

Newham Protected Learning Time

15th June 2023, 14:30 – 17:30



Agenda Items		Lead	Times
1	Women's Health Including Menopause	Sangeeta Agnihotri - Consultant in Maternal Medicine, Obstetrics & Gynaecology	14:30 – 15:00
2	Introduction	Tamara Hibbert – Newham GP Diabetes Clinical Lead	15:00 – 15:05
3	Why is diet important in diabetes management?	Gabby Ramlan – Clinical Lead Dietitian (Adults) – Newham Hospital	15:05 – 15:35
4	Type 2 Diabetes Path to Remission Programme – to treat obesity and type 2 diabetes	Tamara Hibbert – Newham GP Diabetes Clinical Lead Keren Miller - Type 2 Diabetes Path to Remission Programme	15:35 – 16:05
5	What about medication?	Tamara Hibbert – Newham GP Diabetes Clinical Lead Keren Miller - Type 2 Diabetes Path to Remission Programme	16:05 – 16:35
6	Alternatives to Type 2 Diabetes Path to Remission Programme	Tamara Hibbert – Newham GP Diabetes Clinical Lead Adeola Agbebiyi – Deputy Director of Public Health (interim) – London Borough of Newham	16:35 – 17:05
7	Q&A	All	17:05 – 17:30

DIABETES AND WEIGHT MANAGEMENT

NEWHAM PLT JUNE 2023



WELCOME AND INTRODUCTIONS

- ▶ Tamara Hibbert GP, Newham diabetes clinical lead
- ▶ Gabby Ramlan Clinical lead dietitian (adults) Newham Hospital
- ▶ Keren Miller Oviva clinical lead T2DR
- ▶ Adeola Agebiyi Deputy Director of Public Health (interim) LBN

CASE FOR ACTION

Type 2 Diabetes Affects 8-10 % of Newham's Adult GP registered population have Type 2 Diabetes- 4th Highest in all London boroughs - comparable to lowest Richmond at 3.7% [1]

3 in 4 T2DM patients in Newham are at **least overweight** [2]

Diabetes Cause's **500 premature preventable Deaths** a week complications like Stroke, Heart Attack, Heart Failure in England and wales (T1DM & T2DM) [3]

Newham: 523 Hospital admissions between Jan 2019 – Oct 2021 due to D2M (87% emergencies) [4]

Doubles the risk of COVID death in those with D2M

D2M is a casual factor in **heart attacks**, high blood pressure, stroke, **blindness**, impotence, infections and sepsis, kidney disease and nerve damage leading to **amputation** (Figure 1)

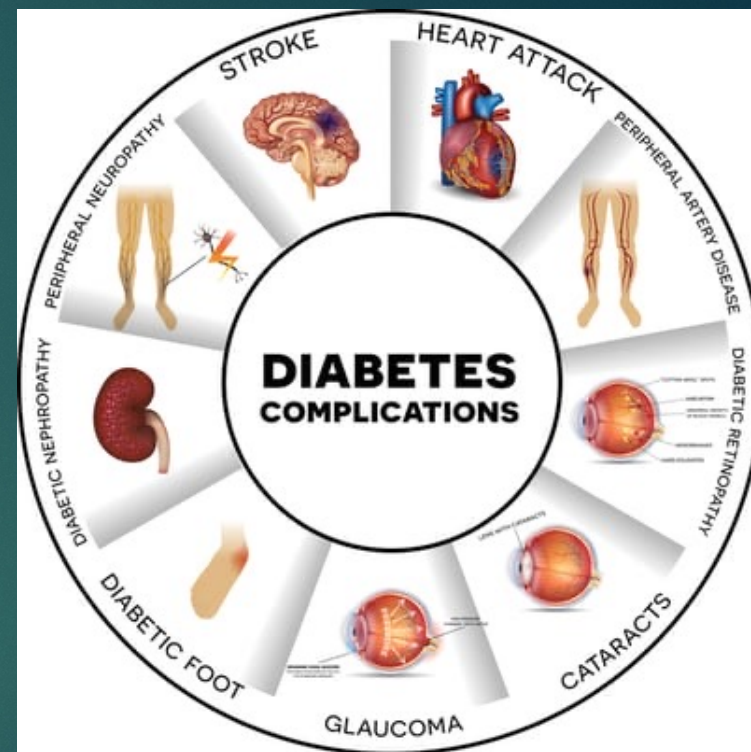
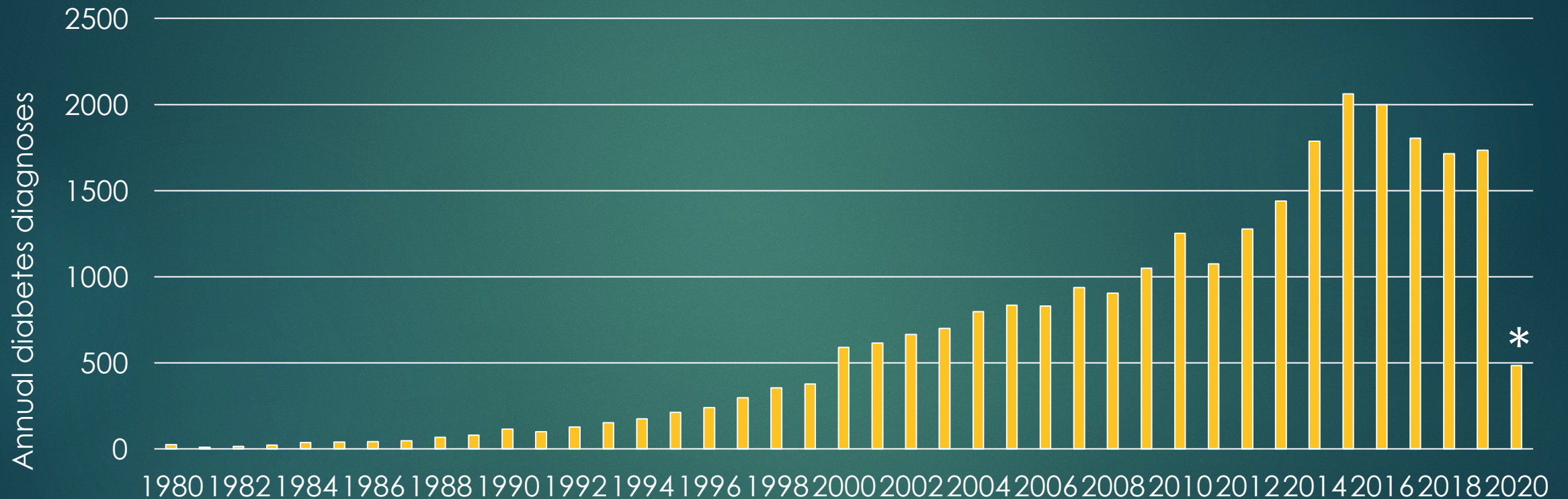


Figure 1. Complications from type 2 Diabetes

Andrew Briskin. et al. (2022) Weight loss can help you prevent diabetes complications

CASE FOR ACTION

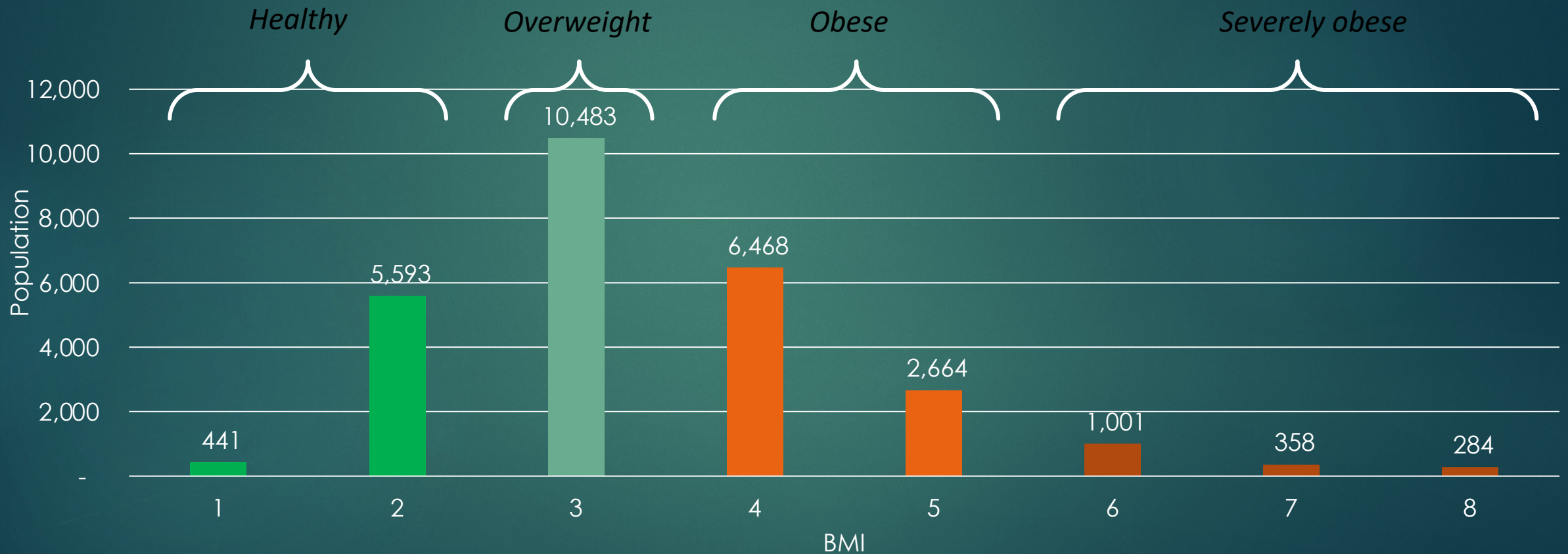
Type 2 Diabetes Affects 8-10 % of the Newham Adult GP registered population have Type 2 Diabetes



