

# type 2 diabetes

# 2



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Ahmet has type 2 diabetes



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# Who is this booklet for?

This booklet is for people who have been diagnosed with type 2 diabetes.

Many people develop type 2 diabetes, especially later in life, so you're not alone. You may have felt unwell for some time, and not known why, so being diagnosed with type 2 diabetes can be a relief. On the other hand, you may have had few symptoms and the diagnosis can come as a shock. However you are feeling about it, knowing you have diabetes means that you can take action now to avoid problems in the future.

This booklet can help answer some of the questions you may have about type 2 diabetes and its treatment.

If you need more information, or have any worries, your nurse or doctor will be happy to help.

This booklet is one of a series of information booklets and leaflets provided by Novo Nordisk to people with diabetes.

Other titles in the series are:

For adults with diabetes:

- diabetes monitoring diary
- looking after yourself
- help with 'hypos'
- talk hypos
- type 1 diabetes
- gestational diabetes
- travelling with diabetes
- your feet and diabetes

For children with diabetes:

- Pete the pancreas for parents
- Pete the pancreas for children
- Pete the pancreas for carers
- Pete the pancreas children's diary

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**Remember - diabetes should not stop  
you enjoying life!**

# What is diabetes?

- Diabetes is a long-term disorder characterised by a raised level of glucose (or sugar) in the blood

## Where does glucose come from?

- Glucose comes from food, particularly starchy and sugary foods (called carbohydrates)
- Digestion breaks down carbohydrates into glucose which is then released into the bloodstream



- Some foods release glucose into the bloodstream very quickly, e.g. jams, sweets and fruit juice
- Other foods release glucose into the bloodstream slowly, e.g. potatoes, bread and rice



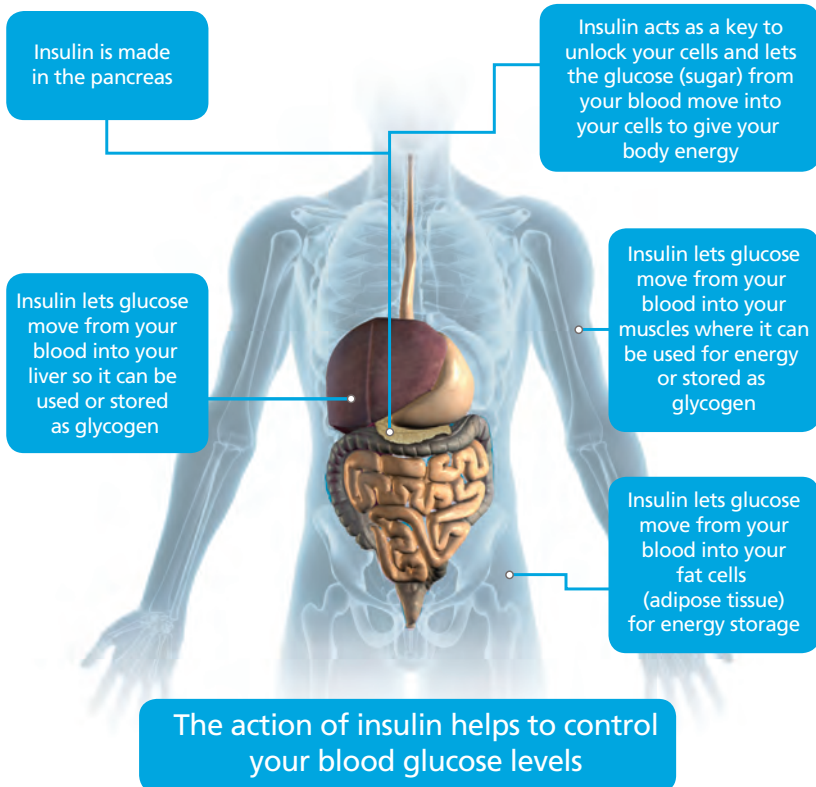
**'Glucose' and 'sugar' mean the same thing - they are used interchangeably when talking about diabetes care**

# Why is my blood glucose level high?

Your blood glucose (sugar) level is high because you have type 2 diabetes and your body can't make enough of a hormone called insulin.

