

# My Diabetes

Information and resource pack



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## Personal Information

Please complete your personal details below

Name

Address

Postcode

Telephone no.

Mobile no.

Date of birth

First language

Next of kin name

Telephone no.

Your GP

Surgery address

Telephone no.

Diabetes  
specialist nurse

Telephone no.

Hospital no.

## 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 healthcare 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 four 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 how you cope emotionally. There is also a section on what you should expect from your healthcare 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 the Diabetes service providers and other organisations you might find of use.

**Who is it for?**

This pack is for all people with Diabetes in Newham. Some people may already know most of the information in this pack, for others it may all be new.

If you lose this pack or a part of it, contact your GP for a replacement.

**Who has written this pack?**

This pack has been developed by a multi-disciplinary team from the Diabetes Working Group. It consisted of a health promotion adviser, a dietitian, a Diabetes specialist nurse, a podiatrist, 2 patient representatives and a voluntary organisation representative (Subco) with input from the Diabetes Team and a selection of patients. Some of the information draws upon publications from Diabetes UK.

**Your comments**

We do want to know what you think about this pack as we will be updating it in the future. Please fill out the form at the back of this pack to let us know what you think and if there are any improvements that we can make.

*We hope that you find this pack useful.*

## 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 sugar (glucose) in the blood is too high because the body is not able to use it properly. Over 1.4 million people in the UK have Diabetes and probably another million have the condition but do not know it, so you are not alone. You may be feeling overwhelmed following your diagnosis or about your Diabetes management, this is quite normal. Hopefully, by the end of this pack you will be feeling more informed, empowered and able to manage your Diabetes, so that you can lead a full and active life. If you still have concerns, you will be clearer about who to speak to about it

The main two types of Diabetes are Type 1 and 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?

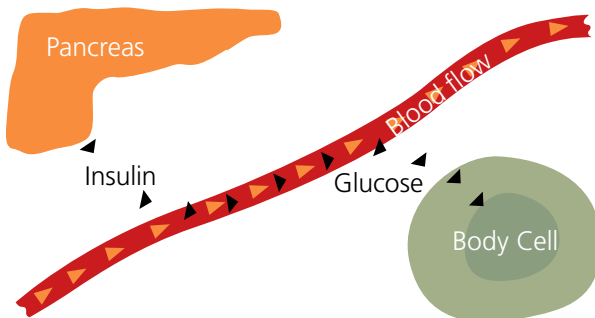
Diabetes is having too much sugar in the blood because the pancreas (a gland underneath your stomach) cannot make enough effective insulin.

The starchy and sugary (carbohydrate) foods that we eat are changed into sugar (glucose) which passes into the blood. The sugar provides energy for the body to live and grow. Everyone has some sugar in their blood all the time.

Therefore, sugar to the body is like petrol to a car, it provides the energy we need to function. When you eat food it passes through your digestive system where it is turned into sugar. The sugar then enters into your blood stream.

Insulin acts like a bridge allowing the sugar to get from the blood stream into the cells to give you energy.

With Diabetes you either do not produce enough insulin or the insulin does not work properly. The end result is that your blood sugar level is too high and this is when Diabetes is diagnosed.



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

### 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.

- You cannot get Diabetes by eating too many sweets or by eating the wrong things, although if you become overweight and are physically inactive this can increase the risk of Diabetes.
- There is no such thing as 'mild Diabetes'. A diagnosis of Diabetes is serious.
- 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 toilet all the time, especially at night,
- extreme tiredness or loss of energy,
- weight loss,
- recurring infections eg 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 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 affects children or young adults.

People with Type 1 Diabetes have stopped making insulin, therefore the body is unable to use the sugar (glucose) 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 were insulin not given.

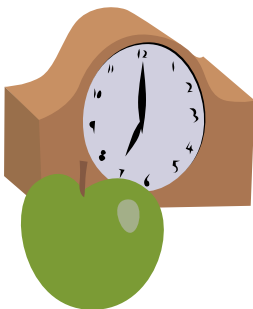
However, because these symptoms of Diabetes are so noticeable, they are usually diagnosed very quickly and treatment can be started immediately.

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 35 years of age or more (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 'overworking'.

### How is Type 2 Diabetes treated?

#### Type 2 Diabetes is treated by:

- good self care,
- healthy eating,
- exercising regularly,
- tablets and insulin are often needed in addition.

Your Diabetes may deteriorate over time, so your treatment may 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.

## 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, with a healthy diet, physical activity and emotional needs.

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 Physical Activity and Lifestyle Changes

### 2.5 Medication for Diabetes

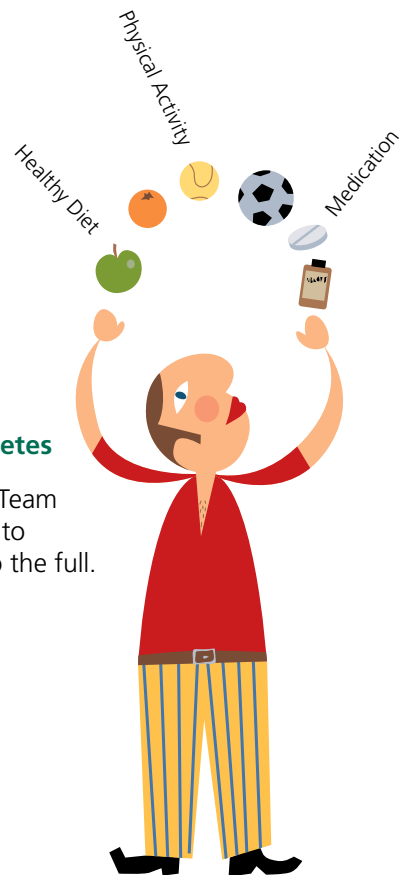
### 2.6 Checking your Diabetes Control

### 2.7 Sick Day Rules

### 2.8 Prevention of Complications

### 2.9 What Care Should I Expect For My Diabetes

Your GP, Practice Nurse and Diabetes Specialist Team are here to support you with this condition and to help you find 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. Taking ownership of your Diabetes with the help and support of health professionals, family and friends will enable you to feel as well as possible.

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 GP or health professional.

### **Your GP may consider:**

- referring you for extra support like psychological counselling, or putting you in touch with members of a Diabetes self-help group, and/or
- 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

### Top tips from our patient representatives:

- Diabetes only restricts your life if you allow it to.
- Not every day will be a good day, so be prepared to be a bit flexible.
- You can only cope well if you are educated in your condition:
  - there is a lot of information out there, you just have to find it,
  - if you are not sure – ask,
  - if you do not understand – ask,
  - if you think something is wrong – tell someone and
  - if it sounds wrong – query it.
- Always carry a card or piece of paper with ‘I have Diabetes’ on it.
- If you think you need a doctor – you need a doctor.
- Do not take no for an answer, always ask why!
- Keep leaflet ‘sick day rules’ and ‘hypo’s’, near your bed, you never know when you will need them.
- Your health professional will want you to change your life today, work with them and change your life every day.
- Feeling depressed? Dry skin? Problems with your sexual relationship? These are side effects of Diabetes and can be treated - talk to your GP.
- Build a relationship with your pharmacist – they are a wealth of information.
- You do not have to climb a mountain to exercise, you can walk to the shops, do some gardening, or walk a few times between your front and back door!
- Two steps forward and one step back is better than no steps at all.

