

YOUR GUIDE TO **TYPE 2** DIABETES



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†OneTouch Verio® Test Strips are manufactured in the UK

‡The low and high range limits you set apply to all glucose test results. This includes tests taken before or after mealtimes, medications and around any other activities that may affect blood glucose. Be sure to talk to your healthcare professional about the low and high limits that are right for you.



Your Guide to Type 2 Diabetes has been written by clinical advisors at Diabetes UK, using current NICE guidelines and up-to-date medical research, along with advice from diabetes healthcare professionals and people with Type 2 diabetes.

Diabetes UK companion guides are available in printed and digital forms (from Apple, Android and Kindle Fire app stores). More information about food and cooking is available in the *Enjoy Food* guide – see page 22 for more details.

YOUR GUIDE TO TYPE 2 DIABETES

Being newly diagnosed with Type 2 diabetes – a serious lifelong condition – can come as a shock, especially if you didn't feel ill or have any symptoms. It can also be confusing or even overwhelming at times – remember that we're here to help, and that there's lots of support available if you need it.

Making changes to your lifestyle, eg eating healthily, being active and maintaining a healthy weight, is often enough to keep your Type 2 diabetes under control. Sometimes, though, you may need to take medication to help control your condition.

In this guide we give you the essential information you need to start managing your Type 2 diabetes – including your care, eating well and exercise. Knowing your personal health targets and attending a local course about diabetes – like our Living with Diabetes Days – will also help you learn more about your condition and manage it well.

Sometimes balancing the demands of diabetes in your daily life can be difficult, so we also signpost you to more detailed information and further sources of help and support. But with the right support, and the professional care you can expect for your diabetes, both now and in the future, you can look forward to living a full, long and healthy life.

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Diabetes UK is the leading UK charity for people affected by and at risk of diabetes. We're here with all of the information, advice and support you might need to manage your condition well. We're here to put you in touch with others with diabetes, and campaign tirelessly for better care and improved healthcare services. Our world-class research changes lives and is bringing us closer to a future without diabetes.

**For more information
go to www.diabetes.org.uk,
call 0345 123 2399* or
email info@diabetes.org.uk**

*Mon–Fri, 9am–7pm. The cost of calling 0345 numbers can vary according to the provider. Calls may be recorded for quality and training purposes.

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WHAT DO YOU KNOW ABOUT DIABETES?

Like most people, before your diagnosis you probably didn't know much about diabetes. Perhaps you had vague ideas of insulin injections, special diets and poor health, which is a common view of diabetes. But sometimes these ideas can be out of date – or simply not true. As there are still many diabetes myths out there, try our quick quiz to find out if you can separate fact from fiction.

TRUE OR FALSE?

- 1 People with diabetes can be fit and well.
- 2 People with diabetes can't eat sugary foods and need a special diet to control their condition.
- 3 If you're overweight, losing weight can help control diabetes.
- 4 People with diabetes have to take more time off work due to illness.
- 5 Exercise can improve your diabetes control.
- 6 Unless you need insulin, your diabetes isn't serious.
- 7 If you feel well, there's no need to see the doctor.
- 8 You need to test your blood glucose levels (also called blood sugar levels) every day.
- 9 You can't pass diabetes on to your children.
- 10 It's not safe to drive if you have diabetes.
- 11 There's support available for people with diabetes.

ANSWERS

- 1 **True.** People whose diabetes is well controlled can be fit and well.
- 2 **False.** People with diabetes should eat a healthy, balanced diet like everyone. There are no foods to completely avoid and there's no need for special diabetic foods. Ask to see a dietitian and to be referred to a course so you can learn more about how to look after your diabetes.
- 3 **True.** If you're overweight, losing weight can help lower your blood sugar levels, reduce the risk of heart disease and make it easier to be more active (see page 35).
- 4 **False.** Having Type 2 diabetes isn't a barrier to you working and achieving your potential. The better your diabetes control, the less likely you are to need time off for any diabetes-related illness.
- 5 **True.** Exercise and being active lowers your blood sugar levels and blood pressure, and also helps you to achieve or maintain a healthy weight – which helps you to control your diabetes (see page 24).
- 6 **False.** Diabetes is a serious condition whether or not you need to take insulin. Insulin is just one type of medication that lowers your blood sugar levels.
- 7 **False.** Having regular medical checks is the best way to monitor your diabetes control.
- 8 **False.** Testing your blood sugar levels is only one way to measure your diabetes control: discuss with your GP or practice nurse if you need to test yours. Read more (on page 11) about the other tests you can expect to help you manage your diabetes.
- 9 **True.** Although your children will have a greater risk of developing Type 2 diabetes, this risk can be reduced by the whole family eating a healthy diet, maintaining a healthy weight and exercising regularly. This advice applies to the risk of developing Type 2 diabetes and not Type 1, which is the type most commonly seen in childhood.
- 10 **False.** If you have good control of your blood sugar levels and none of the complications of diabetes, it's as safe for you to drive as anyone else. For more on driving, go to www.diabetes.org.uk/driving
- 11 **True.** As well as support from your GP and practice nurse, Diabetes UK is also here to help, providing advice and information to help you manage your condition: go to www.diabetes.org.uk

INTRODUCTION

ABOUT TYPE 2 DIABETES

Following your diagnosis of Type 2 diabetes, you may want to know a bit more about your condition. Here we explain what Type 2 diabetes is and its causes, detail some of the symptoms you may have noticed and give you a quick overview of treatment. There are several things you can do to control your diabetes, and these are discussed in more detail throughout this guide.

There are several different types of diabetes, which are all serious. Nine out of 10 people with diabetes have Type 2 diabetes.

Type 2 diabetes is a condition where your body doesn't make enough insulin or the insulin it makes doesn't work properly. Insulin is a hormone that's normally made in the pancreas, just behind the stomach, which keeps your blood glucose levels (also called blood sugar levels) under control.

Glucose is released into the blood when you digest food and drinks containing carbohydrate. Insulin is essential to move the glucose out of the blood and into the cells in our body to be used for energy. It also stops the liver from releasing glucose (we also get glucose from stores in our liver). If your body can't use insulin properly or produce enough, it can't use glucose to give you energy. Glucose can then build up in the blood – high blood sugar levels – which can lead to serious health problems, called complications (see page 39), if not treated.

Q&A

What is Type 1 diabetes?

About 10 per cent of diabetes is Type 1, which is a condition where your body doesn't produce any insulin. People will need to treat their Type 1 diabetes with insulin injections (via a pen or a pump).

CASE STUDIES

"A rare visit to the GP resulted in the diagnosis. I'd felt a bit under the weather, punctuated by a regular need to go for a wee, so Christmas Eve seemed a good time to go to the doctor. A quick recounting of symptoms, a blood test, a urine sample, standing on some scales and a few questions resulted in a provisional diagnosis. The GP, who was great, said: 'This is a serious disease, but one, if we work together, that can be managed. You're going to have to take control of your health.'"

David

"I was losing a lot of weight, I looked like a skeleton, my hair wasn't growing, it was really bad, but you don't realise at the time, do you? I was falling asleep at my desk and one morning I felt so weak I couldn't even get out of bed, so I finally went to my GP, got tested and was diagnosed with Type 2 diabetes. I had also been going to the toilet a lot, which was really embarrassing! I didn't know what was wrong, so at least when I was diagnosed I was happy to know the reason."

Benny



CAUSES

Type 2 diabetes is caused by a combination of lifestyle and genes. **Although we don't know exactly why it develops, certain factors do increase your risk, including:**

- **age** – being over 40 (or over 25 if you're South Asian)
- **weight** – being overweight, especially if you have a large tummy
- **ethnicity** – being Black African, African Caribbean, South Asian or Chinese
- **family link** – having a parent, brother or sister with diabetes
- **previous medical history** – having high blood pressure, a history of heart attacks and stroke, gestational diabetes or severe mental illness treated with anti-psychotic medication.

Sometimes, though, there's nothing to explain why Type 2 diabetes develops. Not everyone who's overweight has it, while some people who are a healthy weight do have it. Knowing why they've developed Type 2 diabetes helps some people cope better with their diagnosis. But, once diabetes is diagnosed, you can get the right treatment and support you need.

SYMPTOMS

Some people with Type 2 diabetes have symptoms of high blood sugar levels, while others don't have any obvious symptoms. **Perhaps you had some of these symptoms without realising they were linked to Type 2 diabetes:**

- Going to the toilet a lot – your body was trying to get rid of the high levels of glucose by making you pass more urine.
- Being really thirsty, drinking more and not being able to quench your thirst – you were becoming dehydrated, which causes extreme thirst.
- Feeling more tired than usual – your body had less energy as less glucose was entering its cells.
- Losing weight without trying to – your body started using its fat and protein stores for energy because it couldn't use the glucose from the food and drink you were eating.

You may also have noticed:

- genital itching or regular episodes of thrush – high blood sugar levels create ideal conditions for yeast to grow
- cuts and wounds that took a long time to heal
- blurred vision – high blood sugar levels can cause the lens inside your eye to swell (this usually goes away after a period of time with normal levels).

Being diagnosed and getting the right treatment to lower your blood sugar levels to within the normal range will bring these symptoms under control.

