

Newly diagnosed with

# TYPE 2 DIABETES

**DiABETES**  
**SCOTLAND**

KNOW DIABETES. FIGHT DIABETES.

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# INTRODUCTION

**You're bound to have a lot of questions after being diagnosed with type 2 diabetes.**

There's a lot of information out there and it can be a bit confusing. We're here to help you get to grips with it.

In this booklet you'll find some information about type 2 diabetes in general, the medication, the care you're entitled to and help on managing the condition yourself.

We know that sometimes it may all feel a little bit overwhelming, that's what we're here for. We're the UK's leading charity for people living with and affected by diabetes. We can help you with your questions, give you support and put you in touch with other members of the diabetes community.



This pack is funded by the Scottish Government Diabetes Improvement Fund.

# HOW WE CAN HELP

## Here's a few ways we can help

### Website

Visit our website **[www.diabetes.org.uk](http://www.diabetes.org.uk)** – it's packed full of practical tips, advice and support.

### Forum

Get in touch with the wider community on our forum **[forum.diabetes.org.uk](http://forum.diabetes.org.uk)**

### Guides

Read our guides for detailed information on a range of diabetes-related topics.



An in-depth guide to everything you need to know about living with type 2 diabetes.



Our Enjoy Food guide gives you great recipes that help you make healthier choices.



This pocket guide helps you understand the labels on food packaging.

### Speak to our helpline

Our trained counsellors are here for you. You can call them on **0141 212 8710** or email them on **[helpline@diabetes.org.uk](mailto:helpline@diabetes.org.uk)**

# WHAT IS TYPE 2 DIABETES?

# WHAT IS TYPE 2 DIABETES?

**Let's start at the beginning. Type 2 diabetes develops when your body can't make enough insulin.**

Or when the insulin you produce does not work properly. Insulin helps your body use the glucose (sugar) in your blood. If left untreated this leads to high blood glucose levels, which can cause serious health complications.

You're not alone. Over 4.8 million people are living with diabetes, that's both type 1 diabetes and type 2 diabetes. And there's currently 11.9 million people at increased risk of developing type 2 diabetes.

Type 2 diabetes usually develops later in life and it can be years before you realise you have it. The complications can be serious. But with the right treatment and support there's no reason you won't live a full and happy life.

**To find out more watch our video 'What is type 2 diabetes?'**



# Some questions

## Is type 2 diabetes serious?

### The truth is, yes, it can be.

The complications can be serious. But this guide is here to help you manage the condition, make sure you're getting the right care and reduce your risk of complications.

## What is type 1 diabetes?

### About 10 per cent of people with diabetes have type 1.

Most people with type 1 are diagnosed when they're children or young adults. It starts suddenly and gets worse quickly. People with type 1 diabetes cannot produce insulin naturally. No one knows what causes it and it cannot be prevented.

## Is there a cure?

### At the moment there isn't a permanent cure for type 2 diabetes.

But there's evidence that shows some people can put their type 2 diabetes into remission through weight loss – either by following a very low calorie diet under medical supervision or through surgery.

You can find out about our remission research at [www.diabetes.org.uk/remission](http://www.diabetes.org.uk/remission)

# What happens in a body without diabetes

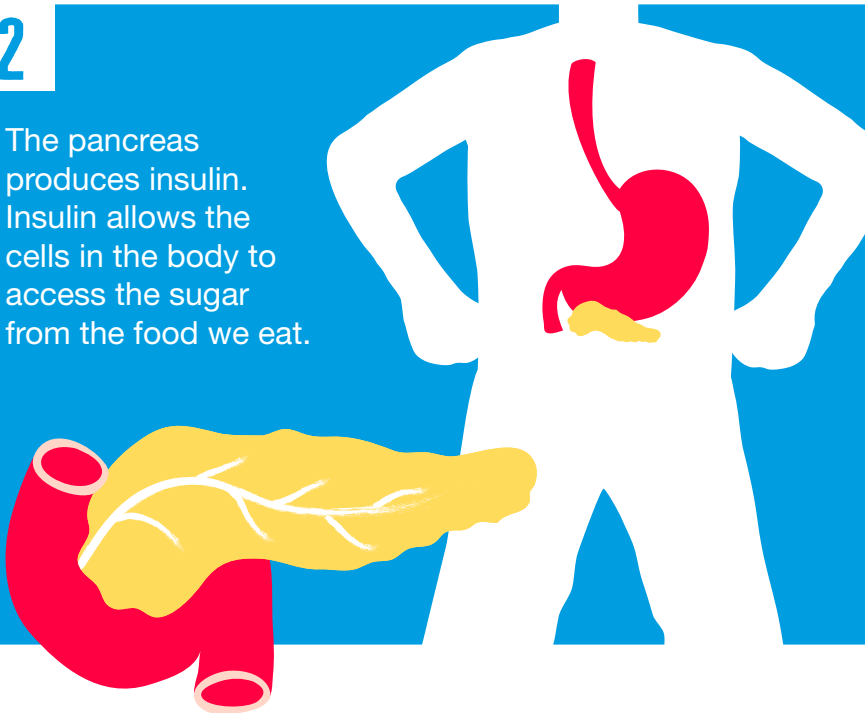
1



When we eat foods that contain carbohydrate, it is broken down into glucose (sugar) that gives us energy.

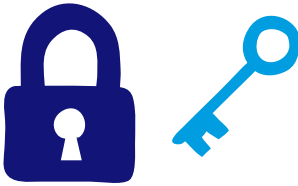
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The pancreas produces insulin. Insulin allows the cells in the body to access the sugar from the food we eat.



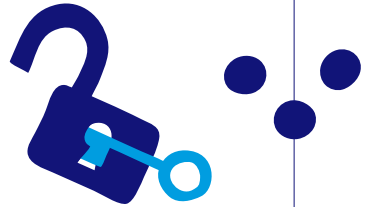


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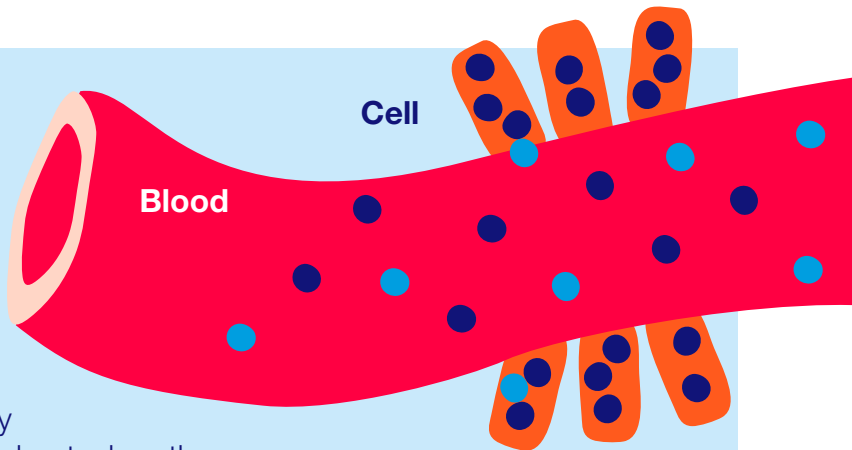
It is helpful to think of insulin as the key unlocking the door to the cells so that glucose can get in.

4



Once the cell is opened by the insulin, it can access the energy from the glucose. That way the glucose levels will start to drop.

5

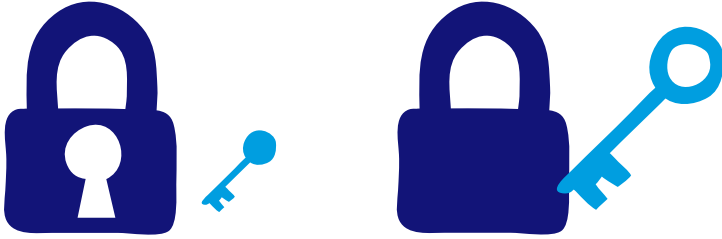


The body functions best when the glucose is at optimal level. Typically our bodies can maintain a healthy balance between the level of glucose and insulin in the blood.



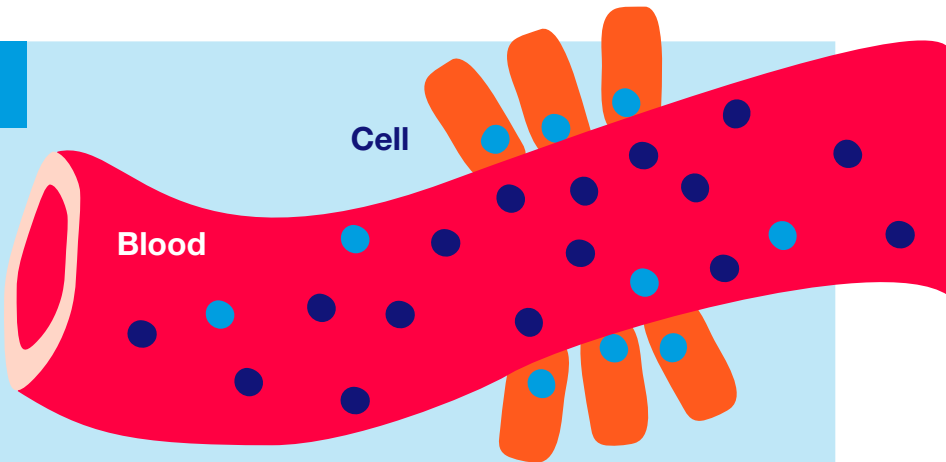
# What happens in a body with type 2 diabetes

1



However, in type 2 diabetes either the body isn't producing enough insulin or the insulin isn't working properly. Sometimes fat deposits block the insulin from entering the cell but it can also happen in people of a healthy weight.

2

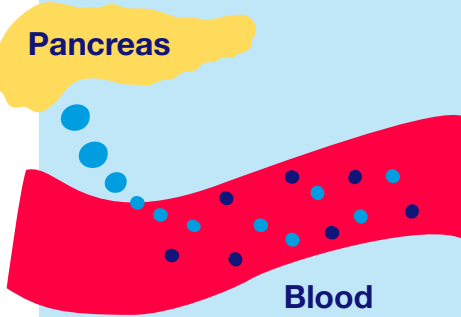


This means the insulin can't open the cell 'doors' properly and the level of glucose in the blood continues to rise.



3

Pancreas



Blood

In response to this the pancreas produces even more insulin. Both blood glucose and insulin levels continue to rise.

4

Liver



Cells

This situation is further complicated by the cells that are desperate for energy, sending out emergency signals to the liver to release stored glucose.

5



The blood glucose level goes up and up and the pancreas produces more and more insulin until it can't cope anymore and it can wear out.

6

10

The symptoms for type 2 diabetes in some people come along very slowly and some people don't have symptoms at all so people can live with type 2 diabetes for up to 10 years before they realise they have it.

# Putting the record straight

**People say lots of different things about diabetes – but not all of it's true.**

And, knowing the facts about diabetes is important when it comes to managing it. There's so much information out there, and it's often difficult to know what's right and what's not.

**Here are some of the most common myths about diabetes.**

**“Type 2 is a mild form of diabetes”**

**This isn't true.**

Type 2 diabetes is a serious medical condition. But the good news is that lifestyle changes and the right treatment can really make a difference. It doesn't have to stop you living a full life.

**“People with diabetes can't have sugar”**

**That's not true, either.**

But, as a nation, we eat too much sugar and could all do with reducing how much we eat. We don't need sugar in our diets – that's why sugary drinks and foods should only be eaten in small amounts and not very often.