* Missed diagnoses due to COVID-19

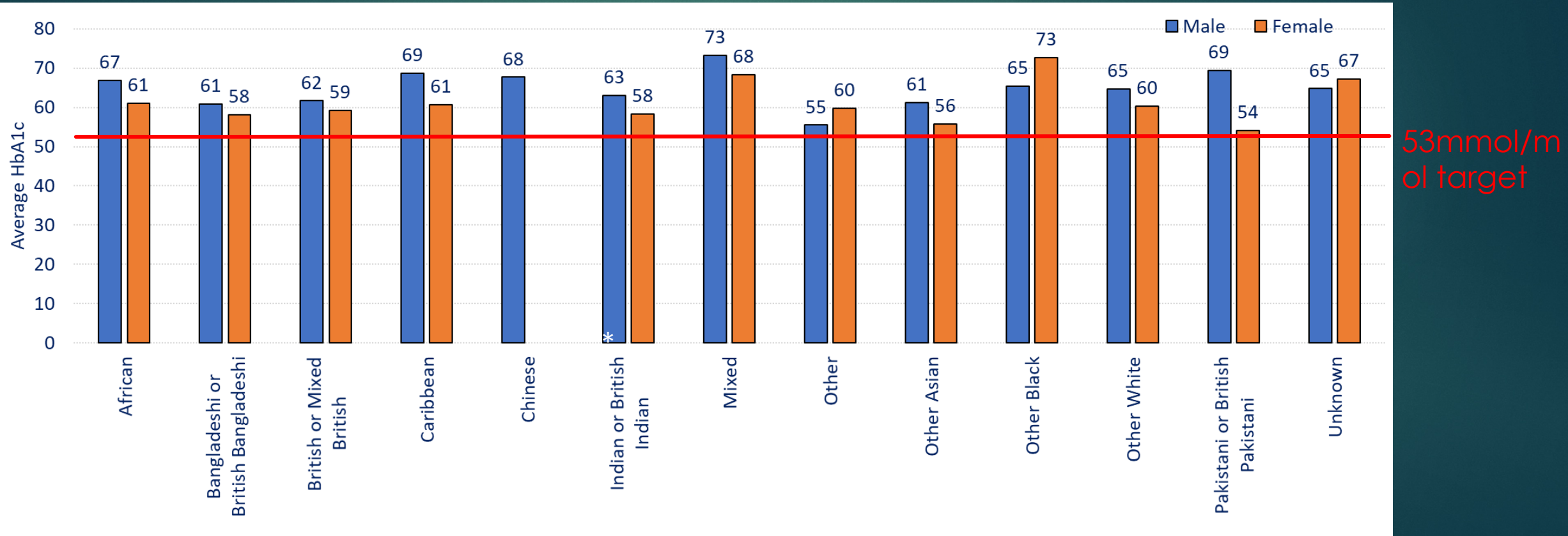
CASE FOR ACTION

Type 2 Diabetes in Newham by BMI



Average HbA1c at diagnosis by ethnic group and gender

Average HbA1c at diagnosis* of T2D by ethnic group, by gender



*Diagnosis refers to value taken between 3 months before to 14 days after T2D diagnosis

Data source: Clinical Effectiveness Group (CEG) – data snapshot April 2020

*No data due to low numbers

GAMECHANGING REMISSION PATHWAY

The NHS Type 2 diabetes pathway to remission programme (formally LCD, now T2dR)

Focus on newly diagnosed and those diagnosed within the last SIX years

Shared decision making with patients

An alternative offer to the typical pharmacological management of diabetes

CHOICE for patient at diagnosis

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graph LR; A[CHOICE for patient at diagnosis] --> B[Diabetes into REMISSION- 'T2dR' FREE - Shakes and supported changes to diet and activity]; A --> C[DESMOND - Structured education FREE group training to promote self-care and self-management]; A --> D[Typical pharmacological management];
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Diabetes into REMISSION- 'T2dR'
FREE - Shakes and supported changes to diet and activity

DESMOND - Structured education
FREE group training to promote self-care and self-management

Typical pharmacological management

STRUCTURED EDUCATION OFFER TYPE 2 DIABETES

DESMOND (ELFT)

- ▶ 1 full day
- ▶ Delivered weekly
- ▶ Delivered f2f & virtually
- ▶ DESMOND App
- ▶ PC refer via ELFT diabetes referral form

1:1 (ELFT)

- 1 hour
- Delivered as required
- Delivered f2f
- PC refer via ELFT diabetes referral form

COMMUNITY LANGUAGES ELFT

- ▶ 2 hour session
- ▶ Delivered f2f
- ▶ Referral via ELFT diabetes referral form

Healthy Living (NHSE national commission)

- Offered on line
- Self referral

STRUCTURED EDUCATION TYPE 2 DIABETES DATA – REFERRALS / UPDATE LAST 3 MONTHS

Referral & update information for longer time period requested from BI team

October

- Bengali – 3 attended, 9 DNA
- Map 1 & 2 DESMOND – 117 referrals – 8 attended, DNA ?
- N/B not all referrals received in November will be expected to attend in Nov i.e re rec 30th – will count for November referrals but would feature in Dec uptake

November

- ▶ Bengali – 25 referrals, 6 attended, 19 DNA
- ▶ DESMOND – 84 referrals, 34 attended
- ▶ Conversation map 4 – 21 referred, 8 attended
- ▶ N/B not all referrals received in November will be expected to attend in Nov i.e. re rec 30th – will count for November referrals but would feature in Dec uptake

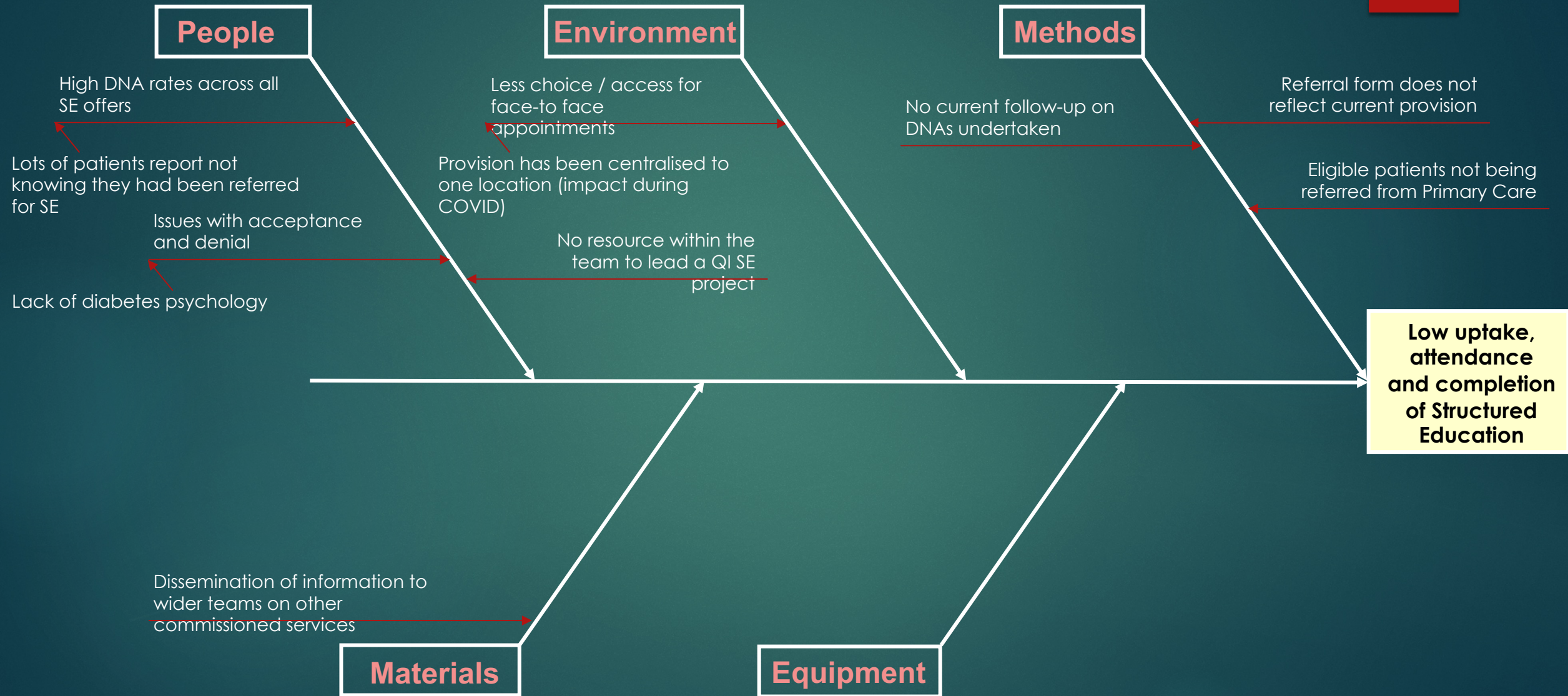
December – to date

- Bengali – 14
- Desmond – 10
- 1:1 – 5
- Urdu – 2

Data request sent to ELFT BI Team:

- Referrals, attendances, DNAs, completions.
- By service type, age, sex, ethnicity.
- Capacity of service.

CAUSE AND EFFECT (FISHBONE) DIAGRAM



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Diabetes, Diet & Dietitians in Newham

Gabby Ramlan

Advanced Diabetes Specialist Dietitian

Newham University Hospital, Barts Health NHS Trust

Today we
will be
discussing ...

