



diabetes nz
rotorua branch

APRIL 2019

Diabetes News ***Rotorua***

Diabetes and your Eyes



PART 3

ROTORUA COMMUNITY DIABETES CENTRE

17 Marguerita Street, Rotorua

OPEN Mon-Fri 9:30am - 2pm

Ph 07 343 9950 | E-mail info@diabetesnzrotorua.org.nz

Diabetes News Rotorua

The Official Newsletter from Diabetes NZ Rotorua Branch

Diabetes NZ Rotorua Branch

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Les Rees, Sue Campbell

PATRON:

Dr. Nic Crook

Diabetes NZ Rotorua Branch - *We're here for you and your whanau*

We support the interests of people and families with diabetes living in and around Rotorua. We are a Branch of Diabetes New Zealand Inc.

Our main aims are to:

- Provide information and support
- Lobby for better diabetes care
- Increase public awareness of diabetes
- Raise funds for local, regional and national diabetes causes

Check out our website: **www.diabetesnzrotorua.org.nz**

E-mail us: **info@diabetesnzrotorua.org.nz**

Write to us at: **PO Box 12053, Rotorua 3045**

Visit us at: **Rotorua Community Diabetes Centre**, 17 Marguerita St,
Fenton Park, Rotorua

Open WEEKDAYS 9:30am - 2pm; Ph 07 343 9950

Disclaimer: Articles published in this newsletter are intended to interest and inform. They are not to be interpreted as medical advice to any reader. Articles published are the opinion of the author and not necessarily that of Diabetes New Zealand or Diabetes New Zealand Rotorua Branch.

EAT WELL, LIVE WELL

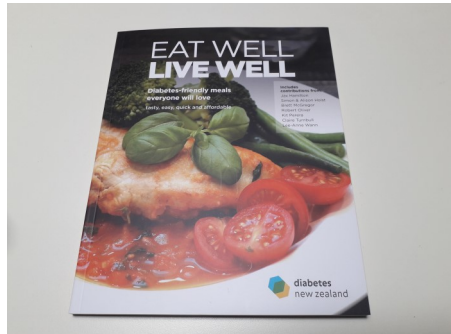
COOKBOOKS

\$20 to Members

For sale at the office - we have just a few left!

Last year, as part of Diabetes Action Month, we launched a new recipe book *Eat Well, Live Well* with tasty meals suitable for the whole whānau.

Featuring recipes inspired by Māori, Pacific Island, Chinese, Indo-Asian and European flavours, ***Eat Well, Live Well*** gives you the chance to enjoy a melting pot of Kiwi cuisine at home, knowing that every recipe is suitable for people with type 1, type 2, gestational, or prediabetes.



HUGE THANKS to Daniel and Harete Phillips, who have offered to donate 350 sausages for our next fundraising BBQ at Bunnings. We will be asking for donations towards bread, onions and sauce nearer the time (June)

We are still compiling a list of **Event Volunteers** - these are people who are willing to be contacted, sometimes last minute, when we have an event on that we need help with. If you would like to add your name to this register (no obligation) then do get in touch with the team at the office:
Ph 07 343 9950 | Email office@diabetesnzrotorua.org.nz

VOLUNTEER CLEANER NEEDED 2 - 3 hrs per week
Please contact Karen for more info on 021 031 9610 or email karen@diabetesnzrotorua.org.nz

Chair Chat

Decisions, decision, decisions.

A decision is defined as a "conclusion or resolution reached after consideration"

Remember this as we travel through this discussion.

For people with diabetes decisions, or the necessity to make them, pop up all the time.

Should I do this or that or something else!!

Strangely it is easier to decide to take, or use, some medication than it is to change your eating patterns or indulge in exercise.

So making decisions is something we live with and then, if we decide to, we monitor those decisions and decide again whether they are good, bad or ugly and whether we carry on with them or change them. More decisions.

However, now I want to get political.

