

Insulin Pump Newsletter

Issue 4



Autumn / Winter 2016

Welcome to the Autumn/Winter 2016 Insulin Pump newsletter, as always feel free to contact us with ideas of topics you would like covered in the next newsletter, we would prefer them to be shaped to your needs and be as useful as possible.



Pump Workshop

At the end of August we held another pump workshop, this time covering an update on foot care, feedback of the NEEDS pump service audit and practical sessions on Fat/protein counting and pump downloads. We will provide a summary in this newsletter for those of you who could not attend. Our next pump workshop will be on December 5th 2016 (am), Colchester. Feedback is generally that people find it useful meeting other pump users and generally seem to take away some useful tips from each workshop so please come along if you can! Invitations will be sent in due course.

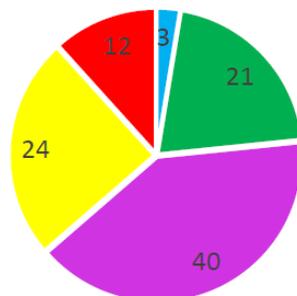


Pump Service Audit

Every year we do our own in-service audit to keep an eye on how close we are to meeting targets and compare our progress year on year. Below is a summary of 2015-2016 findings:

- 85 pump users (varied through the year as 5 new starts and 5 people came off the pump)
- 66% female and 34% male (4% more males than last year!)
- Reasons for starting pump therapy were equal numbers for hypoglycaemia and hyperglycaemia.
- HbA1c Trends for those started on pump for High BGS:
 - 82% reduced HbA1c since starting pump therapy, 18% deteriorated since starting pump. The national UK pump audit found that only 64.8% had shown improvements in HbA1c since starting pump therapy.
 - Mean HbA1c reduction pre pump compared to now = -16.8mmol/mol (range +5 to -53 mmol/mol) this was an increased reduction since last year.
- Below is a chart showing % of pump users within each HbA1c category, this has improved yearly since 2014. Green reflects excellent, red- very poor control.

% of HbA1c in target ranges 2016



■ <41 ■ 42-52 ■ 53-63 ■ 64-74 ■ 75+

Compared to UK averages NEEDS has more pump users with excellent and good control and less in the very poor control. However, as always we have room for improvement and will continue supporting you to achieve the best control you can.

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Fat & Protein Counting

Evidence is showing that meals with larger portions of protein and fat do actually have a delayed hyperglycaemic effect on blood glucose levels. This is the reason we now advise total fasting / no meal when checking basal rates. Getting into counting for fat and protein is quite advanced (see below!) and before doing so you would need to have checked all basal rates with fasting tests and be sure your basic carbohydrate counting skills are accurate.



Fat and protein counting is the next step on from the use of dual wave/extended wave boluses, if you have noticed you get higher readings after meals with more fat/protein content, this method may help you further optimise your control.

Please speak to the pump team for further guidance, it does make sense (honestly!) but clearly will require extra work on your part. Alternatively a more straightforward option would be to consider are you following a healthy balanced diet and could you reduce the fat/ protein content of your meals?!



Annual review - Just a reminder that although we see you in pump clinic for your diabetes, all pump users should still attend their GP practice for annual review. This will involve having checks included as part of the '15 healthcare essentials' you are entitled to.

<https://www.diabetes.org.uk/Guide-to-diabetes/Monitoring/15-healthcare-essentials/>

Winter Illness

The winter months can often mean increased illness, whether it be flu, colds or a sickness bug you need to be prepared. Please ensure you have in date means of testing your ketones, a copy of 'sick day rules' either in your DAFNE books or a separate sheet which we can provide you with if it has been mislaid (or available online:). Also it is important to have in date insulin pens and needles for your background and rapid acting insulins. Often high readings with ketones are best corrected with pens rather than the pump. Please contact your GP for all prescription requests.



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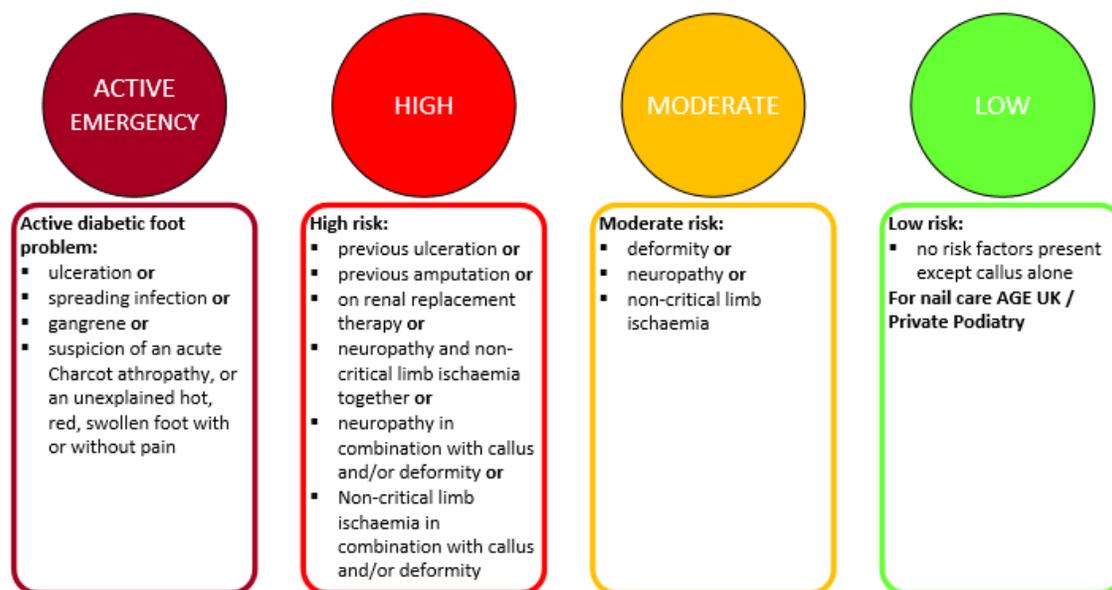
Feet Update

We all know that having Diabetes means you are at greater risk of developing problems with your feet, due to the damage that high blood glucose levels can do to the nerves and circulation. So know your feet like the back of your hand, check them regularly and know when something has changed/is wrong. It may be something as simple as small blister from friction caused by new shoes, a stubbed toe, cracked hard skin on your heels or and traumatic injury from sport, all of these may not seem like much but **if left untreated** may result in a **Diabetic Foot Ulcer**.



Some of you may already be aware of the changes to the podiatry services in North East Essex, but some of you may not. These changes have been made in accordance with The 'NICE Guidance' for the treatment/care of the Diabetic foot. Those people that have **no risk factors**, such as- Neuropathy, Deformity, previous ulcerations, previous amputations or no pulses will **no longer routinely** be seen by Podiatry to have **their toe nails cut**. This will need to be funded independently through private chiropody, Age UK or if you are able to cut them yourself, this would be encouraged... Although only if it safe to do so without causing any trauma. The categories are explained below. This is so the service can focus more on those people with diabetes that are at **higher risk** of ulceration or already **have active foot disease**.

We have included a leaflet explaining the changes further and some contact numbers for further enquiries. Also included is a FOOT ATTACK leaflet signposting what to do if you should have a foot emergency and how to get it treated.



The key to preventing Diabetic Foot problems is well controlled diabetes, your GP and practice nurse will continue to see you as part of your annual review for your diabetes and we as a specialist service are here to help and support you with any issues so please contact your health care professional if you are concerned about your diabetes control.