A convenient way for you to check your glucose using your phone

Find out more at www.FreeStyleDiabetes.co.uk

1. The FreeStyle LibreLink app is compatible with NFC enabled phones running Android OS 5.0 or higher and with iPhone 7 and higher running iOS 11 and higher. 2. For a complete glycaemic picture, scan once every 8 hours. 3. LibreView data can be viewed on the Safari browser on Mac OS X Mountain Lion or higher computers and on iOS 11 and higher mobile devices. Currently, uploading of glucose data is only supported on Windows based computers. Minimum system requirements are Windows Vista with IE10 or the latest versions of Google Chrome and Mozilla Firefox, running on a 550MHz Pentium III, 512MB DRAM, 2G Hard Drive. 4. LibreLinkUp is a mobile application, developed and provided by Newyu, Inc. Use of LibreLinkUp requires registration with LibreView, a service provided by Abbott and Newyu, Inc.

A word from James

I’m James, the new Director of Fundraising for JDRF, and I am thrilled to introduce myself to you. I am extremely proud to be working for an organisation committed to curing type 1 diabetes, a condition that has affected my family.

In this issue we look at the Language Matters campaign, launched by NHS England which examines how language used by healthcare professionals can affect those living with diabetes. We also have an interview with Dr Conor Farrington who is studying the attitudes of healthcare professionals towards type 1 tech. I am already inspired by your fundraising efforts that underpin our research. For example 162 JDRF runners crossed the finishing line at the London Marathon in April. The amount they raised has passed £315,000 and is rising - a huge achievement.

Finally I want to thank every one of you for the welcome I’ve received. I am determined to do my part in eradicating type 1.

James Elliott
Director of Fundraising

JDRF does not endorse any of the products or services advertised in Type 1 Discovery. Articles in Type 1 Discovery written by freelance contributors do not necessarily represent the views of JDRF.

To find out about all the research projects we fund, visit jdrf.org.uk/research
**‘Kissing disease’ virus may increase risk of type 1**

Scientists believe they may have moved closer to understanding exactly how a virus could trigger type 1 and other autoimmune conditions.

A recent study, carried out by a research team in the US, found that a protein produced by a virus binds to multiple sections of the human genome associated with seven autoimmune conditions, including type 1 diabetes. The Epstein-Barr virus, most famous for causing glandular fever – sometimes referred to as the ‘kissing disease’ – infects immune cells. The virus produces a protein that can then bind to specific sections of DNA and lead to changes in how certain genes are controlled.

Scientists have long suspected viruses of playing a role in triggering some cases of type 1. These findings now indicate a possible mechanism for how a virus, combined with the genetic predisposition, could lead to the development of an autoimmune condition such as type 1.

Lead researcher on the study, Dr John Harley, a rheumatologist at the Cincinnati Children’s Hospital Medical Center in Ohio, said of the findings: ‘This discovery is probably fundamental enough that it will spur many other scientists around the world to reconsider this virus in these disorders.

‘As a consequence, and assuming that others can replicate our findings, that could lead to therapies, ways of prevention and ways of anticipating disease that don’t now exist.’

**Be aware of sugar changes**

The sugar tax came into effect on April 6 marking a change in the contents of many drinks used as hypo treatments.

If you use sweet drinks as a hypo treatment, then we recommend that you check the label to see if the sugar content has changed. Fruit juices have not been affected by the tax.

**Episodes of hospital hypos fall, audit says**

Spending time in hospital can be an anxious time for anyone living with type 1.

This can be particularly difficult when they have to give up control of their sugars to the healthcare professionals in charge. The National Diabetes Inpatient Audit (NaDIA) has revealed that fewer people with type 1 staying in hospital are having episodes of hypoglycaemia, down from 26 per cent in 2011 to 18 per cent in 2017. However, the audit also highlights that one in 25 developed diabetic ketoacidosis in hospital as a result of under-treatment with insulin.

**Our runners deliver a capital performance**

A record number of runners raising money for type 1 research took to the streets of the capital for the 2018 London Marathon.

JDRF’s 162-strong team kept going in warm April sunshine and have raised £315,000 with money still coming in.

