

# UPDATE

For healthcare professionals

**Media  
Pack 2026**

**Diabetes UK is the UK's leading charity for people living with and affected by diabetes.**

Our vision is a world where diabetes can do no harm: where fewer people get diabetes; where those with diabetes live well; and where ultimately a cure is found.

**Update** is our specialist title for healthcare professionals who play a key role in caring for and educating people living with diabetes. The magazine is considered to be the market leader in the field of diabetes publications.

**DiABETES UK**  
KNOW DIABETES. FIGHT DIABETES.

# UPDATE

## Note from our publications manager

Update is Diabetes UK's quarterly publication for professionals working in diabetes healthcare and research.

Readers tell us that Update is their 'go to' publication that informs and inspires them in their busy working lives. We include diabetologists, diabetes specialist nurses, podiatrists, pharmacists, dietitians and diabetes researchers among our readership.

From the latest product information and clinical trial findings to award-winning examples of best practice in service innovation, development and delivery, Update's content and coverage provides an important service to the diabetes healthcare community.

**Shirish Gandhi**  
Publications manager



Circulation:  
**14,000**

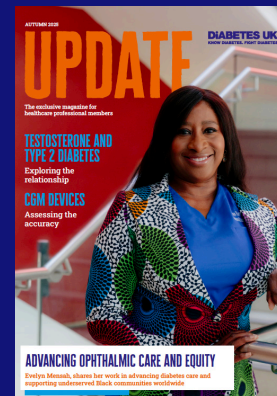
Readership:  
**42,000**

### Published:

- Spring
- Summer
- Autumn
- Winter

### Reader profile:

- GPs
- Diabetologists
- Diabetes specialist nurses
- Podiatrists
- Pharmacists
- Dietitians
- Diabetes researchers
- Retinal screeners



# UPDATE

- Update is considered to be the market leader in the field of diabetes publications.
- This is our specialist title for healthcare professionals who play a key role in caring for and educating people living with diabetes.
- No other healthcare magazine can offer the same level of engagement with the key decision makers working in the field of diabetes.



**The need to make**  
The DCSC-CGM study incorporated a 12-week educational phase, where those in the control arm received care from the DCSC team, with all 107 participants using iCGM for a further 12 weeks.

**This study, which aimed to**  
increase diabetes power. Most T1D are aged 10-20, so the group using iCGM for 12 weeks, compared with those who were on CGM for the 12 weeks of the trial. This is important to increase the number of people who use iCGM, as in the first phase, by 100% in the second phase.

**The benefit of iCGM use**  
was compared between those who did not use iCGM and those who did. The study found that those who used iCGM had a significantly higher percentage of time in range (TIR) and a significantly lower percentage of time below range (TBR) compared to those who did not use iCGM.

**This is a new finding, as other**  
studies have not seen a significant benefit from iCGM use. The study found that those who used iCGM had a significantly higher percentage of time in range (TIR) and a significantly lower percentage of time below range (TBR) compared to those who did not use iCGM.

**These results are important**  
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**The study intentionally targeted recruitment of the New Zealand indigenous population, who experience inequitable access to CGM because of socioeconomic deprivation. Ethnic and socioeconomic disparities in access to diabetes tech are a global problem\***

**Diabetes-related inequalities**  
The DCSC-CGM study addresses this gap in the literature by covering two main groups: those who were on CGM for the 12 weeks of the trial, compared with those who were on iCGM for the 12 weeks of the trial. This is important to increase the number of people who use iCGM, as in the first phase, by 100% in the second phase.

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**TRANSFORMING PATIENT EXPERIENCE IN A DIABETES CLINIC**

**1** **Improved patient experience**  
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**NEW UNDERSTANDING OF ISLET ARCHITECTURE IN TYPE 1 DIABETES**

**1** **New understanding of islet architecture**  
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**INCORPORATING RESISTANT START-UP INTO THE DIETARY MANAGEMENT OF TYPE 2**

**1** **Incorporating resistant start-up**  
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**REAL-TIME CONTINUOUS GLUCOSE MONITORING IN TYPE 2**

