends offering CGM to adults with type 2 diabetes on multiple daily injections if they meet certain eligibility criteria, including those with recurrent or severe hypoglycaemia or those who would otherwise be advised to check blood sugar levels at least eight times a day.

Today, Sue takes one long-acting injection of insulin a day and monitors her glucose levels with a Dexcom One+ CGM, which was vital when she entered the jungle on *I’m a Celebrity, Get Me Out of Here* in 2022.

“Being in the jungle would have been very unpleasant without my Dexcom

DEXCOM ONE+ A smarter, easier and more effective way to manage your diabetes

■ Sends 24/7 glucose numbers to your smartphone or receiver, giving you the flexibility to view your glucose readings on the go, as well as your long-term patterns and trends. It automatically alerts you when your glucose levels fall out of your pre-set range.

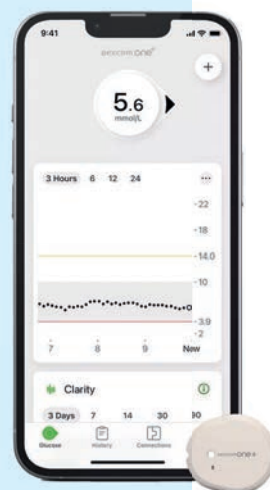
■ Comes with a range of customisable alerts. Its unique Delay 1st Alert option allows you to adapt your system to your meal and insulin schedule – because it can be common to

have readings that trend higher after meals, you can choose to delay your first High Alert for a set time, helping to reduce alarm fatigue. It also connects with a selection of health apps for seamless diabetes management.

■ The Dexcom ONE+ app comes with Event Entry, so you can log your food intake, exercise sessions and insulin dosing, which can lead to a better understanding of your glucose patterns. The

app comes with a share feature, which allows you to invite up to 10 family and friends to monitor your glucose patterns remotely to give you and your friends, family or carers greater peace of mind.

■ Dexcom devices are available on the NHS for some people with type 2 diabetes. It’s best to speak with your healthcare team about the best management for you.



MAKE A DAY OF IT

Expert advice on staying safe and healthy this summer

➔ From museum visits and theme parks to beach trips and sightseeing, having a day out can be a great way to reduce stress, spend time with loved ones, and stay physically active.

If you live with diabetes, you might have to plan ahead and make a few more decisions to keep yourself safe and healthy while you're out of the house.

Diabetes is a complex condition, and your blood sugar levels can be affected by various factors, so don't be hard on yourself if you find

it more difficult to manage during days out. Changes in routine might mean your diabetes management isn't perfect, and that's OK – nobody expects it to be perfect all the time.

Be as prepared as you can, but don't hesitate to reach out to your healthcare team to go over your plans and any concerns you may have. They'll be able to advise on how you can feel safe and comfortable and make the most out of your day while managing your diabetes.



Diabetes equipment and medication

■ It's important to have enough of your diabetes equipment and tech with you, especially if you're travelling a distance away from home. It might be a good idea to have a small 'diabetes bag' with all your equipment and take it with you on a day out. We've got lots of options available in our shop: **diabetes.org.uk/bal-shop**

■ Depending on the type of diabetes you have and how you manage it, some of the things you might need are:

- **insulin supplies, insulin pump supplies, insulin pen and needles, plus spare insulin pen/cartridges**
- **equipment to check your blood glucose levels**
- **ketone meter**
- **CGM spares**
- **tablets**

■ **hypo treatment** ■ **extra snacks**

■ If you're not sure about what you need with you when you're out and about, speak to a healthcare professional.

■ If you're taking an unopened vial or cartridge of insulin, it's important this is kept cool. You can buy small cool bags or pouches that should fit into your bag. Just make sure your insulin doesn't come into direct contact with any ice packs, as freezing insulin can damage it.

■ Some places might require a bag search or some form of security before entering. There will be different rules about bringing your own food and drink inside with you or carrying it around in a bag, so it's a good idea to check



“A day out can be a great way to reduce stress, spend time with loved ones and stay physically active”

Managing hypos

■ “When you’re out and about, it’s really important that you have your hypo treatment with you. If you’re walking for long periods you might find your blood sugar levels go down,” says our Senior Clinical Advisor, Katie Bareford. Make sure you can easily access a fast-acting carbohydrate. You’ll need your usual hypo treatment, but take more out with you than you think you’ll need just in case. Glucose tablets are small and can fit easily in your bag or pocket.

■ “If you’re having a hypo, stop whatever you’re doing immediately and treat your hypo straight away,” says Katie.

If you need to sit down but can’t see anywhere immediately available and where you’re visiting is staffed, ask a staff member if there’s anywhere you can rest until your blood sugar levels return to normal. They’ll be used to catering to different people’s needs. If you’re visiting somewhere that isn’t staffed, find an area where you can comfortably sit down.

beforehand to find out. If you need a bag search, inform the staff member that you have diabetes and carry diabetes technology, equipment, medication, and food and drink. Most places will allow you to pass through smoothly. It can be a good idea to bring a letter from

your GP or healthcare professional providing details about your diabetes. This is usually needed more at airports and when travelling abroad, but you might want to have it with you if you’re going out for the day, just in case.

There are plenty of options to keep your diabetes kit safe when out and about



Diabetes and hot weather

■ If you take insulin, it may be absorbed more quickly in warmer weather. This is because higher temperatures cause blood vessels to dilate, which increases blood flow and leads to quicker insulin absorption. This increases the risk of hypos.

■ Check your blood sugar levels more often and be prepared to adjust your insulin doses or diet if you find hot weather affects your diabetes. You might need to reduce the amount of insulin you take or eat some extra carbs, especially if you’re going to be active in the sun. Have something sugary to hand and treat hypos immediately.

■ “It’s still important to carry your diabetes medication and equipment with you, even in hot weather,” says Katie. “Make sure you store your insulin properly in a cool bag or pouch. When damaged by heat, clear insulin generally becomes cloudy, which can then become grainy and stick to the side of the glass. Heat-damaged insulin can sometimes have a brownish colour.” Don’t use it if you think it’s been exposed to direct sunlight or damaged by heat.

■ If you take other diabetes medications, such as tablets, check the instructions on the label or packaging for information on how to store them.



Communicate your needs

■ There might be times when you'll need to sit down or have some food or drink, even if no one else is. Don't be afraid to communicate these needs – even if it causes delays or changes plans, your health and wellbeing are important.

■ Consider taking medical ID, such as a tag, that says you have diabetes. And tell at least one person you're with that you have diabetes so you'll get support if you have high or low blood sugar levels.



Eating out

- If you're going to be at a restaurant or café, apps such as Carbs & Cals can help estimate carbohydrate content in food and drinks. You might also be able to find the nutrition information online, or the staff might be able to help.
- If you're unable to estimate the

carbohydrate content of your food, try to underestimate while you're out and about to avoid hypos. This is particularly important if you're drinking alcohol, as alcohol can cause hypos.

■ **For more advice on eating while out and about, visit: diabetes.org.uk/bal-eating-out**

Theme parks and visitor attractions

■ People living with diabetes should have no problem visiting theme parks and going on rides and rollercoasters. However, it's good to be aware that many theme park rides with electromagnets use strong magnetic fields. If you use an insulin pump or continuous glucose monitor (CGM), this could affect how your devices work.

