

DIABETES – LIVING THE DAY TO DAY

Simon O'Neill

DIABETES UK
CARE. CONNECT. CAMPAIGN.

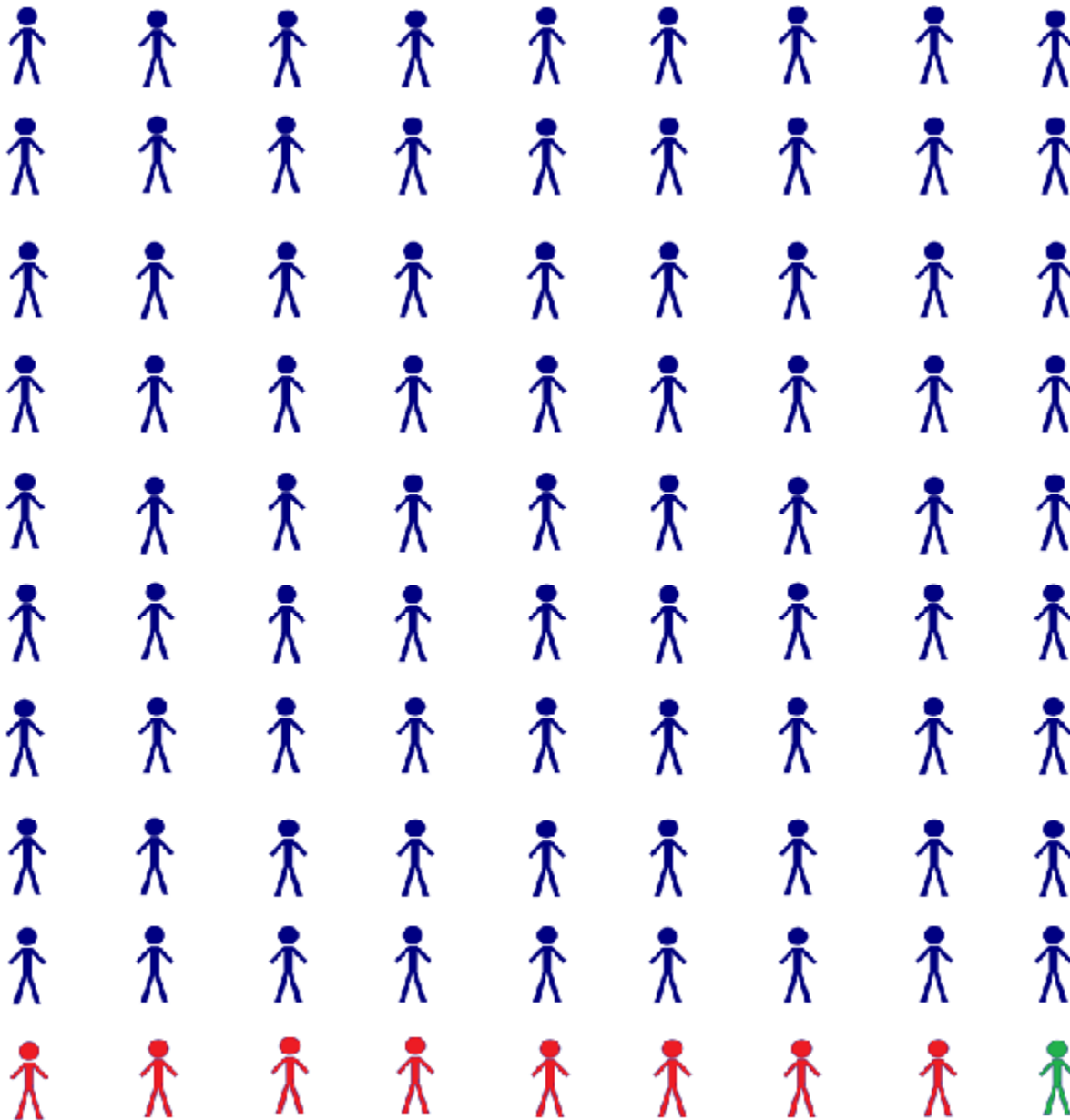
What I'm going to cover in this session:

- What's it really like living with diabetes?
- What's working well and what isn't?
- Why do some people manage diabetes well and others struggle?
- What can you do to help?



