



YPDS Bertie Bites

March 2021



So you will have heard that Poole Hospital and the Royal Bournemouth and Christchurch Hospitals have now merged to form University Hospitals Dorset NHS Foundation Trust (UHD), with ambitious plans to improve and transform our services

A lot of work is going on behind the scenes with the 2 diabetes teams as we become one service. This will take time and we will be aiming to take the best bits of both services and merge them into one that works across each site. For those of you who wish to help shape these services we will be offering that opportunity.

The team members that you are familiar with and have met previously will still be your clinical team, so for the foreseeable future you'll not notice any differences in your consultations.

Contact details

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Jo Dalton's mobile: - 07771 577 535
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As a joint team we can now share our social media pages

1. Have a look at our Instagram page for up to date news, service updates, recipe ideas, team news, education & resources and useful information. Find us @uhd.ypds
 - Open Instagram and go to your profile
 - Tap on the three lines, on the top right of the screen.
 - Click on QR code.
 - Tap 'Scan QR code' above.
 - Scan here and tap to confirm you would like to follow us.
2. Why not join the Dorset T1D facebook page? It's a closed group with clinical oversight and a lovely, active group of people contributing and participating. This is where we'll share opportunities for research and conferences, talks and webinars etc



BERTIE Bites...The Dietitian

Welcome to the Dietetic section of BERTIE Bites. As we are now into a new year I thought I'd broach the subject of healthy eating and wellbeing. We tend to use this time of year to look into ways we can improve our health, so I'll use this traditional excuse to do so!

We've all had a particularly difficult/frustrating/weird 2020 due to COVID 19. Taking care of ourselves has proved paramount in getting through the tough times, or new ways of working/living. So, why not try something to either improve how you are feeling after this year, or continue forward any positive changes you may have already made. We are all in different places during this time, having found 2020 a *light breeze, rain shower, thunder storm or tsunami*, everyone's experience has been different, and that is ok! It's how we take this experience and move forward for a better 2021 that counts.

Now we all tend to get rather creative with goals, more often than not they are outrageous and do not stand time. So, I'm suggesting small goals are the way to go. This could be as simple as changing one main meal a week to plant-based? Having a green salad a couple of days a week? Having your '5 a day'? Doing the couch to 5k? 10 minutes of yoga in the morning? It may be that you have decided to improve your carbohydrate

counting skills or would like a refresh.....? The list is endless. These small daily choices can make a huge improvement to our long-term health and also our wellbeing.

If you are having a think about what you *could* change start by writing down a few ideas. It's really important at this stage to make sure you don't burden yourself and chose something **achievable**. Think **SMART** (Specific, measureable, achievable, realistic and timely).

E.g. I will have a plant-based meal on a Monday night.

Specific - plant-based meal (vegetarian)

Measurable - Monday nights

Achievable - Yes (1 night per week)

Realistic - Yes (planning is the key, cook your own meal or get the family involved)

Timely - for 2 months and review if you are keeping it up

Below I have added some resource links you might find useful depending on your goal, take a look and see what you think.....Happy Healthy 2021!

Plant-based:

- www.bda.uk.com/resource/plant-based-diet.html
- www.jamieoliver.com/features/veg-recipes-from-jamies-new-book/ Jamie has some good recipes!

Carbohydrate counting:

- Youtube Sheffield Teaching NHS Trust carbohydrates (Carbohydrate counting using handy measures, Carbohydrate counting using a food label, Carbohydrate counting using the Carbs & Cals 'Carb & Calorie Counter' book.)
- Youtube Carbs and Cals (Carb Counting Quiz: HIGHER or LOWER?!, CARBS: How many do you need each day?, CARBS or NO CARBS?! Which foods contain carbs?, 6 Carb Counting Tips for Takeaways & Eating Out

Alcohol

- Youtube Carbs and Cals (Carbs & Calories in ALCOHOL: Essential Guide Part 1 and Part 2
- www.dorsethealthcare.nhs.uk/application/files/4315/4358/7864/Alcohol.pdf
- www.nhs.uk/conditions/type-1-diabetes/alcohol-and-drugs/

Exercise

- www.diabetes.org.uk/guide-to-diabetes/managing-your-diabetes/exercise
- www.diabetes.org.uk/guide-to-diabetes/enjoy-food/eating-with-diabetes/out-and-about/sports-nutrition-and-type-1-diabetes
- www.runsweet.com/



My little issue

By Olivia Tighe

1st September 2009 was when I got diagnosed with type 1 diabetes. At the time I thought it was what happened to every 9-year-old, because no one sat me down and explained. I just started being injected and chocolate became a no no word. A few weeks after being diagnosed a boy at school called me different. To this day I have never forgotten it because half the time I do feel different, to my parents I'm no different but only diabetics understand the struggles. I often feel judged by GP's they turn around and go it's just diabetes, when it's not it's the 3 am hypos and the smell of insulin on your hands which remind you of the burden you didn't ask for.