■ "If you're unsure whether your insulin pump or CGM could be affected by a ride, check with your diabetes team or contact the manufacturer of the pump and ask if they have specific guides," says Katie. "You can also contact the theme park ahead of time and ask for details of the rides and which ones use electromagnets and the distance of the magnetic field around them. You might be advised to remove and not operate your pump or CGM until you're out of range of the magnets."

■ Make sure to leave your pump and CGM equipment in a safe place and have your diabetes kit with you, which should include things like hypo treatments and a backup insulin pen. Remember, you should generally avoid leaving your pump off for more than one hour, so consider this when factoring in queue times.

Accessibility options

■ Depending on where you're visiting, accessibility options may be available to you should you need them. Some theme parks and visitor attractions offer a pass to visitors with additional needs. This might not grant you immediate and unlimited entry to all rides, but it can place you in a virtual queue alongside other guests who need extra support. You'll wait in the virtual queue for roughly the same time as the physical one for that specific ride, but you don't need to be present in it. You will simply return to the ride at the time provided to you.

■ If your diabetes means that you're unable to stand in a physical queue for a long period of time, you could apply for an

access pass. To obtain a pass, you'll usually need to fill in an application form, which will ask for certain documentation and evidence detailing why you'd require one.

■ These applications are considered on an individual basis. Some people may have more explicit accessibility needs as a result of their diabetes than others. If you're not sure, chat with your healthcare team, who should be able to advise on whether you should put an application in. You can check the attraction's

website to see whether it has a dedicated accessibility team you can contact to find out the options available to you.

"Some places offer a pass to visitors with additional needs"



► **Diabetes wristbands, £4.95** Our diabetes ID wristbands are an accessory for communicating vital health information quickly by informing medical professionals or those around you of your specific diabetes type.



▲ **CoolMeds Classic Medication Travel Case (2-8°C), £49.99** Safely transports temperature-sensitive medication between 2°C and 8°C for 12 to 18 hours.

TRAVEL COMPANIONS

You can venture out with confidence this summer, knowing you're prepared with the kit and accessories that make it easier to manage diabetes on the go. Visit: diabetes.org.uk/bal-shop



▲ **CoolMeds Companion 2-8°C Medication Case, £83.90** Safely transports temperature-sensitive 2-8°C medication for a duration of 18 to 24 hours.

▼ **CoolMeds GO 2-8°C Medication Case, £63.90** Safely transports temperature-sensitive 2-8°C medication for 15 to 20 hours.



▲ **FRIO Extra Large Cooling Wallet, £25.99** For reliable cooling on the go, with space for multiple insulin pens, vials, cartridges, or auto-injectors.



▲ **MySharps Pocket Container, £6.50** Pocket container for used diabetes pen needles (set of three).



WE'VE GOT YOU COVERED

If you live with diabetes, we can help you get holiday cover with AllClear Insure My Diabetes travel insurance.

This insurance specialises in covering people with pre-existing conditions, including diabetes. It's important that you're fully covered so you can travel safely and with confidence:

■ Up to £15 million emergency medical

expenses cover.

■ Up to £25,000 cancellation cover.

■ Repatriation cover back to the UK.

■ 24/7 English-speaking emergency medical helpline.

■ Up to £3,000 personal belongings cover.



➡ The menstrual cycle consists of two phases: the follicular phase, starting on the first day of your period and ending with ovulation, and the luteal phase (around day 15–28).

Throughout your cycle, hormones will fluctuate. This may lead to certain physical and emotional symptoms and influence blood sugar levels. Knowing your cycle and its effect on you and your diabetes can help you manage your symptoms and blood sugar.

Impact on blood sugar levels

Oestrogen and progesterone fluctuate during your menstrual cycle, which can influence insulin sensitivity. These are female sex hormones that help regulate your cycle and thicken the uterine lining. Oestrogen also plays a role in ovulation, while progesterone creates a good environment in your uterine lining for a fertilised egg to implant.

Some people have reported changes in their glucose readings during the course of their menstrual cycle, but the research on how common this is and why it happens is ongoing. Your healthcare team can offer advice if you notice that at certain times of your cycle your blood glucose becomes more difficult to manage. During the week after your period oestrogen levels rise, and some studies suggest a link between this and increased insulin sensitivity. This means your blood sugar might be lower leading up to ovulation.

Some people find their blood sugar rises a few days before their period when progesterone is at its highest. Studies suggest progesterone can lower insulin sensitivity and cause a spike in blood sugar. Low insulin sensitivity is the same thing as insulin resistance, when your body's cells don't respond properly to the hormone insulin. Not everyone releases the same levels of these hormones, and it can vary across life stages, don't worry if your blood sugar acts differently from someone else's: Some people don't notice any effect, some do, and some say it changes each month.



PERIODS AND DIABETES

Cramps, mood swings and changes in appetite are just some of the things you might have to deal with if you experience periods. And, for some people living with diabetes, periods can also have a noticeable effect on their blood sugar levels

Managing symptoms

Period symptoms can change from month to month and throughout your life. If you suffer from cramps, backache, headaches, or pain elsewhere in your body, painkillers may be an option if needed.

Many people experience cravings for high sugar, high fat foods just before their period. This is due to the changes in levels of oestrogen and progesterone, which can also increase appetite. If you're craving chocolate, dark chocolate tends to contain less sugar and fat than milk chocolate.

Psychological factors such as mood changes during the luteal phase – just after ovulation and a few days before your period – may also play a role in food cravings. During the luteal phase, the decline in oestrogen and rise in progesterone can lead to low mood, irritability, and mood swings. Studies show that your body releases serotonin, the hormone that helps you feel happy, when you eat starchy or sugary foods. So, some people might find they're more likely to reach for them during this part of their cycle.

If you're craving carbs, why not try whole fruit and vegetables, or healthier, fibre-rich carbs, such as

wholewheat bread, wholegrain cereal, lentils, oats and quinoa. Wholegrain carbohydrates and protein-rich foods, including eggs, fish, chicken, turkey, tofu, yoghurt and nuts, are a great way to feel full for longer, manage appetites and cravings, and keep your blood sugar levels stable.

Leafy greens are especially important, as it's common to experience a dip in iron levels during your period due to blood loss, especially if your menstrual

"It's common to experience a dip in iron levels during your period due to blood loss"

flow is heavy. Vegetables like kale and spinach can maintain normal iron levels and are rich in magnesium to help combat fatigue, dizziness and bodily aches and pains.

If you do eat food during your period that isn't the healthiest, don't be hard on yourself. This is OK once in a while and won't

have a long-term effect on your health.

If periods are making you feel unwell mentally or physically, including experiencing heavy periods or severe pain, then seek advice from your GP.

Staying active during your period may alleviate some of your symptoms and being active can help with longterm blood glucose management. Light exercise during this time might help reduce pain, cramps, bloating, fatigue, low moods and more. However, it's important not to push yourself and put additional stress on your body when it might not already be feeling its best. Why not try:

- walking
- light cardio, such as a gentle jog, cycle or swim session
- strength training
- gentle stretching and yoga



Managing blood sugar levels

If you're not sure whether there's a pattern to your blood sugar during your menstrual cycle, try keeping a log of your levels a few days before, during and after your period. Do this for a few months, and you should be able to spot any patterns. You can also ask your healthcare practitioner to help with this. If you use continuous glucose monitoring (CGM), you should be able to easily view what your

glucose levels have been at various parts of your cycle. You can view graphs on the app or device connected to your sensor to see your glucose patterns for specific days and weeks.