**Our survey says**

Since being diagnosed with type 1 diabetes which of these activities has been affected the most?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercise</td>
<td>32%</td>
</tr>
<tr>
<td>Eating out</td>
<td>25%</td>
</tr>
<tr>
<td>Work/school</td>
<td>25%</td>
</tr>
<tr>
<td>Travelling abroad</td>
<td>18%</td>
</tr>
</tbody>
</table>

**JDRF has joined forces with golf travel experts, Golf Escapes. They will provide golf holiday auction prizes for our fundraising events and give us a donation for every golf holiday booked through them when the customer quotes ‘JDRF’. There will also be occasional special-priced golf holidays offered to our JDRF supporters. Check out www.golf-escapes.com**
Born by Caesarean section, two months premature, in August 1989, I arrived three minutes after my sister Alice and three minutes before my other sister Sophie. Sophie and I are identical twins and both have type 1 diabetes. She tells her story.

Rosanna Carson, a qualified vet, is one of three sisters born within six minutes of each other – one is her identical twin, the other her non-identical triplet. Two of them have type 1 diabetes. She tells her story.

Then, aged 11, I was admitted to hospital after a protracted hypoglycaemic episode. During it I lost my memory, including what my name was. Fortunately the loss lasted only briefly. From the age of nine to 13 having type 1 felt like a “nag” – people always nagging me to check my blood glucose, eat certain things and have regular meals.

The most challenging time I’ve had managing my type 1 was between the ages of 13 and 16 when I was at boarding school. It was a stressful period and my efforts to control my life led to my suffering an eating disorder and having an obsession with exercise.

The most challenging time I’ve had managing my type 1 was between the ages of 13 and 16 when I was at boarding school. It was a stressful period and my efforts to control my life led to my suffering an eating disorder and having an obsession with exercise.

Carbohydrates can be counted in grams or as carb portions. One carb portion usually equals 10g of carbs.
Continuous monitoring – rather than flash checks – has turned my life around

Tilly Bather has experienced hypo unawareness since being diagnosed two years ago. Using a CGM has allowed her to get on with her life without the constant fear of hypos.

You might think there is one small upside to having hypo unawareness – having none of that feeling dizzy, shaky, sweaty etc. In reality, it’s actually quite frightening. Imagine not knowing that you’re having a hypo until your blood sugar is so low that you don’t even understand what’s happening to you, let alone how to treat your hypo.

I was diagnosed with type 1 at the age of 24 in September 2016 and I don’t think I’ve ever had proper hypo warning signs. I’ve felt confused and lethargic but only ever under around 2.5 mmol/L. I have had instances where I’ve been as low as 1.8 and still feeling absolutely normal – until I passed out! A lot of people with hypo unawareness lose their warning signs after having type 1 for years. However, all of the current studies are only being done on people who have had diabetes for more than four years. One of the main obstacles for me has been that diabetes clinics try to restore my hypo warning signs by running my blood sugars higher. Unfortunately this has never been successful.

There is some great research into restoring hypo warning signs. However, all of the current studies are only being done on people who have had diabetes for more than four years. One of the main obstacles for me has been that diabetes clinics try to restore my hypo warning signs by running my blood sugars higher. Unfortunately this has never been successful.

It’s only now at the fourth clinic I’ve been that my team finally understand this isn’t an effective approach for me. After losing consciousness from a hypo more times than I can even remember, I stopped leaving the house on my own. I was terrified that I’d pass out crossing the street and be hit by a car. I had taken to testing my blood sugar roughly twenty-five times a day just to try to catch a hypo before it happened.

With my fingers raw, and my confidence at an all-time low, I made the decision to invest in a continuous glucose monitor (CGM). I had used a flash glucose monitor, but the alerts that CGMs give you when your blood sugar is low were the selling point. Within a few weeks of using one, I felt confident enough to go out on my own. It really upsets me that the NHS doesn’t fund them for patients with hypo unawareness as standard. For me, a CGM keeps me alive just as much as insulin does.

There is some great research into restoring hypo warning signs. However, all of the current studies are only being done on people who have had diabetes for more than four years.

Go to jdrf.org.uk/living to find out more

My type 1 shopping list

‘Did I mention that I love fruit?’

Eleven-year-old Ethan Higgins, from Northamptonshire, was diagnosed with type 1 when he was three. He is a keen shopper and is well aware of how to keep a healthy diet to control his blood glucose levels.