Remember our definition

Yesterday, for the first time in a while, we had to visit a building in the middle of town. We pulled into the street outside the building and were confronted with an array of signs denoting what sort of a parking space this was!

We discovered by wandering past the signs that it was a pay by plate, are the sections obvious? Definitely not.

We discovered a machine which turned out to be card only, was that obvious? Definitely not.

It was raining so we had to stand in the rain to use the machine and followed all the instructions to be advised that the transaction was cancelled!!

So, we had to do it a second time and this time it worked, quickly adding 50c to the normal charge! Fortunately, the rain wasn't heavy.

I walked away thinking, in light of our definition, who made the decision to confuse, disrupt and penalise a potential shopper.

Was it a good one? Definitely not and I won't be parking in town again if I can avoid it.

Maybe the decision to do a bit of exercise is made easier by parking somewhere else and walking to your destination in town.

It's your decision!

Derek Lang
Chair
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FLU VACCINATIONS are now in stock



Coffee Club for Type 1's

If you have Type 1 diabetes and would be interested in joining us for a coffee and a chat on the weekend, then our Coffee Club is for you!

The idea is simply to get together once in a while for a coffee/lunch/wine/whatever takes your fancy...

Our next get-together is on

Saturday 6th April @ 10:30am

At the Rotorua Community Diabetes Centre, 17 Marguerita St

Fiona Cloete from MediRay will be joining us for a 'Show and Tell' on the Freestyle Libre.

Light refreshments after, if you have time to hang around!

Please register your interest by phoning/texting or emailing Karen: karen@diabetesnzrotorua.org.nz | 021 031 9610

TREAT YOUR LOW BLOOD SUGARS QUICKLY & EFFICIENTLY

Dextro Tablets: Orange, Lemon, Tropical, or Blackcurrant flavour.
\$2 per stick



We are now selling Hypo-Fit sachets too - these come in either orange or tropical flavour. This gel is often used by the paramedics.

They are good if the person is not willing or able to chew on a glucose tablet, and a great option to have on stand-by.

Each sachet has 13.4g carbs in a rapidly absorbable form.

Available individually: \$2 each

Box of 12 Sachets: \$20

SUPERMARKET TOURS

Making good choices when buying food is an important part of planning your healthy diet.

But there are so many products on the supermarket shelves these days, it can be difficult to know where to start!

To complement our label reading workshops we have started running supermarket tours on a regular basis.

The next tour will be held on Friday
April 5th Meet at 10am
 Countdown, Fenton Street.

Contact Karen at the office to find out more, or register your interest.

Ph (07) 343 9950 or Email
karen@diabetesnzrotorua.org.nz



GARAGE SALE

Sales from 1pm on Thursday 25th April

Got any "stuff" that you don't want or need anymore?

We are holding a Garage Sale on ANZAC DAY - 25th April - and we're seeking donations of saleable items. Please note that this is a *fundraiser* so we are looking for *quality* clothing and household items!

Many thanks to those of you who have already donated items - muchly appreciated!

We will also be firing up the BBQ, and selling our special recipe Diabetes NZ Rotorua Anzac biscuits too!

One (wo)mans junk is another (wo)mans treasure!

Dates for your Diary

* **Wednesday 3rd April**

Insulin Pump Information Evening - 5.30pm at the CT Club, Moncur Drive

* **Friday 5th April**

Supermarket Tour - Countdown, Fenton St - 10am

* **Saturday 6th April**

Type 1 get-together at 17 Marguerita St - Guest Speaker:
Fiona Cloete from MediRay on the Freestyle Libre

* **Sunday 7th April**

Parents of Kids with Type 1 Coffee Group meet at 2pm at
Abracadabra (Green Room)

* **Thursday 11th April**

Morning Tea from 10am - *Guest Speaker Tony Bland, Visique*
Optometrists.

