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Type 1 discovery

Issue 96 / February - May 2024

Type 1 in the workplace

We speak to Mischa Rodgers to find out how she manages type 1 in her fast-paced job

Searching for cures in Exeter

Researcher Chloe Rackham tells us how having type 1 keeps her motivated

Baricitinib

The latest drug to slow type 1

Doctor Temi Olonisakin

shares what she's learnt about managing type 1 and emotional wellbeing

REECE PARKINSON

Talks about community, challenges and technology

Find out about the recent Parliamentary Inquiry into type 1 disordered eating

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A word from Karen

It's all about community

Welcome to the Spring issue of Discovery magazine. Over the past year Discovery magazine has delivered the latest news from our research programmes, which have been moving at pace. We're thrilled to operate at the cutting edge of medical research and be able to bring you so many updates on the incredible work taking place around the world.

However, let's not forget the reason we carry out research. It's about you, our wonderful type 1 community. We understand that while we're all waiting for cures, it's also essential that we work to make life better for everyone living with type 1.

Whether we're advocating for wider access to technology or pushing for better services for the many thousands of us who experience disordered eating, we won't stop trying to make life better for everyone with type 1 until type 1 no longer exists.

In this issue we'll update you on the Parliamentary Inquiry into type 1 disordered eating (T1DE), for which we provided secretariat services. We speak to Reece Parkinson about his diagnosis and raising awareness, Mischa Rodgers about managing type 1 in a fast-paced work environment and researcher Chloe Rackham on why she's grateful to everyone who raises money for JDRF.

Research like Chloe's is only made possible thanks to supporters like yourself, who share our vision and support our efforts to improve the lives of everyone with type 1 diabetes. Thank you.

Karen Addington
Chief Executive

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social media



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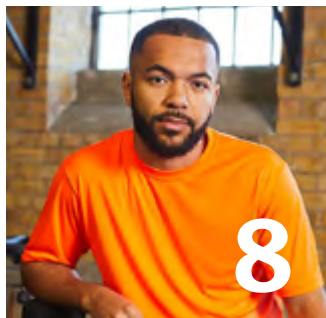
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To find out about all the projects we fund, visit jdrf.org.uk



Parliamentary Inquiry calls for urgent action on type 1 and disordered eating

We've been working with our Global Health Ambassador, **Rt. Hon Theresa May MP** and **Sir George Howarth MP**, on a Parliamentary Inquiry, which highlights the risks of type 1 diabetes disordered eating (T1DE)

Type 1 disordered eating can include forms of bulimia, anorexia or a person restricting their insulin to lose weight.

In January we published the Inquiry's findings, setting out essential changes that are needed to improve the health of everyone living with T1DE and save lives, as well as reduce long-term costs to the NHS.

Find out more about the report on page 6.



Research breakthrough shows insulin-producing cells can be regenerated

JDRF-funded researchers are developing a way for people with type 1 to make their own insulin again



Prof Sam El-Osta (left) and Dr Keith Al-Hasani (right)

Newly published research has demonstrated that pancreatic cells that don't normally produce insulin (called ductal cells) can behave like the insulin-producing beta cells destroyed in type 1. By adding two drugs to donated pancreases, the researchers generated beta-like cells that could produce and secrete insulin.

These are incredibly exciting findings, as they suggest there is a pathway for people with type 1 to restore insulin production, potentially using cells from their own body. This method could help address the issue of limited availability of donated islets needed for islet transplantation. Using people's own pancreatic cells could also remove the need for the immunosuppressant drugs used with islet transplants and stem cell-derived therapies.

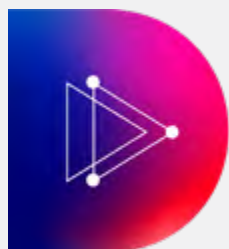


THE GREAT BIG SWINGING BALL

2.0

A special evening was enjoyed by all at this very glamorous event. We would like to say a huge thank you to JDRF Patron, Gary Coombe, his family, and the committee of volunteers who organised the Ball and raised £330,000 for our groundbreaking research. Gary's son, Bryn, was diagnosed with type 1 five years ago and the family wanted to celebrate Gary's 60th birthday by supporting JDRF. We now look forward to our annual Scotland Ball taking place on 15 June.

Find out more at jdrf.org.uk/glasgow-ball



TYPE 1
DIABETES
**GRAND
CHALLENGE**

£13 million awarded to six exciting new Grand Challenge research projects

The Type 1 Diabetes Grand Challenge, our £50 million partnership with Diabetes UK and the Steve Morgan Foundation, is funding six new research projects in the UK. Four of the projects will innovate new ways to give people with type 1 new beta cells that work to precisely control blood sugar levels. The other two projects will focus on promising new immunotherapy treatments, which fend off the immune attack in type 1.



Prof Claire Meek

Investing £1.5 million in global research to prevent type 1

Thanks to supporters like you, together with the Helmsley Charitable Trust, we are co-funding five international researchers to access unique data sources and unravel how type 1 diabetes develops, with the goal of preventing the condition

The five researchers, including Professor Claire Meek at the University of Leicester, are collaborating with the Environmental Determinants of Islet Autoimmunity (ENDIA) Study. Pioneering in its approach, this study monitors close relatives of people with type 1, beginning when they are still in the womb, to investigate the intricate relationship between environmental factors and an individual's genes. The goal is to understand how these factors are involved in initiating and influencing the development of type 1.