- Dietetics Services in Newham Hospital vs Newham Borough
- Diabetes & Diet



Nutrition & Dietetics Team

**Newham Hospital Barts
Health NHS Trust**

Clinical Lead Dietitian
1.0 WTE

Hospital Services
9.0 wte Substantive

Band 3, 1.0 WTE,
Dietetics Admin

Community Services
2.5 wte Substantive
plus FTC 1.0 wte

Band 7, 0.9WTE
ITU & Nutrition Support
Specialist

Band 7, 0.6 WTE
Gastro Specialist

Band7, 1.0 WTE
Diabetes Specialist
(T1DM)

Band 7, 1.0 WTE
Diabetes Specialist
(Young Adult)

Band7, 1.0 WTE
Community Specialist

Band 7, 1.0 WTE
Community Nutrition
Support & HEF Specialist

Band 6, 1.0 WTE
ITU & Gastro (Beckton)

Band 6, 1.0 WTE
Stroke &
General Medicine

Band 6, 1.0 WTE
General Medicine
& GDM

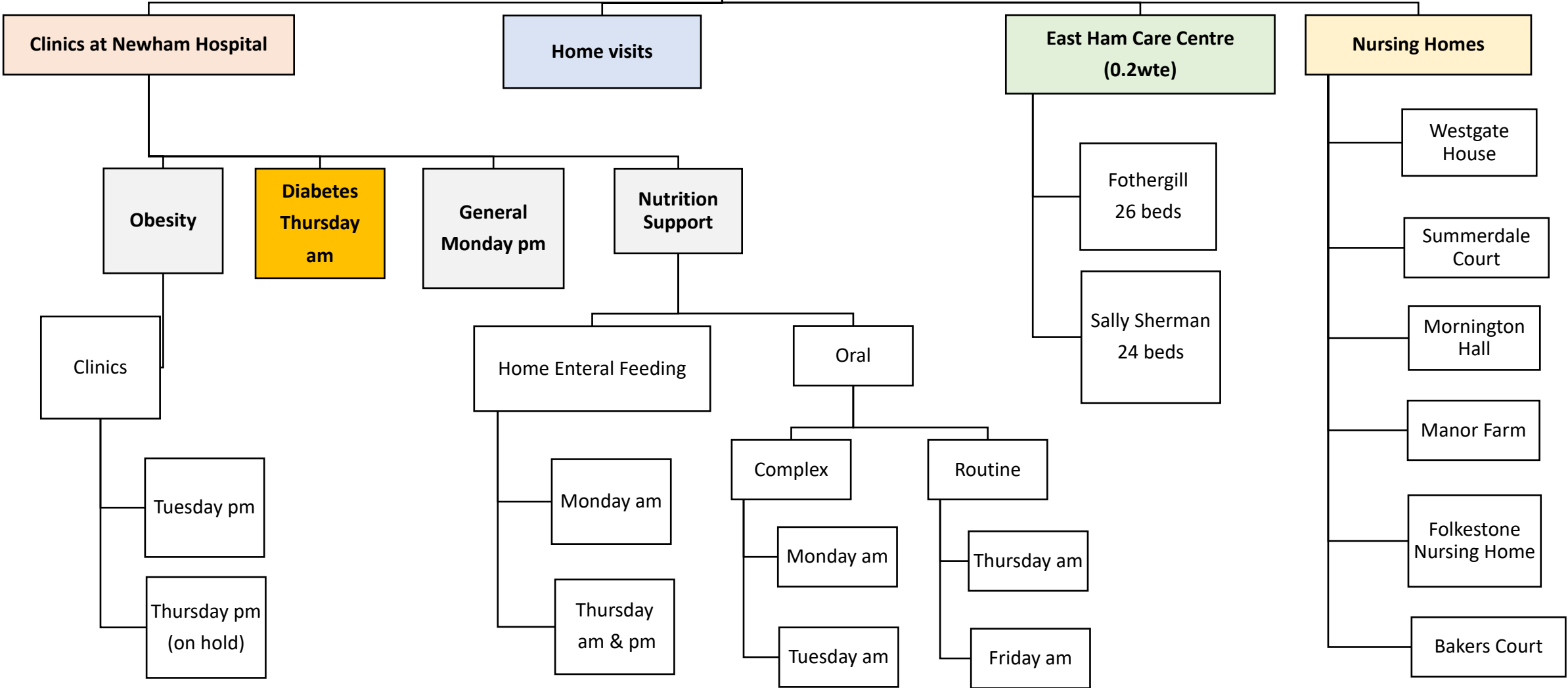
Band 6, 1.0 WTE
AAU


Band 6, 1.0 WTE
(Fixed Term)
Community Nutrition
Support

Band 5, 1.0 WTE
General Medicine

Band 5, 1.0 WTE
General Medicine &
Community Rotation

Community Dietetics Services
2.5 wte Substantive & 1 wte FTC





Diabetes & Carbohydrates


What did you eat & drink yesterday?



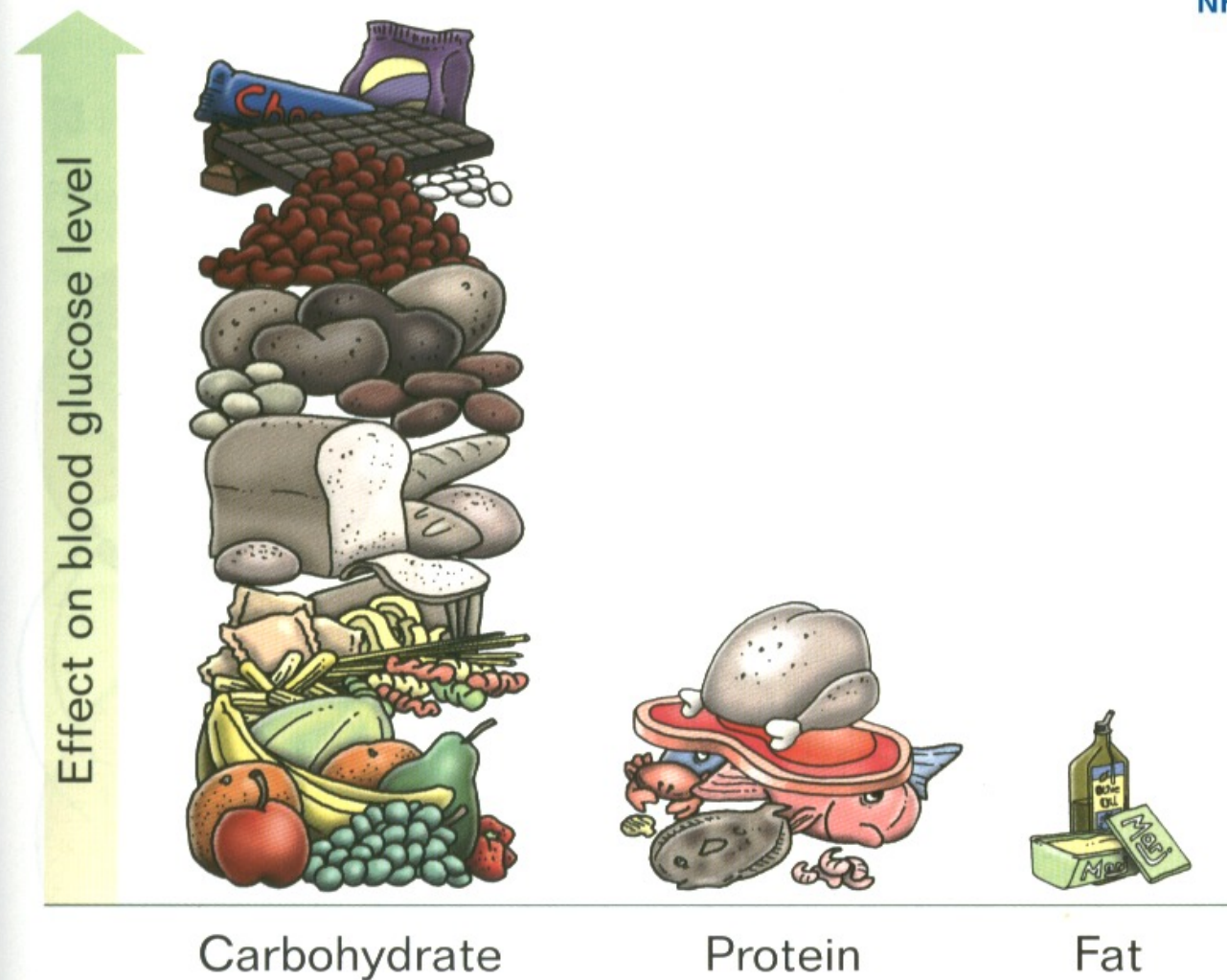
- Breakfast
- Lunch
- Dinner
- Supper
- Snacks
- Alcohol

Now, identify your carbohydrate sources.

What is Carbohydrate?

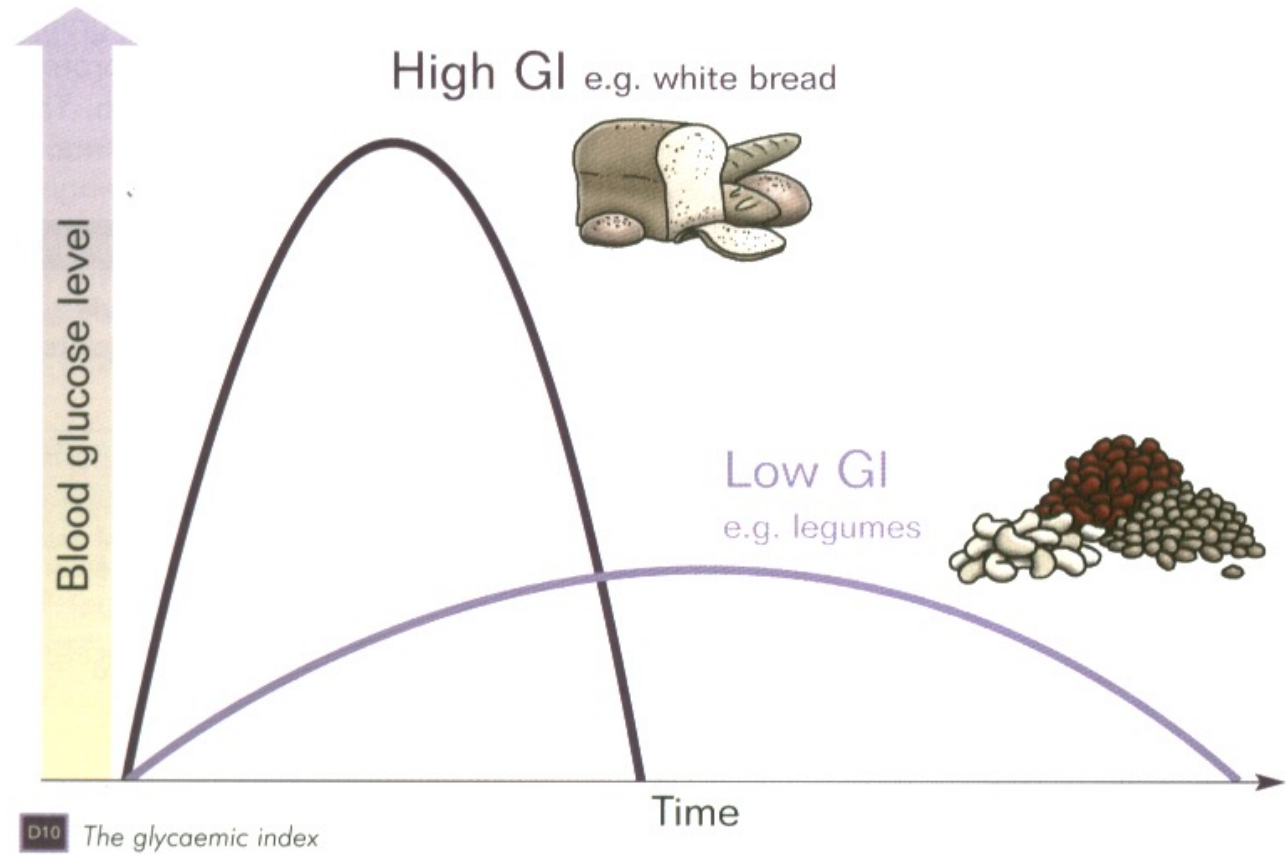
- ***Flour based***
 - Bread, pasta, noodles, cereals, pastry, chappati, pitta bread, pide, pies, dumplings, biscuits, cakes
 - ***Starchy foods***
 - Rice, bulgur, couscous, potatoes, yam, cassava, plantain, sweet potatoes, parsnip, pumpkin
 - ***Fruits – all***
 - ***Milk based*** – all except cheese
 - Milk, yoghurt, custard, ice cream, rice pudding
- 