Also, the insulin your body does make may not work very well and this is called insulin resistance

## How insulin works



# Are there different types of diabetes?

There are several types of diabetes

Type 2 diabetes (the type you have) see page 4

## Type 1 diabetes

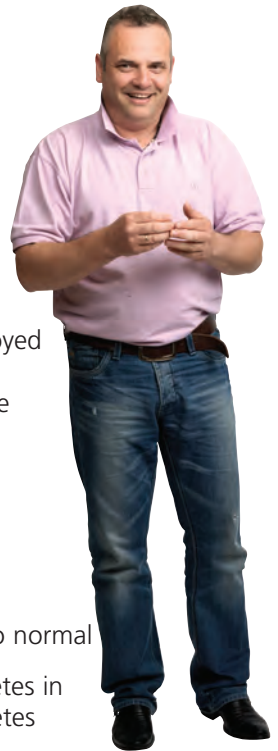
- Is when the pancreas stops making insulin
- Most of the insulin-producing cells have been destroyed
- Occurs most frequently in children and young people
- Insulin is needed from diagnosis

## Gestational diabetes

- Occurs in some women during pregnancy
- After childbirth blood glucose levels usually return to normal
- There is an increased risk of developing type 2 diabetes in later life for women who have had gestational diabetes

There are also some rarer forms of diabetes such as:

- Cystic fibrosis related diabetes
- Latent Autoimmune Diabetes in Adults (LADA)
- Maturity-Onset Diabetes of the Young (MODY)



RICHARD HARTMAN  
Netherlands  
Richard has type 2 diabetes

# What is type 2 diabetes?

**This is the type of diabetes you have been diagnosed with.**

- Type 2 diabetes is when your body can't make enough insulin or when your body can't use the insulin it makes correctly (insulin resistance)
- As a consequence, too much glucose stays in your blood
- The job of insulin is to unlock the doors to your cells and let the glucose in

## **Some facts about type 2 diabetes**

- It is the most common type of diabetes
- It develops gradually - therefore may be present for many years before being diagnosed
- It can be influenced by lifestyle choices
- It is often associated with high blood pressure and / or high cholesterol
- Risk factors include:
  - Age
  - Being overweight or obese - particularly around the abdominal area (the tummy)
  - Family history of diabetes
  - Ethnic Group
  - Genetic Factors
  - Physical inactivity
  - Gestational diabetes
  - Smoking



# How do I know if I have type 2 diabetes?

It is common for people diagnosed with type 2 diabetes to have no symptoms at all. However some people may have one or more of the following symptoms:

- Thirst and a dry mouth
- Frequent urination
- Tiredness
- Blurred vision

## Some facts about type 2

- Treatment may start with lifestyle changes only and this can have a positive effect
- Medication is often needed to control blood glucose and many different medications are often needed
- Type 2 diabetes is a progressive illness and eventually may require insulin treatment



THOMAS MCKEON  
Ireland  
Thomas has type 2 diabetes

**Type 2 diabetes is a progressive condition. Over time it is likely that you will need to take medication(s) to help control your blood glucose levels - this does not mean you have failed in any way!**

# How is type 2 diabetes treated?

The cornerstone of type 2 diabetes treatment is **healthy eating, exercise and lifestyle changes**. In addition, tablets or injections may be necessary to help control your blood glucose levels, weight, blood pressure and cholesterol.

## Why should I exercise?

- It may improve your blood glucose control
- It may help you lose weight
- It may improve your blood circulation

## What exercise is recommended?

- Any effective exercise that you enjoy is good
- Aim for at least 30 minutes a day of moderate activity on 5 days a week (or 150 minutes a week). Examples of moderate aerobic activity are brisk walking, general gardening, slower cycling, water aerobics, medium paced swimming and ballroom dancing
- For more health benefits / weight loss, increase your aerobic activity to 60 minutes or do more vigorous aerobic activity. Examples of more vigorous aerobic activity are jogging/running, football, aerobics, circuit training, faster cycling, swimming lengths, tennis, heavy gardening and hill walking



CAROL KING  
UK  
Carol has type 2 diabetes

## What else should I do?

- Wear well-fitted, cushioned shoes or trainers
- Carry glucose in case of 'hypos' (see page 14).

