

My Diabetes

Information and resource pack



Contents

Section 1: General Information on Diabetes	05
1.1 What is Diabetes?	05
1.2 What Happens and What Causes It?	05
1.3 Myths about Diabetes	06
1.4 What are the Different Types of Diabetes?	06
1.5 Type 1 Diabetes	06
1.6 Type 2 Diabetes	07
Section 2: Management of Diabetes	09
2.1 What Can I Do?	09
2.2 Coping with Diabetes	10
2.3 Healthy Eating	12
2.4 Medication for Diabetes	18
2.5 Checking your Diabetes Control	23
2.6 Physical Activity and Lifestyle Changes	30
2.7 Prevention of Complications	33
2.8 What Care Should I Expect From the Health Service for My Diabetes?	40
Section 3: Living with Diabetes	46
3.1 Diabetes and Health	46
3.2 Diabetes and Employment	48
3.3 Driving and Insurance	50
3.4 Diabetes and Travel	51
3.5 Social Life	53
Section 4: Who can offer me support?	56
4.1 Who Can Offer Me Support	



Personal Information

Please complete your personal details below

Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/> Postcode <input type="text"/>
Telephone no.	<input type="text"/>
Mobile no.	<input type="text"/>
Date of birth	<input type="text"/>
First language	<input type="text"/>
Next of kin name	<input type="text"/>
Telephone no.	<input type="text"/>
Your GP	<input type="text"/>
Surgery address	<input type="text"/>
Telephone no.	<input type="text"/>
Contact person	<input type="text"/>
Telephone no.	<input type="text"/>
CHI no.	<input type="text"/>

What is this pack for?

This pack is for you to keep. The aim of the pack is to:-

- Give you the information you need to be in control of your diabetes on a day to day basis,
- Enable you to know how and when to seek help from your health care team if you need to, and
- Inform you of the different services and support that are available to you.

The pack has been divided into 4 sections.

1. Basic information about diabetes

This section gives you an introduction to diabetes.

2. Management of diabetes

This section provides you with information on how to manage your diabetes through diet, medication, physical activity and other lifestyle aspects as well as tips to help you cope emotionally. There is also a section on what you should expect from your health care team and a checklist of questions to help you know what to ask.

3. Living with diabetes

This section provides you with information about aspects of living with diabetes such as driving, travel and social life.

4. Contacts

This section provides contact details of various organisations you might find of use.

You will also find a pocket at the back of this pack. This contains a **handheld record**. This is for you to record your personal diabetes information and self-care goals. When you visit your GP or nurse, you should take this pack with you so that you can write down the results of your tests.

Who is it for?

This pack has been designed for people living with diabetes in Greater Glasgow and Clyde. Some people may be familiar with the information in this pack, for others it may be new. The handheld record at the back of the pack should be used to help manage your condition. Keep this record safe and bring it with you to every appointment.

Who has written this pack?

This pack has been adapted by members of the Greater Glasgow and Clyde Managed Clinical Network, from a pack originally developed by Newham Primary Care Trust.

Your comments

Please fill out the form at the back of this pack to let us know what you think... Please return completed forms to:

Diabetes MCN Manager,
Dalian House,
PO Box 15329,
350 St. Vincent Street,
GLASGOW
G3 8YZ.

We hope you find this pack useful and informative.

Section 1: General Information on Diabetes

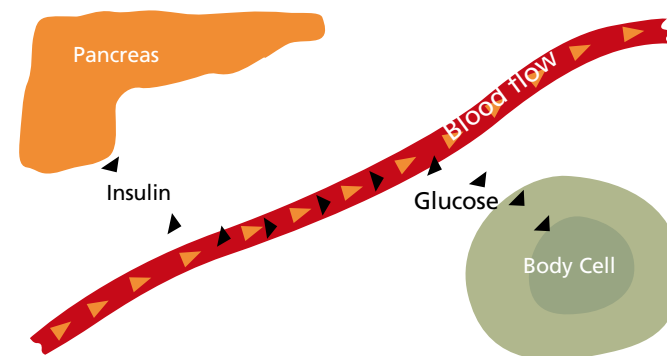
1.1 What is Diabetes?

Diabetes, or to give its full name 'Diabetes Mellitus', is a common condition in which the amount of glucose (sugar) in the blood is too high because the body is not able to use it properly. There are currently over 52,000 people with diabetes in Greater Glasgow and Clyde and there are many more people with diabetes who have the condition and don't know it, so you are not alone. The main two types of diabetes are Type 1 and Type 2, with the vast majority of patients being Type 2. Diabetes cannot presently be cured, however it can be controlled and you can lead a full and active life.

1.2 What Happens and What Causes It?

Diabetes mellitus is a condition in which levels of glucose in the blood are too high. Glucose in the blood comes from the digestion of starchy foods such as bread, rice, potatoes, chapatis, yams and plantain, from sugar found in sweet foods, and from the liver which makes glucose.

Blood sugar levels are normally strictly controlled by a hormone called insulin, which is produced by the pancreas, a small organ in the abdomen. Diabetes develops either when the body does not produce enough insulin, or the body does not respond to insulin. Insulin allows the cells of the body to use glucose for energy.



This diagram shows how insulin helps glucose enter the body cells. When you have diabetes this process does not work properly and the glucose builds up in the blood stream.

If the body cannot use glucose, it accumulates in the bloodstream leading to an elevated blood glucose level.

1.3 Myths about Diabetes

There are many myths surrounding diabetes and it is important to be clear what these are so that you can inform people of the correct information relating to your condition.

- There is no such thing as 'mild diabetes'. A diagnosis of diabetes needs to be taken seriously.
- Stress does not cause diabetes, although it may make symptoms worse in people who already have the condition.
- You cannot catch diabetes from somebody, nor can you give it to anyone.

1.4 What are the Different Types of Diabetes?

There are two different types of diabetes: Type 1 and Type 2 diabetes. Both of these types have the same signs and symptoms.

What are the signs and symptoms of diabetes?

You may have experienced some of these symptoms before but not necessarily all of them. These are:

- Increased thirst
- Going to the loo all the time, especially at night
- Extreme tiredness or loss of energy
- Weight loss
- Recurring infections e.g. thrush, urine infections, skin infections, and
- Blurred vision.

1.5 Type 1 Diabetes

Type 1 diabetes develops when there is no production of insulin in the body because all the cells in the pancreas that produce the insulin have been destroyed. Nobody knows exactly why this happens but it is thought it is triggered by a viral infection.

This type of diabetes develops quickly, usually over a few weeks and it usually affects children or young adults but occasionally can occur at an older age.

People with Type 1 Diabetes have stopped making insulin, therefore the body is unable to use the glucose (sugar) that comes from the food they eat. They tend to lose weight very quickly because the body is actually being starved of the energy it needs. Their health will rapidly deteriorate and they would die if insulin were not given.

However, because these symptoms of Type 1 diabetes are so noticeable, they are usually diagnosed very quickly and treatment can be started immediately. The symptoms are quickly relieved once the diabetes is treated.

Type 1 diabetes is treated by:

- Taking insulin injections
- Healthy eating, and
- Exercising regularly.

Good control of Type 1 diabetes will reduce the chances of developing more serious health problems.

1.6 Type 2 Diabetes

Type 2 diabetes develops when the body is not able to produce enough insulin for its needs, or when the body's insulin does not work properly. It usually appears in people over the age of 35, but it can occur at a younger age. Type 2 diabetes is becoming increasingly common in the UK.



There are six factors which make a person more at risk of developing Type 2 diabetes. Those who:-

- Have a family history of diabetes
- Are 40, or over 25 if you are black, Asian or from a minority ethnic group (your risk increases as you get older)
- Are of Asian, African or Caribbean descent
- Are overweight (particularly if you are bigger round the middle rather than being bigger round the hips)
- Have had diabetes during pregnancy, or
- Do little physical activity.

Type 2 diabetes develops slowly. Some people may not notice any symptoms at all and their diabetes is only picked up at a routine medical check up. You may only feel tired, so it is really easy to put the symptoms down to 'getting older' or 'overwork'.

How is Type 2 diabetes treated?

Type 2 diabetes is treated by:

- Healthy eating
- Exercising regularly
- Sometimes, tablets and or insulin may be needed in addition to healthy eating and exercise.

It is important to recognise that even if you do everything you can, your diabetes is likely to become more difficult to manage over time, and therefore your treatment will need to change. This is not your fault but is due to the progressive nature of Type 2 diabetes. If you currently treat your diabetes with diet alone, you may need to start taking tablets in the future. If you already take tablets, your dose may need to be increased and eventually you may need insulin injections. It is impossible to put a time on these changes but if you follow guidelines you may delay progression.

