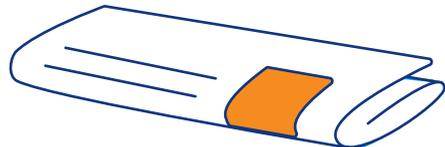




Diabetes in the news: A guide to reporting on diabetes

Contents

How we can help you	2
What we do for people with diabetes	3
What is diabetes?	4
Why diabetes is a big issue	5
A diabetes crisis in the UK	6
Top tips for reporting on diabetes	7
Why journalism matters	8
The two main types of diabetes explained	9
Myths	10
National offices	11



How we can help you

You can speak to us before you write or broadcast anything related to diabetes. We can help you get your report right, whether you're after background information, or a quote on new research findings.

Our media team understands what journalists need. We also have in-house expertise on everything from the biology of the condition to how NHS structures in England, Scotland, Wales and Northern Ireland affect diabetes healthcare.

As well as issuing press releases and commenting on diabetes-related news, we have experts experienced at broadcast interviews who can produce first-person pieces on a wide range of topics.

And we're happy to have an informal chat if you're unsure if a story's important, or you just want to run something by us.

Call:
020 7424 1165
(National Media team*)

Email:
PressTeam@diabetes.org.uk

Go to:
www.diabetes.org.uk

.....
*If it's urgent call 07711 176028 out of hours.

We also have media teams in:

Scotland
0141 245 6380

Wales
029 2066 8276

Northern Ireland
028 9066 6646

What we do for people with diabetes

We are the UK's leading diabetes charity and we support people living with diabetes, and their families.

We give advice and support to help people live well with their diabetes. We fund research, campaign for better care and bring people together to learn from each other. We're there for people when they need us, whether that's comfort during a bad day or help solving some of the everyday problems living with diabetes brings.

You can find out about our fight for a world where diabetes can do no harm at www.diabetes.org.uk/about-us/what-we-do

Diabetes headlines



4.6 million people in the UK have diabetes.



About **10%** have **Type 1**.
About **90%** have **Type 2**.



Someone is diagnosed with diabetes every **two minutes**.

It's a serious life-long condition that costs the NHS roughly

£1 million an hour.

That's 10% of its entire budget.



What is diabetes?

Diabetes is a condition where someone has too much glucose (sugar) in their blood.

Blood sugar levels are normally controlled by insulin produced in the pancreas. If someone has diabetes, they're either not producing insulin, or the insulin they do produce can't work properly or there isn't enough of it. This means that sugar builds up in their blood and can't get into the cells of their body where it's used for fuel.

Too much sugar in the blood can lead to devastating health complications including blindness, amputation, kidney failure, stroke and even death.

There is currently no cure but a person can live a long, healthy life with diabetes if it's diagnosed in time and properly managed.

There are two main types of diabetes: Type 1 and Type 2 (see pages 14–15 for more information).

You can find out more and share our What is Diabetes animation at

 www.diabetes.org.uk/diabetes-the-basics

How is it diagnosed?

The symptoms to look out for are needing to wee a lot, increased thirst, extreme tiredness, unexplained weight loss, infections like thrush, slow healing of cuts and wounds, and blurred vision.

Symptoms for Type 1 diabetes develop quickly – in days and weeks – especially in children.

For Type 2 diabetes, symptoms may be less obvious and can develop over some years. That's why some people can have Type 2 diabetes for up to 10 years before they are diagnosed.

Early diagnosis is vital

- People can become dangerously ill, very quickly, when Type 1 diabetes isn't diagnosed in time. An acute life-threatening condition called diabetic ketoacidosis (DKA) can develop that requires urgent medical attention.
- The longer people with Type 2 diabetes are undiagnosed, the higher their risk of serious complications.



Managing diabetes

People with diabetes need support from doctors, nurses and specialists, their friends and family to manage their condition. But for the vast majority of the time it's down to the person with diabetes to manage their own condition.

So it's vital people learn how. And that's just one of the things we help people do.

Managing diabetes can include taking insulin or medication prescribed by doctors. People might also need support to eat healthily, be active and maintain a healthy weight. Doing this helps to control blood sugar levels, blood pressure and cholesterol and reduces the risk of complications.