* **Thursday 18th April**

Morning Tea from 10am - *Oral Medications: What happens after*
you've swallowed them? Presentation by Derek Lang

* **Thursday 25th April**

ANZAC BREAKFAST from 8am and GARAGE SALE from 1pm at 17
Marguerita St.

* **Thursday 2nd May**

Morning Tea from 10am - *Label Reading Revisited* - some more
insights on nutrition panel and label reading, and what Diabetes UK
are up to, to make things easier for people with diabetes.

* **Friday 3rd May**

Supermarket Tour - Countdown, Fenton St - 10am

* **Thursday 9th May**

Morning Tea from 10am - *Guest Speaker Teresa McMenamin, Practice*
Nurse at Eruera Medical Centre

* **Thursday 23rd May**

Morning Tea from 10am - *Guest Speaker Tracy Boyd, Clinical Nurse*
Manager at the Renal Unit, Rotorua Hospital - Kidney failure and
Dialysis

* **Saturday 15th June**

YOUTH EVENT- *Family Day Out* - AC Baths, Taupo

Join us for Morning Tea
Every Thursday Morning
10am - 12noon

Our core service is to provide
INFORMATION and SUPPORT

What better way to receive
this than over a cuppa?

ALL WELCOME!



MAMAKU SUPPORT GROUP

Meets 2nd Wednesday of every month at Progress Mamaku
Community Hub, Trinity Church, Kaponga Street, Mamaku.
STARTS MAY 8th

NEXT PRE-DIABETES COURSE

Wednesday 15th, 22nd and 29th May 1pm - 2.30pm at
17 Marguertita St

Diabetes and your EYES

PART 3 - CATARACTS AND GLAUCOMA

Cataracts and glaucoma are eye conditions that are not specific to people with diabetes but they are more common in people with diabetes. In other words, *having diabetes increases your risk of developing cataracts and/or glaucoma.*

Cataracts

When a portion of the lens becomes cloudy, this is known as a cataract. It may block incoming light and can lead to loss of vision.

As we age we naturally tend to lose some of the transparency of the lenses in our eyes, and cataracts are quite common in older people.

Sometimes cataracts do not obscure vision to any noticeable extent, in which case, you may be surprised to hear that you have a cataract.

Prolonged high blood glucose levels can also lead to cloudy areas developing in the lens. Proteins in the lens may clump together, forming cloudy areas that distort or block vision. Sometimes double vision occurs.

Risk factors for cataracts

- A family history of cataracts
- Diabetes
- Other eye conditions such as uveitis
- Previous eye surgery or eye injury or inflammation
- Use of high-dose corticosteroid medication (eg: prednisone, prednisolone) or long-term use of corticosteroids.

Other factors that are possibly linked to the development of cataracts include smoking, drinking too much alcohol, poor diet, and excessive exposure to sunlight.

Detecting cataracts

Some people with cataracts say that their vision is blurred, or it seems as if they are looking through fog.

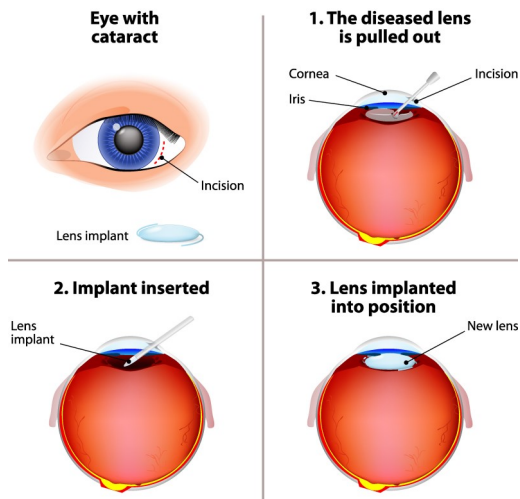
Sometimes the light is scattered by the cloudy areas in the lens and this leads to a 'glare' effect, which may be particularly noticeable on bright sunny days or when driving at night. Halos may appear around lights. Sometimes cataracts cause diminished contrast, and colours appear dull. Cataracts can also cause double vision.