‘I make my own breakfast and packed lunch for school each day, and do most of my carbohydrate counting independently. These are the items on my shopping list to fill my stomach, keep my energy up through the day and that are easy to count’

Tesco 50% fruit muesli
• Muesli is my favourite to start the day. It makes a very energising and nutritious breakfast. I choose this particular muesli as it has lots of different dried fruits, which I love. It keeps me full until morning break and has all the necessary carbohydrate information on the packet, making it easy to weigh out and count the carbs.

Braeburn apples
• Did I mention that I love fruit? Braeburn apples are the best because they are big and crunchy. Each apple is 20g of carbs. I have one in my lunch box every day, and sometimes have one after my evening meal if I am still hungry.

Cashew nuts
• Cashew nuts are a great buy for a quick snack because they are easy to count and are delicious. My mum and dad also use them in cooking.

Robinsons sugar-free orange squash
• I drink a lot of squash and not having to carb-count this particular brand is why I choose it over the others that contain sugar. When we run out of orange, we have orange-and-pineapple in the cupboard. But I don’t mind as they are both fruity.

Carbs and Cals
You can see the nutritional values of a wide range of foods with this app. It uses images of different amounts of the food on a plate so you can compare it to what you have in front of you. www.carbsandcals.com

Best In Bag
This handy app was developed by Eduard Erwee who lives with type 1. It allows you to search over 280,000 products and 10,000 recipes to find out carb info and suggests healthier alternatives. www.bestinbag.me

My Fitness Pal
This popular app helps you track your health data including nutritional information. You can log your food to help you remember the carb contents of different meals. www.Myfitnesspal.com
Thoughts of a type 1…

Colleague

Miranda Burdett worked in Emma Purvis’ shop Kindle House for just two months before she was diagnosed with type 1. Working independently in fast-paced roles, Miranda and Emma learnt to work around the condition and adapt to Miranda’s needs as they went along.

However, if you don’t have prior experience it can be quite a learning curve. I’d recommend doing some research and talking to a charity to find out more information and to equip yourself as an employer.

Miranda

When I told Emma about my diagnosis, she was so supportive. We worked it out together so it wasn’t a big deal, we just adapted to it. Because of that, it helped me to get into a routine straight away and because we had that important, open conversation, I didn’t feel ashamed or worry that I’d struggle in silence. Emma was accommodating to my needs while I was at work. She made sure I could take regular breaks to do checks, as well as having a stock of sweets! She made it easy for me to carry on with my life.

Emma

Miranda didn’t have type 1 when she started working for me, but even after she was diagnosed she didn’t let it affect her.

When she first told me it was confirmed, I didn’t worry about her dealing with it at work. I felt more concerned about how it would affect her personally and in the future. I knew that we would do whatever she needed, regardless, while she was working. Just as we would for anyone else with a health issue.

I felt it was important for me and Miranda to have a conversation about how she wanted to manage and communicate her diabetes. I wanted to be led by her and for her to tell me what she needed so she felt as comfortable as possible.

The one thing I did was to make sure that she took her breaks in good time. It’s a very busy role and breaks can slip if you don’t keep an eye on the clock! With type 1 diabetes, not keeping track of time can be risky. My best friend had gestational diabetes so I had an understanding of what Miranda might need.

When I told Emma about my diagnosis, she was so supportive. We worked it out together so it wasn’t a big deal, we just adapted to it.

You can read more stories about people living with type 1 diabetes on our blog. Go to jdrf.org.uk/blog to find out more.

Callum Jackson, 23, played cricket for England at under-19 level and then as a professional for Sussex and Kent after being diagnosed with type 1 at the age of 14. He is now a personal trainer living in Fulham, west London.

1. How did you find out you had type 1?
A I had been ill with flu for a week when I started having the classic symptoms such as feeling thirsty and weeing all the time. I remember weeing 25 times in half a day. My mum was a nurse, recognised the symptoms and took me to hospital.

2. Then what happened?
A The first thing I asked the doctors was whether I’d be able to play cricket again. They reassured me and said I’d be able to do virtually whatever I wanted. They mentioned the name of the great Pakistani fast bowler Wasim Akram who achieved great things as an international cricketer after being diagnosed with type 1.

3. So you had no fear of playing professional cricket and then becoming a personal trainer?
A Absolutely not. If there is a good thing about having type 1 it’s that it teaches you about your body and how it works. I feel very fit and as well as the personal training I still play semi-professional cricket for Gatford and run the London Cricket Academy.