DiABETES UK
CARE. CONNECT. CAMPAIGN.

Age:	% of all with T1D	% of newly diagnosed T1D
0-9	2.4%	16.4%
10-19	10.6%	27%
20-29	14.5%	19.7%
30-39	15.4%	14.5%
40-49	20.1%	10.2%
50-59	16.4%	6.4%
60-69	11.3%	3.7%
70-79	6.6%	1.8%
80-89	2.4%	0.6%
90+	0.2%	0.1%



3,450,000 people
registered with any
type of diabetes

And 590,000 with
undiagnosed Type 2

Some of the signs commonly experienced include:

- Frequent urination.
- Excessive thirst.
- Increased hunger.
- Weight loss.
- Tiredness.
- Lack of interest and concentration.
- Blurred vision.





In the last 12 months.....

- 25 minutes with a consultant diabetologist
- 4 email requests for a repeat prescription to my GP
- A 5 minute consultation with my pharmacist as part of a generic medicines review
- 10 minutes with the retinal screener

= 40 minutes with HCPs related to my diabetes (and at least 180 minutes sitting in waiting rooms)

Compared with 60 minutes with the high street optician for new glasses

“The average person with diabetes will spend three hours a year with a professional and the remaining 8,757 hours caring for themselves”

Working together for better diabetes care. DH



Type 1 Diabetes: Less guesswork.
More freedom. Better health.

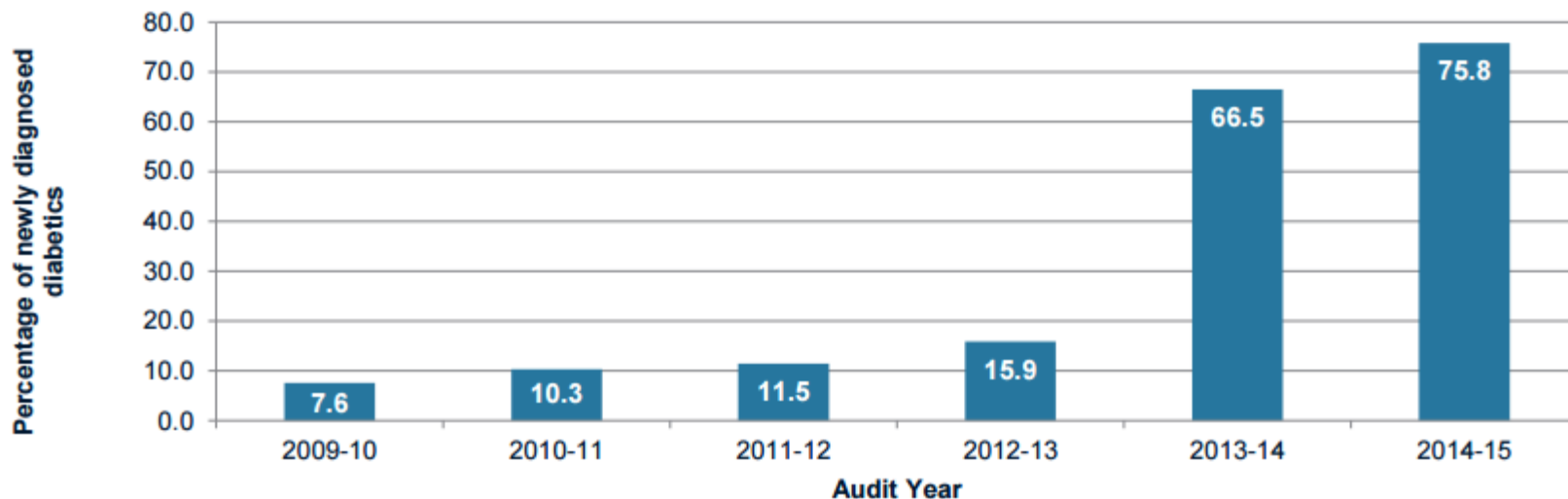
Structured Education

Key Findings

There has been a large increase in records of structured education being offered within one year of diagnosis.