## 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 sugar levels. For some people eating a healthy diet is the only treatment they need. Other people may need the help of tablets or insulin as well as eating a healthy diet.

A healthy diet is important for everyone so all family members can eat the same meals.

### 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 eg 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 sugar levels and you may gain weight.

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



**3. Have at least 5 portions of fruit and vegetables**

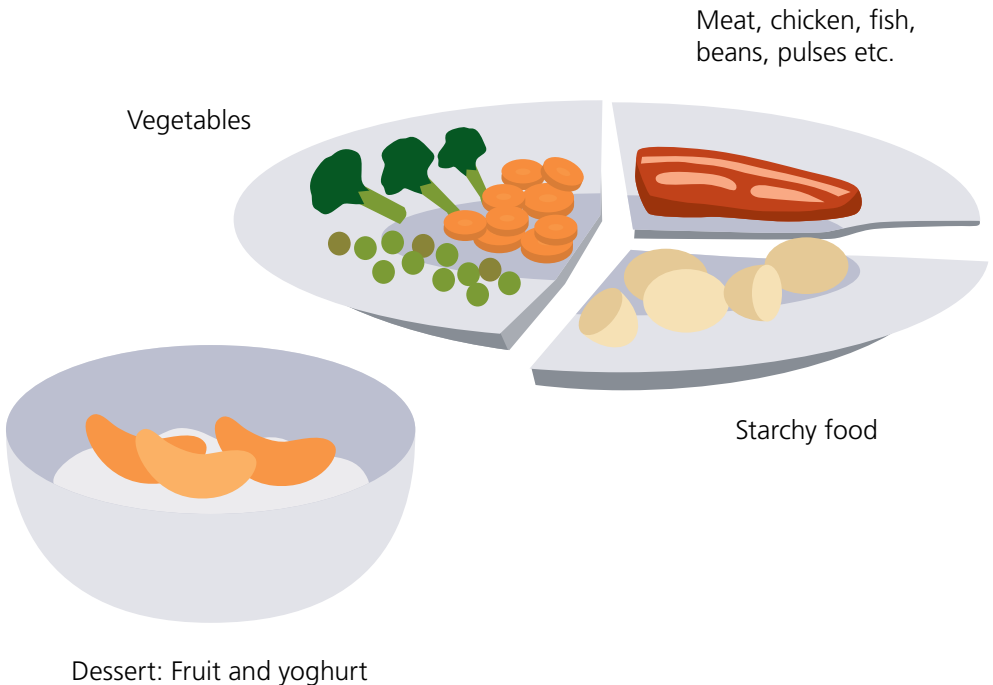
People with Diabetes can eat all fruit and vegetables. Try to have 5 portions of fruit and vegetables throughout the day try not to have 2 portions of fruit at one time, spread fruit out over the day. A portion is the amount that will fit in the palm of your hand. For these purposes, the potato is not included as a vegetable but as a starchy food.

To help keep your blood sugars balanced, spread your fruit intake over the day. Also add green or salad vegetables to your meals. These vegetables provide minerals and vitamins to keep us healthy but will not affect your blood sugar 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.

**Suggested servings at main meals:**



## 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 yoghurt/fromage frais,
- 2 crackers (wholemeal are best),
- 2 plain biscuits eg Rich Tea, light rich tea, Arrow root,
- a slice of wholegrain bread with a low fat spread,
- a currant/fruit bun,
- 1 medium pitta bread, or
- 1 medium chapatti/roti.

**Note: Some people may need to have snacks in between main meals depending on the medication and/or insulin you are on. Always make sure that you have snacks available if you are away from home.**

## FOODS TO WATCH OUT FOR

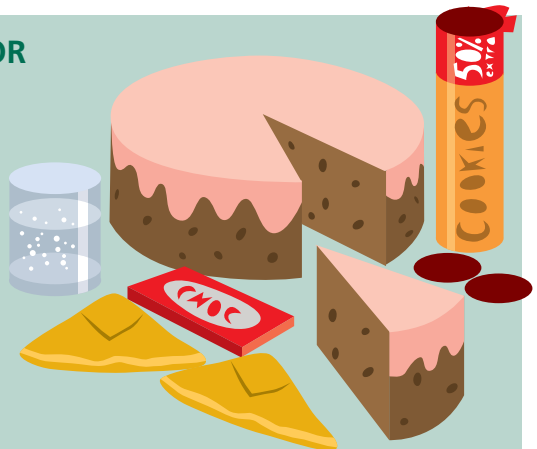
### Sugary foods (simple sugars)

**These raise the blood sugar levels too quickly.**

For example sugar, jam, marmalade, syrups, honey, deserts, 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 low sugar alternatives eg Sweetex, Hermesetas, and Canderel,
- Try sugar free drinks eg diet drinks and no added sugar squash.



## 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 eg skimmed or semi skimmed milk, reduced fat cheese,
- Preparation of food eg 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 eg grill, boil, stew, steam, poach, microwave or bake rather than frying, and
- Limit high fat snack foods eg crisps, nuts, chevada, and samosas.

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

## REMEMBER

**There is no such thing as a diabetic diet!**

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

## 6. Drinks

Remember to have at least eight cups of fluid a day. Choose drinks labelled 'no added sugar' or 'diet'. Pure fruit juices are high in natural fruit sugar, so limit to 1 (200ml) small glass a day or for a longer drink, dilute the fruit juice with water or sugar free lemonade. Water, tea, coffee, (without sugar or sweetened with artificial sweetener) and diet drinks are some good examples.



## 7. Alcohol

The recommendations are 3-4 units per day for men and 2-3 units per day for women. Aim to have at least 2 alcohol free days per week.

### REMEMBER

- Alcohol can lower your blood sugar to an unsafe level. So never drink alcohol on an empty stomach. Have a substantial starchy snack or meal beforehand. You can also have a starchy snack while drinking and when you get home to make sure that your blood sugars do not drop too low.
- 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 eg 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 likely to experience a 'hypo' (see page 23), 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 eg a bracelet, necklace or ID card.

