

YOU HAVE JUST BEEN TOLD YOU ARE A PERSON WHO HAS 'DIABETES'

Type 2 Diabetes Mellitus (T2) what you need to know at the outset:-

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1. Dealing with Diagnosis

A diagnosis of diabetes is made on:

- Two Hba1c results (blood from the arm sent to the laboratory)
- One Positive laboratory blood test + symptoms of diabetes

Main symptoms are:

- Excessive thirst;
- Passing urine every hour;
- Excessive tiredness;
- Unexplained weight loss.

Why me?

A short while ago you felt relatively fit and healthy. Now you have been told that you have diabetes but may not feel physically any different. **Diabetes is a condition for life.** While diabetes remains a condition you do not necessarily feel unwell.

Discovering you have diabetes can stir up emotions and increase stress. It is important to discuss these feelings with your health care team, family or friend; otherwise the emotions can interfere with your ability to manage the condition effectively.

What if I ignore it?

Ignoring your diabetes and continuing to eat, drink and smoke as before may be a way of coping initially but it will not make your diabetes (and its possible complications) disappear.

Ask your Health Care Provider about any changes you may need to make to help manage your condition. Work on the changes one at a time, slowly but surely. Each small change can lead to improvements and help reduce the risk of complications. The HELP Support Group can support you in understanding the care you need.

Why is it my responsibility? (ie the responsibility of the person with Diabetes)

Family, friends HELP and your health care provider can all support you, but they cannot manage your diabetes. You are not alone, but if you feel alone please contact Dorothy at the HELP Support Group. Diabetes.helpofdenia@gamil.com You may be thinking, 'someone else does the shopping and cooking' and so influences your choice of the meals. OK, but what about:

- stopping smoking if you smoke?
- increasing physical activity?
- monitoring your own blood glucose if appropriate?

Only you know how you feel, and can actually make the necessary changes that may be needed. Please consider what is preventing, or could prevent, you making any changes?

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So what do I do now?

Be honest about how much, and what, you eat and drink, how much you smoke and how active you are. Then set yourself realistic targets for lifestyle changes. Need some help? Then contact your nurse, or contact HELP Diabetes Support, Dorothy has available some helpful UK work manuals you can do in your own home.

Take responsibility for your diabetes - look on the Diabetes UK website for a 'Know your Numbers' card; diet; recipes; activity; management etc, www.diabetes.org.uk Make sure you know when your annual review is due. Ask questions and share the information with your family.

Accept/share your emotions as sometimes having diabetes will make you feel down, even depressed

**Manage your condition (otherwise it could become a disease).
Remember you are not alone and it is OK to ask for help.**

Further Information and Help
Email: careline@diabetes.org.uk
www.diabetes.org.uk
diabetes.helpofdenia@gmail.com

2. What is Diabetes

Diabetes mellitus is a **condition** in which you lose the ability to control the level of sugar (glucose) in your blood stream.

When you have a meal the starch and sugar are converted by your body into glucose and carried around the body in the blood stream.

The body uses glucose as energy aided by insulin.

Insulin is a hormone produced by the pancreas.

In diabetes there is either: **no insulin** (type 1),
or ineffective / insufficient insulin (type 2)

What are the effects?

The glucose instead of being used for energy collects in your blood stream. The kidneys, which clean the blood, try to remove the **excess** glucose by washing it away, which can cause thirst and passing more urine than usual. Since your body is lacking in energy you can feel very tired, and maybe lose weight.

There are two main types of diabetes

Type 1 In type 1 the insulin producing beta cells in the pancreas have nearly all been destroyed thus no or insufficient insulin for your needs.

People with T1 need to inject insulin within 1 year of diagnosis.

Type 2 usually happens after the age of 40 years, but after 25 years of age in people of Asian / Afro Caribbean origin. People with T2 still produce some insulin but it does not work properly mainly due to insulin resistance or being overweight, but in sometimes it is genetic in origin.

Insulin may be needed to top up a short fall especially in those of a normal weight.

How common is diabetes?

Europeans aged 60-80 up to 26% have diabetes (almost 1 in 3 persons)

There is no such thing as mild diabetes, or a touch of diabetes, but there is a condition called Impaired Glucose Tolerance (IGT), now being called pre diabetes.

Both T1 and T2 should be taken seriously and treated correctly.

About nearly 90% of all diabetes diagnosed is Type 2.

How is type 2 treated?

Initially improving diet and activity may be the only treatment needed, but often tablets are added. Some people would benefit from insulin earlier than others.