Section 2: Management of Diabetes

2.1 What Can I Do?

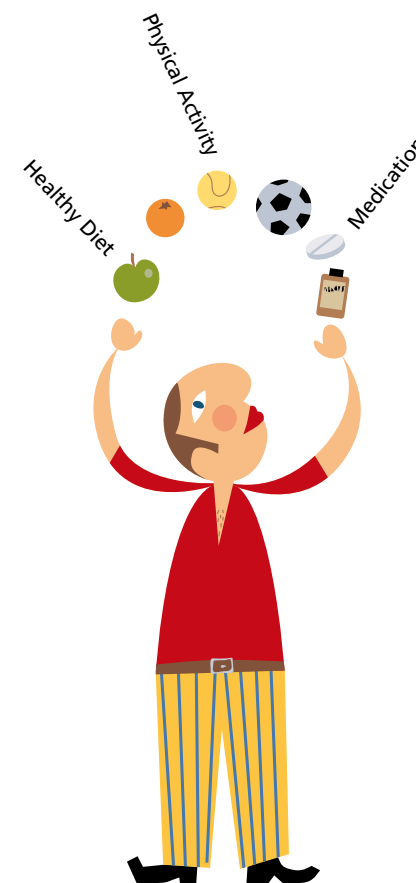
Diabetes is a life-long condition which you need to take seriously. Managing your diabetes well is a balancing act where you have to manage your medication (if you are taking any), with a healthy diet and physical activity.

Whether you have Type 1 or Type 2 diabetes, you should aim to eat a healthy diet and be as physically active as you can. The main difference in treating Type 1 and Type 2 diabetes is the medication you receive.

The management of diabetes most importantly involves self-care. The following sections will describe how you can manage your diabetes (Type 1 and Type 2) most effectively. These sections are:

- 2.2 Coping with Diabetes
- 2.3 Healthy Eating
- 2.4 Medication
- 2.5 Checking your Diabetes Control
- 2.6 Physical Activity and Lifestyle Changes
- 2.7 Prevention of Long Term Complications
- 2.8 Understanding your Diabetes Health Care Service

Your diabetes team are here to support you with this condition and help you find the ways to continue living your life to the full.



2.2 Coping with Diabetes

It is a common reaction when you are first diagnosed to be shocked and then to feel a little lost. Some people are relieved that it is nothing worse, others are fearful and some scared because they feel their life is out of control and they cannot cope. It is not unusual to feel helpless and overwhelmed. All these feelings are natural.

Diabetes is your condition and although it would be nice for others to manage it, it is your responsibility to do so with the help and support of health professionals, family and friends. It takes time to come to terms with your condition and some people have a harder time than others. This means you may experience a number of emotional changes, anger, sadness, fear, anxiety, or depression (more than just feeling a bit low). It is very common for people to feel depressed and anxious, but there are many ways you can help yourself. If the emotions you experience last more than a month, have a chat with your doctor.

Your DOCTOR may consider:

- Referring you for extra support to, for example, the behaviour support team, or putting you in touch with members of a diabetes self-help group
- Referring you to a patient education session such as DESMOND or DAFNE
- Prescribing you medication, you can discuss this with him/her.

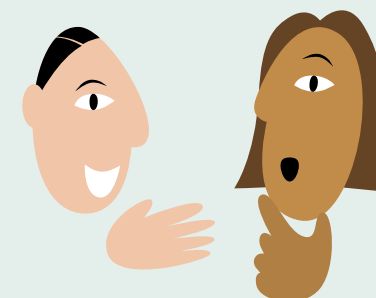
Educating yourself about your condition can help immensely by reducing your anxieties. Remember, no question is 'silly' and the more you know, the more able you will be to control your condition. Understanding and discussing your condition with your family, friends and other people with diabetes can help you bring your fears into perspective.

Your diabetes will not go away if you ignore it, but by controlling it and building the lifestyle changes into your daily routine, you can have a long and fulfilling future.

TIPS

10 top tips from people with diabetes:

- Some days may not be so good as others, so be prepared to be a little flexible.
- You can learn to cope well with your condition by:
 - keeping up to date with information
 - if you are not sure - ask
 - if you do not understand - ask
 - if you think something is wrong and you can't put it right tell someone and
 - if it sounds wrong - query it
- If you think you need help - you need help. Don't be afraid to ask.
- If someone says no - ask why
- If you need to make changes to your lifestyle, your diabetes team can help and support you with this.
- You don't have to climb a mountain to exercise, you can walk to the shops or do some gardening!
- Remember feeling depressed, sexual relationship problems or dry skin could be related to your diabetes but in many cases, can be successfully treated.
- Build up a relationship with your pharmacist - they are a wealth of information.
- Join your local branch of Diabetes UK to meet other people with diabetes, get support, and find out more about living with the condition. See page 56 for details.
- Diabetes need not restrict your life.



2.3 Healthy Eating

What should I be eating?

People with diabetes do not need special foods. The following pages are a guide that will get you started...

Is diet important in managing my diabetes?

YES! Adopting a healthy eating plan will help to control your blood glucose levels. For some people, eating healthily is the only treatment they need. Other people may need the help of tablets or insulin as well as healthy eating.

Healthy eating is important for everyone so all family members can eat the same meals.

The Eatwell plate below shows the food groups which make up the correct balance of foods for a healthy diet. Use the Eatwell Plate to help you get the balance right. It shows how much of what you eat should come from each food group.



Bread, rice, potatoes, pasta and other starchy foods

Fruit and vegetables

Meat, fish, eggs, beans and other non-dairy sources of protein

Foods and drinks high in fat and/or sugar

Milk and dairy foods

What should my healthy plan include?

1. Regular meals

Regular meals are very important. Eat three meals a day – morning, midday and evening. Avoid long gaps between meals.

2. Eat starchy food at each main meal

Have some starchy (carbohydrate) food at each meal, wholegrain varieties and high fibre foods are best e.g. breakfast cereal, bread, chapattis, rice, potatoes, green banana, yam, noodles, plantain, couscous and pasta. Choose the ones you enjoy.

These are our fuel foods. We need these foods for energy but it is the amount we eat that is important. If you eat more of these foods than your body needs, they can raise your blood glucose levels and you may gain weight.

Your dietitian will advise you what the appropriate amounts of these foods are for you to take.

3. Have at least 5 portions of fruit and vegetables - this should include at least two portions of vegetables/salad

People with diabetes can eat all fruit and vegetables. Try to have 5 portions of fruit and vegetables throughout the day. A portion is the amount that will fit in the palm of your hand. For these purposes, the potato is not included as a vegetable but as a starchy food. To help keep your blood glucose balanced, spread your fruit intake over the day. Also add greens or salad vegetables to your meals. These vegetables provide minerals and vitamins to keep us healthy but will not affect your blood glucose level or your weight.

4. Meat, chicken, fish, eggs and dairy products

Have smaller portions and choose low fat varieties. If you are vegetarian unsalted nuts, pulses and legumes are recommended replacements.

5. Suggested snacks between meals

Here are some ideas of the type of snacks you can eat between meals which meet the healthy eating guidelines for diabetes:

- A piece of fruit
- A pot of low fat plain or low sugar 'diet' fruit yogurt/ fromage frais
- 2 crackers (wholegrain are best)
- 2 plain biscuits e.g. Rich Tea
- A slice of wholegrain bread with a low fat spread
- A currant/fruit bun
- 1 medium pitta bread, or
- 1 medium chapatti/roti.

Note: If you are on certain medication and/or insulin, it may be important to have a small snack between your meals - your dietitian or nurse will advise you.

Foods to cut down:

a) Sugary foods (simple sugars)

These raise the blood glucose levels too quickly.

For example sugar, jam, marmalade, syrups, honey, desserts, sweet cakes and biscuits, chocolate, sweets, ice-cream, tinned fruit in syrup, soft drinks and cordials.

TIPS

- Avoid adding sugar or honey to drinks or food,
- Try to use artificial sweeteners e.g. Sweetex, Hermesetas, and Canderel
- Try sugar free drinks e.g. diet drinks and no added sugar squash.



b) Foods high in fat

Foods that are high in fat promote weight gain and this may make your diabetes harder to control.

There are four main ways to reduce the total amount of fat in the diet:

- Choose low fat options when buying foods e.g. skimmed or semi skimmed milk, reduced fat cheese
- Preparation of food e.g. cut visible fat off meat; remove skin of chicken; grate cheese rather than slicing it as less is used; use butter or spreads sparingly on bread
- Cooking methods e.g. grill, boil, stew, steam, poach, microwave or bake rather than frying, and
- Limit high fat snack foods e.g. crisps, nuts, chevada, and samosas.