4. What tips would you give to someone exercising with type 1?
A It’s tricky. There’s no rulebook. Everyone’s experience of exercising is different. Before you work out write down your exercises and blood sugar levels and monitor these regularly afterwards. Also, always have some sort of fast-acting carbs on standby in case of an unexpected hypo.

5. Can your reactions differ according to the type of exercise?
A Yes, they will often differ. Especially between cardio and strength sessions. I find I can have hypo a few hours after high-intensity exercise such as after the half marathon I ran recently. This is why you must keep a close eye on your levels.

6. What advice would you give to someone who’s just starting out?
A It’s tempting to start at 100 per cent, but more beneficial to start slowly. Go with a mate or get a personal trainer to begin with. And, again, if you keep notes you will learn much more quickly how your body reacts to exercise.

7. What extra things does someone with type 1 need to consider when exercising?
A Make sure you have this mindset. You can do anything, there are no limits. Five times Olympic gold medallist Sir Steve Redgrave achieved much of his success with diabetes. I see type 1 as having had a positive impact on my life and think it’s very important that you have this mindset.

8. How can you build confidence to exercise?
A Prepare and plan. Be kind to yourself and listen to your body. You’re the only one who knows how you feel, so if you need a break, take one! In my eyes confidence is born from preparation.

9. What do you personally find challenging about working in the fitness industry?
A Hypo after exercise and watching carbs are my biggest challenges. I always want to stay as lean as possible so when I have a hypo I need to manage how many carbs I consume to get me back to a good level. The quality of those carbs is also a consideration. For example, a banana is better than a chocolate bar.

10. Can you give some final words of motivation?
A You can do anything, there are no limits. Sir Steve Redgrave achieved much of his success with diabetes. I see type 1 as having had a positive impact on my life and think it’s very important that you have this mindset.
Pathway that turns research into a new treatment

We all know that the aim of JDRF’s research programme is to develop treatments to cure, treat and prevent type 1 diabetes. To do this, scientists follow a pathway that moves research from the lab bench into the clinic and then into the hands of doctors and their patients. This process has been outlined below so you can see how an idea can turn into a successful treatment.

1. CELLS RESEARCH
   We start on the research pathway by investigating individual cell types relevant in a disease. Researchers want to understand what a particular cell type does, and this could include looking at the cell’s DNA sequence, looking at which genes are switched on or off, and looking at what proteins are made by the cell. For example, in type 1 diabetes, we are interested in the insulin-producing beta cells, and the immune system cells that attack them.

2. SYSTEMS RESEARCH
   Once researchers understand how individual cell types work, they can look at systems. In the body systems are collections of cells and organs that work together to carry out a process. Researchers want to understand how the different cells and organs behave and interact together. If we can understand how a system behaves normally, and we can see where or why that system is not behaving as it should in a disease, it could indicate possible points in the system that could be targeted with treatments. For example, in type 1 diabetes, we are interested in understanding how the immune system behaves, and how it differs from someone without type 1.

3. DEVELOPMENT OF TREATMENT
   When researchers understand how a system works, they can develop new treatments to target it appropriately. Treatments can take many forms, including drugs, medical technology and education programmes, and so research at this level can be very varied. For example, in type 1 diabetes, some researchers are developing drugs to change the behaviour of the immune system and stop the immune cells from attacking the beta cells. Dr John Fossey, a JDRF-funded scientist is working in the treatment area. He is developing a glucose-responsive or ‘smart insulin’ which, when injected into the body, acts only when needed to bring blood glucose levels down into the normal range.

4. PRECLINICAL TRIALS
   Once a new treatment is developed, it will be tested in the lab before it can be tested in people. Preclinical trials involve testing the treatment in human tissue samples or in animals in the lab. The aim of preclinical trials is to check as far as possible that the treatment is likely to be safe to use in humans and to work out what would be the most effective dose. For example, a drug developed to stop the immune cells from attacking beta cells would be tested in a special strain of mice with type 1.

5. CLINICAL TRIALS
   Clinical trials are the last step in developing a treatment, and they can occur only when there is enough evidence to suggest that the treatment will be safe to use in humans. Clinical trials, a new treatment is tested in human volunteers. There are three main phases of clinical trials and a treatment has to pass all of them in turn to be approved for clinical use. An example of this kind of research that we are funding is the artificial pancreas trials run by Dr Roman Hovorka in Cambridge.