**“It’s not safe to drive  
if you have diabetes”**

**Yes, you can drive.**

So long as you have control of your blood sugar levels, it’s as safe for you as it is for anyone else out there. You can find out more about driving with diabetes at

**[www.diabetes.org.uk/driving](http://www.diabetes.org.uk/driving)**

**“People with  
diabetes should  
eat ‘diabetic’ foods”**

**There’s no need to eat  
special ‘diabetic’ foods.**

They don’t have any health benefits, are often high in fat and calories, and can cause an upset stomach. In fact, companies aren’t allowed to label their food and drinks ‘diabetic’ anymore under EU regulations.



# Complications

## Type 2 diabetes needs to be managed every day and taken seriously.

If not it can lead to serious and potentially life-changing consequences. No-one likes to think about these. But the good news is they're not inevitable. By taking control of your diabetes you can reduce your risk of developing some of these long-term complications.

### Your eyes

Diabetes is the leading cause of preventable sight loss in people of a working age. High blood sugar over a long period of time can damage the vessels around the retina, the seeing part of the eye, and eventually the retina itself.

This is called retinopathy. It can affect your vision and can, ultimately lead to blindness. You're entitled to a regular eye screening. It's different to an optician's eye test and can help identify problems early on and make sure you get treatment.



## **Your feet**

Every week diabetes leads to over 160 lower limb amputations in the UK. This is because high blood sugar can lead to nerve and blood vessel damage. This means you may stop feeling pain in your feet and not notice you've cut or burned them. You're entitled to an annual foot check.

But you should also check your feet regularly. We've got guides on our website and there's even a video on our YouTube channel

**[www.youtube.com/diabetesuk](https://www.youtube.com/diabetesuk)**

## **Your kidneys**

One in three people may develop kidney disease. It happens when there's damage to the small blood vessels in the kidneys. It can develop slowly over many years.

That's why it's really important to get your kidney functions tested as part of your annual diabetes review.

## **Pregnancy**

If you're pregnant or thinking of having a baby there are increased complications for people living with diabetes. Make sure you speak to your diabetes healthcare team.

## **Heart attack and stroke**

People sometimes assume that heart problems or strokes are a separate problem from diabetes. They're not. Damage to the blood vessels around the heart from high blood sugar over a long period of time increase your risk of cardiovascular risk.

To reduce your risk make sure you get your blood sugar and cholesterol checked as part of your annual review. Stopping smoking and making healthy lifestyle changes can help reduce your cholesterol.

# Your health targets

## You should be given your own personal health target for managing your type 2 diabetes.

These are some general guides to targets. Use the chart on page 18 to record your figures when you meet your healthcare professional.

### Blood sugar levels

HbA1c is what we call the long-term measure of blood sugar. It should usually be below 48mmol/mol. Some people may be asked to aim for below 53mmol/mol. The target you're given depends on how your diabetes is treated.

### Body Mass Index (BMI)

If your BMI is higher than 25 if you're from a South Asian background – or higher, you may be told that losing weight would help manage your diabetes. Your healthcare team will work out your BMI and set a target for you. See page 64 for more on weight and BMI.

### Waist measurement

It should be less than:

- 80cm (31.5in) for women
- 90cm (35in) for South Asian men
- 94cm (37in) for other men.

### Blood pressure

It should be under 140/80mmHg. If you have problems with your eyes, kidneys or have had a stroke, it should be below 130/80mmHg.



## Cholesterol

Cholesterol is a type of fat in our blood. HDL (high density lipoprotein) is a good type of cholesterol and can protect against heart disease. Triglycerides are another type of fat in the blood. If you have raised total cholesterol and raised triglycerides, you have an increased risk of cardiovascular disease.

- Your total cholesterol level should be below 4mmol/l.
- HDL levels should be 1mmol/l or above in men and 1.2mmol/l or above in women.
- Triglyceride levels should be 1.7mmol/l or less.

### Notes

# My results

Date	Weight	Waist

Blood pressure	HbA1c	Cholesterol

# My medicines

<b>Medication name</b> – generic name not brand	<b>What is it for?</b>

Use this chart to make a list of the medicines you take, what they are for and when you should take them. Ask your doctor to help you fill it in if you need to.

	<b>How often and when should I take it?</b>

# Some questions

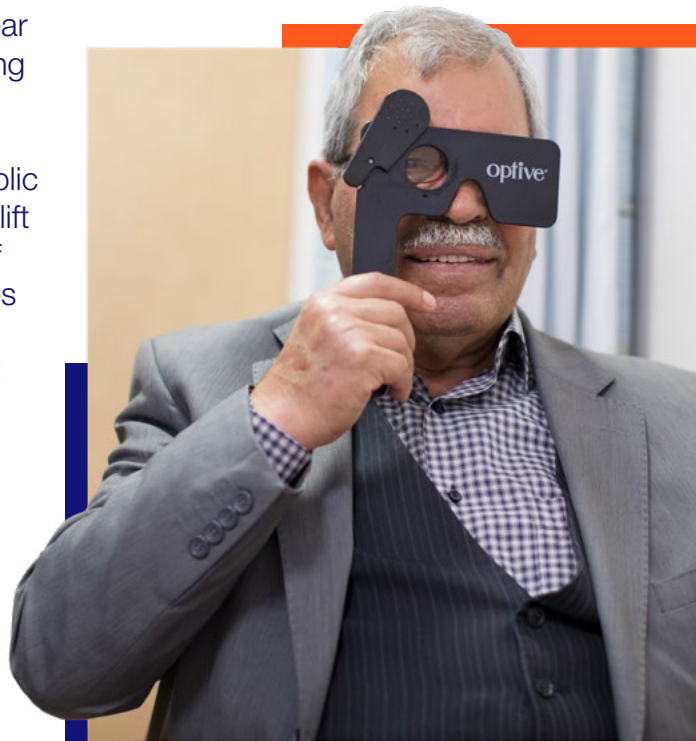
## I haven't had eye screening before – what will happen?

### 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 or 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 – for example 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](http://www.diabetes.org.uk/foot-check)**

## 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
6.0	42
6.5	48
7.0	53
7.5	58
8.0	64
9.0	75
9.5	80
10.0	86
10.5	91
11.0	97
11.5	102
12.0	108
12.5	113
13.0	119
13.5	124
14.0	130

## What should I talk about at my annual review?

### You may want to talk about your general wellbeing.

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.



## Can I put my type 2 diabetes into remission?

**Diabetes remission in people with type 2 diabetes means that your blood sugar levels are below the diabetes range without needing to take any diabetes medication.**

Evidence from our DiRECT research study suggests that a low-calorie weight management programme can result in remission for some people.

But that doesn't mean it's the only option. We also know that some people in remission got there by losing weight through other methods, such as a low-carb diet or the Mediterranean diet.

Remission isn't yet possible for everyone with type 2 diabetes but, if you are overweight, there are still many benefits to losing weight. These include requiring fewer medications and lowering your blood pressure, cholesterol and blood glucose levels, which are all risk factors for diabetes complications.

Ask your healthcare professional about weight management services in your area.



# SELF- MANAGEMENT AND SUPPORT

## **We know that living with type 2 diabetes can be tough.**

And sometimes it can feel difficult to know how to manage your condition.

This section will introduce some of the support that's available to you locally and what's online. There's also some information on the self-management courses available to you which will help you feel more in charge of your condition.

### **Notes**

# Diabetes Scotland local groups

**It's often helpful to speak to people who have been through similar experiences to you.**

That's where our local groups come in. All our Diabetes Scotland local groups are run by volunteers living with or affected by diabetes.

They'll be able to share their experiences, hints, tips and make sure you don't feel alone. You can join in a range of activities from fundraising to influencing local healthcare to helping others understand their risk of type 2 diabetes.

You can find your local group's contact details on our website **[www.diabetes.org.uk](http://www.diabetes.org.uk)**

Or if you just want to find out more about them, get in touch with the Diabetes Scotland team on **[scotland@diabetes.org.uk](mailto:scotland@diabetes.org.uk)** or call us on **0141 245 6380**.



# Knowing more

## Yes, type 2 diabetes is now part of your life but it doesn't have to rule your life.

You can make yourself an expert in your own care and condition. Knowing more about your condition will make it easier to live with and help you reduce your risk of complications.

You should be offered a free diabetes education course by your healthcare professional. If you haven't been offered one, ask for a referral.

Courses can be delivered in groups, one-to-one or online. The most well-known national courses are DESMOND and X-PERT. But many other courses have been developed in your area by local diabetes teams. Ask your healthcare professional about courses in your local area.

### Tips for making the most out of a course

You'll probably need to take time off work to attend a course – but it's worth it, especially if it helps you to look after your diabetes and health better. If you're struggling to get time off, explain the benefits to your employer. The course provider or your healthcare team may be able to send you materials or a letter for you to give to your employer. For more advice, go to [www.diabetes.org.uk/t2-employment](http://www.diabetes.org.uk/t2-employment)

# Online courses

**Some people prefer to learn in their own time and that's where going online can be really helpful.**

We offer an online learning programme which helps you find out more about treatment, management, tips on a healthier lifestyle and reducing your risk of complications. You can find out more at [learningzone.diabetes.org.uk](http://learningzone.diabetes.org.uk)

If you want to be able to access your health records online at any time, NHS Scotland offers a service called My Diabetes My Way. It also allows you to set and monitor goals to help you in conversations with your healthcare professional.

You'll find more information on both of these on the next few pages. You can also visit our website **[www.diabetes.org.uk](http://www.diabetes.org.uk)** to find out more about learning in your own time.



# Some questions

## Can I just go anywhere online for information?

### There is a lot of useful information online but you need to be careful.

Some websites aren't always accurate. To avoid any out-of-date or wrong information, you should follow this advice:

- Speak to your healthcare team about anything you see, hear or read that interests you or you're not sure about. If you can, take a copy of it with you.
- Ask your healthcare team to recommend online sites or information.
- Don't trust sites that say there's a cure for diabetes. There is currently no cure.
- Don't try medical products or specialist foods you find online without checking with your healthcare team first.

#### **These sites have reliable information:**

- [www.diabetes.org.uk](http://www.diabetes.org.uk)
- [www.diabetes.org.uk/t2-forum](http://www.diabetes.org.uk/t2-forum)
- [www.nhs.uk](http://www.nhs.uk)
- [nice.org.uk](http://nice.org.uk)
- [sign.ac.uk](http://sign.ac.uk)

## Notes



*my diabetes + my way*



## Efficiently Manage Your Diabetes Online

- ★ Quickly access all the information you need
- ★ Easily find out if your diabetes is on-track
- ★ Enjoy more control over your health



MyDiabetesMyWay  
[www.mydiabetesmyway.scot.nhs.uk](http://www.mydiabetesmyway.scot.nhs.uk)

# My Diabetes My Way. Access your diabetes health records online

An easy-to-use service that helps you manage living with diabetes anywhere you can access the Internet.

## ★ Convenient access

*My Diabetes My Way* can advise you how to improve your self-care in-between clinic appointments. At any time that suits you, you can check up-to-date personalised information in your NHS diabetes record.

## ★ Manage your diabetes

*My Diabetes My Way* can help motivate you. You can become an expert in your condition and learn how to make changes to benefit your health.