The effect of macronutrients on BGLs



D1 Carbohydrate has the most significant effect on blood glucose, followed by protein and fat

Glycaemic Index



Glycaemic Index

LOW (0-55)

Rich Tea Bisc
Chapatti
All bran
Porridge
Pasta
Basmati Rice
Sweet corn, beans &
lentils
Apple Mango Orange
Grapes

MOD (56-69)

Digestive bisc
Ryvita
Shredded wheat
Instant oats
Boiled/new potatoes
Couscous
Beetroot/millet
Banana just ripe
Melon
Raisins

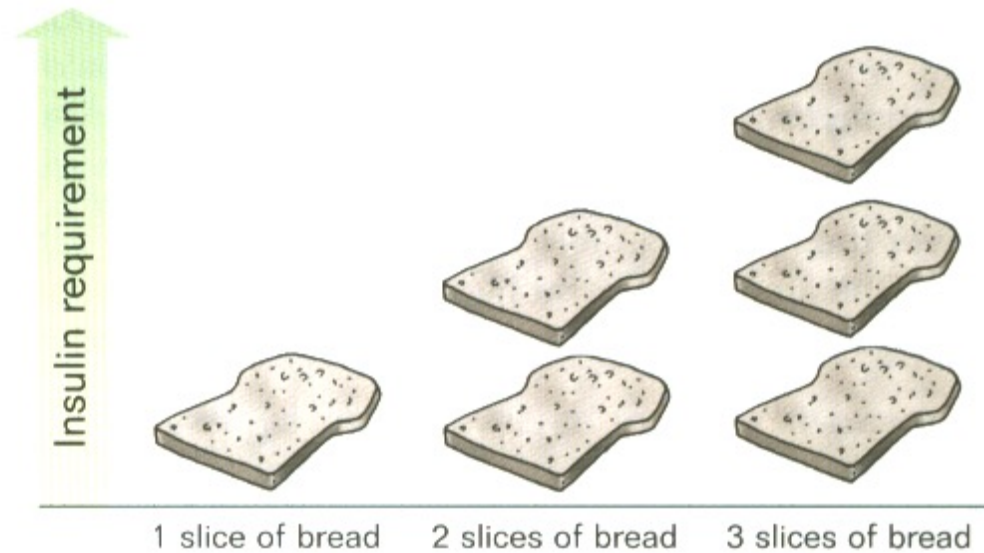
HI (70-100)

Water biscuit
Rice cake
Cornflakes
Puffed Rice
Jacket/mashed potatoes
Brown/white rice
Parsnip/ Pumpkin
Watermelon Lychees
Over-ripe banana

Glycaemic Load

$$GL = GI / 100 \times \text{amount Carbohydrates (g)}$$

Glycaemic Load (GL) measures the glycaemic response and the insulin demand of specific food



more carbohydrate you eat, the more insulin you will require



Type 2 Diabetes & Diet

Healthy eating & balance diet

Eatwell Guide

Check the label on packaged foods

Each serving (150g) contains

Energy 1046kJ 250kcal	Fat 3.0g LOW	Saturates 1.3g LOW	Sugars 34g HIGH	Salt 0.9g MED
13%	4%	7%	38%	15%

of an adult's reference intake
Typical values (as sold) per 100g: 697kJ/ 167kcal

Choose foods lower in fat, salt and sugars

Use the Eatwell Guide to help you get a balance of healthier and more sustainable food. It shows how much of what you eat overall should come from each food group.

Eat at least 5 portions of a variety of fruit and vegetables every day



Eat less often and in small amounts

Choose wholegrain or higher fibre versions with less added fat, salt and sugar



Beans, pulses, fish, eggs, meat and other proteins



Dairy and alternatives



6-8 a day

Water, lower fat milk, sugar-free drinks including tea and coffee all count.

Limit fruit juice and/or smoothies to a total of 150ml a day.



Choose unsaturated oils and use in small amounts

Per day 2000kcal 2500kcal = ALL FOOD + ALL DRINKS

Healthy eating advice

- Low fat
- Low sugar
- Low salt
- High fibre



Carbohydrate & obesity

- NHANES 2004 reports from 1974 to 2000, fat intake decreases, carb intake increases by 7%, calorie intake increases

→ Increased in T2DM & obesity



Carbohydrate Restriction in T2DM as first approach

(Feinman et al, 2015)

Benefits of dietary carbohydrate restriction do not require weight loss

Carbohydrate restriction is better diet for weight loss

Better adherence

Improve lipid profile especially triglyceride level & increase HDL

Reduce and eliminate medication

No side effects compared to taking more medications

What is Low Carb Diet?

(American Diabetes Association)

¹*Very low carbohydrate ketogenic diet (VLCKD)*

- Accurso et al. 2008
 - CHO 20-50g/d or <10% of 2000kcal/d
 - Induced ketosis

²*Very Low Carbohydrate Diet, Evert et al. 2019*

- - CHO between 10% to 26% of calories/day
- - not ketogenic

²*Low carbohydrate diet:*

- CHO <225g/d in 2000kcal or 26% - 45% total energy

¹*High carbohydrate diet: >45%*



Ketosis Prone Diabetes

(Lebovitz & Banerji, 2018)

- More common in African-Caribbean, sub Saharan Africans, Asian and Indian populations, Hispanics populations
- Mainly male
- Middle age
- Overweight to obese
- Family Hx of T2DM
- GAD & Islet cell antibody negative

What is best to replace Carbohydrates?

Fat?

- VLCKD – generally replaced carbohydrate with fat

Protein?

- HPLCD shown more favourable effect on weight loss, body composition, resting metabolic rate & cardiovascular risk (Santos et al., 2012)
- A meta regression of 87 RCTs with 165 interventions showed greater weight loss, fat mass loss, fat-free mass loss (Kreiger et al., 2006)

HPLCD: high protein low carbohydrate diet

RCT: randomised controlled trial

How does low carb diet look like?

Suggested daily carbohydrate distribution (<50% of daily intake)



For 850kcal daily

106g Carbs per day - <30g Carbs per meal x 3, <5g Carbs per snack per day

For 1200kcal daily

<40g Carbs per meal, <15g carbs per snack x 2 per day

For 1500kcal daily

50g CHO per meal, <15g carbs per snack x 2 per day

For 1800kcal daily

60g CHO per meal, <15g carbs per snack x 2 per day

For 2000kcal daily

70g CHO per meal, <15g carbs per snack x 2 per day

How does 50g Carbs look?

1 small fist size potato

5 egg size potatoes

Approximately 150g cooked rice, pasta, bulgur, noodles

Approximately 2/3 takeaway container of cooked rice, pasta, noodles

2.5 to 3 slices medium thick bread

1 bagel

DiRECT (Diabetes Remission Clinical Trial)

- Subjects recruited from GPs in Scotland and Tyneside
- n = 157 intervention vs 149 control (age 20-65yo)
 - 98% white, 0.7% Black African, 0.6% South Asian & 0.3% others
- Intervention:
 - 8 hours TDR training given by research dietitian to nurses or local dietitians (up to 15)
 - Dietary replacement (825 to 853kcal per day from formula diet) for 12 to 20 weeks.
 - Stepped food introduction (6 to 8 weeks)
 - Structured support for weight maintenance
- At 12 months, 46% achieved remission and 25% achieved >15kg weight loss
- At 24 months, 36% remission of diabetes, 17% loss of 15kg (p=0.0023)

Other similar studies...

Authors	Ethnic Group	% Remission in <12mo	% Remission in >24mo
Gregg et al. 2012	Hispanic & African American	11.5% in 12mo	4.3% in 4 years
Sarathi et al 2017	South Asian	75% in 3mo	69% in 2 years
Amphosathien et al. 2019	Thai/ Siamese	30% in 12mo	-
Taheri et al. 2020	Middle Eastern	61% in 12mo	-

Diabetes in older patients

(International Diabetes Federation 2013)

- Aim: Safety, avoid malnutrition and hypoglycaemia
- Blood glucose targets tailored to individual
- Depends on:
 - Comorbidities, cognitive & functional status
 - Independency vs Dependency (Frail vs end-of-life)
- Feeding route



Type 1 Diabetes & Diet

Carbohydrate Counting Principle: What does it mean?

Carbohydrates,
Carbs, CHO?