**Try to reach and maintain  
a healthy body weight**

## Healthy eating

- ✓ Keep your meals healthy and balanced by choosing high fibre, wholegrain carbohydrate foods, lean sources of protein and adding lots of vegetables/salad
- ✓ Aim for 3 regular meals a day and include a portion of carbohydrate at each meal
- ✓ Include a combination of 5-7 portions of vegetables and fruit daily  
Eat one portion of fruit at a time. An example of a portion would be one medium sized banana, one tomato or half a cup of frozen peas.
- ✓ Try to avoid snacking on high calorie, sugary and fatty foods; keep them as occasional treats
- ✓ Don't skip breakfast! It's one of the most important meals of the day
- ✓ Grill your food instead of frying
- ✓ Boost your intake of healthy fats by eating oily fish twice a week eg. salmon, trout, mackerel or sardines
- ✓ As a rule avoid sugary fizzy drinks, smoothies and fruit juice; **except for treatment of hypos**

For further information on healthy eating please see our 'looking after yourself' booklet.

## Alcohol

- ✓ Don't drink alcohol on an empty stomach
- ✓ Drink alcohol sensibly
- ✓ Maximum standard units of alcohol recommended per week:  
Women: **11 standard units**, Men: **17 standard units**.  
One unit = half a pint of ordinary beer / lager, one small glass (100 ml) of wine or one small measure of spirits

## Smoking

- ✓ **If you smoke - STOP - talk to your nurse or doctor for advice or contact the National Smokers' Quitline: 1850 201 203 [www.quit.ie](http://www.quit.ie)**

**Healthy living and taking your medication  
will make you feel better**

## When will I need medication for diabetes?

Type 2 diabetes is a progressive condition. If diagnosed early it can be treated with healthy eating, exercise and lifestyle changes for many years. However, most people will eventually need medication to help control type 2 diabetes, in addition to a healthy lifestyle. Some may even require oral medication at the time of diagnosis to help control their blood glucose levels

Glucagon-like peptide-1 (GLP-1) based medications for type 2 diabetes come in the form of injections rather than tablets

It is possible that eventually insulin may be required to control blood glucose levels along with other medication and a healthy lifestyle (see page 9)

In addition to blood glucose lowering medication, you may also have to take tablets to control blood pressure and reduce cholesterol levels. Make sure you have your blood pressure and cholesterol levels checked regularly

### How do diabetes medications work?

They work in different ways. Some help your pancreas make more insulin, some help your body use insulin better, some release glucose from your urine and some slow the digestion of food and absorption of glucose into the bloodstream

**It is important to have your diabetes reviewed regularly in case your medication needs to be changed. Never stop taking your medication without discussing it with your nurse or doctor**

# Will I need insulin?

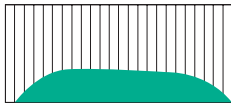
Everyone's diabetes is different and requires different treatments. As type 2 diabetes progresses, many people will need to inject insulin to meet their body's needs

## Why is insulin injected?

Insulin cannot be given in tablet form as it is destroyed in the stomach

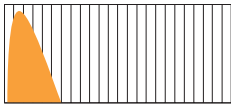
## Are there different types of insulin?