Claire will hunt for new ways to identify how likely individuals are to develop type 1 by using advanced techniques to identify biological changes during pregnancy. By comparing children with different exposures during pregnancy, Claire aims to discover biological markers in newborn babies that could predict type 1.



£20 million type 1 diabetes screening project co-funded by JDRF launches in Europe

A five-year research project called EDENT1FI, which stands for European action for the Diagnosis of Early Non-clinical Type 1 diabetes For disease Interception, has launched across Europe. EDENT1FI is spearheading innovative methods for early detection of type 1 diabetes to transform how we diagnose and treat the condition. The EDENT1FI team will screen 200,000 children across Europe in different populations and healthcare systems, and assess the psychosocial, medical, and economic impact of population early detection.

JDRF is a vital co-funder of EDENT1FI, which will create a roadmap for how best to screen populations for type 1 diabetes and establish ways to treat people to slow the progression of type 1 to effectively prevent and manage the condition. This will include educating the public, healthcare professionals, and regulatory authorities about this new era of diagnosing and treating type 1 diabetes to enable real change.



For the latest type 1 news go to
jdrf.org.uk/news

T1DE: A Parliamentary Inquiry

Over the past 18 months, we've been supporting a Parliamentary Inquiry chaired by Sir George Howarth MP and Rt. Hon Theresa May into eating disorders in type 1 diabetes, also known as T1DE. In January the Inquiry's report was published, setting out the essential changes that are needed to improve the health of everyone living with T1DE and save lives

What is T1DE?

T1DE, is an eating disorder in a person with type 1 diabetes. This can be when someone restricts the amount of insulin they take on purpose to lose weight or stop gaining weight, known as insulin omission, or are experiencing another form of disordered eating, like bulimia or anorexia, alongside their type 1.

There are many reasons someone with type 1 may experience an eating disorder. Evidence suggests that up to 40% of girls and women and up to 15% of boys and men with type 1 diabetes experience some form of disordered eating.

T1DE can have life-threatening consequences for someone's physical and mental health. However, we know that if caught and treated early and effectively, people can recover and live well after T1DE.

The goal of the Inquiry

The goal of the Inquiry was to understand the experiences of those with T1DE and set out ambitious recommendations to ensure healthcare systems are better equipped to tackle the complexities of living with type 1 diabetes and an eating disorder.



What did the Inquiry find?

The Inquiry heard from experts in academia from around the world, the NHS, the charity sector and most importantly, people who have been personally impacted by T1DE.

The Inquiry found that separate approaches in diabetes and eating disorder services have led to conflicting and inadequate care, with devastating consequences.

A number of barriers to effective care for people with T1DE were identified, including:

- A lack of an internationally recognised criteria for diagnosing T1DE
- No clinically approved method to prevent and treat T1DE
- People living with T1DE need more comprehensive information and peer support services
- Further research is needed to improve treatments at every stage of the condition

However, there are examples of excellent practice. There are eight NHS England T1DE pilots, which combine diabetes and eating disorder support into one service. People using these pilot services recover from T1DE faster. These services now need commissioners to commit to permanent funding.

What's next?

The work does not stop here. JDRF's policy and public affairs team are now planning activity around the rollout of the report recommendations, working with stakeholders and parliamentarians to secure debates in Parliament, influence NICE (the body who decide what treatments are available on the NHS) and work towards a global consensus around T1DE.



Find out more about the Inquiry and read the full report at jdrf.org.uk/inquiry

Living with T1DE: Ellie's story

Ellie Huckle has lived with type 1 for 15 years. Here she tells us about her experience with T1DE and why it's essential that T1DE services receive the funding they need

T1DE has been an unwelcome part of my life since 2015, but I only had the courage to open up about it to my diabetes team in 2020 and I've been under a T1DE team ever since, which I'm extremely grateful for. Living with T1DE is really hard and has you confronting a lot of really difficult thoughts and feelings.

T1DE has brought me to my knees more times than I can count, and put me in situations I never thought I would be in. It has had an enormous impact on my life, and it feels like such a lonely experience, you're stuck in your head all the time thinking about your body, your weight and engaging in really unhelpful behaviours.

T1DE is complex

It isn't easy for those who don't have experience of T1DE to understand what it's like, even healthcare professionals don't really get it, and while my family and friends are incredibly supportive it's incredibly hard and emotional for them too to see what I go through. That's why I'm grateful to be under a T1DE team who recognise what T1DE is and dedicate their time to helping people with T1DE get better, supporting our families, and educating other professionals.

I really like the saying 'recovery isn't linear' because it isn't, and T1DE is extremely complex - it isn't



I really like the saying 'recovery isn't linear' because it isn't, and T1DE is really complex – it isn't as black and white as just avoiding your insulin, there are lots of layers to work through, and a lot of different emotions associated with it

as black and white as just avoiding your insulin, there are lots of layers to work through, and a lot of different emotions associated with it. I've had my fair share of ups and downs through my journey with T1DE, and my own recovery is still a work in progress and there are still learning curves for all involved.

Keeping T1DE on the map

I hope that in future T1DE will be a thing of the past for me and I can get my life back, and I also hope

that T1DE teams get access to more funding and resources so they can continue their work. It is also really promising to see all the work JDRF is doing for T1DE. Hopefully everyone can develop what they're doing already, collaborate and share knowledge to spread awareness and understanding, and keep T1DE on the map.