TREATMENT

There are two main treatments for Type 2 diabetes:

- 1 Healthy eating and being physically active.
- 2 Healthy eating, being physically active and medication, which may include insulin.

Your diabetes team (see page 15) will talk to you about how to manage your diabetes. You may only need to make lifestyle changes at first, but over time you may also need to take diabetes medication, which may include insulin injections.

ACTION POINTS

There are a number of things you can do to control your diabetes:

- **Eat a healthy, balanced diet.**
- **Be as physically active as you can.**
- **Avoid putting on extra weight and try to lose excess weight.**
- **Set yourself goals.**
- **Get support to look after yourself.**
- **Attend your healthcare appointments.**

In this guide you'll find information on all these things, plus details of where to find more detailed information, advice, help and support: our website – www.diabetes.org.uk – is a good place to start.

LIVING WITH DIABETES DAYS

LEARN HOW TO LIVE WELL WITH TYPE 2 DIABETES



WOULD YOU LIKE SUPPORT AND ADVICE ON MANAGING YOUR TYPE 2 DIABETES?

Our **FREE** education day will cover topics including food, exercise, driving and medication.

A range of local Dietitians, Diabetes Specialist Nurses and GP's will also be available to answer any questions you have on the day.

Places are limited so **get in touch today** to register for one near you.

Go to: www.diabetes.org.uk/lwdd

Call: **0345 123 2399***

Living with Diabetes Days are funded by Tesco's 2013/2014 National Charity Partnership with Diabetes UK.

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To find out more ask your GP for a referral to your local Urology Department or simply call **01923 23 7795**



www.iMEDicare.co.uk

DO YOU HAVE A QUESTION ABOUT DIABETES?

TALK TO US.

Call or email the Diabetes UK Careline with any of your questions, concerns or feelings about living with Type 2 diabetes.

0345 123 2399*

careline@diabetes.org.uk

9am–7pm, Monday–Friday

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YOUR FUTURE CARE

With Type 2 diabetes, it's important to take care of your health and wellbeing. But it's not just up to you – the NHS is there to provide you with free diabetes care, both now and in the future. Here we detail your Healthcare Essentials and health targets, how you can learn more about your diabetes, and introduce your diabetes team.

CASE STUDIES

"I found out about the 15 Healthcare Essentials and the importance of checking not just your blood sugar levels, but your eyes and feet, too. I've been motivated to keep appointments, so I've booked in both my annual review and my husband's."

Pushpa

"My doctor and I both share a passion for prevention rather than cure when it comes to diabetic complications, so we work equally hard to keep ahead of things where possible. That's something I am so lucky to have and I am very aware not everyone within the NHS does. I have witnessed so-called diabetic care at its worst too and I would love to get standard NHS care improved for all."

Rachel



YOUR 15 HEALTHCARE ESSENTIALS

These are the 15 checks and services that people with diabetes should receive each year. The first seven Healthcare Essentials are tests that **everyone** should have at least once a year at an annual diabetes review – a bit like an MOT for you and your diabetes. This is to ensure that any signs of longer-term health problems (complications, see page 39) are detected early and that you can continue to lead a healthy life.

Some of these tests will be done before your annual review to make sure you can discuss the results at the appointment with your doctor. If you aren't receiving any of the relevant Healthcare Essentials, take this checklist to your diabetes team (see page 15) and talk it through with them.

1 Have your long-term blood glucose levels (also called blood sugar levels) measured.

This is called your HbA1c blood test and shows your average results for the previous two to three months. Note that if you have a type of anaemia, the HbA1c test will give you a false result, so talk to your team about a different long-term blood sugar test.

☐

2 Have your blood pressure measured.

☐

3 Have your blood fats (cholesterol) measured.

☐

4 Have your eyes screened for signs of retinopathy.

This test could save your sight, because without it you can't tell if you have eye damage and the right treatment will be delayed. Screening is different to the general eye tests you have with an optician: it's important to attend both. See page 13 for what happens at your eye screening.

☐

- 5 **Have your feet checked.** You'll be asked to take off your shoes and socks so the skin, circulation (blood flow) and nerve supply to your feet can be examined. You should be told if you're at risk of any foot problems, how serious they are and if you'll be referred to a specialist podiatrist or specialist foot clinic. See page 41 for more information on taking care of your feet, and page 13 for what to expect at your foot check. ☐
- 6 **Have your kidney function monitored.** There are two tests for this and you should have both: a urine test that checks for protein in your urine and a blood test that checks for estimated glomerular filtration rate (eGFR). These results will help to show how well your kidneys are working. ☐
- 7 **Have your weight and waist measured** to see if you need to lose weight. ☐
- 8 **Get support if you're a smoker,** including advice and support on how to stop. ☐
- 9 **Receive care planning to meet your own needs at least once a year.** You and a healthcare professional from your diabetes team (usually your nurse or doctor) will work together on care planning, talking through your questions or concerns. You'll decide and agree on realistic targets and goals that you want to achieve as part of your diabetes management, and create a plan for how you're going to achieve them. You should get a copy of your care plan – if you don't, ask for one. You can find a video about care planning and what it means to you at www.diabetes.org.uk/care-planning
 - If you live in Northern Ireland, care planning is different, so talk to your diabetes team about this. ☐
- 10 **Attend a course** to help you better understand and manage your diabetes. You should be offered a chance to attend local diabetes courses. See page 16 for more. ☐
- 11 **Paediatric care.** This relates to children with Type 1 diabetes – you can find out more about their essential care at www.diabetes.org.uk/type-1-essentials ☐
- 12 **Receive high-quality care if you're admitted to hospital** from specialist diabetes healthcare professionals, whether you're admitted due to your diabetes or not. ☐
- 13 **Get information and specialist care if you're a woman and planning to have a baby.** Before you start trying for a baby, your diabetes control must be tighter than usual and monitored very closely. You should also start taking a 5mg supplement of folic acid – much more than is recommended for people without diabetes and only available on prescription. Discuss your plans with your diabetes team so that you get the right care and support from preconception to after the birth. Go to www.diabetes.org.uk/pregnancy for more details. ☐
- 14 **See specialist diabetes healthcare professionals** to help you manage your diabetes when appropriate – see page 15 for more about your diabetes team. ☐
- 15 **Get emotional and psychological support.** Being diagnosed with diabetes and living with a long-term condition can be difficult. You should be able to discuss your thoughts, feelings and concerns with specialist healthcare professionals. See page 29 for other support options. ☐

Diabetes UK has created a checklist for your care, called the **15 Healthcare Essentials**. Download a copy and find out more at www.diabetes.org.uk/15-essentials – here you can also find out how to make a complaint if you aren't getting the care you should be.



Q&A

I haven't had eye screening before – what will happen?

Your screening is done at your GP surgery, hospital or optician practice. At your screening appointment drops may be put into your eyes to make your pupils larger. This allows the retina (the seeing part at the back of the eye) to be seen more clearly. A special digital camera takes a photograph of the retina, and a specialist will look for any changes and damage. The photograph is painless and the camera doesn't touch the eye. The drops may cause some stinging and blurred vision for two to six hours after the test.

Take sunglasses to wear afterwards as everything will appear bright, and don't drive after your appointment – use public transport or arrange a lift with friends or family. If you notice any changes between screening appointments, contact your diabetes team.

What will happen at my foot review?

Your annual foot check involves the following:

- You'll be asked to remove any footwear, including socks/stockings.
- Your feet will be examined – including looking for corns, calluses and changes in shape.
- Your feet will be tested for numbness or changes in sensation with a tuning fork or a fine plastic strand called a monofilament (this doesn't hurt).
- You'll be asked questions about your feet and diabetes management, such as:
 - Have you noticed any problems or changes (eg cuts, blisters, broken skin or corns)?
 - Have you had any previous foot problems or wounds?
 - Have you experienced any pain or discomfort?
 - How often do you check your feet, and what do you look for?
 - Do you have any cramp-like pains when walking?
 - How well are you managing your diabetes?

- Your footwear will also be examined to make sure it's not causing any problems to your feet.
- At the end of the check, you'll be told the results and your level of risk of foot problems. You'll also be given information about what your level of risk means and what to do next, including advice about how to care for your feet.

For more details, go to www.diabetes.org.uk/foot-check and see page 41 for more about day-to-day care of your feet.

Why do my HbA1c results come as two different numbers? One is a % and the other is mmol/mol.

In 2011, the measurement used was changed from a percentage (%) to millimoles per mole (mmol/mol). This is now used worldwide, making it easier for international laboratories and research trials to compare results. Over time you're less likely to see the % number. The important figure to note is the mmol/mol – this table shows you how the two results compare:

(%)	(mmol/mol)	(%)	(mmol/mol)
6.0	42	10.5	91
6.5	48	11	97
7.0	53	11.5	102
7.5	58	12	108
8.0	64	12.5	113
9.0	75	13	119
9.5	80	13.5	124
10	86	14	130

What should I talk about at my annual review?

You may want to talk about your general wellbeing and how you're coping with your diabetes, any problems you're having, how your current treatment is working or any issues around smoking, alcohol, weight, stress, sexual problems and eating. Every person is different and has their own issues and concerns, so ask the questions that are important to you.