6. APPLICATION AND APPROVAL
   When a new treatment has successfully completed all three phases of testing in clinical trials, it can be considered for general approval for use in patients by the relevant governing body. In the UK, this is the Medicines and Healthcare products Regulatory Agency (MHRA) or the European Medicines Agency (EMA). All of the evidence on the treatment’s safety and effectiveness collected through the clinical trials is submitted for review. The governing body will then decide whether there is sufficient evidence to approve a new treatment or if more is needed before a decision can be made.
New technology’s benefits are indisputable – but maybe not for everyone

Dr Conor Farrington, a social scientist based at the University of Cambridge, who has a particular interest in new medical technologies, is carrying out a JDRF-funded study. Here he talks to Paz Garcia, JDRF’s Research Communications and Engagement Officer, about this study that includes assessing whether new devices are appropriate for every person with type 1 diabetes.

I became particularly interested in how people with long-term conditions respond to cutting-edge technologies

Dr Conor Farrington: My background is in social science, and specifically sociological and philosophical approaches to medical technology and its place in modern society. An enduring feature of medical technology is the time-lag between the introduction of a new device or system and the achievement of deep understanding of what this technology means for different people. From this point of view, I became particularly interested in how people with long-term conditions respond to cutting-edge technologies, such as the artificial pancreas, which offer improved glycaemic management but which also take a degree of control away from the person. Following extensive involvement with artificial pancreas studies at Cambridge, I became interested in the opinions of other relevant stakeholders. Clinicians play a vital role in mediating the access people in their care have to technology and yet few studies have directly explored their attitudes to technology. This seemed an important topic and I was fortunate to receive funding from JDRF to take it forward.

What is the study you’re currently working on?

CF: My present study explores clinician attitudes to a range of diabetes technologies in a variety of outpatient clinics across England, including clinics for paediatric, pregnant and adult populations. My data collection approach involves speaking to clinicians from multiple backgrounds – e.g. physicians, surgeons, anaesthetists, nurses, dieticians – in order to elicit their opinions on a range of prominent topics. These include attitudes to: the role of NICE guidance in patient access to technology; patient use of technology; challenges and opportunities arising from future artificial pancreas systems; and the impact of local factors on technology access, including ‘organisational culture’ at different clinics.

How is the study going so far?

CF: Very well. I am nearing the end of data collection, and have spoken to almost 40 clinicians from a range of backgrounds, clinics and locations in England. It has been fascinating to encounter a variety of opinions on the degree to which it is possible to predict which people with type 1 in their care will benefit most from a particular technology. Challenges have arisen with recruitment, as it is always difficult for busy clinicians to give up time to participate in research due to stretched budgets and immense resource pressures. But, overall, I have been very pleased at the level of enthusiasm shown for getting involved in the study.

What do you aim to achieve with your research?

CF: By analysing patterns in my interview data, I hope to generate new insights about the role of clinician attitudes in how people with type 1 access and use technology – a vital, but neglected, topic. In turn, this will help policymakers, commissioners, line managers and lead clinicians to hold informed discussions about the kinds of challenges and opportunities that might arise around new technologies (such as the artificial pancreas) as these are introduced to mainstream care. I also hope that my research will stimulate other researchers to explore other aspects of clinician attitudes in diabetes care.

How do you think your work fits in across the wider landscape of type 1 diabetes research?

CF: My sense is that clinicians, researchers and policymakers are increasingly aware of the importance of sociological work in medicine and diabetes in particular. This involves moving away from a view in which new devices are thought to have precise and predictable effects when introduced to clinical care and moving towards a more nuanced view in which technology usage is understood as complex and context-dependent. Some of my recent research demonstrated, for instance, that pregnant women using artificial pancreas systems varied quite significantly in terms of how well they were able to estimate the degree of glycaemic benefit they experienced by using the system. I think that my current work on clinician attitudes represents an important complement to my previous patient-focused work, as both the attitudes of clinicians and people in their care play an important part in technological – and clinical – outcomes.

What role do you think tech – like the continuous glucose monitor, insulin pump and artificial pancreas – will play in the future in type 1 diabetes care?

CF: The clinical benefits of new diabetes technologies are indisputable, but positive outcomes depend not just on the technology but also on the motivation, education and clinical support of the people using it. Furthermore, new technologies may not be appropriate for every person. Some people may prefer to retain management of their condition rather than delegating it to an artificial pancreas algorithm, for instance. Rather than envisioning a techno-centric future in which everyone is treated with every possible device, I would like to see the NHS adopting a flexible and context-sensitive approach. This will need significant clinical support, so securing the future of NHS funding is vitally important.

