**SHOTFIELD MEDICAL PRACTICE**

**DIABETES – FAQS**

There are lots of common questions new Type 2 diabetics ask us when they are diagnosed. We do strongly encourage you to attend the free DESMOND session (Diabetes education and self-management for ongoing and newly diagnosed) which helps provide support and information about what diabetes means to you, helps you with making food choices and allows you to learn how to manage your diabetes well.

We hope you find this useful information about “what diabetes means to me “and “what can I do to help myself” while you are waiting to attend the DESMOND session.

**What diabetes means to me?**

1. **What is diabetes?**

Insulin is a hormone that helps your body use the sugar (glucose) in your blood to give you energy. In Type 2 diabetes there is not enough insulin or the insulin isn’t working properly. This means sugar builds up in the blood.

It may have been difficult being told you have diabetes and life can seem unfair. You might feel angry about why this has happened to you or you might still be in shock and weren’t able to take in properly what was said. You might feel relieved that there is a reason for your symptoms or you might feel “let down “as it runs in the family. These are all normal reactions but ignoring things now won’t help. It is better to understand all about diabetes and it then won’t seem so frightening and out of control.

Living well with diabetes is all about making the most of your life and not letting your diabetes dominate your life. Equally this is a health condition that doesn’t go away and can cause serious, potentially life-threatening complications so ignoring it just doesn’t help you. Remember we are here to help you and there is lots of support available.

1. **Why have I developed diabetes?**

There are various reasons that someone can develop diabetes.

Being overweight or obese will increase your likelihood of developing diabetes or if your waist circumference if higher than the recommended average.

Another reason is age – you are more at risk developing type 2 diabetes if you are over the age of 40. However, people who are of African-Caribbean, Black African and South Asian origin are more at risk from an earlier age.

Genetics can also play a part in developing type 2 diabetes. If you have a relative such as a parent or brother/sister with diabetes then you have an increased chance of developing diabetes. The closer the relative, the more likely it is that you will develop the condition.

If you have had gestational diabetes (diabetes whilst pregnant) or polycystic ovaries you are also more at risk of developing diabetes.

1. **How do you know I have diabetes?**

Common symptoms of diabetes are: Passing urine a lot especially at night, being really thirsty, feeling more tired than usual, losing weight without trying to, genital itching or thrush, blurred vision.

However you might not have any symptoms and your diabetes was picked up on a blood test. We use blood sugar levels and /or a blood test called an HbA1c which looks at your sugar levels over the last 3 months. (Diabetes UK has more detail). The HbA1c is also a useful guide for us to monitor how well you are managing your diabetes.

1. **Is it serious/ what could happen to me?**

It is so important to have good diabetic control, otherwise complications can occur.

Poorly controlled diabetes can cause damage to the retina in the eyes (diabetic retinopathy) and can eventually cause vision problems. You will be invited for an annual diabetic eye screening which is very important for you to attend. If they detect any damage to the eye, then they will monitor you more frequently or provide any necessary treatment.

Poorly controlled diabetes can also cause damage to the blood vessels, meaning that you are more likely to develop heart disease and are therefore more likely to have a heart attack or stroke. Not only is it important to have good diabetic control in order to prevent heart disease, but you also need good blood fats ( cholesterol ) and blood pressure control. Stopping smoking and increasing exercise levels are also recommended.

Damage to the nerves due to high glucose levels can also occur which is called peripheral neuropathy. This can cause a tingling or burning sensation in the hands/feet and also lead to numbness. If this occurs, then small cuts or wounds can occur without you noticing which may lead to ulcers or infections. We will check the sensation and circulation in your feet on a yearly basis and if any problems are detected then we will discuss them with you. If you have a loss of sensation in either foot it is important to check your feet daily and to report any concerns to your managing clinician.

Erectile dysfunction can occur in poorly controlled diabetes due to nerve damage.

Diabetic nephropathy can also occur which is the deterioration of kidney function in those with uncontrolled blood glucose levels.

We realise this sounds rather frightening, however, keeping blood glucose, blood pressure and blood fat levels under control by following a healthy, balanced diet and getting regular physical activity as well as medication as needed will greatly help to reduce the risk of developing complications. Regular check-ups are essential to help manage the condition

1. **Can I get rid of my diabetes?**

There is a lot of research currently being undertaken on the reversal of Type 2 diabetes. Currently the position from Diabetes UK is that there is no cure for type 1 or type 2 diabetes. Some people however do manage their diabetes with diet and lifestyle changes, without the need for medication. However as diabetes is progressive, there may come a time when medications are required.

1. **Is it hereditary/Does this mean my children get it as well?**

Type 2 diabetes can run in families. It's not diabetes itself which is passed through to children, only the tendency for them to develop the condition. The best action for children of parents with diabetes to take is to follow as healthy a lifestyle as possible; eat healthily, keep active and avoid becoming overweigh

**What can I do to help myself?**

1. **How often should I be seen/ have blood tests?**

Once you have been first diagnosed come back 1 month later so we can chat more about your diabetes and see how you are getting on. We are happy to answer your questions at any time. We recommend you attending the DESMOND course which is a structured group education programme run by diabetes nurse specialists and dieticians. They will give you lots of information about diabetes, practical diet and lifestyle and help you understand more about your diabetes. If you are feeling as though you need more specific advice with regards to your own diet then we are able to refer you to a diabetic dietician. We usually see you again 3 months after diagnosis and recheck your diabetic bloods if they were raised.