YOUR HEALTH TARGETS

With Type 2 diabetes, it's important to look after yourself and have your own personal health targets – you should be given these by your healthcare team. If you're not, ask for them, and in the meantime you could follow the targets below as a general guide.

- 1 HbA1c (a long-term measure of blood sugar) should usually be below 48mmol/mol and is useful to track your progress. Other people may be asked to aim for below 53mmol/mol, depending on how their diabetes is treated.
- 2 If your BMI (Body Mass index) is 25kg/m², or more, your doctor or practice nurse may suggest that losing weight could help to control your diabetes. They can work out your BMI and then suggest a target weight for you.
- 3 Your waist measurement should be below:
 - 80cm (31.5in) for women
 - 90cm (35in) for South Asian men
 - 94cm (37in) for all other men.
- 4 Your blood pressure should be under 140/80mmHg, but below 130/80mmHg if you have problems with your eyes or kidneys, or have had a stroke.
- 5 There is no general figure for cholesterol. Agree your individual target with your doctor.

ACTION POINTS

Work with your doctor to set realistic goals and a plan to achieve your personal targets.

Know your personal targets – they may be different to the ones listed (see left).

Keep a copy of your results so that you can measure the success of any changes you make to improve your health and wellbeing when your tests are repeated.

Q&A

Should I have the seasonal flu injection?

Yes, everyone with diabetes should have the influenza (flu) vaccination. Flu can really upset your diabetes control and cause blood sugar levels to go up and down. This may make you more prone to further infections, such as pneumonia and bronchitis. The flu virus changes, which is why every year a different vaccine is produced to combat the latest strain of the virus. So, have your free flu injection each year and make sure you look after yourself during the cold weather.



YOUR DIABETES TEAM

There are many people who may be part of your diabetes healthcare team. It's important to:

- find out who the members of your team are
- agree the name of the person who will be your main contact – usually the person you see most often
- understand what each team member does so you know the right person to call when you have a concern – see below:

Team member	Their role	Your team member's name and contact details
GP	The doctor with the overall responsibility for the care you receive. If they have a special interest in diabetes or are an expert they may play a bigger role in your care. If not, they may refer you to a diabetes clinic for complex issues.	
Practice nurse	A nurse based at your GP surgery who may support your diabetes care, depending on their specialist knowledge.	
Diabetes specialist nurse (DSN)	A nurse with a special expertise in diabetes, who will usually provide advice and support between your appointments with things like blood sugar testing and adjusting your insulin.	
Diabetologist	A doctor specialising in diabetes who is usually based in a hospital clinic or specialist diabetes clinic. Diabetologists are sometimes based at your GP surgery or clinic.	
Registered dietitian	An expert in food and nutrition, who will give you information and support to help you make changes to your eating habits. Everyone with diabetes should see a registered dietitian when they are diagnosed and for regular reviews.	
Registered podiatrist	An expert in the feet and legs. They may be asked to check for – and manage – problems related to diabetes.	
Ophthalmologist	A doctor who specialises in conditions that affect the eye. They will be involved with your retinal screening review and treatments, if necessary.	
Pharmacist	Based in pharmacies or chemist shops. As well as giving you your prescription supplies, they may also provide you with a review of your medication and offer lifestyle advice.	
Psychologist	An expert who will provide counselling to help you deal with any difficulties you're facing, especially with managing the effects and impact that diabetes has on your life.	



ACTION POINT

Attend a diabetes course in your local area.

LEARNING MORE

A large part of your future care relies on you becoming the expert in your own diabetes. While your diabetes team is there to help and support you, you're the person who knows the most about your condition and how it affects you.

One of the best ways to learn more is to attend a course about diabetes, which is one of your 15 Healthcare Essentials. Courses should be free of charge, and vary in length and what they cover. They're likely to include information about treatments, food, activity and monitoring, as well as practical aspects of living with diabetes like driving, what to do when you're ill, or if you're planning to have a baby. Courses can also vary in how they deliver the information – eg in a group, one-to-one sessions or online – so choose what's best for you. Although a course may take up a lot of your time, it will make a big difference to your life.

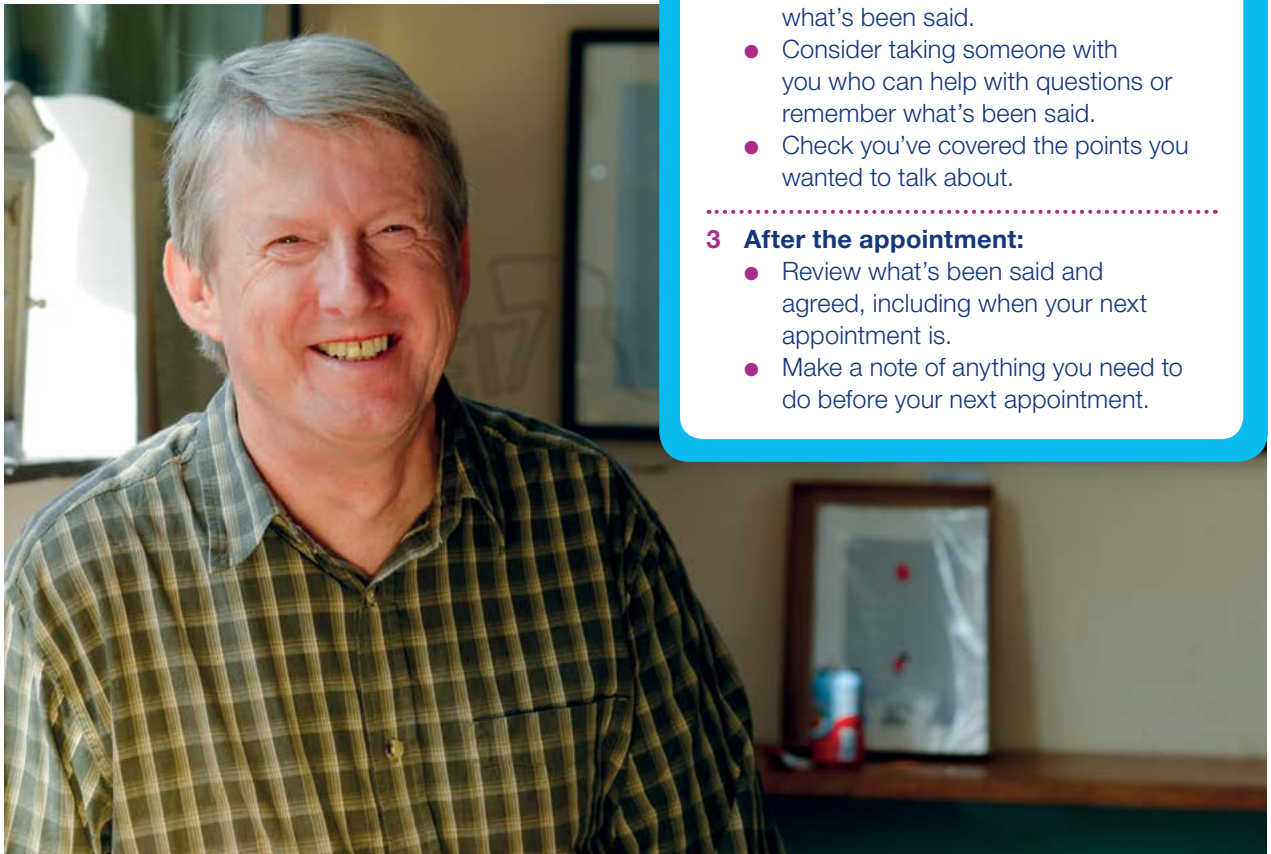
While you're waiting to attend a diabetes course in your area, Diabetes UK has a wealth of information and support services to help you make a positive start.

Living with Diabetes Days help people learn to live well with Type 2 diabetes. You'll learn more about healthy eating and become more confident in managing your diabetes day to day – and it's a great opportunity to meet other people with diabetes. Diabetes experts from your local community will also be available to answer your questions and provide practical up-to-date information. To find out more, go to **www.diabetes.org.uk/living-with-diabetes-days**

If you prefer to learn on your own and in your own time, Diabetes UK's Type 2 e-learning course may suit you better. Sign up for free at **www.type2diabetesandme.co.uk**

Tony, a patient transport driver, says he was “reasonably fit when diagnosed” with Type 2 diabetes. “A friend, who also had diabetes, helped me get back my driving licence. But then he died from complications after not looking after himself.” This prompted Tony to improve his knowledge and management of his own condition. “Type 2 Diabetes and Me helped me to understand and cope with the changes,” he says.

Robin was diagnosed with Type 2 diabetes in May 2013. “The Type 2 Diabetes and Me online training was invaluable in helping cement my understanding of my condition, and excellent in helping those around me understand and assist me”, he says. Robin went on to lose 50kg and ran a half marathon in February 2014.



TOP TIPS

Getting the most out of appointments

1 Before the appointment:

- Review your care plan.
- Decide what you need to know.
- Write down the points you want to talk about.
- Take any news features/stories or research that you have any questions about.
- If you have been asked to test, take your blood glucose meter and results with you.
- Check to see if you need any tests before your appointment.
- Check to see if you need to bring anything with you, like a urine sample.