Ellie Huckle



If you or someone you know is living with type 1 diabetes and experiencing disordered eating, you can find more information at jdrf.org.uk/t1de

“

Community, challenges and technology – my life with type 1

Broadcaster and communications specialist **Reece Parkinson** was diagnosed with type 1 when he was 26. Since then, he's used his platform to inspire others

I got diagnosed in October 2020 and I didn't have a clue what was going on. I just went to the toilet about 16 times a night for about two weeks. Then my eyes went blurry. That was scary.

I finally went to see the doctor and they did a urine test. That afternoon the doctor called me and said, “you need to go to hospital right now.”

I was on BBC Radio 1 Xtra at the time and I had a live show to do so I said, “I'll go to hospital after I've done my show. After I've played Stormzy.” I lasted the first two hours, then I felt like I was going to faint. So, I left and went to the hospital.

My ketone levels were about 7.8 mmol/L, which is very high. In hospital, I was just a bit lost. I thought, I

don't really understand what I've got here. What are you diagnosing me with? And then I realised, I've got type 1 diabetes. Right.

Because of covid, I had no visitors when I was in hospital. I was on Instagram at the time, and I did that classic 'give me some sympathy hospital bed' Instagram picture that everyone does. Then I had loads of people and places like JDRF messaging me. I had paragraphs and paragraphs to read from my hospital bed. That's when I realised, wow, this community is powerful.

I thought to myself, OK, what are the options here? Go down one route and end up having complications that seriously impact my health, or I manage my levels as well as I can and have the opportunity to maybe help someone else, even if it's just one person. I chose to go that way.



I feel lucky because I've got type 1 when technology is at its highest. I don't think of type 1 and think 'prick a finger'. I think of type 1 and think 'mobile phone and arm'



I've been on FreeStyle Libre since I was diagnosed. It was kind of a no-brainer in terms of choosing between finger prick tests and a sensor. I knew there was no version of me doing finger pricking throughout the day, like when I'm on a train or the tube. When I'm DJing I can just check my phone to see my levels, there's no way I could do a finger prick test in between songs.

I was in the middle of filming a BBC programme about me running an ultramarathon when I was diagnosed. It was quite a straight-forward story, but when I got diagnosed, it took things to a new level.

I started running again about three weeks after my diagnosis, because I needed to know if I could do it again. Having the Libre gave me the confidence to do that.

The documentary really blessed us with an opportunity raise a lot of awareness about type 1, link in with the community and give the documentary meaning. I thought, I've clearly been given this for a reason. It helped me a lot because it was my answer to 'why me'?

I ran 50 miles in 14 and a half hours. It was crazy. It was the best experience of my life and also the worst experience of my life! But there was no way of me not finishing the ultramarathon. I thought, if a kid with type 1 watches this and right at the end it says, 'unfortunately Reece

couldn't complete the run because, you know, he was super tired,' that just can't happen.

I feel lucky because I've got type 1 when technology is at its highest. I don't think of type 1 and think 'prick a finger'. I think of type 1 and think 'mobile phone and arm'.

At the same time, we still need to support everyone that's going through type 1. Organisations like JDRF are so important because having people to speak to is key, especially if you just got diagnosed and you need the right information. There's nothing more powerful than finding someone you can relate to, someone who knows what I mean when I say 'I'm low'.


When I got diagnosed, I knew instantly that this condition was going to be cured. What will get us there is funding people to do research in small labs and teams of scientists, testing and developing new ideas. Maybe the idea will fail, but we'll learn from it, and we might just hit that winner.

Fact

Exercise and being active are important parts of everyone's general health and there's no need to stop because you have type 1. In fact, regular exercise can help your type 1 management.



For more information about type 1 diabetes and exercise visit jdrf.org.uk/exercise



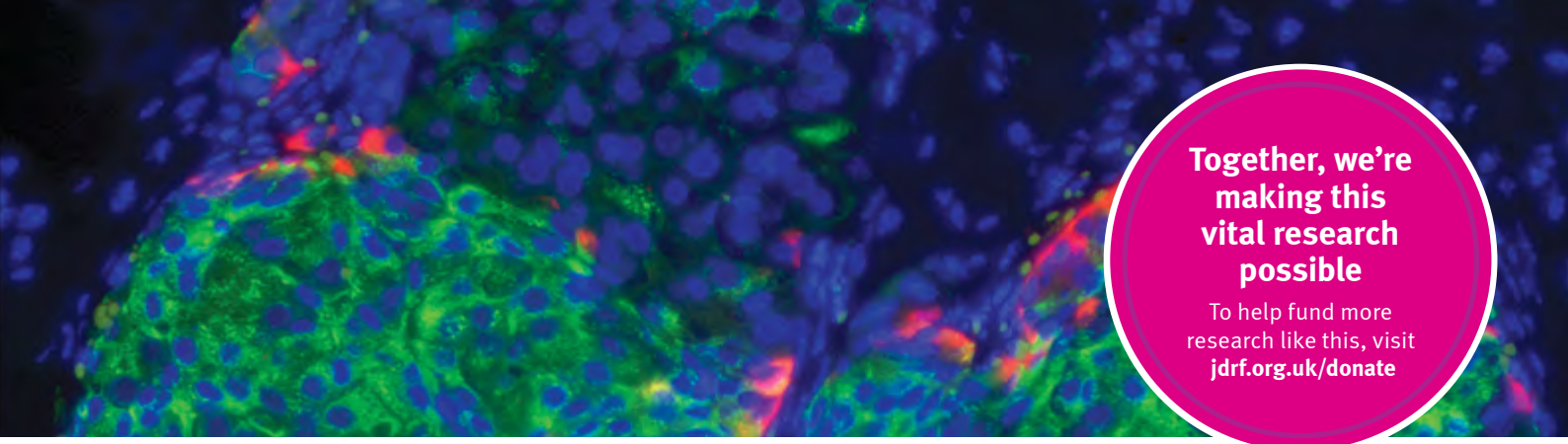
“Living with type 1 is tough and this motivates me to work towards a cure with my team”



Dr Chloe Rackham was diagnosed with type 1 diabetes at the age of 13 and is currently running a JDRF-funded lab at the University of Exeter. Chloe tells us how having type 1 helps motivate her and how she switches off from her type 1



“I was on holiday on the Isle of Wight with my family when I fell ill and was rushed to hospital. I remember waking up in the hospital bed and someone telling me I had type 1 diabetes. My first thought was ‘Oh no, does that mean I can’t do exercise anymore?’”