Basic principle

Snacking
principle

Ketone
management or
sick day guidance

Basal testing

REMEMBER!

CHO & Insulin Dose Adjustment

Change

Only change one thing at a time

Eliminate

Eliminate nocturnal hypoglycaemia

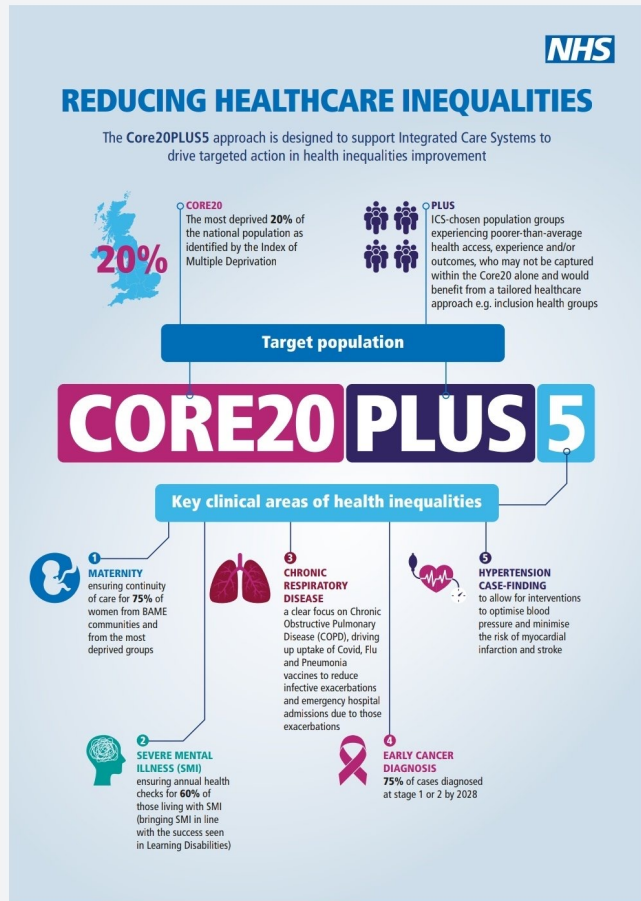
Aim

Always aim for FBG to be within the target first

Work

Always work with target BGs

Role of Diabetes Dietitian



- Expert in diabetes related dietetics advice
 - Carb Counting Principle or DAFNE (Dose Adjustment For Normal Eating)/BERTIE
 - Diet & Insulin pump
 - Preconception, pregnancy, young adults
 - Co-morbidities: LTC, Coeliac Disease, Cystic Fibrosis, eating disorder

Reduction of HbA1c up to 22mmol/mol (Franz et al. 2008)

- Personalised dietetic assessment to complement medical diagnosis and culturally relevant
 - Diet vs medications e.g. insulin, medication with side effect on nutrients absorption
- Training – students, health professionals

Impact of dietetic led interventions in T2D

- HbA1c reduction up to 21mmol/mol or 2% (Liu et al, 2015)
 - 23.5% reduction visits to physicians
 - Cost effective! (Wolf et al, 2007)
 - Dietitians are best placed to support (BDA 2020):
 - Obesity prevention
 - CVD
 - Diabetes
 - Respiratory disease prevention
 - Long term condition management
- <https://committees.parliament.uk/writtenevidence/11137/pdf/>



THANK YOU

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D2M

Maximising

and Optimising

**Supporting Diabetes Remission, Prevention
and Improvement in Newham**

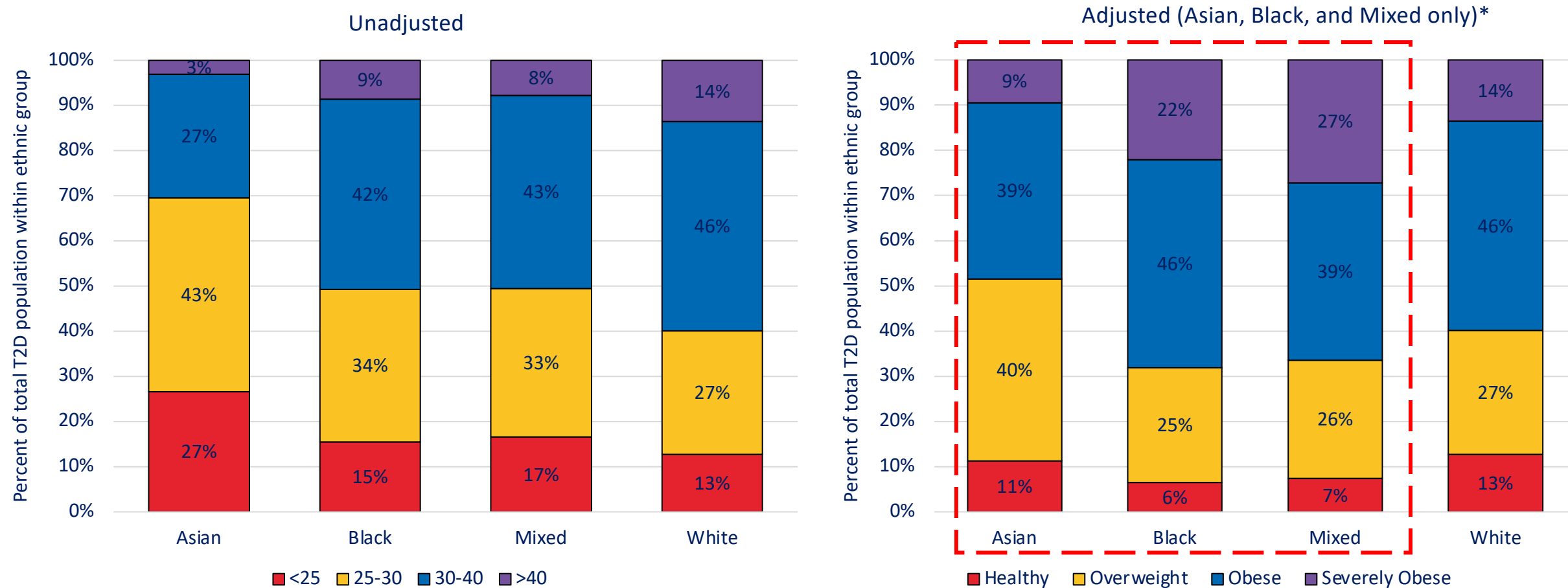
Building on the opportunity of T2DR

June 15th 2023

DRIVERS & CAUSES

Causes of causes and approaches to mitigations

BMI of Newham's type 2 diabetic population by ethnic group (unadjusted and adjusted)



WE ARE NEWHAM.

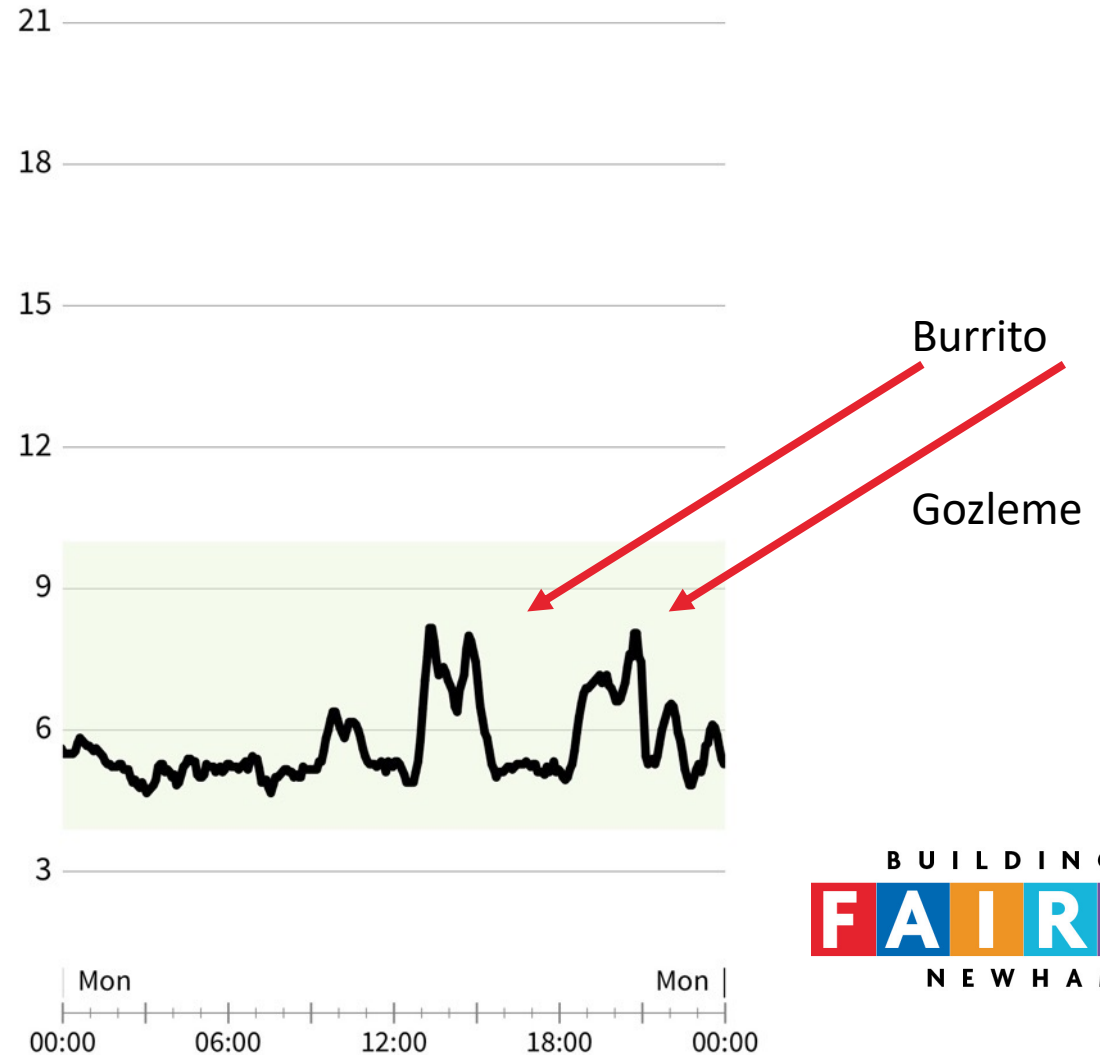
Data source: Clinical Effectiveness Group (CEG) – data snapshot April 2020

*BMIs are adjusted to account for certain ethnic groups which provides a more valid BMI category. After adjusting BMI thresholds, the % of Asian, Black and Mixed groups who are obese or severely obese increases.