Yes - the different types of insulin are summarised below:



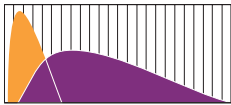
### 1. Long-acting insulin

Background or basal insulin that lasts throughout the day and night



### 2. Rapid-acting insulin

Meal time insulin that works very quickly for a short period of time



### 3. Premixed insulin

Addresses background and meal time requirements as it is a mixture of both long- and rapid-acting insulins

## How often will I need to inject my insulin?

Everyone's routine is different. Some people with type 2 diabetes will only require one injection each day, but others may need more injections. The number of injections depends on your lifestyle and the degree of control of your diabetes

**If you need insulin your doctor or nurse will give you more advice to decide which regimen is best for you**

## How do I inject my insulin?

- Insulin is available in a range of different devices such as:
  - disposable prefilled injection devices
  - reusable injection devices
  - vial and syringe in certain circumstances
- Your nurse or doctor will show you how to inject using your device properly and effectively
- Contact your diabetes clinic or pharmacy if you need a spare or replacement device

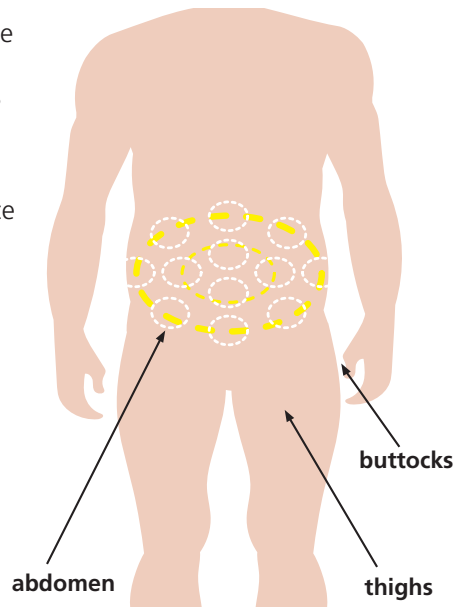
## Where do I inject my insulin?

- The best place to inject is into your abdomen (tummy) or your thighs. Other areas which may be used, depending on the type of insulin, include the buttocks.

**Do not inject through your clothes**

- Don't inject in the same spot all the time as it can cause lumps in your skin called lipohypertrophy or lipos for short. Lipos stop the insulin from working properly
- You can greatly reduce your chance of getting lipos by:
  - changing injection sites
  - rotating within injection sites
  - using a new needle each time you inject

Your nurse or doctor will give you more information



# How do I store my insulin?

**New supplies of insulin need to be stored in a fridge. Once you collect your insulin from the pharmacy, please refrigerate as soon as possible**

## **Do**

- ✓ Keep the insulin you are using at room temperature
- ✓ Store insulin you are not using in the fridge

## **Don't**

- ✗ Store insulin with needles attached
- ✗ Freeze your insulin
- ✗ Keep your insulin in direct sunlight, e.g. on a window sill
- ✗ Keep your insulin in a hot place, e.g. above a radiator
- ✗ Use insulin that is lumpy or a strange colour
- ✗ Keep insulin at room temperature longer than stated in the patient information leaflet that comes with your insulin
- ✗ Use expired insulin

## **If travelling**

### **Do**

- ✓ Keep your spare insulin in a cooler bag
- ✓ Ensure you carry your insulin in your hand-luggage on a plane
- ✓ Ensure you carry a letter from your doctor or nurse in your hand luggage explaining that you have diabetes and are carrying insulin

### **Don't**

- ✗ Allow your insulin to be stored in the hold of a plane as it will freeze and become less effective
- ✗ Leave your insulin in the car

# Testing your blood glucose levels

- Monitoring your blood glucose levels helps you to adjust your insulin dose and therefore to control your diabetes more effectively
- You can check if your blood glucose level is within the target range and if not take action to correct it
- You may be given a home blood glucose monitoring diary to record your blood glucose level. It is important to keep accurate, frequent blood glucose diary readings and to bring your diary with you to each visit at your diabetes centre or clinic
- Blood glucose meters have a memory to record results, so please also bring your meter to each clinic visit
- There are a number of diabetes related software programs available to help you manage your blood glucose readings, including smartphone, desktop and online software. This data can then be displayed as a graph to identify trends which can be useful to help manage your diabetes
- You will be given guidance on how best to adjust your insulin at clinic based on your blood glucose results