We've identified the minimum level of care everyone with diabetes should get. We call this the **15 Healthcare Essentials**.

These include the nine annual checks recommended by the National Institute for Health and Care Excellence (NICE), and equivalent bodies in Scotland and Northern Ireland.



Why diabetes is a big issue

Every week in the UK diabetes leads to more than:



160 amputations



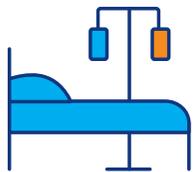
680 strokes



530 heart attacks and almost **2,000** cases of heart failure.



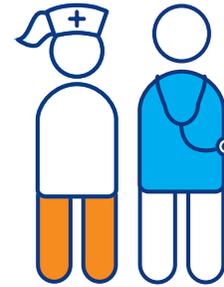
More than **500** people with diabetes die prematurely every week.



There are more than **22,650 people** in the UK who need dialysis because of their diabetes.



More than 1,600 people have their sight seriously affected by their diabetes every year in the UK.



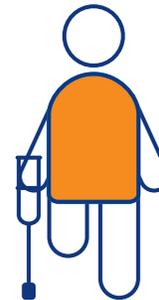
It costs the NHS

£1 million an hour.

That's 10% of the entire NHS budget.



Just over **a third** of people with Type 1 and **just over half** with Type 2 in England and Wales are getting the checks recommended by NICE.



80%

of NHS spending on diabetes treats complications.

It's high blood sugar levels over a long period of time that can cause damage to the eyes, heart, kidneys and nerves. This can lead to the complications of diabetes like **sight loss, heart attacks, heart failure, strokes, kidney failure and amputations.**

A diabetes crisis in the UK

Diabetes merits news coverage. Around 4.6 million people in the UK are living with diabetes. That figure is climbing all the time.

If nothing changes, it's expected to reach 5.2 million by 2025. The proportion of NHS budget across the UK spent on diabetes is expected then to rise to 17% within a generation.

One in 15 people in the UK has diabetes. They're your readers, viewers or listeners. Today, it's likely that almost everyone knows someone whose life is affected by diabetes.

And diabetes healthcare is often not good enough, and there's a postcode lottery of care. In the best performing areas, over two thirds of people with diabetes get the checks recommended by NICE (and equivalent bodies in Scotland and Northern Ireland). In other areas, barely one in 10 people get them.

There are also huge variations in the rates of complications across the whole UK.

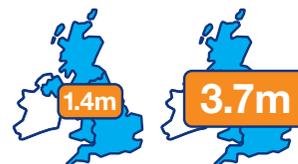
It's not about too little funding. It's that much of it is currently

needed to treat complications that could have been avoided if people had received the right healthcare in the first place.

We're not alone in saying this. The National Audit Office concluded that diabetes healthcare in England does not represent value for money and that poorly performing areas are not being held to account.

Even the government has described the low proportion of people getting their checks in some areas as 'outrageous' and 'unacceptable'.

We need a better public understanding of the seriousness of diabetes – and of the diabetes crisis in the UK. There needs to be the political will that demands improvements in healthcare. And we need the kind of campaigning journalism of which the UK has a long and proud tradition.



In 1996 there were 1.4 million people diagnosed. In 2018 there are **3.7 million.**

Top tips for reporting on diabetes

Diabetes is a big topic covering everything from risk and diagnosis to treating complications. But there are a few useful things to bear in mind when reporting on it.

Be clear on the type of diabetes

Always distinguish between the two main types of diabetes: Type 1 and Type 2.

The single biggest complaint from our members is that the media doesn't do this enough.

Type 1

Type 2

Be explicit about research limitations

When reporting on a new study, pay close attention to what the stated limitations of the study are. Then put the research into context by referencing them clearly. These limitations are often not mentioned in the press release, but are important for understanding the study.

Also, make sure you read the whole study you are reporting on and not just the press release or the study's introduction. We don't comment on research unless we have seen the whole study.



Language

Think about the language used. There are no hard and fast rules but a lot of people with diabetes prefer 'people with diabetes' to 'diabetics'. They have diabetes but are not defined by it.