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making this
vital research
possible**

To help fund more
research like this, visit
jdrf.org.uk/donate

“ I’m grateful to JDRF for helping to support my research team, who are an incredibly hard working and passionate group of scientists

Exercising with type 1 diabetes

Stories on the JDRF website of people living with type 1 and achieving their exercise goals helped inspire me. I learnt not to let my diabetes hold me back or stop me from doing things. Although it can be hard work controlling my glucose levels when I exercise, I find it helps keep my HbA1c lower. The more we, as a community, can do to encourage people with type 1 that it's okay and even beneficial to exercise, the better.

Fundraising for JDRF

I've run five marathons in total, including one to raise money for JDRF. This marathon was particularly hard work because it involved running up and down the Seven Sisters cliffs that overlook the English Channel. I understand the hours that go into things like marathon training and other extreme challenges – especially if you have type 1 – so I want to say a personal thank you to everyone who has supported JDRF by taking part in fundraising events. I fully appreciate that without your support, I wouldn't be able to strive towards my research goals.

My inspiration for diabetes research

My love for sport pushed me to do a human sciences undergraduate degree. I think if I wasn't a researcher, I'd be doing something sport-related! During my degree, I particularly enjoyed learning about the hormones involved in diabetes and became passionate about the topic. I suspect that living with type 1 made me intrinsically interested in the science behind diabetes and its treatment options.

Searching for a cure for type 1

If you talk to people with type 1 and their families, we're looking for a cure. Even with the brilliant advances in technology made possible by people like JDRF, the burden

of managing blood glucose levels is still a big job. So, my research goals are to drive forward treatments that can replace the lost insulin-producing cells. We need to develop ways to remove the need for immunosuppressant drugs due to the risks associated with them. It's amazing how fast research is progressing thanks to all the work that JDRF is supporting and that researchers are doing.

A motivated team of type 1 researchers

To have a motivated research team, you need a vision of what the work means and how it can be translated to people's lives. I can portray that vision because of my lived experience of type 1. I can share the big picture of what our research can do to improve quality of life for people living with type 1.

I'm grateful to JDRF for helping to support my research team, who are an incredibly hard working and passionate group of scientists. Together, we work hard to achieve our short-term goals that feed into the long-term goals of developing new treatments and cures for people living with type 1.

Thank you to JDRF supporters

I think it's so important to support JDRF and help fund type 1 diabetes research. The progress we've made in the last 10 years wouldn't have happened without JDRF – there's no doubt about it. Diabetes isn't one size fits all. One treatment won't be right for everyone, so research into all areas is super important.

It's very clear that the research JDRF has supported has massively improved quality of life for people with type 1. We're getting so much closer but we're not there yet. We need to keep going, which requires a huge amount of work and money. Research is incredibly expensive, but every small contribution adds up to a lot. Whether you're making a donation, climbing a mountain or in the lab, we're all one community working together to improve quality of life for everyone with type 1 and ultimately find cures.



Donate now to help fund type 1 diabetes researchers like Chloe by visiting jdrf.org.uk/donate

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Hybrid closed loop: Expanding access and your choices explained

In December last year we were thrilled to announce that, in an historic advancement in the treatment of type 1 diabetes, the National Institute for Health and Care Excellence (NICE) approved hybrid closed loop (HCL) for the majority of people living with type 1 diabetes in England and Wales



As regular readers will know, thanks to our supporters, we have been at the centre of research developing hybrid closed loop technology, also known as the artificial pancreas, for almost 20 years, with the aim of reducing the burden of managing type 1 day in and day out.

Since 2006 we have given four research grants to Professor Roman Hovorka at the University of Cambridge, who is a specialist in creating computer programmes that mimic how the body works.

Thanks to our funding, Professor Hovorka developed the world's first licensed hybrid closed loop app called CamAPS FX. The CamAPS FX app means that a CGM can work with an insulin pump using a complex algorithm to automatically deliver basal insulin to people with type 1.

However, did you know that by funding Professor Hovorka's pioneering research, we sparked other research groups and organisations to develop their own hybrid closed loop systems?

How does hybrid closed loop technology work?

If you have type 1 diabetes, you already use a treatment loop – you measure your blood glucose levels, work out how much insulin you need, then take a dose of insulin. For this, you need a blood glucose meter, your brain, and an insulin pen.

If you're using a hybrid closed loop system, you use a CGM instead of a blood glucose meter, an insulin pump instead of a pen, and an algorithm instead of your brain.

The CGM tells the algorithm what your glucose levels are and the algorithm tells the pump how much insulin to deliver. It will pause the flow of insulin if your levels are low or increase the flow if your levels are high.