My mind set about my diabetes is like marmite - I either love it or hate it. I majority hate it because I think why me. Why did I have to get it? When I was first

diagnosed, I used to cry in Tesco down the biscuit aisle because my diabetes prevented me from eating these. But then when I actually put my mind to it and it works, I'm proud of myself. I don't always like talking about my diabetes because I feel like I'm telling the world I'm living with a chronic illness. People think diabetes is a small drop of blood and some insulin. Little do they know if you miss one dose it affects the rest of the day. Even after nearly dying from diabetes I still miss insulin doses at times because I look at the needle and go 'oh it's you again!' I'm not one who asks for help with it because I would love it if it would disappear but sadly as I've found out that doesn't happen.

When I was 18, I had been diabetic for half my life which had a huge impact on me. It caused me to have an experiment with my diabetes. I thought it would be fun to stop taking my insulin. I originally planned after a few days I'd take it again, but I felt fine, so I carried on without it. 3 weeks into my non taking insulin experiment, I became drastically ill. I was already away from home as I was at university. In the early hours of 15th December 2018, I called my dad asking to come and collect me as I was scared due to my unconsciousness and throwing up. My dad came and collected me, he had no idea about my experiment therefore he thought I was drunk because I was out of control of my body. The half empty bottle of vodka on the side didn't help. I don't remember my dad collecting me, I remember waking up 18 hours later in my local ICU. With tubes in places they shouldn't go. Doctors would ask me what happened, and I would say I don't know because I was worried I'd end up in a psychiatric ward. I got told I was half an hour away from dying, words which remind me to take some form of insulin daily.

I own up to saying I hate my diabetes and I'm not afraid of sharing my DKA experience as it saved my life. Talking about diabetes helps but only when you want to.



DKA - What's it all about?

(Advice to keep you safe)

As you all know, we as nurses, doctors and often parents keep harping on about taking your insulin and sometimes it all gets a bit much and feels like we are all nagging you to conform. Where insulin is concerned it is about keeping you safe and out of hospital.

As many of you know insulin is needed to ensure that the glucose in your blood can be absorbed into the cells and used as energy. Without insulin, this process doesn't work and your blood glucose rises. In response, the body starts breaking down fat into an alternative fuel that doesn't require insulin. Substances called ketones are the by-product of the breakdown of fat and, if left unchecked, can build up and cause the body to become acidic. This is diabetic ketoacidosis (DKA).

Diabetic ketoacidosis (DKA) can be a serious complication of type 1 diabetes. It may mean needing hospital treatment and it is something the diabetes team worry about.

When you are ill your body becomes more resistant to the insulin you are taking so you will always require more. Also, you will produce stress hormones that will also cause your glucose levels

to rise. DKA is a risk if you struggle to keep up with giving the extra insulin you need.

What are the risk factors of DKA?

- Missing insulin injections or not taking enough
- If a fault has developed in your insulin pen or insulin pump (pump, cartridge, tubing or cannula)
- As a result of illness or infections when glucose levels rise
- High or prolonged levels of stress - again glucose levels can rise
- Excessive alcohol consumption/ binge drinking
- Illegal drug use
- During a growth spurt or puberty when insulin needs change
- Taking certain medicines, such as steroids
- Pregnancy
- An injury or surgery
- Sometimes, there's no obvious trigger.

DKA may also occur prior to a diagnosis of type 1 diabetes.

However sometimes no matter what you do in relation to giving your insulin, especially when you are ill, nothing seems to work and you end up with high blood glucose levels and ketones.

How do I know this is happening?

Typical symptoms of diabetic ketoacidosis include:

- passing lots of urine
- extreme thirst
- high blood sugar levels
- nausea or vomiting
- dry mouth and skin
- abdominal pain
- fatigue and weakness
- An unusual smell on the breath - sometimes compared to the smell of pear drops
- Deep laboured breathing (called kussmaul breathing) or hyperventilation
- Confusion and disorientation

Symptoms of diabetic ketoacidosis usually evolve over a 24 hour period if blood glucose levels become and remain too high (hyperglycemia).

Euglycemic diabetic ketoacidosis

In most cases, ketoacidosis in people with diabetes will be accompanied by high glucose levels. However, ketoacidosis can also occur at low or normal blood glucose levels. This is referred to as euglycemic diabetic ketoacidosis. This is quite unusual but it is worth checking for ketones if you really don't feel well but your glucose is normal or only slightly raised.