If it looks like your blood sugar levels run a bit higher before, during or after your period, if you take insulin to manage your diabetes you might want to speak to your healthcare professional about altering your insulin doses slightly at different times during



“Everyone’s menstrual symptoms and their blood sugar levels during their cycle can look different”

your cycle. If you use insulin injections or an insulin pump, talk to your healthcare team about adjusting your insulin-to-carb ratio or your basal rate during this time.

If you use a hybrid closed loop (HCL), the system should automatically adjust insulin levels to keep you in range. If you’re giving yourself more insulin, make sure you have hypo treatments nearby, as insulin sensitivity can sometimes return quickly.

If your blood sugar levels run lower at certain points of your cycle, you might need slightly less insulin than usual. If you have an HCL, this should react to your lower blood sugar levels. If you have insulin injections or use an insulin pump, you could trial an amended insulin-to-carb ratio or basal rate with the input of your healthcare team.

LIVA'S STORY

Liva, 37, from South London, was diagnosed with type 1 diabetes 28 years ago and has noticed the effect periods have on her blood sugar levels. She says:



Nobody ever told me that your hormones can affect your blood sugar, but I started to notice that five days before my period and sometimes during the ovulation phase of my cycle, I would face severe insulin resistance resulting in much higher blood glucose levels, in turn, needing more insulin.

Based on the data pattern from numerous blood tests a day, I would switch to a separate basal pattern for the PMS days which helped manage the levels. I had guidance from my endocrinologist to understand it all,

and she helped me navigate a lot of this.

I’m a science graduate and have studied hormones and the impact they can have. I’ve found that slowly reducing my carb intake and eating more protein helped reduce my spikes because I felt satiated, and didn’t feel the need to keep eating.

Since moving to the UK, I have a much better work/life balance. I am able to dedicate more time to exercise, meditation, sleep, staying hydrated, and cooking and eating healthy home meals.

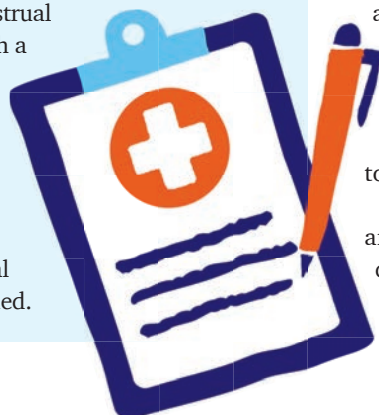
I’ve recently been appointed as Co-Chair for Diabetes UK’s Lived Experience Advisory Committee (DLEA), which is a voluntary group of people affected by diabetes who act as a collective voice to bring people living with diabetes to the heart of the charity’s work. I want to raise the issue of the impact hormones and puberty have on people living with diabetes and how healthcare professionals can help teenagers. This can also apply to adults, as our hormones play a big role in pregnancy and menopause, too.

Research into periods and diabetes

Only a few small studies have explored how periods affect blood sugar in people with diabetes, so evidence is limited. But we know oestrogen and progesterone fluctuate during the menstrual cycle and could affect insulin sensitivity.

There are gaps in this area, though, that need to be addressed with future research so that healthcare professionals can better advise on insulin and dietary adjustments across different cycle phases. There is also limited research on how different contraceptives affect blood sugar levels and how menstrual irregularities could be linked with a higher risk of type 2 diabetes.

Until stronger research is available, healthcare professionals and people living with diabetes should focus on their personal diabetes management and track individual patterns to adjust insulin as needed.



Further support

It’s important to remember that everyone’s menstrual symptoms and their blood sugar levels during their cycle can look different, so don’t worry if your experience isn’t the same as others. Remember, if you have concerns about your periods outside your diabetes, you can discuss them with your GP.

Period problems can be common in women with diabetes, especially those with type 2 who are living with overweight or obesity. Living with overweight or obesity can lead to a complication known as anovulation, where an egg is not released during ovulation. This can lead to irregular periods and create more difficulty in becoming pregnant. Although the reason for this is unknown, if you’re experiencing irregular periods, speak to a healthcare professional or GP.

If you’re concerned about the effect your periods are having on your diabetes and you’re having difficulty managing your blood sugar levels while on your period, raise this with your healthcare professional, who will be able to offer advice.

SHOP WITH US

We've got a whole host of items for you to buy on our online shop.

And with every purchase, you're helping us drive life-changing research and be there for people with diabetes.

Go to diabetes.org.uk/bal-shop

Or call **0800 585 088***

*Phone lines open Monday to Saturday 8am to 8pm and Sunday 9am to 6pm.



Diabetes UK Hoodie

Run by Diabetes UK Services Ltd (company no: 891004) for The British Diabetic Association (Diabetes UK), reg. charity in England & Wales (215199) and Scotland (SC039136)

DiABETES UK
KNOW DIABETES. FIGHT DIABETES.

STEP ON UP

When you have diabetes, moving more can make a huge difference to how you feel and how you manage your condition. Walking is a great way to build movement into your daily routine

➔ Managing diabetes and staying physically active can feel like walking a tightrope. But one activity is as easy as putting one foot in front of another. Not only is walking a great way to include more activity into your life, it has many health benefits too.

“Sometimes people get stuck on this ‘no pain, no gain’ view of physical activity,” says our Senior Physical Activity Advisor, Neil Gibson.

“But regular walking has so many benefits for people living with diabetes. It can lower blood glucose levels and increase insulin sensitivity, so it can help keep you in range for longer and lower your HbA1c in the long term. It can also help with weight loss and boost your mood, and can easily be incorporated into your daily routine.”

Warming up

Now that it’s summer, there’s no better time to start walking, even if you have joint problems or mobility issues. Nordic walking – with poles to reduce impact on joints and improve posture – is increasingly popular, and there are hundreds of wheelchair-friendly walking trails across the UK.

But before you head for the great outdoors, there are a few things to consider relating to diabetes. “If you take insulin or other medications that can lower blood glucose levels, make sure you take hypo treatment with you when you’re going out for a walk and regularly test your levels before, during and after,” says Neil.

“Speak with your healthcare team

before you start, and if you’re new to walking regularly, it may be worth venturing somewhere you can take breaks from time to time. Make sure you take a mobile phone and tell someone where you’re going. The key thing to remember is the benefits of walking more far outweigh the risks if you’re properly prepared.”

Just as the old saying – “There’s no such thing as bad weather, just inappropriate clothing” – goes, proper preparation also entails making sure you’re wearing the right clothes. This is important for everyone, of course, but people who have diabetes should also consider that weather conditions can affect blood sugar levels.

“Make sure you check the weather





Feet first

■ Footcare matters for people who have diabetes. That's because, over time, raised blood sugar levels can damage blood vessels that supply the nerves in the feet, causing a condition called peripheral neuropathy. This may mean you do not feel things properly and can damage your feet without noticing. Damaged blood vessels can also restrict blood flow to your feet, meaning that cuts and sores can take longer to heal.