Unfortunately **Diabetes type 2 is a progressive condition but it is manageable.**

The number of treatments available can be confusing even for the professionals. If your treatment is not working for you there could be an alternative. Please ask.

3. Healthy Eating

The dietary recommendations for people with diabetes are no different than for everybody else. Eating healthy well balanced foods, which are suitable for the whole family not just for you, the person with diabetes:

Low in fat, sugar, salt: and high in fibre, fruit and vegetables:

Eating a healthy diet does not mean hours in the kitchen preparing. It need not be expensive and can be varied and tasty. There is no food that you will have to stop eating completely, but what you eat does directly affect your blood glucose levels and your weight, so it is important to eat the right kind and right amount of food. Try to avoid meals with a lot of carbohydrate especially the sugar type.

4. Tips for Health Eating

1. Eat regular meals
2. Eat less sugary foods
3. Eat less fried and fatty foods and use low fat alternatives
4. Use less salt
5. Increase fibre foods in the diet and aim for at least 5 portions of vegetables and fruit per day
6. Drink alcohol in moderation – If T1 **never** drink on an empty stomach
7. Aim to be the correct weight for your age, sex and height
8. **Foods labelled suitable for Diabetics** are expensive and encourage you to eat more fat so **are not necessary**

5. Exercise and Activity

Any increase in activity is better than none as long as you do something you enjoy and do it regularly. Some of the benefits:

- Regulates glucose levels
- Improves glucose sensitivity
- Keeps joints mobile
- Strengthens the heart
- Improves blood circulation
- Lowers blood pressure

The recommended amount of exercise is **30 minutes of moderate activity 5 or more times a week**. That means moving about enough to make you feel warm and slightly out of breath but not too breathless to talk. The 30 minutes can be spread over the day as 2 x15 minutes or 3 x 10 minutes if preferred.

Increase the minutes if house work is your only activity!

Try to include more activity into your daily routine. In the UK take every opportunity to walk e.g. leave the car behind for short journeys, get off the bus a stop earlier, but everywhere when possible use the stairs instead of the lift, go for a daily walk. Spanish climate suggestions welcomed.

Aerobic exercise) and activity can use up some of the glucose in your blood.
Before starting a new exercise regimen always check with your health care provider.

6. Insulin Resistance and Targets

In T2 Diabetes it is just as important to manage your cholesterol and blood pressure as well as the sugar. Insulin resistance affects all three areas.

Targets:

- Hba1c 6.5% -7.5% (some exceptions) (48 – 59 mmol/mol)
- Cholesterol <4mmol (<150mg/dl)
- Blood Pressure (B/P) <130/75
- Self Blood Glucose Monitoring 4-10 mmol (72-180mg/dl)

7. Complications

People with Diabetes are at a greater risk of developing serious health problems, including **heart disease, kidney damage, high blood pressure, stroke, circulation problems, nerve damage and damage to the eyes**. The risks are compounded (made worse) by being overweight smoking, drinking excess alcohol and being physically inactive. **To minimise your risk of developing any of these complications** it is important that you work with your health care provider to **manage your blood glucose levels and blood pressure**.

You need to be told what the complications are but please do not be 'down hearted'. You can help yourself – in fact a lot of diabetes is self managed.

8. HELP Diabetes Support Group

The HELP Diabetes Support Group meets in Teulada and La Xara to:

- Support each other. Spouses / Partners and HCPs are welcome to attend
- Extend your knowledge of diabetes
- Take control of /manage the diabetes and its treatment

To find out more please email or telephone:

Diabetes.helpofdenia@gmail.com 634 34 92 40

9. Summary tips for managing diabetes

- Eat healthily – do you need to change your eating habits or loose weight? In the UK ask for a referral to a dietician
- If you smoke, STOP SMOKING, smoking is particularly dangerous if you have diabetes
- Increase your activity or exercise i.e. swimming, cycling, dancing, or walking
- Reduce your waistline if >94cm (37”) for men & >80cm (31.5”) for women
- Keep your diabetes appointments, especially your annual review

Too much to take in? Give it time.

Start with at least one of the above tips for managing diabetes.

Please do not be ‘down hearted’, diabetes is a condition that can be self managed with our help.

Keep this information in a file and read it again, **and again.**

My passionate desire is that you learn to live with Diabetes until the cure is found.
Dorothy Cook Feb 2017.

diabetes.helpofdenia@gmail.com

634 349 240