We perform an annual health MOT of bloods and physical checks and if your diabetes is under control we check your blood pressure and an HbA1c blood test (a measure of your sugar control) every 6 months. How often you need to be checked depends on how well controlled your bloods and blood pressure are. We also refer you for an annual photograph of the back of your eye which is looking to pick up early diabetic problems which can be treated.

1. **How is diabetes treated?**

Diet and lifestyle changes are so important in the management of your diabetes but you do not need to cut out foods entirely from your diet. The key to a healthy, well-balanced diet is moderation. It is important to reduce the amount of sugar, salt and saturated fat as well as portion sizes in order to maintain a healthy weight.

It is not just sugary foods that have an effect on your glucose levels, but carbohydrates too, so you should look at your portion sizes and chose better type of carbohydrates such as wholegrain. Eat regular meals, cut back on saturated fats and aim for at least five portions of fruit and veg a day. Try to also cut back on salt and aim to eat two portions of oily fish, such as mackerel, sardines or salmon, every week. Beans, lentils and pulses are naturally are low in fat, high in fibre, cheap to buy and are packed with nutrients. Make sure you stay well hydrated. Remember these healthy changes are good for the whole family.

Foods labelled as ‘diabetic’ offer no benefit to people with diabetes and may still affect blood glucose levels. They are expensive and contain as much fat and calories as ordinary versions, and they can also have a laxative effect.

It is also important to exercise as this will help to lose and maintain a healthy weight, as well as lowering blood glucose levels. You should try to work up to doing 30 minutes of exercise 5 times per week. This can include a brisk walk that really gets your heart going – you don’t need to join the gym!

The goals you set yourself should always be realistic and achievable so you set yourself up to succeed.

1. **Can I eat fruit?**

Absolutely! Fruit is important to a healthy, well balanced diet. We would recommend having up to 3 portions of fruit per day and spread them out throughout the day, rather than having your daily intake all at once.

1. **Do I have to give up sugar and alcohol**?

Even with diabetes, you can include some sugar in foods and baking but the trick is not to overdo it so keep sugary foods and drinks for an occasional treat and try using artificial sweeteners when sweetening food and drinks at home.

You don’t have to cut out alcohol altogether but alcohol intake significantly increases the risk of low blood sugar levels (hypoglycaemia) but a moderate amount of alcohol may be fine either before, during or soon after a meal. Also avoid binge-drinking or sustained drinking, and never substitute alcohol for your meals. All of this can increase the risk of hypoglycaemia.

1. **Why do I have to lose weight if I am overweight**?

Achieving a healthy weight, and maintaining it, is often easier said than done but there’s lots of evidence to show that being a healthy weight will benefit your blood pressure, cholesterol and blood glucose levels and reduces your risk of developing any long-term health problems. Most people with a healthy weight also say they feel better about how they look and feel fitter and healthier. Ideally you should aim for a target weight in the normal weight category but set yourself a realistic goal .If you have a considerable amount of weight to lose, this may seem daunting and impossible to achieve. But you don’t have to do it all at once. Research shows that the more weight you lose, the greater the health benefits, but even losing just 5 – 10 per cent of excess weight will improve your health.

1. **Will I have to take medication?**

You may also be given medication for your sugar control, blood pressure or cholesterol. The choices of medication depends on other medical problems that you might have as well as your weight and kidney function. Your doctor also needs to understand your views.

1. **What happens if I don’t take the medication?**

We only suggest medication to get your blood tests and blood pressure under control so that your risk of diabetic complications is then reduced. If you are concerned about any of your medications please talk to us so we can explain why it is suggested.

1. **Do I need to inject insulin**?

Type 2 diabetes is usually a progressive disease. Whilst making changes to your diet and lifestyle are very important in helping to slow down progression, you may find that you need medication in order to control the diabetes. At some point in the future it may necessary for you to require insulin, but you would be well supported in managing this change. So try to lose weight if you are overweight, stick to a healthy diet and exercise regularly and you are much less likely to need to start insulin.

1. **Will I have to test my bloods daily**?

No, if are on a medication that could put you at risk of having very low sugars on occasions ( hypoglycaemia) you will be shown how to test yourself using a finger prick blood testing meter.

1. **Do I need to pay for the medication**?

People who treat their diabetes with tablets, injectable therapies or insulin are entitled to free prescriptions. Your doctor will fill in a medical exemption certificate to claim your free prescription unless you're aged 60 or over.

1. **Will medication affect my driving of a car or motorbike (Group 1)?**

If you are on insulin, you must tell the DVLA. Your license will then be renewed every one, two, or three years. (see DVLA website for more details or if you drive a lorry or bus)

If you are a Group 1 driver not on insulin for diabetes you do not need to notify unless:

* You have had two episodes of severe hypoglycaemia ( low sugars) within the last 12 months (where you were completely dependent on another person to treat your hypo)
* You develop impaired awareness of hypoglycaemia (where you are unable to recognise the hypo when it starts)
* You experience a disabling hypo whilst driving
* You have other medical conditions or changes to existing medical conditions which could affect your ability to drive safely. Examples are: problems with vision (e.g. laser treatment/injections), circulation, or sensation (e.g. peripheral neuropathy).
1. **Does smoking affect it?**

Smoking increases the risk of heart disease, stroke and cancer. Smoking also narrows your blood vessels, and healthy blood vessels are very important for people with diabetes.

**13**.  **What local support is there**?

See the practice website for more details

DESMOND course – able to attend anytime in the first year after diagnosis

Adjusting to having diabetes takes time, so it's good to meet other people who've been through it too. A good way to find this help is to join a local Diabetes UK group. There are details of local walking groups/ livewell - for weight and smoking cessation/ Everyone Active/ Uplift