However, you will still need to check the system is

working. You'll also need to count carbs and be aware of how quickly carbohydrate will reach your bloodstream, so that you can give the system correct bolusing data before you eat.

Which hybrid closed loop systems are available?

There are currently five different systems available, which work with a variety of pumps and continuous glucose monitors.

- CamAPS FX hybrid closed loop uses a DANA insulin pump and Dexcom CGM, or a mylife YpsoPump with a Dexcom CGM or Libre 3. Licenced for ages one+
- Medtronic 670G + Guardian sensors hybrid closed loop uses Medtronic insulin pump and sensors. Licenced for ages seven+
- Medtronic 780G + Guardian sensors hybrid closed loop uses Medtronic insulin pump and sensors. Licenced for ages seven+
- Control IQ hybrid closed loop uses Tandem t:slim insulin pump and Dexcom G6 or G7 CGM. Licenced for ages four+
- Omnipod 5 is a tubeless system using an Omnipod insulin pump and Dexcom G6 CGM. Licenced for ages two+


Pushing for wider access

While we were pleased with December's news about widened access to HCL, we know that there's still a long way to go until everyone who could benefit from the technology has access to it free at the point of need. We will continue to push for equal access across the four nations and will keep you updated on our progress.



Find out more about hybrid closed loop and how to access it by visiting jdrf.org.uk/hcl

Type 1 at work:
Mischa Rodgers

A woman with blonde hair tied back, wearing a black headset with a microphone. She is wearing a grey t-shirt with a graphic that includes the word 'HOTEL' and 'HERITAGE COLLECTION'. She is also wearing a necklace with a gold chain and a blue and white beaded strand. The background is a bright blue sky and a green field with a 'sky' logo visible in the distance.

Being honest
allows people
to help and
support you

Sports-mad production coordinator **Mischa Rodgers** has had to learn how to manage adrenaline surges in her fast-paced job with Sky Sports

“

I'm always very open about my diabetes, which I think really helps when I'm working. Having that kind of transparency means that when you're working at a fast pace with people, if I need to go off for ten minutes, then they're fine with that



Mischa
Rodgers

Next month will mark 20 years that I've had type 1 diabetes; I was diagnosed when I was seven. It feels like quite a milestone considering how much I've seen change and develop in that time.

I've always grown up around sports. I've got an older brother who used to play football, my dad works in football, and my mum's dad used to be a footballer as well. I was just kind of born into it. I started working at Sky Sports seven years ago as a runner, then went on to do travel logistics for all the sports games that are on TV at the weekend.

When the job as production coordinator for Soccer AM became available, I did that for six years and since June I've been senior production coordinator with the boxing team.

Coping with adrenaline

The biggest thing I've had to learn with my diabetes is being in a live environment and working with adrenaline.

After a couple of months at Soccer AM, I noticed how just before we went on air my blood sugar would shoot right up and then I'd be trying to correct it but, as soon as we went off air, it would drop back down again.

With the boxing, it's a different kind of adrenaline. On the day of a fight, it's a much longer working day. The adrenaline comes in a bit slower but maybe lasts longer.

Using tech, being prepared and adjusting on the go

I've got a FreeStyle Libre glucose monitor, which is a game changer for me. It's just so practical, especially when I'm working in a live environment and I've maybe not got time to go and get my little blood glucose testing kit.

On the longer days, I always make sure I've got snacks in my bag, whether that's cereal bars or fruit or just things that I know that I can keep having. And I'll keep a close eye on my blood sugar.

Because it's a long day and I'm on my feet all day, my blood sugar is probably more naturally inclined to drop. So I work out what I'd normally inject for what I'm eating and then maybe take one or two units off, but also make sure that I've got things like bananas so I'm not allowing myself to go long periods of time without eating.

The positives of being open about type 1 at work

I'm always very open about my diabetes which I think really helps when I'm working. Having that kind of transparency means that when you're working at a fast pace with people, if I need to go off for ten minutes, then they're fine with that.

I sometimes have hypos in the office and I just make sure that I take myself away and do what I need to do. I don't stress about going back to my desk.

It's actually a discipline that I've had to learn, to prioritise myself so that I'm feeling the best I can and working to the best of my ability instead of maybe trying to push myself and get worn out or not be able to focus.

By being honest and showing that you look after yourself and take the time you need, I think people in the workplace really appreciate and respect that because they know that you're doing it not just for yourself but also for the quality of your work. It allows them to help and support you, and actually educating people around you is really brilliant.

I just constantly want to keep learning and bettering myself at work. I want to learn as much about live production as possible.

We asked...

how you feel about telling people at work about your type 1 and this is what you told us:

75%

It's not a secret!

17%

I'd tell a few colleagues

5%

I'd tell my manager/HR

3%

It's just for me to know



Find out how to manage your type 1 at work and the laws in place to protect you from discrimination by jdfrf.org.uk/work

What would I do in a zombie apocalypse?

Temi Olonisakin has been living with type 1 for 12 years. A doctor herself, she shares what she's learned about managing type 1 diabetes and her emotional wellbeing

I've ended up making true lifelong friends who have diabetes. We go to lunches, we hang out and we talk about everything under the sun, diabetes and otherwise. You learn that there is no thought that you've ever had that someone else with type 1 hasn't had.

I had always had this thought about how I would survive if we ended up in a zombie apocalypse. How would I get insulin and store it? It was something I couldn't express to my family or friends. One day I was in an online chat and someone said that they always had the same thought.