Cataract surgery

Cataracts may not cause serious problems with vision, and may go untreated for many years. However, if you are suffering from decreased vision which is affecting daily activities – such as reading, or driving – then surgery may be necessary.

The cloudy lens is removed, and replaced with new clear plastic one. Antibiotic eye drops may be needed for a few days afterwards, in order to prevent infection. Inflammation may be reduced with eye drops containing a steroid mixture. The surgery shouldn't take longer than about an hour, and is usually done under a local anaesthetic (the eye is made numb by an injection, and the person stays awake throughout the procedure).

Cataract surgery is generally very successful in restoring good vision – in people who don't have diabetes, that is. In people with diabetes, the impact of cataract surgery on vision is reduced. This is probably due to other complicating factors, such as retinopathy.

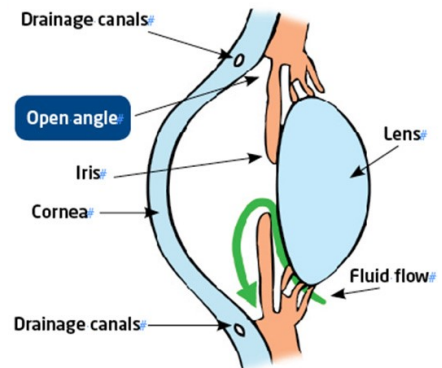


Glaucoma

Glaucoma is another common eye problem that is common in many people as they get older, including those with diabetes. The pressure of the fluid in the eye rises, causing damage to the optic nerve – the nerve that relays vision information from the eye to the brain. This can lead to loss of vision and, potentially, blindness.

The increased pressure that is characteristic of glaucoma is caused by partial or complete blockage of the system that usually allows drainage of fluid from the eye. There are two main types of glaucoma that are both more common in people with diabetes:

- **Open angle glaucoma**
– the angle where the cornea meets the iris (see diagram) isn't sufficient for drainage of the fluid from the eye;
- **Neovascular glaucoma**
– new blood vessels grow into the iris (rubeosis) and block drainage. This is sometimes the case in proliferative retinopathy.



What's your risk of glaucoma?

- People over 60 years of age are more likely to develop glaucoma
- People with diabetes are, in general, twice as likely to develop glaucoma than people who do not have diabetes; this risk is even greater in those with advanced diabetic retinopathy
- African Americans additionally have a higher risk of developing glaucoma than people of other ethnic origins

Detecting glaucoma

Initially, glaucoma starts off as a silent disease – although you have no symptoms, damage is occurring to the eye without your knowledge. As the disease progresses though, ‘peripheral’ (side) vision starts to become affected. The loss of peripheral vision continues, and eventually central vision may become affected too.

Glaucoma is diagnosed using three procedures:

- Measurement of pressure in eye(s) (tonometry)
- Examination of optic nerve
- Peripheral vision assessment (visual field test)

The drainage angle in the front of the eye can be examined using a procedure called gonioscopy, in which a special magnifying contact lens is placed on the eye.

Treating glaucoma

There are no magic cures for glaucoma, but some treatments can slow the disease progression, providing it is detected early on.

Medication is usually the first line of treatment, and this may be in the form of eye drops and/or tablets:

- Eye drops work to reduce the pressure in the eye either by reducing the amount of fluid that it is produced, or by increasing the efficiency of the drainage network in the eye.
- Oral medications (i.e. tablets) also work by reducing the production of fluid.

Laser surgery may be necessary to increase the outflow of fluid. It has a relatively high initial success rate (80 %) but more surgery may be required later. Other surgical techniques for improving drainage of the eye are sometimes used.

Tony Bland from Visique McClelland Optometrists will be coming to talk to our Thursday morning tea group (on **11th April**) about treatments for various eye conditions related to having diabetes. He will also be able to (hopefully) answer any queries you might have on any of the information published in this 3-part series on Diabetes and Eyes

TYPE 2 DIABETES

REMISSION: **DiRECT**

According to the most recent findings of the DiRECT study, significant weight loss can put Type 2 diabetes into remission for at least two years.