2 During the appointment:

- Listen actively – ask questions, give feedback and ask for clarification if you're unsure of anything.
- Make notes to help you remember what's been said.
- Consider taking someone with you who can help with questions or remember what's been said.
- Check you've covered the points you wanted to talk about.

3 After the appointment:

- Review what's been said and agreed, including when your next appointment is.
- Make a note of anything you need to do before your next appointment.

HIGH CHOLESTEROL? YOU OAT TO KNOW ABOUT BETAVIVO



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EATING WELL

ALL ABOUT FOOD

If you think your diagnosis means you now have to follow a boring and restrictive diet, think again. Here, we run through foods to include – and a few to avoid – as healthy food choices are an important part of managing your diabetes. Our top tips for eating well suggest some simple ways to improve your diet, and there's also advice on how to make your own recipes healthier.

CASE STUDIES

"My whole lifestyle and what I eat has changed. I love healthy food, so as long as I have a tasty meal I don't miss chocolate as much. I am not 100 per cent, I am still trying to put on some weight, but my skin is looking much better. I enjoy eating nutritious food and love doing more exercise."

Benny

"I have turned my life around. I eat healthily and have lost nearly 4st (25kg) in weight by eating sensibly and not in between meals. It's important to have a planned menu to choose from. Keeping a list of healthy meals on my fridge has really helped me and I will mix them up through the week. I have also kept up walking and taken up gardening, which I love, but recently I have taken up arts and crafts so I have things to do on dark nights to keep me busy. Most of the time people eat just because they are bored and now I don't even think of food because I'm so busy."

Julie

One of your first questions is likely to be 'what can I eat?' The answer is 'anything'. This may come as a surprise, but with Type 2 diabetes it's fine to eat all kinds of food. However, you may have to eat more of certain foods and less of others. In the past, people were expected to follow very restrictive diet plans or simply cut out sugar – but these days of 'dos and don'ts' are long gone. Nowadays, the aim is to eat the same healthy, balanced diet that's recommended for everyone – choose wholegrains and eat more fruit and veg, pulses and fish.



Watching your portions and choosing healthier foods that are lower in saturated fat, sugar and salt will also help to:

- control blood glucose levels (also called blood sugar levels)
- control your blood fats (cholesterol)
- control your blood pressure
- maintain a healthy weight (see page 35).

There's a lot of evidence to show that your food choices can affect all these things. Choosing healthier foods can also help to reduce your risk of diabetes complications, including heart disease and stroke (see page 39).

As with any lifestyle changes, if you make gradual and realistic changes to your diet over a long period of time you're more likely to stick to them. Ask for an appointment with a registered dietitian for specific advice and an eating plan that's tailored to your needs.

TOP TIPS

For eating well

1 Eat regular meals each day

When blood sugar levels fall you feel hungry and may overeat, so keep your levels steady by eating regularly. Spacing your meals evenly can help you manage your hunger and stop you overeating. This can also help you lose weight as you're less likely to snack.

2 Include carbohydrate

Healthier sources of carbohydrate include wholegrain starchy foods, fruit and veg, pulses and some dairy foods. These are an important source of energy and provide fibre and essential vitamins. They all break down to glucose, so they will cause your blood sugar levels to be high if you eat large amounts. Find out more about carbohydrate portions to help you find the right portion size.

3 Cut the fat

Eat less fat – particularly saturated fat. Try:

- unsaturated fats and oils from olive oil, sunflower oil, rapeseed oil, nuts and avocados, as these are better for your heart
- using skimmed or semi-skimmed milk and other low-fat dairy products
- grilling, steaming or baking foods instead of frying.

4 Get your five a day

Generally, many people don't eat enough fruit and vegetables. Aim to eat at least five portions each day to give your body all the vitamins, minerals and fibre it needs. If you aren't eating your five a day, try including vegetables or salad with your main meals every day. Fruit also makes a really good snack or dessert. A portion is:

- 1 piece of fruit, like a banana or apple
- 1 handful of grapes
- 1 tbsp dried fruit
- 3 heaped tbsp vegetables
- 150ml glass of unsweetened fruit or vegetable juice.

5 Eat plenty of beans

Beans, lentils and pulses are all low in fat, high in fibre and very cheap. They're particularly good choices as they don't have a big impact on blood sugar levels and protect against heart disease. Try kidney beans, chickpeas, green lentils and even baked beans:

- hot in soups and casseroles
- cold in salads
- in baked falafel, bean burgers and low-fat hummus and dhals.

6 Eat more fish

All types of fish are healthy provided they're not coated in batter or fried, but oily fish such as mackerel, sardines, salmon and trout are particularly good for you. They are rich in omega-3 (polyunsaturated fat), which helps protect against heart disease. Aim to eat two portions of oily fish a week, ideally from a sustainable source.

7 Cut back on sugar

It is better to avoid too much 'free sugar' as it doesn't do the body any good. This doesn't mean you need to eat a completely sugar-free diet. Find a way to gradually reduce the amount of sugar you use in foods and drinks. You can use sweeteners as an alternative to sugar. Read food labels to help you make informed decisions. Some easy ways to cut back on your sugar intake include:

- choosing sugar-free, no-added-sugar or diet/light drinks
- buying tinned fruit in juice rather than syrup
- reducing or cutting out sugar in tea and coffee
- eating the whole fruit instead of the juiced version.

8 Reduce your salt

Too much salt can raise your blood pressure, which increases your risk of heart disease and stroke. Reduce salt in your diet to 6g or less a day. Try:

- cutting back on processed foods, which account for 70 per cent of our salt intake
- flavouring foods with herbs and spices instead of salt
- reading food labels to choose 'low salt' and 'reduced salt' options.

9 Drink sensibly

Try to get your calories from food. It is better to drink water to quench your thirst. Limit fruit juice to one small glass a day. If you drink alcohol, stick to the recommended daily alcohol limit, which is 2–3 units for women and 3–4 units for men. Remember:

- 1 unit is a single measure (25ml) of spirits, ½ pint (284ml) of lager, beer or cider or ½ (175ml) glass of wine.
- Alcohol is high in calories. To lose weight, consider cutting back.
- Never drink on an empty stomach.

10 Be aware of your overall portion sizes

If you're trying to lose weight, you may need to adjust your portion sizes:

- try using smaller plates
- at main meals, serve your vegetables first so they fill up your plate
- separate the different foods on your plate rather than piling them on top of each other
- ask yourself if you really are hungry before you have a second helping; drink a glass of water while you're thinking.

CASE STUDY

"I've been vegetarian on and off and have always had quite a good diet, so after I was diagnosed I didn't have to make big changes. But, I did used to skip breakfast, so now I make sure I eat three meals a day, try to eat more vegetables and have a high-fibre diet."

Pushpa



WHAT TO AVOID

Before your Type 2 diabetes was diagnosed, you may have been more thirsty than usual. To quench your thirst, avoid sugary drinks and fruit juices: they can raise your blood sugar levels very high, very quickly, and can make you gain weight in the long term. Instead, drink water, sugar-free and diet soft drinks. It's also OK to still drink tea and coffee.

Also avoid foods labelled 'diabetic' or 'suitable for diabetics', as these contain similar amounts of calories and fat to normal foods. They can also affect your blood sugar levels, are often more expensive and can have a laxative effect – so stick to your usual foods. For an occasional treat, choose your normal treats and just watch your portions.



Our free *Enjoy Food* guide features great recipes, advice and expert diabetes nutritional information both online and in print – see www.diabetes.org.uk/enjoyfood for online information, or go to <https://shop.diabetes.org.uk/go/enjoy-food> to order your copy.



Q&A

My friend wants to cook me a meal – what shall I tell them to make?

Other people can panic about what they can and can't serve you. Tell them not to go to any trouble and reassure them that you're no different to anyone else. If it's a party rather than a meal, don't take it for granted that there'll be food – check beforehand or eat before you go.

How can I make my recipes healthier?

Whether it's your favourite homemade pudding or a comforting casserole, you'll still want to enjoy your tried-and-tested recipes. There are a number of simple ways to make them healthier – cutting down the sugar, fat and salt in your cooking, while keeping the flavour. Go to www.diabetes.org.uk/enjoyfood for lots of tips and ideas.

There's so much information on a food label, what should I be looking for?

Food labels can be found on the front and back of products. 'Back of pack' labelling is mandatory and gives detailed information about the ingredients, nutritional composition, known allergens, 'best before' and 'sell by' dates, and the weight of the product/pack.

'Front of pack' labelling is meant to help us understand quickly and easily what's in the food we buy, so we can make informed choices based on how healthy a product is. Diabetes UK has campaigned for clear, consistent food labelling on the front of packs, and the government supports a front of pack labelling scheme, which includes traffic light labels. While front of pack labelling is a voluntary scheme, all major supermarkets and most large food and drink manufacturers have signed up.

For more on food labelling, go to www.diabetes.org.uk/food-labels

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PHYSICAL ACTIVITY

KEEPING ACTIVE

While we all know that being active is good for our health – both physical and emotional – it's particularly important when you have Type 2 diabetes. Being more active generally and doing some exercise, if you're able, is a great way to help control your condition.