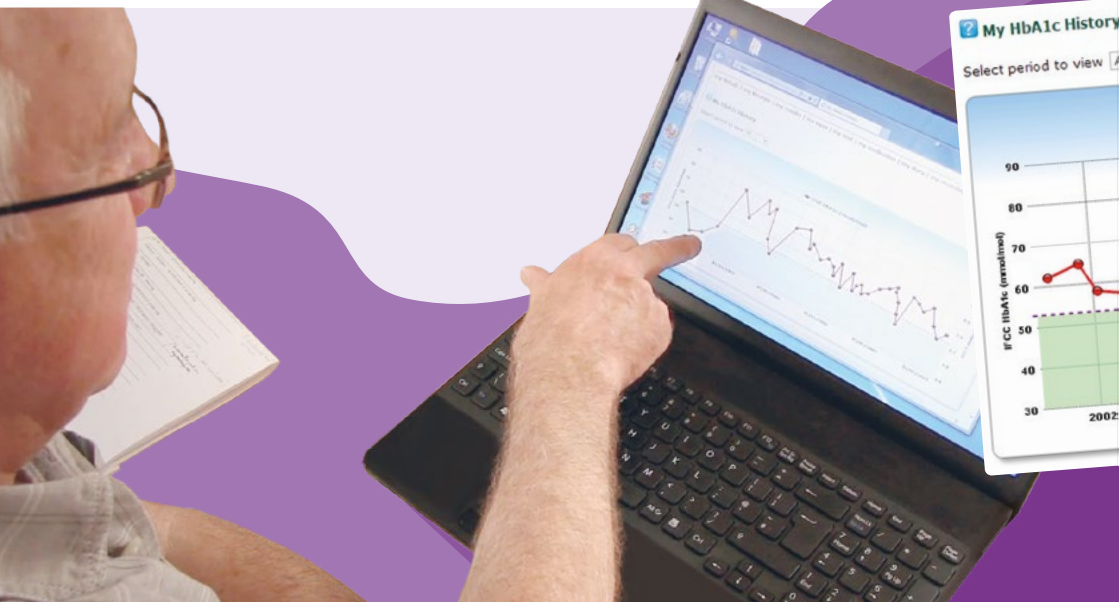
## ★ Reach your goals

*My Diabetes My Way* allows you to set and monitor goals, and record blood glucose, weight and blood pressure results. You can then discuss progress during clinical consultations.

## ★ Secure and free

The *My Diabetes My Way* service, which is exclusive to NHS Scotland, complements the face-to face care you receive. It uses industry-standard security and is completely free to use.

**TO GET STARTED, FOLLOW THE INSTRUCTIONS OVERLEAF**



Total  
Cholesterol  
6.3mmol/l  
31/12/2012

30/07



Test results and measurements explained



mydiabetes\*myway  
...my electronic diabetes record

my details | my lifestyle | my results | my eyes | my feet |

ARCHIBALD MACKIE

My Test Results

- My target chart:
- HbA1c: 36.0 mmol/mol (5.4%) on 17/11/2011
- Blood Glucose: 14.0 mmol/L on 12/06/2014
- Blood Pressure: 180/70 mmHg on 24/03/2014
- Total Cholesterol: 4.5 mmol/L on 29/11/2013
- HDL Cholesterol: 1.50 mmol/L on 31/01/2012
- LDL Cholesterol: 1.2 mmol/L on 30/01/2012
- Triglycerides: 1.3 mmol/L on 29/01/2012
- Creatinine: 88.0 umol/L on 17/11/2011
- Albumin/Creatinine Ratio: 50.0 mg/mmol
- eGFR: [no result]

Contribute to your healthcare record



Monitor your agreed goals and targets



Learn about diabetes; watch videos and read articles

## Features

- ★ Links to leaflets and videos relevant to your diabetes
- ★ Information about your diabetes diagnosis and treatment
- ★ Latest results and all historical data recorded electronically
- ★ Simple explanations of all tests and why they're recorded
- ★ Helpful tables and graphs of your information
- ★ Medication recorded on your GP computer system
- ★ Ask questions and request feedback on your diabetes
- ★ And more....

## Get Started Today:

Visit the **website**:

[www.mydiabetesmyway.scot.nhs.uk](http://www.mydiabetesmyway.scot.nhs.uk)

Click '**Register**' then follow the instructions.

On completion of your registration, user account details will be sent to you by the '**myaccount**' service along with further instructions.

Need help? Please email us:  
[mydiabetesmyway@nhs.net](mailto:mydiabetesmyway@nhs.net)

**mygovscot**  
myaccount



### Not an Internet user?

Perhaps a friend or family member can help you. Also, most libraries now provide free Internet access and training on how to use Internet browsers.

### Is it safe?

**Yes. Very safe.** Your records are protected by security systems like those used for Internet banking, and access is granted only to you and your healthcare team.

### What is 'myaccount'?

'myaccount' is a Scottish Government initiative, which gives you **secure electronic access to various public services**. It's also the gateway to *mydiabetesmyway*.

*My Diabetes My Way* is free for patients to use and only available within NHS Scotland. Development funded by The Scottish Diabetes Group who provide expert advice to the Scottish Government Health Directorate.  
[www.mydiabetesmyway.scot.nhs.uk](http://www.mydiabetesmyway.scot.nhs.uk) ✉ [mydiabetesmyway@nhs.net](mailto:mydiabetesmyway@nhs.net)

**NHS**  
SCOTLAND

# EATING WELL

# EATING WELL

## Eating well and being active are key to helping you manage your diabetes.

If you've not been referred to a dietitian for your own personal advice, ask your healthcare professional to refer you.

There are no foods that are off limits for you. But you should eat a healthy balanced diet. This doesn't have to be dull and boring. You can find lots of recipe suggestions on

**[www.diabetes.org.uk/EnjoyFood](http://www.diabetes.org.uk/EnjoyFood)**

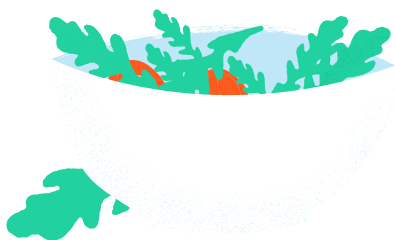
### Eat regular meals

Make sure you have three meals a day. Always have breakfast and spread the rest of your meals throughout the day. Avoid skipping meals. This all helps keep your blood sugar levels steady and manage your appetite.



### Get your five a day

Have at least five portions of fruit and veg a day. Choosing what's in season can help cut costs. A portion is roughly what fits in the palm of your hand, like an apple, a handful of grapes or 3 heaped tablespoons of vegetables. Fruit juices and smoothies can also count but you should limit these to no more than 150ml a day.



## **Eat more beans**

They're a great source of protein, low in fat, high in fibre, and full of vitamins and minerals. They're also cheap.

There are all sorts of beans and pulses – from baked beans (on toast), to kidney beans, chickpeas and green lentils (added to soups and casseroles), to bean burgers, to low-fat hummus and dhal.

## **Cut down on salt**

Aim to eat 6g of salt or less a day. 70 per cent of the salt we eat comes from processed foods – so try to cut back on pre-prepared foods, and try flavouring your food with herbs and spices instead of salt.

## **Drink alcohol in moderation**

That's a maximum of 14 units per week and have alcohol free days. Remember alcohol is high in calories so think about cutting back further if you are trying to lose weight.

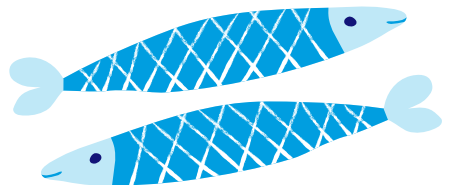
## **Be aware of portion sizes**

If you are trying to lose weight, you may need smaller portions. Try using smaller plates or dish up your vegetables first and let them fill up your plate. There can be a lot of calories hidden in drinks, so try drinking water and get your calories from food instead.

## **Dish up the fish**

Fish is a good source of protein. Oily fish is great as it contains omega-3 fatty acids which keep your heart healthy. Aim for two portions of oily fish a week – like mackerel, sardines, salmon and fresh tuna.


It doesn't matter if the fish you eat is fresh, frozen or canned – but choose canned fish in spring water and check for added salt. Avoid too much fried fish and remove batter.



## Include carbohydrates each day

Healthier sources include wholegrain starchy foods, fruits and vegetables, pulses and some dairy foods. As all carbohydrates affect blood glucose levels be aware of the amount you eat.

### Healthier food swaps include:



Starchy carbohydrates to eat less of	Starchy carbohydrates to choose instead*
Sugar or honey coated breakfast cereals for example sweetened muesli. Certain granola cereals – often seen as health – are sugar enhanced	Wholegrain cereals, like Weetabix, unsweetened muesli, porridge
Fried chips, instant mash, roast potatoes	Boiled potatoes, new potatoes, sweet potato, baked potato
Fried rice, naan breads, cheesy pasta dishes	Basmati rice, whole wheat pasta and rice, chapatti
White bread or rolls	Wholegrain, granary, seeded bread or rolls



## Cut down on fat, especially saturated fat

Unsaturated fats from olive oil, sunflower oil, rapeseed oil, nuts and avocados are better for your heart. Try to grill, steam or bake food rather than frying.

### Healthier food swaps include:




Foods high in fat to eat less of	Choose foods lower in fat instead*
Saturated fats – butter, margarine, oil, lard, ghee	Low fat spreads and oils made from unsaturated oils like, olive oil, vegetable oils, rapeseed oil, monounsaturated spreads, avocados, almonds, walnuts
Fried foods	Grill, poach, boil or oven bake
Pies, pastries, sausage rolls, fatty cuts of meat	Lean cuts of meat, chicken without skin, fish
Creamy sauces and dressings	Tomato based sauces
Cream, mayonnaise, salad cream, full fat yoghurt, full fat milk	Low fat natural yoghurt, semi-skimmed milk or skimmed milk
Full fat cheese	Reduced fat varieties of cheese, lower fat cheese such as Edam, gouda, cottage cheese
Crisps, savoury snacks	Low fat, unsalted savoury snacks, unsalted nuts

## Cut back on sugar

Sugar and sugary foods aren't needed for a healthy diet, so it's good to limit how much we eat. Foods like chocolate, cakes, biscuits and sugary breakfast cereals should be eaten less often and in smaller amounts.

### Healthier food swaps include:



High sugar foods and drinks to eat and drink less of	Choose foods lower in sugar instead*
Sugar in tea and coffee	Use artificial sweeteners like Canderel, Sweetex, Hermesetas, Splenda
Squash with added sugar and fizzy drinks like cola or lemonade	Diet fizzy drinks and sugarfree squash
Sweets and chocolate eg toffee, fudge, tablet, mints, chocolate covered and cream biscuits	Plain digestive biscuit or small scone, small pancake, oatcakes, crackers
Sugar-coated or honey-coated breakfast cereal cereals/cereal bars high in sugar	Cereals low in sugar like unsweetened porridge
Sweet puddings like jelly, crumble, cakes, tinned fruit in syrup	Fresh fruit, frozen fruit with natural sugar-free yoghurt, tinned fruit in natural juice, sugar-free jelly
Marmalade, jam, honey, syrup	Reduced sugar marmalade or jam

\*The suggested food swaps in the right hand column should still be eaten in **moderation**.

# Some questions

**If I have diabetes, shouldn't I avoid carbs?**

**Some people with type 2 diabetes may choose to follow a low-carb diet to lose weight or manage their blood sugar levels.**

Although there is some evidence to say they are safe and effective for a short time, there is no evidence to say that low-carb diets are any more effective than other approaches in the long term and they can be difficult to stick to.