People at the Heart of Everything We Do

C - How D2M Happens - Dysregulation

My sugar spikes

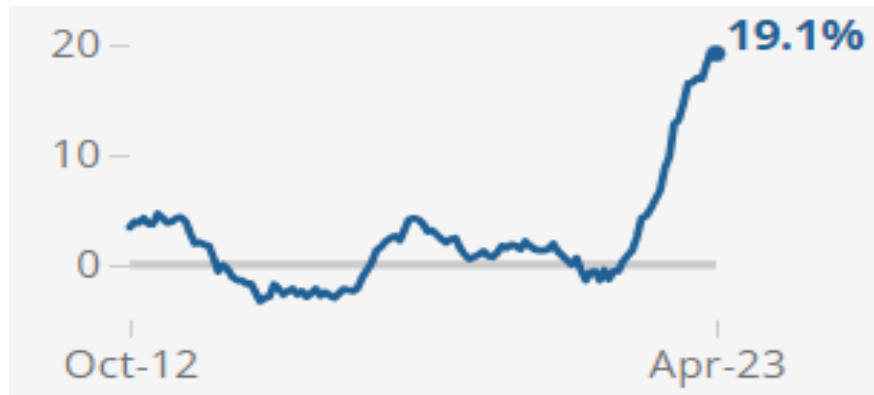


Driver/Cause- Cost of healthy food

Poverty Rates by London Borough 2019/2020

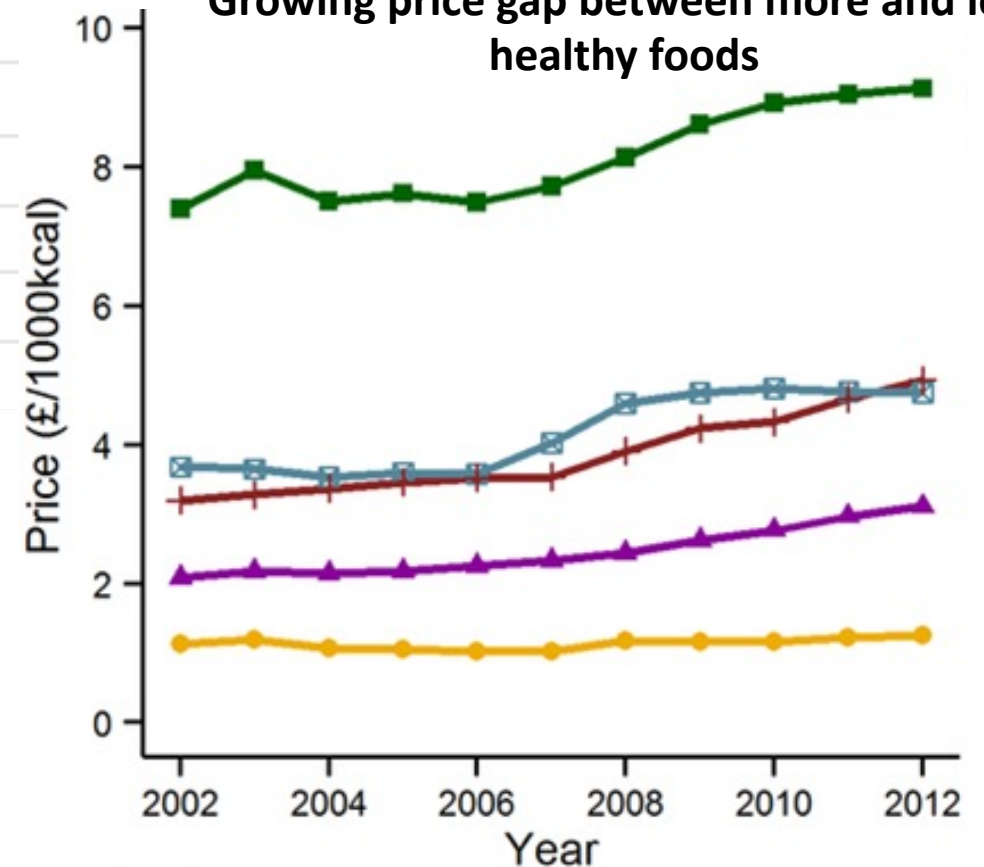


Food and non- alcoholic beverages annual inflation rates, UK



WE ARE NEWHAM.

Growing price gap between more and less healthy foods



- Bread, rice, potatoes, pasta
- Food & Drink high in fat and/or sugar
- Fruit and Vegetables
- Meat, fish, eggs, beans and other sources of protein
- Milk and dairy foods



Driver/Cause – prevalence and cost of UPF

Ultra-processed foods Typically 5+ ingredients containing many additives, preservatives, emulsifiers, sweeteners, artificial flavours and colours are readily **available, cheap and obesogenic**



- Ice cream
- Ham
- Sausages
- Crisps
- Mass-produced bread
- Breakfast cereals
- Biscuits
- Carbonated drinks
- Fruit-flavoured yogurts
- Instant soups
- Some alcoholic drinks including whisky & gin

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SUGGESTED DIETARY CHANGES



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SUMMARY

- **Type 2 Diabetes** damage to the body is more likely to happen because of a mix of factors:-
- **Commercial determinants** – Healthy food costs at least 2x more than ultra processed unhealthy food and staple processed common carbohydrates (bread pasta rice potatoes) - **Unhealthy food actively promotes weight gain.**
- **Social determinants** - Stress increases appetite, mood is stabilised by carbohydrate, stress is not equally distributed. Racism acts as an ongoing trauma and stressor. Domestic violence and misogyny act as stressors.
- **Wider determinants** - Poor air quality – PM2.5 increase risk of D2M by 15% and reduces likelihood of outdoor physical activity. Stressful physical environments in cities
- **Individual issues** -
 - Family history and genetic risk - Family history is very important
 - Social and economic determinants - Time & Money -> food type and quality - Access to and ability to pay for fresh healthy food, cooking skill and tools
 - Psycho social – sugar UPFF ‘addiction’ - carbs -> mood stabilising Ability to manage stress
 - **Access to support – personal, programmes, services, support groups After service contact**

SOME FACTS ABOUT D2M, NEWHAM and HEALTH

WE ARE NEWHAM.

B Type 2 diabetes (T2D) in Newham



T2D population:

27,499

(As of data snapshot Apr 2020)

Source: CEG

T2D prevalence:

7.7%

(As of data snapshot Apr 2020)

Source: CEG, ONS 2020

T2D hospital admissions*:

523

(Jan 2019 – Oct 2021)

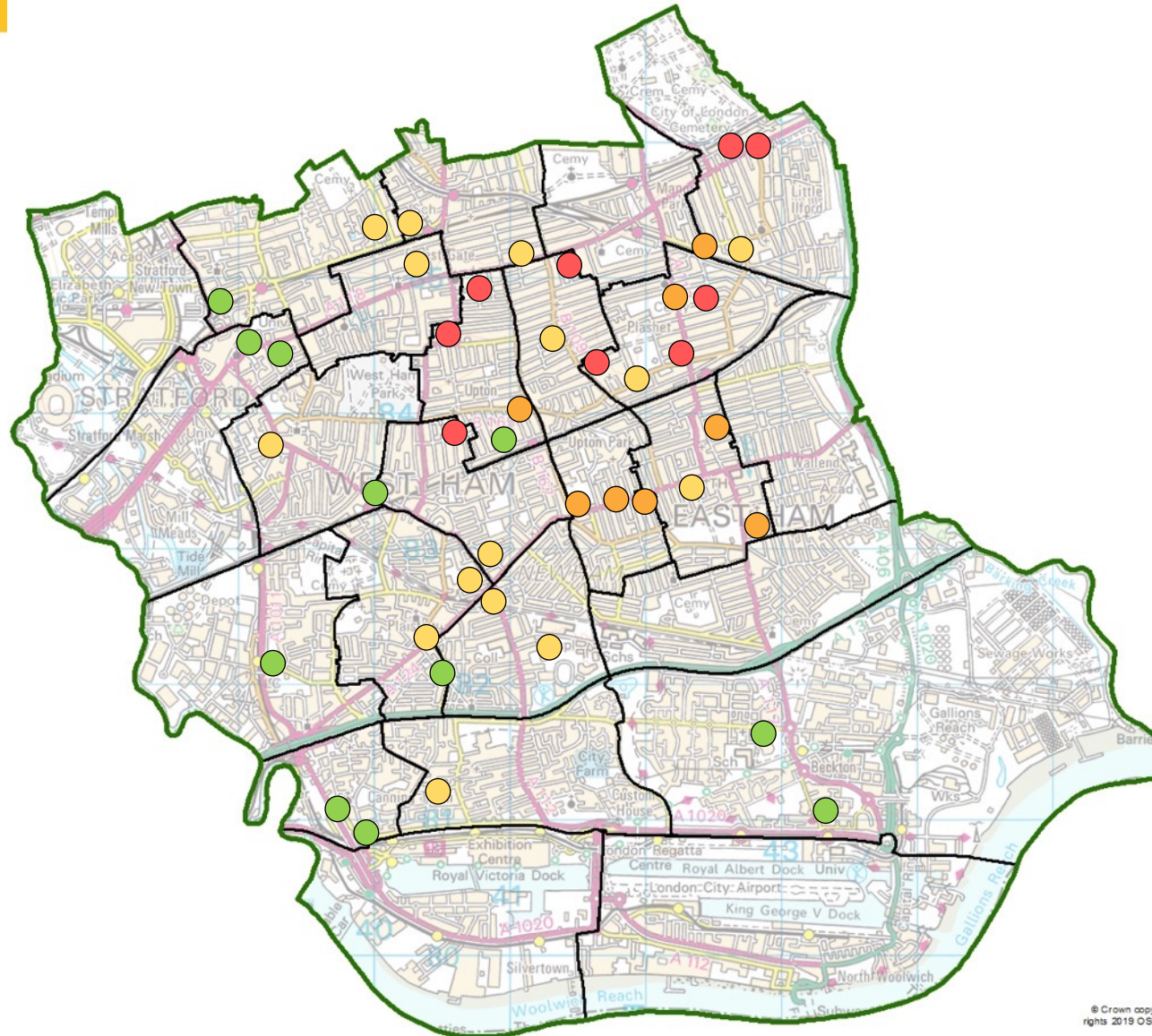
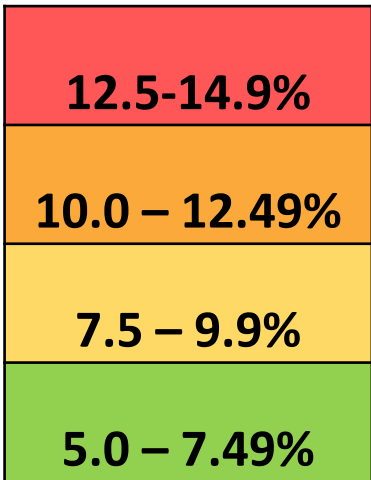
*Newham GP registered patients admitted where T2D was primary diagnosis