Being physically active is an important part of the lifestyle changes needed for good diabetes control, and has many other benefits, too. It can improve your heart health by lowering your cholesterol and blood pressure. It also helps with weight loss, including losing some of the fat around the waist. It can help you keep up with everyday tasks by strengthening your muscles and keeping your joints flexible. And, importantly, it can also improve your general and mental wellbeing.

HOW MUCH TO DO

As well as being more active in your day-to-day life, if you're able, try to do some exercise. Start with something gentle, like walking, and gradually work up to at least 30 minutes per day of moderate intensity exercise, five times a week (you should feel slightly out of breath). If you have any complications from your diabetes (see page 39), see your doctor before you do any new activity.

Remember to include activities that improve your muscle strength and endurance (eg yoga and pilates) at least twice a week, and minimise the amount of time you spend sitting or lying down.

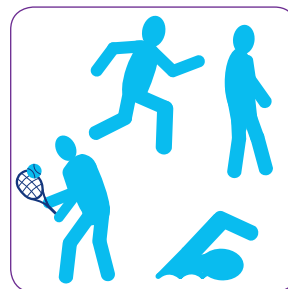
Examples of exercise include: walking, swimming, bowls, golf, gardening, cycling, dance lessons (like ballroom), vigorous housework or DIY.

CASE STUDY

"Last year at age 60, I was diagnosed with Type 2 diabetes. I was told I needed to go on medication immediately twice a day and that I should eat things like fish and chicken and cut out rice. Initially I reacted to the news as a death sentence, but I decided to take control of the situation, to find out more about it, and to change it. So, I immediately got a health coach and joined a gym. The health coach advised me on what to eat, when to eat, and how much to eat, as well as many other things, such as where to buy, how to store, and how to cook what I bought.

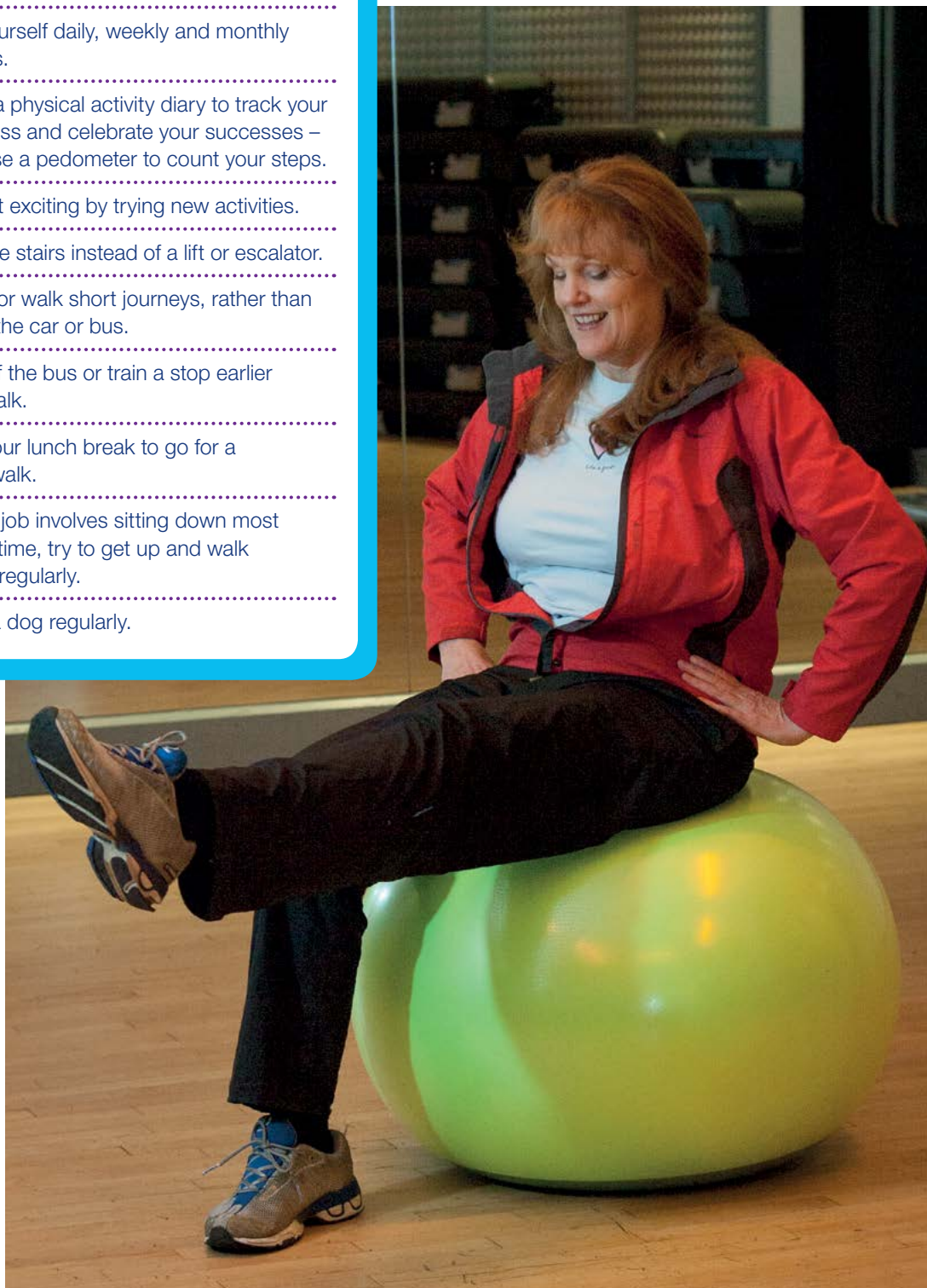
At the gym, I used the bikes, the treadmill and weights. Within two months I lost 10lb, and I was advised I could reduce the medication in half. In the next two months I lost another 10lb and eliminated the medication completely. Now, a year later, I have been able to maintain the weight loss, and I am working on turning the fat around the middle into muscle. Occasionally I contact my initial health coach for feedback on recipes, but I also studied during this 'newly diagnosed' year, and I just became a health coach myself."

Camille



TOP TIPS

- 1** Find an activity you enjoy as you'll be more likely to keep it up. Better still, try an activity you can enjoy with the whole family – or with your friends.
- 2** Set yourself daily, weekly and monthly targets.
- 3** Keep a physical activity diary to track your progress and celebrate your successes – and use a pedometer to count your steps.
- 4** Keep it exciting by trying new activities.
- 5** Use the stairs instead of a lift or escalator.
- 6** Cycle or walk short journeys, rather than using the car or bus.
- 7** Get off the bus or train a stop earlier and walk.
- 8** Use your lunch break to go for a brisk walk.
- 9** If your job involves sitting down most of the time, try to get up and walk about regularly.
- 10** Walk a dog regularly.





ACTION POINTS

Check with your doctor or practice nurse if you have any complications from your diabetes – like foot or eye problems – before you start any new activity.

Find out if you have any conditions that may restrict your ability to be active, such as high blood pressure, angina, osteoporosis or asthma.

Increase your activity levels by introducing simple activities, and gradually increase the intensity and time you spend on them.

Wear appropriate footwear during any activity.

Check your feet before and after any activity and dry them properly after exercise. Drying the skin well, especially between the toes, helps prevent infections like athlete's foot.

Wear diabetes identification, like a bracelet or necklace, or carry an identity card – especially if you are at risk of hypos (low blood sugar).

Drink fluids regularly to avoid dehydration.

Find out if there's an exercise on prescription referral scheme in your area.



Q&A

What exactly is 'exercise on prescription'?

Some GP surgeries offer exercise on prescription. You'll be referred to a local active health team for a fixed number of sessions under the supervision of a qualified trainer. You decide with your GP and the active health team what type of activity suits you best. Depending on your circumstances and what's available, the exercise programme may be offered free or at a reduced cost. If there aren't any schemes like this available in your area, why not just put on your trainers and go for a walk?

MEDICATION

When you're first diagnosed, your diabetes team will tell you if you need to take any medication to treat your condition, or if making lifestyle changes will be enough to control your diabetes. There are several different types of medication – including insulin – used to treat Type 2 diabetes, and if you need to take them in the future, your diabetes team will explain when and why.



FREE DIABETES PRESCRIPTIONS

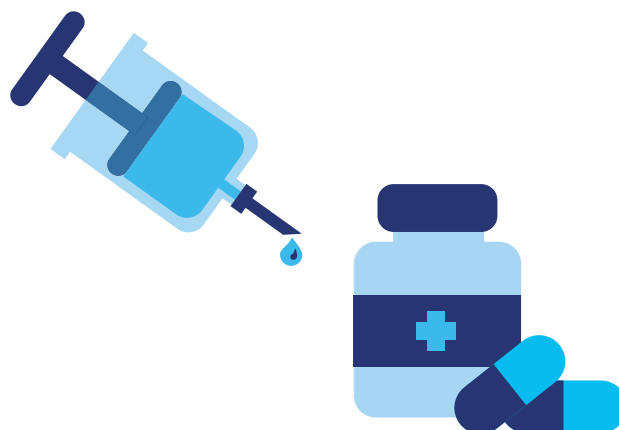
Everybody in Northern Ireland, Wales and Scotland is entitled to free prescriptions. In England, if your diabetes is treated with medication (including insulin), then you are also entitled to free prescriptions for all your medicines. But, to claim your free prescriptions, you **MUST** have a valid **Medical Exemption Certificate** or you could receive a fine. For more details, go to www.diabetes.org.uk/claiming-free-prescriptions

Many people newly diagnosed with Type 2 diabetes don't need medication to begin with – making changes to your lifestyle will improve your health and wellbeing. In the future, though, this may not be enough. This is because Type 2 diabetes progresses and you will need new treatments to help manage it, which may include tablets or insulin to help control your blood glucose (also called blood sugar), or medication to control your blood pressure and/or cholesterol.