■ It's crucial, whether you're a regular walker yet or not, that you check your feet for damage every day and seek medical advice if in doubt. It's also important that toenails are kept trim (and trimmed carefully) and feet are moisturised daily. Cutting hard skin and using corn plasters are also best avoided.

■ You don't need fancy walking boots – the most important thing is that your shoes fit properly and are comfortable and appropriate for the conditions.

■ Managing blood sugar, cholesterol and blood pressure levels well will help the long-term health of your feet. Do this by eating a healthy, balanced diet and regularly taking part in physical activities, such as walking. Following these steps and spending more time on your feet won't just improve your foot health but your overall physical and mental wellbeing.



Walking faster can keep you one step ahead of type 2 diabetes

■ A major study in 2023 found that people who walk faster can lower the risk of developing type 2 diabetes.



Any movement
can benefit
your health

■ The research – by Imperial College London, the University of Medical Sciences in Iran and Oslo New University College – found that walking at an average pace of between 3km and 5km an hour was associated with a 15% lower risk of developing the condition, compared to walking at less than 3km an hour, irrespective of time spent walking.

■ The faster people walk, the smaller that risk becomes. People who walk at a fairly brisk 5km to 6km an hour were found to be at a 24% lower risk of developing type 2 diabetes. Those who strode at more than 6km an hour cut their risk by 39%.

■ This is likely because brisk walking is good for maintaining a healthy weight and aiding weight loss. It also improves insulin sensitivity and is associated with better cardio-respiratory fitness and muscle strength, both of which are associated with a reduced risk of type 2 diabetes.

■ It's important to find a pace you can safely manage, to stay motivated and prevent injuries. Remember that any movement, no matter how small, can be good for you.

before you head out because extremes in temperature can cause your levels to fall or go up more quickly than you'd expect," says Neil. "Also, it goes without saying that you should have the right footwear on."

The power of stepping

"You will feel the benefits of walking quickly," says Neil, adding that it's an activity that can even boost your social life. "There are lots of walking and Nordic Walking groups out there, and the Ramblers is a great association for getting started. We also organise six fundraising Wellness Walks across the UK, which people really enjoy."

For more info, visit:

diabetes.org.uk/bal-walk

In 2023, research we funded showed that taking regular, short breaks from sitting - also known as 'activity snacking' can help people with type 1 diabetes spend more time with their blood sugar levels in target range.

"This is interesting because it shows that for very little investment in terms of time or money, people can derive big benefits to their physical and mental health," says Neil. "Simply choosing to walk to the shops instead of driving or setting yourself a reminder to get up and walk every half an hour when you're at work can really help."

AFTAB'S STORY

Aftab Gujral, 67, from Lancaster, lives with type 2 diabetes and is taking part in our One Million Steps Challenge for the fourth time. He says:



I used to be very active at work - I'd do about 10k steps a day - and I played football and did karate. Then I

changed to a sedentary job and everything went wrong.

I wasn't much of a walker before I started doing the One Million Steps Challenge, but it's helped my diabetes and made me appreciate my local area more - it also gives me a mental boost

and helps me sleep better.

I'm a member of the One Million Steps Challenge Facebook group. The group is very cooperative and helpful, and there's a lot of banter and people support each other. It's interesting to see where people are walking, what they're doing, and hearing their life stories. I think we all help each other along - there are always people on there who'll support you when you're down. Reading other people's stories during the challenge and keeping the target in mind keeps me motivated. Every step counts!



Join our One Million Step Challenge

- Every year, between July and September, our steppers walk for a world where diabetes can do no harm.
- Take on your Million Steps wherever you like, from the local park to your living room. Do it at your own pace and ask friends and family to support you by donating to your fundraising page.
- You can choose from three distances - 500,000, 1 million, or 1.7 million steps.
- From 1 July to 30 September, track and log your steps, and connect with fellow steppers via our Facebook group.
- Thanks to the improved mood that comes with more movement, you'll feel great. Plus, the funds raised will change the lives of people living with diabetes.

Tips for new walkers

Anyone who has diabetes should seek medical advice before starting a new physical activity.

■ SET REALISTIC GOALS

Going too far too soon may end up setting you back by increasing the risk of fatigue and injury. Instead, start small by walking to the shops or around the block and gradually build up distance and duration.

■ SET A REGULAR TIME

By setting aside a regular time in your diary, any new activity is more likely to become routine. Teaming up with friends for a regular walk can also help put physical activity on your social calendar and make you more likely to get out.

■ THINK OF WALKING AS "ME TIME"

Walking is a great way to escape the stresses of modern life. And, with a bit of imagination, there are plenty of ways

to view your new activity as more than just taking a hike. Try heading for your local nature reserve, or just take your mobile and some headphones and lose yourself in a music playlist or podcast.

■ COUNT YOUR STEPS

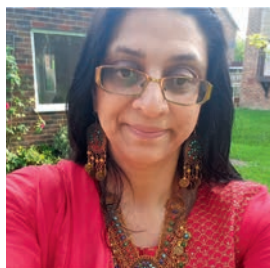
Most smartphones have pedometers built into them. You can also download apps like NHSActive10 or MapMyWalk. Seeing your daily step count increase over time can be a big motivation!

LET'S TALK ABOUT... DIABETES IN THE SOUTH ASIAN COMMUNITY

Parveen Khan, one of our volunteers, explains why she believes it's important to raise awareness



"I want to encourage people to be proactive about their health"



Historically, diabetes has been a taboo subject in the South Asian community, and people

didn't always get given the information and advice on how to live well with type 2 diabetes after being diagnosed.

I think there has been a generational shift, and younger members of the community are less afraid to speak up about health issues.

People are more aware of the higher risk of developing type 2 if you're South Asian, and we're becoming more accepting. We're taking a more holistic approach to healthy living and focusing on being physically and emotionally well in our everyday lives.

Continuing to raise awareness of diabetes in the South Asian community is so important. People aren't always aware of the complications that can happen because of diabetes, and I want to inform people about how to live well with the condition. I don't want to make people worry, but I want to

encourage them to be proactive about their health in a holistic way – from cooking healthy South Asian meals to getting outside and being active.

In my local area, I've seen more spaces for South Asian people to be active together, such as a walking group and a women-only swimming club, which is great for South Asian women who wear modest swimwear. A lot of the taboo around diabetes in the community stems from the belief that you're going through it alone, so these spaces for people to get together are a positive way to get people talking and help them realise there are others out there going through similar things.

I've seen how the rise in the cost of living has made prioritising health for people in the community difficult, and when you've got so many other things happening in your life to think about, looking after yourself can fall by the wayside. I've found people can struggle to understand ingredients and food labels or even find the time to learn about them. I've taken part in online cooking demonstrations in the past and had help from a nutritionist to suggest healthier alternatives. I'd love to be involved in more community cooking classes and give people the knowledge of how they can find healthier ingredients while still making their favourite South Asian meals, and understand food labels when doing their food shopping.

Looking forward, I'd like my volunteering work to focus on encouraging people in the South Asian community to get active and for local leisure centres and councils to create more accessible ways for people to exercise as a community. It's important to break down barriers in sports to get more people involved.