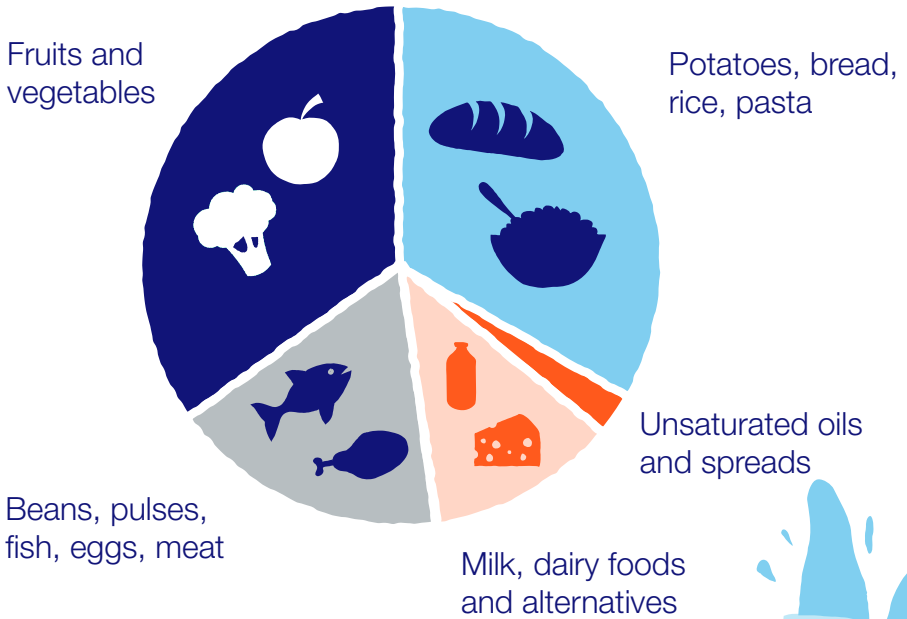
If you're thinking of following a low-carb diet, speak to your healthcare team who can refer you to a dietitian for more personalised advice.

**Notes**

# Eating a balanced diet

## The Eatwell Guide

We should all eat healthily – and it's especially helpful for those of us with diabetes. This guide shows the five food groups and how much of what you eat each day should come from each food group. It's important to eat a variety of foods from each group to get all the goodness you need.



Limit fruit juice and smoothies to a total of 150ml per day



6 to 8 glasses and cups of drinks like water, lower-fat milk or sugar-free drinks.



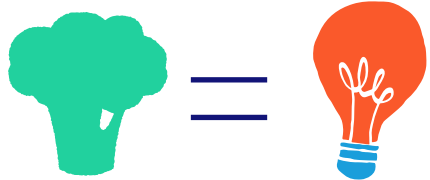
# What's a portion?

Sometimes it's hard to work out what a sensible portion size is.

We've put this together to help you. Cut it out and put it on your fridge or keep it handy for reference when you're cooking.

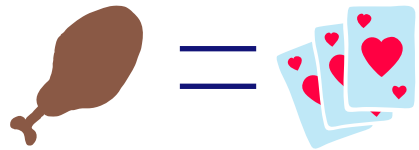
## Fruit and veg

Cooked veg = lightbulb



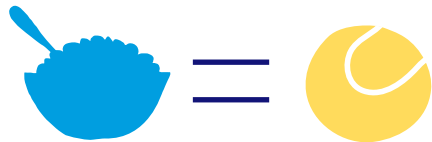
## Meat, fish and pulses

Lean meat, oily = deck of cards  
fish or chicken



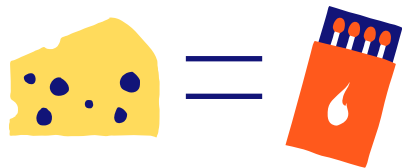
## Starchy foods

Cooked rice = tennis ball



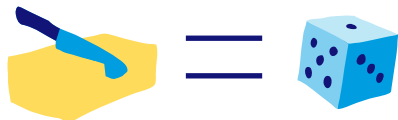
## Dairy products

Cheese = small matchbox



## Foods high in fat and sugar

Butter = dice



# Food labels made easy

Being able to figure out food labels will make it easier for you to eat the right things and the right amounts.

But they can be confusing, so this will help you understand what to look out for. That means next time you're at the shops, you'll know exactly what you're putting in your basket.

## Traffic light labels

Food companies don't have to put labels on the front of their packaging. If they do, they use what are called traffic light labels.

These tell you whether the product has low, medium or high amounts of fat, saturated fat, sugars and salt. They're designed to let you know at a glance how healthy or unhealthy something is and make it easy to compare similar products.

## Example of a front of pack label

Each 25g portion contains:				
Energy <b>542kJ</b> <b>130kcal</b>	Fat <b>7.2g</b>	Saturates <b>0.6g</b>	Sugars <b>0.1g</b>	Salt <b>0.3g</b>
<b>7%</b>	<b>10%</b>	<b>3%</b>	<b>0%</b>	<b>5%</b>

## Low

The more green on the label, the healthier the choice. Try to eat foods with more green labels than any other colour.

## Medium

Amber means that it is neither high nor low. You can eat foods with all or mostly ambers in moderation.

## High

Red means that it is high. Try to eat these foods less often and in small amounts.

Most foods will have a mix of traffic light colours. Pick items with more greens and ambers, and fewer reds.

## Notes

# Back of pack labelling

**Food labels give us more information about what we eat and drink, although understanding them can seem a little bewildering at times.**

Labels of foods and drinks give essential information, such as the ingredients, the nutrients – such as fats, calories, fibre – and how much they contribute to what an average adult needs each day.

## **Ingredients**

Ingredients are listed on the back of the pack in order. The highest-quantity ingredient is listed first, down to the lowest-quantity ingredient last. So, if you find sugar at the top of the list, the food is likely to be high in sugar. Foods known to cause allergic reaction in some people are shown in bold.

## **Notes**



## Health claims

Many of the claims made on food packaging, such as fat free or low fat, can be confusing. Here's the difference:

**FAT FREE**

Has to have no fat, but check the ingredients list for added sugar, which is often used to replace the fat.

**SUGAR FREE**

Check the ingredients list for fats which may replace the sugar.

**LOW FAT**

The product has 3g or less of fat per 100g.

**LOW SUGAR**

Has less than 5g of sugar per 100g.

**NO ADDED SUGAR**

Although no sugar is added, there may be naturally occurring sugar in the food.

# Cut out and keep

## Not all products provide front of pack labelling and you will need to judge using the nutritional information.

Cut out and keep these reference cards as a handy reference while shopping or eating out. Why not keep one in your wallet or purse beside your debit cards?

The numbers for sugars don't tell you whether the sugars are natural, like in fruit, or added by the food company when the product is being made, like sucrose, but checking the ingredients list can help you find out.

	Sugars	Fat	Saturates	Salt
What is <b>high</b> per 100g	Over 22.5g	Over 17.5g	Over 5g	Over 1.5g
What is <b>medium</b> per 100g	Over 5g to 22.5g	Over 3g to 22.5g	Over 1.5g to 5g	Over 0.3g to 1.5g
What is <b>low</b> per 100g	5g or less	3g or less	1.5g or less	0.3g or less

	Sugars	Fat	Saturates	Salt
What is <b>high</b> per 100g	Over 22.5g	Over 17.5g	Over 5g	Over 1.5g
What is <b>medium</b> per 100g	Over 5g to 22.5g	Over 3g to 22.5g	Over 1.5g to 5g	Over 0.3g to 1.5g
What is <b>low</b> per 100g	5g or less	3g or less	1.5g or less	0.3g or less

**MOVING  
MORE**

# MOVING MORE

**Exercise is an important part of managing your diabetes. In just the same way that you need to eat the right things, you can also help to manage your type 2 diabetes by being more active.**

Don't be put off by the word 'exercise'. You don't have to take out a gym membership, wear Lycra or take up sports if you don't want to.

But, making time to be active, and making that a priority in your life, is important now more than ever.

It'll help you manage your diabetes and reduce your risk of heart attacks and strokes. It also reduces your risk of cancer, joint and back pain, depression and dementia. And, it helps with diabetes by:

- helping you lose weight or keep to a healthy weight
- helping to improve your blood sugar levels
- helping with heart health by improving your cholesterol and blood pressure levels
- strengthening your muscles and bones
- reducing stress levels and symptoms of depression and anxiety
- improving your sleep.

Don't be intimidated by exercise. All you need to do at the beginning is do more than you were doing before. Every little bit helps.



## How much to aim for

**You should aim to spend less time sitting down and more time on your feet.**

### **These are the government guidelines:**

Aim for 30 minutes of moderately intense activity – or 15 minutes of vigorous activity – at least five days a week.

Also, try to do activities that improve muscle strength on two or more days a week. For example, heavy gardening, carrying food shopping or yoga.

### **Moderate intensity**

Breathing is increased, but you can talk comfortably. This could be walking quickly, cycling on flat ground or a leisurely swim.

### **Vigorous intensity**

You're breathing fast and it's hard to talk. This could be running, cycling faster or up hills, or faster swimming.

### **Exercises for muscle strength**

This could be gardening, carrying groceries or yoga. There are some simple exercises to get you started on our website at **[www.diabetes.org.uk/preventing-type-2-diabetes/move-more](http://www.diabetes.org.uk/preventing-type-2-diabetes/move-more)**

# Tips for getting active

1

## Start slow

Increase your activity levels by introducing simple activities and gradually increase the intensity and time you spend on them. Your muscles will get stronger with time.

2

## Make small changes to your daily life

Walking is free and a great way of getting fitter. Enjoy a walk in your local park, get off the bus a stop early or leave the car at home or small trips.

3

## Count your steps

Use an app on your phone or a wearable step counter or pedometer to see how far you travel each day. Challenge yourself to add extra steps per day to your normal activity level. You should aim to reach 10,000 steps per day.

4

## Get fit with friends

Instead of meeting friends for a coffee or to watch TV, go for a walk in the park, visit the shops, play tennis or hit the dancefloor.

5

## Sit less and move more

Get up and walk around every 30 minutes and try standing whilst watching TV or on the phone.



**6**

## Keep it interesting and fun

From abseiling to Zumba, there's an activity out there for you. Try and find new activities you enjoy and you're more likely to stick to.

**7**

## Ask about local support

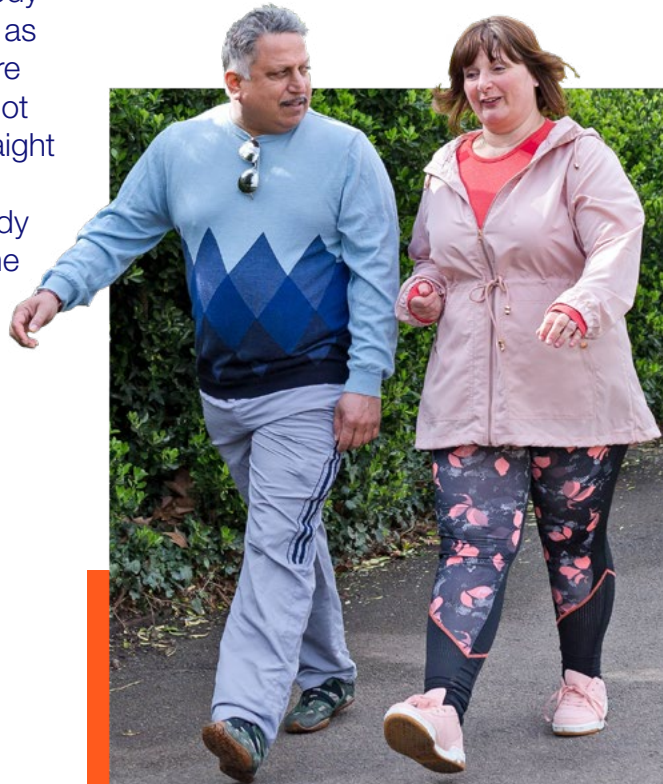
Many areas have walking groups or free exercise sessions.