Some people may start on medication straight away. Metformin is usually the first medicine that's used to treat Type 2 diabetes. It works by reducing the amount of glucose that your liver releases into your bloodstream. It also makes your body's cells more responsive to insulin. If you're overweight, you're also likely to be prescribed metformin. Unlike some other medicines used to treat Type 2 diabetes, metformin shouldn't cause weight gain. However, it does sometimes have mild side effects, like nausea and diarrhoea, and if you have kidney damage you may not be able to take it. If you do experience any side effects, go back to your doctor – don't stop taking the tablets.

If you need to start or change medication in the future, it means that your body needs help to lower your blood sugar levels to prevent any long-term problems (see page 39). Diabetes is a complex condition and keeping blood sugar levels in the target range can mean that your medication may change from time to time.

For more detailed information on medications, go to www.diabetes.org.uk/diabetes-treatments



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EMOTIONAL SUPPORT

After the initial shock, you may find it challenging to come to terms with your diagnosis, and the fact that you'll be living with a serious condition for the rest of your life. Making the lifestyle changes to manage your Type 2 diabetes can also be hard. If you sometimes find it all a bit overwhelming, remember that there's a lot of support available, so please ask for help if you think you need it.

CASE STUDIES

"Meeting up with people in the same position as me, with the same concerns when coping with their diabetes has been a godsend to me, and [to my wife] Jane, who's able to talk to people, who, like her, are living with the condition, too."

James

"Even though my family is fantastic, social media has helped me to know that at 3am someone else will be awake somewhere in the world who can relate to what I am going through and potentially help me. When we see the GP, we feel we have to present a squeaky-clean image and we can't say we recently ate too much chocolate cake. People feel less judged in an open forum. It gives other people the strength to see that if they can do that [go to their retinal screening appointment] I, too, can take control of my life and do those things."

Julie

"A friend told me about a local support group for people with diabetes, which I reluctantly agreed to attend. It was such a relief to be able to share experiences of my condition with others and receive clear information for the first time."

"Not only did the classes cover information such as what foods to eat, how to understand food labels and possible complications of the condition – the group gave me reassurance that I was not the only person out there who wanted to get answers to separate the fact from the fiction about diabetes."

John

Being diagnosed with Type 2 diabetes can be unexpected, especially if you were feeling OK. To be suddenly told that you have diabetes is often a shock, and can also be a confusing or even frightening experience. You may even feel that your diabetes is your own fault, but please don't blame yourself for your condition – there are many reasons why it can develop. Friends and family – or even health professionals – though they mean well, may encourage you to deal with things and move on quickly.

All this may mean that you don't have the time to think or talk about your feelings. Talking about the lead-up to your diagnosis, how you were diagnosed and how you feel now can be a relief – even if you were diagnosed years ago. Talking to other people who have Type 2 diabetes may also help.

Diabetes can take a lot of effort to manage, and at times you may wish that you could just take a break from it. Coping with a diagnosis of diabetes can be difficult and many people do experience times of uncertainty or low mood. If you find that your feelings are stopping you from properly managing your diabetes, it's time to seek extra support – you don't need to go through this difficult time alone.



WAYS OF COPING

We all have different ways of coping with things – often learned as we face the particular challenges of our own life. Some people may cope by denying a difficult reality, ignoring it or putting it to one side. Others may prefer to take a positive approach, however difficult the situation. Others like to focus on practical issues and show that they're coping well. Whatever your approach, it's important that you don't ignore the way you feel.

TALKING TO FAMILY AND FRIENDS

Talking to those around you about your health issues can be difficult. It's understandable that you may not look forward to telling people about your diabetes – initially they may know very little about it and how it affects your daily life.

Most people, though, find they get more support and are able to cope better once they open up about their diabetes. Friends and family can give you valuable support and encouragement when your diabetes is new or when you're struggling to manage it. Sharing any issues will help them understand how they can help while you're adjusting to your new way of life.



TOP TIPS

Finding support

- 1 Our Careline provides confidential support and information to all people affected by diabetes. Call **0345 123 2399** or email **careline@diabetes.org.uk** for contact with professional counsellors who have extensive knowledge of diabetes.
- 2 Use the Diabetes UK confidential peer support service. Our volunteers have all been affected by diabetes and include people who have experience of living with Type 2. So, whatever's on your mind, there's a good chance one of our volunteers has been through the same thing. They have been specially trained to listen and offer support, or just simply give you the chance to talk to someone who's been there themselves. Find out more at **www.diabetes.org.uk/peer-support**
- 3 Join a local Diabetes UK group, which offers you a chance to share experiences while providing essential guidance on all aspects of diabetes. Groups are run entirely by local volunteers. Find out more at **www.diabetes.org.uk/groups**
- 4 Get involved and support each other with Diabetes UK's online communities, where you can chat, find support and discuss issues, as well as discover more about our campaigns, information and activities. Our biggest communities can be found on Facebook and Twitter. You'll also find us on the other major networks, including Instagram, YouTube and LinkedIn. Go to **www.diabetes.org.uk/communities** for more details.
- 5 Diabetes UK has a dedicated blog site featuring regular posts from people living with diabetes. Some have diabetes themselves; others have someone in their family who has diabetes. Go to **blogs.diabetes.org.uk**
- 6 Diabetes UK's online support forum is a warm and welcoming community with a wealth of knowledge from the every day to the obscure. To join in and register (it's free and takes seconds), go to **www.diabetessupport.co.uk**

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ILLNESS

Like everyone else, there may be times when you become ill or have to go to hospital. Having diabetes doesn't mean you'll be ill more often than anyone else, but if your diabetes isn't well managed you may be more prone to infections. So, if you're not feeling well, make sure you take care of yourself – and get medical help if you need it.

When you're unwell, your blood glucose levels (also called blood sugar levels) may rise even if you're not eating. This is your body's defence mechanism for fighting infections and illness.

Some of the illnesses that may cause high blood sugar levels include:

- colds and flu
- chest infections, like bronchitis
- urinary tract infections, like cystitis
- vomiting and diarrhoea
- skin infections, like boils and abscesses.

Remember, the signs of high blood sugar levels include being thirsty, passing more urine than normal, tiredness and high levels of sugar in the blood or urine.

If you're ill, you may not feel like eating your meals as usual, but you still need to eat or drink something with carbohydrate to give you some energy. It's also important to stay well hydrated, so drink plenty of sugar-free fluids. Aim for at least 2.5–3.5 litres (4–6 pints).

If you start vomiting or can't keep fluids down, get medical advice immediately.

ACTION POINTS

Be aware of your symptoms of high blood sugar levels and get to know the signs that mean you should seek medical advice. Make sure that a close friend, family member or your carer knows them, too.

If you're admitted to hospital for something other than your diabetes, make sure everyone treating you knows you have Type 2 diabetes.

TOP TIPS

- 1 Keep calm – contact your doctor if you're not sure about what to do.
- 2 Keep taking your medication, even if you don't feel like eating.
- 3 If you don't feel like eating, or if you feel sick and can't keep food down, replace meals with snacks and drinks containing carbohydrate to give you energy. Sip sugary drinks (such as fruit juice or non-diet cola) or suck glucose tablets or sweets like Jelly Beans. Letting fizzy drinks go flat may help you keep them down.
- 4 Drink plenty of sugar-free fluids. Aim for at least 2.5–3.5 litres (4–6 pints) per day.
- 5 If you can't eat or drink, or have persistent vomiting and/or diarrhoea, get medical help.



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KEEPING TO A HEALTHY WEIGHT

Together with eating well and being active, keeping to a healthy weight is an important part of managing Type 2 diabetes. Your diabetes team will work out your Body Mass Index (BMI) to see if you're a healthy weight – or, if you know your height and weight, you can check the chart below. If you need to lose weight, we offer some tips and advice to help make this a little bit easier.

LOSING WEIGHT

If you're overweight, losing weight will help to control your diabetes and improve your overall health. And, it doesn't even need to be a lot: losing 5–10 per cent of your weight – that's 5–10kg if you're 100kg (about $\frac{3}{4}$ –1½st if you're 15st) – reduces your risk of heart disease and stroke by lowering your blood fats (cholesterol), blood pressure and blood glucose levels (also called blood sugar levels).

Know how much weight you want to lose

If you're trying to lose weight, setting yourself goals to achieve a BMI in the healthy range can be extremely motivating. If you have a lot of weight to lose, though, this can seem daunting and impossible – you may prefer to set an initial weight loss target that improves your BMI or talk to your doctor about other options available.