More people with Type 2 diabetes are recorded as being offered education (78%) than people with Type 1 (32%).

Figure 7: Percentage of people newly diagnosed with diabetes being offered structured education in England and Wales by audit year



Structured Education – A Patients View

Records of attending structured education have increased only slightly from 3.4 per cent in 2012-13 to 5.3 per cent in 2014-15. People with diabetes want and need education to manage their condition.

"Going on the DESMOND course made a big difference. It took the worry away. It reduced my HbA1c. It reduced my cholesterol. I lost three stone in weight. My blood pressure came down. I am still scuba diving at the age of 69. Now I understand the condition I don't worry. It doesn't stop me doing anything I want to do."

Malcolm, 69 years old, has Type 2 – attended a DESMOND course

"Meeting other people with diabetes was a real strong point of DAFNE. Being able to talk to other people who had the same sort of fears made me feel a lot more able to confront them. What I found the course really good for was that dedicated time to reflect on what is actually going on and getting to know my diabetes again. I left feeling more in control of my own life"

Charlotte, 27 years old, has Type 1 – attended a DAFNE course

"I have lived with type 1 diabetes for over 20 years, yet only received education when I was placed on an insulin pump. What I learnt about carb counting was invaluable, and if I had known that 20 years ago it would have changed how I self-managed"

Grant, has Type 1, 53 years old – attended a DAFNE course

Recommendations

Commissioners and providers of diabetes care should investigate the reasons for the increased disparity between structured education offers and structured education attendances.

The focus of all should be on how to increase the number of people who attend structured education. The value is evident in the quotes.



DIABETES UK
CARE. CONNECT. CAMPAIGN.