I hope that my research will stimulate other researchers to explore other aspects of clinician attitudes in type 1 diabetes care.

Know your facts

15% of people living with type 1 diabetes in England use a pump for treatment. This comes from the last National Diabetes Audit Insulin Pump Report.

Find out more about our technology projects, and the other research we do, at jdrf.org.uk/research

Your support has helped us to make this research possible. To fund more research like this, visit jdrf.org.uk/fundresearch
Why is it important to have a clean finger when testing your blood?

It is extremely important that you only carry out a glucose blood test on a clean finger. If your finger isn’t clean, anything on your finger can affect the results of your blood glucose test. This can lead you to inject too much insulin which will have quite serious and sometimes dangerous consequences.

What are Dia-Wipes?

Dia-Wipes are an exciting product from established diabetic product manufacturers, Funky Pumpers. They measure 45mmx70mm (1.7”x2.7”) and do not contain any alcohol, fragrance or any other product or chemical that could affect your blood glucose test result.

Dia-Wipes were designed because there was a total lack of suitable and conveniently sized finger wipes on the market. It isn’t always possible to find somewhere to wash your hands before testing. It also means that there is no need to drag yourself or your child away from what they are doing to carry out this task.

Dia-Wipes solve these problems. At last there is a wipe that you can keep in your testing kit, pocket, bag etc and pull out without any fuss in order to carry out your blood glucose test. Dia-Wipes are useful in so many situations, including; schools, the office, the park or anywhere you are, where you want to carry out an accurate blood glucose test, without having to stop what you are doing to find somewhere to wash your hands.

www.funkypumpers.com
info@funkypumpers.com

www.dia-wipe.com

To find out more about our public affairs work, visit jdrf.org.uk/campaigns

To find out more about our products please visit:

Funky Pumpers
Pump Pouches • Lyra Pump Waist Bands • Hypo Treatments
Frio Products • Awareness Products and Wristbands Medpacs
Spibelts • Test Kit Cases • Plus 100’s of other products

Funkypumpers offer a full range of original, practical and fun products

20% off your first order offer code “JDRF”
Dia-Wipes can be purchased from www.Funkypumpers.com

W hat are the words used by people about your type 1 diabetes that most deflate you? Are they words uttered by friends, by relatives, by the media… or even sometimes by your committed doctors and nurses in your diabetes clinic?

The NHS healthcare professionals who support us do a great job. But we can all sometimes say things in a clumsy way.

This summer NHS England has launched the Language Matters campaign. Designed for conversations in the clinic, it aims to help doctors and nurses interact in the most constructive way possible with people living with diabetes.

The campaign is connected to the launch of a research paper highlighting the negative power of certain words associated with the condition.

Being described as ‘non-compliant’ can sometimes be hard to deal with if a person has been struggling with managing their condition. They can then view and describe themselves harshly, classifying themselves as someone with ‘bad control’. The very use of the word ‘control’ by clinicians and people with type 1 ignores the medical factors that cause the condition to be unpredictable at times and thus something managed rather than controlled.

Being described as ‘non-compliant’ can sometimes be hard to deal with if a person has been struggling with managing their condition. They can then view and describe themselves harshly, classifying themselves as someone with ‘bad control’. The very use of the word ‘control’ by clinicians and people with type 1 ignores the medical factors that cause the condition to be unpredictable at times and thus something managed rather than controlled.

The report says: ‘People with diabetes internalise messages from the media, from those around them, but most of all from their healthcare providers. When these messages are perceived negatively, whether it is intended or not, this can lead to feelings of shame, guilt and resentment. People who are ashamed of a condition will find it much harder to manage that condition proactively.’

It adds: ‘At its best, good use of language, both verbal and written, can lower anxiety, build confidence, educate and help to improve self-care. The language used in the care of those with diabetes has the power to reinforce negative stereotypes, but it also has the power to promote positive stereotypes.’

JDRF is supporting the Language Matters campaign because the charity’s supporters have long said that life with type 1 can be made harder when they feel unfairly judged.

Partha Kar, NHS England’s clinical lead for type 1 diabetes, is a driving force behind the campaign. Dr Kar is also a founder of Talking About Diabetes, which staged the TADtalk2018 event this spring aiming to empower people to share the real truth about life with the condition, in their own words.