If you do think you are becoming unwell or you are struggling to get your glucose levels down we refer to "Sick Day Rules"

Sick Day Rules

1. Always continue taking your background (long acting) insulin .
2. Test for ketones if your blood glucose levels are above 14 mmol/l.
3. Positive ketone tests always require action and treatment.
4. If you are unable to eat because you are ill, you can obtain carbohydrate from sources such as Lucozade, fizzy soft drinks, squashes and milky drinks. But you will need to take a quick acting insulin to cover them. Alternatively you can have non-carbohydrate drinks.

If your blood glucose levels are above 14mmols or more or you are feeling unwell test your blood or urine for ketones.



Following these steps might prove useful:

1. Feeling unwell? Test blood glucose and ketones.
2. **2+ Ketones present in urine OR Blood ketones more than 1.6mmol/l Blood glucose level above 14mmol/l.**
3. Sip sugar free fluids at least 100ml an hour.
4. Test blood glucose and ketones every 1-2 hours.
5. Take **double** your normal correction dose every 2 hours.
6. Try to identify cause of high blood glucose Contact diabetes team if high blood glucose and ketones persist.
7. Dial 999 if you are vomiting.

1. Feeling unwell? Test blood glucose and ketones.
2. **No ketones or trace only in urine Blood ketones less than 1.5mmol/l Blood glucose in your target range or slightly higher.**
3. Drink at least 100ml sugar free fluids every hour.
4. Test blood glucose and ketones every 4 hours.
5. If your blood glucose level is raised, use your correction dose even if you are not eating, every 4 hours.
6. Use your **normal** rapid acting (mealtime) insulin and carbohydrate ratio Give insulin 4 hourly.

(Do you know what your correction dose is, what would a double dose be?) If you have tried all of this and the ketones continue to rise and or if you are vomiting and or feel you cannot cope with managing then you must seek medical help. You may have become dehydrated and your blood chemistry may need correcting with intravenous fluids.

Remember DKA is a medical emergency. If you are worried contact your specialist nurse or go to A&E or call your local emergency services immediately.

Remember, prevention is better than cure. If you ever need extra support or advice or you are worried, you know where we are!



PEER SUPPORT

What is peer support?

Peer support links together people living with a chronic condition, such as diabetes, so they can share their experiences to support and encourage each other. It can be a really helpful addition to the expertise and support offered by health professionals.

Peer support takes many forms including anything from 2 people with diabetes simply keeping in touch through to face to face support groups, social media and online forums.

Why access peer support?

Diabetes UK outlines four key functions of peer support:

- 1) assistance with self-management - practical tips, problem solving, and resourcefulness, based on experience of living with diabetes.
- 2) social and emotional support - empathic listening, encouragement, coping with difficult emotions.
- 3) links to formal healthcare or community resources - help with navigating the health system.
- 4) ongoing support reflecting the long-term nature of the condition - encouraging and engaging with proactive follow-up.

What are the benefits according to those who use peer support?

Feeling normalised, hopeful and less anxious

To see that others have 'bad' diabetes days as well

To connect with others like me and not so feel so alone

To not feel the odd one out

Learning about how others manage their diabetes

Other people with long terms health conditions are more accepting of me

To learn about tech and advancements

Belonging and confidence

To share my knowledge and confidence

Instagram poll, Dec 2020

www.diabetes101.co.uk and [@_diabetes101](https://www.instagram.com/_diabetes101)
www.sugarbuddies.org.uk and [@sugarbuddies1](https://www.instagram.com/sugarbuddies1)

What can be some of the challenges?

- Conflicting information and strong opinions that may cause strong feelings in you
- Experiencing different coping approaches to your own (eg humour, problem solving, expressing emotions.)
- Comparing yourself to others unfavourably (eg someone else's 'perfect' looking graph or HbA1c result)
- Feeling concerned for someone else's well being

Tips for using peer support.....

- Do a bit of investigation about what's out there.
- Maybe take small steps first eg joining an online forum but just observing to start with.
- Be careful of comparisons, remember someone else's best day does not represent their everyday.
- If peer support is starting to become unhelpful in any way then step away, take a break.
- Remember everybody's body and diabetes is different - keep this in mind when taking on board or giving advice / suggestions. If in doubt use your team to support you making changes.



Where do I start?

We have begun to put together a resource document with details such as hyperlinks to various peer support platforms which is located in the BDEC section of the Royal Bournemouth Hospital website. These are just some examples of diabetes peer support and many of these organisations also hold references to other forms of peer support not mentioned in the document.

For starters you might be interested in local peer support networks via our Facebook page (search Dorset T1D) or our Young Persons' Diabetes Service Page on Instagram (uhd.ypps).