■ **It's South Asian Heritage Month from 18 July to 17 August. You can find more information about ethnicity and diabetes on our website at: diabetes.org.uk/bal-ethnicity-and-diabetes**

Flavours of SUMMER

Developed by our expert nutritionists and full of goodness and flavour, these exclusive recipes really let the sunshine in

Moroccan cauliflower salad

Serves 4 | Prep: 25 mins |
Cook: 35–40 mins

VEGETARIAN

- 180g spelt
- 3 tbsp cumin seeds
- 2 tbsp coriander seeds
- 2 tsp black peppercorns
- 2 green cardamon pods, seeds only
- 2 tsp ground cinnamon
- 2 tsp ground ginger
- 1½ tsp ground turmeric
- 1 large cauliflower, about 900g, cut into florets
- 2 large red onions, cut into thin wedges
- 1 large red pepper, deseeded and cut into chunks
- 2 garlic cloves, crushed
- 1 red chilli, deseeded and finely diced
- 1tbsp olive oil
- 400g tin chickpeas, drained and rinsed
- 200g baby spinach leaves
- Small handful mint leaves, finely chopped
- 6 tbsp unsweetened natural yoghurt
- Juice of ½ lemon
- 25g toasted flaked almonds

- 1 Cook the spelt in boiling water for 20–25 mins until tender but still holding its shape. Drain well and allow to cool.
- 2 Place the cumin, coriander,



peppercorns and cardamon seeds into a mortar and grind to a fine powder with a pestle. Sieve into a bowl and stir in the cinnamon, ginger and 1 tsp turmeric.

3 Meanwhile, preheat the oven to 190°C/fan 170°C/gas 5. Toss the cauliflower with 1 heaped tbsp of the spice mix, red onion, red pepper, garlic, chilli and olive oil to coat well and spread onto a baking tray. Roast for 30–35 mins or until starting to char.

4 Mix together the chickpeas, spelt, spinach leaves, mint and roasted cauliflower. Spoon into a serving dish.

5 Mix together the yoghurt, turmeric and lemon juice until smooth and drizzle over the salad. Scatter over the flaked almonds and serve.

PER SERVING 546g

CARBS
53.1g

CALS
448

Sugars	Fat	Sat Fat	Salt	Protein	Fibre
12.1g	13.8g	3g	0.72g	22g	11.6g

4 portions of fruit and veg

Tandoori salmon with cucumber salad

Serves 4 | Prep: 15 mins |
Cook: 12–14 mins

GLUTEN-FREE

FOR THE SALMON

- Juice of ½ lemon
- ½ tsp paprika
- 1 green chilli, deseeded and finely chopped
- Small bunch fresh coriander, about 45g
- ½ heaped tsp garam masala
- 2 small garlic cloves
- 1-inch piece fresh root ginger, peeled and finely grated
- 50g unsweetened natural yoghurt
- 4 skinless salmon fillets, about 120g each

FOR THE CUCUMBER SALAD

- 1 cucumber, about 350g, trimmed
- 1 small red onion, diced
- 3 radishes, topped and tailed and thinly sliced
- 2 medium tomatoes, roughly chopped
- ½ small red chilli, thinly sliced
- Juice of 1 large lime
- 1 tbsp olive oil
- Large pinch each ground cumin and chilli powder

1 In a blender, whizz the lemon juice, paprika, half the green chilli, half the coriander, garam masala, garlic and root ginger until smoothish. Stir in the yoghurt and spoon into a shallow dish. Add the salmon fillets and coat in the yoghurt mixture. Marinate for 30 mins, or longer if you have time.

2 Cut the cucumber in half lengthways and scoop out the seeds using a teaspoon. Slice thinly on an angle and toss into a bowl with the remaining green chilli, red onion, radishes, tomatoes, red chilli, lime juice and oil and toss well. Season with freshly ground black pepper.

3 Preheat the grill to hot. Arrange the salmon on a foil-lined baking tray and grill for 12–14 mins until beginning to brown and is cooked all the way through. Serve with the tomato salad and any remaining coriander roughly torn over the top.

PER SERVING 332g

CARBS
5.9g

CALS
325

Sugars	Fat	Sat Fat	Salt	Protein	Fibre
3.8g	20.3g	5.3g	0.19g	27.7g	3.5g

2 portions of fruit and veg

Broccoli frittata

Serves 1 | Prep: 15 mins |
Cook: 40 mins

VEGETARIAN

- 25g frozen peas
- 50g low-fat cottage cheese
- 2 large eggs, lightly beaten
- 3 baby potatoes, about 120g, halved
- 75g tenderstem broccoli, halved and halved again lengthways
- 1 tsp olive oil
- 1 small garlic clove, crushed
- 2 spring onions, trimmed and chopped
- Pinch chilli flakes

1 Boil the peas for 4 mins. Drain well and tip into a blender with half the cottage cheese and whizz to a paste. Spoon into a bowl and whisk in the eggs. Season with freshly ground black pepper.

2 Cook the potatoes in a pan of boiling water for 8 mins. Add the broccoli and cook for a further 4 mins. Drain well and pat dry with kitchen paper.

3 Preheat the grill to hot. Heat the oil in a large non-stick frying pan about 16cm and fry the garlic and spring onion for 2 mins. Pour over the egg mixture and scatter over the potatoes and broccoli, pushing them into the egg mixture. Dot spoonfuls of the remaining cottage cheese over the top. Sprinkle over the

chilli flakes and cook over a low heat for 5–6 mins to just set the bottom of the frittata. Place under the grill for 8 mins or until set and golden brown – tilt the pan slightly to make sure no runny egg remains in the middle. Serve with a crisp green salad.*

PER SERVING 464g

*Serving suggestion not included

CARBS
24.6g

CALS
413

Sugars
6.2g

Fat
20.4g

Sat Fat
5.1g

Salt
0.91g

Protein
29.3g

Fibre
7g

1 portion of fruit and veg

COOK'S TIP

'At risk' groups such as infants, children, pregnant or older people and those who are unwell should avoid soft/ lightly cooked and raw eggs unless they can guarantee that they are produced under the British Lion Code quality assurance scheme.



COOK'S TIP

To make your own shawarma spice mix, combine 4 tbsp ground cumin, 4 tbsp ground coriander, 2 tbsp smoked paprika, 2 tbsp mild chilli powder, 2 tbsp coarse ground black pepper, 4 tsp garlic powder, 4 tsp ground ginger, 1 tsp turmeric, 2 tsp garam masala and 2 tsp freshly grated nutmeg. Seal in an airtight jar and store in a dark place for up to 3 months.

Mushroom shawarma

Serves 4 | Prep: 15 mins |
Cook: 35 mins

GLUTEN-FREE | VEGETARIAN

- 8 large Portobello mushrooms, about 675g
- 200g unsweetened Greek-style natural yoghurt
- 2 tbsp shawarma spice mix (see cook's tip, above)
- 1 unwaxed lemon, finely grated rind and juice
- 1 large red onion, peeled
- 2 garlic cloves, peeled
- 2 tbsp fresh chopped mint leaves
- 2–3 tsp sriracha to taste
- 4 large wholemeal tortilla wraps

- 1 little gem lettuce, shredded
- 125g cherry tomatoes, halved

1 Remove the stalks from the mushrooms and place into a food processor. Roughly chop half the onion and thinly slice the remaining half. Place the chopped onion into the food processor, along with 100g yoghurt, shawarma spice mix, lemon rind and juice, onion and garlic and blend to a rough paste. Tip into a large bowl and stir in the mushrooms, mixing well to coat them evenly. Marinate for at least 2 hrs or preferably overnight.