## Good control of your diabetes helps keep you healthy

Research shows that high levels of glucose in your blood over a long time can cause problems with your:

- Eyes
- Kidneys
- Heart
- Nerves / sensation
- Blood circulation
- Legs and feet
- Sexual health

However, by taking your insulin as instructed by your nurse or doctor and with routine blood glucose monitoring, these problems may be avoided





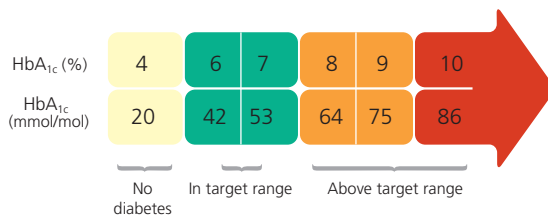
# What should my blood glucose level be?



- Blood glucose is measured in millimoles per litre (mmol/L)
- Your nurse or doctor will teach you how and when to test your blood glucose and how to change your insulin dose depending on the results
- In general, you should aim to keep your blood glucose level between 4.0 and 7.0 mmol/L however you will be given your own range depending on your treatment and circumstances

## HbA<sub>1c</sub> readings

- Before your visit you should have a blood test done called a HbA<sub>1c</sub>. This gives an estimate of your blood glucose control over the preceding 2 - 3 months
- During 2010 a new unit of measurement was introduced for measuring your average blood glucose level. This means your HbA<sub>1c</sub> is now recorded in mmol/mol instead of percentage. Both readings are shown below:



- You will be given your target range by your doctor or nurse

Your target range is:

- Keeping this reading within target range has been shown to prevent or delay the onset of complications of diabetes (See page 10)

**It is important that you have your HbA<sub>1c</sub> checked at least every 3-6 months**

# What if I have a low blood glucose level?



If your diabetes is being treated by insulin or glucose lowering tablets called sulphonylureas (ask your pharmacist), you might experience hypoglycaemia. Hypoglycaemia or hypos are when the glucose (sugars) in the blood falls to a low level below 4.0mmol/L, whether you feel it or not

**If you experience any of the following symptoms you could be having a hypo:**

## Hypo symptoms

- Unsettled / feeling 'off'
- Hungry
- Irritable
- Sweating
- Confused
- Dizzy
- Cold
- Shaking
- Faint

## Night time hypos

- Morning headache
- Poor sleep
- Tiredness
- Vivid dreams or nightmares
- Night sweats

**Severe hypo** symptoms can include: slurred speech, glazed eyes, poor co-ordination, inappropriate behaviour, you may appear drunk when you are not, seizures and loss of consciousness

**Reduce your risk and talk to your doctor or nurse about hypos**



**Having repeated day or night-time hypos can lead to 'hypo unawareness' over time. This means that the warning symptoms of a hypo stop being felt, making them harder to identify and more difficult to manage**

## Hypos can have a number of causes

If your diabetes is being treated by insulin or tablets called sulphonylureas, you might experience a hypo because of:



- Miscalculating your insulin dose
- Delayed/missed meals or vomiting just after a meal
- Not eating enough food containing carbohydrate (eg. bread, pasta, cereals)
- Alcohol
- Exercising more than usual
- Hot weather
- Breastfeeding
- Recreational drugs
- Weight loss

## Do not delay in treating your hypo.

Ask for help as soon as you can if you need it. Take some sugary food or drink as quickly as possible if you are conscious and can safely swallow



- Try to take 15g of fast acting carbohydrate (unless instructed otherwise). The following are good options to treat a mild hypo:
- glucose tablets eg. Dextro-Energy\*, Lucozade\*  tabs
- Lucozade Energy Original\*  mL
- fruit juice 150mL
- full sugar fizzy drink eg. Coke\*  mL 7UP\*  mL

Choose something to your taste but please check the label to ensure that you get 15g. Do not choose diet versions

Your doctor or nurse will recommend exact quantities of each brand

\*are trademarks and are registered and protected by their respective owners.