Blindness

Heart Failure

Stroke

Heart
Attack

Amputation

Kidney
Failure

Sudden
Death

Alzheimer's

Erectile
Dysfunction

Dental
Problems

Incontinence

Hearing
Loss

Daily Log

29 March 2016 - 11 April 2016 (14 days)


FreeStyle Libre 

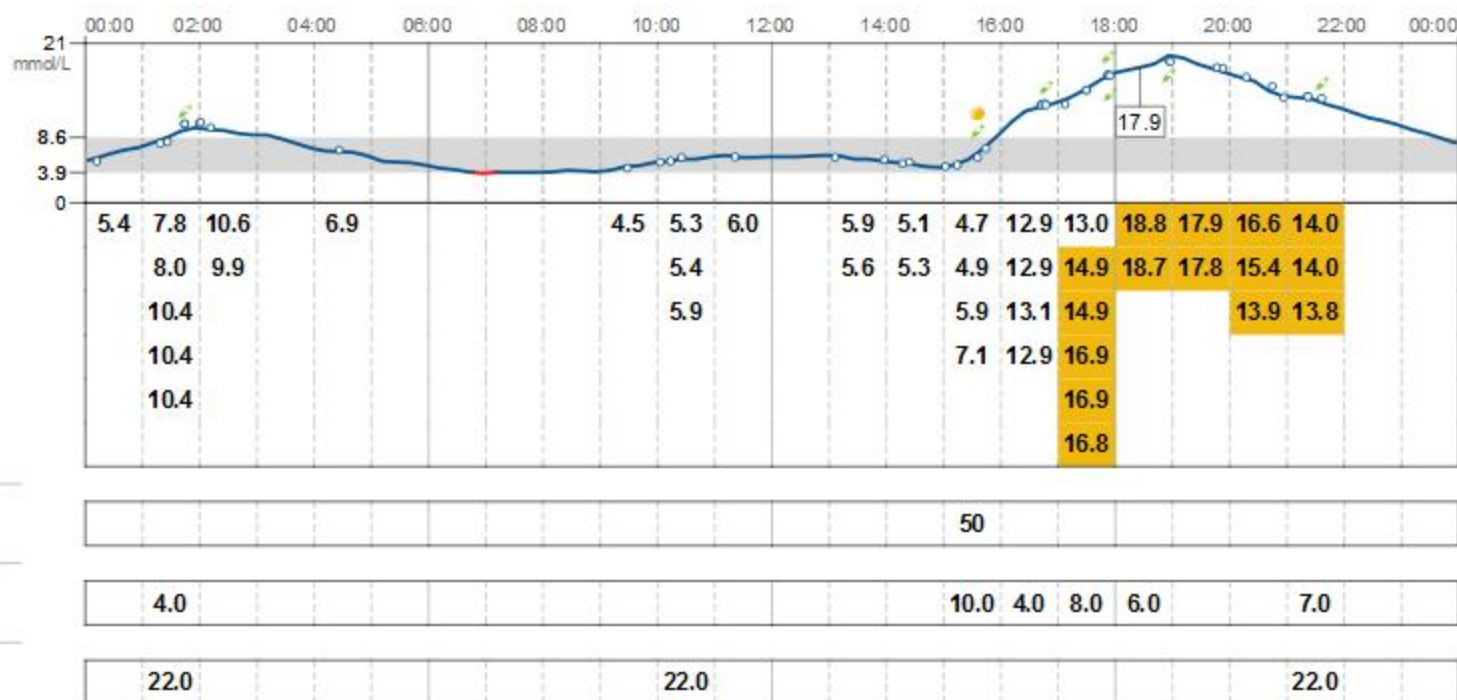
Sun 3 Apr

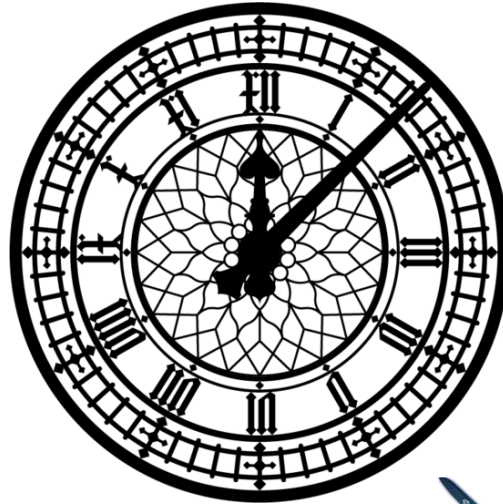
 **Glucose**
mmol/L

 **Carbs**
grams

Rapid-Acting Insulin
units

 **Long-Acting Insulin**
units





DIABETES UK
CARE. CONNECT. CAMPAIGN.



Be Prepared!

What's working well?



DIABETES UK
CARE. CONNECT. CAMPAIGN.

What's not working well?