DiRECT (Diabetes Remission Clinical Trial) is a research study investigating whether offering an intensive programme for weight loss and weight loss maintenance would be advantageous for people with Type 2 diabetes. Specifically, this programme aims to increase the number of people who can become 'non-diabetic'.

Participants are recruited only via NHS General Practices which are taking part in the study, and individuals cannot be accepted in DiRECT. General Practices are randomly allocated to offer their patients one of two treatments. Each treatment has already been shown to be effective, and the question of DiRECT is whether one is better than the other. All participants are followed for at least 2 years, to see how many remain diabetic under each treatment, and how that relates to their weight. Some participants also undergo detailed tests concerning the amount of fat in their liver and pancreas.

DiRECT is the largest research study, to date, ever supported by the charity Diabetes UK. Additional support is provided by Cambridge Weight Plan pro bono but with no input into study design, execution or analysis. It is being conducted in NHS primary care practices in Scotland and in Tyneside, the intervention being delivered by NHS staff in routine practice. Defined training for these staff is being provided using the Counterweight Plus approach. The NHS "sponsor" is NHS Greater Glasgow and Clyde.

The fact that obesity is closely linked to Type 2 diabetes in many people is something we've known for a long time. But research continues to provide us insights into how and why, and gives us real life evidence that weight loss really can have a significant effect on the disease process.

Initial findings of the DiRECT study were presented at the International Diabetes Federation (IDF) conference in December 2017. These which showed that 46% of participants were in remission after one year.

A further year on, 70% of those participants are still in remission. The results confirm that – as with the first year results – remission is closely linked to weight loss; 64% of participants who lost over 10 kilos were in remission at two years. Participants regained some weight, as expected, between the first and second year. However, those in remission after one year who stayed in remission had a greater average weight loss (15.5 kilos) than those who did not stay in remission (12 kilos).

What is Type 2 remission?

According to Diabetes UK, Type 2 remission means that a person no longer has high blood glucose levels and does not need to take diabetes medications.

It doesn't mean that Type 2 diabetes has gone away forever or been cured. People who go into remission are advised to continue to have annual checks to ensure that blood glucose levels haven't crept back up again.

If weight is regained, Type 2 diabetes is more than likely to return. So the challenge is to maintain a significant weight loss over a period of many years. It will be interesting to follow the participants in this study of the next 5 - 10 years to see how many of them remain in remission.

Weight loss surgery (eg gastric bypass) has been associated with Type 2 remission in 30 - 60% of cases, but this approach isn't suitable (or available) for everyone.

You can find out more about the DiRECT study at:
<https://www.directclinicaltrial.org.uk/>

IMPORTANT! Talk to your doctor or nurse before embarking on a weight loss program.

EOPancreas: A Closed Loop Insulin Patch Pump in Development



Last month, EOFlow, an emerging medical device company with offices in Seoul, South Korea and San Jose, California, announced that its closed loop Automated Insulin Delivery, the EOPancreas System, received *Breakthrough Device Designation* by the U.S. Food and Drug Administration. This designation grants priority review to companies with promising new technology in chronic disease care. “The Breakthrough Device designation will assist us in developing clear design and development milestones in concert with the FDA, greatly accelerating our ability to commercialize this important new technology,” says Luis Malave, the president of EOFlow.

The upcoming EOFlow closed loop system, the EOPancreas, combines a continuous glucose monitor with an insulin patch pump, and is set to rival the tubeless OmniPod. The system is designed primarily for people with Type 1 diabetes.

The EOPancreas System contains a unique, connected architecture, allowing it to benefit from Artificial Intelligence (AI) algorithms running on a private, validated cloud – termed EOCloud – to allow customization of the closed loop control for each user.