'Condition' is also better than 'illness' or 'disease'. And, please, never use 'sufferers'. Doing so makes people feel like they're being told how to feel about their own condition.

condition	✓
illness	✗
disease	✗

Risk factors and symptoms

Many people don't know about the risk factors for Type 2, or the symptoms of Type 1. This leads to late diagnosis of both types.

Mentioning risk factors and symptoms when reporting on diabetes raises awareness. This helps earlier diagnosis and can encourage those at high risk of Type 2 to seek advice to make lifestyle changes that reduce their risk.

We have videos and artwork about risk factors and symptoms for both types of diabetes which you can place on your website to accompany your story.

 www.diabetes.org.uk/diabetes-the-basics



Why journalism matters

You can have a huge impact on the lives of people with diabetes.

When you accurately describe what it's like to live with diabetes, people's understanding of the condition increases.

And you play a vital role when you reveal poor standards of healthcare in areas where people

aren't getting the checks they need, or where there are high rates of complications.

But it's not just about exposing poor standards of healthcare. There are other ways in which you can make a positive difference.



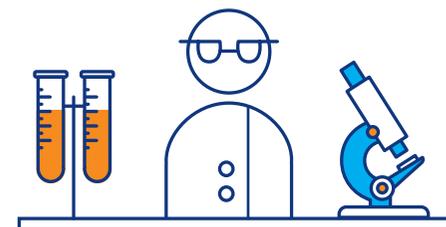
Research in context

A new study on the causes, or potential treatments, of diabetes appears every few days. The vast majority of them are single studies – they don't offer a final answer in themselves, but have to be seen as part of a bigger picture.

That's why it's essential these stories are given a context.

The majority of studies released on their own don't provide enough evidence to warrant a change in diabetes management or healthcare. If this is the case then say so. If you don't, then people may assume new research results mean they need to change what they are doing to prevent or manage diabetes.

Putting research into context also avoids giving people the false impression that a potential treatment is imminent when it could be years before it becomes available, if it ever does. Encourage your readers to seek advice about how any new research may relate to them as an individual.



Telling it how it is

Many people still think that diabetes is a mild condition. They don't realise that if it's not managed properly, it can lead to devastating health conditions and premature death.

By emphasising the seriousness of it, journalists help make sure people understand the importance of the care they're entitled to, taking medication and keeping control of their blood sugar levels, blood pressure and cholesterol.

But any serious message must be accompanied with how people can manage their diabetes. As with everything else, this is something we can help you with.

Challenging misconceptions

We're regularly contacted by children who have been bullied at school because of diabetes. It's often by other children who accuse them of being fat, overweight or having had too much sugar.

You can help us fight this by distinguishing between Type 1 and Type 2 and make it clear that Type 1 is nothing to do with sugar consumption or weight.

The two main types of diabetes explained

People assume diabetes is a single condition. But there are two main types, as well as other less common ones.

It's important to be clear which type of diabetes is being referred to in a story.

Type 1 diabetes

Type 1 develops when the insulin-producing cells in the body have been destroyed and the body is unable to produce any insulin. Everyone with Type 1 needs to treat their diabetes by injecting insulin or using an insulin pump.

 www.diabetes.org.uk/what-is-type-1-diabetes

What causes it?

Nobody knows for certain why the insulin-producing cells have been destroyed. But the most likely cause is when someone's immune system attacks the insulin-producing cells in their pancreas. It may have been triggered by a virus or other infection.

Scientists think there is also a genetic element to Type 1 because we know people are more at risk of developing the condition if a family member has it.

It has nothing to do with lifestyle or weight.

It can develop at any age, but it's the most common type of diabetes in children and young adults.

How common is it?

About 10% of the 4.6 million people with diabetes in the UK have Type 1.

In Type 1 diabetes, there's no key (insulin) to unlock the door to the cells.



In Type 2 diabetes, the key (insulin) is unable to unlock the door properly. Or there are not enough keys.





Type 2 diabetes

Type 2 develops when the body still makes some insulin but it's not able to work properly or there isn't enough.

It's treated in different ways. Some people can control it with a healthy diet, regular physical activity and (if they need to) by losing weight. But the longer someone has Type 2, the more likely it is that they will need medication. Some people will eventually need insulin to manage their condition.

 www.diabetes.org.uk/what-is-type-2-diabetes

What causes it?