**Note: ONE unit is equal to:**



1 small glass of wine (100ml)



a single measure of spirits (25ml)



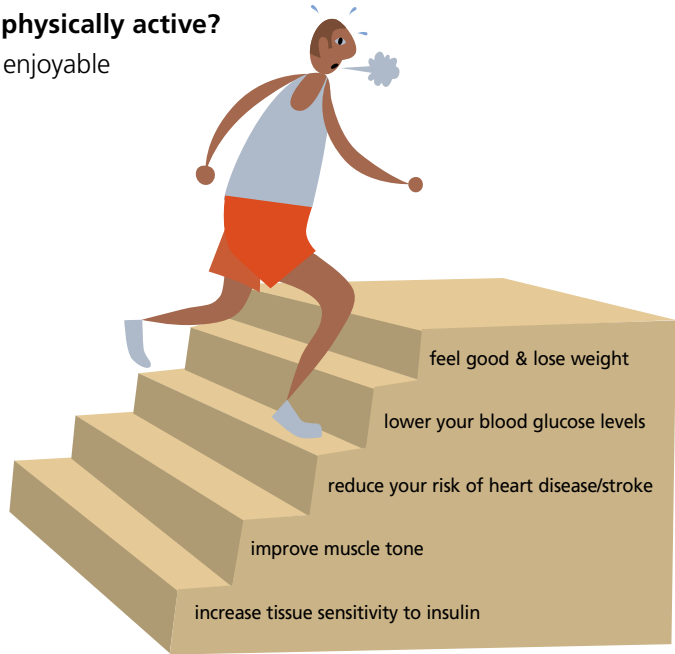
a half pint of ordinary strength lager

**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.**

## 2.4 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 group in Newham (such as Striders, see page 59)

Current recommendations are to be active for 30 minutes a day, five times a week to promote good health. 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!

Most people are safe to do physical activity. If you are concerned or have certain health conditions such as heart disease or asthma, please consult your GP before undertaking physical activity.

### **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
- make you feel better.

Following the healthy eating advice and increasing your physical activity levels will help you to lose weight. If you need more support you can get your GP to refer you to a dietitian. You can also get involved in the local Striders walking groups (see page 59 for more details) or talk to your GP for more advice.

### **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 Newham there are trained GPs, Practice Nurses and pharmacists however you will need to phone first to find out who is your nearest trained advisor. This service is FREE of charge. They have the tools to help you kick the habit and breathe a new and healthy life.

There are effective treatments available to help you quit your addiction.

Some of the services include:

- nicotine replacement therapy and
- advice and consultation.

To find out more, call 0800 013 1673 (free phone).

**It is worth it... it can save your life.**



## 2.5 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.

Remember; You do not have to pay for your prescription if you have Diabetes. 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.

### 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 sugar levels. However, you still need to follow a healthy diet and be physically active in order to manage your Diabetes.

Some people need to take a combination of tablets to control their blood sugar levels and some may need to take tablets and insulin. If this applies to you, remember that needing tablets and insulin is a natural process of Diabetes.

### Taking your tablets

Your GP or Diabetes specialist 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 GP immediately.

By taking your tablets as instructed, you will be able to achieve better blood sugar control and therefore reduce the risk of long term complications.

If you experience difficulty controlling your blood sugars or have unpleasant side effects at any time, speak to your GP 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. These are:

### 1. Sulphonylureas eg Gliclazide (Diamicron), Glipizide (Glibenese and Minodiab), Glibenclamide (Daonil)

<b>Action:</b>	Stimulates the pancreas to make more insulin and the body to use the insulin more effectively. These are the most commonly prescribed Diabetes tablets.
<b>When to take:</b>	Once or twice a day before meals.
<b>Side effects:</b>	Low blood glucose (hypoglycaemia).

### 2. Biguanides eg Metformin (Glucophage)

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

### 3. Alpha-Glucosidase inhibitors eg Acarbose (Glucobay)

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

### 4. Glitazones eg Pioglitazone

<b>Action:</b>	These tablets increase the action of your body's insulin.
<b>When to take:</b>	Once a day.
<b>Side effects:</b>	Appear to have few.

### 5. Prandial glucose regulators eg Repaglinide (Novonorm) and Netaglinide (Starlix)

<b>Action:</b>	Helps your pancreas to produce the right amount of insulin after meals to cope with the increase of sugar from your food.
<b>When to take:</b>	Taken directly before meals.
<b>Side effects:</b>	Upset stomach and wind.

### **b) Insulin treatment**

If you have Type 1 Diabetes then the treatment for you is insulin and a healthy diet and lifestyle. Insulin cannot be taken in tablet form, as the acids produced in the stomach would destroy the insulin. However, insulin can be combined with certain diabetic tablets to control your Diabetes. For people who have Type 2 Diabetes, insulin may be recommended by your GP or Diabetes Team.

#### **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 GP 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. It is most common to take insulin twice or four times a day depending on your lifestyle.

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?
- What 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 sugar readings). This will occur under close supervision of a Diabetes specialist nurse.

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

- How to recognise and treat a low blood sugar (hypoglycaemia, page 23).
- What to do if you become ill (sick day rules, page 29).
- How often you should be reviewed at your Diabetes clinic.

### Where do I inject?

Injections are given in fatty areas of the body ie stomach, thighs, buttocks. You will need to change the injection site every time, as using the same place all the time can make the skin underneath lumpy. Use a new needle every time you inject.

### Blood Glucose Levels

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

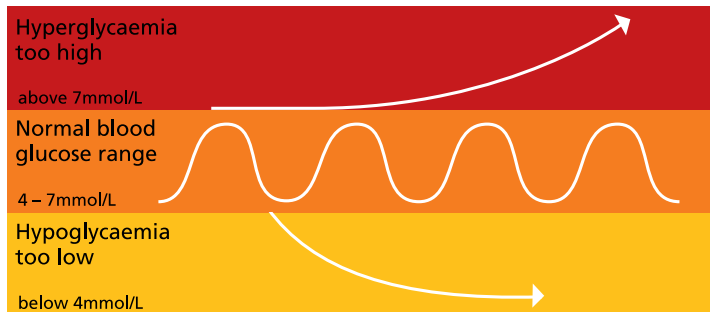
#### a) What if my blood sugars are too high? (Hyperglycaemia)

Hyperglycaemia is a blood sugar level that is too high. This is a blood sugar level above the healthy range or acceptable level for you. Your GP or your Diabetes

specialist nurse will advise you what your acceptable blood sugar level is.

The symptoms of a high blood sugar level are;

- tiredness and loss of energy,
- increased thirst,
- passing urine more frequently, and
- susceptibility to infections.



You can have high blood sugars 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, and
- having an infection or fever.

Without treatment you may become increasingly unwell. If your blood sugars are consistently high, it is best to make an appointment to see your GP or Diabetes specialist nurse to discuss what to do. Remember, long-term high blood sugar levels can also cause complications associated with Diabetes.

### **b) What if my blood sugars are 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 sugar that is too low, that is below the healthy range for a blood sugar level (less than 4 mmol/L).

Hypoglycaemia does not occur when people are not on Diabetes medication, or when the tablet used is metformin.

#### **What will I feel like?**

A 'HYPO' HAPPENS SUDDENLY...

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 GP or Diabetes specialist 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 sugar 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 sugar/'hypo'?**

Do not delay – take one of the following steps:

- you can use glucose tablets (such as Dextrose).

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.

If you do not feel better in 5-10 minutes or your blood sugar level is still less than 4 mmol/l, repeat one of the above.

Once you are feeling better (usually after 5-10 minutes) or your blood sugar is 4 mmol/l or higher, then have something 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.

## 2.6 Checking your Diabetes Control

### Blood glucose testing

Your GP or Diabetes specialist nurse may ask you to test your blood glucose levels. Learning how to test your blood glucose levels gives you information which can help you manage your Diabetes. Blood glucose testing enables you to see how well your body is responding to your medication, diet and activity levels.