“EOFlow was founded to democratize wearable drug delivery solutions by providing intelligent, connected solutions for patients managing chronic conditions at globally-competitive price points”, according to Jesse Kim, founding CEO of EOFlow, “and we see the Breakthrough Device designation as an important validation of our business model.”

The EOPancreas System is being developed with the support JDRF to address the continuing global challenges associated with diabetes management through lowering the barriers to blood glucose control for people living with Type 1 diabetes.

Currently, in addition to the EOCloud, the system consists of the following:

The EOPatch, a small, lightweight, waterproof, tubeless patch pump that adheres to the skin. The reservoir will hold 200 units of insulin, and lasts for three days. It is fully disposable, and the cannula is a 30-gauge stainless steel needle designed to minimize occlusion.

The ADM (Advanced Diabetes Manager) is a smartphone-like color touch screen that allows for easy operation (Android OS). It can save up to 8 basal programs and 8 bolus preset programs. The ADM keeps track of important data such as Patch insulin infusion status, history, and blood glucose trends. It also monitors for Patch use time, battery status, and abnormal conditions such as occlusion, and promptly notifies the user.

CGM: DiabetesMine reports that “there isn’t a lot of detail out there publicly, but we’re told the EoPancreas will be integrated with existing CGM technology. Specifically, the company has reached an agreement to use the CT-100B CGM sensor made by China-based POCtech.”

A commercial launch is expected in 2021.

TEN TOP TIPS FOR HEALTHY EATING



carbohydrates

1. Choose good carbs, not no carbs. Whole grains are your best bet.



protein

2. Pay attention to the protein package. Fish, poultry, nuts, and beans are the best choices.



fats

3. Choose foods with healthy fats, limit foods high in saturated fat, and avoid foods with trans fat. Plant oils, nuts, and fish are the healthiest sources.



fiber

4. Choose a fiber-filled diet, rich in whole grains, vegetables, and fruits.



vegetables/fruit

5. Eat more vegetables and fruits. Go for color and variety—dark green, yellow, orange, and red.



calcium/milk

6. Calcium is important. But milk isn't the only, or even best, source.



healthier drinks

7. Water is best to quench your thirst. Skip the sugary drinks, and go easy on the milk and juice.

Continued on back page...

Check out Page 5 for details of the next meeting of our Type 1 Group when we will be welcoming Fiona Cloete from MediRay to demo and talk about the FreeStyle Libre

FreeStyle Libre Flash Glucose Monitoring System is now available in New Zealand.



YOU CAN DO IT WITHOUT LANCETS[†]


FreeStyle
Libre
 FLASH GLUCOSE MONITORING SYSTEM

MR
MEDIRAY+

For more information freephone 0800 106 100
 or order on line at www.freestylelibre.co.nz

[†]Scanning the sensor to obtain glucose values does not require lancets. The FreeStyle Libre Flash Glucose Monitoring System Sensor is only intended to be used by patients (aged 18 years and older) with insulin dependent diabetes mellitus. Health care professionals and consumers should be aware about the limitations of available scientific evidence for use of this device in any other groups of patients who require diabetes management.



salt & sodium

8. Eating less salt is good for everyone's health. Choose more fresh foods and fewer processed foods.



alcohol

9. Moderate drinking can be healthy—but not for everyone. You must weigh the benefits and risks.



vitamins

10. A daily multivitamin is a great nutrition insurance policy. Some extra vitamin D may add an extra health boost.



diabetes nz
rotorua branch

**FREE Support
Membership**

Sign up today!

It's a win-win situation
(and a bit of a no-brainer really)

More members means that we have greater power to lobby the Ministry of Health and PHARMAC for better health care services and medicines for people with diabetes.

Opt in to receive our monthly newsletter by post or by email and stay up-to-date with the latest news and information for people with diabetes or pre-diabetes.

Go to www.diabetesnzrotorua.org.nz

Visit us at 17 Marguerita St Rotorua

Call us on 07 343 9950