2 Preheat the oven to 240°C/fan 220°C/gas 9. Thread the mushrooms tightly together onto a metal skewer and place on a baking tray. Roast for 20 mins. Rotate the kebab and push the mushrooms together again if necessary. Roast for a

further 10–15 mins.

3 Meanwhile, mix the remaining yoghurt, mint and sriracha together and season with freshly ground black pepper.

4 Warm the tortilla and spread a thin layer of minty sauce over the top. Scatter over the shredded lettuce and cherry tomatoes.

5 Thinly slice the mushrooms and scatter over the top of the tortilla with the remaining red onions. Roll up to serve.

PER SERVING 390g

CARBS
44g

CALS
333

Sugars	Fat	Sat Fat	Salt	Protein	Fibre
11.2g	8.7g	3.8g	0.83g	14.8g	9.9g

2.5 portions of fruit and veg



Tuna and rice salad with zesty avocado dressing

Serves 4 | Prep: 15 mins |
Cook: 20–25 mins

DAIRY-FREE

- 150g brown long grain rice
- 2 x 145g tins tuna in spring water
- 40g pitted kalamata olives
- 150g cherry tomatoes, halved
- ½ cucumber, diced, skin on, about 200g
- 400g cannellini beans, drained and rinsed
- 2 spring onions, trimmed and thinly sliced

- 2 tbsp fresh chopped dill
- 1 little gem lettuce, trimmed
- 2 cooked beetroots (not cooked in vinegar) about 100g, well drained and diced
- 2 hardboiled eggs, shelled and quartered
- 1 avocado, about 180g
- 1 tbsp lemon juice
- 1 tsp Dijon mustard
- Freshly ground black pepper

1 Cook the brown rice in a large pan of boiling water for 20–25 mins until cooked but still with a little bite. Drain well and set aside to cool.

2 Drain the tuna, reserving the tin juices.

3 Once the rice has cooled, stir in the olives, tomatoes, cucumber, beans, spring onion and dill. Trim the base of the little gem lettuce and separate into

individual leaves and scatter onto a platter. Roughly flake the tuna and stir into the rice mixture and spoon over the lettuce to cover. Scatter over the beetroot and eggs.

4 Halve the avocado and discard the stone and the skin. Place the flesh into a blender. Add the reserved tuna fish juices, lemon juice and Dijon mustard and whizz until smooth. Serve the dressing on the side with the salad.

PER SERVING 393g

CARBS
43g

CALS
447

Sugars 6.3g	Fat 14g	Sat Fat 2.8g	Salt 1.04g	Protein 32.6g	Fibre 9g
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2.5 portions of fruit and veg

Caramelised peach Eton mess

Serves 2 | Prep: 10 mins |
Cook: 1–2 mins

GLUTEN-FREE | VEGETARIAN

- 2 peaches, about 325g
- 2 tsp fresh chopped mint, plus extra for decoration
- Finely grated rind and juice of ½ lime
- 1½ tsp granulated sweetener
- 1 meringue nest
- 250g unsweetened Greek-style yoghurt
- Lime wedges to serve

1 Halve the peaches and discard the stones. Cut 3 of the halves into 4 wedges each. Heat a griddle pan until smoking and chargrill the peach wedges for 1–2 mins on each side until pleasantly charred with lines. Transfer to a bowl and toss with the mint. Allow to cool.

2 Discard the skin from the remaining peach half and roughly chop the flesh. Place into a blender with the lime rind and juice and sweetener and process to a smooth puree.

3 Break the meringue into bite-size pieces. Spoon the meringue, peaches, yoghurt and peach sauce alternately into glasses. Decorate with mint sprigs and serve with lime wedges to squeeze over.

PER SERVING 310g

CARBS
23.8g

CALS
214

Sugars	Fat	Sat Fat	Salt	Protein	Fibre
22.5g	6.5g	4.5g	0.13g	13.4g	3.3g

1 portion of fruit and veg



Salad days

Take a leaf from our nutrition experts and celebrate seasonal produce in a versatile dish full of goodness and flavour

TIP

Eating seasonally will keep your salads varied and interesting year-round.

➡ Salads can be so much more than a bowl of leaves. If you include elements from the five food groups, such as fruit and vegetables, wholegrains, protein, dairy and fats, they can constitute a tasty, filling, nutritionally balanced meal.

Salad is simple to prepare and a handy way of using up leftover foods.

Eating salads is also a great

opportunity to include a wide range of fruits and vegetables to help you reach your daily target of five a day. Remember that a portion of fruit and vegetables is 80g, about what you can fit in the palm of your hand.

Increasing the amount of fibre in your diet can help you manage your diabetes. It also helps keep your gut healthy and can reduce your blood

cholesterol, lowering your risk of cardiovascular disease. If you are trying to maintain a healthy weight, it can also be beneficial.

But most people in the UK don't eat the recommended 30g of fibre per day. Adding chickpeas, beans, fruit and veg, and wholegrains such as bulgur wheat and brown rice, can help you meet your fibre requirements.

Zingy watermelon, tomato and pine nut salad

Serves 4 | Prep: 15 mins | Cook: None

DAIRY-FREE | GLUTEN-FREE | VEGAN

- 7 cherry tomatoes, halved
- 1 tbsp balsamic vinegar
- ½ lime, juice only
- 2 tbsp chopped mint
- 6 large basil leaves, roughly torn
- 500g seedless watermelon, rind removed and cut into 24 bite-size chunks
- ½ punnet strawberries, about 7 hulled and quartered
- ½ cucumber, trimmed
- 100g edamame beans, defrosted
- 20g toasted pine nuts

1 Toss the tomatoes, balsamic vinegar, lime juice, mint and basil together and tip onto a serving

plate. Scatter over the watermelon and strawberries.

2 Using a vegetable peeler, peel long strips of cucumber and arrange over the salad. Scatter over the edamame beans and toasted pine nuts to serve.

PER SERVING 252g

CARBS
13.5g

CALS
127

Sugars
10.7g

Fat
5.3g

Sat Fat
0.6g

Salt
<0.1g

Protein
5g

Fibre
3.1g

2 portions of fruit and veg

TIP

For natural sweetness, add fruits or try a sprinkling of dried fruits like raisins, cranberries or chopped dried apricots to your salads.

SALAD BUILDER

You don't always need a recipe to make a great salad, just a few basic elements:

PROTEIN	oily fish (salmon, anchovies, herring, sardines and mackerel), grilled chicken or turkey, tofu, prawns, eggs, beans and pulses like lentils
HEALTHY FATS	nuts and seeds, avocado, olives, olive oil
WHOLEGRAIN CARBS	bulgur wheat, wholewheat couscous, quinoa, brown rice, barley
VEG	include a variety of colourful veg like tomatoes, bell peppers, aubergine, beetroot, broccoli, kale, lettuce, carrots
FRUIT	watermelon, strawberries, grapes, orange, apple, pears, nectarine, pomegranate
DAIRY	unsweetened yoghurt, feta cheese, goat's cheese, halloumi, paneer



DRESS THE PART Shop-bought salad dressings can be high in salt, saturated fat and often have added free sugars. You just need something acidic like lemon juice or vinegar with plain unsweetened yoghurt and combine it with your favourite spices or herbs. Here are some healthier dressings to drizzle over your favourite salads:



Mix 2 tbsp plain unsweetened natural yoghurt with 2 heaped tsp curry powder (hot or mild). Great for chicken or lamb.