**1** **Real-time continuous glucose monitoring**  
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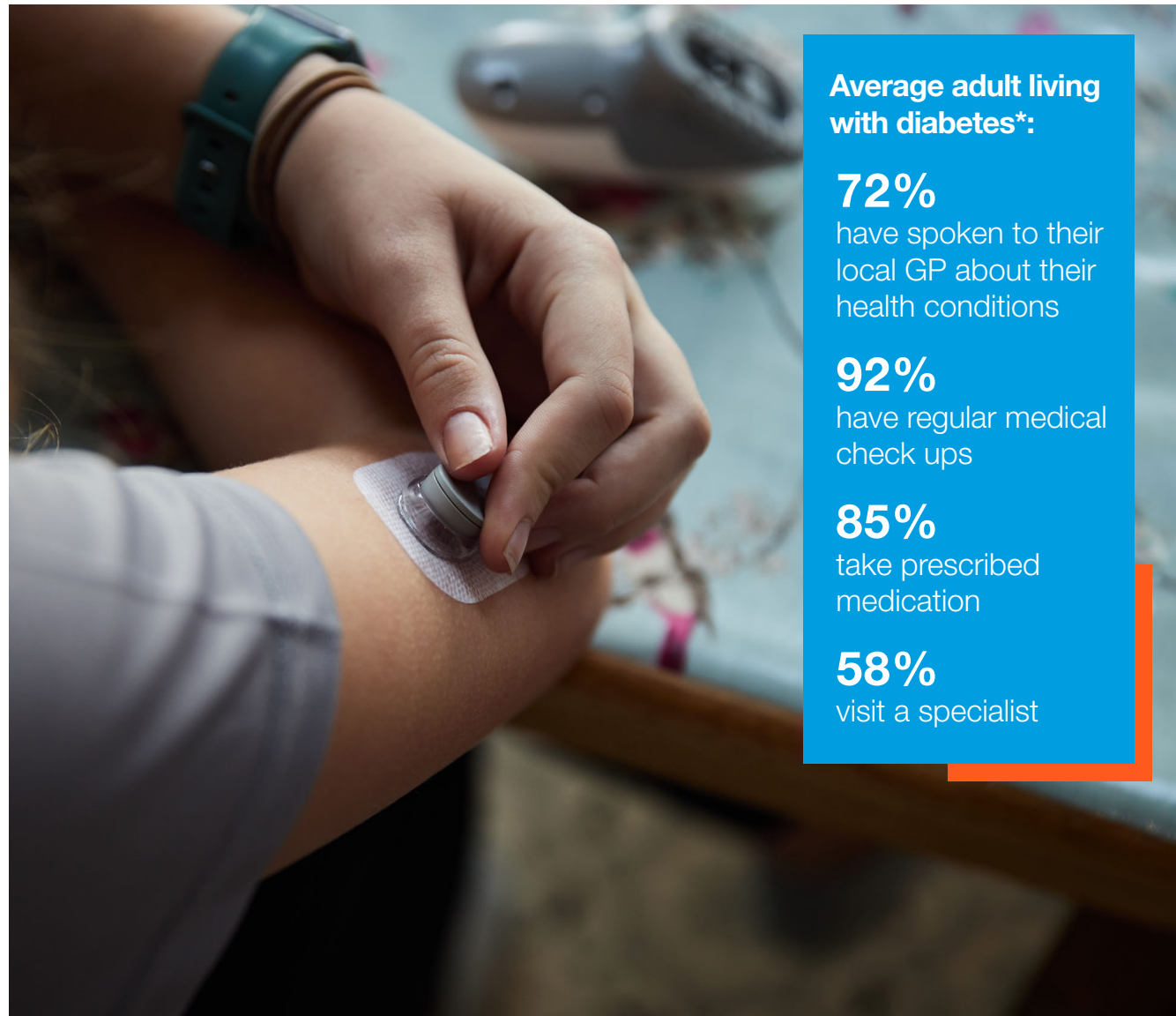
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**Average adult living with diabetes\*:**

- 72%** have spoken to their local GP about their health conditions
- 92%** have regular medical check ups
- 85%** take prescribed medication
- 58%** visit a specialist

\*TGI data

### OUR LATEST RESEARCH PRIORITIES

For information on our new highlight feature and how to apply for funding to support your research, visit [www.diabetes.org.uk/research](https://www.diabetes.org.uk/research).

**Helping people with diabetes to live better**

Our research priorities focus on helping people with diabetes to live better. This includes:

- Improving the quality of life for people with diabetes
- Reducing the burden of diabetes on the NHS
- Supporting people to live well with diabetes

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### NEW EXPERT CONSENSUS ON LIMITING FREE SUGAR INTAKE

The European Association of Endocrinology (EAED) has published a new expert consensus on limiting free sugar intake. The consensus is based on the latest evidence and aims to help healthcare professionals and the public understand the importance of limiting free sugar intake.

The consensus states that limiting free sugar intake can help reduce the risk of developing type 2 diabetes, heart disease, and obesity. It also provides practical advice on how to limit free sugar intake, such as reading food labels and choosing healthier alternatives.

The consensus is a key resource for healthcare professionals and the public, and it highlights the importance of limiting free sugar intake for overall health and well-being.

### ADVANCING OPTHALMIC CARE AND EQUITY

**Evelyn Mennah, Consultant Ophthalmologist at London Northwest University Healthcare NHS Trust (LNUWH), shares insights into her work in advancing diabetes care and improving management strategies for underserved Black communities globally.**

Evelyn Mennah is a Consultant Ophthalmologist at London Northwest University Healthcare NHS Trust (LNUWH). She has a strong focus on advancing diabetes care and improving management strategies for underserved Black communities globally.

She shares her insights into her work, including the challenges she faces and the strategies she uses to overcome them. She also discusses the importance of cultural competence and patient-centered care in providing high-quality care to underserved communities.

**“Our healthcare professional members are highly influential when it comes to advising patients on the best products and medications to help effectively manage their diabetes.”**

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## Rates

### Diabetes Update

Full page	£3,500
Half page	£2,200
Inside front	£4,000
Inside back	£4,000
Outside back	£4,500
Double page spread	£6,450
HCP e-news email banner	£1,500

- Agency discount: 10%
- Payment terms: 30 days prior to publication
- Cancellation: 8 weeks before publication

## Sales contact

Amal Swelim  
Call: 020 7424 1174  
Email: [advertising@diabetes.org.uk](mailto:advertising@diabetes.org.uk)

## 2026 Schedule

Issue	Spring	Summer	Autumn	Winter
Artwork	20 Jan	10 April	17 Jul	9 Oct
Insert delivery	27 Feb	19 May	11 Aug	6 Nov
Mail Out	28 Mar	19 Jun	11 Sep	11 Dec

## Artwork specifications

Full page specification:

- 297mm x 210mm
- 6mm bleed
- 4 colour CMYK
- High resolution PDF with fonts embedded
- In cases where artwork is not suitable for printing, we reserve the right to request artwork be resupplied.
- All artwork subject to the approval of Diabetes UK.

Email banner specification:

- 640px wide x 100-150px tall