### Should I be testing my blood glucose?

Self testing (testing your blood glucose yourself) can be useful in helping you to understand what affects your blood sugar levels and demonstrate any changes in your Diabetes control. Self testing may help to control your blood glucose, but only if you understand how to use it to support other self care measures such as healthy eating, exercise and taking your prescribed medicines as advised. Ask your doctor or nurse for further information.

### Patients who are on insulin

Regular self monitoring is advised if you use insulin so you can adjust your dose as a result of the test. Ask your doctor or nurse for further information on how to adjust your insulin according to your results.

### How is your blood glucose best monitored?

Your nurse or doctor already arranges for you to have your blood glucose levels monitored by testing your HbA1c, also known as glycosylated haemoglobin. This way of measuring glucose control gives information on how well your Diabetes has been managed for the previous 8-12 weeks. HbA1c is the gold standard measurement of overall blood glucose levels and should be tested every 2-6 months depending on your result. HbA1c can be checked 2-3 monthly in patients who should undertake self blood glucose monitoring but are unable or unwilling to do so.

From 1st June 2009, the way HbA1c has been reported in the UK (currently as a percentage) changed to the IFCC standard (International Federation of Clinical Chemistry) in mmol/mol. For the next 2 years, HbA1c values will be reported in both percentage (%) and mmol/mol but it is anticipated that as from 1st June 2011 only the IFCC method will be used.

## HbA1c conversion to IFCC units and how the reading compares to daily self monitoring of blood glucose?

HbA1c	IFCC	Average blood sugar levels	Your blood sugar control
14%	130mmol/mol	20mmol/l	Very poor target, take immediate action
10%	86mmol/mol	13.9mmol/l	Very poor target, take action to lower
9%	75mmol/mol	11.6mmol/l	Poor target, take action to lower
8%	64mmol/mol	10mmol/l	Poor target, take action to lower
7%	53mmol/mol	8.3mmol/l	Marginal target, discuss with your doctor or nurse
6.5%	48mmol/mol	7.5mmol/l	Good target, take measures to avoid risk of hypos
6%	42mmol/mol	6.7mmol/l	Very good target, take measures to avoid risk of hypos

### Useful target blood glucose levels:

Fasting 4 -7 mmol/l

Before meals 4 -7 mmol/l

2 hours after meal 7- 8.5mmol/l

HbA1c 7% or less

Targets should be discussed and agreed on a case-by-case basis between you and your doctor, nurse or Diabetes specialist nurse.

### If I test my own blood glucose how often should I do this?

Different frequencies of blood testing are suggested for various types of Diabetes situations. Your doctor or nurse or Diabetes specialist nurse will discuss which regime is appropriate for you.

How your Diabetes is treated	Recommended monitoring
<p><b>Diet and exercise and Metformin with or without other Diabetes tablets</b> and your HbA1c is on target</p>	<p>No routine self testing necessary (at diagnosis, one test twice a week before and 2 hours after a meal can help you learn the impact that food &amp; physical activity have on your blood glucose)</p>
<p><b>Metformin with one or more other Diabetes tablets</b> and your HbA1c is not on target or you are prone to ‘hypos’</p>	<p>One test TWICE a day (1 test fasting and 1 test 2 hours after a meal) Early review with your doctor or nurse</p>
<p><b>On Insulin with or without tablets</b> and your HbA1c is on target</p>	<p>One test THREE times a week (fasting and 2 hours after a meal) – routine follow up with your doctor or nurse</p>
<p><b>On insulin with or without tablets</b> and your HbA1c is not on target or you are prone to ‘hypos’</p>	<p>One test TWICE a day (fasting and 2 hours after a meal) Early review with your doctor and nurse</p>
<p><b>Diet or insulin treated during pregnancy</b></p>	<p>One test FOUR times a day</p>

**You may need to test more often than your ‘usual’ above if:**

- You are ill or stressed
- Your medication (tablets or insulin type and regime) has been changed
- Your normal exercise or meal routine changes eg During Ramadan
- Pre and post operatively
- When you are require to drive long distances (on tablets +/- insulin) before undertaking such journeys and every 2 hours
- Long haul flight (on tablets +/- insulin)

It is important to never stop your Diabetes medication if you have had a ‘hypo’. If you are having low blood sugars/‘hypos’ more than twice a week, you **MUST** go and see your GP or Diabetes specialist nurse to review your treatment.

### **Getting supplies of blood glucose monitoring equipment**

NHS Newham has recommended four meters for patients use in primary care where healthcare professionals are proficient in using and teaching the range. Diabetes Specialist Nurses will see patients with particular needs and may occasionally choose from outside our range of meters. The recommended meters are:

- Lifescan OneTouch Vita
- Lifescan OneTouch Ultra Easy
- A Menarini Glucomen LX
- Bayer Ascensia Contour

If you and your doctor or nurse has agreed that self monitoring will help in the management of your Diabetes, they can arrange for you to be provided with a free meter and education on its use.

- Your GP practice can prescribe replacement strips and lancets (for pricking your finger).
- Testing strips have a short shelf life (about 6 months) and should not be used 6 months after being opened or after the expiry date (use by date).
- Control solution (supplied free by the meter company) should be used to check the meter is working with every new box of test strips or when blood glucose reading does not correspond with how you feel
- Batteries are also supplied free from the meter company.
- If there is any malfunction with your meter, contact the customer service for further advice.

NICE recommends annual assessment of your self monitoring skills, including the quality and frequency of testing, how the results are used, the continued benefit of self-monitoring for you and the equipment being used.

## 2.7 Sick Day Rules

When 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 (eg cystitis), and
- skin infections (eg boils, skin ulcers and inflamed cuts).

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

### 1. Blood sugar testing

Measure your blood sugar levels more frequently when you are ill, as infections / fevers will increase your blood sugar levels. You should aim to test at least four times per day.

**When you are becoming physically unwell this affects your blood sugar levels. You should measure your blood glucose more often at such times. It is important that you do not stop taking your tablets or insulin.**



### Some suggestions on how often you should test your blood glucose during illness

Diet & exercise +/- tablets	Less than 13 mmol/l	ONE test TWICE a day (fasting/before a meal and 2 hours after a meal) contact your doctor or nurse for advice.
	More than 13mmol/l and you are unwell & have signs of high blood glucose such as: tiredness, loss of appetite, loss of energy, vomiting or increased thirst.	ONE test FOUR times a day as above and contact your doctor or nurse or Diabetes specialist as soon as possible or if they are not available call your emergency doctor or NHS Direct 0845 4647. You may need to stop your metformin if you are unable to keep any food or fluids down.
Insulin +/- tablets	Less 13mmol/l	ONE test FOUR times a day as above and contact your doctor, nurse or Diabetes specialist for advice.
	More than 13mmol/l and you are unwell & have signs of high blood glucose such as: tiredness, loss of appetite, loss of energy, vomiting or increased thirst.	ONE test FOUR times a day as above and contact your doctor or nurse or Diabetes specialist as soon as possible or if they are not available call your emergency doctor or NHS Direct 0845 4647. You may need to stop your metformin if you are unable to keep any food or fluids down.