Mix together a dash of lime juice, a little chilli, some crushed garlic and grated fresh ginger.



Mix the juice of a lemon with 2 tbsp extra virgin olive oil and 1 tbsp freshly chopped mint leaves to make a lemon mint vinaigrette.



For a light Caesar dressing, mix 2 tbsp plain unsweetened yoghurt with 1 tsp Dijon mustard, a dash of lemon juice and 1 tbsp finely grated Parmesan.



Three bean salad with prawn skewers

Serves 2 | Prep: 15 mins |
Cook: 5 mins

DAIRY-FREE

- 40g French beans
- 75g mixed canned beans of your choice
- 60g cherry tomatoes, roughly chopped
- ¼ small red onion, finely diced
- 15g canned sweetcorn
- 1 tbsp chopped fresh coriander
- 75g roasted red peppers from a jar, drained
- 1 tsp harissa paste
- Handful of rocket, very coarsely chopped
- 8 large fresh prawns in shells

Stir well and season with freshly ground black pepper. Set aside.
2 Put the peppers and harissa in a blender and whizz until smooth.
3 Cook the prawns on a BBQ or in a griddle pan for 2–3 mins, turning occasionally. The prawns are cooked when they change from grey to pink.
4 Stir the rocket through the bean salad and spoon into a serving bowl. Top with the prawns and serve the sauce on the side.

PER SERVING 194g

CARBS	CALS
17.5g	155

Sugars	Fat	Sat Fat	Salt	Protein	Fibre
4.3g	1.4g	0.1g	0.56g	13.6g	9g

2 portions of fruit and veg

1 Bring a small pan of water to the boil and blanch the French beans for 1 min. Drain and refresh in cold water. Tip the canned beans into a sieve and rinse under cold water. Pop in a bowl with the green beans, tomatoes, onions, sweetcorn and coriander.

TIP

Salads are a great way of turning leftovers like baby potatoes, shredded roast turkey, chicken or fish such as tuna, sardines and salmon into a new meal.



KEEP IT LIGHT AND FRESH

Say hello to summer with this luxuriously creamy and refreshing raspberry and lemon semifreddo. Selected in partnership with Slimming World, these irresistible flavours make for a stunning dessert that's sure to keep you cool this season. This version uses fat-free fromage frais, plain quark and custard, instead of full-fat cream, for a lighter alternative that's still fresh and satisfying

Raspberry and lemon semifreddo

Serves 8 | 20 minutes plus
15 hours 40 minutes cooling
and freezing

- 400g raspberries, plus extra to decorate
- 3 level tbsp granulated sweetener
- 100g fat-free natural unsweetened fromage frais
- 200g reduced fat and sugar custard from a can/carton
- 200g plain quark
- 2 large egg whites*
- Finely grated zest of ½ unwaxed lemon

*Pregnant women, the elderly, babies and toddlers are advised to eat eggs showing the British Lion stamp if eating raw or partially cooked eggs.

- 1 Line a 24cm x 11cm x 7cm deep loaf tin with cling film, then line the base with baking paper.
- 2 Using a fork, lightly crush 100g raspberries and add 1 tablespoon of the sweetener (optional). Spoon the fromage frais, custard and quark into a large bowl and whisk well.
- 3 Put the egg whites in a large, clean glass bowl and beat with an electronic hand whisk on a medium speed until they form stiff peaks.



- Gently fold the whites, lemon zest and 2 tablespoons of sweetener into the fromage frais mixture, then fold in the remaining raspberries.
- 4 Add the crushed raspberries and pour into the tin. Cover with cling film, then foil, and freeze for 6–8 hours, or until firm. Transfer to the fridge 1 hour before serving.
 - 5 Remove from the tin and peel off the baking paper. Decorate with extra raspberries and cut into 8 equal slices to serve.

PER SERVING 97g

CARBS 6.7g		CALS 52	
Sugars 5.4g	Fat 0.7g	Sat Fat 0.3g	Salt 0.08g
Protein 3g		Fibre 2g	

0 portions of fruit and veg

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NATURALLY GLUTEN-FREE FOODS

Fruits and vegetables, potatoes, pulses (beans, peas and lentils), quinoa, rice, eggs, fish and seafood, meat, tofu, tempeh, milk, oils, nuts and seeds, cheese, yoghurt

➔ Gluten is a protein in the grains wheat, barley and rye. It helps foods maintain their shape, acting as a glue that holds food together. Gluten can be found in many types of foods – even some that you might not expect.

Gluten is not just found in grains. Because it acts as an efficient binding agent, gluten is often added to foods during processing to improve texture, enhance flavour, and increase moisture retention. That's why it is used as an ingredient in a range of products, from sausages and other processed meats to sauces and condiments.

Coeliac disease and diabetes

Coeliac disease is a lifelong condition where your immune system reacts to gluten. Coeliac disease is an autoimmune disease, not a food allergy or intolerance.

The immune reaction damages the lining of the gut, making it hard to absorb nutrients from food properly. The only treatment, once someone has a diagnosis, is to cut gluten out of their diet completely for the rest of their life, as any gluten exposure – even in small amounts – can cause ongoing damage to the gut.

Coeliac disease is more common in people with type 1 diabetes because both are autoimmune conditions. Up to 10% of people with coeliac disease also have type 1 diabetes. Therefore, anyone with type 1 should be screened for coeliac disease at diagnosis and be aware they are at higher risk, so if they develop any possible symptoms to get checked by their GP.

Symptoms of coeliac disease range from mild to severe and include bloating, nausea, diarrhoea,



AGAINST THE GRAIN

With the market for 'free from' foods growing, our experts explain everything you need to know about gluten, coeliac disease and diabetes

Photography: iStock

GLUTEN-CONTAINING FOODS AND DRINKS

Flours made with wheat, barley, rye or spelt, beer, pasta, bread, cakes, couscous, breakfast cereals, pies, gravies, soy sauce, barley squash drinks



constipation, tummy aches, and mouth ulcers.

Recurrent hypos can also be a sign of coeliac disease in people with type 1 diabetes because they can't process and absorb carbohydrates properly due to inflammation of the gut lining.

If you have coeliac disease and type 1 diabetes, your GP should refer you to a dietitian or gastroenterologist for individual advice on how to manage your diet.

If you have type 2 diabetes, you're not at increased risk of coeliac

disease, as type 2 isn't an autoimmune condition.

Gluten sensitivity

While the symptoms of gluten sensitivity or non-coeliac gluten sensitivity can often be similar to that of undiagnosed coeliac disease, the two conditions are different.

Non-coeliac gluten sensitivity is when someone experiences symptoms relating to gluten intake but with no evidence of damage to the gut, as it is not an autoimmune condition.