Beware of hidden fats in foods e.g. cakes, biscuits, crisps, cheese, processed meat, sausages, salami, gravies, sauces, salad dressings and mayonnaise.

c) Salt

Use only a little salt in cooking and try not to add more to your meal.

REMEMBER

Remember there is no such thing as a diabetic diet!

It is not necessary to buy "diabetic" foods, as they can be expensive and are often high in fat.

6. Drinks

Remember to have a least 8 cups of fluid a day such as, water, tea, coffee (without sugar – add an artificial sweetener if preferred). Choose drinks labelled 'no added sugar or 'diet'. Pure fruit juices are high in natural fruit sugar, so limit these to 1 (200ml) small glass a day or for a longer drink, dilute with water or sugar free lemonade or soda water.

7. Alcohol

The maximum recommendations are up to 3 - 4 units per day for men and up to 2 - 3 units per day for women, with 2 alcohol free days a week.

REMEMBER

- Alcohol can lower your blood glucose to an unsafe level if you are taking insulin or certain diabetes tablets. So never drink on an empty stomach, and keep to safe limits
- All alcoholic drinks are high in calories and may lead to weight gain. Diabetic or low sugar beers and lagers are often higher in alcohol while low alcohol beers or lager tend to be higher in sugar
- Avoid drinks that are high in sugar e.g. sweet sherry, sweet wine and liqueurs
- Always use sugar free or diet mixers and soft drinks
- If you are on certain tablets or insulin, please remember to carry glucose tablets with you. If you are likely to experience a 'hypo' (hypoglycaemia, see page 25), make sure friends know that you have diabetes and what to do. It is also advisable to carry some form of diabetes identification with you. (e.g. a bracelet, necklace or ID card.)

Note: ONE UNIT is equal to:



1 small glass of wine
(125 ml) @ 8% ABV*



a single measure of spirits
(25ml) @ 40% ABV



a half pint of ordinary
strength lager
@ 3.5 % ABV

* Alcohol By Volume

There is a lot more to learn about healthy eating. Ask your doctor or nurse to refer you to a dietitian who can help you with your own personal healthy eating plan.

8. Special occasions

Remember, having diabetes does not mean you can no longer have fun on a special occasion. The key is balancing eating and drinking foods which you may usually avoid, with feeling well. If you eat too much, your blood glucose levels may increase so much that you start to feel unwell. Some insulin regimes allow you to take a little extra to cover the extra starchy or sugary foods you may be eating. In other cases there is no problem in eating extra especially if you are going to be more active, dancing for example. More individual advice can be obtained from your health care professional. However it would be advisable to go back to your usual healthy eating plan, and avoid over-eating after the special occasion.

What if I want to fast and I have diabetes?

Some people may wish to fast for religious reasons. To ensure the fast is carried out safely, the following steps should be followed:

It is important that you contact your nurse or doctor to ask for individual advice at least 1-2 months BEFORE you plan to fast. Most religions exempt people with diabetes from fasting, however many people still choose to.

It is advisable that the following people do not fast:

- People with diabetes complications
- Pregnant and breastfeeding women
- People with Type 1 diabetes
- People with poorly controlled Type 2 diabetes
- People who have had recurrent hospital admissions because of their diabetes
- The Elderly
- Children
- The sick.

If your diabetes is treated by healthy eating alone:

It should be safe for you to fast. It is important that you try to keep to your usual healthy eating choices, and avoid overeating after the fast.

If your diabetes is treated with tablets:

The timing and dose of your tablets may need to be changed by your doctor or nurse. **DO NOT STOP** taking your tablets unless you are advised to do so.

If your diabetes is treated with insulin:

DO NOT STOP taking your insulin.

However, your doses may need to be adjusted to fit in with your temporary change of eating times.

It is advised that you contact your doctor, diabetes nurse and/or dietitian for advice.

(Remember always to carry a source of fast acting carbohydrate with you to treat hypos)

Blood glucose testing:

Testing your blood glucose is very important during a fast to check that your diabetes is staying in control. You may be advised to check your blood glucose levels more frequently during this time.

2.4 Medication for Diabetes

There are many different types of medication to treat your diabetes. Your GP or Diabetes Team will recommend to you the most suitable medication regime for your diabetes condition and lifestyle. You can discuss your medication with them at any time.

It is also important to learn about your medication, e.g:

- Know the name of your medication
- When to take it and how much to take
- The action of the medication, and
- Possible side effects (if any) and if it affects any other medication you are taking.

This section will explain about medication that helps to control blood glucose (sugar) levels. You may also be asked to take medication to lower blood pressure and or cholesterol levels. These are equally important tablets to remember to take as they will help to prevent some of the complications associated with diabetes. See page 33 for more details.

a) Tablet treatment for your diabetes

If you have been prescribed tablets for your diabetes, it is because healthy eating alone will not control your blood glucose levels. However it is still important to follow a healthy eating plan and be physically active. Some people need to take a combination of tablets to control their blood glucose levels. Some people may need insulin. Some people may need a combination of tablets and insulin. If this applies to you, remember that needing tablets and insulin is a natural process of diabetes.

Taking your tablets

Your doctor or nurse will advise you on when to take your tablets. It is important to remember the following:-

- **NEVER** stop taking your tablets,
- If your dosage is more than 1-2 hours late, miss it and take the next one at the normal time. **NEVER DOUBLE DOSE** because you missed a tablet
- If you are ill, **DO NOT STOP** taking your tablets, and
- If you are vomiting, contact your doctor immediately.

By taking your tablets as instructed, you will be able to achieve better blood glucose control and therefore reduce the risk of long term complications. If you experience difficulty controlling your blood glucose or have unpleasant side effects at any time, speak to your doctor or a member of your Diabetes Team.

You should have the right treatment for you and it is for this reason that you must stay in contact with your clinic and attend your appointments.

There are five main groups of tablets available to treat diabetes (and two additional groups very rarely used within Greater Glasgow and Clyde). These are:

1. Biguanides e.g. Metformin (Glucophage)

Action:	Improve your body's response to insulin and also stop it making too much glucose. These are often used as the first line of treatment especially for people who are overweight.
When to take:	Twice or three times a day with meals.
Side effects	Upset stomach and wind, this can be overcome by starting on a low dose and taking tablets with your meals.

2. Sulphonylureas e.g. Gliclazide (Diamicron), Glibenclamide (Daonil)

Action:	Stimulates the pancreas to make more insulin and the body to use the insulin more effectively.
When to take:	Once or twice a day before meals.
Side effects:	Low blood glucose (hypoglycaemia).

3. Glitazones e.g. Pioglitazone (Actos)

Action:	These tablets increase the action of your body's insulin.
When to take:	Taken once a day.
Side effects:	Fluid retention / swollen legs /increased risk of peripheral fractures. Combined tablets with a glitazone and metformin are also available, and may be suitable to help reduce the number of tablets you may need to take in a day e.g. Competact (pioglitazone & metformin).

4. Exenatide (Byetta)

Action:	Lowers blood glucose by increasing insulin secretion from the pancreas and lowering glucagon secretion. It can also be associated with weight loss.
When to take:	It is available as a twice daily subcutaneous injection and can be used in combination with metformin or a sulphonylurea, or both, in patients who have not achieved adequate control with these drugs alone or in combination.

5. Gliptins e.g. Vildagliptin (Galvus), Sitagliptin (Januvia)

Action:	Lowers blood glucose by increasing insulin secretion from the pancreas and lowering glucagon secretion. Tend to be weight neutral.
When to take:	It is restricted to specialist initiation. Used in combination with metformin, a sulphonylurea, or a glitazone when treatment with these agents fails to provide satisfactory control.

6. Prandial glucose regulators e.g. Repaglinide and Nateglinide These agents are very rarely used within Greater Glasgow and Clyde.

Action:	Lowers blood glucose by increasing insulin secretion from the pancreas.
When to take:	Taken directly before meals.
Side effects:	Low blood glucose, upset stomach and wind.

7. Alpha-Glucosidase inhibitors e.g. Acarbose (Glucobay) This agent is very rarely used within Greater Glasgow and Clyde.

Action:	Slows the rise in blood glucose normally experienced after meals by slowing down the uptake of starchy foods from the intestine.
When to take:	Should always be chewed with the first mouthful of food or swallowed whole with a little liquid immediately before.
Side effects:	Upset stomach and a lot of wind.

b) Insulin treatment

If you have Type 1 diabetes then the treatment for you is insulin and a healthy eating plan and lifestyle. Insulin cannot be taken in tablet form, as the acids produced in the stomach would destroy the insulin. For people with Type 2 diabetes, insulin may be recommended to be taken with or without tablets that control blood glucose levels.

Why do I need insulin?

You have been prescribed insulin because you have Type 1 diabetes or because your Type 2 diabetes is not being controlled well enough by tablets alone.