## 2. Medication

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

- if your blood sugar levels are high (greater than 13 mmol/L)
- if your blood sugar levels are continuously high, and you are vomiting
- if you are taking the following medications; metformin, acabose,
- if you are taking other medications eg blood pressure pills as these may be affected by illness.

### 3. 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 (3L) 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.



## 2.8 Prevention of 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 sugar 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 Type 2 Diabetes who look after and control their Diabetes well, minimise their risk of developing diabetic complications (as shown in the UK Prospective Diabetes Study). Therefore, there are very good reasons to take your Diabetes seriously.

### Your eyes

Diabetes can affect your eyes in a number of ways, leading to visual problems (in some cases blindness). The most serious eye condition for people with Diabetes affects the retina; this is the part of the eye that makes it possible for you to see. The name of this condition is Diabetic Retinopathy and it occurs as a complication of Diabetes. Eye problems caused by Diabetes can be prevented but only if they are caught early enough.

Retinopathy screening is different from a general eye test, even though it also takes place once a year. Diabetic retinopathy is detected by taking a digital photograph of the back of your eye to see if you have any problems. The photograph will pick up any changes that could affect your sight and see if you need further tests or even treatment in an eye clinic.

Your annual screening appointment is important as you may not notice any changes to your retina until your eyesight gets worse. Diabetic Retinopathy can permanently damage your eyesight if it is not treated. You will get an appointment letter asking you to come to a retinopathy screening clinic. If you have not had a letter within six weeks of being told you have Diabetes you should contact your GP or the Diabetic Retinal Screening Service on 020 7445 7045 or 020 7445 1116.

The appointment will take about 30 minutes, you should not drive after your appointment so make sure you can get home safely another way.

The screening is free.

If a problem is found when your eyes have been screened and graded you will be referred to an eye specialist at Newham University Hospital Trust who will look at any problems and, if needed, send you for treatment.

If your Diabetes is well controlled then you are less likely to have problems, or they may be less serious.

### **Your kidneys**

Diabetes can cause damage to the kidneys, which is known as Renal Disease or Nephropathy. Your GP should check your blood pressure (high blood pressure increases the risk of kidney damage) and kidney function regularly. This will take place at your annual review.

### **Your heart**

Cardiovascular Disease – damage to the heart and blood circulation, is caused by a build up of cholesterol (fatty deposits) on the linings 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 in general. However, people with Diabetes have four times the risk of Coronary Heart Disease, strokes and circulation problems. You can help prevent Cardiovascular Disease by following the healthy living advice given in this pack:

- taking your medication regularly,
- not smoking,
- losing weight (if overweight),
- decreasing the amount of fat in your diet,
- exercising regularly, and
- keeping your blood pressure under control.

### **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 GP or Diabetes specialist nurse if any of these occur.

## Your feet

Diabetes can lead to:

- nerve damage in the feet and legs resulting in a loss of sensation, 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.

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 37) 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:

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



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



For moist / sweaty skin between the toes, apply surgical spirit with cotton wool.

To prevent dry skin use moisturising cream but avoid applying between toes.

When cutting toenails follow the curve of the nail and avoid digging into the corners. Do not cut nails too short.

Use a pair of nail nippers and file the nails to avoid sharp edges.

For problem nails such as ingrown or thickened nails, or if you have poor eyesight, consult a State Registered Podiatrist / Chiropodist.

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 to smooth hard skin and corns.

Choose shoes with a fastening such as laces to hold the foot in place. Wear closed in shoes with a deep, round toe box to allow plenty of room for the toes.

Have feet measured when buying new shoes. Always wear in new shoes gradually to prevent rubs / blisters.



Avoid walking barefoot – always wear shoes, or slippers indoors, to protect your feet.

Change socks daily. Wear socks or stockings which fit correctly and are in good repair.

Look at your feet every day. Check between the toes and underneath your feet, you may need to use a mirror.

Things to look out for:

- cuts, scratches, and blisters,
- any change in colour (red, black, blue, white),
- sudden changes in temperature,
- any discharge from a break or crack in the skin,
- any unusual swelling, and
- painful areas.

Check shoes inside and out before putting them on for cracks, pebbles or sharp edges, which may irritate the skin. You may not be able to feel these if you have a loss of sensation.

Do not use foot spas.

For assessment or further advice contact the Foot Health Service (see page 52) or a State Registered Podiatrist.



## 2.9 What Care Should I Expect for My Diabetes?

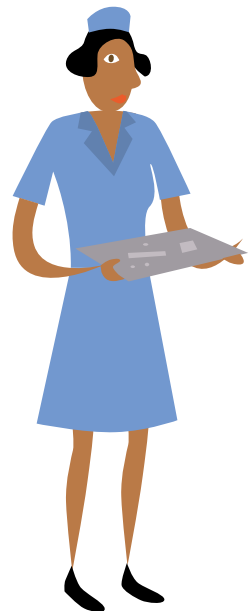
To achieve the best possible Diabetes care, you need to work together with healthcare professionals as equal members of your Diabetes Team.

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. Some GPs will do this but sometimes your GP will refer you to see doctors at other clinics as they may not provide this service for you.

At this annual review:

- your blood should be tested to measure long-term Diabetes control, this is called HbA1c,
- you should discuss control, including your home blood sugar testing results,
- your blood pressure should be taken,
- you 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,
- your vision should be checked and the back of your eyes photographed by the DRSS (see page 32),
- your legs and feet should be examined to check your circulation and nerve supply, and if necessary you should be referred to a state registered chiropodist/podiatrist,
- your weight should be recorded to make sure you are a healthy weight for your height,
- 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 you have not had an annual review and you have had Diabetes for over a year, you should ask your GP why and seek action (see Patient Advisory Liaison Service in Section 4, see page 55).



### What my annual review test results mean

Test	Definition	Guideline/ Healthy Range
<b>HbA<sub>1c</sub></b>	This is an important blood test to see how well your diabetes is controlled. It indicates the average amount of sugar (glucose) in your blood over the last 3 months.	7% Please discuss with your doctor or nurse
<b>Blood Pressure</b>	This result tells you how hard the heart has to work to move the blood around your body.	140/80 or less
<b>Waist Circumference</b>	A practical way to assess body fat around the waist. A good predictor of health risk eg for heart disease, insulin resistance.	<p><b>White and Black Men</b> – less than 94cms (37 inches)</p> <p><b>For Asian Men</b> – less than 90cms (35 inches)</p> <p><b>For White, Black and Asian Women</b> – less than 80cms (31.5 inches)</p>
<b>Total Cholesterol</b>	A type of fat in your blood. Cholesterol levels that are too high could put you at risk of a heart attack.	4.0 mmol/L or less
<b>HDL Cholesterol</b>	A good type of fat in your blood. High levels of HDL cholesterol can protect you against heart disease.	1.0 mmol/L or more

Test	Definition	Guideline/ Healthy Range
<b>LDL</b>	A type of fat in your blood which is associated with an increased risk of heart disease.	2.0 mmol/L or less
<b>Triglycerides</b>	Another type of fat in the blood.	1.7 mmol/L or less
<b>Micro-albuminuria &amp; Proteinuria</b>	It checks how healthy your kidneys are and tells you whether you have any small amounts of protein in your urine.	
<b>Serum Creatinine</b>	This blood test tells you how healthy your kidneys are.	62-106 ummol/L
<b>GFR</b>	This checks how healthy your kidneys are.	More than 90 ml/min
<b>BMI</b>	Body Mass Index (BMI) will tell you how much excess body weight you have. It involves comparing your weight to your height by dividing your weight (in Kilograms) by the square of your height (in metres).	Adult 18.5-24.9 (Asian adult 18.5-22.9)
<p><b>Please discuss with your doctor or nurse what targets you should be aiming for in the above tests.</b></p>		



### **Educational sessions**

Once diagnosed with Type 2 Diabetes, you are entitled to be referred to two educational sessions with the Diabetes Specialist Team to learn more about your condition. Please ask your GP for more details or phone the Diabetes Unit at Shrewsbury Road.