Re-check your blood glucose levels after 10–15 minutes and re-treat as above if your blood glucose levels are still less than 4.0mmol/l. If you are starting to feel better, eat your meal if due or have a small carbohydrate snack e.g. sandwich, fruit

If you wake up and believe you have had a night-time hypo, the best way to confirm this is to check your blood glucose levels. If you are having a hypo, then treat it as described above

Talk to your family and friends in advance about what could happen if your blood sugar goes low and in particular how they can help you if you have a severe hypo. If you have a severe hypo those around you will need to do the following:

- do not give you anything by mouth as you may choke
- place you in the recovery position
- inject you with glucagon which will temporarily raise your blood glucose levels
- if glucagon is not available call 112/999 (112 is the emergency number for Europe. Please consult local authorities if residing outside Europe)

**For full information about managing and avoiding day and night time hypos, talk to your doctor or nurse at your next appointment.**



#### **Checklist to reduce your risk of hypos:**

- Check your blood glucose regularly
- Do not delay in treating your hypo
- Always carry food or drink with you containing 15g of fast acting carbohydrate
- Carry a diabetes emergency card or bracelet
- Try not to skip meals
- Take your diabetes medication correctly
- Be extra careful if you are drinking alcohol
- Visit your doctor or nurse regularly to check your medication

For further information on hypos please see the Talk hypos or Help with hypos books

# What if I have a high blood glucose level?

Hyperglycaemia is the medical word for a blood glucose level that is too high.

## It is caused by one or more of the following:

- Not taking your medication or insulin as advised or missing medication or insulin injections
- Not getting enough medication or insulin
- Illness / infection
- Too much of the wrong kind of food eg. carbohydrates
- Weight gain
- Not enough exercise
- Imbalance between food intake and exercise
- Stress
- Certain medications e.g. steroids
- Not having a diabetes medical review for a long time

## How will I feel?

You may have high blood glucose levels and not know it.

Other times you may experience one or more of the following:



• Tiredness



• Thirst



• Blurred Vision

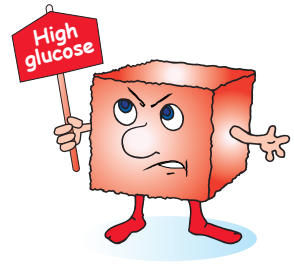


• Frequent urination



• Feeling flushed

These symptoms may develop slowly over hours or even days.



### What should I do?

- It is normal for your blood glucose level to go up and down in a day
- Never miss your medication, unless advised to do so by your doctor or nurse
- **Contact your doctor or nurse immediately if you have unusually high blood glucose readings over a number of days, or if you feel unwell**

### Emergency situations

Contact your nurse or doctor or dial 112/999 if:

- You are vomiting and unable to hold down fluids
- You have unusually high blood glucose levels and feel unwell

**If you are advised to go to the hospital,  
do not drive yourself**

# Sick days and diabetes

When ill, even if you are not eating, blood glucose levels tend to rise

## What should I do?

- Always take your diabetes medication or insulin
- **Seek medical advice** for your underlying illness and if you:
  - are unable to keep fluids down
  - continue to have abnormally high blood glucose levels
  - have continuous diarrhoea or vomiting
  - can't eat for 24 hours
  - have a raised temperature
  - are worried
- If you are taking insulin it is likely that you will need more, especially if you are vomiting
- Test your blood glucose levels at least 4 times a day
- Drink plenty of unsweetened fluids e.g. water
- Rest
- Take your diabetes medication or insulin and eat your regular food if you are able
- Drink fluids containing full sugar such as 7UP\*, if unable to eat



MOLLY RISSBROOK  
UK  
Molly has type 2 diabetes

**If you don't feel better within a day of initial medical advice or treatment, contact your doctor or nurse again**

\*is a trademark and is registered and protected by its respective owner.