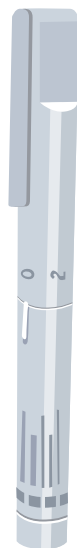
How do I start?

Many people with diabetes (Type 1 and 2) are fearful at first of taking insulin. Discuss this with your doctor or your diabetes specialist nurse who will give you the information you need and put you at ease before you agree to start insulin. All the possibilities will be discussed with you to enable you to make an informed choice. You will be taught how to inject yourself with insulin and you will be supported with an ongoing education plan while you get used to it. Insulin can be taken once, twice or four times a day depending on your lifestyle, following consultation with your Doctor or nursing team.

Below are some of the main discussions which you will have before and once you have started the insulin.

- What type of insulin is going to fit in with my lifestyle?
- Which insulin pen is best for me to use?
- How do I use the insulin pen?
- How do I store my insulin?
- How do I get rid of the needles?

Insulin is always started at very small doses whilst you get used



to taking the injections. Insulin doses will be increased very gradually (depending on your blood glucose readings). The diabetes specialist nurse will help and support you with this.

The diabetes specialist nurse will also go into detail about the following: -

- How to recognise and treat a low blood glucose (hypoglycaemia, page 25)
- What to do if you become ill (sick day rules, page 28)
- How to self adjust your insulin
- How often you should be reviewed at your diabetes clinic.

Where do I inject?

Injections are given in fatty areas of the body, e.g. stomach, thighs, buttocks or upper arms. You will need to change the injection site and needle every time as using the same place all the time or needle more than once can make the skin underneath lumpy and possibly alter your dose of insulin.

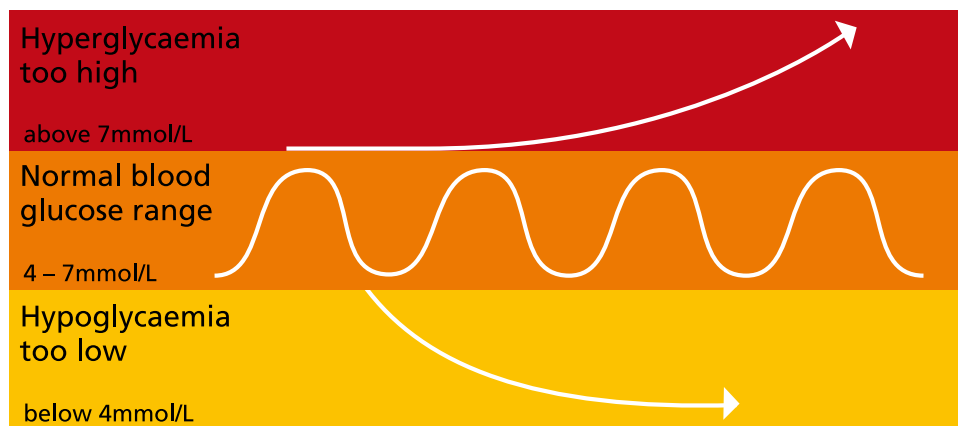
2.5 Checking your Diabetes Control**a) Blood glucose testing**

Your doctor or nurse may advise you to test your blood glucose levels. Learning how to test your blood glucose levels gives you the information to help control your diabetes. Blood glucose testing enables you to see how well your body is responding to your medication, diet and activity levels. Urine testing may occasionally be used to assist in the monitoring of your diabetes control.

What should it be?

It is normal for your blood glucose to fluctuate throughout the day. Your blood glucose will also rise after eating a meal. The best times to test are just before a meal, or two hours after a meal.

Your blood glucose (sugar) readings should ideally be between



4-7 mmol/L (don't worry about the mmol/L, just remember the 4-7) before meals. Two hours after meals readings should be less than 10 mmol/L.

However, your doctor or nurse will tell you what is an acceptable blood glucose level for you to strive for, as well as how often you should test (if indeed you need to) and how to perform the test accurately.

b) What if my blood sugars are too high? (Hyperglycaemia)

Hyperglycaemia is a blood glucose level that is too high. This is a blood glucose level above the healthy range or acceptable level for you. Your doctor or your nurse will advise you what your acceptable blood glucose level is.

The symptoms of a high blood glucose level are:-

- Tiredness and loss of energy
- Increased thirst
- Passing urine more frequently, and
- Susceptibility to infections.

Possible causes

You can have high blood glucose for many reasons, the main reasons are:

- Eating large meals containing too much starchy or sugary carbohydrate foods
- Not having enough medication (insulin or tablets)
- Less exercise taken than usual
- Emotional stress
- Having an infection or fever, and
- Steroid use.

What can be done:

- Review your diet for example, e.g. am I eating too much sugary food?
- Do more physical activity, e.g. go for a walk – discuss with one of your diabetes team first, especially if positive to ketone.
- Do more frequent blood testing, and if these are too high contact your doctor or nurse.

Without treatment you may become increasingly unwell. If your blood glucose is consistently high, it is important to make an appointment to see your doctor or nurse to discuss what to do. Remember also that long term complications can also cause raised blood glucose levels.

c) What if my blood glucose is too low? (Hypoglycaemia or 'hypo')

If you require medication for your diabetes (insulin or some tablets), you could experience hypoglycaemia. Hypoglycaemia or 'hypo' is a blood glucose that is too low, that is below the healthy range for a blood glucose level (less than 4 mmol/L).

You might feel like you are having a hypo but if you are on a diet alone or on metformin alone the level of blood glucose is very unlikely to be low enough to warrant extra glucose intake - check your blood glucose or act on your symptoms.

What will I feel like?

A HYPO CAN SOMETIMES HAPPEN SUDDENLY WITHOUT WARNING...

Below are some of the symptoms you may experience during a 'hypo'. You may experience one or more of the symptoms.

- Excessive sweating
- Shaking
- Paleness
- Headache
- Hunger
- Tingling of the lips and tongue
- Pounding of the heart
- Blurred vision
- Lack of concentration, and
- Personality change – irritation and anger.

Your doctor or nurse will tell you if you are likely to experience these, when you start your diabetes medication.



Why does it happen?

You need to ask yourself why is it happening? These are some of the reasons:

A low blood glucose can occur when:

- You have missed a meal, snack or late for a meal
- Eating too little or dieting
- You have done more physical activity than usual or restarted exercise after a break
- You have taken too much insulin or diabetes tablets
- You have drunk alcohol without food
- If the weather is hot, or
- If you are feeling very stressed.

What do I do to treat a low blood glucose/'hypo'?

Do not delay – take one of the following steps:

- You can use 3 glucose tablets (such as Dextrosol). These are available from any pharmacy, or
- If you do not have glucose tablets take something sugary, such as:
 - one tablespoon of sugar or glucose powder in half a glass of water,
 - half a glass of ordinary cordial, fizzy drink, or lucozade (not diet drink), or
 - half a glass of unsweetened fruit juice.

Once you are feeling better (usually after 5-10 minutes) or your blood glucose is 4 mmol/L or higher, then have something starchy to eat, such as:

- A slice of bread,
- Two plain biscuits or crackers,
- A glass of milk, or
- Your usual meal if it is meal time.

Important

Never stop taking your diabetes medication (tablets or insulin) even if you have had a 'hypo'. If these are occurring regularly e.g. more than twice per week discuss this with your Doctor and or Nurse.

d) Sick day rules - managing illness with diabetes

If you become physically unwell, your body reacts by raising your blood glucose levels, so worsening your diabetes control. Illnesses and infection that can upset your diabetes control include:

- Colds, bronchitis and flu
- Vomiting and diarrhoea
- Urinary infections (e.g. Cystitis), and
- Skin infections (e.g. boils, skin ulcers and inflamed cuts).

Below is a guide to help you through this challenging time.

1. Blood glucose testing

Measure your blood glucose levels more often when you are ill, aim to test at least 4 times per day.

2. Testing blood or urine for ketones if you have Type 1 diabetes

Ketoacidosis is a serious condition, which may occur as a result of illness. Regular monitoring and adjusting of medication / insulin could avoid this. This is especially important if your blood glucose is more than 15mmol and you are experiencing any of the following: vomiting, shortness of breath or abdominal pain.

3. Medication

It is important at the time of illness not to stop taking your tablets or insulin. You need to get advice from your doctor or Diabetes Team if any of the following occur:

- If you have symptoms of a hyper (high blood glucose) or your blood glucose (sugar) that is higher than normal for you (generally greater than 13 mmol) it is likely that you will need to increase your tablets or insulin doses,
- If your blood glucose levels are continuously high, you are vomiting and are unable to keep anything down, or if you are unsure what to do,
- If you are taking other medications e.g. blood pressure pills as these may be affected by illness.