Sticks and stones?
The things people say in the clinic

A campaign is under way to promote the ‘good use of language’ so as to lower the anxiety of people with type 1 and build their confidence.
GET INVOLVED

Find out how Insulet will support Omnipod® Insulin Management System Users from 1st July 2018

Insulet is, and always has been, the developer and manufacturer of the Omnipod® System, and we are excited to welcome users from across Europe as we take over all of your customer support and services needs.

Until 1st July 2018, distribution will remain the same and users are advised to continue to contact their current distributor to receive their Omnipod® System support as usual.

To find out more and to register for updates, please visit our webpage:
www.omnipodeurope.com

GET INVOLVED

The power of legacy giving

Whether it’s an artificial pancreas that mimics a healthy one, insulin-producing cells that can be safely transplanted or a vaccine that protects everyone from developing type 1 diabetes, the answers we need lie in research.

When you make a gift in your Will to JDRF, you ensure the search for the cure will continue and give the hope of a better life to everyone with type 1.

You can read more about what a gift in your Will to JDRF can do at jdrf.org.uk/legacy – and download a free information pack to answer any questions you might have.

If you’d prefer to speak to someone in person, please contact our legacies manager, Hayley Perez on 020 7713 2030.

JDRF have partnered with restaurant chain Gusto to make dining out easier for those living with type 1 diabetes and raise awareness of the condition at the same time.

As part of the relationship, Gusto now has carb-counted menus in their 19 restaurants across the UK. They will donate a proportion of proceeds from their Romesco Chicken Salad dish to type 1 research. We are thrilled to be working with them.

WE GO FORTH WITH GUSTO

JDRF Party at LAPADA

Monday 17 September 2018

Join us for the JDRF Party at LAPADA Art & Antiques Fair. This unique Venetian mask themed event will take place in the purpose-built marquee in Mayfair’s elegant Berkeley Square. All funds raised from the evening will support vital type 1 diabetes research. To find out more visit jdrf.org.uk/event/jdrf-party-at-lapada

Find out more about how to get involved at jdrf.org.uk/get-involved
It’s been another stunning effort all round!

EAST – Hannah Harvey, seen here with her family, ran her third London Marathon and excelled herself by raising £3,150

WALES – Meg Cook organised a tea-riffic Type 1 Tea Party in Pembrokeshire during the Easter Holidays with her mum Lisa and auntie and raised £370

LONDON – David Priest and the Oakald Park Golf Club at Chalfont St Giles performed wonders to raise £12,500. The cause is close to David’s heart as four members of his immediate family, including his son, have type 1

SOUTH WEST – Ruth Harris completed all 630 miles of the South West Coast Path with her friend Wendy Batten raising £630. Ruth’s granddaughter Indi has type 1

SCOTLAND – Kirsty Kidd from Glasgow held a fancy dress party that raised over £7,200. Her daughter Sophie has type 1

NORTH – Margaret Senior from Bradford made £500 for JDRF by knitting and selling pom-pom hats over the winter

SOUTH WEST – Tyler, George, Eli, Izaac, Callum, Jack and William, who all play for the Hampshire football club Netley Royals U11s, did a sponsored 10k walk for JDRF because their team captain was recently diagnosed with type 1. They aimed to raise £500 – but smashed this target by making more than £1,500

THANK YOU

We really appreciate all your efforts for JDRF

MIDLANDS – Lisa Andrews ran the Chester Half Marathon and raised £735

EAST – Hannah Harvey, seen here with her family, ran her third London Marathon and excelled herself by raising £3,150

MIDLANDS – Lisa Andrews ran the Chester Half Marathon and raised £735

NORTH – Margaret Senior from Bradford made £500 for JDRF by knitting and selling pom-pom hats over the winter

It’s been another stunning effort all round!

PARIS MARATHON

Sunday 14 April 2019

The Schneider Electric Paris Marathon 2019 is one of the most anticipated events in the international running calendar. This incredible spectacle sees over 57,000 runners from 145 nationalities starting along the world famous Champs Elysees before finishing near the spectacular Arc de Triomphe. Come home with incredible memories – what better place to take on the challenge of completing a marathon than one of Europe’s most beautiful cities? With the Eurostar it’s only a simple train ride away.