[aliss.org](https://www.aliss.org) is a search tool for Health and Wellbeing resources in Scotland. You can find local support to make lifestyle changes in diet, exercise and emotional health to help you manage your diabetes.

**8**

## Don't give up!

Although your body benefits as soon as you become more active you may not see changes straight away. It can take time for your body to get used to the activity, so keep going and set goals that are right for you.



# LIVING WELL WITH DIABETES

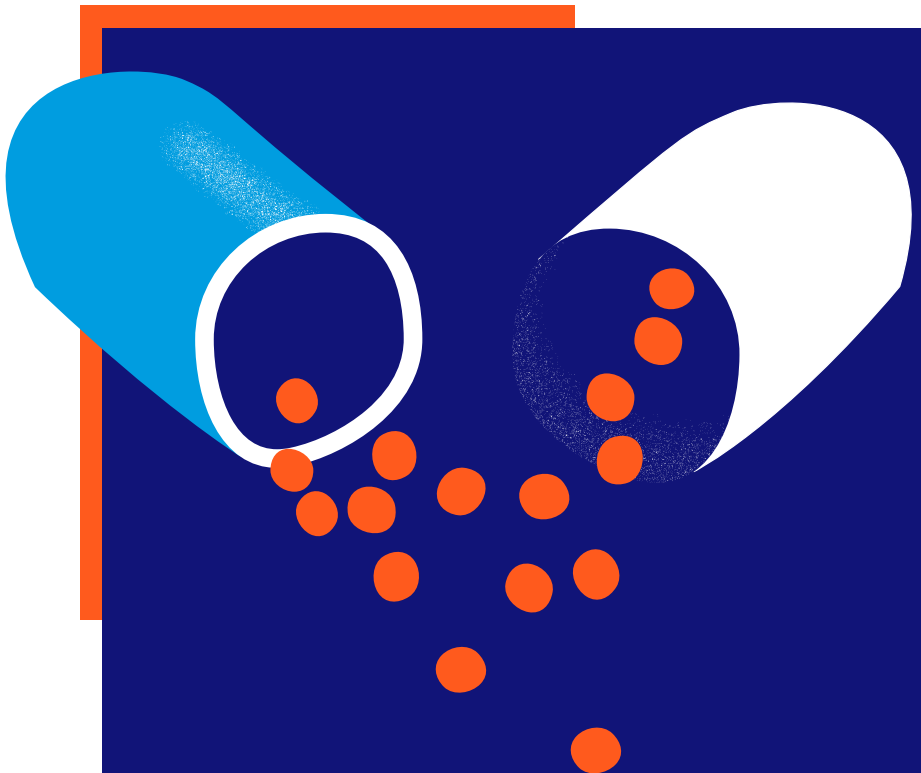


# Medication

## You may not need medication when you're first diagnosed.

Lifestyle changes – like being active, losing excess weight and eating well – may be all that's needed. It could be that you manage your diabetes without medication for a long time.

However type 2 diabetes can change over time. This means you may also need to start taking medication. This doesn't mean that you've done anything wrong. It's just that your body needs more help to keep blood sugar levels within a healthy range. All medications work in different ways, so your healthcare team will speak to you about what's best for you.



It's important to think ahead about what you want to ask your healthcare team before starting on a new medicine.

### **These are the kind of questions you could ask:**

- What's the effect on my diabetes?
- Will I lose or gain weight?
- Is there anything else I can do to avoid taking it?
- When and how often do I need to take it?
- How do I take it? Orally or injection?
- Are there any side effects?
- Do I need to take medication forever?

### **Side effects**

Diabetes medicines are safe but, like all drugs, they may have side effects or interact with other medicine you take. If you need more information, speak to your healthcare team or pharmacist. The patient information leaflet (PIL) given with your medicines also has more details.

# Looking after your weight

**Keeping to a healthy weight is important for everyone. It's especially important if you're living with type 2 diabetes.**

## **Why it matters**

There's heaps of evidence that losing weight if you're overweight improves blood pressure, cholesterol, blood sugar levels and cuts down your risk of developing long-term health problems.

Most people find they feel better, look better and have more confidence. And it tends to mean you're more mobile for longer.

## **Why it matters more with type 2 diabetes**

Losing excess weight is one of the most effective ways to manage type 2 diabetes.

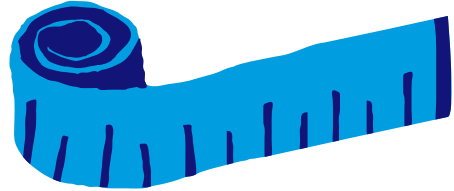
It improves blood sugar levels, blood pressure and the levels of fats (cholesterol) in your blood.

What's more, carrying extra weight, especially around your middle, can lead to your body being more resistant to the insulin you make so it works less well. Losing weight will help to improve this.

# How to know if you need to lose weight

## Measure your waist

Carrying fat around your stomach can make it harder for your body to control the levels of sugar in your blood, which is bad for type 2 diabetes.



With a tape measure, measure around your middle, midway between the top of your hips and bottom of your ribcage.

Guideline measurements are:

- White and black men: below 94cm (37in)
- South Asian men: below 90cm (35in)
- White, black and South Asian women: below 80cm (31.5in).

It's different for men of South Asian background as they have a higher risk of type 2 diabetes.

## Find out your BMI (Body Mass Index)

This is a measure of your weight in relation to your height.

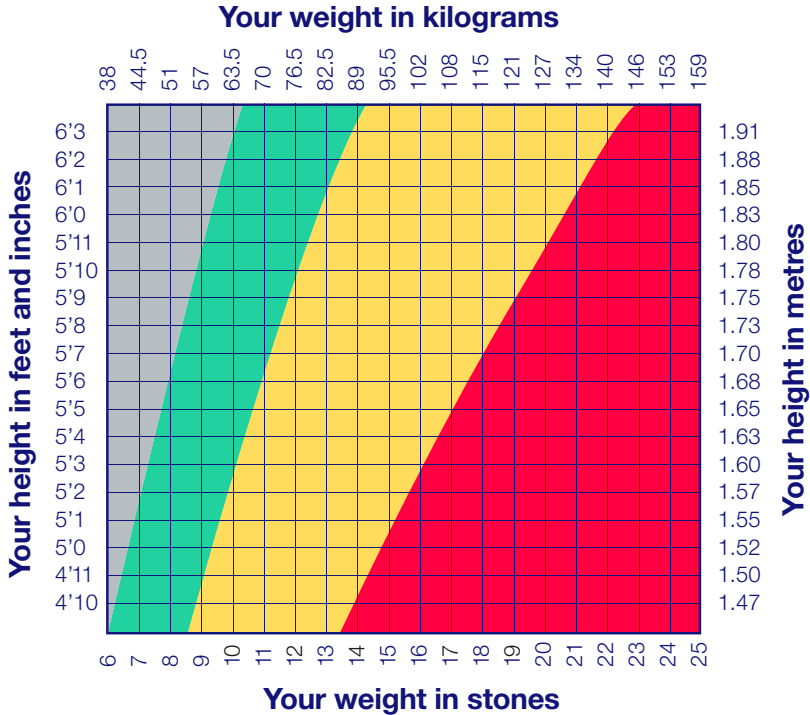
Using the chart on page 55, find the point where your height and weight meet. You can then see what range you're in.

It's slightly different for people of South Asian origin, as shown in the key.

It's a good to discuss your BMI with your healthcare team and set targets.

# Calculating your BMI

Aim to stay in the green area or work towards getting closer to the green area.



Note: For South Asian adults, a healthy weight range is a BMI between 18.5 and 22.9.

## BMI calculation

<p style="text-align: center;">weight (kg)</p> <hr style="border: 1px solid white; margin: 5px 0;"/> <p style="text-align: center;">height (m) X height (m)</p>	<p>For example, if you're 1.8m tall and 95kg, your BMI would be 29.</p> <p style="font-size: 1.2em; font-weight: bold;">95 ÷ (1.8 x 1.8) = 29</p>
---	---

## Losing weight

In short, the best way to lose weight is by eating less calories and being more active. You need to find something that fits with your life and a way of eating you can stick to.

Some days will be better than others. There'll be ups and downs. Maybe you don't manage to reach your target weight, but if it's going in the right direction, then that's great. You'll be making a difference to your diabetes and how well you feel.

There's information on our website about the different ways to lose weight, including:

- a low-fat, healthy, balanced diet
- a low-carbohydrate diet
- a very low-calorie diet
- the Mediterranean diet
- the low glycaemic index (GI) diet
- commercial weight-loss programmes.

Speak to your healthcare team about what's best for you. Go to [www.diabetes.org.uk/t2-healthy-weight](http://www.diabetes.org.uk/t2-healthy-weight) to find out more.



# Wellbeing

**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.

We all have different ways of coping with things. Whatever your approach, it's important that you don't ignore the way you feel. 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.

## Talking to family and friends

Talking to those around you about your health issues can be difficult – initially they may know very little about it and how it affects your daily life. Most people 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.



## Diabetes Scotland helpline

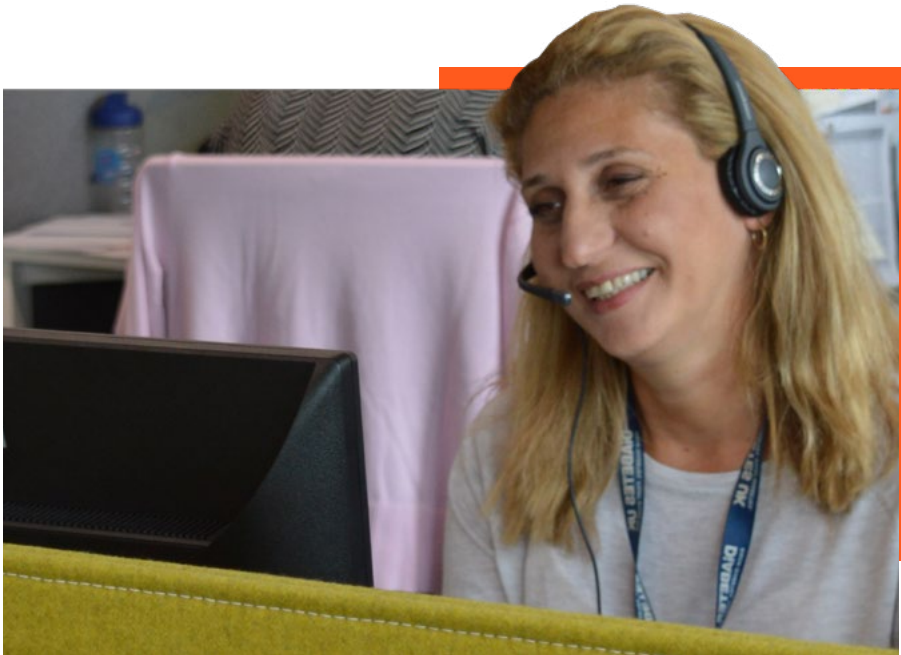
Our helpline provides specialist information and advice on all aspects of living with diabetes, including:

- help understanding symptoms, medications and treatment
- guidance on practical issues including diabetes at school and work, driving, travel, access to healthcare and benefits
- support and advice on food, exercise and everyday life with diabetes
- a chance to talk through any worries with someone who understands the problems and anxieties that living with diabetes can cause.