Source: HES via NEL CSU

Diabetes prevalence by GP practice mapped

(Type 1 and Type 2 diabetes mellitus) as at Nov 2021

Key



WE ARE NEWHAM.

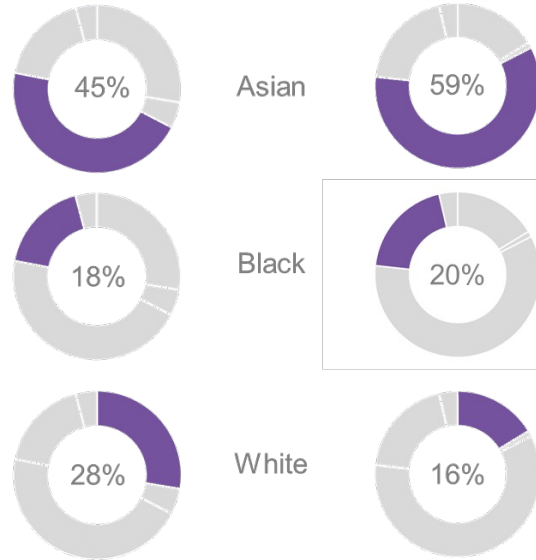
Data source: OHID Fingertips

**People at the Heart
of Everything We Do**

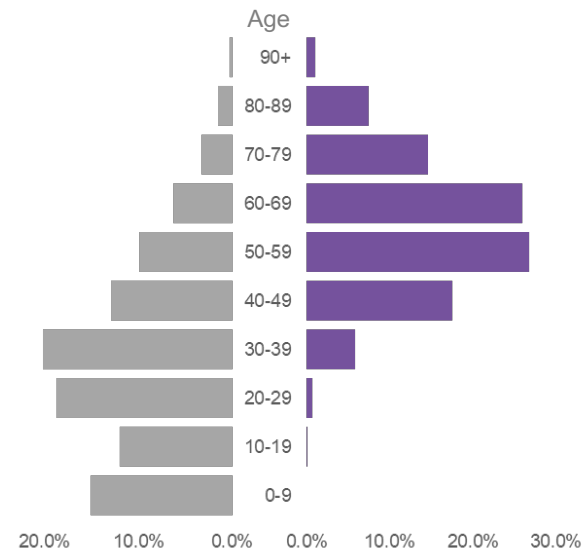
AGE & ETHNICITY

The whole Newham population

Newham residents with type 2 diabetes



Non-White residents (in particular, Black and Asian) are over-represented amongst people with diabetes in Newham.

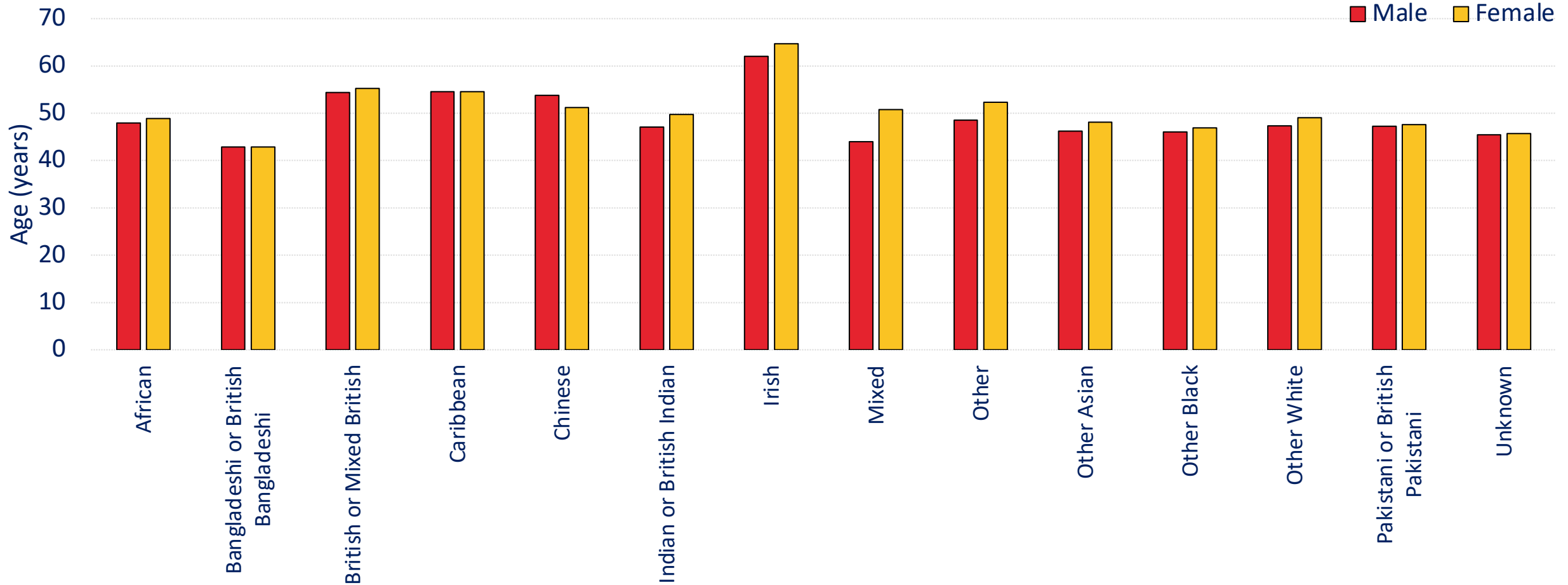


The age profile also differs, with more older residents living with type 2 diabetes. However, we are starting to see diagnoses occurring in younger (under 19 years) people locally.

WE ARE NEWHAM.

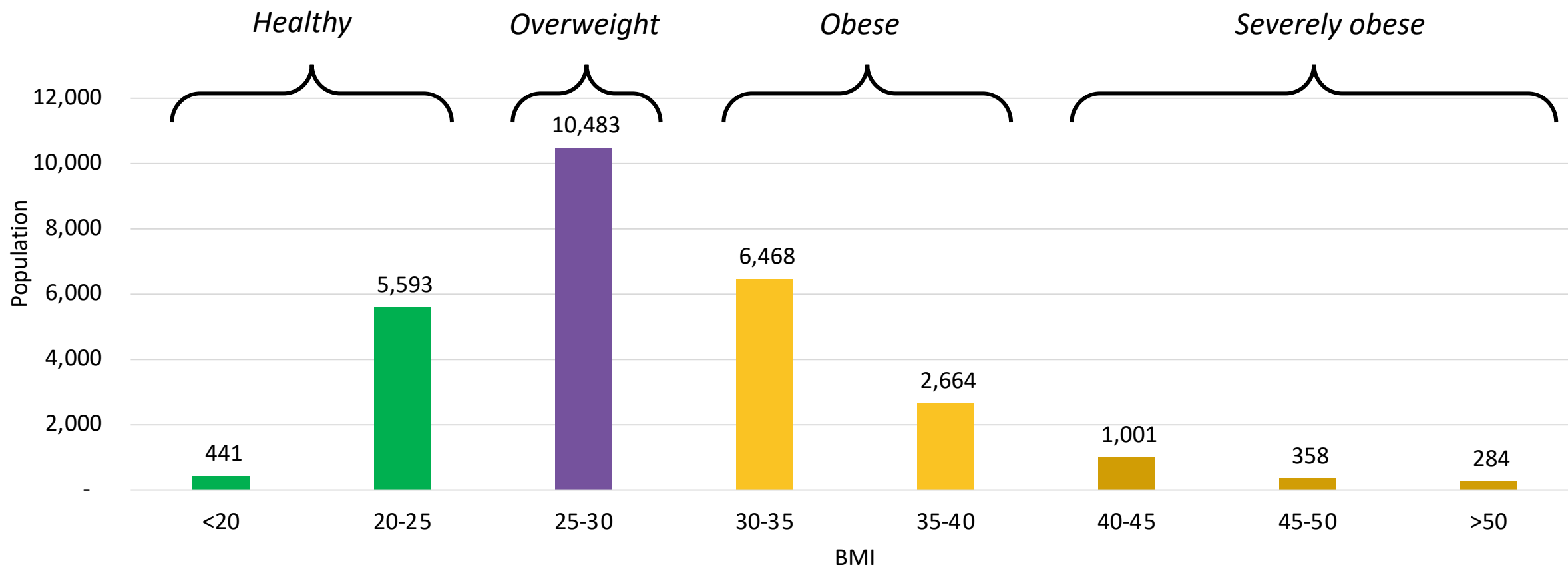
Type 2 diabetes – average age at diagnosis by ethnic group and gender