People with Type 1 Diabetes will receive ongoing education with a member of the Diabetes Specialist Team.

### **Referral**

In some cases your GP may refer you to other members of the Diabetes Team. Who you see and how often will depend on the level of care your GP can provide and what your specific needs are. The roles of the Team members are listed below, you will find their contact details in Section 4, see page 52.

### **Meet your Diabetes Team**

Your GP has overall responsibility for the care you receive. Some may play a central role in monitoring your Diabetes and prescribing treatment. Others who are not Diabetes specialists may refer you to the Diabetes Unit at Shrewsbury Road, the Hospital or to a special clinic. Your GP has to refer you to the other members of the Diabetes Team.

Practice Nurses play a central role in providing Diabetes care. A practice nurse may be the person at the surgery who provides you with most of your Diabetes care with support from your GP if necessary. However, not all have specialist knowledge in Diabetes.

Diabetes Specialist Nurses (DSNs) have special expertise in Diabetes and work solely with people with Diabetes, giving advice and training. Some will be able to alter your medication.

Psychologists have the expertise in the emotional and psychological impact of Diabetes and the difficulties experienced in managing Diabetes. Any health professional can make a referral to the Diabetes psychologist who is part of the Clinical Health Psychology Service. Clinics are offered at Vicarage Lane Health Centre, Stratford.

Diabetologists are consultants who specialise in Diabetes. If your GP does not have the expertise in Diabetes you should be referred to a Diabetologist if any problems arise. Diabetologists are based at Newham University Hospital Trust (NUHT) and the Diabetes Unit at Shrewsbury Road.

Dietitians can give individual dietary advice. Everyone with Diabetes is entitled to receive advice from a state registered dietitian. They may be based at your GP surgery, at the Diabetes Unit or at the Hospital.

Chiropodists/podiatrists play an important part in managing foot problems related to Diabetes. They can give advice on shoes, check any problems and treat calluses and ulcers. Chiropody services are available from either your hospital clinic, Diabetes Unit or GP surgery.

Optometrists are based in opticians, testing people's eyesight and fitting glasses.

Pharmacists are based in all pharmacies/chemists. They will give you your prescription supplies when you provide them with a prescription from your GP.

Health advocates are available if English is not your first language, however you will need to book them in advance.

### **Talking to Your GP**

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 questions you can ask your GP/Diabetes specialist nurse to get your discussion started.

### **About my condition...**

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

### **About my treatment...**

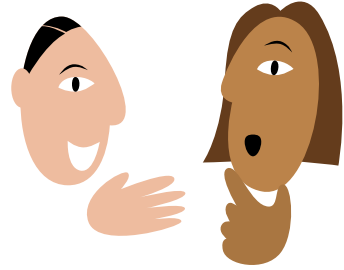
- What is the treatment for my condition?
- When will the treatment start and how long will it last?
- What are the benefits of this treatment and how successful is it?
- What are the risks and side effects associated with this treatment?
- Are there foods, drugs, or activities I should avoid while I am on this treatment?
- If your 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 GP's responses, 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 GP to write down his or her instructions to you.
- Ask your GP for printed material about your condition.
- If you still have trouble understanding your GP – ask where you can go for more information.
- Other members of your healthcare team, such as nurses and pharmacists, can be a good source of information, talk to them too.



## 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 sugar testing equipment (if your Diabetes is NOT just diet controlled). Ask your pharmacist or GP for an exemption certificate.
- You are entitled to a free flu vaccination which is available at your GP's surgery during October and November each year. It is strongly recommended people with Diabetes receive the flu vaccine.
- You are entitled to free chiropody and eye checks annually.

#### 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.

#### Contraception and Diabetes

Contraception is free from NHS services and is available from GPs and practice nurses, sexual health clinics and young person clinics such as SHINE. There are many different types of contraception and a doctor or nurse will be able to help you choose the one that's best for you.

Commonly used methods include condoms, the contraceptive pill and morning after pill as well as intra-uterine devices (IUDs), injections and implants. Condoms are the only form of contraception that can help to protect you from pregnancy and sexually transmitted infections and are available from any supermarket, sexual health clinic or chemist. If you have had unprotected sex and are worried that you may be pregnant and do not want to be, you must take the morning after pill within 72 hours of having sex. It is available on prescription from your GP or sexual health clinic. All forms of contraceptive pill are usually suitable for women with diabetes and these are available on prescription from your GP or sexual health clinic.

A range of day and evening sexual health clinics are available across the borough for men and women of all ages. All methods of contraception are available and the clinics also provide pregnancy testing and referral to the Termination of Pregnancy Service if required. Female clinicians are available at all sexual health centres.

To make an appointment for any of the sexual health clinics call 020 8586 5147.

Shine sexual health services are available for people 24 years or under.

Call shine on: 020 8586 8888 text: 07624 802 242

email: shine@newhampct.nhs.uk or visit: www.shine.nhs.uk

## **Pregnancy and Diabetes**

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

- Ideally pregnancy should be planned. In Newham, we now provide a pre-pregnancy clinic that your GP can refer you to for education and advice.
- It is important that you make sure that your blood sugar levels are well controlled before you conceive. High blood sugar, 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 5 mg 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. Ideally you should start folic acid 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 reduce the stress, which may be experience during pregnancy.
- If you are in any doubt about your pregnancy or Diabetes treatment talk to your midwife or Diabetes specialist, both nurse and doctor.

## **Operations and Diabetes**

If you are going to have an operation, you need to make sure your Diabetes is well controlled. There is a pre-surgical clinic at Newham University Hospital Trust. Contact your GP 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 is still 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 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 License
- Working offshore including work for big cruise liners
- Train driving
- Cab or taxi licenses.

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, 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 GP or Diabetes Specialist 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 license.



You must however inform the Driver and Vehicle Licensing Agency (DVLA) by law about your Diabetes if you are treated with insulin or tablets. You do not need to inform the DVLA if your Diabetes is treated by diet alone. Driving licenses have to be reapplied for 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 its treatment.

### Other types of Insurance

#### Life Assurance

Some people with Diabetes also 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.



### 3.4 Diabetes and Travel

If you are planning a holiday you need to go through this checklist to make sure you have a safe and happy holiday.