Sign up at jdrf.org.uk/event/paris-marathon-2019

RIDE FROM LONDON TO BRIGHTON

Sunday 16 September 2018

Join us for the London to Brighton Cycle Ride covering 54 miles from Clapham Common, south London to Madeira Drive on the Brighton sea front. Once you are out of London you cycle predominantly along quiet country lanes passing through Mitcham, Carshalton, Chipstead, Banstead and Haywards Heath before taking on the challenge that is Ditchling Beacon – a mile-long climb to the top of the South Downs where you will be rewarded with amazing views. From here it’s mostly downhill for the last few miles onto Brighton sea front!

Sign up at jdrf.org.uk/event/london-to-brighton-cycle-ride

ROYAL PARKS HALF MARATHON

Sunday 14 October

Central London’s magnificent parks make The Royal Parks Foundation Half Marathon a favourite event for runners of all abilities. The course passes through Hyde Park, Kensington Gardens and St James’s Park and the famous sights along the way include Buckingham Palace, the Houses of Parliament, the Royal Albert Hall and the London Eye. Run for JDRF and help to raise funds for the research that will find a cure for type 1. We’ll support you all the way!

Sign up at jdrf.org.uk/event/royal-parks-half-marathon-2018
**TAKE PART**

**What’s on**
Wherever you live, you will not be far from an exciting challenge.
So visit [jdrf.org.uk/events](http://jdrf.org.uk/events) and do your bit to create a world without type 1 diabetes.

### Keep on running

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>Big Fun Run, Derby</td>
<td>11 August</td>
<td>Royal Parks Half Marathon, London</td>
</tr>
<tr>
<td>One Fun Run Aberdeen</td>
<td>9 September</td>
<td>Manchester Half Marathon</td>
</tr>
<tr>
<td>Loch Ness Marathon Festival, Inverness</td>
<td>23 September</td>
<td>Birmingham Half Marathon</td>
</tr>
<tr>
<td>One Fun Run, North East</td>
<td>30 September</td>
<td>The Flintsire 50k &amp; 5K, Mold Leisure Centre</td>
</tr>
<tr>
<td>Conwy Half Marathon</td>
<td>21 October</td>
<td>Conwy Half Marathon</td>
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</tbody>
</table>

### On your bikes

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Location</th>
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<tbody>
<tr>
<td>Delotte Ride Across Britain, Land’s End</td>
<td>8-16 September</td>
<td>London to Brighton</td>
</tr>
<tr>
<td>One Fun Run North East</td>
<td>30 September</td>
<td>Royal Parks Half Marathon</td>
</tr>
<tr>
<td>Manchester Half Marathon</td>
<td>14 October</td>
<td>Manchester Half Marathon</td>
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### Type 1 Discovery Days

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<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Location</th>
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<tbody>
<tr>
<td>Worcester Sports Discovery Day</td>
<td>8 September</td>
<td>Leeds, Queen’s Hotel</td>
</tr>
<tr>
<td>Basildon, Basildon University Hospital</td>
<td>6 October</td>
<td>Tonbridge Sports Discovery Day, Tonbridge School</td>
</tr>
<tr>
<td>Doncaster, Yorkshire Wildlife Park</td>
<td>23 October</td>
<td>Doncaster, Yorkshire Wildlife Park</td>
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</tbody>
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### Glitz and Glamour

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>JDRF Party at LAPADA, London</td>
<td>17 September</td>
<td>The One Ball, Sheffield</td>
</tr>
<tr>
<td>The One Ball, Manchester</td>
<td>3 November</td>
<td>The Promise Ball, Leeds</td>
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</tbody>
</table>

### Community events

<table>
<thead>
<tr>
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<th>Date</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>One Walk Aberdeen</td>
<td>9 September</td>
<td>Kapow! Superhero Challenge, Manchester</td>
</tr>
<tr>
<td>One Walk London</td>
<td>23 September</td>
<td>One Walk Cardiff</td>
</tr>
<tr>
<td>One Walk Midlands</td>
<td>30 September</td>
<td>One Walk Cardiff</td>
</tr>
<tr>
<td>One Walk Central Scotland</td>
<td>30 September</td>
<td>Walk the Test Way, Hampshire</td>
</tr>
</tbody>
</table>

To sign up to any of our events, go to [jdrf.org.uk/events](http://jdrf.org.uk/events)
Apply for a FREE* CONTOUR®NEXT ONE meter by visiting www.contournextone.co.uk/JDRF0518

* Eligibility criteria apply. Only one meter from the CONTOUR® range per person every twelve months.

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