Set realistic timescales and avoid crash diets

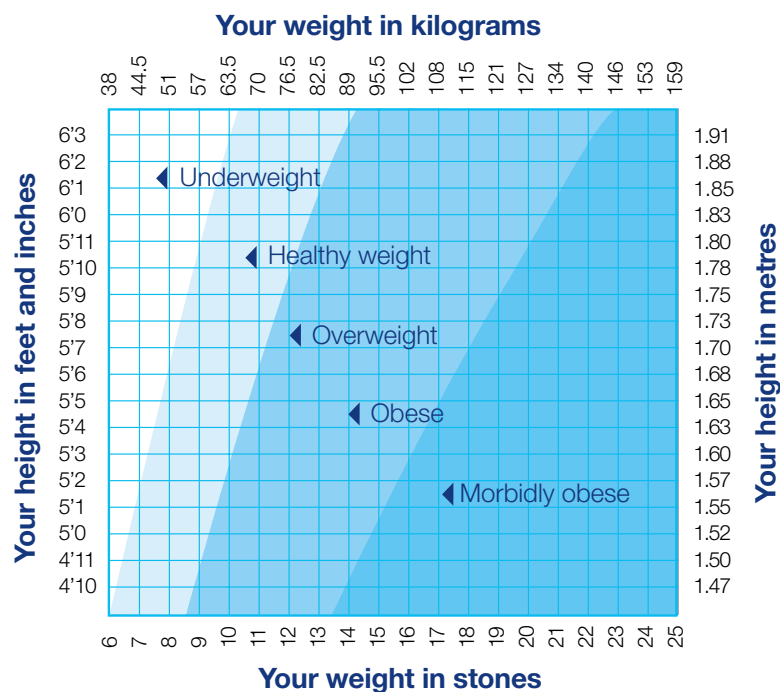
Although it may be tempting, drastically reducing the amount of food you eat, or cutting out whole food groups, isn't a good idea. Not only are you in danger of missing out on vital nutrients, it may also be much harder to control your blood sugar levels.

Instead, aim to lose a safe and achievable target of 0.5–1kg (1–2lb) a week. Setting small, achievable targets means you're more likely to stick to them in the long term.

CASE STUDY

"My desire to climb again is what's driven me. You have to decide what your motivation is. It might be wanting to play football with your children or to go for a run. You need to figure out what it is that drives you and then set yourself goals. Even right at the beginning of my weight loss, I started going out on the hills and setting myself a new challenge. Now, to keep fit, I run with a pack on and I do spinning and cross-training at the gym. One of the toughest things I've ever done was a 24-hour 'spinathon'; I cycled 500k and I only got off three times to go to the bathroom."

Bruce



Stay motivated

Be clear on your WHY. It's easier for you to stay motivated if you know why you're doing something and what you're working towards. So, when your motivation wavers, remember your goal and keep going. Have a picture, prop or mental image that will help you get back on track. If you have a bad day, just start again the next day.

Making changes to your diet

This all sounds very easy in theory, and we know that in real life making such changes is rarely so simple. If you're struggling, you may want to think about these questions:

- Do you ever eat when you aren't hungry?
- Do you ever eat something you don't want just so you don't offend someone?
- Are you an emotional eater?
- Do you tell yourself 'I must finish what's on my plate'?

If any of this sounds familiar, you might find our *Enjoy Food* guide useful, where we cover these topics in detail and offer some practical solutions. See below for more details.

Write down your goal

Research shows that people who write down their goals are more likely to achieve them. Be clear and include as much detail as possible so that you know when you reach your goals.

FURTHER HELP AND ADVICE

At times, you may need more detailed information or advice about how diabetes can affect your life – for example, if you've started taking insulin, thinking about contraception, planning a pregnancy or travelling

abroad. Our website – www.diabetes.org.uk – has a wealth of information on these and many other subjects.

If you'd prefer to talk to someone, call the Diabetes UK Careline on **0345 123 2399** for confidential support and information from professional counsellors who have extensive knowledge of diabetes. You can also email them at careline@diabetes.org.uk

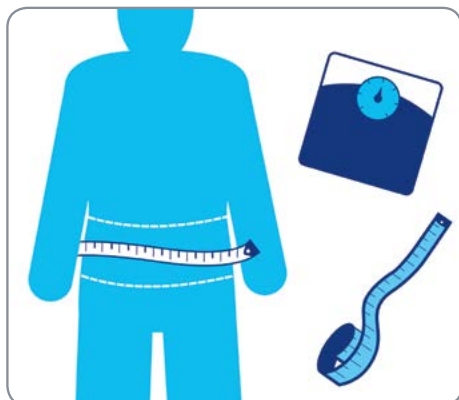
You can also keep up to date about diabetes and managing your condition by becoming a member of Diabetes UK. You'll receive *Diabetes Balance* magazine, the definitive resource for all things diabetes, which is packed with the latest news, information, dietary advice and exclusive recipes. Go to www.diabetes.org.uk/join to find out more.

TOP TIPS

After picking your goal, ask yourself:

- 1 What do I have to do to reach this goal?
- 2 What's stopping me?
- 3 Who/what will help me?
- 4 How confident am I in reaching this goal?

You can learn more about healthy eating and losing weight on a diabetes course (see page 16), and you can also ask to be referred to a dietitian if you need support to reach your healthy weight.



Our free *Enjoy Food* guide features great recipes, advice and expert diabetes nutritional information both online and in print – see www.diabetes.org.uk/enjoyfood for online information, or go to <https://shop.diabetes.org.uk/go/enjoy-food> to order a printed copy.



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- ✓ Types of hearing loss
- ✓ Choosing your hearing aids
- ✓ Advanced digital hearing aids
- ✓ Premium digital hearing aids
- ✓ The hearing test - what's involved
- ✓ Tips for avoiding hearing loss
- ✓ When two hearing aids are better than one

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TALK TO SOMEONE WITH DIABETES

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JOIN A LOCAL GROUP

volunteering@diabetes.org.uk

Our local support groups offer the chance to share experiences with others in your area and keep up to date with our work.

GO ONLINE

www.diabetes.org.uk

Our website offers information on all aspects of diabetes and access to our activities and services. Our Facebook  and Twitter  communities provide support and a chance to talk to others.

BECOME A MEMBER

0800 138 5605

Join our 300,000 supporters who help us care for, connect with and campaign on behalf of all people affected by and at risk of diabetes.

RAISE YOUR VOICE

**www.diabetes.org.uk/
diabetesvoices**

Join Diabetes Voices and make a difference to services and care by working alongside us to campaign and influence for change.

VOLUNTEER

**www.diabetes.org.uk/
volunteer**

Whether you can spare an hour a month or a day a week, there are many ways that you can make a difference at Diabetes UK.

RAISE FUNDS

**www.diabetes.org.uk/
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There are many ways you can raise funds or give to Diabetes UK. Visit our website to find out how you can help us to improve the lives of people with diabetes.

**Calls to 0843 numbers may be free depending your phone package but will cost a maximum of 7p per minute to call plus your network providers access charges.

GET SUPPORT

LOOKING AFTER YOUR LONG-TERM HEALTH

By looking after yourself and keeping your diabetes under control, you can reduce the risk of long-term complications and stay healthy and well. There are steps you can take to look after yourself at home, and there are times you will need more support from your diabetes healthcare team.

Once you learn how to manage your diabetes you should be able to live your life just as anyone else. But it's important to keep your diabetes under control, otherwise you could develop further health issues, called complications, which can be extremely serious. Here, we run through the possible diabetes complications, and give you some advice on how best to avoid them.

DIABETES COMPLICATIONS

Your 15 Healthcare Essentials (see page 11) include tests that should monitor and reduce your risk of developing diabetes complications. Contact your diabetes team immediately if you have any concerns.

If diabetes is not well managed, complications can include:

- heart attack
- stroke
- angina
- foot and leg amputation
- loss of vision and blindness
- nerve pain or numbness in the hands, arms, feet and legs
- impotence
- sexual problems for women – loss of desire, arousal and orgasm, as well as pain
- gut problems, like bowel control
- muscle weakness, wasting, twitching and cramps.

You can find out more about diabetes complications and how they're treated at www.diabetes.org.uk/complications

You and your diabetes team can help reduce your risk of complications by keeping to your personal health targets for:

- blood glucose levels (also called blood sugar levels)
- blood fat levels (cholesterol)
- blood pressure
- weight.

TOP TIPS

Keep yourself well and avoid complications by:

- 1 Learning more about your diabetes to help you manage it.
- 2 Being an active partner in your care.
- 3 Making healthier food choices.
- 4 Being physically active.
- 5 Giving up smoking, if you smoke.
- 6 Knowing your personal health targets for blood sugar levels, cholesterol, blood pressure and weight.
- 7 Having blood tests, screening tests and attending your medical appointments.
- 8 Taking care of your feet.
- 8 Taking medication as prescribed.
- 10 Joining support networks.
- 11 Getting help if your mood is affecting how you look after your diabetes.

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www.allpresan.uk.com

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FEET FIRST

10 STEPS TOWARDS HEALTHY FEET

Take the first step towards healthy feet for life by putting your feet first.