#### Medication

- Have enough medication for the whole of your trip and include extra in case you are delayed for a few days.
- Check with your Practice Nurse or GP to make sure you have the right vaccinations before you go. It is a good idea to have these done early as they may upset your Diabetes control in the short term.
- Know what to do if you are travelling across time zones. Discuss this with your GP or Diabetes Specialist Nurse once you have booked your flights, so they can advise you about your medicines.
- Carry your medication in your hand luggage to ensure that it arrives with you.
- If you are on insulin, you will need a letter from your GP verifying that you have Diabetes so that you can explain at customs why you are carrying syringes and needles.
- Insulin should be kept out of direct sunlight and kept cool. Cool bags are available, or find cool storage on your arrival. Insulin should not be allowed to freeze, hence the luggage hold is too cold. Insulin may be absorbed faster in warmer climates so regular blood tests are important to avoid 'hypos'. It is a good idea to check beforehand with your accommodation where you can store your medication.
- Carry part two of your GP prescription with you. It lists all your medication and makes it easy for Healthcare Professionals to see what you are taking in an emergency.

#### 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 carbohydrate 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).

**Feet**

- Make sure that you have comfortable, well fitting shoes in case your feet swell in hot weather.
- Avoid going barefoot, particularly in the hot sand and sea. Make sure you do not get sand in your shoes.

**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.
- It is a good idea to discuss any concerns you have about travelling with your GP or Diabetes specialist nurse before travelling.

**3.5 Social Life**

Your social life should not alter much, you just need to plan and have a contingency for 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 without planning in advance. 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 can panic 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 some 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 you test your blood before you go to bed.

### **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 ask how long until the meal will be served once you give the order. If necessary ask for some starchy food (eg bread, potatoes, crackers) if it is going to take too long and you cannot wait.



### 3.6 What if I want to fast and I have Diabetes?

Some people may wish to fast for religious reasons. The following information is a guide for fasting safely during the holy month of Ramadan.

Fasting during Ramadan is one of the five pillars of Islam and is obligatory for all healthy, adult Muslims. Exemption from fasting is granted to certain people, including children under twelve, the sick, the elderly, pregnant and breastfeeding women.

During Ramadan your treatment for Diabetes will change because you are fasting.

#### **What if my treatment is diet only?**

People with Diabetes controlled by diet alone may fast.

#### **What if I take tablets?**

If you take tablets for your Diabetes you may fast but the timing of your tablets will change. It is essential to take your tablets during Ramadan as they are needed to even out your blood sugars and keep you feeling well.

- If you normally take your tablet in the morning only, take the same dose at Iftar instead.
- If you normally take your tablets twice a day, take your morning dose at Iftar and take half your normal evening dose at Sehri.
- If you normally take your tablets three times a day, consult your Diabetes doctor as the dose and timing will have to be changed for Ramadan.

#### **What if I am on insulin?**

If you are on insulin then you need to be very careful if you decide to fast.

It is important to contact your GP or Diabetes specialist nurse to discuss this with him/her.

- Your insulin dose will need to be changed. Usually your normal doses are swapped over eg take your normal morning dose at Iftar, and your normal evening dose at Sehri.
- In order to avoid a low blood sugar 'hypo', rest as much as possible during the day.
- DO NOT stop your insulin during Ramadan.

It is important that you see your GP or Diabetes specialist nurse before you change your medication or insulin doses. You will also need to talk to a dietitian about the dietary guidelines during fasting.

#### 4.1 Your Diabetes Service Providers are:

##### **Diabetes Specialist Nurses**

Shrewsbury Centre  
Shrewsbury Rd  
Forest Gate  
London E7 8QP  
Telephone: 020 8586 5240

There is also a Diabetes service for inpatients at Newham University Hospital Trust.

##### **Newham University Hospital Trust (NUHT)**

Glen Road  
Plaistow  
London E13 8SL  
Telephone: 020 7476 4000

There is a health advocacy service available at NUHT,  
Telephone: 020 7363 8396

##### **Sharps Disposal Service**

Your doctor or nurse can arrange for you to receive a sharps container and collection of full sharps containers can be arranged by calling the London Borough of Newham.  
Telephone: 020 8430 2000

##### **Adolescent Clinic**

This is a specialist clinic provided at The Centre, Church Road.

##### **Podiatry - Foot Health Service**

The Foot Health Service  
29 Romford Rd  
Stratford  
London E15 4LY  
Telephone: 020 8496 9007

##### **Dietetic Service**

Newham University Hospital Trust  
Glen Road  
Plaistow  
London E13 8SL  
Telephone: 020 7476 4000

##### **Psychology Service**

Diabetes Psychology Service  
Vicarage Lane Health Centre  
10 Vicarage Lane  
Stratford  
London E15 4ES  
Telephone: 020 8536 2070

##### **Diabetic Retinal Screening Service**

Telephone: 020 7445 7045  
or 020 7445 1116

### 4.2 Other Diabetes Services and Support

#### **Diabetes Patient Representatives**

These people are patients with Diabetes who voluntarily give up some of their time to contribute to Diabetes Working Group meetings, events and various other projects such as this pack. They are key in providing the patients' views of the service provision. There are currently 2 patient representatives in Newham and they are very interested to hear your views. If you would like to contact them, write to:

#### **Patient Representatives**

Shrewsbury Centre  
Shrewsbury Rd.  
Forest Gate  
London E7 8QP  
Telephone: 07949 183210 or 07949 183233

#### **Diabetes UK**

Diabetes UK is the largest charity devoted to Diabetes. It offers many benefits and services to members including educational events, a bimonthly magazine, information about your Diabetes care and about local groups. There is a special Diabetes UK Care-line to help you with any questions you have about Diabetes. It is open from 9am to 5pm Monday to Friday. Telephone: 0845 1202960 or email: [careline@diabetes.org.uk](mailto:careline@diabetes.org.uk)

#### **Diabetes UK**

10 Parkway  
London NW1 7AA  
Telephone Careline: 0845 1202960  
[www.diabetes.org.uk](http://www.diabetes.org.uk)

**NHS Direct**

CALL: 0845 4647

This is a 24-hour nurse advice and health information service, providing confidential information on:

- what to do if you or your family are feeling ill,
- particular health conditions, including Diabetes,
- local healthcare services, such as doctors, dentists or late night opening pharmacies, and
- self-help and support organisations.

NHS Direct works hand in hand with other healthcare services provided by the NHS, helping you make the right choice to meet your needs. Calls to NHS Direct are charged at local rates and for patients' safety, all calls are recorded.

**Other websites**

[www.nhs.uk/pathways/diabetes](http://www.nhs.uk/pathways/diabetes)

[www.diabetes.co.uk](http://www.diabetes.co.uk)

[www.patient.co.uk](http://www.patient.co.uk)

## 4.3 Other Patient Services

### **Newham Carers Network**

Newham Carers Network provides information, advice and support to carers in Newham. This includes an advocacy and casework service for carers, a young carers project, work with carers support groups and, a health project working with GPs in Newham. Our telephone line is staffed on Mondays and Thursdays 10am to 12noon and on Tuesdays and Thursdays 2 to 4pm. Languages spoken include Urdu, Punjabi, Gujurati and Bengali, we can arrange interpreters when necessary.