# Driving and diabetes

You must inform your insurance company and the driving licence authority if you have diabetes and are being treated with insulin or glucose lowering tablets called sulphonylureas

If you are taking insulin or sulphonylureas you must:

- Always check your blood glucose levels before every journey using a finger prick test. Please check with your healthcare professional if you are using any other technology to measure your blood glucose
- Never drive if your blood glucose level is below 5.0 mmol/L without eating something first
- Always carry glucose in your car for emergencies
- If you have a hypo while driving, stop when it is safe to do so, remove your keys from the ignition and remove yourself from the driving seat
- Do not drive for 45 minutes after having a hypo
- On long journeys stop regularly, at least every 2 hours, to check your blood glucose levels

## Important information

For full driving guidelines, please refer to the Road Safety Authority ([www.rsa.ie](http://www.rsa.ie)) and Diabetes Ireland ([www.diabetes.ie](http://www.diabetes.ie))

You should not drive if you are unaware of your hypos (low blood glucose levels). Please discuss this with your diabetes team



**Never drive if your blood glucose level is below 5.0 mmol/L without eating something first**



# Travel and diabetes

Plan ahead and remember to bring:

- ✓ Spare medication and devices
- ✓ Blood glucose testing equipment
- ✓ If you are taking insulin, bring a cooler bag for spare insulin if required
- ✓ Your usual treatment for a hypo. It may be necessary to bring glucose tablets rather than a glucose drink onto an airplane due to restrictions at security
- ✓ Identification which says you have diabetes e.g. a card or bracelet / necklace
- ✓ Travel insurance which covers diabetes
- ✓ A letter from your nurse or doctor verifying that you need to carry medication, needles and blood glucose testing equipment when travelling abroad
- ✓ A prescription for any medication you are taking in case you need to get more of your medication while you are away. Keep your Long Term Illness number with you for reference
- ✓ A list of your emergency contact numbers at home (nurse, doctor, next of kin etc.) in case they need to be contacted
- ✓ A list of emergency contact numbers at your destination
- ✓ Details of your health insurance. If you are travelling within Europe, bring your European Health Insurance Card (EHIC) (application form available on [www.ehic.ie](http://www.ehic.ie) or from your local health centre)



HOWARD FANCOURT  
UK  
Howard has type 2 diabetes

## When packing

- ✓ Carry your medication and supplies in your hand luggage, never put your medication in checked-in luggage
- ✓ Consider splitting your diabetes medication and giving some to a travelling companion, in case your bag gets lost or stolen

## Important

- ✓ Always store your medication as recommended in the package leaflet
- ✓ Discuss with your nurse or doctor any dose changes that may be required if travelling through time zones
- ✓ Discuss with your nurse or doctor your travel plans well in advance

**Remember in warm climates you may find you are more prone to getting hypos**

# Pregnancy and diabetes

Having diabetes has implications during pregnancy and you need to plan ahead to ensure you have proper care and a good outcome for you and your baby.

## General guidelines:

- ✓ If you are considering pregnancy you should discuss this with your diabetes team as soon as possible and have a full diabetes review
- ✓ Ask to be referred to a pre-pregnancy clinic
- ✓ Aim for blood glucose levels less than 5.0 mmol/L before meals and less than 7.0 mmol/L one hour after eating
- ✓ Aim to get your HbA<sub>1c</sub> levels as low as possible - less than 53 mmol/mol (7.0%) and ideally less than 43 mmol/mol (6.1%) before you become pregnant
- ✓ For at least three months before you become pregnant take folic acid 5 mgs daily. You will need a prescription for this
- ✓ Eat healthy food and avoid being overweight
- ✓ Avoid alcohol and smoking
- ✓ Take regular exercise

## Important considerations:

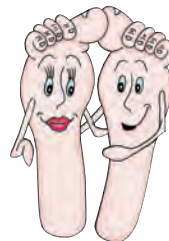
- Complications of diabetes relating to your eyes or your kidneys should be reviewed before planning your pregnancy
- If you are taking any medications it is important to ensure they are safe for pregnancy

**If you are of childbearing age and sexually active you should use a reliable form of contraception and should not plan a pregnancy until your glucose control is considered safe by your diabetes team. If you have an unplanned pregnancy you should inform your diabetes team immediately**