Suddenly I had a group of people telling me that they were thinking the same as me. Even little things like that can make a really big difference. ►

Talking therapies

I would recommend NHS talking therapies. I tried out NHS talking therapies because they are free and if you have a chronic condition, there are specific therapies for you.

The one I went on was once a week for six weeks. It was a great gateway into therapy for me and it pushed me to want to continue. I think that type 1 diabetes affects every single aspect of your life, so why not find someone to talk to about it, someone who is impartial and is trained to help you with these issues?

Burnout

Burnout is something I've experienced a few times in my life. I think that the reason for them was different in each time. When I was at university and not taking very good care of myself, I think the burnout came from my physical health not being good.

The burnout I had post-COVID was because I was focusing too much on my diabetes, trying to get it super perfect, trying to make sure I never had a hypo, never went high. I think that we as people with type 1 can put so much pressure on ourselves. It's a 24/7 condition. We get no pay, we get no annual leave and really we get no thanks.

I found that reducing the number of times I checked my CGM in a day helps me when I'm experiencing burnout, or setting really small goals that aren't too overwhelming. So, say that I want to try and reduce the number of nighttime hypos I'm having this week, I'll focus on that.

Whatever happens in the day happens in the day. But if I focus on making sure I go to bed with a blood glucose level I've aimed for, then that's a goal I can be proud of.

Type 1 diabetes is a journey

We have to be easy on ourselves. Type 1 is an ongoing journey. Not only are our sugar levels high and low, we will have high and low moments in life. Nothing in this world can be perfect and you certainly can't be perfect when you're trying to be an entire organ yourself.

We should all be really proud of what we're doing. Being a part of a community is always better than being alone. Finding the community has filled me with so much joy, and I didn't realise that I needed people with diabetes around me.

“

Suddenly I had a group of people telling me that they were thinking the same as me. Even little things like that can make a really big difference



Find out more about type 1 diabetes and wellbeing at jdrf.org.uk/wellbeing



Masquerade Ball

Saturday 15th June 2024

We're delighted to announce the return of our annual Scotland fundraising gala ball.

This year we are moving the fun to Glasgow at the newly refurbished Radisson Blu, Argyle Street G2 8DL. We hope supporters old and new will join us as we aim to raise as much money as possible for a future where type 1 diabetes can do no harm.

This year's event will be a Masquerade Ball.

Guests will be treated to a drink's reception, delicious three-course dinner and entertainment with dancing. There will be auctions, with exclusive, money can't buy items, as well as other prize-winning opportunities.

Don't miss out on this fabulous event for JDRF in 2024.

Book now:

Tables of 10 at £1,200

Tables of 12 are priced at £1,440

Individual tickets cost £120

For further information please contact Carol Kennedy – Senior Fundraiser at:
scotland@jdrf.org.uk

Tickets and further information are available at:
jdrf.org.uk/glasgow-ball

Baricitinib: the latest drug to slow type 1

In December last year we announced that a **JDRF-funded clinical trial** showed that an existing drug can preserve the body's own insulin production. Find out why we're so excited about this latest research breakthrough

What is baricitinib?

Baricitinib is a drug that is currently used to treat rheumatoid arthritis and alopecia. A recent JDRF-funded clinical trial has found that baricitinib can also suppress the progression of type 1 diabetes in people newly diagnosed with the condition. The drug protects insulin-producing beta cells by blocking a protein that is important in the immune system attack of beta cells in type 1.

Protecting surviving beta cells

The immune attack on beta cells happens gradually, so people with type 1, especially those recently diagnosed, may still have some beta cells that are able to make insulin. Baricitinib may protect the surviving beta cells from immune attack, allowing people to keep producing their own insulin for longer and reducing their need to take insulin.

The BANDIT Trial

The JDRF-funded BANDIT (Baricitinib in New Onset Type 1 Diabetes) trial tested baricitinib in 91 people aged 10-30 years and diagnosed with type 1 within the past 100 days. These participants were either given a tablet of baricitinib or a placebo, once daily for 48 weeks.

The results of the clinical trial

This world-first study demonstrated that a daily dose of baricitinib resulted in stable C-peptide levels, showing sustained insulin production at 48 weeks. People who took baricitinib needed less insulin, had more time in range, and improved blood glucose variability compared to those who took the placebo. The researchers also found that baricitinib was safe to use, with no direct adverse effects.



Reduced need for insulin treatment

JDRF-funded researcher Professor Thomas Kay, who led the BANDIT study, said: "Our BANDIT trial has determined that baricitinib can preserve beta cell function and insulin production in people recently diagnosed with type 1 diabetes. This suggests that if given early enough baricitinib may allow people with type 1 diabetes to be significantly less dependent on insulin treatment."

How could baricitinib help people with type 1?

Preserving even some beta cell function should lead to better and easier blood glucose management, which could also lower rates of long-term complications of type 1. This means the drug has the potential to be a new treatment to safely delay the progression of type 1. This clinical trial is an exciting first step and further work will be necessary to understand how this type of medication could be made available to people living with type 1.

“

Our BANDIT trial has determined that baricitinib can preserve beta cell function and insulin production in people recently diagnosed with type 1 diabetes



It's only with your support that we can fund this vital work. Find out more about our research by visiting jdrf.org.uk/our-research/



Margaret, Grandmother to Fleur who was diagnosed with type 1 aged nine.

Leave a gift that will last for generations of people with type 1

Margaret's story

Margaret couldn't believe it when her granddaughter, Fleur, was diagnosed with type 1 but she hopes a gift in her Will to JDRF can help find the cure.