4. Food and drink

During times of illness your appetite and fluid intake may be affected. Here are some tips to help speed your recovery:

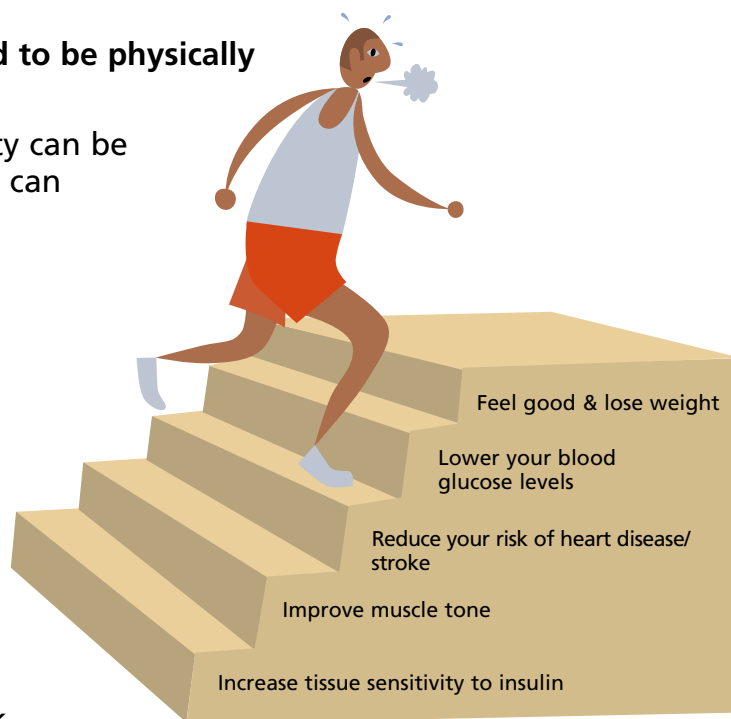
- Drink plenty of fluids, aim for five pints (3 litres) of unsweetened fluids a day
- If you can not eat solid food, try to take in some carbohydrate in the form of some easier to eat foods such as:
 - milk drinks,
 - soup,
 - ice-cream,
 - liquid replacement drinks,
 - drinking chocolate, or
 - ordinary squash or fizzy drinks.
- If you are not hungry try eating small regular meals/snacks.



2.6 Physical Activity and Lifestyle Changes

Why do I need to be physically active?

Physical activity can be enjoyable and can help you:



TRY

- A brisk walk
- Take the stairs instead of the lift
- Get off the bus a stop earlier and walk the rest of the way
- Use a bicycle or walk instead of using the car for short journeys, or
- Join a physical activity class or session in your local area.

Current recommendations for general health are to participate in moderate intensity physical activity such as brisk walking, cycling or "heavy" gardening for an accumulation of at least 30 minutes a day on most days of the week (at least five). If this seems too much at the beginning try starting with 5-10 minutes and increase this gradually. You should choose an activity that you enjoy, that is convenient for you and involves your family and friends so they can support you and get fit themselves!

It is generally safe for most people to participate in physical activity. If you are concerned or have certain health conditions such as heart disease or asthma, please consult your doctor before undertaking any new physical activity. There are forms of activity available locally. Contact your practice for further information.

Why should I give up smoking?

Giving up smoking is the most positive thing you can do for your diabetes and your health in general. Smoking roughly doubles your risk of heart disease and increases your risk of stroke.

If you are a smoker and want to quit, there are specialised people who can help you. In your area there are trained smoking cessation advisers, however, you will need to phone first to find out who is your nearest trained adviser. They have the tools to help you kick the habit and breathe a new and healthy life. This service is FREE of charge.

There are effective treatments available to help you quit your addiction. Some of the services include:

- Nicotine replacement therapy and other medications
- Brief advice and intensive support.

To find out more, call 0800 84 84 84



What if I am overweight?

If you are overweight your body will be less sensitive to the insulin you are producing or injecting. Being inactive and eating in excess of your body's needs will lead to weight gain.

It has been found that a 10% reduction in body weight (if overweight) can:

- Reduce the risk of heart disease and stroke
- Lower blood pressure, and
- Help you feel better.

Following the healthy eating advice and increasing your physical activity levels will help you to lose weight. If you feel you would like more support talk to your Doctor or nurse as He/She can discuss with you the benefits of seeing a dietitian and or attending local GP exercise on prescription scheme.

Waist circumference

Having the following waist measurement increases your risk of developing Type 2 diabetes:

- 94 cm/38 inches or more if you are a white or black male
- 90 cm/36 inches or more if you are an Asian man.
- 80 cm/32 inches or more if you are a white, black or Asian female

Following the healthy eating advice and increasing your physical activity levels will help you to lose weight. If you feel you would like more support talk to your Doctor or nurse who, if appropriate, may refer you to the Greater Glasgow and Clyde Weight Management Service or the Eat Up programme or see page 59 for more Information about other local services to help you eat more healthily or become more physically active.



2.7 Preventing Complications

With treatment of your diabetes, your general health will improve and you should also notice an improvement in your energy levels.

It is important that you maintain good control of your diabetes, as continuing high blood glucose levels can cause damage throughout the body. Parts of the body that can be affected are your eyes, kidneys, heart and feet. These problems are discussed in more detail below.

Evidence has shown that people with diabetes who look after and control their diabetes well, minimise their risk of developing diabetic complications. Therefore, there are very good reasons to take your diabetes seriously.

Your heart

Having diabetes puts you at two to three times more at risk of a heart attack or stroke than a non diabetic person. Evidence has shown that by keeping tight control of your blood glucose, cholesterol level and blood pressure you can reduce this risk by up to 40%.

What is cardiovascular disease?

Damage to the heart and blood circulation is caused by a build up of cholesterol (fatty deposits) on the lining of the blood vessels. This restricts the flow of blood around the body which can result in a heart attack. Cardiovascular disease is a major cause of ill health and death in the UK population. However, people with diabetes have 4 times the risk of coronary heart disease, strokes and circulation problems.

Your heart is a very hard working muscle which requires a good supply of oxygen rich blood. This blood is delivered by the coronary arteries which sit on the outside of the hearts surface. Over a period of years these arteries develop a "plaque", making them narrower – this is otherwise known as "heart disease" or "atheroma". The speed in which these arteries become narrowed depends on many factors, known as "risk factors".

These include:

- Smoking
- High saturated fat diet/raised cholesterol levels
- Lack of exercise/physical activity
- Hypertension (high blood pressure)
- Diabetes.

It is thought that people with diabetes lay this plaque down in arteries much easier than people who do not have diabetes, which increases their “cardiovascular risk”.

This is why it is very important to ensure:

- Your cholesterol level and blood pressure are regularly checked and monitored
- You do not smoke
- Exercising regularly
- Keeping your blood pressure under control
- Losing weight (if you are overweight)
- Decreasing the amount of saturated fat in your diet.

Medication may be suggested to help you reduce your cardiovascular risk i.e. aspirin. Eating five portions of fruit and vegetables a day and 1-2 portions of oily fish a week protects your heart.

You can prevent cardiovascular disease by following the healthy living advice given in this pack. If you would like any advice please contact your GP, diabetes specialist nurse or practice nurse.

Other complications

Nerve damage can cause other problems such as pain in the legs, diarrhoea, poor bladder control, and loss of sexual function in men. Please talk to your doctor or nurse if any of these occur.

Your eyes

All people with diabetes who are aged 12 years and over can have their eyes checked every year by the Greater Glasgow and Clyde Retinal Screening Service. The best method for this diabetic eye check, is to take digital retinal images, where pictures are taken and recorded on a computer. The aim is to detect any problems caused by diabetes so they can be treated. Having a regular check up will help keep the eyes healthy.

You will receive a letter informing you when you are being called for eye screening or you can ask your GP to refer you for this test. The sooner any retinopathy problems are detected and treated, the more successful treatment is likely to be. This examination is free and should be done every year by a specially trained optometrist/optician. He/she will put drops into each eye to dilate the pupil (make them bigger). This will temporarily blur your vision and make your eyes sensitive to bright light, preventing you from reading and driving for several hours afterwards. So take sunglasses with you and don't drive yourself home. If changes in either eye are found, you will be referred to an eye specialist.

Most loss of vision due to diabetes can be prevented, but it is vital that it is diagnosed early. This can only be detected by a detailed examination of the eyes. Therefore regular annual eye examinations are extremely important, as you may not realise that there is anything wrong with your eyes until it is too late.

To reduce your risks of developing problems with your eyes aim for the following:

- Good blood glucose control (ask your doctor or nurse for the HbA1c target you should be aiming for)
- Good blood pressure control (especially patients with kidney disease).