"Coeliac disease is more common in people with type 1 because they are both autoimmune conditions"

Avoiding cross-contamination

■ Even tiny amounts of gluten may cause people with coeliac disease to have symptoms in the short term and gut damage in the longer term. For this reason, it's important for people with coeliac disease to make sure that any gluten-free food they are preparing or eating doesn't become contaminated with gluten.

■ Places where cross-contamination can occur:

- Toasters used for both gluten-free and regular bread.
- Colanders and sieves.
- Cutting boards.
- Flour sifters.
- Deep-fried foods cooked in oil shared with breaded products.
- Shared containers.



■ Be aware that wheat flour can stay airborne for many hours in a bakery, a pizzeria, or at home and contaminate exposed preparation surfaces and utensils or uncovered gluten-free products.



“Following a gluten-free diet is a learning process, not only for you but also for your family and friends”

Gluten sensitivity is now being recognised in many countries. This is a new area, and more research is needed to understand the condition and who is at risk. There are no specific diagnostic tests for non-coeliac gluten sensitivity.

Following a gluten-free diet

If you need to start following a gluten-free diet, there are three types of foods to look out for:

- Naturally gluten-free foods.
- Foods prepared with gluten-free substitutes.
- Processed foods labelled as having no gluten included.

Naturally gluten-free foods include vegetables, fruit, unprocessed meat, fish, cheese, milk, eggs, rice, unprocessed potatoes, quinoa, buckwheat, and pulses (peas, beans and lentils).

It's important to check that processed foods are gluten-free as it may not be obvious they contain gluten. For example, flours used in a product made from pulses, such as gram and urad flour, may be contaminated if they're produced in the same factory as wheat, barley and rye, even though they're naturally gluten-free. Your GP may be able to prescribe gluten-free foods, such as bread, flour and pasta.

If you have diabetes and are diagnosed with coeliac disease, your blood sugar levels may change after starting the gluten-free diet. This can happen because the lining of your gut begins to heal, so absorption of nutrients, including carbohydrate, will improve.

You may need to keep a closer eye

on your blood sugar levels, and it's important to liaise with your healthcare team as your diabetes medication requirements may change.

Following a gluten-free diet is a learning process, not only for you but also for your family and friends. Mistakes can happen, especially if you are new to cutting out gluten.

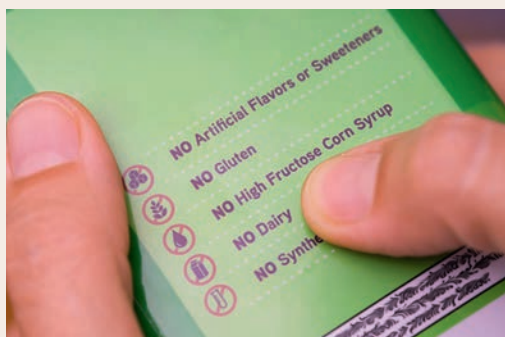
Some people with coeliac disease may experience symptoms after accidentally eating gluten. The effects may vary from person to person and could depend on how much gluten you've eaten, how sensitive you are and how long you have been on a gluten-free diet.

It is recommended that people living with coeliac disease should only eat oats labelled as being

Be label savvy

■ New UK food labelling laws make it easier to choose gluten-free foods. By law, manufacturers must list the ingredients containing gluten in bold. These include wheat (including spelt, Khorasan wheat and seitan), triticale (a cross between wheat and rye), barley and oats. Some ingredients are confusing as they can be made from wheat, but the final ingredient is gluten-free, for example, wheat starch.

■ Gluten-free products may be higher in added sugars or salt, so it's recommended to take extra care when reading food labels. The carbohydrate count may differ from what you're used to if they're gluten-free. Some gluten-free products also contain less fibre. This may cause carbohydrates to be



more rapidly absorbed, which can cause a spike in your blood sugar levels.

■ The charity Coeliac UK lists nearly 150,000 gluten-free and mainstream foods that you can access online, on an app, or order a hard copy. Find out more: coeliac.org.uk

gluten-free, as oats are generally processed in the same places as gluten-containing grains, such as wheat, so there is a risk of cross-contamination.

Occasionally, people with coeliac disease can also be sensitive to a protein in oats, called avenin, which is similar to gluten, so they may have to avoid eating oats altogether.

Gluten-free recipes at your fingertips

■ Our recipe finder has a filter function to suit your tastes and needs, and we have 192 gluten-free recipes for you to choose from. All our recipes have been checked and approved by a nutritionist and specialist team of dietitians, so you'll always know what's in your food. Visit: diabetes.org.uk/bal-recipes

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MEET THE RESEARCHER DR KATIE HESKETH

Dr Hesketh is an Assistant Professor in Exercise Prescription at the University of Birmingham. During her PhD, she became fascinated by the role that physical activity and exercise can play in helping to manage diabetes

➔ Not everyone enjoys long, intense exercise sessions, especially as they can cause anxiety about blood sugar levels. There can also be other barriers, like not having enough time or just not enjoying a certain style of exercise.

With our funding, Dr Hesketh is testing the impact of smaller, more manageable ‘activity snacking’ on the blood sugar levels and the overall health of people with type 1 diabetes. Each day for a month, participants take a three-minute movement break every half an hour between 9am and 5pm.

“Exercise has provided me with so many benefits – both mentally and socially. There are different ways in which we can use exercise. It doesn’t need to be a one-size-fits-all approach,” says Dr Hesketh.

“I am inspired by the potential of exercise as a tool to help improve the lives of people with both type 1 and type 2 diabetes. This has led me down my current path, which focuses on making physical activity more accessible to help people manage their blood sugars and improve their overall health.

“I know the right kind of exercise can have a huge impact on those living with chronic conditions. That’s why we want to provide very simple, practical, real-world strategies that can be easily adopted into people’s varied and busy daily lives.”



If Dr Hesketh’s research shows that short, regular activity breaks can improve blood sugar levels, she hopes it will also reduce the burden of managing diabetes and improve people’s quality of life.

“People with type 1 must already think about so many things each day. We don’t want to add to the burden, but we do want to help them manage their condition. That’s why we designed the research the way that we did – we don’t want exercise to feel like a big onerous task. I hope that activity snacking will empower people with type 1 to manage their health in a way that feels achievable and sustainable in the future.”

Dr Hesketh says she’s motivated by the difference that exercise can make to people’s lives, such as its benefits for mental health and making new friends. Most of the activities her research recommends are social and inclusive

– like walking groups where people can chat. She adds: “I can imagine that diabetes can be quite isolating at times. People need to make connections with others who are going through a similar situation, and exercise is just one of those things that can facilitate those types of conversations nicely.”

FUN FACTS

■ In her spare time, Dr Hesketh plays water polo for Great Britain. In 2024, she competed in the Europeans in Eindhoven, the Worlds in Doha, and the World Cup in Istanbul.



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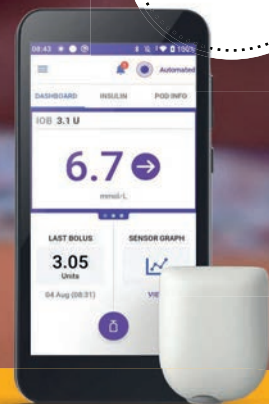
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