Our helpline team is here to answer your questions, offer support or just to chat when you need to speak to someone who knows about diabetes.

Call Scotland Helpline **0141 212 8710** or email **[helpline@diabetes.org.uk](mailto:helpline@diabetes.org.uk)**

Lines are open 9am to 6pm, Monday to Friday.





## Getting the most out of your appointments

Review your care plan.

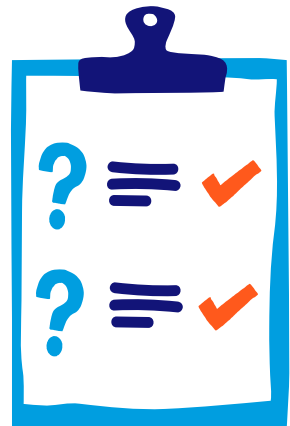
- Decide what you need to know. Use the space below to write down any point you want to talk about with your healthcare professional.
- Take any news features/stories or research you want to discuss or ask questions about.
- Check to see if you need any tests before your appointment.
- Check to see if you need to bring anything with you such as a urine sample.

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.

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.



**Now you've been through this guide, you should feel a little bit more confident about managing and talking to your doctor or nurse about your type 2 diabetes.**

We've put together a checklist for you on page 70 to help you work out what you feel confident about and what you may want to find out more about.

Remember there's lot more support on **[www.diabetes.org.uk](http://www.diabetes.org.uk)** and our helpline is there for you.

Below is a space for you to write down points you want to talk about in your appointments as well as notes to remember what's been discussed in appointments.

**Talking points**

# DIABETES RESEARCH NEEDS YOUR HELP



DIABETES

SDRN RESEARCH REGISTER

TAKE THIS OPPORTUNITY TO GIVE YOUR PERMISSION TO BE CONTACTED

Almost one in every eighteen people in Scotland has diabetes; that's over 291,981 individuals, and the numbers are increasing every year. If diabetes is not well-treated it can cause major health problems.



[www.share-sdrn.org](http://www.share-sdrn.org)

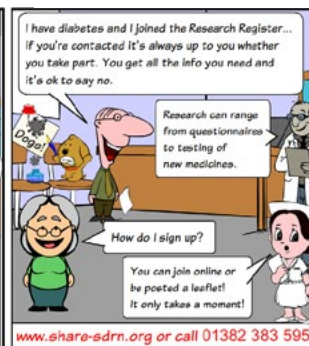
Joining the SHARE/SDRN research registers together allows you to be matched to and contacted about suitable research. If you are contacted, you will be given all the information you need and it will ALWAYS be your choice whether you wish to take part.

Even if you think you have signed up to the SHARE register already, please consider adding your details again to make sure you're also part of the Diabetes Research register.

You can join today by visiting [www.share-sdrn.org](http://www.share-sdrn.org) or if you would rather be posted a leaflet or would like to find out more please call **01382 383230/ 383595/ 383471** or email [share@dundee.ac.uk](mailto:share@dundee.ac.uk)/ [jkerr@dundee.ac.uk](mailto:jkerr@dundee.ac.uk). The leaflet is free to return.

More research is needed to make sure we have the best treatments for people with diabetes.

The only way we can achieve this is with your support. Please join today.



To join please visit [www.share-sdrn.org](http://www.share-sdrn.org) or call **01382 383230/ 383595**. We can also post you a leaflet, it's free to return.

# Your personal checklist

## Understanding of your condition

I am confident in my knowledge about my condition.

I understand my condition can change over time.

I understand what my medication is for and how often I should take it.

I look after my own medication.

I know about information and local support for people living with type 2 diabetes.

I understand the importance of diabetes self-management courses and know how I can get referred onto one.

I understand the importance of physical activity for my general health and managing my diabetes.

I understand what it means to eat healthily and why this is important for my diabetes.

I understand the risks of alcohol and smoking to my health.

I understand the risks of my diabetes and medication on pregnancy (if applicable).

I am managing my diabetes well at work.

I know where to go to get emotional support about my condition.

Yes	I would like some further information on this

# INFORMATION PRESCRIPTIONS

# The next section has a series of information prescriptions that should be completed with your healthcare professional.

They'll help you have a conversation and set action points to improve on as well as realistic targets.



Name:  
Name of Doctor/Nurse:

Date:

# Diabetes and high blood pressure

## Information Prescription

Your last blood pressure reading is

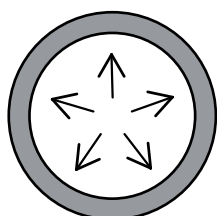
People with diabetes and high blood pressure are at increased risk of having a heart attack or stroke. By lowering your blood pressure, you can dramatically reduce your risk.

Recommended target for blood pressure is lower than

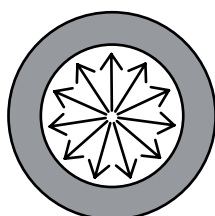
### What does blood pressure mean?

It's the force your heart needs to push blood around your body. The two numbers show the biggest force your heart uses to push your blood and the least pressure when your heart has relaxed.

### Blood vessel



Normal



High

### When is high blood pressure a problem?

High blood pressure (sometimes called hypertension) is when the force used to push blood around your body is normally higher than recommended. High blood pressure puts more strain on your heart and blood vessels. If you have high blood pressure, you may feel healthy, but it is causing damage to blood vessels.

### How can I lower my blood pressure?

Lifestyle changes are proven to reduce blood pressure and make you feel healthier. Most people with diabetes will need medication as well. Some people require more than one type of medicine.

- Your doctor will advise on the best medications for you. You'll need to have your blood pressure checked to see how well it is working. Most people **don't** experience side effects. If you do it's important to tell your doctor.

### Keep to a healthy weight

- Reduce the size of your portions and cut down on fatty and sugary foods.

### Eat a healthy balanced diet

- Reduce salt: eat less fast food, choose low-salt options, and do not add salt.
- If you drink, cut down on alcohol.
- Eat plenty of vegetables and fruit – aim for at least five portions a day.
- Eat less fatty foods, processed meats, full-fat dairy, pastries and cakes.
- Aim for at least two portions of oily fish a week.

### Get more active

- Aim for 30 minutes five times a week to raise your heart beat. Activities like walking fast and cycling all count. Add some activity that strengthens your muscles, like gardening or yoga, twice a week.

### Stop smoking

- For help giving up ask for your local stop smoking service.

## Agreed action plan

**My personal goal is:**

**To be achieved when:**

**The two steps that I will take to achieve this are:**

Discuss and agree with your doctor or nurse. Think about what, where, when and how?

1

2

For information or support, call Diabetes UK Helpline: **0345 123 2399\*** Monday to Friday, 9am–6pm, or go to [www.diabetes.org.uk/info-p](http://www.diabetes.org.uk/info-p)



Name:  
Name of Doctor/Nurse:

Date:

# Diabetes and bad cholesterol

## Information Prescription

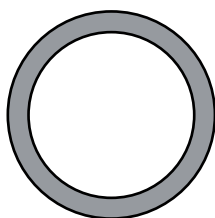
Your last cholesterol reading is: Total  HDL

People with diabetes and high levels of bad cholesterol are at higher risk of having a heart attack or stroke. By lowering your bad cholesterol, you can dramatically reduce your risk.

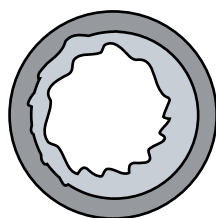
### What is cholesterol?

Cholesterol is a type of fat in the blood. Sometimes it is called lipids. There is good cholesterol and bad cholesterol. HDL (high-density lipoprotein) is good cholesterol which helps protect you from heart disease. Both triglycerides and LDL (low-density lipoprotein) are bad for you.

### Blood vessel



Normal



Furred up  
with cholesterol

### When is cholesterol a problem?

Too much bad cholesterol in the blood causes fatty material to build up in the blood vessels supplying the brain and heart, making them narrower. This can lead to a blockage in blood vessels, which can cause a heart attack or stroke.

### How can I lower my bad cholesterol?

You can make changes that lower your risk of having a heart attack or stroke. The next column explains how.

Most people need a medication to lower their bad cholesterol – the most common is a statin. These have been proven to lower cholesterol. Most people **don't** experience side effects. If you do it's important to speak to your doctor so they can find a medication that suits you.

### Keep to a healthy weight

- Reduce the size of your portions and cut down on fatty and sugary foods.

### Eat a healthy balanced diet

- Eat less fatty foods, processed meats, full-fat dairy, pastries and cakes.
- Include wholegrains and pulses.
- Aim for at least two portions of oily fish a week.
- Eat plenty of vegetables and fruit – aim for at least five portions a day.
- Replace butter, lard and ghee with vegetable oils and spreads.

### Get more active

- Aim for 30 minutes five times a week to raise your heart beat. Activities like walking fast and cycling all count. Add some activity that strengthens your muscles, like gardening or yoga, twice a week.

### Stop smoking

- For help giving up ask for your local stop smoking service.

## Agreed action plan

**My personal goal is:**

**To be achieved when:**

**The two steps that I will take to achieve this are:**

Discuss and agree with your doctor or nurse. Think about what, where, when and how?

1

2

For information or support, call Diabetes UK Helpline: **0345 123 2399\*** Monday to Friday, 9am–6pm, or go to [www.diabetes.org.uk/info-p](http://www.diabetes.org.uk/info-p)

Name:  
Name of Doctor/Nurse:

Date:

# Diabetes, contraception and pregnancy

## Information Prescription

**Even if having a baby is the last thing on your mind, there are things you need to know. Diabetes increases the risks of complications in pregnancy, but by planning your pregnancy and seeking advice you can reduce the risks and have a healthy and enjoyable pregnancy. And this starts with contraception.**

### What contraception can I use?

In general, women with diabetes can choose from the full range of contraception. If you have diabetes related complications, such as eye, kidney or nerve damage, your options may be more limited. Discuss with your healthcare team the best contraception for you.

### The risks of pregnancy and diabetes

#### What are the risks to you?



- Having a miscarriage.
- Problems with eyes and kidneys.
- Having a larger baby which can cause problems during labour.

#### What are the risks to your baby?



- Heart problems, spina bifida and other disabilities.
- Being stillborn or dying shortly after birth.
- Problems after birth that require special or intensive hospital care.

### Before trying for a baby

If you're not planning a pregnancy it's important to use effective contraception. If you are planning a pregnancy agree a plan with your healthcare team at least 12 weeks before trying to get pregnant. It may involve a little more work, but it will increase your chance of a successful pregnancy. The plan should include:

### Agreed action plan

**My personal goal is:**

**To be achieved when:**

**The two steps that I will take to achieve this are:**

Discuss and agree with your doctor or nurse. Think about what, where, when and how?

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### Medication

- Ask your doctor or nurse to review your medications as some routine medications taken by women with diabetes may harm your baby.

### Blood glucose (sugar)

- Tight blood glucose control will increase your chances of having a healthy pregnancy. This can be difficult but it reduces the risks to your baby. Agree a target with your doctor or nurse that you feel you can safely achieve without problematic hypos (low glucose). It's important not to get pregnant if your HbA1c is over 86mmol/mol (10 per cent).

### Folic acid

- You need a prescription for high dose folic acid (**5mg**) – start taking it **before** trying to get pregnant.

### Lifestyle

- Achieving a normal body weight and staying active will improve your chances of getting pregnant, help with your glucose control and your health during pregnancy.
- Stop smoking and drinking alcohol – for help giving up ask your doctor or nurse.

### Unplanned pregnancy?

Don't panic. Ask your healthcare team for an urgent referral to the diabetes pregnancy clinic where you can agree a plan to reduce the risks to you and your baby.