CELESTE SMITH  
South Africa  
Celeste has gestational diabetes

# Your feet and diabetes



- People with diabetes who take good care of their feet and protect them from injury can significantly reduce the risk of developing foot ulcers
- Should you develop a foot problem, seek medical attention as soon as possible. If left untreated, even the smallest foot ulcer can develop into serious problems

## Your feet should be checked by a health care professional at least once a year.

- ✓ Wash your feet daily. Test the water temperature with your elbow to avoid scalding accidents
- ✓ Dry – especially between toes. Cut and file toenails straight across if your diabetes team advise you it is appropriate for you to do so
- ✓ Apply moisturiser or petroleum based gel to your feet to keep your skin supple and to prevent cracking. However, **avoid moisturising between the toes**
- ✓ It is essential to examine your feet daily for cuts, hard skin, callus spots or small ulcers. The soles of your feet are best examined using a mirror
- ✓ Breaks in the skin should be covered with a dry, sterile dressing. Do not burst blisters but seek help from your diabetes team
- ✓ Remember diabetes can affect the rate of healing and breaks in the skin may take a little longer to heal. Older people are most at risk
- ✓ Never use sharp instruments on your feet. Avoid pumice stones. Do not use corn plasters etc. as they contain acids. If any problems occur seek advice from your diabetes team. Remember to check inside your shoes and socks for sharp objects
- ✓ Avoid direct heat and hot water bottles – loss of sensitivity to pain and temperature make these dangerous
- ✓ Ensure shoes fit well – have your feet measured in a reputable shoe store. Remember shoes must fit your feet – not vice versa. Never go barefoot

# General checklist for managing your diabetes

- ✓ Always take your medication
- ✓ Test your blood glucose levels regularly
- ✓ See your doctor regularly to check your diabetes, blood pressure, cholesterol levels and general health
- ✓ Check your feet daily and wear appropriate footwear. Have your feet checked at least once a year by your doctor or nurse
- ✓ Regular screening for diabetic retinopathy is important if you have diabetes. Register for retinal screening (not the same as an eye test). Freephone 1800 45 45 55 or visit the website [www.diabeticretinascreen.ie](http://www.diabeticretinascreen.ie)
- ✓ Eat a healthy diet
- ✓ Don't smoke
- ✓ If you drink alcohol keep to sensible amounts
- ✓ Watch your weight, keep fit and exercise regularly
- ✓ Inform your motor insurance company and the driving licence authority if you have been prescribed insulin or sulphonylurea tablets
- ✓ Carry diabetes identification



MAAIKE LIGTHART  
Netherlands  
Maaïke has type 2 diabetes

**Now go out and enjoy life -  
don't let diabetes stop you!**

# Notes

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# changing diabetes®

Living with diabetes isn't easy. It takes discipline, control and support from the people around you. At Novo Nordisk, we want to be your partner in living well with diabetes. We understand that diabetes is just part of who you are, not what defines you. And that you need to be able to count on the company that supplies your medicine.

So what can you expect from us? You can expect our leadership in the search for a cure as we continue taking real steps in making sure everyone with diabetes, no matter where they are, has access to the care they need. To be ethical and responsible in the way we do business. And just as importantly, you can count on us to help change the way the world sees your diabetes - so that it just sees you.

Further information is available from:

Diabetes Ireland

Tel: 01 8428118 Lo Call: 1850 909 909

[info@diabetes.ie](mailto:info@diabetes.ie)

[www.diabetes.ie](http://www.diabetes.ie)

Other useful websites:

[www.healthofireland.ie](http://www.healthofireland.ie)

[www.hse.ie/diabetes](http://www.hse.ie/diabetes)

[www.rsa.ie/medicalfitnessdrive](http://www.rsa.ie/medicalfitnessdrive)

If you have Type 2 diabetes it is recommended that you should attend a structured diabetes programme to help you manage your diabetes. Ask your doctor, nurse or dietician for information, as they will be aware of courses available to you.

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