1 MAKE SURE THAT YOU ATTEND YOUR ANNUAL FOOT REVIEW

(For 12 years old +) where your bare feet will be examined by an appropriately trained person.

2 KNOW YOUR RISK

At the end of your annual foot review, you should be told your risk of developing foot problems and if you will be referred.

3 ARE YOUR FEET AT INCREASED OR HIGH RISK?

If so, make sure you have been referred to a specialist for expert advice.

4 CHECK YOUR FEET EVERY DAY

for any signs of redness, pain, damage to the skin, swelling or build up of hard skin. **Look for any changes in the shape of your feet.**

5 BE AWARE OF ANY LOSS OF SENSATION IN YOUR FEET

Don't go barefoot and avoid extremes of temperature if you think you have lost feeling in any part of your feet.

6 TOUCH THE TOES TEST

Ask a family member or friend to assess the feeling in your toes by doing a quick, easy test at home.

7 LOOK AFTER YOUR TOENAILS

Don't cut down the sides of your nail as this could lead to ingrowing toenails. If you have any difficulty with your foot-care, ask to be put in touch with your local podiatrist (chiropodist).

Note: you may have to pay for nail cutting service.

8 AVOID USING CORN REMOVING PLASTERS OR BLADES

of any kind as these may damage your skin.

9 ALWAYS WEAR WELL-FITTING SHOES

that protect and support your feet and whenever possible don't wear shoes with bare feet.

10 MAINTAIN GOOD GLUCOSE CONTROL

Good glucose control can prevent foot problems in the future by keeping the nerves and blood vessels that serve the feet healthy.

If you have any concerns about your feet, it is important that you contact your diabetes healthcare team as soon as possible.

Keep useful numbers handy and know who to call at the first sign of any new problem with your feet.

For more information visit www.diabetes.org.uk/putting-feet-first

www.diabetes.org.uk/putting-feet-first

PUTTING
FEET
FIRST

Taking care of your feet can make a real difference in reducing your risk of foot problems related to diabetes. Start with day-to-day footcare, including checking your feet and practising general hygiene – here we show you how.

CHECK YOUR FEET DAILY

People with diabetes are at much greater risk of developing problems with their feet, due to the damage high blood glucose levels (also called blood sugar levels) can cause to sensation and circulation (blood flow). If they aren't treated, these problems can cause foot ulcers and infections – and at worst may lead to amputation. However, most foot problems are preventable with good, regular footcare.

Be aware of these issues with your feet, as they may indicate damage to your nerves:

- a tingling sensation
- pins and needles pain (burning)

- sweating less
- feet that are red and hot to the touch
- changes to the shape of your feet
- hard skin
- loss of feeling in your feet or legs.

Be aware of these issues, as they may indicate damage to your blood supply:

- cramp in your calves (at rest or when walking)
- shiny, smooth skin
- loss of hair on your legs and feet
- cold, pale feet
- changes in the colour of your feet
- wounds or sores that won't heal
- painful or swollen feet.

If you notice any of these things, or have concerns about your feet, tell your GP or diabetes team immediately – don't wait until your yearly foot check.

ACTION POINTS

.....
Check your feet every day.
.....

.....
Know who to call at the first sign of a foot problem.
.....

.....
Have a foot review with your diabetes team at least once a year, and find out your risk of foot problems.
.....

.....
Do the quick, easy 'Touch the toes test' in between appointments – go to www.diabetes.org.uk/touch-the-toes-test
.....

HYGIENE

Wash your feet every day. Use soap and warm water, and check the temperature of the water before you put your feet in. Dry your feet carefully, especially between the toes. There's no advantage in soaking your feet: this just makes the skin soggy and increases the risk of damage.

Skin

Use an emollient cream – one that will soften and moisturise – to avoid dry skin. Most creams shouldn't be applied between your toes as this makes the area too moist and can lead to infections, like athlete's foot.

If you use talc between your toes, be careful not to use too much – it can clog and allow an infection to develop. A pumice stone may help with areas of hard skin, but use it with care. Never use a blade to remove hard skin. If you have a lot of hard, thick skin, get professional advice from a podiatrist. Never use corn-removal plasters as they contain acid, which can cause the skin to break down.

Nails

Remember, your nails are there to protect your toes. You need to cut them regularly, but don't cut them down the sides or too short. Trim your nails with a pair of nail clippers and use an emery board to file the corners. If it's difficult to care for your nails, get help from a podiatrist (you may have to pay for this service).

If your nail is rubbing on your shoe, it may be that the shoe is too short, rather than that the nail is too long.

Never clean the edges and sides of your nails using the sharp point of nail scissors – this is very dangerous. If your nails need clearing of dirt, simply use a nailbrush or an old toothbrush.

FOOTWEAR

Although you probably won't need to buy special or expensive shoes, it's important to choose the right footwear. Follow these guidelines and you should still be able to buy your footwear on the high street, and not spend too much.

Buy shoes that:

- are broad fitting
- have a deep and rounded toe area
- are flat or low heeled
- are fastened by a lace or buckle to keep the heel in the back of the shoe, so your foot can't slide forward and crush your toes.



Shoes that don't fit well, even those that feel comfortable, can cause corns, calluses, ingrowing toenails, blisters and ulcers. If you have nerve damage or poor circulation, wearing unsuitable shoes can make even simple foot problems worse.

You can still wear fashionable shoes, trainers and boots: just make sure your feet aren't squashed, there are no rough edges inside the shoes and – if you're wearing high heels – that you don't wear them for too long.

TOP TIPS

Footcare

- 1 Don't use corn-removing plasters or blades, as these can damage healthy skin.
- 2 Always check the inside of your shoes for sharp objects or stones before putting them on, and replace ruffled innersole linings.
- 3 Avoid socks, stockings or tights with wrinkles or prominent seams. Also avoid garters, stockings or socks with elastic tops, because they may restrict your circulation.
- 4 Never wear socks with darned areas or holes.
- 5 Use a mirror to check the soles of your feet – or get someone else to do it for you.

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DBET1015

GLOSSARY

Blood glucose levels

(also called blood sugar). A measure of how much glucose (sugar) is in the blood.

BMI

Body Mass Index, which shows your weight in relation to your height.

Carbohydrate

The body's preferred source of energy, which is broken down into glucose.

Complications

Health problems that can develop if you have had diabetes for a long time: these include damage to the kidneys, eyes and nerves, heart disease and stroke.

Cholesterol

(*kol-est-er-ol*)

A type of fat found in your blood. Your cholesterol should be measured as part of your annual review.

Diabetes specialist nurse (DSN)

A nurse with a special expertise in diabetes who will usually provide advice and support between your appointments with things like blood sugar testing and adjusting your insulin. Most hospitals have DSNs and some GP surgeries have DSNs who visit for diabetes clinics.

Diabetologist

(*die-a-bet-ol-a-jist*)

A doctor who specialises in diabetes and is usually based in a hospital clinic or specialist diabetes clinic, although some areas have community diabetologists, based at your GP surgery or clinic.

Dietitian

(*die-a-tish-an*)

An expert in food and nutrition, who will give you information and support to help you make changes to your eating habits, if needed. Everyone with diabetes should see a registered dietitian when they're diagnosed.

Estimated glomerular filtration rate (eGFR).

(*glow-mehr-you-lar*)

A test to measure how well the kidneys are working.

Exercise on prescription

A scheme that allows GPs to refer you for a certain number of exercise sessions with a qualified trainer, usually free or at a reduced cost.

GP

The doctor with the overall responsibility for the care you receive. If they have a special interest in diabetes or are an expert, they may play a bigger role in your care. If not, they may refer you to a diabetes clinic.

HbA1c test

A fingertip blood test or blood sample from the arm that measures blood sugar levels over the last two to three months.

Insulin

The hormone that keeps the levels of glucose in the blood under control.

Metformin

A common medicine used to treat Type 2 diabetes by reducing the amount of glucose that the liver releases into the bloodstream.

Millimoles per litre (mmol/l)

A measurement of the concentration of a substance in a given amount of liquid: expresses the amount of glucose in the blood.

Monofilament

A fine plastic strand used for testing the nerves in your feet.

Ophthalmologist

(*op-thal-mol-a-jist*)

A doctor who specialises in conditions that affect the eye. They will be involved with your retinal screening review and treatments, if needed.

Personal health targets

The targets, usually set by your diabetes team, which you need to aim for to control your diabetes: these include blood sugar levels, blood pressure and weight.

Pharmacist

(*farm-a-sist*)

Based in pharmacies or chemist shops. As well as giving you your prescription supplies, they may provide you with a review of your medication and lifestyle advice.

Podiatrist

(*poe-die-a-trist*)

An expert in the foot and leg who may be asked to check for – and manage – problems related to diabetes.

Practice nurse

A nurse based at your GP surgery who will support your diabetes care. Some may have specialist knowledge of diabetes. Many are responsible for managing the day-to-day needs of your diabetes care.

Psychologist

(sy-kol-a-jist)

An expert who will provide counselling to help you deal with any difficulties you're facing, especially with managing the effects and impact that diabetes has on your life.

Retinopathy

(ret-in-op-a-thee)

A condition where there's damage to the retina – the 'seeing part' of the eye.

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