The strongest risk factor for Type 2 diabetes is if you're overweight or have a large waist. Your risk is also increased if you have a close relative with diabetes or you are from an African-Caribbean, black African, Chinese or South Asian background.

Risk in these communities increases from the age of 25. In other communities, it goes up after the age of 40.

How common is it?

About 90% of the almost 4.6 million people with diabetes in the UK have Type 2.

Out of that number an estimated 1 million people have undiagnosed Type 2 diabetes.

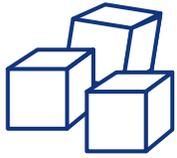
There are 12.3 million people in the UK at increased risk of getting it.

Some people may be told by their healthcare professional that they have prediabetes. It's not a term we use, but it means higher than normal blood sugar levels, but not quite high enough to be diagnosed as diabetes. This person is then at high risk of developing Type 2 diabetes. There are 5 million people at high risk of diabetes.

Myths

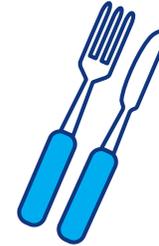
There are a lot of myths about diabetes – from what causes it, to how it's best managed.

Here are some of the most common:



You can't have sugar

Diabetes doesn't mean a sugar-free diet. People with diabetes should follow a healthy, balanced diet low in saturated fat, salt and added sugar. But they can still enjoy a wide variety of foods that includes small amounts of sugar.



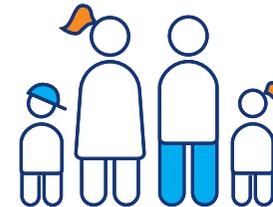
You should eat 'diabetic' foods

'Diabetic' foods for people with diabetes are not helpful, or needed. That's because they're high in fat and calories and still affect blood sugar levels. They're expensive and can cause diarrhoea. EU regulation also makes it clear no foods should be labelled as diabetic. If people with diabetes want to give themselves a food treat, they're better having small amounts of the real thing, just like anyone else.



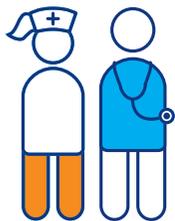
You can't drive

People with diabetes are able to drive. They can even fly planes. If people with diabetes have good control of their blood sugar levels, then they're no less safe on the roads – or in the air – than anyone else. Nevertheless, the myth persists that all people with diabetes are unsafe to drive.



All people with diabetes are fat

Wrong. Being overweight increases the risk of Type 2, but there are other risk factors at play such as age, family history and ethnicity. Weight has nothing to do with causing Type 1 diabetes. But being overweight with Type 1 increases the risk of complications.



Type 2 is a mild form of diabetes

There's no such thing as a mild form of diabetes. All diabetes is serious. If not properly controlled, it can lead to complications like amputations, kidney failure, blindness, stroke and heart attacks.



People with diabetes can't play sport

Nonsense. Exercise and keeping active is important part of managing diabetes. Being active can help reduce the risk of complications such as heart disease.

Five time Olympic gold medallist Steve Redgrave won his last medal with diabetes while Real Madrid defender and Champions League winner Nacho Fernandez has Type 1 diabetes. Along with professional footballers there are also rugby players, cricketers and boxers who have diabetes.

National offices

Diabetes UK Central

Wells Lawrence House,
126 Back Church Lane,
London E1 1FH

Call: 020 7424 1000

Diabetes UK Cymru

Argyle House, Castlebridge
Cowbridge Road East
Cardiff CF11 9AB

Call: 029 2066 8276

Diabetes UK Northern Ireland

Bridgewood House
Newforge Business Park
Newforge Lane
Belfast BT9 5NW

Call: 028 9066 6646

Diabetes Scotland

The Venlaw, 349 Bath Street
Glasgow G2 4AA

Call: 0141 245 6380



/diabetesuk



@diabetesUK



@diabetesUK

www.diabetes.org.uk

The British Diabetic Association operating as Diabetes UK, a charity registered in England and Wales (no. 215199) and in Scotland (no. SC039136). © Diabetes UK 2018 1127A