Your kidneys

Diabetes can cause damage to the kidneys, which is known as renal disease or nephropathy. Your doctor / nurse will check your blood pressure (high blood pressure increases the risk of kidney damage) and kidney function regularly.

- **estimated Glomerular Filtration Rate (eGFR)** based on serum creatinine levels in the blood, is a simple blood test that can be carried out to detect and monitor functioning of the kidneys. It also makes it easier to work out which patient needs to be referred for specialist investigation and treatment.

As you can see, as well as controlling your diabetes and looking after yourself, a lot can be done to prevent or minimise these complications through identifying problems early on and treating them. That is why it is important to attend the diabetes clinic and retinal screening clinic for your annual review. See page 40 for more details.

Your feet

Although having diabetes does not mean that you will develop a foot problem, it does mean that you are more vulnerable to developing:

- Nerve damage in the feet and legs resulting in a loss of sensation of heat and cold, pins and needles or possible numbness and burning sensations. This is called neuropathy
- A reduced blood supply to the feet and legs resulting in cold, painful feet
- Dry skin, brittle nails and athletes foot.

This means that injuries to the feet may go unnoticed, be slow to heal and can quickly become infected.

It is important that your feet are examined as part of your Annual Review (See page 40) each year so that any problems can be treated early on.

To prevent problems it is important that you care for your feet. The following information should help...

1. Wash feet daily with a mild soap and luke warm water.



2. Dry feet thoroughly especially between the toes, using a soft towel or tissue.



5



6



8



9



3. For moist / sweaty skin between the toes, apply surgical spirit with cotton wool.
4. To prevent dry skin use moisturising cream but avoid applying between toes.
5. When cutting toenails follow the curve of the nail and avoid digging into the corners. Do not cut nails too short.
6. Use a pair of nail nippers and file the nails to avoid sharp edges.
7. For problem nails such as ingrown or thickened nails, or if you have poor eyesight consult a HPC Registered Podiatrist / Chiropodist.
8. Corns and calluses should be dealt with by a podiatrist. Do not use razor blades, corn plasters etc. However you may use a pumice stone or foot file to smooth hard skin and corns.
9. Choose shoes with a fastening such as laces or velcro to hold the foot in place. Wear closed in shoes with a deep, round toe box to allow plenty of room for the toes.
10. Have feet measured when buying new shoes. Always wear in new shoes gradually to prevent rubs / blisters.

11. Avoid walking barefoot – always wear shoes / slippers even indoors to protect your feet.
12. Change socks daily. Wear socks or stockings which fit correctly and are in good repair.
13. Check between the toes and underneath your feet. You may need to use a mirror.
14. Things to look out for:
 - cuts, scratches, and blisters,
 - any change in colour (red, black, blue, white),
 - sudden changes in temperature in the skin,
 - any discharge from a break or crack in the skin,
 - any unusual swelling, and
 - painful areas.
15. Check shoes inside and out before putting them on for cracks, grit or sharp edges, which may irritate the skin. You may not be able to feel these if you have a loss of sensation.

For assessment or further advice, speak to your doctor or nurse as they can advise you and if necessary, refer you to a HPC Registered Podiatrist / Chiropodist. Check online at www.hpc-uk.org/register

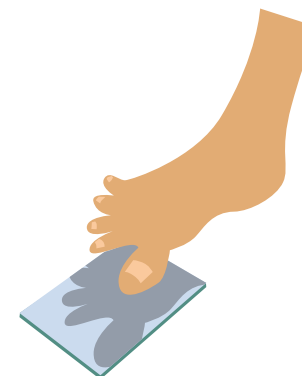
11



12



13



15



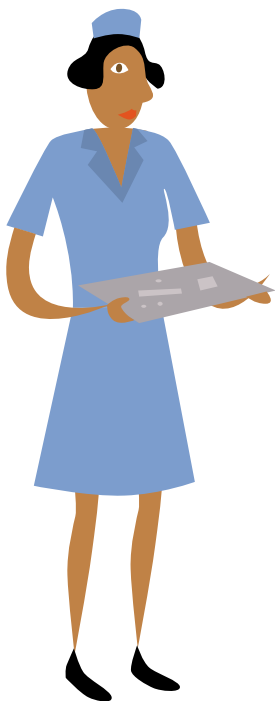
2.8 What Care Should I Expect From the Health Service for My Diabetes?

To achieve the best possible diabetes care, you need to work together with healthcare professionals as equal members of your diabetes care team.

You are entitled to have a full check up every year, this is called an **annual review**. The annual review is very important as this appointment checks your health and ensures that any problem can be treated quickly. This is usually done by your Doctor (GP) & Practice Nurse, but sometimes your doctor will refer you to see doctors at other clinics as they may not provide this service for you.

At this **annual review**:

- Your blood will be tested to measure long-term diabetes control, this is called HbA1c
- You can discuss control, including your home blood glucose testing results
- Your blood pressure will be taken
- Your kidney function should be tested, this involves taking a urine test and a blood test
- Your cholesterol levels in your blood may be checked, this involves taking a blood test
- You will be referred for annual eye screening at the Retinal Screening Service. See page 35 for more details
- Your feet will be examined to check your circulation and the feeling in your feet (nerve supply), and if necessary you will be referred to a HPC registered chiropodist/podiatrist
- Your weight should be recorded to make sure you are a healthy weight for your height



What Care Should I Expect From the Health Service for My Diabetes?

- Your injection sites should be examined if you are on insulin, and
- You should have the opportunity to discuss how you are coping at work and at home.

If any of the above tests / examinations are found to be abnormal, advice and treatment (this may mean taking an extra tablet/s) will be provided.

For more details of the tests listed, see the handheld record.

If you have not had an annual review and you have had diabetes for over a year, you should ask your doctor why.

Education sessions

When you find out you have Type 2 diabetes, you will receive information from your practice nurse and doctor. You may be invited to attend a group session in the community to learn about your Type 2 diabetes with other people like yourself. This educational programme is called 'DESMOND' (Diabetes Education and Self-Management for Ongoing and Newly Diagnosed)

People with Type 1 diabetes will receive on-going education at the hospital and may be invited to attend the educational programme called 'DAFNE' (Dose Adjustment for Normal Eating).

Referral

In some cases your doctor may refer you to other members of the Diabetes Team. Who you see and how often will depend on your specific needs. The roles of the Team members are listed overleaf.

Meet your diabetes team

Your Doctor (GP) has overall responsibility for the care you receive. Many practices now have a Lead GP who has undertaken extra diabetes training and will play a central role in monitoring your diabetes and prescribing treatment. Others who are not diabetes experts may refer you to the Hospital or to a Community Diabetes clinic.

Practice Nurses play a very important role in providing diabetes care too. There is often a lead practice nurse who has undertaken extra diabetes training in each practice.

Diabetes Specialist Nurses (DSNs) have special expertise in diabetes and work solely with people with diabetes. They give advice on things like how to adjust your own medication, and diabetes care when on holiday. They also provide a variety of education sessions to patients and staff.

Diabetologists are consultants who specialise in diabetes. Your doctor may refer you to a consultant if problems occur that need particularly expert advice.

Dietitians can give individual dietary advice. Everyone with diabetes is entitled to receive advice from a registered dietitian. They may be based at your doctor surgery, at the diabetes centre, or in a local health centre.

Podiatrists / Chiropodists play an important part in managing foot problems related to diabetes. They can check any problems and treat calluses and ulcers as well as giving advice on shoes. Podiatrists are available in community clinics for people who have "at risk" foot problems. For people with very high risk or urgent foot problems, treatment is available at the specialist foot clinic services at the hospital.

Pharmacists are based in all pharmacies/chemists. They will give you your prescription supplies when you provide them with a prescription from your doctor. They can also explain how your medication works, how to take it correctly, and if there are any side effects you should be aware of.

Talking to your doctor/nurse

Health professionals want you to take an active role in your healthcare. You and your doctor should work together in partnership to achieve your best possible level of health. An important part of this relationship is good communication.

Here are some of the questions you can ask your doctor/nurse to get your discussion started. Tick the boxes if you know what the answer is and have asked your doctor/nurse.

An interpreting service is available if English is not your first language, however, you will need to book this service in advance.

About my condition...

- ☐ What is my diagnosis?
- ☐ What caused my condition?
- ☐ Can my condition be treated?
- ☐ How will this affect other health problems I may have?
- ☐ Should I watch for any particular symptoms and notify you if they occur?
- ☐ What lifestyle changes should I make?

About my treatment ...

- ☐ What is the treatment for my condition?
- ☐ When will the treatment start and how long will it last?
- ☐ What are the benefits of this treatment and how successful is it?
- ☐ What are the risks and side effects associated with this treatment?
- ☐ Are there foods, drugs, or activities I should avoid while I am on this treatment?
- ☐ If my treatment includes taking a medication, what should I do if I miss a dose?
- ☐ Are other treatments available?