Name:  
Name of Doctor/Nurse:

Date:

# My emotions and diabetes

## Information Prescription

**Living with diabetes has its ups and downs and it can affect how you feel. It's common to sometimes feel scared, stressed, angry or low. Understanding how diabetes affects your mood means you can take steps to improve your emotional wellbeing. This may also help you manage your diabetes well.**

### How am I feeling?

When you have diabetes it's normal to feel:

- insecure, angry or overwhelmed about having diabetes
- stressed with constantly managing your diabetes
- burnout – feeling 'done' with diabetes
- worried about your blood sugar levels.

There are certain times in your life with diabetes when you may be more likely to experience these feelings.

For example:

- at diagnosis
- during a significant life event, such as bereavement, losing a job or getting divorced
- if you experience a complication related to your diabetes.



### What signs should I look out for?

Everyone feels upset or stressed from time to time. But look out for the following signs:

- feeling frustrated about the demands of managing diabetes
- feeling as though diabetes is controlling your life
- avoiding parts of your diabetes routine
- being in denial about having diabetes
- feeling alone and isolated.

If you notice one or more of these things is happening frequently and it is bothering you or causing you distress, it could be a sign that you are finding it hard to cope with your diabetes.

### Small steps to feeling better

- Find someone you feel comfortable talking to and don't try to mask how you feel.
- Get support from other people living with diabetes through the Diabetes UK forum, by joining a local Diabetes UK support group or by calling the Diabetes UK confidential helpline.
- Think about the things you enjoy doing and plan a definite time to do them.
- Be kind to yourself – focus on the good things in your life and don't beat yourself up about the things that aren't so good.
- Take time out for rest and relaxation.
- If you feel able to, take steps to eat a balanced diet and increase your activity levels.
- Set yourself simple, achievable goals and reward yourself when you accomplish them.

### What if I need more support?

Sometimes people with diabetes can develop mental health issues such as diabetes distress, diabetes burnout, depression or anxiety. That's why it's so important you recognise the signs and can access the right kind of support when you need it most. If you need more support, talking therapies such as Cognitive Behavioural Therapy, counselling or psychotherapy can all help. Speak to your healthcare team if you think talking therapies may be useful. They may suggest medication to help improve your mood or reduce anxiety. Your healthcare team should keep in regular contact with you to make sure you are starting to feel better.

## My next steps

### The two most important actions I am going to focus on are:

Discuss and agree with your doctor or nurse. Think about what, where, when and how?

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For information or support, call Diabetes UK Helpline: **0345 123 2399** or **0141 212 8710** (Scotland only) Monday to Friday, 9am to 6pm or go to **[www.diabetes.org.uk/info-emotion](http://www.diabetes.org.uk/info-emotion)**

Name:  
Name of Doctor/Nurse/Podiatrist:

Date:

# Diabetes and your feet

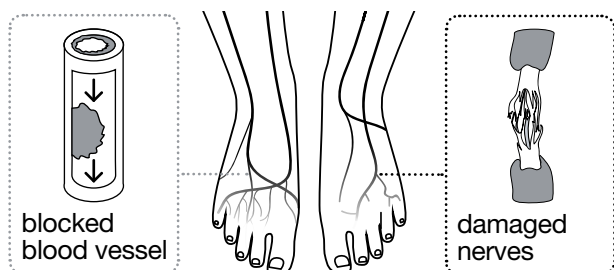
## Information Prescription

Your foot risk is **LOW**

People with diabetes are at higher risk of developing serious foot problems, including ulcers and infections. These could lead to amputations and increase your risk of a heart attack and stroke. By managing your diabetes and looking after your feet you can reduce your risk of foot problems.

### What you should know about your feet and diabetes

- Diabetes can damage the blood flow to your feet.
- Diabetes can damage the nerves in your feet, changing the way you feel things.
- High blood glucose (sugar) also increases the risk that any wounds or ulcers could become infected.



### When do you have a foot problem?

The damage to nerves or blood flow can cause numbness, burning, dull ache or changes in the skin. If this happens, see your GP or podiatrist. However if you develop changes in the shape, colour or temperature or notice a wound you didn't know was there, ask for an urgent GP appointment.

### How do you keep your feet healthy?

Get to know what's normal for your feet. Remember, if you lose feeling in your feet you might not be able to feel damage – no pain isn't a sign that it's not serious. See the next column for ways to keep your feet healthy.

### Agreed action plan

**My personal goal is:**

**To be achieved when:**

**The two steps that I will take to achieve this are:**

Discuss and agree with your healthcare professional. Think about what, where, when and how?

1

2

### Smoking

- Get advice to stop smoking. Smoking makes it harder for blood to flow around your body.

### Look after your diabetes

- Keep your blood sugar, cholesterol, and blood pressure at safe levels. Talk to your doctor or nurse about your latest results and what your personal targets should be.
- Ask about local diabetes courses.

### Eat a healthy balanced diet and stay active

- Lifestyle changes could help manage your diabetes. Some activities can increase the risk to your feet, so discuss new ways to get active with your clinician.

### Look after your feet

- Check your feet daily or ask for help if you can't.
- Look after toe nails – not too short or long.
- Wear shoes and socks that don't rub – get your feet measured to check the fit of shoes.

### How to check your feet

- Take off shoes and socks.
- Feel the temperature of your feet – are both the same? Noticeably hotter or colder than normal?
- Look for changes in skin and unexplained injuries.
- Look at your toes – checking for damage between your toes and that your nails aren't too long.
- It may be tricky to see all of your foot – ask for help or use a mirror.

If you notice a problem then make an appointment with your GP to get it checked out.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Doctor/Nurse/Podiatrist: \_\_\_\_\_

# Diabetes and your feet

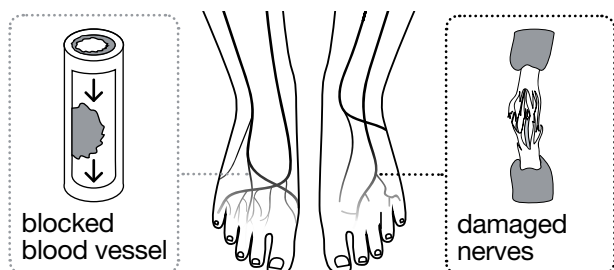
## Information Prescription

Your foot risk is  Moderate  High

People with diabetes are at higher risk of developing serious foot problems, including ulcers and infections. These could lead to amputations and increase your risk of a heart attack and stroke. By managing your diabetes and looking after your feet you can reduce your risk of foot problems.

### What you should know about your feet and diabetes

- Diabetes can damage the blood flow to your feet.
- Diabetes can damage the nerves in your feet, changing the way you feel things.
- High blood glucose (sugar) also increases the risk that any wounds or ulcers could become infected.



### When do you have a foot problem?

The damage to nerves or blood flow can cause numbness, burning, dull ache or changes in the skin. If this happens, see your GP or podiatrist. However if you develop changes in the shape, colour or temperature or notice a wound you didn't know was there, see your local foot team urgently.

### How do you keep your feet healthy?

Get to know what's normal for your feet. Remember, if you lose feeling in your feet you might not be able to feel damage – no pain isn't a sign that it's not serious. See the next column for ways to keep your feet healthy.

### Smoking

- Get advice to stop smoking. Smoking makes it harder for blood to flow around your body.

### Look after your diabetes

- Keep your blood sugar, cholesterol, and blood pressure at safe levels. Talk to your doctor or nurse about your latest results and what your personal targets should be.
- Ask about local diabetes courses.

### Eat a healthy balanced diet and stay active

- Lifestyle changes could help manage your diabetes. Some activities can increase the risk to your feet, so discuss new ways to get active with your clinician.

### Look after your feet

- Check your feet daily or ask for help if you can't.
- Look after toe nails – not too short or long.
- Wear shoes and socks that don't rub – get your feet measured to check the fit of shoes.

### Safety note

#### Check your feet every day for:

- broken skin, cuts or blisters that don't heal
- red, hot, swollen foot or toe
- colour changes
- new pain.

If you notice any of these changes contact your local foot team within 24 hours as these can become serious problems very quickly. Please ask your healthcare professional to fill in the contact number.

Call: .....



### Agreed action plan

**My personal goal is:**

**To be achieved when:**

**The two steps that I will take to achieve this are:**

Discuss and agree with your healthcare professional. Think about what, where, when and how?

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Name:  
Name of Doctor/Nurse:

Date:

# Diabetes and high HbA1c

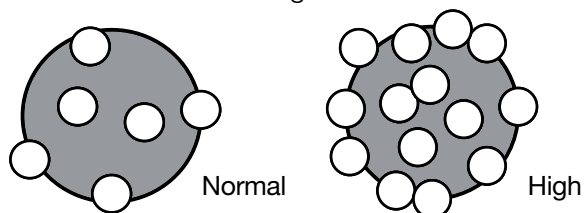
## Information Prescription

Your last two HbA1c results are ..../..../....  ..../..../....

**Good glucose control is important to reduce your risk of devastating complications. Reducing HbA1c has been proven to have health benefits. Discuss and agree with your doctor or nurse a realistic personal target for HbA1c**

### What is HbA1c?

It tells you your average blood glucose for the last two to three months. We all need glucose for energy, but if you have diabetes your body loses its ability to use glucose. HbA1c measures how much glucose is stuck to your red blood cells. A finger-prick test shows you a snap-shot of your glucose at a moment in time, whereas HbA1c acts like a film recording how your glucose levels have changed.



### When is high HbA1c a problem?

High levels of blood glucose over a long period of time can damage the blood vessels. This puts you at higher risk of going blind, losing a limb or experiencing kidney failure.

### How can I lower my HbA1c?

It is important to understand that your HbA1c will change for many reasons including: how long you've had diabetes, sickness, depression, change in lifestyle or because of other medicine such as steroids. The actions you take to reduce your HbA1c will depend on whether you have Type 1 or Type 2 diabetes and your overall health. The next column has three main areas for you to consider.

**1 Medication:** It may be time to increase your dose or introduce new medication – ask for advice.

**2 Education:** Your healthcare team are there to provide support, but *you* manage *your* diabetes. Education can help you understand what affects your blood glucose. Ask what's on offer in your area.

**3 Lifestyle:** Discuss what changes can lower HbA1c:

#### Keep to a healthy weight

- Reduce the size of your portions and cut down on fatty and sugary foods.

#### Eat a healthy balanced diet

- Eat less fatty food, processed meats, full-fat dairy, pastries and cakes.
- Carbohydrates change your blood glucose – you may need to eat less carbohydrate and choose wholegrains.
- If you drink, cut down on alcohol.
- Eat plenty of vegetables and fruit – aim for at least five portions a day.
- Aim for at least two portions of oily fish a week.

#### Get more active

- Aim for 30 minutes five times a week to raise your heartbeat. Activities like walking fast and cycling all count. Twice a week add activities like gardening or yoga to strengthen your muscles.

#### Stop smoking

- For help giving up ask for your local stop smoking service.

## Agreed action plan

**My personal goal is:**

**To be achieved when:**

**The two steps that I will take to achieve this are:**

Discuss and agree with your doctor or nurse. Think about what, where, when and how?