Peer support offers a huge amount of valuable experience but always remember that the opinions and advice you may receive do not replace the relationship between you and your diabetes team or the advice you receive from them. If you are concerned and want to check out any changes you are considering then please contact us and we can talk it through with you.

It took almost 13 years of having diabetes before I attended a peer support event. Why would I want to talk about diabetes or be around old people moaning about complications - the things I'd been avoiding thinking about? It was way out my comfort zone, I didn't know anybody and was ready to walk out at any moment, but it was far from what I'd expected.

Meeting others with diabetes turned out to be such a life-changer for me. My attitude towards diabetes is more positive, I feel understood and I'm part of a caring community for life. Now I can't imagine life without my friends with diabetes. To be honest, I don't know how I managed so long without peer support.

Empathy is one of the most empowering things when it comes to diabetes. The moment you realise that someone else understands how you feel, what you think, and what you deal with every single day, you don't feel alone anymore. You feel like you belong, because you're no longer the only one going through what you're going through. Even if we have the most supportive friends and family, and the best specialists anyone could ask for (shout out to the BDEC team), peer support offers a level of empathy that even the best supporters and professionals can.

Even though I've not met most of the people I interact with, we're friends because we understand each other. You don't have to hide all the diabetes thoughts that run through your mind. You can just say them out loud without feeling embarrassed or judged. You can fully be yourself, and that is liberating.

Whether it's having a moan or just admitting that diabetes is hard, sharing the struggles is important. But it's not all about the negatives, like I'd expected. The diabetes community - both in person and online - is full of jokes and creativity, alongside endless encouragement and support from people who just get it. They understand without you having to explain. It's made me feel part of something bigger than the lonely world of diabetes in my head.

It's encouraging to know you're not the only one who has bad days (or weeks or months), and reaching out to support others on their hard days feels as empowering as when they do the same for me. If I'd known peer support was this amazing I would have joined 13 years sooner.

Thank you to all of those who very generously spoke to me on the phone, set up and answered polls on Instagram, shared their personal stories and gave feedback on this article to bring it to life. I hope it captures the experiences of those who have already dipped their toe into the world of peer support or are even fully immersed in it. For those of you that have not, I hope it creates some curiosity about what peer support might have to offer you especially after the challenges of 2020. Perhaps, now more than ever, finding connection with others around us is important, maybe peer support might be part of your 2021?

Lindsey Rouse, Clinical Psychologist BDEC



TECH CORNER

By Helen Partridge

Libre 2

There has been much excitement about Libre 2 and people are desperate to get their hands on it...before we get too excited the criteria for being eligible for Libre 2 is the same as for Libre and it is thought that about 20-30% of people with type 1 are eligible - so the majority of people unfortunately still can't get it funded on the NHS. We all have absolutely everything crossed that this will change at some point.....

Criteria for NHS England Flash Glucose Monitoring Reimbursement

- People with any form of diabetes on hemodialysis
- People who are monitoring intensively >8 times daily, as demonstrated on a meter download over the past three months
- People with diabetes associated with cystic fibrosis on insulin treatment
- People with type 1 diabetes unable to independently routinely self-monitor blood glucose
- People for whom the specialist diabetes team determines have occupational (e.g. working in insufficiently hygienic conditions to safely facilitate finger-prick testing) or psychosocial circumstances that warrant a 6-month trial of Libre.
- Previous self-funders of Libre who would have satisfied one or more of these criteria prior to them commencing use of Libre AND has shown improvement in HbA1c since self funding.

- People with type 1 diabetes and recurrent severe hypoglycemia or impaired awareness of hypoglycaemia
- People with any type of diabetes on insulin with a learning disability

So Libre 2 - it looks like Libre and it costs the same! The differences are

- The algorithm to work out glucose levels has changed so that there is no longer a requirement to confirm levels with a fingerstick blood glucose - even at high or low levels
- It comes with alarms! You can choose to set personalised alarms/ vibration to let you know of a high or low glucose reading - this will then alarm on your phone (iphone or android) or reader. It will do this even if you haven't swiped the Libre. You can set different sounds for each alarm so you know which is which. You can also set an alarm for when the Libre isn't able to connect to the phone app.
- For anyone using a reader to scan Libre2 you will need a new reader (the old one won't communicate with it) - head to the Freestyle diabetes website to order a free replacement (www.freestylediabetes.co.uk)

Libre 2 is now available and your GP can change your prescription for you but some GP's are wanting a letter of confirmation from the hospital. It may take a bit of time for everyone to change so please try and be patient with your GP surgery (they're pretty stretched right now).

Germany also now has access to Libre 3 which doesn't even require swiping and there are a couple of new kids on the block in terms of continuous glucose monitoring at much cheaper prices so exciting times!!