### **Stratford Advice Arcade**

107-109 The Grove  
Stratford  
London, E15 1HP  
Telephone: 020 8519 0800  
Email: [info@newhamcarers.org.uk](mailto:info@newhamcarers.org.uk)

### **Patient Advice Liaison Service (PALS)**

PALS aims to support patients, their families and carers. Sometimes you will need to turn to someone for on-the-spot help, support and advice. PALS offers:

- information on queries,
- can help people link in to external services,
- PALS is a confidential service that will listen and try to help you find ways to resolve concerns you have over your treatment or care,
- PALS will act as an independent facilitator with the power to negotiate speedy resolutions with the appropriate personnel,
- PALS will collect information from you and use it to recommend changes that will try to put the patient at the heart of the NHS.

If you would like more information or wish to discuss a matter with PALS, please telephone: 020 7059 6732 email: [pals@newhampct.nhs.uk](mailto:pals@newhampct.nhs.uk) write to:

PALS Manager  
NHS Newham  
Warehouse K  
Western Gateway  
London E16 1DR



### **Smoking Cessation Service**

The Newham Stop Smoking Service provides FREE support and advice to all smokers living and working in Newham who want to stop. Stop smoking support in Newham is available in most pharmacies and many GP surgeries, each have trained Stop Smoking Advisors. There are drop-in venues across the borough as well as specialist support such as:

- Stop Smoking in Pregnancy Service: for mums-to-be and partners.
- Hospital-based support: for inpatient, outpatient, staff and visitors at Newham University Hospital.
- Workplace support: one-to-one or groups can be arranged for businesses/workplaces.
- Muslim Men's Service: specialist support for the Muslim community.

For more details telephone 0800 013 1673,  
email: [stopsmoking@newhampct.nhs.uk](mailto:stopsmoking@newhampct.nhs.uk)  
or visit [www.newhampct.nhs.uk/stopsmoking](http://www.newhampct.nhs.uk/stopsmoking)

### **DASL – Drug and Alcohol advisory Service for London**

DASL offers free and confidential services for residents of Newham. These include counselling, detoxification, complementary therapies, domestic violence and education and training. Services in other languages are available.

#### **Who is the service for?**

For anyone living or working in Newham who is worried about their own or someone else's drinking.

#### **How can you use our services?**

By ringing the number below or asking your doctor, social worker or a community worker to refer you.

Drug and Alcohol Advisory Service for London  
Capital House, 134-138 Romford Road,  
Stratford, London E15 4LD  
Telephone: 020 8257 3068  
Fax: 020 8257 3066  
Email: [services@dasl.org.uk](mailto:services@dasl.org.uk)  
[www.dasl.org.uk](http://www.dasl.org.uk)

### **Newham Sexual Health Clinics**

A range of day and evening sexual health clinics are available across the borough for men and women of all ages. All methods of contraception are available and the clinics also provide pregnancy testing and referral to the Termination of Pregnancy Service if required. Female clinicians are available at all sexual health centres.

To make an appointment for any of the sexual health clinics call 020 8586 5147.

### **Shine Sexual Health Service**

Shine sexual health services are available for people 24 years or under.

Call shine on: 020 8586 8888 text: 07624 802 242

email: shine@newhampct.nhs.uk or visit: [www.shine.nhs.uk](http://www.shine.nhs.uk)

### **Health Advocacy Service**

The Health Advocacy Service is part of the NHS. It is free and strictly confidential. It is about providing people with the support they need to become better users of the service provided by the community. It is a service provided by a professional who is able to communicate effectively eg speak different languages, on behalf of the clients. The health advocates will help with provision of information and advice, provide language support and mediation, help users register with GPs, dentists and opticians, do home visits and health promotion activities.

There are also health advocates available at Newham University Hospital Trust.

Vicarage Lane Health Centre

10 Vicarage Lane, Stratford London E15 4ES

Telephone: 020 8536 2233

Fax: 020 8536 2152

### **Citizens Advice Bureau**

Advice on various issues, such as: debt, welfare, benefits, immigration, employment, consumer, housing, health, education and much more.

Telephone: 020 8221 1995

[www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)

## 4.4 Physical Activity

If you are looking for a healthier lifestyle then look no further than Newham's four Leisure Centres operated by GLL working in partnership with the London Borough of Newham. They have a great range of activities for individuals whatever your level of fitness. There are a range of options to choose from in terms of membership. Speak to a membership advisor at one of the centres below:

### Leisure Centres

#### **Balaam Leisure Centre**

Balaam Street  
Plaistow  
London E13 8AQ  
Telephone: 020 7476 5274

#### **Atherton Leisure Centre**

189 Romford Road  
Stratford  
London E15 4JF  
Telephone: 020 8536 5500

#### **East Ham Leisure Centre**

324 Barking Road  
East Ham  
London E6 2RT  
Telephone: 020 8548 5850

#### **Newham Leisure Centre**

281 Prince Regent Lane  
Plaistow  
London E13 8SD  
Telephone: 020 7511 4477

#### **Green Gym**

Green Gym gives people a chance to take part in free outdoor activity. Green Gym sessions include a variety of conservation tasks in different locations across the borough. Sessions are free and open to everyone, no previous experience, knowledge or equipment is needed. For more information please contact:

Mike Wilson  
Telephone: 020 8471 4257

### **Striders**

If you need an extra bit of motivation to improve your health and fitness and would like to walk with others and make new friends, your local Newham Striders Walk Group could be just what you need. This is a free programme, and is at various venues within Newham. All walks are at your own pace. There are two walks led by Diabetes specialist nurses who will be able to provide you with advice and information whilst on the walk.

Phone Newham Striders Coordinator:

### **Physical Activity Health Coordinator**

Sports Activity Team  
London Borough of Newham  
3 Atherton Road  
Forest Gate  
London E7 9AJ  
Telephone: 020 8430 3909 or 07789 500768

## **4.5 Healthy Eating**

### **Newham Food Access Partnership**

The Newham Food Access Partnership (NFAP) has food projects that encourage people to eat more good quality fruit and vegetables at an affordable cost. Some of these projects include fruit and vegetable co-ops where you can get good quality fruit and vegetables at a great price.

### **Newham Food Access Partnership**

c/o East Potential  
3 Tramway Ave  
London E15 4PN  
Telephone: 020 8536 8882  
Fax: 020 8522 3256  
[www.nfap.org.uk](http://www.nfap.org.uk)







**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.

<b>My Diabetes: Information and Resource Pack</b>
<b>How useful have you found these publications:</b>
Not useful    Useful    Very useful
<b>Were there any sections that you did not understand?</b>
Yes    No    If yes, which part/s?



**My Diabetes: Information and Resource Pack**

**Do you have any suggestions for improvements in the future?**

**Do you have any other comments?**

*Thank you for your time.*

**Please send your comments to:**

**Diabetes Pack Feedback**

Diabetes Unit  
Shrewsbury Centre  
Shrewsbury Rd  
Forest Gate  
London E7 8QP

