

My journey with diabetes



Lord Rennard MBE
Liberal Democrat life peer in
the House of Lords

My interest in diabetes is long term and personal. My father was one of the first people to benefit from the development of insulin in the 1920s; he developed diabetes, probably as a result of the shock he experienced having a leg amputated following injuries to it during the First World War.

Because of insulin, he was able to live quite a long life for someone born in 1889. I was born in 1960, when he was 71. His survival for so long was testament to the effectiveness of insulin in saving lives and helping people to live with a condition that, until then, had been known to be fatal for thousands of years.

I was diagnosed with type 2 diabetes at the relatively young age of 34, almost 25 years ago. My lifestyle, related to my work in politics, was extremely poor for a long period. By the time I was 45, I was on insulin, as well as tablets. In my late 40s, I was warned that even the maximum levels of every form of medication available would not sustain me into my 50s unless I changed that lifestyle fundamentally.

I have been fortunate enough to receive great support from the diabetic team at St Thomas' Hospital. I am pleased that my long-term control, as measured by my HbA_{1c} blood glucose level, has remained at 7.2 for my last three tests. It has been helped by changes in lifestyle, including those that have resulted from a GP referral for some physical fitness training (which I certainly needed) the acquisition of my Fitbit monitor and recognition that I needed to eat more healthily and consume fewer products filled with sugar which, for many people, is a very addictive ingredient.

My own poor diabetic control some 10 years ago is probably responsible for the fact that both my feet now suffer from a condition called 'foot drop'. This means that I need to

wear ankle foot orthoses, known as AFOs, and, like all other people with diabetes, I know that I need to take great care of my feet. It has not been straightforward getting the right devices for them, and the otherwise excellent St Thomas's Hospital was not particularly effective in relation to patient appliances.

I have been fortunate to benefit from the private loan of equipment to provide Functional Electrical Stimulation. This generally helps with things like spinal injuries, rather than diabetic foot drop. But the stimulation of the nerves between my knees and my ankles has helped to get the relevant muscles going and keep them strong, and this has been of enormous benefit in improving this condition.

I was also fortunate in that I do some work for the British Healthcare Trades Association (BHTA), a Trades Association representing the manufacturers of medical devices. When I was presenting their award for lifetime achievement last year, I met William Munro (who has been published numerous times in *The Diabetic Foot Journal*) of Munro Rehab, whose brother Ken won the award. William helped me to identify Toe-OFFs® (Allard UK) as the most appropriate AFO for my feet. Prior to using them, I was not walking well, and alternative devices had not proved to be so good for me. Without any devices, I had a few falls.

I was referred for specialist help to the excellent Christian Pankhurst at the NHS Bowley Close Rehabilitation Centre in Crystal Palace, who provided AFOs and appropriate insoles.

As a member of the House of Lords, I speak occasionally about issues connected to diabetes. I took part in a recent debate about 'flash glucose' meter monitoring and how it is helping some people with type 1 diabetes to improve their control.

People with type 1 diabetes find it much harder to maintain good control. They need to test their blood with finger-prick tests eight or more times per day and can observe their blood sugar levels increasing rapidly or falling dramatically, sometimes without any apparent explanation. The emergency services are too often called out to assist someone who has collapsed, with some people thinking that they are drunk, when in fact they are suffering from a 'hypo'. I experience hypos very rarely, but people with type 1 diabetes are much more vulnerable to them.

Diabetes UK said recently that some 500 people with diabetes die prematurely each week (Diabetes UK, 2019). I regularly read distressing accounts of how more than 6,000 foot amputations per year result from diabetic-related conditions (Diabetes UK, 2019), many of which are preventable. If

not managed effectively, poor diabetic control results in loss of sight, kidney disease and a much greater prevalence of strokes and heart disease. People between the ages of 35 and 64 living with type 1 diabetes are three to four times more likely to die prematurely than those without the condition, while those in the same age range with type 2 diabetes are up to twice as likely to die prematurely (Diabetes UK, 2018). ■

Lord Rennard recently published his political memoirs entitled 'Winning Here' (Biteback Publications).

Diabetes UK (2018) *500 People with Diabetes Die Prematurely Every Week*. Diabetes UK (2019) Available at: <https://bit.ly/2XgAglq> (accessed 29.05.2019)
Diabetes UK (2019) *Diabetes General Care: Briefing for Debate*. Diabetes UK (2019)

Writing for *The Diabetic Foot Journal*

The Diabetic Foot Journal welcomes a range of articles relating to the clinical, professional, and educational aspects of diabetic foot care. If you have written an article for publication or if you are interested in writing for us and would like to discuss an idea for an article, please contact:

Adam Bushby on 0207 960 9673 or email abushby@omniamed.com