Fleur had always been such a healthy child, so I couldn't believe it when her mother, Ruth, told me she had type 1 diabetes. I worry about Fleur's future and how she will cope in secondary school, with exams and travel. I've also been very worried about my daughter and son-in-law.

The amount of type 1 research that is happening is very reassuring. I have a neighbour with the condition who tells me there has been a sea-change in treatments for type 1 over the past 30 years and that everything is improving. I have been reading about islet transplantation, stem cell research and artificial pancreas trials and it is very encouraging. It feels like this is a very promising time in research.

Children should never have to struggle with type 1 – it's so important to find a cure and better treatments. **Now that I understand what JDRF does, I have no qualms about supporting them and I feel they have become part of our lives. I believe so much in JDRF's research, I want to leave a gift in my Will to help.**



To find out more about leaving a gift in your Will, you can download your free legacy pack by visiting jdrf.org.uk/legacy or by scanning the QR code.

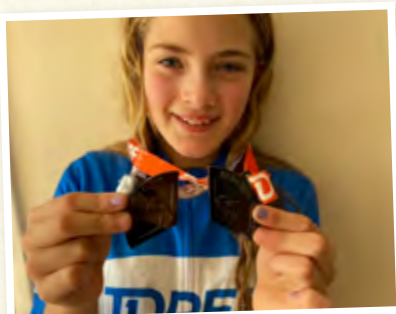


THANK YOU

Inspirational, committed and amazing



RUSS MILLAR – We want to say a huge thank you to Russ Millar. Throughout 2023, Russ took on some incredible cycling challenges, including JDRF's Cycle for a Cure and a tour of Puglia, Italy. He raised over £4,400 and plans to continue supporting JDRF. Thanks, Russ. You're incredible!



ELIZA-ROSE – A huge thank you to Eliza-Rose for smashing her Tri for Type 1 challenge last year; running 13 miles in February, cycling 100 miles in May and swimming 21 miles in August. Eliza-Rose took part in the Tri for Type 1 challenge and raised an incredible £1,209!



OLLY AND FAITH – Thank you, for taking part in a charity kickboxing night! Olly, who has type 1, and his sister Faith, competed and both won their matches, and raised £215 along the way – well done and thank you!



ASHLEA GRAY – We are incredibly grateful to Ashlea, Tommy, and family. Your Santa sleigh ride for JDRF raised over £2,000. Such a brilliant idea which was fantastically successful.

*Your passion
and support
make our vital
work possible –
Thank you!*



AMY CAMERON – Massive appreciation for Amy Cameron for her courageous act! Shaving her head raised £8450 in support of JDRF. An incredible commitment, that we could not be more grateful for.



PATON FAMILY – Thank you to the Paton Family for their outstanding support. Through their Smoker event, featuring Scottish football legends, over £11,000 was raised for JDRF! A brilliant success and such an amazing event to have organised on our behalf.

JONNY AND LINDY HENDERSON – A special thank you to Jonny and Lindy Henderson who, over the past 36 years, have done so much to support our vital work. From fundraising and supporting our Marathon activities, to Jonny's two spells as a Board member and term as Chairman, as well as even working on past editions of this very magazine! Their involvement has been inspiring, invaluable, and as Jonny explains, deeply personal.

"We joined up with JDRF in 1987/88, soon after our son Charlie was diagnosed with type 1, aged 13. Sadly, he died as a consequence of the illness in Feb 1996, on the eve of his 22nd birthday.

"We've run fundraising events including hosting a cricket match, born out of Charlie's love of cricket, and organised art shows. We've supported the marathon effort – I even took part in 2001 and would probably have won it if I was any good at running!

"It's with a mixture of feelings, none of them negative, that I can say, had the recent technological advances in treating type 1, that JDRF has helped to fund, been around in 1996, our son Charlie would be alive today."



Product *watch*

Find out about the latest in type 1 medical technology



Dexcom G7 connects to Tandem t:slim X2™

The Dexcom G7 CGM system now connects with the Tandem t:slim X2™ insulin pump and should be available now for anyone eligible for the pump. Using Control IQ technology, the hybrid closed loop (HCL) or automated insulin delivery system can increase, decrease and suspend delivery of basal insulin based on CGM sensor readings and predictive glucose trends.

www.dexcom.com www.tandemdiabetes.com/en-gb/home



For more information on other hybrid closed loop systems available, scan the QR code



A holiday, new car, a shopping spree...
What would **you** spend £25,000 on?

Play now at jdrf.org.uk/lottery or scan the QR code



Keep on running

jdrf.org.uk/runningevents



London Landmarks Half Marathon 2024 7 April
Paris Marathon 2024 7 April
Brighton Marathon 2024 7 April
Manchester Marathon 2024 14 April

London Marathon 2024 21 April
Hackney Half Marathon 2024 19 May
Edinburgh Marathon Festival 25 – 26 May
Great Manchester Run 2024 26 May

Walk

jdrf.org.uk/events



Jurassic Coast Challenge 2024 18 May
London 2 Brighton Challenge 2024 25 May
One Walk Cardiff & Glasgow 2 June

One Walk Manchester 15 June
One Walk London 22 June
South West Coast 50 2024 3 August