Average age at diagnosis of T2D by ethnic group, by gender



BMI of Newham's type 2 diabetic population

T2D populations by BMI



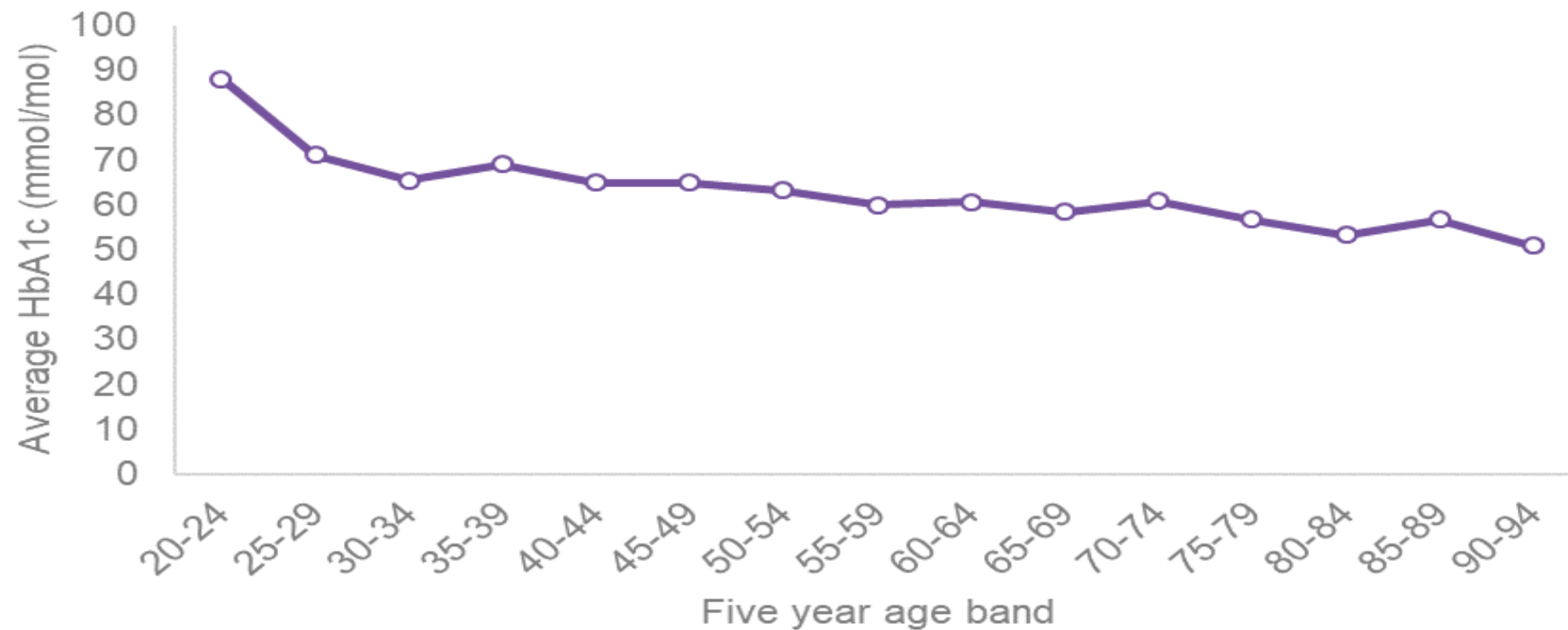
WE ARE NEWHAM.

People at the Heart
of Everything We Do

Data source: Clinical Effectiveness Group (CEG) – data snapshot April 2020

HbA1c before at and after diagnosis

Figure 8: Average blood sugar level (in HbA1c) in the three months before to two weeks after diagnosis with type 2 diabetes, by five year age band.



How We as Healthcare pros can support residents to do well

How we land the diagnosis
How we support around the follow up
Think Social and Commercial determinants
How we connect and partner with community

Our expectations and communication

Safe

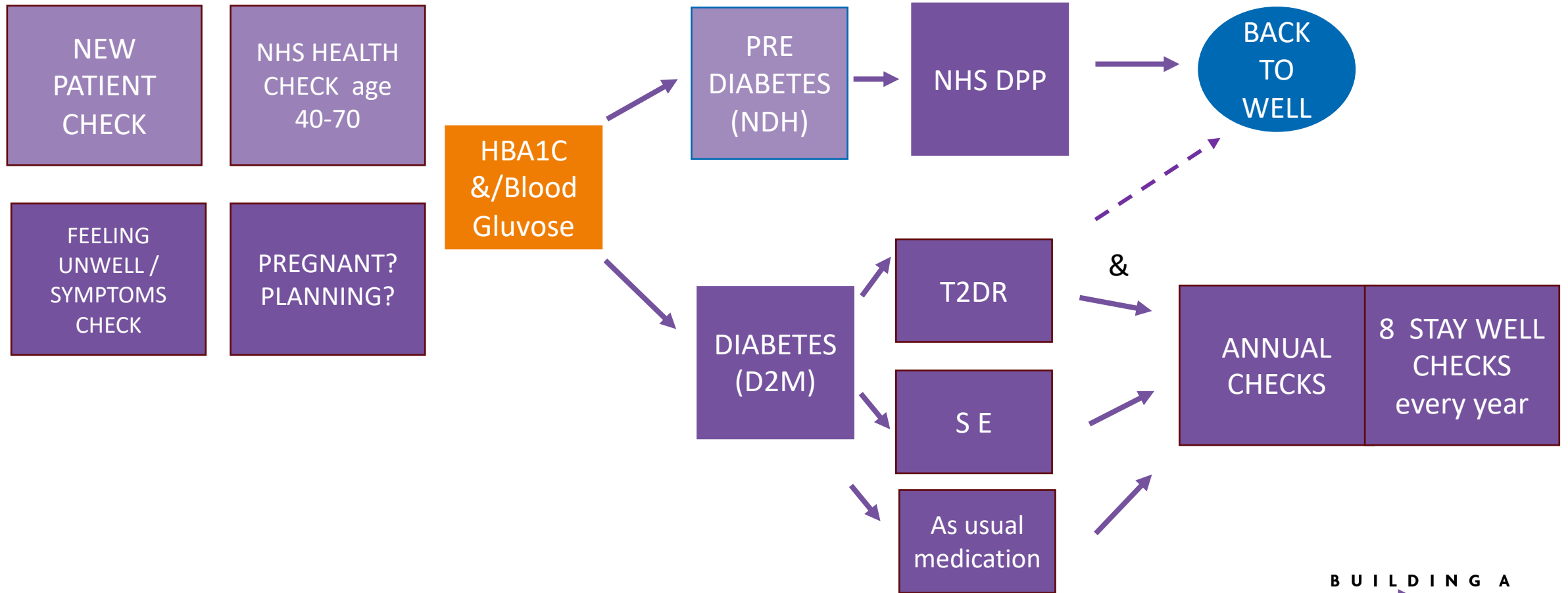
Connected

In control

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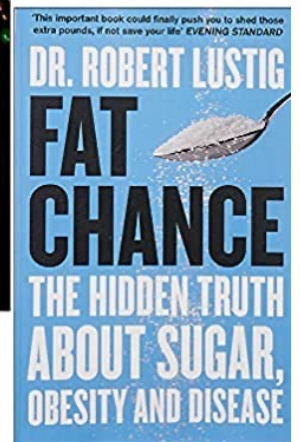
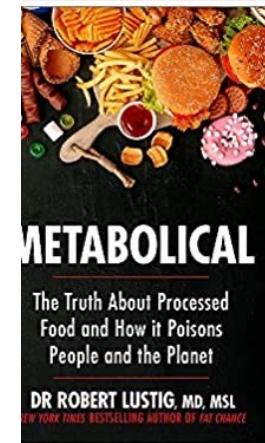
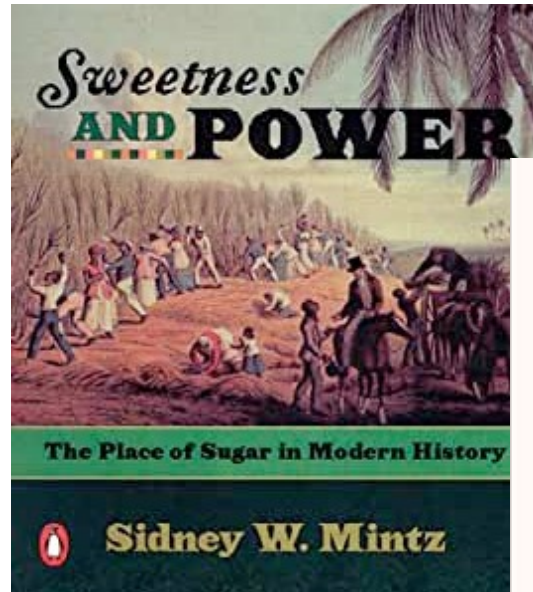


THE CONVERSATIONS & CHECKS TO INFLUENCE



Reading

Some useful literature -



REFERENCES

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 - DT Felson, RC Lawrence, PA Dieppe, R Hirsch... - Annals of internal medicine, 2000
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Newham Protected Learning Time

15th June 2023, 14:30 – 17:30



Agenda Items	Lead	Times
1 Women's Health Including Menopause	Sangeeta Agnihotri - Consultant in Maternal Medicine, Obstetrics & Gynaecology	14:30 – 15:00
2 Introduction	Tamara Hibbert – Newham GP Diabetes Clinical Lead	15:00 – 15:05
3 Why is diet important in diabetes management?	Gabby Ramlan – Clinical Lead Dietitian (Adults) – Newham Hospital	15:05 – 15:35
4 Type 2 Diabetes Path to Remission Programme – to treat obesity and type 2 diabetes	Tamara Hibbert – Newham GP Diabetes Clinical Lead Keren Miller - Type 2 Diabetes Path to Remission Programme	15:35 – 16:05
5 What about medication?	Tamara Hibbert – Newham GP Diabetes Clinical Lead Keren Miller - Type 2 Diabetes Path to Remission Programme	16:05 – 16:35
6 Alternatives to Type 2 Diabetes Path to Remission Programme	Tamara Hibbert – Newham GP Diabetes Clinical Lead Adeola Agbebiyi – Deputy Director of Public Health (interim) – London Borough of Newham	16:35 – 17:05
7 Q&A	All	17:05 – 17:30