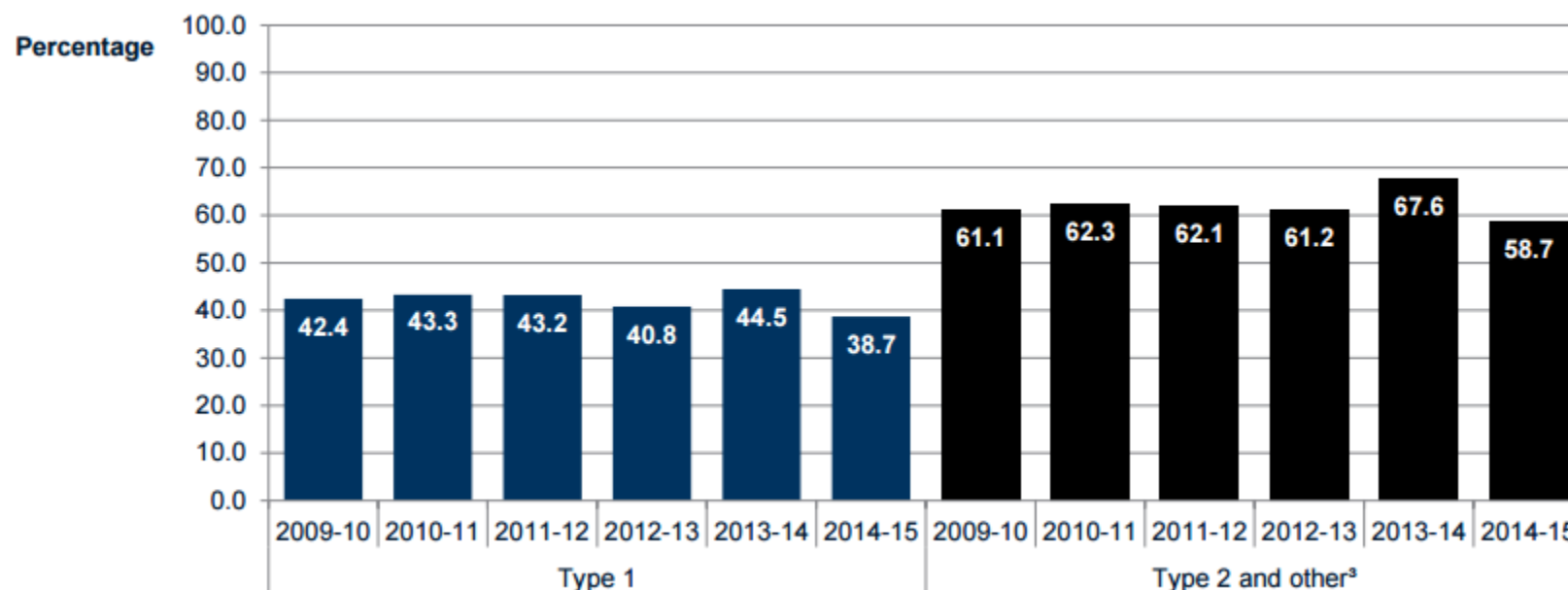


All Eight Care Processes

Key Findings

People with Type 1 diabetes are less likely than people with Type 2 diabetes to receive all of the eight care processes.

Figure 1: Percentage of people with diabetes in England and Wales receiving all eight NICE recommended care processes by diabetes type and audit year



Treatment Target – Time Series

Key Findings:

For people with Type 2 diabetes, HbA1c and cholesterol target achievement rates are stable but blood pressure target achievement rates have improved steadily.

For those with Type 1 diabetes, cholesterol target achievement rates have been stable, HbA1c may show a slight improvement but blood pressure target achievement has improved steadily.

Table 4: Percentage of people with diabetes in England and Wales achieving their treatment targets by diabetes type and audit year

	Type 1						Type 2 and other					
	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
HbA1c ≤ 58 mmol/mol	28.7	28.1	27.0	27.2	29.4	29.9	66.6	66.5	65.8	64.9	66.8	66.1
Blood Pressure ≤ 140/80*	68.5	68.8	72.2	73.4	76.4	76.4	60.8	61.4	66.6	68.6	73.6	74.2
Cholesterol < 5mmol/L	72.6	72.0	71.1	70.2	71.5	71.3	78.2	78.0	77.4	76.7	77.8	77.5
Meeting all three treatment targets	16.9	16.5	16.5	16.1	18.6	18.9	35.0	35.1	37.4	37.3	41.4	41.0

Why do people struggle?



Type1bri @type1bri · Jul 13

a6, can i have a day off #gbdoc



4



Low C-peptide levels have clinical significance and appear helpful in characterizing groups at-risk for faster C-peptide decline, complications, poorer metabolic control and severe hypoglycaemia. Low C-peptide levels may be a biomarker for characterizing at-risk patients with Type 1 diabetes.

W. M. Kuhtreiber Diabetic Medicine 32(10) Oct 2015

“I was told diabetes was without cure; I would need to have injections for the rest of my life, couldn’t eat what I wanted to and it would stop me following my dream of being a nurse. **I hated it. It was the enemy.** Now, four decades on, I’m 54 but with complications that leave me feeling old before my time. The doctors and nurses have meant well but I’ve always felt like a bad diabetic.”

“Most studies suggest that people with diabetes are twice as likely to suffer an episode of depression.

It also appears likely that people with diabetes may have depressive episodes for longer periods than those without diabetes and they may recur more frequently.”