On your bikes

jdrf.org.uk/cyclingevents



RideLondon-Essex 100 2024 26 May
Cycle Italy Coast to Coast 10 – 14 June

London to Brighton Cycle Ride 2024 15 September

Type 1 Discovery Days

jdrf.org.uk/discover



Aberdeen Discovery Day 17 March
Derry Discovery Day 11 May

Birmingham Discovery Day 8 June

Special events

jdrf.org.uk/events



Aberdeen Abseil 2024 25 May

Masquerade Ball, Glasgow 15 June

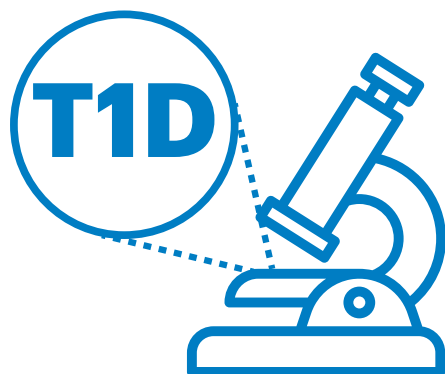
To sign up to any of our events, go to jdrf.org.uk/events



It all starts with you

Every penny we invest in research is thanks to people like you.

Your support will help:



Lead the way in research to **cure, treat and prevent type 1**



Advocate for **equal access to the best treatments and technologies**



Support clinical trials to **test and prove new treatments**



Provide free support and information to **make living with type 1 better today**



Together we will create a world without type 1

Dexcom One



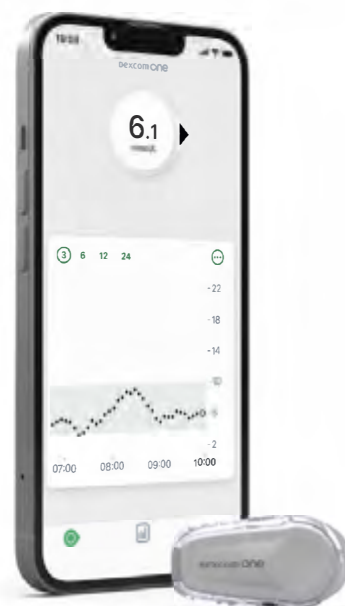
take better control of your diabetes^{†,1,2} – without finger pricks^{*}

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on prescription for people with diabetes.[‡]

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- ✓ Glucose readings and alerts, **24/7**
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- ✓ With a unique **choice of sensor wear locations^{3,4}**
for comfort and flexibility



Learn more at
dexcom.com/JDRF



Smart devices sold separately.[‡]

smart. easy.^{||,†} effective.^{||,1,2}

*If your glucose alerts and readings from Dexcom ONE do not match symptoms or expectations, use a blood glucose meter to make diabetes treatment decisions. †Compared to Blood Glucose Monitoring. ‡Access to Dexcom real-time CGM systems can vary in different parts of the UK. Talk to your diabetes healthcare team to find out more about access and which product would work best for you. §Compatible smart devices and optional receiver sold separately. For a list of compatible smart devices visit, www.dexcom.com/compatibility. ||Results obtained with a prior generation Dexcom CGM system. ¶Data on file, Dexcom 2022. 1 Beck RW, et al. JAMA. 2017;317(4):371–8. 2 Beck RW, et al. Ann Intern Med. 2017;167(6):365–74. 3 Dexcom CGM System User Guides. 4 CGM competitor user guides. Dexcom, Dexcom Clarity, Dexcom Follow, Dexcom One, Dexcom Share, and any related logos and design marks are either registered trademarks or trademarks of Dexcom, Inc. in the United States and/or other countries. ©2023 Dexcom International Ltd. All rights reserved. Dexcom International Ltd and its affiliated European entities. This product is covered by U.S. patent. dexcom.com | +1.858.200.0200 Dexcom, Inc. 6340 Sequence Drive San Diego, CA 92121 USA | MDSS GmbH Schiffgraben 41 30175 Hannover, Germany. MAT-1459.

I want to give a gift towards life-changing research

1 Here is my gift of....

☐ £20 ☐ £50 ☐ £100

☐ Other

2

Please make any cheque payable to JDRF. To give by Mastercard/Visa (delete as appropriate) please fill in below:

Card no.

CVV

Expiry Date

Card Holder's Name

3

Your details

Name:

Address:

..... Postcode:

4

Keep in touch

To sign up to our emails and hear about the latest type 1 research, news, events and how you can help advance our work please complete your email address below:

You can change the way we contact you at any time by calling us on 020 7713 2030

5

Gift Aid

giftaid it

Yes I want to increase the value of my donation to JDRF by 25% at no extra cost.

☐ Yes, I want to increase the value of my donation to JDRF by 25% at no extra cost. I am a UK taxpayer and want to Gift Aid this donation and any donations I make in the future or have made in the past 4 years to Juvenile Diabetes Research Foundation. I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

Date:

☐

I am not a UK tax payer.

Thank you. Please return your form in the **freepost envelope provided** or to **Freepost RTYC-XAJB-ZGUG, JDRF, 17/18 Angel Gate, City Road, London EC1V 2PT.**

You can also donate online at **jdrf.org.uk/donate** or call us on **020 7713 2030.**

Leaving a gift in your Will

We understand that deciding to leave a gift in your Will is a very personal decision. But if you are happy to let us know your plans it would be a great help. Anything you tell us is strictly confidential.

- ☐ **I am considering** leaving a gift in my Will to JDRF
- ☐ **I intend to** leave a gift in my Will to JDRF
- ☐ **I have already** left a gift in my Will to JDRF

To find out more about leaving a gift in your Will, you can download your free legacy pack by visiting jdrf.org.uk/legacy or by scanning the QR code.



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Margaret

grandmother to Fleur who was diagnosed with type 1 aged 9



Thank you.

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