About my tests...

- ☐ What kinds of tests will I have?
- ☐ What do you expect to find out from these tests?
- ☐ When will I know the results?
- ☐ Do I have to do anything special to prepare for any of the tests?
- ☐ Will I need more tests later?

A few more tips on communication.

- If you do not understand your doctor or nurse's response, ask questions until you do understand
- Take notes or get a family member or friend to come with you and take notes, you could bring a tape recorder but you should ask if you can use it first
- Ask your doctor or nurse to write down his or her instructions to you
- Ask your doctor or nurse for printed material about your condition
- If you still have trouble understanding your doctor or nurse – ask where you can go for more information
- Other members of your health care team, such as pharmacists, can be a good source of information. Talk to them too
- Ask your doctor or nurse for a copy of your consultation.

Section 3: Living with Diabetes

3.1 Diabetes and Health

Concessions

- Everyone on medication for diabetes is entitled to free prescriptions. This includes free blood glucose testing strips where appropriate
- A blood glucose meter may be available if necessary. Discuss with your diabetes team
- Make sure you are taught how to use it correctly – by the pharmacy staff or the diabetes team supplying the meter
- You are entitled to a free flu vaccination which is available at your doctor's surgery during October and November each year. It is strongly recommended people with diabetes receive the flu vaccine.

Dental care

It is important that you tell your dentist that you have diabetes. Regular dental checks and early treatment are essential as dental infections may disturb your diabetes balance. Dental treatment may upset your diabetes control temporarily, particularly if you find visits to the dentist stressful. There are no concessions for people with diabetes for dental care.

Pregnancy and diabetes

Planning for pregnancy needs a little extra care when you have diabetes.

Pregnancy must be planned. There is a pre-pregnancy clinic at your local hospital. Ask your GP to refer you to this clinic for education and advice.

It is important that you make sure that your blood glucose is well controlled before you conceive. High blood glucose, especially in the first three months of pregnancy, increases the risk of development problems for the foetus.

The dose of folic acid used in pregnancy if you have diabetes is 5mg once a day. This is higher than the normal dose of folic acid recommended in pregnancy. This dose needs to be prescribed by your GP. Folic acid should be started when you are planning your pregnancy.

A healthy diet is part of the on-going treatment for everyone with diabetes but extra care may be needed to control weight increases during pregnancy – remember you are not eating for two! Discuss any food cravings with your midwife or diabetes specialist nurse.

Getting enough exercise is very important. Your midwife or diabetes specialist nurse will discuss with you how you can include exercise in your everyday life.

By being prepared, following advice and by asking questions you will help to reduce the stress, which may be experienced during pregnancy.

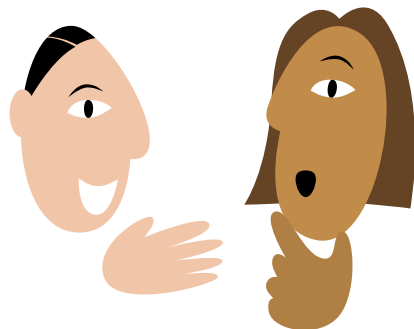
If you are in any doubt about your pregnancy or diabetes treatment talk to your midwife or diabetes specialist, both doctor and nurse.

Operations and diabetes

If you are going to have an operation, you need to make sure your diabetes is well controlled. Contact your doctor or surgeon to find out more.

3.2 Diabetes and Employment

Diabetes does not have to make a difference to your work. To prove this to your employer, your diabetes will need to be well controlled and you must be able to adjust your treatment to fit your working life. You may find you need specific advice in relation to your particular job.



Discrimination in the workplace

Unfortunately there can be discrimination in the workplace based on prejudice and lack of information. People with disabilities can be helped by the Disability Discrimination Act 1995 (DDA).

This makes it illegal for employers to treat people with disabilities differently from other employees. Although most people with diabetes do not consider themselves as disabled, diabetes is covered under the Act. If you feel you are being discriminated against, you should contact your union, phone Diabetes UK Careline (see Page 56) or contact your local Citizens Advice Bureau (CAB).

Applying for a job

If there is a health section on an application form, you should state that you have diabetes. You might like to put 'well controlled diabetes' if this is appropriate. It is important to be honest with your employers in your form and at the interview, emphasise the positive aspects such as having to be aware of time, following a healthy lifestyle and keeping to a regular routine.

Jobs with blanket bans on recruitment for those on insulin

- Armed Forces
- Airline Pilot
- Cabin Crew with most airlines
- Any job requiring a Group II Driving Licence (Heavy Goods Vehicle or Public Services Vehicle)
- Working offshore including work for big cruise liners
- Train driving
- Cab or taxi licences. Black cab drivers are now accepted, however rules for mini cab drivers are dependent on local policies.

In some of the occupations listed above, if you were already employed when you developed diabetes, it is sometimes possible to continue. It is important to check if you are changing from tablets to insulin.

If you have been diagnosed while you are still at work, let your manager and human resources department know. You may need to take time off work, so try to keep them informed of your progress. Tell your colleagues at work as it is easier if people understand what has happened to you and they will give you support.

Discuss any employment concerns you have with your doctor or nurse.

3.3 Driving and Insurance

Having diabetes may not prevent you driving a car or a motorbike. As long as your diabetes is well controlled and your doctor says you are safe to drive, there is no reason why you cannot be issued with, or retain a driving licence.



You must however inform the Driver and Vehicle Licensing Agency (DVLA) by law about your diabetes if you are treated with insulin. You do not need to inform the DVLA if your diabetes is treated by tablets, diet or both, provided you are free of diabetic complications. You can find out more information on whether you should inform the DVLA of your condition on their website: www.dvla.gov.uk. Driving licences have to be reapplied for at least every 3 years.

You also need to inform your insurance company of your diabetes. At each renewal, update them on any change in your condition or treatment.

Other types of insurance

Life insurance

Some people with diabetes may have difficulties while trying to get life cover. It is important you declare your diabetes when applying for a new assurance policy. Any life assurance policy you hold at the time of diagnosis is unaffected.

Travel insurance

Inform your travel insurance company that you have diabetes and what medications you are taking. You will probably have to pay a higher premium as most companies do not cover pre-existing conditions. Make sure you check carefully whatever policy you buy that it provides you with cover for your condition or treatment.

3.4 Diabetes and Travel

Having diabetes should not stop you travelling. However as with any long term medical problem planning ahead is important. Firstly make sure your holiday insurance covers pre-existing conditions otherwise it will be of no use to you. Many insurance policies offered as part of your holiday package do not cover existing medical conditions like diabetes. If you have any problems getting the correct cover, please contact Diabetes UK for further information. See page 56 for contact details.



Medication

- Make sure you have ordered enough medication and testing equipment for your entire holiday. It is advisable to carry these in your hand luggage
- Never put insulin, blood testing strips or meter in your suitcase if travelling by airplane as it may freeze in the hold
- If you are travelling with someone, divide your supplies between you in case of loss of hand luggage so you will have supplies until you are able to get more abroad
- Remember the type and name of insulin abroad may not be the same as in the UK. Although you may be able to get a suitable replacement it may not be the same insulin you are used to using
- If you take insulin and carry it with you, you can buy cool bags that protect it from getting too hot. Further details available from your pharmacist
- Tablets may be difficult to replace in other countries. Further information on what is available in different countries is available from Diabetes UK.

- If your journey includes time differences, ensure you speak to your health care professionals well in advance of your travel date. An appointment may not be available the day before you fly
- Carry extra starchy snacks with you in case the mealtime on the plane does not suit your diabetes routine.

The same advice given to someone without diabetes also applies to you.

- Have the advised immunisations
- Drink plenty of bottled fluids
- If you receive any cuts, keep them clean and go to the local doctor if you have any signs of infection.

Diet

- Carry some healthy snack foods in your case and also in your hand luggage for long flights
- It is usually better to avoid 'special diabetic meals' on the airplane, as these are often just low in starchy foods as opposed to being a balanced meal
- In terms of choosing food when abroad, try and stick to the same rules at home about healthy eating (See page 12).
- Drink plenty of water or low calorie beverages.

Feet

- Make sure that you have comfortable, well fitting shoes in case your feet swell in hot weather
- Avoid going barefoot, particularly on the hot sand or in the sea. Make sure you do not get sand in your shoes
- If you have a foot problem please discuss with your podiatrist any special adjustments you may need to make during your holiday
- **Long haul travel - Foot care advice.** Get up and move about, drink plenty of water. Speak to your podiatrist or nurse for specific advice.