What can you do to help?

WELCOME SIMON | [RESOURCES](#) | [NEED HELP?](#) | [LOG OUT](#)



In the modules above you'll find a range of resources to help you learn more about diabetes and support people with the condition. You can complete the modules in your own time but we recommend you complete them in order. When you exit the course, we'll save your progress for next time.

© Diabetes UK 2013 A charity registered in England and Wales (no. 215199) and in Scotland (no. SC039136). Developed by Diabetes UK and Bupa.

[Accessibility](#) | [Technical Help](#) | [Disclaimer](#) | [Privacy](#)

Make sure you know something about diabetes – your patients will expect you do, and will be disappointed if you don't

What can you do to help?



Try the eye drops
yourselves before
saying “these might
sting a bit”

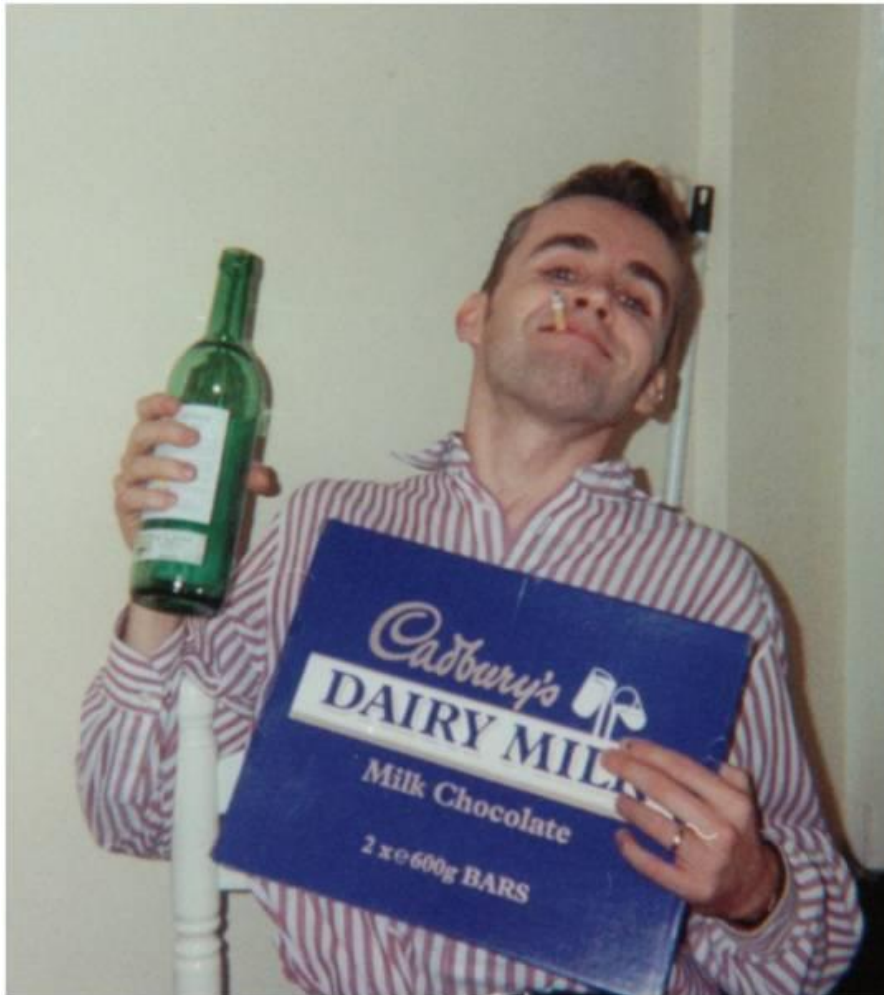
and then try and
read a number on a
bus to get home

What can you do to help?



Remember, that we're in an exam. We pass or fail. The results of our retinal screen could mean that we're going to go blind. This is stressful and may be making our diabetes worse today

What can you do to help?



Remember, we're not just a pair of eyes or a retinal photograph – we're whole human beings, even if we're not always perfect!

THANK YOU