1

2

For information or support, call Diabetes UK Helpline: **0345 123 2399\*** Monday to Friday, 9am–6pm, or go to [www.diabetes.org.uk/info-p](http://www.diabetes.org.uk/info-p)

Name:  
Name of Doctor/Nurse:

Date:

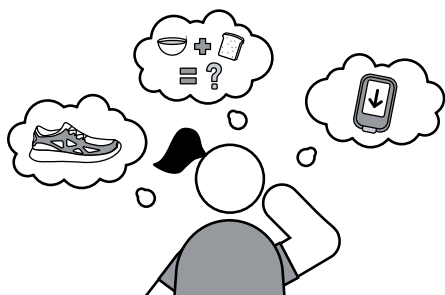
# Improving your diabetes knowledge

## Information Prescription

**Four out of five people don't feel in control of their diabetes. Improving your knowledge of diabetes puts you in control and could transform your life. A diabetes course (sometimes called structured education) is a tried and tested way to gain more knowledge about managing your diabetes to prevent or delay complications.**

### Why is learning about diabetes important?

Diabetes is serious. Understanding how diabetes affects your body and the treatments available is vital. Even though you may feel fine today, it is important to understand how to live well with diabetes to continue feeling healthy in the future. A diabetes course is part of your treatment and is a key part of the care you should receive.



### What will I learn from a diabetes course?

Diabetes courses cover topics that help you understand your diabetes better. They can be great places to meet other people and have your questions about diabetes answered. You can learn more about:

- tools to manage your diabetes
- food choices and how to be more active
- medication
- how to avoid diabetes problems
- making the most of your diabetes appointments and getting the right checks (eg foot check).

### How will a diabetes course help me?

Completing a diabetes course can have many benefits.

- Improve your blood glucose (sugar) levels
- Improve your overall health, giving you more energy
- Feel more confident about managing your diabetes and talking to others about it
- Learn new skills (eg carbohydrate counting)
- Live a happier, healthier life with diabetes.

### How do I find out more?

- Talk to your healthcare team about what is available in your local area to grow your diabetes knowledge
- Taking time off work to attend a diabetes course? Get more information about your rights at work [www.diabetes.org.uk/info-work](http://www.diabetes.org.uk/info-work)
- Contact your local diabetes support group to talk to others who have completed a diabetes course [www.diabetes.org.uk/info-area](http://www.diabetes.org.uk/info-area)
- Go to Diabetes UK's Learning Zone – a free online service with videos and quizzes to learn more about your diabetes [www.diabetes.org.uk/info-learn](http://www.diabetes.org.uk/info-learn)

### Information about diabetes courses near me

.....  
.....  
.....

### Agreed action plan

**My personal goal is:**

**To be achieved when:**

**The two steps that I will take to achieve this are:**

Discuss and agree with your doctor or nurse. Think about what, where, when and how?

**1**

**2**

For information or support, call Diabetes UK's helpline: **0345 123 2399\*** Monday to Friday, 9am to 6pm, or go to [www.diabetes.org.uk/info-education](http://www.diabetes.org.uk/info-education)

Name:  
Name of Doctor/Nurse:

Date:

# Diabetes – Keeping your kidneys healthy

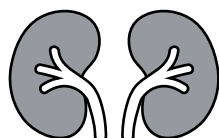
## Information Prescription

Your last two blood test results (eGFR) are: .... / .... / ....  .... / .... / ....

Your last two urine test results (ACR) are: .... / .... / ....  .... / .... / ....

**A third of people with diabetes go on to develop kidney problems. Blood and urine tests can show the first signs of any damage and help you to keep your kidneys healthy.**

### What do my kidneys do?



Your kidneys are filters that remove harmful waste from your body in to your urine and keep the things you need, like proteins.

### What happens when your kidneys are damaged?

High blood glucose (sugar) levels over many years can damage the small blood vessels in the kidneys and clog the filters. The first sign of damage is protein leaking into your urine. If spotted early it can be repaired, so the tests to check your kidneys should be done once a year. The two tests are:

- a blood test for eGFR (how well your kidneys are filtering)
- a urine test for ACR (how much protein is leaking).

In the early stages of kidney disease there may be no symptoms. Having high blood pressure causes further damage, which along with kidney disease, increases your risk of having a heart attack or stroke. With more advanced kidney disease you may feel unwell, tired or nauseous and your hands and feet may look swollen.

### How can I keep my kidneys healthy?

In the next column are some really important things that you can do to keep your kidneys healthy.

### Blood pressure

- Keep your blood pressure at a healthy level. You may need medication to do this.

### HbA1c

- High blood glucose levels increase the chance of kidney damage. Discuss with your healthcare team an appropriate target to reduce them.

### Stop smoking

- For help giving up ask for your local stop smoking service.

### Cholesterol

- Lowering bad cholesterol is important to keep you healthy. You may need a statin to do this.

### Eat a healthy balanced diet

- Reduce salt: eat less fast food, choose low-salt options, and do not add salt.
- If you drink, cut down on alcohol.
- Aim for at least five portions of vegetables and fruit a day.
- Eat less fatty foods, processed meats, full-fat dairy and sugary foods.
- Aim for at least two portions of oily fish a week.

### Get more active

- Aim for 30 minutes five times a week to raise your heartbeat. Activities like walking fast and cycling all count. Add some activity that strengthens your muscles, like gardening or yoga, twice a week.

## Agreed action plan

**My personal goal is:**

**To be achieved when:**

**The two steps that I will take to achieve this are:**

Discuss and agree with your doctor or nurse. Think about what, where, when and how?

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2

For information or support, call Diabetes UK Helpline: **0345 123 2399\*** Monday to Friday, 9am–6pm, or go to [www.diabetes.org.uk/info-kidneys](http://www.diabetes.org.uk/info-kidneys)



Name:  
Name of Doctor/Nurse:

Date:

# Diabetes and kidney disease

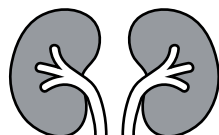
## Information Prescription

Your last two blood test results (eGFR) are: .... / .... / ....  .... / .... / ....

Your last two urine test results (ACR) are: .... / .... / ....  .... / .... / ....

**A third of people with diabetes develop kidney problems. Your urine and blood tests have shown that you have kidney disease which puts you at higher risk of health complications. Discuss and agree with your doctor or nurse the ways that you can reduce your risk.**

### What do my kidneys do?



Your kidneys are filters that remove harmful waste from your body in to your urine and keep the things you need, like proteins.

### What happens when your kidneys are damaged?

High blood glucose (sugar) levels over many years can damage the small blood vessels in the kidneys and clog the filters. The first sign of damage is protein leaking into your urine. The two tests that check how well your kidneys work are:

- a blood test for eGFR (how well your kidneys are filtering)
- a urine test for ACR (how much protein is leaking).

With more advanced kidney disease you may feel unwell, tired or nauseous and your hands and feet may look swollen. Having high blood pressure causes further damage, which along with kidney disease, increases your risk of having a heart attack or stroke. Over time your kidneys can fail, meaning you need dialysis or a transplant.

### How can I keep my kidneys healthy?

You can do some really important things to slow the damage to your kidneys and reduce your risk of heart attack or stroke.

### Agreed action plan

**My personal goal is:**

**To be achieved when:**

**The two steps that I will take to achieve this are:**

Discuss and agree with your doctor or nurse. Think about what, where, when and how?

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### Blood pressure

- Keep your blood pressure at a healthy level. You may need medication to do this.

### Lifestyle

- If you smoke, stopping is very important – ask your local stop smoking service for help giving up. Avoid adding salt to food and look for low-salt options.

### Medication

- Talk to your doctor or nurse about prescribing you an ACE inhibitor or an ARB to help you protect your kidneys. Ask for a review of your other drugs as some of these are harmful if you have kidney damage.

### HbA1c

- High blood glucose levels increase the chance of kidney damage. Discuss with your healthcare team an appropriate target.

### Cholesterol

- Lowering cholesterol is important. Everyone with kidney disease and diabetes should take a statin.

### Kidney disease safety alert

- If you have dehydration, vomiting or diarrhoea seek medical advice straight away as some of your medication may need to be stopped urgently.
- Some over-the-counter drugs are no longer safe so always tell the pharmacist.

Name: \_\_\_\_\_  
Name of Doctor/Nurse: \_\_\_\_\_

Date: \_\_\_\_\_

# Type 2 diabetes remission

## Information Prescription

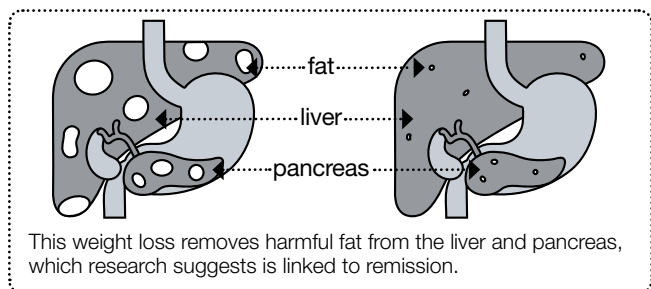
My last two HbA1c results were  on .... /.... /....  on .... /.... /....

My weight was  on .... /.... /.... , I'm aiming for  on .... /.... /....

If you are overweight or obese, research shows it is possible to put Type 2 diabetes into remission by losing a substantial amount of weight quickly. Even if your diabetes does not go into remission, there are still huge benefits to losing this amount of weight and then keeping that weight off.

### What is Type 2 diabetes remission?

Remission of Type 2 diabetes means maintaining blood glucose levels below the diabetes range without needing glucose lowering medications. This currently means keeping your HbA1c below 48mmol/mol. To have the best chance of putting your diabetes into remission, aim to lose a substantial amount of weight (15kg/2.5stones) within three to five months. Studies show remission is more likely within six years of diagnosis.



Remission is not a cure or quick fix. You need to commit to making long-term healthy lifestyle changes to maintain your weight loss and keep your diabetes in remission. It is essential to continue going to your diabetes reviews and eye screening each year to check your diabetes is still in remission and you are free from complications.

### What are the benefits of remission?

- Remission can be life changing. You could:
- be free from diabetes symptoms and the need to manage your diabetes
  - stop taking diabetes medications
  - reduce your risk of diabetes complications
  - improve your quality of life and overall health.

### Can everyone who loses a substantial amount of weight achieve remission?

Not everyone who loses weight will be able to put their diabetes into remission and researchers are still working out why. Even if your diabetes does not go into remission, there are still benefits to losing weight if you are overweight:

- Reduced risk of diabetes complications.
- Taking fewer medications.
- Better mental well-being.
- Improved mobility, energy and sleep.

### How can I work towards putting my diabetes into remission?

Strong evidence for remission comes from following a nutritionally balanced low-calorie weight management programme (around 850 calories) or having bariatric surgery. Both involve long-term behaviour change. But there are different ways to lose weight and it's important to find the right approach for you.

- Talk to your healthcare team about services available in your area to support you to lose weight and maintain weight loss.
- Access information and tips on losing weight [www.diabetes.org.uk/info-weight](http://www.diabetes.org.uk/info-weight)

### Safety note

If you have other health conditions, talk to a healthcare professional before you begin any intensive weight loss plan. Also, check if you need to reduce or stop any medications before you begin losing weight. Rapid weight loss is not advised if you are under 18, pregnant, breastfeeding or have ever been diagnosed with an eating disorder.

## Agreed action plan

**My personal goal is:**

**To be achieved when:**

**The two steps that I will take to achieve this are:**

Discuss and agree with your doctor or nurse. Think about what, where, when and how?

1

2

For information or support, call Diabetes UK's helpline:  
**0345 123 2399** Monday to Friday, 9am to 6pm,  
or go to [www.diabetes.org.uk/info-remission](http://www.diabetes.org.uk/info-remission)

**Always use Information Prescriptions and set action plans in consultation with a healthcare professional.**