General

- Carry plenty of bottled water to ensure you drink safe water regularly
- It is a good idea to know how to say, 'I have diabetes' in the language of the country you are going to. Carry your diabetes identity card with you
- If you are taken ill while on holiday, never stop your insulin or tablets even if you cannot take solid foods and follow managing illness advice on page 28
- It is a good idea to discuss any concerns you have about travelling with your doctor or nurse before travelling
- Use a high factor sun cream and don't forget your feet!

3.5 Social Life

Your social life should not alter much, you just need to plan and know what to do in emergencies. You need to work with your diabetes and be aware of your daily needs. This means ensuring that you are well organised and well prepared. It is not always easy to be spontaneous and gradually you will get used to what you can and cannot do. If you have a car or are going out in a car, carry an emergency box (some glucose tablets, packet of biscuits or crackers, bottle of water, lucozade etc), that way you will always have a backup. If you carry a bag, take glucose tablets and some biscuits.

Make sure you tell your friends and family about your diabetes and what your needs are. This will help them to look after you and be more considerate when you say, 'I need to stop for something to eat', or 'I think I am having a hypo'.

Eating with friends

People may be anxious about what they can and cannot serve you. Reassure them that your needs are similar to other people, you just have to be a bit more careful. Ask your host what he/she is serving and explain your needs and the reasons behind them.

- Make sure you know what you are going to eat and when, so that you can plan your meals around it
- Ensure that the meal will have enough starchy foods and that there will be alternatives to some of the richer foods
- Do not overindulge during the day if you know you will be eating a big meal in the evening
- If the meal is late, make sure you have something when you need it, even if you cannot then eat the whole of the meal provided
- Do not over indulge, and if you intend to drink alcohol, ensure that you test your blood glucose before you go to bed to check that it has not fallen too low (if so, treat as advised on page 25).

Eating out

Usually you can see the menu first - some good restaurants will send you a menu in advance and some have them on their web site. Choose wisely and, if you take insulin, ask how long until the meal will be served once you give the order. If necessary ask for some starchy food (e.g. bread, potatoes, crackers) if it is going to take too long and you cannot wait.



Section 4: Who Can Offer Me Support?

Your doctor or practice nurse will provide most of your diabetes support.

Contact your local GP to access your nearest community Diabetes Specialist Nurse.

You can also find support from:

Diabetes UK

Diabetes UK Scotland
The Venlaw
349 Bath Street
Glasgow
G2 4AA.

Telephone 0141 245 6380

Fax 0141 248 2107

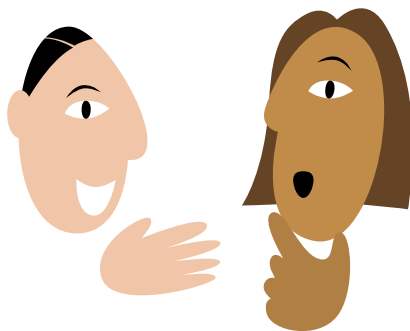
Email scotland@diabetes.org.uk

Diabetes UK Careline

Telephone: 0845 120 2960, Monday-Friday, 9am-5pm

Diabetes UK Careline provides support and information to people with diabetes as well as friends, family and carers. They can provide information to help you learn more about the condition and how to manage it.

The Careline is staffed by trained counsellors who can provide a listening ear and the time to talk things through.



Voluntary Groups

Diabetes UK voluntary groups are support groups that offer people living with diabetes a chance to meet and share experiences with others. They are all run by volunteers and typically meet on a monthly basis, often with a speaker on a topic such as diet or exercise.

As well providing support and information, voluntary groups also get involved in fundraising, campaigning to improve local diabetes services, planning social events and outings and running awareness-raising activities.

To find out more about your nearest group please contact the Volunteer Development team on 020 7424 1000 or email voluntarygroups@diabetes.org.uk.

The Scottish Diabetes Buddy Service

This service is provided by specially trained patients who themselves live with diabetes in Greater Glasgow and Clyde. It is a **friendly, confidential, non-medical**, support that can be of value to patients particularly close to the time of diagnosis and throughout their patient journey of both Type 1 and Type 2 diabetes.

If you live with or care for somebody coping with diabetes, it is useful to be able to talk to someone with similar experiences: To glean hints and tips, and to encourage and increase confidence in their understanding of Diabetes. Sharing experience of service or specific circumstances. By exchanging ways of coping practically with the illness.

For more information, telephone: 0141 201 4439

Heart, Stroke and Diabetes Forum

Who are the Heart, Stroke and Diabetes (HSD) Forum?

The HSD Forum is a network of patients and carers who are involved in having their say about the development of health services for diabetes, heart disease and stroke. The Forum is directly linked to "Managed Clinical Networks" (MCNs), which bring together professionals from hospital and community services, with patients and carers.

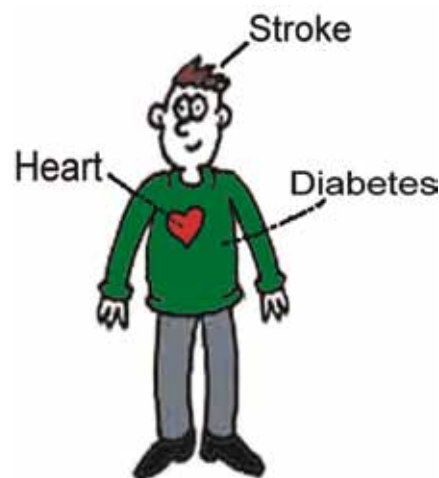
As a group of patients and carers, they aim to work together to:

- Make sure that the views and experiences of patients and carers are heard, and that you are supported to have your say
- Make sure people are made aware of changes and improvements in health services for diabetes, heart disease and stroke
- Influence decisions and changes within health services, based on their experiences.

For more information contact:

Telephone: 0141 201 4876
Email: hsd@ggc.scot.nhs.uk
Website: www.nhsggc.org.uk/hsd

Post:
Health Improvement Team
Dalian House
PO Box 15329
350 St. Vincent Street
GLASGOW G3 8YZ



Other services

Physical Activity

Live Active Referral Scheme
0141 287 9873
for details of nearest centre

Healthy Eating

Contact Local Authority for details of Shape Up programme
Glasgow City Council 0141 287 5913
South Lanarkshire Council 01698 476262
East Dunbartonshire Council 0141 578 8401
East Renfrewshire Council
Barrhead Leisure Centre 0141 580 1174
Eastwood Leisure Centre 0141 577 4956
Renfrewshire Council 0141 889 4000
Inverclyde Council 01475 797979
West Dunbartonshire Council
Playdrome 0141 951 4321
Meadow Centre 01389 734904
Vale of Leven 01389 756931



Smoking

Smoke Free Services 0800 84 84 84

Alcohol and Addiction Services

Glasgow Addictions Service (GAS)

0141 276 6600

Glasgow Council on Alcohol

0141 353 1800

Greater Easterhouse Alcohol Awareness

Project (GEAAP)

0141 773 1222

East Renfrewshire Substance Misuse Team

0141 577 3368

Renfrewshire Council on Alcohol Trust

0141 887 0880

Dumbarton Area Council on Alcohol

Dumbarton 01389 731456

Clydebank 0141 9520881

Inverclyde Alcohol Services

01475 715812

Inverclyde Counselling Service

01475 785695

**South Lanarkshire Substance Misuse Team**

0141 647 9977

AA

0141 226 2214 (for details of meetings)

24 hour helpline 0845 7697555

Useful Websites:**Diabetes UK**

www.diabetes.org.uk

Greater Glasgow and Clyde Heart, Stroke and Diabetes

<http://hsd.nhs.uk/content/>

Diabetes in Scotland

www.diabetesinscotland.org.uk

Notes Page

[illegible]

My Diabetes Pack – your comments

Thank you for giving us your feedback. We want to know what you think so that we can make this pack as useful as possible to people with diabetes. We will take into consideration your comments and update the pack in the future.

Please circle/underline the appropriate answer.

1. How useful have you found:

a) My Diabetes: Information and Resource Pack?

Not useful Useful Very useful

b) The Handheld Record?

Not useful Useful Very useful

2. Were there any sections that you **did not** understand?

a) My Diabetes: Information and Resource Pack

No Yes

If yes, which part/s?

b) The Handheld Record

No Yes

If yes, which part/s?

3. Do you have any suggestions for improvements in the future?

a) My Diabetes: Information and Resource Pack

b) Handheld Record

4. Do you carry your The Handheld Record to your appointments?

Yes

No

Sometimes

5. Do you have any other comments?

Thank you for your time.
Please send your comments to:
Diabetes MCN Manager
Dalian House
PO Box 15329
350 St. Vincent Street
GLASGOW
G3 8YZ

